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Advocacy ◆ Education ◆ Leadership

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3 **Archival & Historical Committee**
4 **March 18, 2011**
5 **Marriott Rivercenter Hotel**
6 **San Antonio, Texas**
7
8 **Interview with**
9 **Kenneth A. Heiles, DO, FACOFP *dist.***
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12 Committee Chair: We welcome Dr. Kenneth Heiles here today to interview with us. Dr. Heiles
13 has just finished his excellent year as presidency and we would like you to start
14 off by telling us how you got involved in osteopathic medicine.
15 Dr. Heiles: My initial start in osteopathic medicine came from actually seeing an
16 osteopathic physician in my home town. He was not my regular physician at
17 the time, but I believe I sprained an ankle and my dad was a pharmaceutical
18 representative and he said, "Why don't we see Dr. Cludo?" Dr. Cludo was an
19 osteopathic physician that actually started his career as a chiropractor. He then
20 advanced to osteopathic medicine. So we went to see him and just got to
21 talking a little bit because I was interested in medicine since age five. Until
22 then, I really didn't know a whole lot about osteopathic medicine and was
23 really impressed with just the overall demeanor he presented versus the
24 allopathic physicians that I had used in the past. They were, well for a lack of
25 a better term, more like a stuffed shirt and not as much of a people person. This
26 really impressed me. So as I continued to pursue medicine, I did apply to the
27 University of Pittsburgh, but I also applied to the Philadelphia College of
28 Osteopathic Medicine. I was accepted to both and chose Philadelphia College
29 of Osteopathic Medicine. That's how my medical career started or osteopathic
30 career started.

31 Committee Chair: What year did you graduate?

32 Dr. Heiles: 1984.

33 Committee Chair: Where did you go from there?

34 Dr. Heiles: From there I did my interview *[sic]* at Shenango Valley Osteopathic Hospital,
35 and then did a general practice residency in Mill Creek in Erie, Pennsylvania.
36 I'd gone to school on a National Health Service scholarship. They assigned me
37 to the State of Arkansas which is where I sent. About two-thirds of the way
38 through my residency, I looked at four places and settled on Star City. I was
39 initially going to do my four years there and then potentially move back to the
40 Pittsburgh area where I was from. About the time I was finishing up my four
41 years of residency, the allopathic residency program in Pine Bluff, which was
42 25 miles north of me and actually the hospital that I used were looking to get
43 osteopathic approval for their residency. They asked this because were
44 averaging five to six osteopathic residents a year and the residents were
45 actually asking for osteopathic approval. They had talked to one of the DOs in
46 the town who had done his three years there. He had not done an osteopathic
47 internship so therefore could not be the DME. He would cover me some
48 whenever I was gone. He called me and I went up and talked to them and
49 Mitch Kasovac was president. He came to our state meeting and when he
50 came down looked at the place and he said, "I think it'll be a great place.
51 I started the program with a traditional internship for about seven/eight years,
52 and then brought the two-year failing practice residency program in after that.
53 So we started that in 1991 and was the residency director there until 2009.

54 Committee Chair: What was your first or your early involvement with ACOFP?

55 Dr. Heiles: I was a student. I think I was a student secretary at PCOM. When I did my at
56 the time general practice residency, Jack Bettor was my residency director. He

57 was very good friends with Terry Nickels. So when I went to take my boards
58 in San Diego at the Hotel del Coronado in 1986, Dr. Bettor was there as was
59 Dr. Nickels. That's where I met him, Dr. Stowers and Dr. Ronnie Martin. I
60 became very active. Our state didn't have a state ACGP chapter at the time.
61 So I believe it was 1989 here in San Antonio when the Arkansas chapter was
62 first seated as a delegation. I was the initial delegate and for the most part I'm
63 still the initial delegate.
64 Committee Chair: One delegate?
65 Dr. Heiles: At the time it was one. Well now there is two. Yeah, because there's a
66 minimum of two, but at the time there wasn't. I think that's right about the time
67 George Nyhart took over, but Betty Vaught was still working on it. Yeah, she
68 gave me a hard time because I walked in the room early just to see where I was
69 and what I had to do. That was history, and literally the rest is history. I was
70 put on a committee. My first committee was a Preceptorship Committee. I
71 believe it was either Ron Goldberg or Harold Thomas who put me on my first
72 committee. Since then, there was one year that I was taken off of everything
73 and not really sure why, but I wasn't the only one. There were several that
74 were, but I've been very active in the college since then.
75 Committee Chair: Tell us a little something about Betty Vaught. We're collecting stories about
76 the different executive directors.
77 Dr. Heiles: Like I said, I believe Betty was not the executive director then. I think George
78 Nyhart was. She was used on a consultant basis and essentially came to help
79 out at the conventions. To the best of my recollection, she was tough and
80 basically she was going to run the show.
81 Committee Member: I would agree with that.

82 Dr. Heiles: It was going to be her way or the highway. That's what I said, I'd been ACGP
83 and I use ACGP at the time, that's what it was. I'd been to the conventions
84 before, but we never had a seat in the Congress. I would just sit in there as an
85 observer and then got the paperwork there. Like I said, I just went in to see
86 what and ask what all do I need to do, asked is there anything special being
87 seated, and I was very quickly told that I was not to be in that room until they
88 called from the delegates to come in and somewhat politely get asked to leave.
89 And Dr. Hill, with your history, I think you probably know where I'm coming
90 from.
91 Committee Chair: Did you have much contact with Nyhart?
92 Dr. Heiles: Yes, actually through Terry Nickels. Terry and George were very good friends
93 and George and I became very good friends. I got along with George very
94 well. What I can say is that I think he probably did the association well. He
95 moved it forward for a while as with all of us. You're there for a while and it is
96 time to move on and bring somebody else onboard.
97 Committee Chair: What was he known for as far as defining characteristics?
98 Dr. Heiles: I think the biggest thing with George was his personal ability and his honesty.
99 I mean that if you asked him a question, he was going to give you an answer
100 whether you liked it or not. It may not always be a politically correct answer,
101 but George was just - - that's the way it was. Like I said, he was a very, very
102 personable guy. I don't think I've ever seen him not remember somebody's
103 name that he had met before. I envy people with that because I don't have that
104 ability. I can remember faces, but I cannot remember names.
105 Committee Chair: How old were you when you started into leadership?
106 Dr. Heiles: You mean on the board or just with committee levels?

107 Committee Chair: Where were you when you started doing your first committee work? How old were
108 you?
109 Dr. Heiles: I was 27 when I first started, so that was 25 years ago.
110 Committee Chair: And who influenced you the most of the many people? Of the people that influenced
111 you, who were some of those that helped you move ahead?
112 Dr. Heiles: I would say that Terry Nickels was probably the one that was the strongest force
113 behind me. I'd had some small committee appointments before that when he came on
114 as president. I was appointed to CENE* and was also on… He appointed me the
115 CENE and convention committees and threatened to bodily harm to certain parts of
116 my body if I didn't do a good job.
117 Committee Chair: That's funny.
118 Dr. Heiles: Well for those of you who know Terry Nickels, that only as Terry Nickels could put it.
119 I know you know exactly what I'm talking about. He probably had the same
120 conversations with you at times.
121 Dr. Caleb: Pretty close.
122 Dr. Heiles: But he was probably my strongest motivating factor, and I would say because of…
123 When I moved to Arkansas in 1986, on the AOA level, Arkansas was like a little
124 brother to Oklahoma. So from the ACOFP, the biggest influencing factors would've
125 been Terry, Ray Stiers and Ronnie Martin. Bobby Jones was also a very, very strong
126 political influence and a supporter beyond both the AOA. He really technically didn't
127 have anything to do with ACOFP per se, but he was very well known in ACOFP and
128 very well respected there too with his 30-plus years as executive director of the
129 Oklahoma Osteopathic Association.
130 Committee Chair: Besides Terry, tell us about how Stowers or Martin influenced you.
131 Dr. Heiles: I think a lot of that came from whenever they would come over to when we first
132 started having conventions in '86. They'd come over and they would help. Basically
133 during the first couple of conventions, they actually came over and volunteered to put
134 on the conventions for our state because at the time we had eight members. I became

135 a board member of the Arkansas Osteopathic Medical Association at my second
136 meeting because I made two in row, so I automatically became a board member. Like
137 I said, we had an association at that time of eight members. So I think it was just
138 because of their love for the profession and their want to see the profession succeed.
139 They would actually twice a year volunteer four or five days of their time to come
140 over just to help get us off the ground and just really ongoing mentorship throughout
141 the years. I would say I've always been interested to know Dr. Stowers and watch
142 how, primarily with the knowledge that he obtained and continues to have regarding
143 how policy is going in Washington, he was very instrumental in single-handedly
144 developing the Washington to where it is today. This includes a MedPAC and a few
145 things that he did. I was just being around them and listening to them. I learned a
146 whole lot from all of them just by listening.
147 Committee Member: I have a question. In Arkansas, can you give us kind of a historical perspective
148 of DOs? It would be interesting to see your take on when you started, how you
149 started your ACOFP there, and where it is today.
150 Dr. Heiles: Well I believe it was 1979 when osteopathic physicians were actually allowed
151 to practice unrestrictedly. That's when the government signed it in, and I'm not
152 100% sure on that year. It may have been a few years earlier. But it was in the
153 '70s where osteopathic physicians were actually given unrestricted license to
154 practice medicine. When I got my license in Arkansas, I was the 29th
155 osteopathic physician licensed in the state. There are now 484. There aren't
156 484 practicing in the state, but there is probably about 190 that are full-time
157 physicians practicing in the state, 35 to 40 military, whether they be at VA or
158 the Air Force base in Jacksonville. The acceptance of osteopathic physicians
159 was kind of unique. When I first applied for privileges, they were not going to
160 grant them to me because the hospital bylaws said you had to be certified or
161 have three years post graduate training. They said, "Well you only have two

162		years." I said, "But I'm certified by the American College of General - -
163		American Board of Osteopathic General Practice." "Well who are they?" So
164		we started that education. They were really against licensing or putting a DO
165		on staff. They thought this until I pointed out that one of their largest admitters
166		in family medicine was a DO. "Well no, he did his residency here." "I'm
167		aware of that, but why don't you go back and look and see where he graduated
168		medical school from? He graduated from the Kansas City College of
169		Osteopathic Medicine." So with that being said, they backed off quite a bit.
170		They made me interview with credentials committee a couple of times and I
171		probably had to jump through a few more hoops than I would have. And now,
172		I would say most of the patients really and truly don't know the difference as
173		far as if they're a DO or an MD. A lot of them will notice the difference just
174		because of the way they are treated. Especially working with the residents for
175		almost 20 years, the difference in the personal ability of the allopathic residents
176		versus the osteopathic residents is night and day and I really credit our
177		profession for its ongoing holistic approach and actually treating people like
178		people as opposed to treating the symptom.
179	Committee Chair:	Would you go ahead and tell us how the society developed? Earlier, you
180		talked about the number of physicians, but how did your society actually get
181		formed, and how active was it earlier and how active is it now?
182	Dr. Heiles:	The ACOFP Society?
183	Committee Chair:	Yes.
184	Dr. Heiles:	Yes. How the ACOFP Society got formed, as I said, I'd been placed on the
185		AMOA board with my second meeting. There was one endocrinologist and
186		everybody else on there was family medicine. We were sitting in a meeting one
187		time and I had asked, "Do we have a family practice chapter?" And they said,

188 "Well no." I said, "Why not?" They said, "Well I guess nobody really ever
189 thought too much about it." I mean there were two of them that had gone to
190 the AOA House of Delegates since 1980, but they never really thought about it.
191 So I contacted the office and found out what I had to do, what paperwork was
192 actually sent, and prepared a copy of some generic bylaws that I suppose
193 probably at least half of this is still used today by the state.
194 Committee Chair: And did AOA send those to you or ACGP?
195 Dr. Heiles: No, ACGP sent them to me for the chapter, and submitted them. I got a letter
196 back stating that we would become part of the Congress of Delegates in the
197 San Antonio meeting in 1989. So, I came to the meeting to be recognized and
198 actually to represent Arkansas as they are recognized as a state chapter. The
199 state chapter, I can I guess embarrassingly say is not extremely active. I think
200 the biggest part of the reason for that is the majority of the Osteopathic
201 Association are also family practice. We've had two different times over the
202 last 25 years, the most recent being about four or five years ago, where we
203 basically were stolen blind by the executive director and had to start over again
204 now. For the third time, this happened about two years ago. So to say that the
205 general practice or the family practice affiliate is extremely active is hard to
206 compare to Texas, Florida, or some of those others. I mean we can't compare to
207 Texas or Florida or some of those others. We do have our own conference
208 each year. The family medicine or the Family Practice Association actually
209 has the same executive director as the AOMA does and we kind of share
210 duties. Today we are actually getting some younger docs on board now and
211 we're literally looking at kind of branching out a little bit and starting to do
212 some more things on our own. But since I've been there, the majority has been

213 done together because it is very difficult to try to run two associations dealing
214 with essentially the same people (under a hundred docs).
215 Committee Member: The AOMA is the Arkansas Osteopathic…
216 Dr. Heiles: Medical Association, yes.
217 Committee Member: Let me switch gears a little bit. In your current past administration, this past
218 year has been probably a key year in healthcare reform on a national level.
219 Can you tell me about and share some of the key events that happened during
220 the past year in regard to our role with healthcare reform?
221 Dr. Heiles: I'd be happy to. I still have not forgiven Dr. Zieren for making sure that I went
222 in three days before the bill was signed instead of three days after the bill was
223 signed. I can honestly say it was a very interesting first couple weeks. For
224 those who were here last year, remember the tremendous debate that took place
225 on the Congress regarding the proposed healthcare bill. It was to the point
226 where actually the whole discussion postponed a pending town hall meeting
227 the next day. Yeah, the town hall meeting I believe was Friday. At the town
228 hall meeting, for those of you there, it got a little bit heated at times. There
229 were literally opinions from far both sides. Right after the town hall meeting, I
230 decided that – well actually before the town hall meeting, I decided this was
231 not something that the board was just going to make a decision on by
232 themselves. I wanted input from everybody. So we not only utilized the town
233 hall meeting, but right before the town hall started I had appointed a joint
234 committee. This joint taskforce from the board and from the Congress were all
235 in the town hall meeting and then met afterwards. Keith Studdard and Shawn
236 Martin actually sit in on the meeting and I guess for more fact-based purposes,
237 to make sure that things weren't misconstrued. The taskforce came back that
238 we should conditionally support the bill. Some of the reasons to support the

239 bill was that it was very front loaded in favor of family medicine. There were a
240 lot of things that were horrible about the bill. The feeling shared by the board
241 and ourselves was that if we did not conditionally support it, did nothing or
242 positioned against the bill, as things progressed we would have absolutely no
243 say at the table at all. Sure enough, today they're looking at some proposed
244 changes and amendments for differences of opinion of things that are being
245 made. We are involved. Our legislative liaison, Keith Studdard, who works
246 through the AOA office is involved in almost daily talks regarding the
247 healthcare bill and we really feel that if we have not given conditional support
248 that that would've never happened. Now within the first 10 days to two weeks
249 after the board made its decision, a letter went to Speaker Pelosi. We did send
250 an email out to everybody who was on the President's blog list as well as a
251 copy of the letter. We really got some interesting emails back, everywhere
252 from: We don't agree with what you did, but we understand why, How could
253 you be so stupid, I want my money back from my dues that I paid a month ago,
254 to I'll never join it again. A first year student, actually from Oklahoma State,
255 told us how dumb we were and why based on what his experience was (which
256 was none). So I responded to a couple. I tried to address the majority of the
257 questions the next couple weeks in my blog. One of them that I responded to
258 was about a comment that went on and on about how horrible it was and how
259 can we as a board make decisions for those that practice medicine every day
260 whenever we are totally out of touch with the practicing physician. As I read
261 that, I'm sitting there thinking that when I'm home, I'm working 16/18 hour
262 days. He went on to say that if you feel compelled to, you can respond to me.
263 He left his phone number. Leave a message and I'll call you back at my
264 convenience or have a nice vacation on my dime and he never signed it. I

265 thought, We'll just let it go because it wasn't signed. I said, "No, we got the
266 email." So I sent an email back and I said, "I did receive your email." "I
267 would be happy to respond to you, but I have made a rule that I will not
268 respond to any emails that are sent that are not signed, so if you do not find that
269 you can sign your email, then I can't respond to answer your direct question."
270 To this day, I haven't heard back from him. So I mean the first few weeks
271 were extremely tough. After that, things seemed to quiet down. Actually I was
272 a little bit surprised at this meeting how quiet it was about that. I think as the
273 year passed, I think people realized that it wasn't going to end their practice. It
274 wasn't going to end the life of the country, and it wasn't near as dramatic as
275 everyone thought it was going to be, at least not yet. And my personal feeling
276 and in discussions having with AAFP, AOA, and others is that a lot of the
277 propositions that are still in there is going to get toned down. One of the
278 speakers at the town hall meeting that I just came from had actually made the
279 comment that this legislation was actually just healthcare reform one, so there
280 will be a two, three, and a four where all these things are going to be blended
281 and changes are going to be made. So I think if the decision would not have
282 been made to conditionally support the initial bill, I don't think we would've
283 ever been able to have anything to say with the potential of two, three, and
284 four, and so on.

285 Committee Chair: Think about some of the other tough issues of the year.

286 Dr. Heiles: Probably the two other toughest issues that I've dealt with, and one we're still dealing
287 with, is the EPRIC3* recommendations coming from the AOA which could vastly
288 change the way residency programs are inspected, the way they're run, and the cost
289 factor for them. At probably the last three AOA meetings, we've given testimony,
290 with some in support, but a lot of it not in support of different varieties. I think at the

291 AOA board meeting in January, we were able to at least make the points that we had
292 regarding our concern of non-physician inspectors inspecting our program and also
293 being asked to inspect the manipulative component. We as a board we strongly feel
294 that there needs to be an osteopathic physician who does have knowledge in OMT,
295 preferably a practicing physician that does OMT, that needs to at least inspect that
296 portion of it. We do not have a problem with professional inspectors or paid
297 inspectors, but we do feel that at least that component of the inspection needs to be
298 done by a physician. Actually the AOA Board and that whole section of EPRIC3 has
299 pretty much stalled most all of the post doc stuff to look at things closely. Also in that
300 document, they were trying to and essentially would have changed the way that we've
301 done our testing for our residents forever. They wanted to put wordage in there that a
302 resident or a physician could not sit for the boards until they were residency complete.
303 Well for years, we've allowed our third year residents to take the boards in March, but
304 they would not actually get their certification until all their paperwork and their
305 residency complete status was deemed by our CEE Committee, then that would be
306 forwarded to AOA as well as AOB. AOB would then forward it to AOA and their
307 certification would be granted. We were able to get that language changed that we
308 will still be able to do things the way we are with the one slight additional piece of
309 paper, which we had no problem with is that they want the residents that are taking the
310 test to sign an attestation to say that they will not be certified until they are residency
311 complete. We had already done that anyway. We thought: Okay, so you want them to
312 sign a paper, we can live with that.
313 Probably the other biggest issue that we dealt with just recently was the osteopathic
314 continuous certification, which is coming down for everybody. One of the
315 components of that is an educational component. So with negotiations with AOB, it
316 started out that we would do the education - - we'd put the educational component
317 together, but they would copyright it, they would handle it, and we're like: Nope, if
318 we're doing it, we're going to be in control of it. So with negotiations, we now have

319 the educational module component of OCC with the pre test and post test completely
320 under our college.
321 Really, these were probably the three biggest issues that I dealt with in that order.
322 Committee Chair: What do you consider the highlights?
323 Dr. Heiles: There were several. I think one of the highlights I had was actually in the first
324 state trip that I made. I had gone to Arizona and I think I had an honor that no
325 one else has never happened before. I had the honor of installing their state
326 chapter president who happened to be the physician who installed me as
327 national president. So literally one month after Dr. Zieren installed me as
328 president of National ACOFP, I had gone to Arizona installed her as a state
329 ACOFP president. It was kind of neat. I mean, it was just a neat thing.
330 The travel that I did around the country and the people that I've met, the
331 students that I've talked to, it's just an invaluable experience to be able to meet
332 so many good people around the country. There is still a few more trips that I
333 couldn't get done on my president's year. The Executive Committee worked
334 travel things out. If one of us can't go this year, I will go next year, if you can
335 take it this year. So there is still a few more trips that I have. I just think the
336 people that we're able to meet including the enthusiasm of the students today
337 that I really can't say that I saw 10 to 15 years ago. I mean their whole thought
338 process has changed and they're oh probably… Well when I started residency
339 15/20 years ago, I would say that half of the ones that I had contact with really
340 were not what I would consider true osteopathic physicians. A lot of them were
341 there because they couldn't get into an allopathic school. I think that pendulum
342 has really switched to where the majority of the students that I've seen now are
343 extremely interested in not just the manipulation upon it, but just the

344 philosophy. They really wanted to be osteopathic physicians and I think that's
345 just a tremendous pendulum swing that I'm just very proud to see.
346 Committee Member: What would be your fondest memory of your presidency?
347 Dr. Heiles: Again, I think I would go back to the whenever I was able to install Dr. Zieren
348 as state president because I just thought that was just so…coincidental. I
349 could almost bet that that hadn't happened before and it was just really a good
350 thing that we can just kind of flip flop a month apart.
351 Committee Member: Any advice to the young physicians such as ourselves that are trying to work
352 our way up to the top?
353 Dr. Heiles: Stay active. Stay honest.
354 Committee Member: How many states did you get to?
355 Dr. Heiles: Fourteen. I was invited to 21 and got to 14. Unfortunately, one of the states
356 that I missed that I would have really loved to go to was the state that I was
357 born and raised and went to medical school in and that was Pennsylvania.
358 California, Pennsylvania, and Michigan all had their conferences the same
359 weekend and it's like… Pete calls me, he said, "There's no way you can travel
360 completely across the country in one weekend." He says, "Which one are you
361 going to take? Are you going to take Pennsylvania because that's where you
362 were?" I said, "Well I would love to, but which one came in first, which
363 request was first?" And he said, "California." I said, "Then if California
364 requested the president to be there first, then California's where the president
365 should go and we'll see who else can go to the others." And he had even
366 mentioned, "You really are going to back out of Pennsylvania?" I said, "No, I
367 don't want to back out of Pennsylvania, but I just think it's fair. It's a timing
368 thing. They were the first one to get in, then that's where we should go."
369 Committee Chair: What do you see as the future of medicine?

370 Dr. Heiles: Medicine or family medicine because there's…

371 Committee Member: Is there a difference?

372 Dr. Heiles: Well not to us there's not. I think we in family medicine or medicine in
373 general, are in a very unique position. And again, there is probably going to be
374 more references to family medicine and primary care. I think with the
375 incentives in the new bill, finally the understanding from the government that
376 there really and truly is not just a primary care physician shortage, but truly an
377 access shortage to a lot of people in the country and not just necessarily the
378 rural areas. In the inner city areas, there's access problem because of some of
379 the restrictions on Medicare including financial and clerical ways that they
380 look to try to not accept your billing information and to reject it causing one to
381 have to redo it. A lot of our Medicare patients are finding a problem with
382 access because a lot of physicians are really restricting the amount of Medicare
383 patients they see a day. And what this is now doing is this is putting an
384 increased burden on the emergency rooms where these Medicare beneficiaries
385 are having to utilize the emergency room because it may take two, three, four,
386 six weeks before they can get into their primary care physician and because of
387 this the costs are actually going up. The costs are going up dramatically to
388 Medicare patients, so I think they're finally getting it. I think they're finally
389 seeing it. I think with the incentives the way they were put in the new bill, I
390 think there's actually more incentives to physicians than there are to non-
391 physician clinicians. The non-physician clinicians do have some incentives but
392 I think they have a huge part in the current and new practice in medicine, but I
393 don't think they are the solution. . I think primary care physicians are the
394 solution and I think working together we can get there. I disagree with their
395 philosophy that they can stand independent because when they have the

396 clinical knowledge base of roughly a third year medical student that's two-
397 thirds the way through his third year. I don't know how that can even come
398 close to comparing him to a physician who had another to two years of school
399 and a minimum of three years of post graduate training. I think that was
400 probably bought for a little while, but I think contrary to what the Institute of
401 Medicine reported in November of 2010 that that whole issue has now pretty
402 much been pushed aside. That it was very, very skewed. And for those of you
403 who have not read it or heard it, that's where they basically said that nurse
404 practitioners can pick up the slack. But the entire panel was made up by PhDs
405 and nurse practitioners and doctorates of nursing. There was not a physician on
406 that panel, so I mean that in itself pretty much invalidated the entire report. But
407 I do think that we're in a very exciting time for primary care. Especially, I
408 think our students are starting to see that too. In the last couple years
409 osteopathic medical training programs has gone from two years ago where we
410 managed 39% to last year we have 43% to 48%. This year was 53%, so we've
411 increased about 8% just from the match alone before the scramble, but we've
412 increased 8% in those matching for family medicine. They're not like they
413 were 20 years ago with 60/65% were going in there, but we're now coming up
414 to approaching the 33/34% range where we had (inaudible) low 20s. So I think
415 again that pendulum is starting to swing back and I think we're heading in the
416 right direction.
417 Committee Chair: What do you envision as the future of the organization of ACOFP?
418 Dr. Heiles: I think the future of the organization is our youth. I think we're starting to see
419 an increase in activity from our young members. Our students seem to be much
420 more energetic than they have been years in past, so I think there is a push
421 there. Along with that being the future, I also see a concern in that I think we

422 have to be very careful that we don't get some of the young energetic
423 physicians we have now too active too quick and burn them out and I lose them
424 forever. I think right now we're walking that tight rope and actually not this
425 meeting but at our January meeting, we discussed that and the board has
426 become very cognizant of that. In January, we also had our second future
427 leaders meeting and I think the energy coming out of that meeting from them
428 was much, much higher than it was coming out of the first meeting. I think
429 that this program started by Dr. Ronnie Martin that is really catching on, and I
430 think that it is really going to help our membership. This is not just because of
431 those 16 or 17 that take that, but I think they're going to carry it out to their
432 fellow residents or into the practices they're in and so forth. So I think we're
433 definitely starting to charge things in the right direction. I think the board that
434 we have in place right now, and each year that I sat on the board, I thought it
435 got just a little bit better. I'm very confident in the leaders we have sitting in
436 the board right now that they will very confidently take that whole message
437 forward and take the organization in the right direction.
438 Committee Chair: Ten years from now looking back, what do you think will be your greatest
439 regret?
440 Dr. Heiles: I'm probably not alone. I think the biggest regret that I'm going to have is when
441 you take the position, there is all these dreams and aspirations you have,
442 especially on the advocacy side. You want to help reform this and really push
443 this in a direction. As we're sitting here like a dragster not realizing that the
444 advocacy side is kind of like that 'little train that could' going up the hill. So
445 we're going 350 mile an hour when we hit it and they're sitting there going: I
446 think I can, I think I can, and you don't really realize that until you're about
447 two-thirds of the way through and you're like: A lot of this isn't going to

448 happen. I wish I could've gotten to more states. I wish I could've gotten to more
449 schools. I can honestly say I'm proud that I was able to, number one, serve in
450 this position, and I'm very elated that I was able to do as much as I did.
451 The only other thing that I wish I could have done is I wish I could have done
452 more for the graduate medical education. My theme was to really increase
453 graduate medical education. I charged each state with trying to develop two
454 osteopathic family practice residency programs. Probably, I can say that we
455 started 10 and there are 24 that are in the midst of undergoing inspection and
456 working their way to that, so obviously we didn't hit the goal of a hundred. But
457 I think having 10 approved and 24 in progress is definitely more than we've
458 seen in years past. I hope that those behind me, even though I'm sure they will
459 have different themes that they continue that graduate medical education push.
460 Committee Chair: What do they do with old past presidents?
461 Dr. Heiles: I don't know. Well they keep you around for a couple years.
462 Committee Member: Well from my point of view, thank you for what you've done this year as our
463 president. I think you've done a great job at leadership in developing programs
464 not only for all of us but for the young people as well.
465 DR. Heiles: Thank you, Dr. Hill.
466 Committee Member: I think we're in a situation now where if you don't get the goal for the
467 osteopathic match and try to go to the allopathic side and don't get what you
468 want, you're not going to get a good spot. That they'll be taken by our own,
469 which is exciting, and we can all be proud of that.
470 Committee Chair: Probably I can say that we started 10 and there are 24 that are in the midst of
471 undergoing inspection and working their way to that, so obviously we didn't hit
472 the goal of a hundred, but I think having 10 approved and 24 in progress is
473 definitely more than we've seen in years past and I hope that those behind me,

474 even though I'm sure they will have different themes, I hope that they continue

475 that graduate medical education push.

476 Dr. Heiles: Thank you.

477 (Applause)

478 Dr. Heiles: As I was walking over here, I said, "Well I'm going to be interviewed by the Archival

479 Committee." I said, "Now you want to make somebody feel old fast. Yesterday

480 morning I was president and then the next day you are archived."

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