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Advocacy • Education • Leadership

Archival & Historical Committee
September 18, 2016
Anaheim, Marriott
Anaheim, California

Interview with
Kevin V. de Regnier, DO, FACOFP *dist.*
(ACOFP President 2015-2016)

Committee Chair: Welcome, we would love to hear how your presidential year has gone, what was your theme this year?

Dr. de Regnier: My theme was the medical association home. I modeled the concept on the patient-centered medical home. My goal was to help begin transforming ACOFP to being member-centered, making sure that the services that we offer are the services that our members want and need, that we're responsive to their needs, that we're providing ways that they can access those services beyond the traditional nine to five Monday through Friday office hours, so very much like patient-centered medical home but applying that concept to the association. I hope that we've made some progress. I think we have. Our website has been ramped up considerably and we have more services available there. We've expanded into Quality Markers, which is a new service that I think members will find very valuable, and we've worked a lot to do that. Just like transforming to patient-centered medical home though, it's not something you do in a short time or overnight. It's a culture change. It's getting staff to understand their role within that, empowering them to meet members' needs, and it's something that will hopefully continue to evolve through the next several years.

Committee Chair: What was the inspiration for your theme?

29 Dr. de Regnier: I'm a big believer in servant leadership and the notion that leaders are here
30 to serve the members was kind of what drove that along. With our whole emphasis that
31 we've had as an organization on patient-centered medical home and as I thought about
32 those two together it kind of just hit me as: Why not apply those same concepts to the
33 organization? So I think it was pretty easy to do in terms of conceptually. Implementation is
34 always the difficult part.
35 Committee Chair: Over the last year, obviously you've had many accomplishments, what has
36 been your biggest accomplishment?
37 Dr. de Regnier: I think for me the engagement that we've had in the broader medical
38 community. That didn't start with me and it's not going to end with me, but I guess I feel
39 like that we've made progress in that. We are more engaged beyond ACOFP, beyond the
40 osteopathic community. Whether that's in the broader family medicine community,
41 whether that's legislatively, we have stepped up our game there and we are far more
42 engaged in Washington with policymakers. We are involved with other organizations in
43 joint projects. They have called ACOFP and said, "Hey, we want ACOFP involved in this
44 project." I'll give you an example, we're working, have been now for about the last nine
45 months, with the Brookings Institute, the American College of Cardiology, and a number of
46 other organizations to help define how in the evolving payment system we can better
47 integrate specialty care services with primary care services, particularly as it revolves
48 around quality of care and value-based payment, and that's been exciting and they came
49 and sought us out. It wasn't like we called, "Could we please be on your committee?" No,
50 they reached out to ACOFP, and there've been a number of smaller projects like that that I
51 think are to me really exciting and speak to how we're working to position ACOFP as a
52 national leader in family medicine.

53 Committee Member: So what did you feel was your most important mission during your year
54 as the president?
55 Dr. de Regnier: I think to me it was talking to students and helping them to see osteopathic
56 family medicine as a viable career opportunity for them, getting them excited about
57 osteopathic family medicine. I loved going to the campuses and talking to them. Their
58 excitement and enthusiasm just lifted me up and I loved doing that. I think that if we're
59 going to thrive in the future, we've got to have new people seeing osteopathic family
60 medicine as a great choice and so hopefully I was able to do that for some of them.
61 Committee Chair: What do you see as the biggest challenge for ACOFP in the coming years?
62 Dr. de Regnier: I think it's maintaining our osteopathic distinctiveness. As we move into
63 the single accreditation system, that's created real challenges. How do we remain
64 osteopathic family physicians? What does it mean to be an osteopathic family physician as
65 we look at opening up membership, as our congress directed us, to MDs? What do we
66 become as an organization with MDs and DOs? Are we the same? Are we able to bring them
67 along so that they truly embrace the tenets of osteopathic family medicine or is there going
68 to be a dilutional effect? I think that's a real challenge that we need to be very mindful of
69 and to tackle as we go along.
70 Committee Chair: What was your biggest disappointment this year?
71 Dr. de Regnier: You know that's a tough one because I had such a fabulous year. I mean I
72 loved every minute of it but I think probably the most difficult part of the year was it
73 seemed like I was continually having to appoint people to things. We had the ACGME - - we
74 got to recommend to the AOA who we thought should go on the Family Medicine RC and we
75 recommended three of our best and brightest from our CEE Committee because that's who
76 has expertise in graduate medical education. When we did that, we believed, because we
77 were told, that they would be able to continue on our CEE Committee.

78 Committee Chair: Can you explain what the CEE Committee is?

79 Dr. de Regnier: Committee on Education Evaluation, so they're the ones that manage our
80 graduate medical education. We initially thought they were going to be able to continue
81 fully participating on the committee. Then we were told: Well, they can stay on, but they
82 can't participate in anything that has to do with accreditation; for example, a residency
83 inspection or recommendation or anything like that. And then we were told: Well, no, they
84 can't be on any committee that has anything to do with graduate medical education. So it
85 was difficult to deal with those members because they had been told certain things when
86 they agreed to go on the ACGME Family Medicine RC and now we're having to change.
87 Several of them said, "If I knew that, I don't think I would've given up CEE because I love
88 CEE." That was a real challenge and we've worked through it with many phone calls and a
89 lot of struggling, but I think we did really get the best our profession has to offer at the
90 Family Medicine RC and I think that's paid dividends already just in the little time they have
91 had on the RC. It's been about a year now that they've been officially members of the
92 Family Medicine RC and technically they're not there to represent us. That's the other thing
93 I think that's been difficult is wrapping our head around and understanding the ACGME
94 culture. It's very different than ours and so we've had to really adapt and be flexible to
95 learn new things and make changes in our structure and way of operation as we've gone
96 along.

97 Committee Member: You address this a little bit in talking about going to campuses and
98 getting students excited about membership, but how did you address the issue of
99 membership during your year?

100 Dr. de Regnier: I really began when I was President-elect. We had budgeted consistently
101 for a 2% drop in membership over the last several years and at the Finance Committee,
102 which typically Finance Committee meets here at this meeting to prepare the budget for

103 the following year, I said, “We’re not going to do that. We’re not going to accept that we’re
104 going to drop 2% of membership. We’re going to budget for a 1% increase,” so that’s a 3%
105 swing; and I really challenged the staff to say, “We need to not accept the status quo. We’re
106 not going to exist as an organization if we just give into the: Well it’s just the way it is and
107 that’s the way it’s been and so we can’t change.” Malarkey. So between the staff and the
108 Membership Committee, not only did we meet our goal of 1% increase, we actually
109 exceeded it and I’m pleased to say again this year we’ve exceeded that 1% growth. I think a
110 lot of it is just the way you look at a problem, the way you want to frame it and empower
111 yourself to know you can make a difference. It doesn’t have to be this way.
112 Committee Chair: Do you find that the single accreditation has posed problems to our
113 membership?
114 Dr. de Regnier: Not yet, but I think as you look to the near-term future, there are going to
115 be some real challenges, not so much maybe for our membership but for us as an
116 organization. I think the critical question that we have yet to answer is: How are we going
117 to effectively engage residents who are in the ACGME system? In the AOA accreditation
118 system, technically it’s the AOA who accredits the residency, but it’s the ACOFP who really
119 administers that accreditation. So, for example, we have a staff person whose full-time job
120 is the residencies and she knows every resident and every position and every program,
121 who they are, where they are. We track their progress through their program; we have
122 their emails, we have the program’s contact information, all of that information. If we want
123 to reach out to the residents, it’s as simple as pushing a button to send them an email.
124 That’s not the way it’s going to be in the single accreditation system. We’ve had
125 conversations with the AAFP about: How do you find out who’s even in a residency
126 program? They told us, “We have to buy a third party list." ACGME will not release that
127 information because they consider it proprietary information. As far as they’re concerned

128 it's confidential and they're not going to give it to you, so that's a huge change from where
129 we are today. The other issue is that these programs are going to be much more diverse, so
130 how do we effectively engage someone? How do we effectively engage an allopathic
131 resident in an osteopathic-recognized program? What's meaningful to them? We don't have
132 the resources that AAFP does, so we've got to be more inventive, more flexible, but I think
133 that we'll get it figured out and we'll make good use of what we have. We have to really do
134 that.
135 Committee Member: I have a question off the list. Are there any thoughts of with the
136 website, you mentioned earlier, tracking CME for the members on the website similar to
137 AAFP? That's why I asked.
138 Dr. de Regnier: Yeah, so that's where we're still a little bit different in that that's a function
139 of the AOA. The AOA tracks CME. We've had discussions with AOA regarding: How do we
140 become more involved in that process? So far those conversations haven't gone very far.
141 It'll be interesting to see if the AOA does delink certification and membership. Currently
142 the AOA adds a fee to your membership dues for tracking your CME for certification
143 purposes. If that's no longer necessary or they're not doing that, then who's going to do
144 that? Is that a function ACOFP can pick up? We definitely are having those conversations.
145 Committee Member: I'm a highbred, if you call it that, but that's one big reason why a lot of
146 people are joining the AAFP is because they track (inaudible).
147 Dr. de Regnier: And of course the AAFP operates within a very different system. There you
148 have multiple entities that are in charge of different parts. I mean there's no relationship
149 between AAFP and ABFM. They're two completely separate entities. Here the AOA owns
150 the AOBFP. We're an affiliate of the AOA. The AAFP and the AMA aren't real good friends,
151 so there's a lot of different dynamics that feed into that relationship between AAFP and its

152 members versus ACOFP and our members, but we're open and we're very excited about the

153 opportunities that might be there for ACOFP to be doing more for our members.

154 Committee Chair: You just talked about budget. Was there anything else about the budget

155 that was interesting or different when you had to manage it, other than not allowing them

156 to figure out?

157 Dr. de Regnier: You know I spent three years as Secretary/ Treasurer watching the budget

158 closely and worked closely with the Board and our staff to make sure we finished the year

159 in the black.

160 Committee Chair: If it had a million dollars, we already spent it.

161 Dr. de Regnier: I'm kind of a detail-oriented person, so I really enjoyed being

162 Secretary/Treasurer. So when I progressed to Vice President, President-elect, and

163 President and now as Immediate Past President, I still stayed very intimately involved in

164 the budget. For this year's budget, I sent six pages of questions for the preliminary budget

165 to the staff going: This doesn't add up? Why did you use this number here with this number

166 here? Things like that. But overall, we had a good year the year I was President. The goal

167 isn't to put a whole bunch of money in the bank. We're not looking to make money off of

168 our membership. Our goal is to use the dues that we receive wisely, efficiently, and

169 maximize the benefit to the member, so I think ACOFP runs a pretty lean operation. We're

170 not staff heavy. When you look at the percentage of the budget that staff and business

171 operations consume, it's about 20%, so 80% of our budget is going into programmatic

172 things for membership, and I'm proud of that. I think that's something that a lot of

173 organizations aren't able to accomplish, so it's a testament to our staff that what a great job

174 they do with the resources that we have.

175 Committee Member: How many members, not counting students, interns, or residents, do

176 we have?

177 Dr. de Regnier: Active dues paying members is right around 6,000.

178 Committee Member: I guess I'm just curious: Why was there a decrease? Why we'd see the

179 decrease before the 2%? I've seen an increase now, but what was the decrease for?

180 Dr. de Regnier: That's a great question and I think there are a variety of reasons for it. One,

181 we capture probably about 90 plus percent of the residents who go through an AOA Family

182 Medicine program ultimately stay as members, but more and more we were seeing people

183 go through ACGME family medicine residencies, which we didn't do a really good job of

184 capturing those physicians. I think also there's a question out there of: Well why should I

185 belong? What do you do for me? And that's a question we need to be able to answer better

186 than we can currently. We do a lot. I mean if you're on the inside, you see all that's going on,

187 but I don't think that necessarily translates to members seeing all of the things because a

188 lot of what we do an individual member will go: I don't care about that. I'm really interested

189 in this. Well we do a little of that. Our challenge is figuring out how we can capture the

190 interest and meet the needs of the most members, and that's something we're always

191 evaluating. We're always looking at: What can we be doing different? What can we do

192 better? That's a part of every board discussion that we ever have.

193 Committee Member: What would be your fondest memory of your presidency and that you'll

194 always remember?

195 Dr. de Regnier: That's a tough question... I mean there's so many great memories. I really

196 loved traveling and meeting the members at the state meetings and being able to have

197 conversations, being able to help people out. They come and they say, "I've got this problem

198 with the AOBFP. "It's like: I can't really fix the AOBFP, but I'll try. We were able to help

199 them out or at least get them the information that they needed or make that connection. To

200 me it was really about the members and being able to spend time with them and talk to

201 them and see what their frustrations were because it helps us to then know what do we

202 need to be doing to serve our membership? But a single high point, boy, that's a tough one;
203 there were so many. There really were. Maybe it was when I got my United Gold Mileage
204 Plus card in the mail after traveling so much.
205 Committee Chair: Is there any final words you want to leave us with as you complete...
206 Dr. de Regnier: I am so grateful for the opportunity to serve as president. I've been an
207 ACOFP member since college, med school, and never in my wildest dreams thought about
208 being president and the way in which I came to be on the board, it's probably a worthwhile
209 story. We were in Nashville and Jay Porcelli was President-elect, I believe. (And I actually
210 had been a member of this committee. It was one of the first committees I was on) They
211 were working on putting together the ACOFP History Book, and Jay asked one of my friends
212 to be on the committee to try to move that project along and he said, "I'm too busy. Ask de
213 Regnier, he'll do it." So he asked me and I said, "Oh sure." So about a month later, I get this
214 box full of paper from Tom Told, who I had no idea was Vice President, and he said: "Here's
215 what we got." I said, "Okay." And when I looked through it, it was a whole collection of just
216 stories that they had collected, interviews that had been done, some recollections from past
217 leaders, stuff like that. I thought, "Okay, what am I supposed to do with this?" So I
218 happened to be on call one weekend and my wife and kids decided they were going to go to
219 see her folks so I had the house to myself. It was a quiet weekend on call and I sat down and
220 I just started hammering out this stuff. "Okay this needs to go here. There needs to be a
221 transition between here and here." I spent the weekend, about 24 hours of work
222 rearranging and typing and then I sent it off to Dr. Told. I didn't hear anything for a week
223 and a half. I was thinking, "Oh man, I stepped in it now. This is the last thing I'm going to do
224 in this organization." So finally I called Dr. Told and I said, "Did you get it?" And he said,
225 "Oh yeah, this is great. This is what we needed." I was so relieved. So the book, to finish the
226 story quickly, the book moves along. We get it printed and as far as I'm concerned, that's

227 the end of it. Good job. Okay great. That's all I expected. I didn't expect anything more. At
228 the next convention, Ronnie Martin walked up to me and said, "You need to put your name
229 in for the Board." I'm like: What? Really me? What? And he said, "Yeah, you did a great job
230 on the book." So Iowa put me up and that was the year they brought Dr. Henwood onto the
231 Board. I thought, "That's great. It was a great opportunity to interview." I didn't expect to
232 get on the Board and then Dr. Martin came up to me afterwards and said, "Don't get
233 discouraged. It's the first time you interviewed, interview again." "Really?" Yeah." So I
234 interviewed and lo and behold I got selected to come on the Board. I think it's a testament
235 to the organization in that people who do a good job, who put in an effort, who are willing
236 to give their time and talent to the organization do get recognized and have opportunity to
237 advance. I never sought it but have loved every single minute of it and it has been such a
238 privilege to serve as President, to serve on the Board, and I will miss it very much. But I
239 will be able to be back on committees and stuff so....
240 Committee Member: Okay, we're looking for people to join this committee.
241 Dr. de Regnier: It's where I started, edited many of these conversations.
242 Committee Chair: We've really appreciated everything you've done for us this year. Thank
243 you very much.
244 Dr. de Regnier: Oh you're more than welcome. It's been my honor and privilege. It really
245 has.