

FROM THE PRESIDENT'S DESK



Charting a Course for the Future

Kevin de Regnier, DO, FCOFP *dist.*
2015 - 2016 ACOFP President

For more than five months, the ACOFP Board of Governors has been developing our 2016-18 Strategic Plan. By the time you read this, we will be finalizing the plan after receiving comments from members and our state affiliates. So why write about it now?

I wanted to use this space for two purposes. First, it is not too late for you to let us know your thoughts. See the end of this article to learn how you can read the Strategic plan and submit your comments. Second, while I hope you will read the strategic plan for yourself, I wanted to explain the process we used and provide some highlights of the final draft.

We began our work with an analysis of the current environment in which our members practice and the ACOFP operates. Immediately two major issues rose to the top of our list; payment reform and the Single Accreditation System (SAS).

In a previous issue, I wrote about the coming changes in Medicare physician payment policies.¹ It is clear that changes in the way physicians will be paid will have a major impact on physician practices over the next three years. The ACOFP must be active in forming this new payment system and ready to assist our members to prepare for it.

As we discussed the SAS, several things quickly became clear. First, the ACOFP would no longer have a direct role in the education of osteopathic family physician residents. In the current American Osteopathic Association (AOA) accreditation system, the ACOFP is responsible for nearly 300 osteopathic family physician residencies. We develop the residency standards for our programs, monitor program adherence to those standards, conduct periodic reviews of resident progress, and determine when a resident's training is complete.

In the SAS we face several challenges and unanswered questions. How many of our AOA accredited programs will choose to become accredited by the Accreditation Council for Graduate Medical Education (ACGME)? How many of those

programs will decide to pursue osteopathic recognition? How many of our current dually accredited programs will decide to seek osteopathic recognition? How will we maintain contact with residents in ACGME programs? How will ... well you get the idea, we had a lot of questions and not a lot of answers.

Yet to chart a course for the future, we had to make some assumptions and decide now on what actions we need to take to prepare the ACOFP for the future. Ultimately, we came to this conclusion: "The most likely scenario is that fewer DOs will participate in family medicine residencies that provide osteopathically-distinctive training, thereby yielding fewer AOA/AOBFP certified physicians and fewer ACOFP members. At the same time, there will likely be an opportunity for ACOFP to provide osteopathic and allopathic family medicine residencies with its comprehensive OMT curriculum, videos, and textbook."²

Given our analysis of the anticipated environmental factors and the desired futures, four "Cornerstone Initiatives" stood out over the next three years as having the greatest impact for members, for the specialty of osteopathic family medicine, and for the ACOFP. Our four Cornerstone Initiatives are: Family Medicine for America's Health, Practice Enhancement & Quality Reporting, Continuing Medical Education (CME), and the Single Accreditation System & Osteopathic Distinctiveness.

I have previously written on both physician payment reform and the SAS³, so I will not elaborate further on those issues here. The ACOFP has widely publicized our participation in Family Medicine for America's health as well. Therefore with the limited space I have here let me briefly explain why CME was included as a Cornerstone Initiative.

In repeated surveys over several years, members have told us that quality osteopathic CME is one of the ACOFP's most valuable member benefits.⁴ Additionally, the ACOFP has one of the largest on-line CME catalogs in the osteopathic profession. In anticipation of the AOA allowing an increase in the current limit to on-line CME, we want to make sure the ACOFP is prepared to expand our CME offerings and to be able to provide that CME using the most convenient and cost effective methods for our members.

I hope you will take time to go to the ACOFP website at www.acofp.org and read our strategic plan. If you have any comments, please email me at president@acofp.org.

CORRESPONDENCE:

Kevin de Regnier, DO, FCOFP *dist.* | president@acofp.org

REFERENCES

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