

**Archival & Historical Committee
October 7, 2018
San Diego, California**

**Interview with
Rodney M. Wiseman, DO, FACOFP *dist.*
(ACOFP President 2017-2018)**

1 Committee Chair: Good morning, Dr. Wiseman. Today is Sunday, October 7th. We are in San
2 Diego. It's been a fast year, you have been a great leader and we have been
3 honored to have you. Can you tell us what your presidential theme was?

4 Dr. Wiseman: I think I was one of the few presidents that didn't have a theme other than
5 we are going to work together and try to ensure that the state societies
6 were really supported. I visited as many of the schools as I could. I think I
7 went to 11 different schools/state societies during my tenure.

8 Committee Chair: Unity, right?

9 Dr. Wiseman: Unity, right.

10 Committee Chair: Who developed the concept of this unity and camaraderie?

11 Dr. Wiseman: Well, over the years that I have been working with the board, I was
12 speaker of the house starting in 2003. You can see the number of people
13 who used to be in the profession dwindle out, not dwindle down, but they
14 just never came back and it was like we: What are we doing? What's so
15 weak about it? B back in the early 2000's it was the number of physicians
16 that were opening up seemed to be more allopathic-oriented than they
17 were osteopathic-oriented. And a number of our osteopathic hospitals
18 closed, so it was like: Well how do we do this? How do we let the people
19 out there know about ACOFP?

20 Committee Member: What do you see as your biggest accomplishment?

21 Dr. Wiseman: I thought about this one...My biggest accomplishment was that during my
22 year of presidency, I lost 73 lbs. I think it was all the walking, you land at
23 the airport and you land at this end of the terminal and baggage is at the
24 end of the terminal. So, yeah, if there was any continuity within the
25 organization, I think that over the year I was in the continuity of getting
26 things done and knowing where we're headed and we try and get those
27 things accomplished.

28 Committee Member: What do you feel was most important mission during your presidency?

29 Dr. Wiseman: We were in the middle of the ACGME merger and our most important
30 mission during the last three years I've made sure that our residency slots
31 stayed open, that they became osteopathic recognized, that our program
32 directors were osteopathic, and that we let the residents know that we do
33 care. We let them know that you're still an osteopathic physician even
34 though you trained at an allopathic institution. I think our most important
35 mission was letting the residents know what we were doing. I didn't
36 always get to meet with the residents but I met with the deans in the
37 medical schools and with the students within the chapters.

38 Committee Chair: What do you think was your biggest disappointment?

39 Dr. Wiseman: There are a number of factors that I can go into talking about
40 disappointments. I don't think there were more than half a dozen of them
41 really. I think the fact that we couldn't communicate effectively with the
42 AOBFP and I'm not sure if that was personality conflict between their
43 leadership and our leadership, but for some reason we were always here,
44 and they were way over here. We just could not communicate with them

45 for some reason. I had meetings with their leadership, Dr. McNerney and
46 Dr. Knapp and the executive committee had meetings with their
47 leadership and for some reason we just could not get on the same page.

48 Committee Member: Do you think that is fixable?

49 Dr. Wiseman: Yes, but I hope it is for the better. We will not know until a year goes by,
50 maybe two years. In 2020, we are all going to see a bunch of changes
51 occur, but we are hoping that the processes that we put in place, even
52 since Dr. Rubin has been on the board, have a positive effect.

53 Committee Member: And it sounds like more and more (inaudible).

54 Dr. Wiseman: Oh yes, we want to make sure that the students coming in and choosing
55 family medicine residency programs, I mean the residents coming out
56 know that we are on top of the IP situation and communicate this through
57 IP. We're developing webinars that'll be available. We have started
58 something not unusually heard of, but some of our accomplished meetings
59 are not going to have to be face-to-face but be on zoom conference call, but
60 perhaps some of the (inaudible) commit maybe two times a year
61 (inaudible). They'll know where they're headed.

62 Committee Chair: What do you see as the biggest challenge facing the ACOFP?

63 Dr. Wiseman: Well, there are probably two or three major challenges. Number one of
64 course is to maintain membership, but there are more DOs that are board
65 certified that are members of AAFP than we have in our organization.
66 There are more members that are board certified by the AOA that are in
67 the AOA and don't belong to the ACOFP.

68 Committee Member: And why do think that is?

69 Dr. Wiseman: Over the years, the development of the ACGME residency program
70 accepting more and more of our students and their residents, that's one.
71 Number two, the number of hospitals that are closed down and the loss of
72 our residency programs. I say "I," I mean the family medicine. While we've
73 been growing steadily, we are up to 227 I think residency programs or
74 something like that, so we're still the largest subgroup within the AOA. So
75 that's my opinion that's why we've lost that much so... With the merger of
76 the ACGME, we're going to lose some of the scholar programs, which we
77 don't like to see because we want to maintain that rural aspect of the full
78 family medicine. The home of family medicine is inner city all the way
79 down to rural where we practice.

80 Committee Member: How did you address membership through the year to grow it, to retain it?

81 Dr. Wiseman: Some of the programs that we initiated were to ensure that the members
82 had access to our e-learning. We had to develop and increase our
83 communication efforts to let them know that this is a paid CME whether it
84 be through our webinars or podcasts and we had to make this available. As
85 you know, mailings aren't popular anymore, so we had to do it through the
86 IP method and that's one of the biggest ways that we addressed the
87 membership. The other one was to make sure that when we were planning
88 our convention, that the program committee has been on top of this for
89 multiple years asking what is that they want? And we listened and last
90 year in Austin we had a large number of people show up. Of course, it was
91 in the south, that didn't hurt.

92 Committee Member: Unfortunately, some of us couldn't make it.

93 Dr. Wiseman: I understand that too.

94 Committee Member: (Inaudible) communication (inaudible)?

95 Dr. Wiseman: Well, like I said, I do think, I'm trying to think, from the time when I was
96 like vice president to the president-elect position and my presidency, I
97 think I went to 11 different states. That was one of the ways that I
98 communicated with them that I would make sure that I had discussions
99 not only with their ACOFP leadership but in (inaudible). Several of the
100 states, I often met (inaudible) people that were family medicine and let
101 them know what ACOFP was doing. And then we also made sure that
102 when we were there, that we discussed with the students what was
103 happening so that they would understand. The only thing that we're doing
104 at this point is to help us take better care of our patients, but to do that
105 their learning system, I had to let them know that their learning system
106 was the best (inaudible). Some of the more (inaudible) questions for me
107 were: Well with the ACGME merger, this is going to open up our residency
108 program to MDs. What do we do if they pick an MD? And it was like: Well,
109 you were the best trained person for the osteopathic residency program.
110 You've been trained to do that. I don't see how an MD is going to be able to
111 take your position. They might be able to take an unfilled position, but
112 they won't be able to beat you out of a position that you're applying to. I
113 didn't address anything that went on with: Well what if it's just an ACGME
114 program? How many more people are they trying to get? AAFP has
115 informed us that they are trying to increase their total amount of family
116 medicine graduates to be 25%. Right now, they're only like at 21%, so...
117 And they look at our numbers and see that we're 29/30/31% of the

118 profession. They said, "How'd you all do that?" (Inaudible), but we've had
119 some ideal sharing along with that too.

120 Committee Member: Can you describe (inaudible) concept (inaudible)?

121 Dr. Wiseman: Well I think that in the past two years, we had taken the initiative that has
122 been set forth from a nominated committee in terms of: Okay, who is
123 talking to who and how do we inform them that this is a project that is one
124 that we want to get done? If it can't get done, (inaudible). But we're also
125 encouraging them to speak up. We can't just have a one-year resident or a
126 one-year student on there to not tell us (inaudible) what they know so
127 they can tell us: Let's do this one.

128 Committee Member: What's your thinking? What (inaudible)?

129 Dr. Wiseman: Well we know that they want better communication. For some reason,
130 there is a barrier between where they are and where we are. The ones that
131 are (inaudible) the government (inaudible), the student association, the
132 ACOFP government committees, they're in the know because they know
133 where to go and they know how to get in contact (inaudible). (Inaudible)
134 are in a different, there's like 43 student (inaudible). They're all pretty
135 much in contact with each other because they all have their own little blog
136 that they (inaudible). The residents, no so much, but the students talk back
137 and forth and they know which ones are doing what type of community
138 programs and where they're headed with their officers. The faculty
139 (inaudible).

140 Committee Member: I have a question about the residents. Why (inaudible) as a means of
141 increasing communication with the residents?

142 Dr. Wiseman: Our toughest battle there is finding out how to contact. We have asked
143 AOA. Matter of fact, we met with the AOA leadership yesterday and asked
144 specifically: Why can't we get that information? (Inaudible) because of the
145 marketing aspect. Now we can find out who's in the residency programs.
146 We talked with the AFP about this. How do you do it? They really have a
147 bank of people that every day for like six months call each residency
148 program that they have and they even list of all the residents in their
149 program, but they have people (inaudible). They got a staff that does it;
150 that's why. So what they do is they can contact these individual program
151 (inaudible) and say, "Hey, we've got all this stuff" and I'm not sure how
152 many free giveaways that they give through that, but I'm sure that that's
153 part of the process, but they're in contact with their residents and that's
154 how they know how to keep up with what type of testing you're doing,
155 what type of in-service exam. Where you're supposed to be at a certain
156 time and what (inaudible). So how are we doing it? Well it's hard to do
157 that. We're working on it. That's the best I can tell you is we're working on
158 it. (Inaudible) so.

159 Committee Chair: (Inaudible) switch topics for (inaudible) minute. Obviously, the budget
160 (inaudible), but how did you do that this past year?

161 Dr. Wiseman: We have a mechanism in place that puts each budget item as a line item.
162 Two days ago, our finance committee met and we went over each item
163 line-by-line all the way through the budget. How did I manage the budget?
164 Well the budget was pretty much put into place in the past year a year ago
165 and it was voted on by the (inaudible). We actually came up in the black,
166 not by much. I think it was only like 39,000 or something like that, but it

167 was effective. We were able to make a little money. We were able to spend
168 a little money and do, as Steve said, (inaudible). So you have to sit down
169 and you have to (inaudible). This coming year, we're going to have some
170 problems. We're looking at losing a large part of the budget from - - or
171 large part of the revenue that we would get from residency programs from
172 the AOA. Our in-service exam is going to go away. We're going to lose that
173 revenue and that's a yearly exam for three years, so we have to kind of
174 (inaudible) for that and that took place a year ago and the staff was very
175 good this past (inaudible). They found a large number of debts so that we
176 can offer a reduced rate for the residents to either come to the convention
177 and (inaudible).

178 Committee Member: (Inaudible).

179 Dr. Wiseman: It's a good question.

180 Committee Member: Talking about the membership, how many (inaudible) dues paying
181 members do we have (inaudible)? How many (inaudible)?

182 Dr. Wiseman: So I'm going to say 6,000. (Inaudible) 6,500. We had one year three years
183 ago where we had a 3% increase, but it's been about a half percent
184 decrease every year, so we lose between 250 and 500 people. We don't
185 know if it's just due to complacency or perhaps (inaudible) a number of
186 their hours of CME online. Certainly they can't (inaudible). They have to go
187 to some meetings for that, but number of the states (inaudible).

188 Committee Member: Do you see some of the decrease in membership because of the family
189 physicians becoming part of the large group, hospital (inaudible).

190 Dr. Wiseman: Oh yeah, we've grown... Of course, every time we do a survey, we look at
191 physicians that are solo practice, three to five. And each time we do it, we

192 see that our numbers - - I think this last one that we did on the survey, we
193 still have right at 65/70% of all of our physicians in practices in less than
194 five. Now as far as pure solo practitioners, I don't know what that number
195 is. It usually huddles around 11%, something like that, but we (inaudible)
196 less than five, so we do see a large number of the membership though that
197 (inaudible). The AOA says, "50 percent of our membership is now under
198 the age 45." We do see a large number of them, but our are part of a
199 hospital organization, part of a large group 15 or more people (inaudible).
200 Now do I see that as a membership problem? We shouldn't see that as a
201 membership problem because they're still osteopathic physicians, but
202 some people I think are miss (inaudible) or maybe they're just not armed
203 in the right direction. They're still osteopathic physicians, but why they'd
204 want to pay their dues to be a member of the AMA or the AAFP, I have no
205 idea.

206 Committee Member: Many of the groups, the large groups (inaudible) of family physicians are
207 part of unfortunately are allocated just a certain amount of money
208 (inaudible) memberships. That's why they're not choosing ACOFP.

209 Dr. Wiseman: Right. But what they should do is when they sit down to do their contract,
210 that should be part of their contract. Why aren't we putting that
211 information out there? (Inaudible), I say, "Hey, you want to pay for me to
212 be a member of the (inaudible) Family Medical Association and then Texas
213 Medical Association and the AMA, fine, you pay those dues, but you will
214 also pay these dues (inaudible) for me to work here." They should put that
215 in their contract. I don't see why that's a big deal. It has to be a
216 nonnegotiable. You're going to pay dues for me to be in that one, you're

217 going to pay the (inaudible) Osteopathic Association. That's just my
218 thought. That's my personal opinion. (Inaudible).

219 Committee Chair: You spoke briefly about (inaudible) with the students and (inaudible),
220 what is your most memorable moment with the students?

221 Dr. Wiseman: Well thankfully I have to say each one was memorable, but I went to - - I
222 got to speak at a graduation in Auburn. Somehow I was in Mississippi, I got
223 to teach a little (inaudible). It was one of those (inaudible) Friday
224 afternoon, but they invited me to come. I think that (inaudible). When I
225 went to Huntsville, I spoke to the freshman and sophomore classes
226 (inaudible), 400 people in the auditorium and they were just students. Of
227 course, (inaudible) of the AOA, he got (inaudible) talk too, but I got
228 (inaudible) family medicine. And of course (inaudible) is a prominent
229 (inaudible). So, yes, each place was memorable. I went to Teton. At the
230 Teton place, we were able to discuss (inaudible) with their - - that's where
231 I graduated from, (Inaudible). I just felt it was a nice event. Hey, the
232 president (inaudible), the president has come to visit. What was the last
233 time (inaudible)? So we strongly (inaudible). I looked at (inaudible). Yes,
234 there were times when it was (inaudible) 70 miles down the road. Yes,
235 turn left, turn left. That is still rural (inaudible), but yes. So when you say,
236 "Was there a more memorable event," they were all (inaudible).

237 Committee Member: What about of the memorable moments, what would you say is your
238 fondest memory?

239 Dr. Wiseman: (Inaudible) October the 28th. (Inaudible) came down to see me and I really
240 appreciated that, so (inaudible). As far as like other memories that
241 occurred along the way, the traveling is probably some of the best part of

242 it because you got to see parts of the country that you've only seen in a
243 book somewhere or maybe in a magazine (inaudible). We went to Florida.
244 We went to...

245 Committee Member: (Inaudible)? Did you ever to make it (inaudible)?

246 Dr. Wiseman: We did not get to go to (Inaudible). They didn't ask them the question
247 (inaudible). If they don't ask, we don't go.

248 Committee Member: Interesting.

249 Committee Chair: So we're (inaudible), I'm going to ask you some (inaudible) questions. If
250 you want to (inaudible), you can, so (inaudible) is about the (inaudible).
251 One of the complaints that my hospital system (inaudible) is that we
252 (inaudible), so recently I got an email (inaudible) ACOFP. What is your
253 thoughts? You don't have to go on record.

254 Dr. Wiseman: What are my thoughts?

255 Committee Chair: Yeah.

256 Dr. Wiseman: About people suing us? It wasn't me that said that you had to be a member
257 of the AOA (inaudible).

258 Committee Chair: (Inaudible) when people said, "Well I wanted to (inaudible) ACOFP, but
259 (inaudible)." There's a part of me that says (inaudible). (Inaudible) issue
260 because I feel like...

261 Dr. Wiseman: It's (inaudible).

262 Committee Chair: Right.

263 Dr. Wiseman: From my aspect of it, I would tell the hospital: Don't (inaudible). Don't
264 sweat. You tell them: You can't pay those dues, then you got put them in
265 your budget.

266 Committee Chair: So now they're (inaudible).

267 Dr. Wiseman: The other part of that is the affiliate agreement with the AOA that says, "If
268 you want to be part of making decisions for the AOA, then you have to be a
269 paid dues member." You can't be in a credit society and want to send
270 people over. Do you think that if you had open membership in the AOA,
271 that the AMA and the other states such as (inaudible) be a part of? They
272 would, but they don't pay their dues. So when you say, "How hard is the
273 paying membership to both organizations?" Well in the past that was a
274 requirement and now it's not a - - or not a (inaudible). I think we have
275 (inaudible) that's going to go into effect January 1st.

276 Committee Member: (Inaudible).

277 Dr. Wiseman: Yes, exactly.

278 Committee Chair: (Inaudible) is part of the AOA.

279 Dr. Wiseman: That's correct, but it's not part of us.

280 Committee Chair: (Inaudible).

281 Dr. Wiseman: No.

282 Committee Chair: No, okay.

283 Dr. Wiseman: No, you will not have to pay any more dues to maintain a certain
284 (inaudible). Now they're going to charge the heck out of you for taking the
285 test even though they're trying to streamline it and everything else, so
286 they're trying to make each one of the board self-sufficient. And as you
287 know, our own AOBFP board was very self-sufficient on its own. But when
288 the current CEO took over, they brought in... Part of their problem was half
289 of the other boards couldn't run payments. They were already being run
290 by staff from AOA. But as you said, "Oh, we're just (inaudible). Everybody's
291 got to come into us," so they had to give up all of their (inaudible), their

292 revenue, and their bank account to them. I said, "You need to submit a
293 budget like everybody else (inaudible)." That's what happened to our
294 board, our board, our AOBFP board. Now they still been doing business as
295 usual; it's just that they can't (inaudible) stuff that they needed in the past.
296 (Inaudible) they had money to say, "Hey, we need another room,"
297 (inaudible) add a room. Now they can't do that.

298 Committee Chair: Oh, another question is (inaudible) hospital (inaudible).

299 Dr. Wiseman: Okay cool.

300 Committee Chair: Yes, (inaudible). Is there a mechanism from the ACOFP that would help?

301 Dr. Wiseman: There's a mechanism from the AOA that we also - - I don't remember what
302 we had put in place as far as that goes, but as far as setting up the
303 residency program, that's through the AOA and they have people on their
304 staff that will sit down with you and go over it line-by-line to show you
305 how to get that set up. And if you recall, Pete Schmelzer, (inaudible) and
306 we want to set up a residency program, (inaudible) get together over a
307 teleconference and off you go. We are still setting up family medicine
308 residency. They're just after - - last year they won't be just AOA board
309 certified or AOA certified with the ACGME, but we're still setting up family
310 medicine residents. We don't have a problem with that. Just (inaudible)
311 who's now on the board is still doing that out in California so...
312 (Inaudible). They have (inaudible).

313 Committee Member: Really?

314 Dr. Wiseman: (Inaudible).

315 Committee Member: Very much.

316 Dr. Wiseman: Family medicine (inaudible).

317 Committee Member: Eight hundred.

318 Dr. Wiseman: Yes.

319 Committee Member: That's not bad.

320 Committee Chair: So the last (inaudible).

321

322