

## FROM THE PRESIDENT'S DESK



### Leaning Into the Winds of Change Swirling Around Osteopathic Medicine

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2017 - 2018 ACOFP President

“ When the world changes around you and when it changes against you – what used to be a tail wind is now a head wind – you have to lean into that and figure out what to do because complaining isn’t a strategy.

- Jeff Bezos, CEO, Amazon

I’ve been practicing osteopathic medicine for 39 years, and have held appointed and elected offices for state and national membership associations during most of those same years. I’ve been swept along by tail winds and been buffeted by head winds – not just figuratively, but also literally when Hurricane Harvey hung over Houston for several days.

Knowing the forecast in advance helped us prepare for and survive a serious storm. And just a few weeks later we experienced the celebration for the Houston Astros’ first World Series championship – the ultimate “bad news/good news” story for 2017.

Like any other year, 2018 will have its share of tail winds and head winds. Knowing the forecast in advance will help us prepare and survive, hopefully experiencing the joys of practicing osteopathic family medicine, beyond the travails. Here’s my 2018 forecast.

#### Single Accreditation System

At deadline for this column, approximately 35 of the 150 osteopathic family medicine residency programs that had only been AOA accredited had not yet submitted the application for ACGME accreditation under the Single Accreditation System, and we are hopeful that the majority of the remaining programs will have submitted applications by the December 31, 2017 deadline.

From this point forward, ACOFP’s efforts will be to have these programs also achieve Osteopathic Recognition status with ACGME, thereby maintaining osteopathic training in postdoctoral education. We know that 95 family medicine programs already are on the path to Osteopathic Recognition, which is two-thirds of programs covering all specialties.

#### MDs as ACOFP Members

The seismic shift to the Single Accreditation System also opens doors for allopathic physicians to be trained in family medicine residency programs with Osteopathic Recognition, thereby raising the prospect that MDs may also desire membership in the ACOFP.

At its March 21-22, 2018 meeting, ACOFP Congress of Delegates will debate the extent to which MDs should become ACOFP Active

Members. The ACOFP Board surveyed the general membership and key constituencies in 2017, and will be presenting its recommendations to the Congress for its ultimate decision, followed by implementation after Constitution & Bylaws amendments are passed at the 2019 ACOFP Congress.

The membership survey revealed a wide range of opinions – everything from full membership parity for MD and DO members, to continuing the current criteria for DOs only, and several hybrid options in between. What would A. T. Still do?

#### Osteopathic Continuous Certification

The winds of change continue to swirl around Osteopathic Continuous Certification (OCC), as reflected in actions at the past two AOA House of Delegates meetings.

Physician certification should always prioritize quality and patient safety, but the profession also is calling on the AOA and its specialty certifying boards to develop a more meaningful, cost-effective method of certifying physicians throughout their careers. We are eager to see how the AOA will advance OCC reforms in the years ahead.

#### Health System Reform

Based on the shifting winds of health care reform that we experienced in 2017, the prospects for 2018 are just as uncertain, including the direction to be charted by a new Health and Human Services (HHS) Secretary, Alex Azar.

Reform to date has been focused on the Centers for Medicare and Medicaid Services’ (CMS) value-based payment program. As physicians, we can count on the Merit-Based Incentive Payment System (MIPS) continuing, with increasing incentives for those who demonstrate increased quality outcomes, reduced costs, and improved patient satisfaction. For those who do not report, or do not demonstrate improved quality, there are year-over-year increasing penalties.

The ACOFP Board believes that more overarching health system reform is necessary, with greater incentives for patient access to primary care physicians. Primary care physicians deserve increased payment parity with other specialists so that they can provide the most innovative and cost-effective care. CMS has made recent changes to expand payment for Chronic Care Management (CCM),<sup>1</sup> care coordination and telehealth services, for which ACOFP has advocated. These changes also positively impact rural physicians, clinics, and hospitals.

## Continuing Medical Education

I hope that your 2018 calendar includes participation in ACOFP's CME events. The ACOFP will offer almost 100 Category 1-A CME credits at these venues:

- March 22-25 ACOFP Annual Convention  
Austin, Texas
- August 24-26 Intensive Update & Board Review  
Rosemont, Illinois
- October 6-9 ACOFP at AOA OMED  
San Diego, California

In addition to live CME events, we are expanding the content available to you on-demand through the ACOFP E-Learning Center.

## Leadership Stability

While the person holding the ACOFP President's gavel changes yearly, we do have consistency in pursuit of ACOFP's strategic plan and policy initiatives.

Dr. Duane Koehler will succeed me as ACOFP President, and I know that his experience in practice and as an educator will well serve the specialty throughout the year ahead.

Be assured that the ACOFP Board will be leaning into the winds of change headed our direction in 2018. We welcome your continued support, your innovative ideas, your constructive criticism, and your active participation!

Osteopathically yours,



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## REFERENCES:

1. Department of Health and Human Services Centers for Medicare and Medicaid Services. Chronic Care Management Services Changes for 2017. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagementServicesChanges2017.pdf>. Accessed December 20, 2017.