Archival & Historical Committee
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The Cosmopolitan of Las Vegas
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Interview with
Paul A. Martin, DO, FACOFP *dist.*
(ACOFP President 2012-2013)

Committee Chair: Dr. Martin, thank you so much for coming.

Dr. Martin: Thank you for inviting me.

Committee Chair: What was your presidential theme this year?

Dr. Martin: My presidential theme this year was innovation. We introduced that when I was inaugurated as President and we kept that throughout the year and then we actually talked about it here in my last address to the congress as a president.

Committee Chair: What was the idea behind developing this theme?

Dr. Martin: What we needed to do was to move our College from the 20th Century into the 21st Century. The way I thought best to do this would be to increase the informational technology that we had at our central office so that we could move our constituencies into the 21st Century by having them utilize more and more electronic media.

Committee Member: What did you see come to fruition?

Dr. Martin: Well, specifically what we did over the year was in November of 2012. We increased the level of our electronics so that we were able to do a lot more things out of the central office. The biggest thing was probably the webinar series that we then started to produce. We actually produced 16 webinars, 11 of which were on practice management, four of which had to do with clinical problems, and one is on OMT. We also were able to do a webinar on, what is

called "The Blueprints" to develop a medical home. Dr. Carol Henwood, one of our officers in the ACOFP actually produced that. It's an eight-part program that she did over an eight-month period. There are other webinars that we also produced. Some of these webinars had to do with OMT that are now available on the Internet. The OMT webinar is now available as either an, app on the iPhone, or on the iPad. It has 120 OMT demonstrations and fully illustrated by Dr. Ken Nelson from the Chicago College of Osteopathic Medicine.

Committee Member: What did you feel your most important mission during your presidential year was besides the innovation?

Dr. Martin: Some of it had to do with information technology; we were able to take the resident in-service examination and move it from a written examination to an electronic examination. Other things that we did over this particular period was develop The Leaders' Conference. Every year in January, we have a leaders' conference that is in association with the board meeting of the Board of Governors of the ACOFP. We also started through Carman Ciervo, a project that was titled the Leadership Institute. That's a one-year program that goes from the OMED Conference that was started in 2012 and it will continue up through a full year into the OMED Conference of 2013. We also had the Women's Initiative, which was started by Dr. Carol Henwood, and that we continued through the year, which is becoming more and more important to the female physician. As our schools are seeing an increase in the number of female students, it's extremely important to develop this women's initiative.

Committee Chair: Describe the team concept for mentoring your upcoming board officers.

Dr. Martin: What we do to mentor our upcoming board officers is a very basic kind of approach. We make sure that each of our board members rotates through one of the departments that are in the ACOFP so that by the time they get on the

Executive Committee they'll have rotated through all of the departments and they're well grounded in all of the aspects of ACOFP.

Committee Member: On the Women's Initiative, has the ACOFP seen itself evolving?

Dr. Martin: The female representation on our board is growing, even among from residents & students. We are working hard to encourage female leadership & diversity, which will more reflect our upcoming membership.

Committee Member: Talking about membership, Paul, if I may, where is our membership going? What have you done to improve the outlook for increasing our membership?

Dr. Martin: Well, right now when we look at the statistics for 2012, we see that there was an increase in membership of a plus 2 percent. Normally we lose about 2 percent of our members every year, so that's an actual increase of 4 percent compared to other years. If we look at our youngest group, those who have been in practice two to five years, we're actually seeing a 3 percent increase in that particular segment of our population, which is the good. We want to see our young people come into ACOFP. They're going to be the future of this organization and we'd like to see that.

Committee Member: Share with us how you became involved with ACOFP.

Dr. Martin: I became involved with ACOFP from my partner Dr. David Goldberg*. He was my partner in Dayton, Ohio, and basically one day he said, "You're going to get involved in AOA and you're going to get involved in ACOFP." And of course I said, "What's that all about?" And he says, "Don't worry, we'll teach you as we go along." So when it came time for the ACOFP convention or the AOA convention, he said, "Come on we're going." The next thing I knew I was on a number of committees, worked my way up through the committees. In respect my getting onto the board of the ACOFP, there was a board member from Ohio that was going to leave the board for various reasons Dr. Eugene

Pogorelec gave me a call one day out of the cold and said, "Paul, we've got an opening on the ACOFP Board, can you do it?" This was in July, probably about 10 or 11 years ago and I said, "Gene, I'd be honored to do that," and the first thing I knew, there was a meeting of the Board of Governors. I was accepted to take and fulfill the year of the other Ohio person's position on the Board.

Committee Member: Was there anyone else that was a mentor or an inspiring person as you progressed through the ACOFP?

Dr. Martin: Well as far as the ACOFP goes, there were a lot of mentors that I can mention. One of the very strongest mentors that I have is a man by the name of Dr. Steve Rubin. Steve was one of those kind of guys that basically asked a lot of questions, wanted a lot of answers. Tom Told was another one of my mentors. Tom took me under his wing, taught me what needed to be done so I'd be prepared for presidency. Another one was Ronnie Martin. No relationship to me, but took me in as a brother. At the time, I was coming on the ACOFP Board, there was discussion at the federal level that they needed someone to take on a MedPAC position and his son, Shawn Martin, also took me under his wing to teach me the ways around Washington, D.C. There'll be times Shawn would take me to Washington and we'd make 27 congressional visits over a three-day period, so we got a lot of time with the congressional people. I love Washington. I spend a lot of time in Washington. I'm probably there at least every two months, sometimes twice in one month, so that's my passion. I really enjoy the congressional visits and doing those kind of things in Washington.

Committee Member: Did you have anything to do with the National Osteopathic Advocacy Center (NOAC) building?

Dr. Martin: Yes, I did have something to do with the NOAC building. When they came up with the plans for the NOAC building, one of the things that always bothered me was whenever I came to Washington, D.C., I would have to displace someone from their desk there so that I could use their typewriter, especially the secretary or the secretary right at the front desk. So during the planning stage of the NOAC, I said, "You know what, we need an office where physicians and anybody who comes here to Washington, D.C. can go. I want them to have an office that has a computer, a telephone, and all the kinds of things that a physician would need in Washington." So at that point in time, I sat down with John Crosby, our Executive Director, and we negotiated an agreement where there were some monies exchanged so that we could have a office dedicated to the American College of Osteopathic Family Physicians, and it's called the Visiting Physicians Office and it's now operational and anyone who comes to Washington, you use that. It's been noted in a number of John Crosby's blogs so that people know that that is there. I've come in there sometimes and there might be two and three people in line waiting to use that Visiting Physician's Office.

Committee Member: Right. Have you noticed any changes in our dealings or your dealings with the legislature over the last several years?

Dr. Martin: My big passion over the last 10 years has been to get rid of the SGR (Substantial growth rate *Medicare) since 2002, whether it was through MedPAC or whether it was through direct contact with congressional members. The price of the SGR has risen continuously year after year after year till finally last year, that would've been 2012, the price tag was attached a little bit over $300 billion. This past year they rescored the cost of the SGR and it's been cut down to about $138.5 billion. Still a large chunk of change, but

many of the members in both the House side and the Senate side said, "We've got this discounted rate; this is going to be an excellent year for us to move ahead and try to remove this SGR as the form of payment for physicians." Our Osteopathic colleague, Dr. Joe Heck, from right here in Las Vegas, Nevada, did introduce the bill last year. Unfortunately, it didn't go forward. They were going to pay for the particular bill with the overseas cash that they were saving as they were getting out of the war; however, the Department of Defense felt that it was their money and that didn't go anywhere. This year, 2013, Dr. Heck along with Allyson Schwartz from Pennsylvania have introduced the bill again and since it's a discounted rate, they don't need the overseas dollars to balance out that particular bill. So we're hoping that that will go forward for us this year.

Committee Member: What are your intentions politically speaking and legally speaking as far as political aspirations with Washington?

Dr. Martin: I'll be on the ACOFP Board as the immediate past president and the past president for the next two years. I'm currently one of the WIPS* for the American Osteopathic Association; however, my state has asked me to consider possibly a position on the AOA Board, again continuing some of the work as a government - - working with the government for these kinds of things.

Committee Member: We never really talked about your infancy as a physician. Where'd you go to school and what did you do after that?

Dr. Martin: I'm a native of Chester, Pennsylvania. It's where I was born. I grew up in the Swarthmore-Wallingford area, which is one of the suburbs of Philadelphia. I went to a catholic high school there by the name of St. James High School, which was associated with the Society of many (Marianists). They had an

association with the school by the name of The University of Dayton. As a result of that, when I got my acceptance to University of Dayton, I was off. After University of Dayton, I did get both a bachelor's degree and a master's degree. The Bachelor's Degree was in Biology. My Master's Degree was in Medical Microbiology. From there, I went onto the Chicago College of Osteopathic Medicine. I graduated with my degree in 1977, did my internship at Grand View Hospital, which at that time was probably about a 500-plus bed hospital at that time, so very large institution. I went into general practice with a man by the name of David Goldberg and stayed in practice with him until about 1994 when I joined a group practice initially with a hospital. In 2000, I broke away from the hospital and formed my own group, as the founding president, titled Providence Medical Group.

Committee Member: How many members are in that group?

Dr. Martin: Currently there are 75 members. We started out with 40 physicians who took the gamble of turning in essentially a quarter of a year salary for us to seed money to start the organization. They had enough faith that we would pull this off. We borrowed a line of credit of about 2 million. Bought about three-quarters of million dollars worth of equipment with a loan from the hospital that we paid back in five years. Now we've paid off all of our debts. A number of us now are partners in a hospital that we own, just a small 25-bed hospital, but is Medicare approved, so we're off and running now.

Committee Chair: Are they all DOs, MDs, mix?

Dr. Martin: My group is a combination of MDs and DOs, two-thirds DOs, one-third MDs.

Committee Chair: All single specialty or multispecialty?

Dr. Martin: We're multispecialty. We have surgeons within the group. We have got obviously family medicine. We have obstetrics and gynecology. We have

pediatrics. We tried to recruit a urologist. He was with us for a very short period of time. We also have a pulmonary specialist.

Committee Member: When you first went into practice, was osteopathic medicine fairly well established in your part of town, part of the country?

Dr. Martin: Yes, Grand View Hospital in 1978, which would've been when I finished up my internship and went into practice, was probably the third largest osteopathic institution in the country, so it was well known for its OMT. I knew my OMT. Patients would come to me because I would do OMT. Probably somewhere between 5 and 10 percent of my patients received OMT in my practice and they continue to do this now even in 2013.

Committee Member: When you surveyed the nation as you traveled across, how do you see our students and their relationship to OMT specifically?

Dr. Martin: It's kind of interesting. If I look at when I came out from school, I did OMT and a number of my fellow students did OMT. Then for a while, I kind of saw a lot of students who were graduating from the colleges that lost that art. They just didn't do it, but now I'm starting to see the students come back to it. The students that rotate through my office, under the offices of the Ohio University Heritage College of Osteopathic Medicine, enjoy OMT. They want to see the OMT I want to do. They want to go to the patient and do the OMT first and then have me observe how they're doing the OMT. If there are any corrections that they can't fix or they have difficulty fixing, I can take those lesions and show them how to fix it. It's a real learning experience for them.

Committee Member: Did you see anything like that in any of the other colleges during your visits?

Dr. Martin: I do see the increase of OMT interest in all of the colleges that I visited, especially in some of the newer colleges like the Kentucky College of Osteopathic Medicine in the rural areas because those are the people that are

going to back into the smaller rural areas. They're going to take care of those patients and those patients demand OMT. Not to say that the inner city people don't, but those particular people really want that OMT and they understand those concepts.

Committee Member: You've seen our students, what's the crop look like for our future?

Dr. Martin: I think the crop is going to be absolutely wonderful. Myself and Jeff Grove, the current president of the ACOFP, spoke to them along with Kenny Heiles just yesterday. We talked all about new, innovative things, how they should handle themselves on Facebook, how they should handle themselves on Twitter, how they should handle telemedicine. And boy, the excitement that's there. I also listened to the representatives from each of the colleges and the particular projects that they are doing, whether it's going out and helping the homeless, whether it's helping out battered women through battered women shelters. They are really interested in getting out there and working with their communities.

Committee Member: Can you share some of the experiences of your presidency, some of your travels, some interesting moments?

Dr. Martin: Well, the first thing I have to say with all my travels, the state societies absolutely treated me extremely well. Be it the executive director or be it the members, it was always great to network with these people. I learned a lot while I was crossing the country. A lot of the things that I could learn at the state level, I could take on to the federal level, so these are great memories which I'll remember for the rest of my life and I'm very endeared to these people. The other thing I should say about traveling is sometimes you expect to get a plane at 1:30 in the afternoon. You look at the board and it says, "Delayed till 2:20." Then it says, "Delayed till 3:30." Then all of sudden it says,

"Delayed permanently." And the next thing you know, you're driving to the next city trying to get a plane to get out of Washington, like it happened to me last week.

Committee Member: Tell us some of the other fun stories about travel.

Dr. Martin: My best one just happened to me actually in Washington just this last week, I planned to take a flight out of Washington, D.C., at 1:30. Ultimately the plane was canceled. There were no other flights, and the reason for that being that this particular week the NCAAs are in Dayton, Ohio, so everybody was trying to get into Dayton before even the announcement of who was going to play because they needed to get all their equipment into Dayton, so there were no flights at all out of D.C. I asked the young lady there at the counter, "Can you fly me through Chicago? Can you fly me through Boston? Can you take me through Charlotte?" As it turned out, she said, "There's one seat left in Baltimore and if you can run over, buy the seat, you can fly out of Washington and get yourself home to Dayton." So this has happened on a number of occasions where you have all the good intentions of coming home in the afternoon, getting some work done in the afternoon, and then going to bed at a decent hour. But as a president, you just simply have to accept these things as part of the way of life in the job and you just do what you have to do.

Committee Member: How does a president balance his real practice, his duties as president?

Dr. Martin: Well that's kind of real balancing act, sir. I must say that over the past year my wife probably saw me less than she had seen me in the other 40 years of our marriage. What would happen basically is I would get home from work, let's say it's 6:00 or so, eat my dinner and then the first thing I would have to do is go onto the computer. I would take a look at what came through my email because you have to be up and see what are the constituents asking for so that

you can be prepared for those things, answer the central office, and different emails that come through. Pretty much every day, I will say I got between 70 and 90 emails as to what was going on. Some things could be spam, so those were pretty well cleared out pretty quickly, but other things were interesting things that needed to be taken care of immediately. It keeps your mind cued to what's going on with the osteopathic profession so that you are ready to answer those questions when you come to a state meeting or a national meeting like we have today. The other thing that kept me informed as to what to do was every Wednesday I would set aside time, about an hour to an hour and half where I would call our executive director, Mr. Peter Schmelzer, to discuss whatever issues were coming up that week or had passed over the week, what were some of the outcomes of other things that we had talked about from the week before; that communication kept me up to date what was going on. Then another form of communication, especially with my board members, whether they were on the Executive Committee or on the Board of Governors, was simply to have telephone contact with them whenever it was necessary. With the cell phones and the email, it's very easy to communication with your board.

Committee Member: How was your communication with the membership of ACOFP?

Dr. Martin: With the membership of ACOFP, I had two blogs. One specific blog, I have to give the kudos to my good friend Dr. Steve Rubin who started it. Since then I've developed the blog further from where he had started it initially. I now have during my presidency two blogs, one on Mondays and one on Fridays. The Friday blog is the legislative blog, which obviously is near and dear to my heart. The other one, I would review it on Monday night and it would come out to the membership on Tuesday, and that was the blog that talked about clinical problems, what was going on in the organization, any other issues that needed

rapid attention for our members. Now one of my disappointments with that is we could only send those blogs out to those members who gave us and updated their emails, so that's one thing for the future that I'd like to see that we get better email addresses for all of our membership so that we can electronically communicate with them.

Committee Member: On that note, Dr. Martin, is there anything that you felt you didn't quite get finished up for this year, something you wanted or you had set out to try to achieve this year that's left for Dr. Grove and the rest of the board to take care of?

Dr. Martin: Well obviously the first and dearest thing to my heart was getting rid of the SGR, and we tried and we tried, but we could not get rid of that in 2012, and now that it's at the discounted rate in 2013, we're hoping that we can get rid of that. That was my biggest disappointment that we couldn't take care of that this year.

Committee Chair: One of the issues that you started to talk about was membership and not having emails. What other ways did you address membership because not only can you not get in touch with people that are members, but there are people who are not members?

Dr. Martin: Yeah, the other thing that we do is we've got fax numbers on a number of our physicians and be it their home fax or be it their office fax, we could do a blast fax to them so that those who we did not have electronic communications with, that was the other way that we would get a hold of them. Now the other things we would do also would be to get information out to the state societies, the state society executive directors and they may have a better updated list than the central office. That was another way that we could get the information out to our membership.

Committee Chair: What do you see as the biggest challenges coming up, other than the SGR?

Dr. Martin: All right, the other challenges that Dr. Grove is going to have to face is what we are titling the ACGME issue, and this has to do with the combined residencies for accreditation between the AAFP and the ACOFP. Currently the AOA is in negotiations with ACGME and AACOM. They're looking to put together some type of a memorandum of understanding. It is not completed yet, but during Dr. Grove's term we anticipate some time either in June or July that this memorandum will come out. There'll probably be a series of memorandums as they move forward and we'll see if this will happen. It could be that there are some non-negotiables that the AACOM or the ACGME cannot live with and the whole thing may halt at that point in time. We at the ACOFP had a emergency meeting telephonically to put together our stance or our position statement on this and the position statement was simply: We need to wait and see. We don't understand everything about this particular process and we'll see how it evolves over time.

Committee Member: Has the AOA done a good job staying in communication with ACOFP on this issue?

Dr. Martin: Yeah, they've done an extremely good job, and let me give an example of what I'm talking about. The initial announcement came out on October 24th, 2012, and within 24 to 48 hours, we had our statement as to the wait and see attitude that we were going to have. We also developed about three to four pages of questions that we sent to president and ACOFP member Ray Stowers. Within two weeks, we did receive a detailed, probably five to six page letter from Dr. Stowers answering all the questions that we had. Additionally, what Dr. Stowers told me personally was the fact that you brought up, meaning the continued communication with the ACOFP. There were a number of issues

that we did not think about. We thank you for bringing up these issues. We will keep them on our minds as we negotiate further with ACGME. Dr. Stowers since that time has also put together a website that people can go and it contains a number of FAQs, facts, that you can look up if you've got a specific question in respect to this ACGME question.

There's another area that Dr. Grove is going to have to work on that I was unable to be of any help really with is the sequestration. That went into effect on March 1st, 2013. However, it won't affect physician payments until April 1st, 2013, and apparently the way the rules are written right now it's going to be 2 percent per year for the next 10 years, so we're going to have to just wait and see. The jury's out on how this will affect medical practices, and hospitals in the future.

Committee Member: They made the official announcement, if I remember, like a week or two after the National AOA Convention. Was there any reason why it was kept till after the meeting to have it discussed?

Dr. Martin: This is ACGME announcement?

Committee Member: Yes.

Dr. Martin: Well I'll tell you, there was a negotiation that went through between, the AOA, AACOM , and the ACGME and they were going to put out a joint press release on October 24th. However, at OMED, when we were there, John Crosby, Boyd Buser came to my room and spoke with three of us, myself, Dr. Grove, and Dr. Ronnie Martin, and we were sworn to secrecy until October 24th. That announcement came out on October 24th. We had our meeting I believe it was October 25th and by the 26th we had our statement out as to our position on the negotiations. We very rapidly, as soon as the handcuffs were taken off from us, we approached that process and took care of it.

Committee Member: What was the reason they kept it handcuffed while everyone was in San Diego?

Dr. Martin: That was the agreement that they made between the three organizations that until the public announcement went out on October 24th, no one was to get it out to the media or to the public before then.

Committee Member: What are some of your fond memories of your presidency besides what we've spoken about previously in this interview?

Dr. Martin: Well we talked about the networking. We talked about the friendships that were developed visiting all the states, but the other thing that happened when I went to a number of these state societies especially, they had some type memento that they gave me. I can remember from Texas I got this beautiful Stetson hat and a pair of boots.

Committee Member: And you looked good in it too.

Dr. Martin: I went to Oklahoma and got a beautiful memento from Oklahoma, had some other knickknacks that I've put on my shelf at home, some that I put on my shelves in my office that remind me of my trips to these various different states and those are memories that will always be there. There are a number of pictures that were taken while you're traveling around the country and all those mementos I've got locked away in my heart, of course, but yet it's on paper also. So in case my heart goes bad, I can take a look back on paper or digital pictures.

Committee Member: What do you see as the future of the profession?

Dr. Martin: I see a bright future for the profession, and I'm going to philosophize a little bit here. I predict that what's going to happen here is that they will probably be 19 health systems, and that'll be a hospital and an academic center, that will probably survive 20/30 years down the road. I predict that physicians will

come together in groups, maybe small groups of 50, maybe large groups of 400 like you see in Chicago, and what that's going to do is allow for economies of scale. Even those doctors in the rural area, even though they may be 100 miles away from an urban area, will get in to a group because they're going to have to negotiate appropriate pricing with third party carriers. They're going to have to align themselves with those hospital systems, so I see those kinds of things happening over the next 20 to 30 years. I think the era of the single doctor with a single shingle out front probably will go away. The business of medicine is much more business-like rather than consumer-like as it used to be in the past. I can remember when I was a boy, my mother would give me $7. I would go down to the corner and that's where my family doctor was. He would examine me and decide what was the matter. Generally it was pharyngitis, so you got a shot of penicillin in the butt and off you went back home again and that was all that needed to be taken care of. So I foresee that. I foresee also, there is discussion currently at the RUC, which is the Relative Value Update Committee, that we're going to move away from procedural medicine and move more to cognitive medicine. What our family physicians produce is cognitive medicine. We do not produce procedure medicine. The RUC is completely based on procedural medicine. So as we break down those walls at the RUC, we will get more and more consideration and increased payment for fair market value for the cognitive values that we as physicians do for our patients.

Committee Member: Do you see some of the students that you interview or talk to being discouraged to go into primary care and not seeking primary care because of the lack of reimbursement or seeing some other benefits of specialty care?

Dr. Martin: Yeah, I hear that from a number of the students and they'll say, "I don't think I can afford to be in primary care the way it is structured today because I've got a tuition payment that's about $50,000 a year. On top of that, I borrowed some money for my home, for my car, and things like that. Many of the students are telling me they're anywhere from $200/250,000 in debt. As a result of them saying that they're in that kind of debt, they say, "I have to get into some kind of a surgical subspecialty or internal medicine subspecialty." And I oftentimes tell them, "Well let me tell you how it is in our group." And I go through the scenario of what the members of my group are doing and how well they're doing. We have some very well to do physicians in our group and that's why I mentioned a little bit earlier in this interview that I foresee doctors to protect their salaries, to protect their homes, to pay off their debts are going to be getting into different group type practices and the practice model that I described before was what they call "a practice without walls." They're their own king in their own little kingdom, but yet they're part of a bigger kingdom that actually protects them. So that instead of buying a little bag of cotton balls are going to buy a million cotton balls probably at half the price that they would for the small bag and then distribute them through the whole members of that particular group.

Committee Member: Can you touch upon the osteopathic continuous certification for family practice because this happened during your year?

Dr. Martin: Yeah, osteopathic continuous certification did start during my presidency on January 1st of 2013. We at ACOFP have an arm's length between ourselves and the AOBFP. We are the education arm. They are the testing arm. We did negotiate with AOBFP and put together two modules for osteopathic continuous certification, the two modules being low back pain and diabetes.

We will in the future put other modules together for our membership. Currently the system is in its infancy. The platforms that they're trying to put our modules on or even some of the other modules that are being discussed, such as cultural competency or communication, are being somewhat downplayed at this time, the fact being that again the module is not built. What we need to do with the OCC to make it truly successful is we need to build a cloud system where all of the doctors who now have electronic health records can feed into this cloud and the cloud will then feed the information into the system that the AOA develops. Currently I know a number of the doctors are upset with the system the way it is because they have to manually keystroke each of the quality measures into the OCC process. But then if they want to do PQRS, they may have to do the same thing over again. Whereas what the ACOFP is doing is associating with the MDdatacor and what MDdatacor is doing is providing that cloud which will take both structured data from their electronic medical record and the unstructured data from their electronic medical record, take it into a cloud and be able to provide that as a bridge those numbers can then be used for PQRS, for any kind of performance that needs to be shown for the third party carriers or use it for OCC so that you don't have to repeat the process three times for those particular structured and unstructured data pieces.

Committee Chair: Well thank you very much. Does anybody have anything else?

Committee Member: Appreciate everything you sacrificed for us.

Dr. Martin: All right, don’t mind it at all.

Committee Member: Did you have anything else that you wanted to add?

Dr. Martin: I think we talked about the future. We talked about the past.

Committee Chair: We talked about the past. We've hashed everything.

Committee Member: Make a final statement.

Dr. Martin: And I'll close just as I did in my end of my presidency address to the Congress of Delegates. We have the timeless fundamentals of osteopathic medicine as our foundation. Now let's embrace innovation so that osteopathic family medicine continues as a vibrant distinct specialty well into the 21st Century.

Committee Member: Excellent.

Committee Chair: Excellent. Thank you very much for your time. Sincerely appreciate it.

Committee Member: Thank you, Dr. Martin.

Dr. Martin: All right, very welcome.