Archival & Historical Committee
Baltimore, Maryland

Interview with
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(ACOFP President 2018-2019)

Committee Chair: Good morning, Dr. Koehler. Today is Saturday, October 26th. We are in Baltimore. So tell us what was your presidential theme this year?

Dr. Koehler: Survival.

Committee Chair: Survival. Can you define survival?

Dr. Koehler: Interestingly, I considered a number of things before that… Well actually Congress in '17 wanted me the president-elect to kick around ideas and it almost constituted a look to the future based on the past or something to that effect. And then went to a meeting, Dr. Wiseman, Pete and myself were at a meeting in Chicago. This was in mid-August of '17. My first thought was: okay, there's something going on in the office he needs to tell us about, so we sat down, he said, "I decided to retire," and that's when the idea of survival really kicked in because the point at which the profession is right now, so many things are riding on who we chose as the next executive director that it was like: Wow, this is big. We didn't come to an agreement with Bob until the OMED meeting in San Diego and we went from San Diego to family medicine extravaganza for AAFP, which is where we finally signed the documents that brought Bob onboard, so it really was just a matter of survival. And then the magnitude of the decisions we made last year really didn't strike me until sitting in a meeting with AOBFP Executive Committee. Dr. Knapp puts his hand on my right shoulder and

said, “Now it’s your responsibility.” So that was his fear when he hired Pete and stayed with us for 18 years Wow. So to the association, there really wasn’t a thing. It was really making decisions to guide us into the future.

Committee Chair: What do you see as your greatest accomplishment this past year?

Dr. Koehler: That’s a hard one because there were so many things going on. Hiring an executive director was one of those things. The board had requested that we reconsider who could chair the departments working on the early entry pathway with the AOBFP and then the AOA has their decoupling issue and the loss of revenue decoupling, but the downstream effects have been lost revenue to affiliate societies, especially colleges to the point that it challenged. There was Dr. Ron Burns and Adrienne in a board meeting in San Diego and the AOA is making decisions that has huge impact on all the affiliate societies. The loss of revenue from the royalties on certain patient fees to the ACOFP was a six-figure impact and that’s not pocket change. And then at our board meeting in Florida, they come up with the idea of unlimited online CME and it’s like standing in front of this reference committee, pointing out that the AOA continues to make decisions that financially destabilizes the affiliate societies. At some point, you’re either going to cripple your society so there is no one, which I think will have an impact on the AOA too, or you’re going to have to stop making bonehead decisions. And so, of those four things and out of that, I was asked to rewrite a resolution that was being considered. And when I sat down to rewrite, there were five specialty colleges around helping me and out of that there’s a specialty college taskforce that met for the first time in

Chicago and is going to meet again this afternoon. So, of those four things, probably the most important was finding the right executive director, but it's kind of hard to pick the greatest accomplishment. The thing that I pointed out to that taskforce is that the members that have shown up and have been consistently part of those meetings represents 70 to 75 percent of AOA's membership. I think there's some opportunities there. Truly the opportunities to some of the resolutions that as a group who provide a testimony to the various reference committees that several of the resolutions from the board of trustees that were seen as being a negative impact on the affiliate societies. Hard to choose. It was a crazy year.

Committee Chair: So just going on talking about the CME and where to get your CME, as we become more human beings and barricade ourselves at home and do everything online, what are your thoughts and ideas for the future? How do we continue the camaraderie at these events and get people out of their house and off their computers?

Dr. Koehler: I don't know that we're ever going to succeed at that. There are some things that you simply cannot experience sitting at your laptop or PC simply because you are in social isolation basically. That's a society-wide problem. We've got kids that don't know how to have a conversation anymore starting in elementary school and starting to learn how to text. We got kids that don't know how to spell because of the abbreviations used for texting. Do I have a solution? Probably because it's something that everybody struggles with and I think the best solution that I can offer right now is continue meetings whether it's a medical staff meeting, it's a committee even a zip code-wide meeting to get together and have coffee,

discuss issues so people start to experience that kind of social interaction. I see that we're probably going to be having increasing challenges definitely. Brilliant solutions and brilliant ideas? I don't know, but there is a loss.

Committee Member: What was your biggest disappointment this year during your presidency?

Dr. Koehler: Going to say that I'm not sure that I had time for much of a disappointment. Honestly, there are limitations to how much you can get done in a year. We've now got in excess of 50 COM campuses. We've got somewhere around 40 state societies. There isn't enough time in the year to be able to visit every place and that's probably the biggest disappointment.

Committee Member: You weren't able to go every week?

Dr. Koehler: It's physically impossible. Fifty-two weeks in a year to visit 50 plus COMs and do the other business that needs to be done (inaudible) because we fully aimed with the working party, now the Family Medicine Leadership Council, which is to two meetings a year (inaudible), annual meeting. We've got a winter board meeting. We've got some strategic planning trips. That knocks off about eight trips, eight site visits, and that doesn't count the trips to Washington for business on the Hill or, so it's just not possible to go everywhere and see everything. It was exciting to get to see what it is, but it's just not possible to see everything.

Committee Member: What do you see are the biggest challenges facing the ACOFP the coming year or years?

Dr. Koehler: We alluded to that earlier and that is continuing to engage the younger members. There's kind of a double-edge sword. It would be nice to be able

to spend more money to recruit students. Unfortunately, we don't have the pharmaceutical industry support that we've had in years past, so those dollars are drying up. The National Student Executive Board has a goal of having 100 percent normal student societies for ACOFP, but the numbers are that only 27 percent of the graduates right now are choosing family medicine as a specialty and so we have to look at: Is it one out of four recruitment a good investment, and especially as resources continue to dwindle? It's a challenge.

Committee Chair: So why do you think that students are not interested or as interested in family medicine as other specialties? Do you think it's just pay or do you think it's the overwhelming amount of information they have to retain?

Dr. Koehler: I think it's more insidious than that. Being number one, students come into our office. We spend 40 percent of our time dealing with bureaucratic things for less than the same pay basically that we were giving 20 years ago with costs having risen and few among us has a (inaudible) student about those things and then we have them doing specialty rotations with the cardiologist, gastroenterologist, general surgeon. You're too smart to do family medicine, so I think it's a combination of all those things. Are you smart enough to do family medicine? Because it's really easy to focus on a kidney, a lung, a heart. Those are (inaudible). Are you smart enough? But I think that's the biggest problem is in recruiting is: One, the grumbling that students hear. And from a surgical perspective, from the procedure's perspective, decent livestock that are (inaudible), there's far more disposal income than anybody (inaudible). And then what they see modeled in during the office or on the floor is damn paperwork from

(inaudible). Until we can stifle those compliance and convince students that they're not too smart to do family medicine, we're going to continue to see things declining.

Committee Member: Do you think that direct primary care will have an impact on that?

Dr. Koehler: The thing that direct primary care in (inaudible) is some bureaucracy, okay, but it still doesn't overcome that. Jim, you're too smart just to do family medicine. And when you keep hearing that from the ophthalmologist you rotate with, the general surgeon you rotate with, the obstetrician you rotate with, pretty soon: Yeah, maybe I am too smart for family medicine.

Committee Chair: On the board (inaudible) committee (inaudible) ask the question (inaudible). So with your presidency, you came in as president kind of (inaudible) system had been laid out and most of the programs were going through that transition throughout your presidency, what have you seen throughout your presidential year as positives and negatives (inaudible) accreditation? And when you look long-term, what impacts, if any, do you think that's going to have on osteopathic family medicine years for the long-term?

Dr. Koehler: I may have you ask that again as I start talking just so you keep me focused and on point, but a couple things that I notice. The answer (inaudible) as president and I'm answering part as more than (inaudible) ACGME system as a DIO, okay, and I got to admit, I was not a fan of seeing accreditation okay. One of my first site inspections, the inspector was actually a PhD and it was a pediatrics' program was being inspected and she sits back: So what do you think about the single accreditation system? It's like: Wow, I

can really unload here and blow this, but as I thought about the question it's like: The thing that I see different about some of the accreditation is that the site inspectors are not of the discipline that's being inspected, okay, which in the osteopathic world, a family medicine physician inspected a family medicine site, pediatricians inspected pediatric site, inspectors are nice folks. The inspectors we have (inaudible). Do you know a lot of (inaudible) program kind of fall short (inaudible) doing your job, work on that? We'll look at in a couple three years. In the ACGME world having (inaudible) establish the PhD, ACGME world looks at the standards, looks at the answers and looks at the documentation and the standard is met or it's not and so there is a much higher level I think than accountability in the ACGME world, which I think is a positive because I think (inaudible) committee world is quality education. The downside, (inaudible) launched I think was something around 34 minutes of programs that chose not to go through the process. Some of those are programs that hadn't matched in years. Some of those programs that are not filled for years and some of those decisions were based simply upon financial considerations. The new family medicine standards, there's a (inaudible) requirement for a program director. There's an additional 0.4 FTE for an associate program director. In the osteopathic world, you had a family medicine physician with a full panel of patients doing admissions and still doing administrative work and now ACGME is requiring almost an FTE, a full FTE, not to mention the cost, not to mention the program coordinator required, the (inaudible) time that's required, so I think we've seen costs going up but so is the accountability. Long-term, I truly was

amazed at the first - - I think it was the first ACGME convention that I went to to sit on a session on osteopathic recognition to find the number of traditional ACGME programs represented that were trying to figure how to do osteopathic recognition fill out and recruit even more osteopathic (inaudible). And so Robert's report yesterday (inaudible) board meeting that 27 percent of our graduates go in family medicine. Giving a (inaudible) from congress (inaudible) NAFP* who has about 7 to 8 percent of their graduates go into family medicine, I think they're seeing osteopathic family medicine as an opportunity for growth. I think the board sees that as an opportunity to continue growth, especially the increasing numbers of campuses. In the early entry pathway, that much more encouraging to me, residents graduating into the AOBFP re-certification pathway.

Committee Chair: I want to ask a question (inaudible). (Inaudible) recertification obviously is a big thing this year that we really pushed for and thankfully has come to fruition. What do you see that a strategic plan should be from the board level and continuing to promote that? And I guess the next question would be: What do you think the outcomes of that will be long-term? Do you think there'll be a lot of residents who will take that path or what do you… If you could project, what do you think is going to happen (inaudible)?

Dr. Koehler: I think it's an opportunity if we can get the residents into the in-service exam (inaudible) to allow them the early entry pathway track, so we can actually see an increasing numbers of AOBFP certified family physicians. I truly think that those residents graduating from an osteopathic recognized residency, even with OMT, it's an opportunity to expand on those

(inaudible). There's already a discussion about (inaudible) demonstrations on (inaudible) classes, OMT bootcamp actually, in the AAFP meeting as an opportunity to continue to demonstrate to that group of folks the benefits of OMT. I think Robert's comment yesterday when a number of the AAFP congress stands up and said, "These guys have some tricks to make up to solve the AOBFP crisis," surprise.

Committee Member: If I can just interject, what is your personal feelings about bringing in MDs onboard as members in the ACOFP with parity and how do you see that in the future?

Dr. Koehler: My gut feeling is, and I don't mind my gut feeling when I heard about the lawsuits against the Boy Scouts of America and being forced to allow girls to join the Boy Scouts, most of us made a career choice into osteopathic medicine. Most of those folks made a career choice into (inaudible) medicine. You've got your own folks. That's my gut instincts, okay. Conversations with presidents of AAFP and actually one of the EMT physicians in Tulsa who's an MD has been adjunct faculty has published a number of articles on the benefit of OMT and the resolution of (inaudible), I feel pretty comfortably and in fact it was interesting talking with Mike Munger who visited us in Austin as president of the AAFP, (inaudible) from Des Moines in which (inaudible) osteopathic medicine and so they're starting to be recognition that there may be some benefits that the allopathic world has ignored to the point of deciding 60 years or so ago that osteopathy is a cult that has… That thinking has since been reversed and we've got past president of AAFP (inaudible) manipulation is off two years. Munger is (inaudible) one to appreciate the benefits of

manipulation secondhand from his son, so I think there is a shift in that world. And if we try to keep it to ourselves, they'll get it from someone else and as a founder (inaudible) shared with the world and I think it is an opportunity to increase membership, which is a nice (inaudible).

Committee Chair: I like your reference to our (inaudible).

Committee Member: Something you just mentioned, we are bringing this up at the House of Delegates in March about allopathic physicians being members, so we will be voting on that. What is your gut feeling and how do you see the house?

Dr. Koehler: You know this conversation started, what, three years ago. Well it started in (inaudible) with the amendments to the constitution three years ago. My gut was it's not a good (inaudible). It's true to that to all of the state societies and was pretty interesting on the three-way split (inaudible) preference to the state societies. As we discussed it over the last two years in the open house, I've got a sense that the younger components of the membership are really going to be the drivers to push for approval. It's like I told the congress in March - how many times have we heard that the definition of insanity is doing the same thing over and over and it's making a different outcome. Maybe it is time to consider a change (inaudible), but that didn't happen. I'm not a fan of having made the manipulation upon the certification option, but realistically if you're a third-year resident making slightly above minimum wage basically the work that's done, saddled with the $4 million of debt that you've been servicing the interest on at least during the residency, where are you going to come up with an additional $2-to-3,000 even for an overnight trip to a resort to take a test that I don't have to take if I go the ABFM route? Why do the same thing

over and over expecting a different outcome? So short answer to your question: I think it will probably pass. Am I a huge fan? Not necessarily, but I see it as an opportunity for a different source of (inaudible).

Committee Member: I'd like to, if you would, give us your personal observation, your point of view of how the transition went in the AOA side as they hired their new executive director and how the ACOFP was in that?

Dr. Koehler: ACOFP was not in behind process at all, never consulted. Quite frankly, I went to Chicago in July with a fair amount of trepidation. I left Chicago feeling far more comfortable about the future of the AOA than (inaudible). We have gone from what at times seemed to be a big tutorial CEO to one who is very approachable, very comfortable in his own skin and willing to talk with anybody to the point that, I don't know (inaudible), in the House of Delegates on the floor makes public his cellphone and that kind of access (inaudible). John Crosby was approachable, but I'm pretty sure I never had his cellphone number.

Committee Member: How about Dr. Burns, your interactions?

Dr. Koehler: My first lengthy interaction with Dr. Burns was actually at the Board of Society meeting when I installed a new state society president and then the executive committee of course at ACOFP who retired to the president suite, myself, Dr. Burns, and it was one of the educators from Orlando that was in the room, and we had basically the question-and-answer sessions with our executive committee. They asked our first questions. One of the questions I asked - - (inaudible) questions and we shared information back and forth and really being a whole different level of respect for one another and (inaudible).

Committee Member: Was that FOMA or was that State Society of ACOFP?

Dr. Koehler: State Society of ACOFP. (Inaudible) with that particular (inaudible) state society and so you still have a good (inaudible). And when we're on (inaudible) meeting in April, interact with (inaudible) because those (inaudible). The State (inaudible) society is immediately after the Osteopathic Association Meeting, so all of those meetings kind of run together and social functions continue to (inaudible).

Committee Member: Make any trips to Washington DC?

Dr. Koehler: Actually yeah, the week of the fly in, you guys were there Thursday and Friday. The American Association Teaching (Inaudible) had a fly in Tuesday and Wednesday the same week, so I was there Tuesday and Wednesday, came home Wednesday night. You guys came in Thursday morning or Wednesday night. I would've done the same thing.

Committee Member: What were the officials? Who were the officials you met with as far as the Washington machine goes?

Dr. Koehler: The entire… Well because our fly in was one of those things that we heard about two weeks beforehand, I think we met with two members of (inaudible) delegation and the staff from the other (inaudible). We had five members of congress and two (inaudible), so it was strictly the (inaudible) on that trip. The year before as president (inaudible), I think I had eight meetings and I lost track of (inaudible) five years, but that trip which was last year ago in August met with - - the one meeting that I (inaudible) a meeting with (inaudible) and we had talked about (inaudible). And he's got one of the bills on the senate side (inaudible). His

bill actually is 192, I think it is, that does not allow for expansion. (Inaudible) running for five years.

Committee Member: Our decision to hire AMB, Austin (inaudible), think it's been a good investment?

Dr. Koehler: For the ACOFP and the ACOFP's issues, I think that (inaudible) because, number one, if there's a team of folks that (inaudible) coming out of the bureaucracy, they have a way of distilling it and making it so busy (inaudible) physicians can read it and make sense of it. I think the access they have and (inaudible) last year speaks to the kind of (inaudible) that they care and it is, so Robert and Nicole talked with the ACOFP not talking for: We're here from the AOA (inaudible). Even though we're paying for representation, they still work with the AOA and really was not that (inaudible) recognition on (inaudible).

Committee Chair: So question about helping support family medicine as a career choice. So the hospital system I work for has taken a different approach to supporting family doctors and helping them get the salaries that they deserve, which is kind of nice. I was wondering if from the ACOFP perspective instead of having communications with students that are still undecided (inaudible) with hospital systems of the importance of family medicine to them.

Dr. Koehler: I think that's an uphill battle and I say that because sometime within the last two years, it's come to my attention that one of the leading proponents of unlimited practice rights from nurse practitioners and VAs is actually American Hospital Association. And when you are doing battle with that large of a group that (inaudible) health centers with the hefty sums of

money they are deriving from CMS (inaudible) education, there's a lot more money coming from the AHA than the ACOFP and AOA (inaudible). The only hope that we're going to have is to conquer one of those hospital systems at a time with the information about the quickness of the training, with information about the increase cost of deferrals because of that lack of training that family medicine physicians can actually serve the purpose if they were (inaudible). The other argument would be: You look at a rural hospital (inaudible) care, prenatal care, for the cost of one family physician to take care of the prenatal patient, the perinatal patient, and the newborn, which is actually going acquire at least two (inaudible) providers to do the same care because you're going to have to have a nurse midwife do the prenatal care in the room. Then you're going to have to have (inaudible) nurse practitioner to do the (inaudible) care and you still don't have anybody taking care of the (inaudible), so now we're up to three (inaudible) to do the job of one family physician. And until we start (inaudible) those numbers and looking at the (inaudible), which is the nurse practitioner (inaudible), we're going to spend that.

Committee Chair: So why aren't we making efforts to (inaudible)? Because I think with anybody when you're trying to not necessarily sell something, but when you're trying to convince somebody that they need some things, how do they explain to them why they need it?

Dr. Koehler: We're in a bad route society and there's only so many boulders that you can push uphill at a time.

Committee Chair: I would say the one that's holding up all the rest of the boulders first.

Committee Member: (Inaudible) that the nurse practitioner is in physician's assistant with (inaudible) to try to have practice rights independent of the supervising physician and certainly we've been able to hold off at this point here. The problem is that their training is not equal to physician's training.

Dr. Koehler: No question.

Committee Member: Their experience is not and the public needs to be educated on a national basis because the nurse practitioners have a national campaign that they're the (inaudible) putting up there. The problem is right now when you have the midlevel people involved with care, patients are misguided that these people are physicians because they see them wearing a white coat.

Dr. Koehler: (Inaudible).

Committee Member: They call them doctors and the mid-levels are not correcting that situation. We see it in our hospitals, in our facilities and I think we need to do - - obviously both the AOA and the ACOFP need to jump on a bandwagon on a national basis, which we do it a state level, but it's a national problem.

Dr. Koehler: Coupled with the AAFP, but again - - and there's really two different issues and the dynamic, okay. Most of them they've talked about. The other issue is that you have one dynamic (inaudible) who have a very different dynamic than the rural ones. The argument from those folks in those kind of states is we're providing care where no physician will go, but the data show different and it's a matter of… And I don't know - - the solution I suggest is going to be an unnamed, not an unnamed, a dummy organization founded by AMA, AAFP, ACOFP, AOS for educational

purposes to show the things that we've been talking about, differences of training, actually going to (inaudible) urban and suburban areas instead of the rural areas the three FTEs to provide care for a mom and a newborn because it comes from ACOFP (inaudible). If it comes from AOA, AMA, protecting (inaudible). This dummy organization over here, even if it means resurrecting family medicine for America's health, to put that publicity out is what it's going to take because you're fighting now with nurse practitioners. You're fighting with (inaudible).

Committee Member: Just to make this fun because you're living the moment particularly, talk about medical marijuana - it's history, how it's going. And I'll point out that you're in Oklahoma where it just became legal last year.

Dr. Koehler: It's a year ago. First of all, the bill that - - or the state (inaudible) passed a year ago has nothing to do with it. It has more to do with recreational marijuana. If you read the (inaudible), if you read the question, okay. No matter how you slice it, marijuana since 1970s, early 1970s, (inaudible). There are three exceptions. There are two THC derivatives that'll be used for (inaudible) disease to increase appetite. Marinol is one of those. And there has been in March the cannabidiol derivative for seizures, okay, and that's the guys under which most states are passing this stuff (inaudible) recreational. My thoughts on it: I find it interesting that cannabidiol is now used to treat seizures. Some of (inaudible) brings it back under the control of the FDA. That's not anyone's (inaudible), okay, which means that the sale of cannabidiol on the street corner is medicine. Legal is selling (inaudible). It is (inaudible). There's - - while the Department of Justice chooses not to prosecute folks prescribing, folks selling drugs right

now because racketeering issues (inaudible) for not taking (inaudible) of money from these folks, so they had (inaudible) large sums of cash on (inaudible). The other thing that kind of bothers me looking at investment opportunities, there's tons of investment opportunities, but the access for (inaudible) thing that the Department of Justice has used for folks that have been convicted of trafficking drugs strikes me as a (inaudible). Benefits: I think CBD has some benefits, true. Obviously the seizures. I think there's a growing body of literature about chronic pain, but the regulation at the state level is confusing. Just because it's legal for me in Oklahoma, (inaudible) CBD or THC doesn't mean I can go 10 miles across the state line in Kansas and 15 across the state line in Missouri or (inaudible) cross the state line into Arkansas, it's still illegal. (Inaudible). Potentially those three state laws in federal (inaudible) and so there's little things that people aren't thinking about.

Committee Member: Like Colorado gummies in Texas.

Dr. Koehler: And (inaudible).

Committee Chair: I had a question about mentorship because as a young leader in ACOFP, that's one of the things that attracted me to ACOFP and that I really appreciate. Can you share with us, because I think this is important from a historical perspective, as you were coming up through the board, kind of what has past presidents or governors or other leaders mentored you, what helped prepare you (inaudible) president and what advice would you pass on as a mentor to those that are coming after?

Dr. Koehler: For those coming behind me, if you really want to get into a leadership position, eliminate no from your vocabulary, okay, because you don't get

onto a board. Whether it's the state level or national level if you keep telling folks asking if you'd like to be involved in a committee or two or three committees or a task group, if you say no enough, you're stricken from the list. So if you really want to be involved and just really want to do it, be prepared to say yes and do you homework and do the job well. If you're taking up a seat, you're depriving somebody else the opportunity to get involved (inaudible). As far as mentors, there's a pretty lengthy list actually. You'll be surprised to hear that probably top on the list (inaudible). Behind him, Terry Nickels is still on his phone calls that I get from time-to-time (inaudible) change it every time. From there on down, interacting with presidents since Nickels, even (inaudible) for god's sakes.

Committee Chair: Is there anything particular that one of them or someone shared with you that kind of sticks out that stuck with you when you were serving as president that you took that advice and utilized it and thought: Gosh, I'm really glad someone told me that?

Dr. Koehler: Between the advice and between what I had read and what I read as one of the very few things in happen by accident and the stories about the smoke filled back rooms, probably more truth to that than. 21st Century, the smoke has probably disappeared. Again, I'm talking not just in societies, I'm talking 30 miles down the road (inaudible), okay. Probably the most prominent comment that I have received was that you really shouldn't take a vote in a meeting unless you know what the outcome's going to be. If you have a pretty good idea the sense of the board, you know how long to let conversation go before you take a vote. If you sense that there's some level of decision, you'll have a conversation continue (inaudible). If

everybody has a pretty good idea which way it's going to go, take the vote. (Inaudible) on the line, (inaudible). I think that's one of the lessons in 2016 (inaudible). Up until 2016 when we heard statistics about which candidate had the lead, you will hear this percentage plus or minus 3 to 5 percent margin of error. And up until election day in November 2016, it was still 50 percent either way and nobody mentions margin of error in 2016. It was a 50/50 shot.

Committee Chair: So, as we develop the ACOFP moving forward, have we ever thought about developing a leadership academy, some way to train our young family docs who have a decent voice, but it's hidden, it's not being presented, to help grow them as leaders and as advocates for the ACOFP?

Dr. Koehler: Who would you like to be on that committee?

Committee Chair: With family medicine, like you say, you hear the grumblings of people at their offices when they're mentoring students, we have no control over that and we definitely want a more positive outlook, , which is what we are so good at to begin with.

Dr. Koehler: To provide a serious response to your question, okay, that's one of the reasons future leaders, is in conjunction with the winter board meetings, okay, and I think that's one of the functions that could be served with the Young Physicians Committee. We actually had a concerted effort to do a leadership institute with them at content. About half want to chair that committee and who you want on it, but I think that's an idea that's worth exploring, worth sharing with Robert and Nicole and see about the delegates and those resources.

Committee Chair: If we knew how to better teach our teachers to lead, it's more than just getting nominated for a committee and being in charge of it. It's about how do you communicate in a more emerging way and help people follow you.

Dr. Koehler: Having done this with first in a (inaudible) organization, two state organizations, now at this level, I realize that the state level is those who reach this physician, those who reach the board position have been chosen by folks who have the leadership skills themselves and by recognizing those leadership skills in others, developing mentorship relationships, being (inaudible) to the board, so it's not like myself, Ron or Brian or anybody else who's reached this by living in a vacuum. It has been recognized that there are some leadership skills in the individuals that have brought to (inaudible) and further developed that (inaudible).

Committee Chair: So we'll talk about that later. I think we're going to come upon it in other meetings.

Committee Member: I have a question for you. Family medicine has changed a lot now since family docs become employees and not going into private practice, a lot of them don't do hospital work. It's hospitalists now. How are you seeing the trend now? Or let's put it this way: How do we encourage the young people to go into family medicine knowing that these changes are there, knowing that they don't have to do hospital work like we do? Paradigm's changed tremendously. What are your feelings on it?

Dr. Koehler: I think if we're going to reach that population, our message is: Your association is looking after your best interests. Your employers looking after your employer's best interest, and your employer's best interest is driving to the point for which you continue to make them money.

Committee Chair: One last question, what is your fondest memory as president?

Dr. Koehler: Since that I might've stricken a chord in telling a reference committee at the AOA House or the board meeting that they continue to make decisions affecting the affiliate societies and having five other affiliate societies standing around helping to rewrite resolutions.

Committee Chair: Well, thank you again for your service.

Dr. Koehler: Thanks. It was a fun ride. Crazy, but fun.

https://zoom.us/recording/share/pksWi9oqPeuZUhd0txg28D3O-R53-V4jZGkh-yRgwAKwIumekTziMw?startTime=1572091072000