

**Archival & Historical Committee
March 14, 2014
Philadelphia Marriott Downtown
Philadelphia, Pennsylvania**

**Interview with
Jeffrey S. Grove, DO, FACOFP *dist.*
(ACOFP President 2013-2014)**

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Committee Chair: Dr. Grove, it's been a whirlwind of a year for you and what was your theme this year as president?

Dr. Grove: I'm the 60th president and this was our 50th Anniversary Convention year. So for those reasons, my theme was 'Remembering the Past, Celebrating the Present, and Anticipating the Future', a time-related theme.

Committee Chair: What kind of things did you do to help that theme come to fruition?

Dr. Grove: During the year we looked back at things in our past that made our College strong. I talked about these things in both my inaugural speech and my closing speech. I broke them down into categories of Advocacy, Education, and Leadership (which is our ACOFP mission). It started with examining the committee structure.... a look back to the past. What made us strong? What made us distinctive? That is our osteopathic principles and practice. And so I tried, particularly in view of some of the challenges that we're currently facing, to reinforce our College's foundation! For instance with our committee structure, on the OP&P Committee, I rearranged it by subdividing it into three different subcommittees to try to reinforce our activities in that area. Again, depending on how things move forward with our profession and the ACGME merger, we are still the singular

30 Osteopathic Specialty College that does the most OMT. Yet with the
31 ACGME merger will we even be allowed representation on that RRC?
32 Certainly we have the resources. Certainly we're the College that does the
33 most OMT, but there's a lot of talk right now that moving forward we
34 wouldn't have representation on that committee. Again, trying to position
35 ourselves appropriately by looking back at the past about what makes us
36 strong and distinctive, that's one example of trying to be true to that
37 theme. On the other hand, looking forward to the future I talked a lot, in
38 both of those speeches, about everybody having a "home." I was in this
39 hotel (Philadelphia Marriott) two years ago now at my first ever AAFP
40 meeting and they had this group called 'The Council on Special
41 Constituencies' which represents minorities and LGBTQ. We don't have
42 anything like that in the entire osteopathic profession! I felt strongly that
43 this was something that needs to happen within the ACOFP and also
44 within the AOA for that matter. So again in my committee structure, that
45 was something that I started. I know that we need diversity in our
46 profession! We need to ensure that everybody has a "home" within the
47 ACOFP and AOA. For a long time, our ACOFP membership has been flat.
48 We take in as many as we lose, so I hope that this will help engender some
49 growth.

50 Committee Member: If you could, give us kind of a verbal history to put in the transcript (as
51 much as you feel necessary) how the ACGME merger discussion came into
52 fruition? Did it detract or change your direction over the presidency year?

53 Dr. Grove: Well first of all, this whole thing first came up suddenly... I mean it wasn't
54 anything that anybody was talking about or knowing about at all!

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It was just months before my presidency began that it really erupted. Then yes, it has dominated most of my year up until July 2013 at the AOA House of Delegates when we thought it was over. The AOA House of Delegates unanimously defected the merger proposal. Certainly I know that our College thought that those discussions were over. Even in talking with many AOA board members and staff members by asking, "Anything going on?" we didn't hear that anything was. It wasn't until January when we were at the OME Conference/CME Sponsors Conference (whichever side of that now combined conference you want to talk about), that I was talking to an AOA staff member and that person mentioned that something might be imminent. We didn't even know that anything was going on!! So we started trying to find out what was happening. Then just a couple of weeks later I went to San Juan, Puerto Rico where Dr. Norman Vinn's AOA board retreat was being held. This was where the announcement was suddenly made. The AOA board met with Dr. Nasca to have a last question-and-answer session. I'm told by many of the AOA board members that they really hadn't made up their mind until they could see him and have him answer questions and see how he reacted with his body language (those sorts of things). Even going there, it is my understanding that it was very debatable whether it was going to pass there. Of course it did, and the net result of that has been seen at this convention with literally scripts and speeches within these past couple weeks (even within the last several days) needing to be rewritten and redone because of the announced merger. An example of this, it was while we were at this ACOFP

80 convention is that we decided to have a student forum, which happened at
81 noon today! I haven't heard the results of those discussions. And we had a
82 members' forum for the general membership last evening, among other
83 things we have just added since we've been here in Philadelphia. Our new
84 ACOFP President Carol Henwood and I felt that it was very important to
85 give every opportunity we possibly can as a College to get as educated on
86 these changes because this certainly is historic within our Osteopathic
87 profession. It certainly has the ability to hold great promise, but it also has
88 the ability to hold great peril. So I think that becoming educated is the
89 best thing that all of us as members can do right now. I think that during
90 this brief period while we've known about it, we've done the best job that
91 we possibly could trying to get information into people's hands. The
92 ACOFP Board of Governors itself has met here in Philadelphia with Dr.
93 Vinn, Dr. Shannon, and Dr. Buser on numerous occasions just this week.
94 We have had a program directors' workshop where Dr. Buser and Dr.
95 Shannon were present to answer questions. Of course we had the other
96 two venues that I already mentioned. So, those were the sorts of things
97 that we're trying to do to get information out to the membership. I have
98 also mentioned things on my presidential blog and I'm sure that Dr.
99 Henwood will continue to do the same. As information comes up, we'll
100 continue to try to get it to the membership.

101 Committee Member: Who is Dr. Nasca?

102 Dr. Grove: Dr. Nasca is the Executive Director ACGME.

103 Committee Member: Dr. Grove, can you share with us some milestones, people, and events
104 which influenced your decision to become an osteopathic family physician
105 and how you became active in our special organizations?

106 Dr. Grove: Of course Dr. Gross and my medical practices are only a few miles apart.
107 We've grown up together in Pinellas County. I am a third generation DO
108 and my grandfather, Edwin Thomas Grove, D.O. graduated from Des
109 Moines in 1927. My father Ronald E. Grove, DO, his brother Richard Grove,
110 DO (my uncle), were DO family physicians and they graduated from the
111 Chicago school in '62/63. So that was certainly the most profound
112 influence that I've had growing up around this profession. I grew up going
113 to IAOP&S, the Illinois Association of Osteopathic Physicians and Surgeons
114 conventions. When my father moved to Florida, I attended the Florida
115 Society of ACOFP meeting in Orlando as a student. I was going to Nova-
116 Southeastern which at the time was then called the Southeastern College
117 of Osteopathic Medicine.

118 Committee Member: ACGP back then?

119 Dr. Grove: Yes, it was named different. So just as a student I was joining my father
120 there at that convention. So, I've grown up around the profession. When it
121 was time to apply to medical school, the only medical schools that I
122 applied to were Southeastern and the Chicago school (where my dad and
123 uncle attended). I remember dad taking me over to Dr. Plato Varidin's
124 office and Plato picked up the phone and called Mort Terry, D.O. (founder
125 of NSU) and said that I've got this kid who you need to get into medical
126 school down there. At the same time that we were doing that, my father
127 also brought me to meet Alan Snider, D.O. (founder of Sun Coast Hospital)

128 who did the same thing: writing a letter and calling down to the school. I
129 was accepted very quickly into Nova- Southeastern (Southeastern), and
130 never did even go for an interview at Chicago because I knew I wanted to
131 stay right here in Florida where my family was. So once I became a DO, I
132 went to Sun Coast Hospital to do my internship and then the family
133 medicine residency. The first person that really got me involved in the
134 whole osteopathic political process was Dr. Kenneth Webster. Kenneth
135 Webster is the Executive Director of the Pinellas County Osteopathic
136 Medical Society and he said that I should get involved. I'd always been
137 involved in different organizations in my life such as the Boy Scouts and
138 student government in college, so it wasn't a big stretch. That was
139 something that I enjoyed doing and so I gladly accepted his offer to be
140 there as part of the board of the Pinellas County Osteopathic Medical
141 Society, (PCOMS). That's where everything started. I'd like to think that
142 this is a great profession which if you get involved and you try to do a good
143 job and show some effort, the effort is rewarded. Soon I was on the board
144 of the Florida Society of ACOFP, and that's a story in and of itself! I talked
145 to Plato Varidin once upon a time. Again with that family medicine
146 heritage, I wanted to be a Fellow of our College. I asked Plato because I
147 knew he was involved with national ACOFP politics. "Well how do I
148 become a fellow?" Believe it or not, at the time, the rule in Florida was that
149 the only way that they would provide a letter of support was for you to
150 have been president of our Florida chapter! I said, "Okay, Plato, so how do
151 I do that?" He stated that, "Well you write to the Florida Society president
152 who will put you on a state committee for the Florida Society of ACOFP."

153 That's how I got on the Florida Society of ACOFP board. I really just
154 wanted to be an ACOFP Fellow! However, over the next few years, the
155 rules on how to become a Fellow changed in Florida. Dr. Greg James had
156 an osteopathic family physician working with him at Sun Coast Hospital,
157 Dr. Larry Bunnel of Texas. Larry Bunnel was an ACOFP fellow and of
158 course Greg was also very involved. He asked Larry to write him a letter of
159 support and the Florida chapter and the national ACOFP Fellow committee
160 accepted it. So that rewrote the rules. No longer did you need a letter from
161 the State ACOFP Board, the Florida group accepted Larry's letter.
162 However by that time, I was already on the path of being Florida Society
163 ACOFP president.

164 Committee Member: Tell us a little bit how the politics at the state level has changed over the
165 years, different from back then to how things are today.

166 Dr. Grove: In Florida, I think that the biggest change is that there is more involvement
167 by more people. We certainly owe a great deal to the Florida "titans" of our
168 profession and there is still some of them walking around. These are
169 strong leaders, and unfortunately some have already left us. Our
170 profession is much more involved and there's a lot of people doing a lot of
171 good work on behalf of the profession. It's not necessarily about one
172 person's will now, it's about what is in the best interest of the profession.
173 There is a lot of people working towards those goals. That deserves merit
174 and that deserves importance and influence and that's the way it's gone. It
175 has been a good thing.

176 Committee Member: Dr. Grove, how old were you when you first got on the Board of Governors
177 for ACOFP?

178 Dr. Grove: That's a good question. It was during the year of the ACOFP Tampa
179 Convention that I started on the Board. I was born 9/21/64. I think that
180 we have tried to figure this out who was the youngest ever to be elected to
181 the Board and it's my understanding and my belief that it is true that I was
182 the youngest person ever elected to the Board. But as far as being the
183 youngest president, my further understanding is that Dr. Pogorelec beat
184 me by several months. I think this is because there were some of the Board
185 of Governors who resigned during his years he was on the Board. Maybe
186 Neal Natkow of Florida might be one of those.

187 Committee Member: Could be.

188 Dr. Grove: Because interestingly, while Florida is the third largest state in the ACOFP
189 (so you think we would've had a lot of national ACOFP presidents.) I'm
190 only the second in history to ever come from Florida! The first was Louis
191 Radnothy, D.O. and that really wasn't all that long ago, I'm the second.

192 Committee Member: As a young board member, can you describe the type of mentoring you got
193 to groom you to be the great leader that you are?

194 Dr. Grove: One of the greatest mentors in Osteopathic history was from Florida: Dr.
195 Marcelino Oliva. Of course coming from Florida, being at Florida Society of
196 ACOFP and FOMA, I knew about Dr. Oliva. But, I really never met Dr. Oliva
197 until attending my first ever ACOFP national meeting, which was the year
198 2000. That was where I attended the Presidential inauguration of Dr.
199 Eugene Pogorelec. Again, just having been being involved at the Florida
200 Society ACOFP, I really wasn't going to the national ACOFP meetings. I was
201 going to all of my local and state osteopathic meetings. The night of the
202 ACOFP Presidential Inaugural banquet, there were some students who

203 wanted to sit in the back of the banquet hall with the other students. They
204 wanted to switch tickets with us because they were going to be up front
205 somewhere. So once we switched tickets with them, now we're trying to
206 find where our seats are located. We kept walking forward. We kept
207 walking forward in the banquet hall and we see the table that we're
208 supposed to be sitting at. In retrospect, the students must've been student
209 government presidents or something, but I'm walking forward and as we
210 were going to sit down, I said, Wow! That's Dr. Oliva's table. That's where
211 Dr. Oliva is sitting." I mean, I knew him. I never really had a conversation
212 with him at all. He was really more involved with the Florida Osteopathic
213 Medical Association than he was with the Florida Society ACOFP. So it was
214 at that table on that night that I really got to meet and talk with Dr. Oliva
215 and his wife, Laura Lee. That night was very important and formative for
216 me. I was very impressed with Dr. Pogorelec and he did a great job at that
217 banquet. Dr. Pogorelec is certainly an inspirational speaker and leader! I
218 would go on to know Dr. Oliva then through the Florida Society of ACOFP.
219 Through my involvement and through the involvement of people like Dr.
220 Greg James, Dr. Oliva then started coming to the Florida Society of ACOFP
221 meetings and giving reports and being involved with our group. In time,
222 we were with him a lot and he mentored me. There's a lot of great people
223 in this profession and why do some people get opportunities? Well one is
224 to have great mentors and people to show you the way and be an advocate
225 for you, and Dr. Oliva was certainly that for me! I guess the rest is history.
226 I love politics. He loved politics.

227 Committee Member: Jeff, expanding from Dr. Oliva now, what other people have been
228 mentoring you through the years to this time of your presidency that
229 made you think the way that you think (politically speaking)?

230 Dr. Grove: Well, Eugene Pogorelec, D.O. started that whole thing off. Pogo, after his
231 ACOFP Presidential Inauguration, would come down (to Florida) several
232 months later as ACOFP President. One of the first things that an ACOFP
233 President does is begin to travel the circuit of state ACOFP conventions
234 that are usually always held at the same time. When Pogo came down to
235 our Florida Society ACOFP Convention in July, he was great at making you
236 believe in yourself! He said, (to me and Greg James) "You guys need to be
237 get involved! You are great! Some day you need to be ACOFP President!"
238 So I believed it and that's when the belief that I could hold national
239 leadership roles started. Maybe I could be involved on the national scene.
240 I didn't know he was giving that speech everywhere! I thought it was just
241 for us! Part of my national involvement was just great timing. Louis
242 Radanothy was coming off the ACOFP Board. While there's certainly not
243 that expectation any more, at that time there wasn't going to be a Florida
244 person on the National ACOFP Board after Lou's departure. Florida needed
245 to nominate a new Board member. The first person that they talked to was
246 Greg James and Greg James said, "No. Nope, Jeff really wants to do it. Let
247 Jeff do it." So I'm on this Board because of Greg James. His friendship and
248 guidance has been cherished and vital to me. I mean from Pinellas County
249 Osteopathic Medical Society, from Florida Society of ACOFP, from Florida
250 Osteopathic Medical Association, the AOA, the ACOFP, Greg's been there all
251 along and we've gone through all of those activities together in each of

252 those organizations. That's certainly been a strong influence on me that I
253 need to mention. Once you get on the ACOFP Board there's a great sense of
254 family. I went to that first ACOFP Board meeting at the end of the Tampa
255 convention which was really my first interaction with the ACOFP Board!
256 You are elected the day prior at the Congress of Delegates. Once you get
257 elected, you stand up and nobody knows who you are! Next, you are going
258 to a Board meeting later on in that week. Suddenly you are discussing
259 higher level policy and you still don't really feel like you know what is
260 going on! Okay, I'm governor now yet you don't feel as if you are! The first
261 time that you really feel involved with the ACOFP Board as a new
262 Governor is at the ACOFP Board retreat.

263 So I went to our first Board retreat in Hawaii. At the time, I guess, budgets
264 must've been better than now because we went to Maui (which is not even
265 a consideration these days). I went there as the new kid on the block, not
266 really having a great national presence at all. And my son, Garrett, my
267 daughter, Victoria, were there as well. Everyone was so welcoming! It was
268 the, Martin, Miller, Rubin, and Heiles families and the kids that were there
269 at that Board retreat who had an instant friendship with me and my kids.
270 Their kids surrounded my kids. Their kids had grown up at these retreats
271 and conventions and meetings together. Yet all they wanted to do now was
272 be with my kids! It was just so warm and welcoming and I think that was
273 one of the reasons that we all continue to be so close! You have special
274 friends even amongst the Board and so that's why I made a special point to
275 make sure that Dr. Martin and Dr. Miller and Dr. Rubin and Dr. Heiles (all
276 important mentors for me) were there at my inauguration. During my

277 inauguration, I had a special family dinner and they were all there. It's a
278 long process once you join the Board. It takes around a decade to become
279 President and then rotate off the National ACOFP Board. In comparison, I
280 was talking to Dr. Reid Blackwelder, the AAFP President today. On the
281 AAFP board it's a big election by their membership (even with
282 campaigning)! You're only there for three years and after that third year,
283 you can decide to move up to the presidency or you just go away. Much
284 different than our system where it takes around ten years before you
285 finally get up to be President! In our system you know you're going to go
286 up to be President. I think it's a wonderful system. I can't imagine having
287 to go through their process!! Bless the hearts of the AOA Board that only
288 half of them get to go up to be President. I really like our ACOFP system
289 and you know you're going to go up the Chairs so you're watching and
290 you're learning and observing as you see these people be President. This is
291 a huge influence on you when it's your turn to be President. I think that,
292 for instance, one of the things that I learned is communication and the
293 importance of talking to the membership. One of the ways we do this is
294 through our Presidential blog in our ACOFP Newsletter where we have a
295 direct pipeline to our membership. Our College can do all the greatest
296 things in the world, but if we don't communicate it to the members, it
297 doesn't mean anything!! We have to create that value proposition. Why do
298 people even belong to the ACOFP? We have to tell them why and tell them
299 the great things we're doing! Otherwise they just think they're sending in a
300 check so that the Board can go on trips! Other things you learn through
301 our system and going up the chairs are the different issues. You also learn

302 the personalities and the people, those sorts of things. By the time you're
303 up there, you hope you're ready! I think the biggest thing that you just
304 hope is that you make a positive and meaningful impact. Once upon a time
305 when I came into PCOMS, I think I made a lot of positive changes to the
306 organization. It was a time of great growth and improvement in Pinellas
307 County. I feel that the same thing happened with my involvement with the
308 Florida Society of ACOFP. I think as ACOFP President we've done a lot this
309 year and that we have influenced a new course and we've had some
310 impact on the big changes and issues that we have had to deal with.

311 Committee Member: What was your biggest achievement this year that you set out to do that
312 you've achieved?"

313 Dr. Grove: I would say reaching out to other organizations: building relationships
314 this year. I think that the ACOFP Board's relationship with our AOBFP
315 certifying board has waxed and waned over the years. I can't imagine that
316 there's been a point in history where our bond has been stronger than
317 right now. This one example is important on things like the changes that
318 will occur with Osteopathic Continuous Certification (OCC). But perhaps
319 more historic is reaching out to AAFP. We have had a polite relationship
320 with the AAFP. When their president comes here to our ACOFP
321 Convention, our Executive Committee meets with their president. We give
322 them as much time to speak as they desire at our Congress each year. We
323 invite their President to all of our special dinners during the week. The
324 first time I'd ever been to an AAFP meeting was right here in Philadelphia
325 several years ago. I was following around then ACOFP President Paul
326 Martin because we send the ACOFP President and President-Elect to the

327 annual AAFP meeting. The AAFP didn't invite Paul or I anywhere! We
328 never went to anyone's suite. We never went to anyone's dinner. We never
329 went to anything. We were never invited! The one thing they invited us to
330 do was that we were one of 30 "visiting leader" speeches in their Congress
331 and we were darn near the end of the day. They told us that "You have two
332 minutes to give your speech." So we did and that was it. I didn't feel that it
333 was worthwhile! What a contrast to how we handled their relationship!!!
334 So therefore, I asked Pete. "Pete, I want an audience with them when I go
335 to their annual meeting as our President. I want an audience and I want to
336 talk to the AAFP leadership. Reach out to them and make that happen.
337 Sure enough Pete did.... when I went to San Diego later that year to their
338 AAFP meeting, I was able to have that meeting. I alone went to breakfast
339 with Glen Stream, Jeff Cain, Reid Blackwelder, Douglas Henley, Perry
340 Pugno, Julie Wood* and I basically said something to the effect of: "We can
341 continue our polite exchange or we can try to make something more
342 meaningful out of our relationship. What I would like to try is to make
343 something more meaningful out of this". I told them how impressed I was
344 with their conference in Philadelphia, and that honestly when I walked
345 around their convention, it seems so much like ours. I continued to say we
346 have so much in common. There's so much we can do together! "Why can't
347 we work on this?" Because of this conversation, we had the first ever joint
348 meeting of our Executive Committees in Kansas City months later. One of
349 the specific things they mentioned at their convention that week in San
350 Diego was this future of family medicine project. They were talking about
351 forming the "second generation" of this to advance Family Medicine. I also

352 discussed this with the AAFP Leadership as I met privately with them.
353 They asked me to give an example of what our organizations could work
354 on together. I mentioned the Future of family medicine project. How can
355 the future of family medicine not include the ACOFP! Certainly in 2004,
356 their first iteration, they left us out! ACOFP had no input whatsoever no
357 involvement whatsoever! For the past decade that's the way it's been. Now
358 it is 10 years later, they're coming out with "Future of Family Medicine 2."
359 How can that not include us? Well sure enough, after that San Diego
360 meeting, we got a letter. They invited us to be a part of Future of Family
361 Medicine 2! A historic moment and historic exchange for both of these
362 houses of family medicine. It is time to really start doing something
363 together and collaborating on the things that we can

364 Committee Member: Anything negative that you can think of that may have occurred or some
365 other problems?

366 Dr. Grove: How can you not talk about the two big occurrences that have dominated
367 this year.... the ACGME merger and the Blue Ribbon Commission. By far
368 those have been the two possibly negative things. I mean we don't know
369 what the merger means. It's negative in the sense of the uncertainty. I
370 hope that the American Osteopathic Association will learn some day that
371 collaboration means action more than words. If either of us are to remain
372 meaningful the largest specialty college deserves and has needed and
373 continues to need the past, present, and future collaboration of the AOA. If
374 the profession is starting to launch on a monumental and historic
375 profession changing thing or if they are starting to launch on something
376 that would redefine primary care, they should be including us from the

377 very beginning! So far that still isn't happening. How many times do we
378 need to ask the "AOA is going to meet in Washington with policy makers,
379 why you don't invite us along? Or the AOA is writing a letter to these
380 people, why don't you have the ACOFP be a part of that?"

381 It's time that their actions equal their words! I hope this year helped to
382 foster that type of change in our relationship.

383 With both the ACGME merger and The Blue Ribbon Commission, the status
384 quo was changed by our ACOFP Congress of Delegates. The Blue Ribbon
385 Commission we rejected. We do not need a new primary care specialty
386 college "class" of physician. This will be detrimental to the healthcare of
387 our patients, the citizens of the United States. It will be detrimental to our
388 College. It will be detrimental to the AOA. So I'm very proud of our College
389 and the resolution that they passed. Again, that relationship with the
390 AAFP, going back to that, was very helpful because they've wrote a very
391 strongly worded letter against that Blue Ribbon Commission as did their
392 Council of Academic Family Medicine (CAFM). So that relationship came
393 in handy. Again, the ACOFP agrees that the merger can be a great thing.
394 Our resolution on the merger didn't say, "Cease and desist"! There were a
395 lot of people that stood up in our ACOFP reference committee that wanted
396 to just stop it right now. However, we said, "We just realized that there's
397 limitations with what's been presented so far." Of course we still haven't
398 been able to even see the memorandum of understanding, which the AOA
399 leadership says has been presented as a contract. I will challenge
400 everybody in this room to Google "memorandum of understanding" and
401 see if that means contract. Actually it's not a contract! It's a letter of intent.

402 But that's an aside. I don't know, it could be a great thing, but we have to
403 maintain DO certification. We've always controlled our own destiny and
404 that's been one of the reasons why we've been so able to overcome the
405 many challenges we have faced as a profession. The current AOA
406 President Dr. Norm Vinn says that future generations will describe the
407 times we are going through now as the time when the profession was
408 rising above difficult challenges. That this will be one of the greatest
409 moments in the history of the Osteopathic profession. He tells us the OPTIs
410 are going to be more important now and how this will have codified the
411 tenets of osteopathic medicine into allopathic medicine. He tells us how
412 we're going to have even more Family Medicine programs with even more
413 Family medicine slots for our students. I stated to Norm that as we faced
414 our current challenges, there could have been another narrative that
415 unfolded about the ACGME merger. That when the ACGME shut us out of
416 their specialty fellowships, the result was that the AOA had to instead
417 simply focus on their strong suit... primary care residencies. In my
418 narrative for the future our profession controls primary care in medicine!
419 Even though we don't have an abundance of specialty slots we instead
420 kept working and we built more specialty residencies and fellowships. As
421 a result of this the osteopathic profession and our colleges of osteopathic
422 medicine got to be known as the premier choice of primary care oriented
423 physicians. That if as a medical student you wanted to be a primary care
424 doctor, you desire most to apply to a college of osteopathic medicine
425 because they're the experts in that. If you wanted to be a specialist
426 perhaps you applied to our schools or perhaps to a college of medicine

427 since they are best at producing specialists. This narrative also looks
428 favorably to these difficult times. That due to these different choices....look
429 at the AOA 20 years later! For the past 20 years now, as medicine has
430 shifted to global payment, as it has shifted to primary care, now not as
431 many students want to be specialists. We in the future won't need as many
432 specialists, but we do need many more primary care physicians. The focus
433 in the future is about primary care and the money to be made is in primary
434 care. That could have been how this story was told. The story could have
435 been how fortunate we were that the AOA was shut out of the allopathic
436 fellowships back then! They forced us to be an even more primary care
437 oriented profession. Just as in the beginning of our osteopathic profession
438 (our past), primary care continues to be our osteopathic professions
439 "present". The question is what will be our osteopathic professions future?
440 If the healthcare movement is going in the direction of primary care, why
441 is the AOA running away from it? I love specialists. Don't get me wrong. I
442 mean we need great specialists. I'm just saying that, as the ACOFP
443 President, I care about primary care! I care about family medicine. I think
444 family medicine is the answer in solving our nation's healthcare problems.
445 I believe in my heart of hearts that the next 20 years is going to be all
446 about family medicine and the type of healthcare contracting that I
447 personally lived all my life! Global payment is the future! In fact, I think
448 you will see the Future of Family Medicine recommend that our country
449 needs medicine to change away from fee-for-service and we need global
450 payment for primary care. This is how we will save healthcare in the
451 United States.

452 Committee Member: You mentioned a while ago that one of your interest is politics. Can you
453 share with us some of the political highlights and great moments you've
454 had in your political involvements with both through ACOFP and with the
455 FOMA?

456 Dr. Grove: The osteopathic entity that is involved with politics is OPAC. Since its very
457 inception, my early mentor Plato Varidin knew about the PAC. After one of
458 our national meetings he came back to Pinellas County and said, "You guys
459 need to join and send money for this!" This was as OPAC was first being
460 formed. Since OPAC's beginning, I have given the highest level amount of
461 money allowable under the law each year. I got a U.S. flag as a gift from
462 OPAC for donating that first year to the PAC which I still have on display in
463 my office. Another highlight in my career was, when the AOA and OPAC
464 awarded me the Oliva Pin. I'm the first ACOFP president to have been
465 awarded it. I made sure I had that on for my presidential portrait. I
466 thought that was awesome since he's my most important mentor.
467 As far as my political involvement, a long time ago the physicians in
468 Pinellas County were experiencing legal difficulty due to inappropriate FBI
469 scrutiny, in the area of federal kickback laws. At the time I was the county
470 president, certain physicians in Pinellas County were being targeted for
471 prosecution. The Pinellas County Osteopathic Medical Society (PCOMS)
472 felt that the Federal government was going too far. The Pinellas County
473 Medical Society thought so also. What our organization did was to have
474 Ken Webster (PCOMS Executive Director) and I fly to Washington, D.C. We
475 arranged a meeting with our House of Representatives' members –
476 Congressmen C.W. Bill Young and Michael Bilirakis. We went and had

477 lunch with them alone in the congressional private dining room. Ken
478 Webster and I were able to talk to them and therefore I got to know both
479 of them... but in particular Michael Bilirakis. That's just been a great
480 friendship ever since. I have supported his campaigns. I have held
481 fundraisers for him. He's a good friend. He has called me for advice. We
482 also got to know his son, who at the time was a Florida state
483 representative. We held fundraisers for him as well. Both of them were
484 there at our Tampa ACOFP Convention when I was brought onto the Board
485 and they even spoke at that Presidential Inauguration banquet. I'm happy
486 to say Michael was able to come with his wife, Evelyn, to my ACOFP
487 Presidential inauguration in Las Vegas. So, I think my involvement with
488 him certainly has been a highlight of all of my political involvement. I
489 believe that there's different levels of political involvement in medicine.
490 There's voting. That's about the lowest level that's acceptable. At least our
491 physicians must vote! What's the next advanced step up from that? The
492 next advanced step is just giving to our PAC. Just send in a check to OPAC
493 every year. Perhaps, you're voting, perhaps you're sending money to the
494 PAC every year, but are you sending money in to your colleagues who are
495 hosting fundraisers for the politicians so that you make them more
496 successful? The highest level of political involvement is actually hosting a
497 fundraiser yourself and becoming friends with your elected officials. Add
498 in there somewhere going to DO Day on the Hill, those sort of things: that's
499 the spectrum of political involvement. We need to get as many physicians
500 on the highest order of that political involvement spectrum as we possibly

501 can. Political involvement is important and that's one of our ACOFP
502 mission statements: Advocacy, Education, and Leadership.

503 Committee Member: How were you were able to manage the budget, was there anything special
504 you needed?

505 Dr. Grove: Yes, there's some very important things on the budget. First of all, the year
506 that Dr. Eugene Pogorelec came in as ACOFP President and I was so
507 inspired.... that was the year that the ACOFP lost a million dollars! I was so
508 worried that could happen my year since I've had a lot of "life parallels"
509 with Dr. Pogorelec. One parallel was of course I was happy that my ACOFP
510 Presidential inauguration was also in Las Vegas, Another parallel was that
511 I'm one of the youngest ACOFP Presidents, as he was one of the youngest.
512 So I knew that meant we were going to lose our shirts this year! I'm happy
513 to say we didn't! We made money and did well. The ACOFP Board even
514 sent in \$50,000, donated it over to the ACOFP Foundation. The finances
515 have gone very well this year. The Las Vegas Convention did very well.
516 The Intensive Update did very well. Our fall convention did very well. Of
517 course that was in Las Vegas as well. It has been a great year financially.
518 However, in our budgeting process as the ACOFP Finance Committee met
519 during this convention, the subject of our ACOFP financial reserves was
520 discussed. Some, of our leadership says that we have more reserves than
521 we really need. The AOA, leadership agrees and has often kind of chided us
522 about that: "Why do you have so much money in your reserves! You
523 should be spending it!" Well of course the AOA has now included the value
524 of their building in their reserve amount. They have also taken the money
525 from our AOA specialty boards and put it into the AOA reserve account

526 instead. If I understand things correctly, the ACOFP now has more cash in
527 reserves than the AOA. And by the way, for our reserves, we don't count
528 the value of our fully owned Algonquin building and we certainly haven't
529 and won't take anybody else's money! So we have a very strong financial
530 position and I think it's important for our future ACOFP boards to continue
531 to maintain that level of reserve. It is always so easy to go and spend that
532 money! I hope that ACOFP Boards will always resist it. The ACOFP
533 reserves should be treated as an endowment and it should only grow. The
534 ACOFP Board should only spend interest from that. This interest income
535 spins off of our stock portfolio every year. We never know how much that
536 it is going to be. We don't budget for that. And if it spins off a lot of money,
537 that's great. You have more money to spend that year! However you
538 should not spend it all! You should leave some of that in the reserves and
539 then you're going to grow your endowment even more! That's what we
540 need to do. We need to resist all temptations to let that endowment go
541 down. Of course we want to spend money on the members and
542 innovations that advance our College. EveryPatientCounts.org was spent
543 out of reserves. That was not a part of the budget. This is a good example
544 of a very important and historic project that needs to continue to happen.

545 Committee Chair: I have one more question about the hospitalist movement. How has this
546 changed and how has this evolved how family doctors are practicing?

547 Dr. Grove: In my medical practice, we still take care of our own hospital patients. But
548 even in our hospitals back in Pinellas County, it's been a long time ago that
549 the hospitals would let you manage your own patient in the ICU.
550 Thankfully we're so far still allowed to take care of our other patients in

551 the hospital. I remember 10-15 years ago when Humana tried to bring in a
552 forced hospitalist system throughout Pinellas County called HIMS. The
553 other family physicians and I resisted and fought this program until we
554 killed it. However, obviously hospitalists are still around nationally and I
555 think that a lot of our fellow family physician colleagues have given up
556 their hospital practices in lieu of allowing the hospitalist to take over those
557 patients. As healthcare moves toward a model of global payment... being
558 able to take care of your own patients in the hospital and being involved in
559 their care is very important for success. In any payment model whether a
560 risk capitation model or in a fee-for-service system, it is important for
561 primary care physicians to stay involved with our patients care. I just
562 don't believe the claim that "the health system saves money using
563 hospitalists." I understand that there are studies, but I'd love to dissect
564 those...that certainly has not been my experience! The United States is
565 best off in a primary care global capitated payment system where family
566 physicians are taking care of our own patients in the hospital. Our ACOFP
567 Board and our AOBFP certifying board need to continue to examine about
568 the need for a hospitalist CAQ. The problem right now is that the
569 hospitalist movement is being dominated by the internist. There are a
570 great number of family medicine physicians who are willing to serve as
571 hospitalists but currently they are being shut out. I think a hospitalist CAQ
572 could help prevent that from happening. I think that if this is something
573 that our students and future doctors want to pursue then it's important for
574 us to develop those CAQ's. I don't know if hospitalist movement will last
575 forever. I believe that our family physician colleagues are going to try to be

576 in the hospitals as long as they can, even in an urban/suburban setting
577 such as us. I believe that the hospitalist movement may evolve into more
578 of where it may not be a hospitalist group owned by the hospital, but it'll
579 be your hospitalist from your own primary care group. He or she would be
580 an affiliated family physician or internist an employee of the family
581 medicine primary care group. That is what I believe is the best hope for
582 the hospitalist movement. I feel something like that is going to happen as
583 we move into capitated global payment.

584 Committee Chair: Well thank you very much, Dr. Grove. We've appreciated having you as
585 President and we look forward to seeing what the future holds for our
586 college.

587 Dr. Grove: Thank you.

588 Committee Member: Thank you.

589 Committee Chair: Thank you so much for your time.