Every 3–4 years one of the most important tasks for the ACOFP Board of Governors is creating a new Strategic Plan that outlines a future path for our members, specialty and ACOFP.

The 2016–2018 ACOFP Strategic Plan1 approved by our Congress of Delegates in April:

- Family Medicine for America’s Health
- Practice Enhancement and Quality Reporting
- Continuing Medical Education
- Single Accreditation System and Osteopathic Distinctiveness

Now how did we come up with these four initiatives? We asked a simple question: “What are the desired outcomes for our members?”

For individual family physicians the answer involves daily career satisfaction, practice transformation and payment based on value. For the specialty in general, a desired future is one where the specialty is recognized and respected for its contribution to primary care.

It also means attracting osteopathic and allopathic medical students to osteopathic-recognized family medicine residency programs. Also, under the Single Accreditation System, it requires highlighting and advancing the contributions of osteopathic medicine.

To address these desired outcomes, the Board had to also ask what external challenges our members face today.

Payment reform is a major factor that is, and will continue to be, an issue for family physicians. We are rapidly shifting away from fee-for-service to a new model of value-based payment. CMS will soon require between 50 and 80 percent of payment be based on quality metrics that will also apply to private payors.

Another major factor is AOA/ACGME Single Accreditation System that is affecting ACOFP-administered osteopathic family medicine residency programs.

What this could mean is that fewer DOs will participate in family medicine residencies that provide osteopathic distinctive training. This would result in fewer AOA/AOBFP certified physicians.

Other issues include that more family physicians are employed and work in restricted integrated networks. Also scope of practice issues, burden of federal legislation, regulation and EHR paperwork requirements remain challenges.

With that in mind, the ACOFP for the next three years will be focusing on four Cornerstone Initiatives.

**Family Medicine for America’s Health:** The ACOFP joined seven other medical associations to form FMAHealth, which is a national campaign focusing on six areas that impact family medicine: payment reform, practice transformation, workforce development, technology application, patient engagement and research initiatives.

The ACOFP encourages members to get involved with FMAHealth initiatives. These many initiatives vary on expertise and time commitment, so there’s many ways to promote family medicine through FMAHealth.

By promoting the family medicine profession to patients, payors and policymakers, it’s hoped that will positively impact physician pay and satisfaction and lead to more medical student opting for the specialty.

For more information, go to fmahealth.org.

**Practice Enhancement and Quality Reporting:** The ACOFP will focus on helping members understand and apply the principles of the Patient-Centered Medical Home. We have developed a practice transformation toolkit and are considering a practice management response team to answer members’ questions.

The ACOFP Quality Markers Program attempts to address this initiative. It’s a tool that collects, analyzes and reports patients on 19 chronic care and wellness suites. We hope to have between 750–1,000 subscribers in three years.

The ACOFP has also hired Debbie Sarason, who is ACOFP, Manager of Practice Enhancement and Quality Reporting. Please feel free to contact her at 847-952-5523 or debbies@acofp.org with questions.

**Continuing Medical Education:** While the ACOFP provides outstanding CME at ACOFP Annual Convention, ACOFP Intensive Update and Board Review and OMED, we are looking at expanding on demand opportunities, including podcasts, webinars and videos.

**Single Accreditation System & Osteopathic Distinctiveness:** To address the five-year phase in process for the AOA/ACGME Single Accreditation System, the ACOFP is considering many options. The options range from sending an ACOFP representative to ACOFP residency programs to provide program directors with individual mentoring support from dual program directors. Also, the ACOFP may establish a hotline for program directors to ask question about the process.

From the American College of Osteopathic Family Physicians.
To promote osteopathic distinctiveness the ACOFP will promote the ACOFP textbook, Somatic Dysfunction in Osteopathic Family Medicine, ACOFP educational curriculum, OMT video and apps.

Please go to the ACOFP website, www.acofp.org to read about our Strategic Plan.

If you have any questions or comments, please contact me at president@acofp.org.

Sincerely,

Larry W. Anderson, DO, FACOFP
ACOFP President

REFERENCES: