

FROM THE PRESIDENT'S DESK



What Members Want from ACOFP

Duane G. Koehler, DO, FACOFP *dist.*
2018 - 2019 ACOFP President

I pledge to you, as your new President, and along with the other Board members, to keep "ACOFP weird," – a reference to our recent Convention host city's slogan, "Keep Austin Weird." That is to say, keep ACOFP diverse – in practice type, ethnicity, geography, and gender. It is in the coming together of our diversity that we are able to learn from each other's differences and create the best ideas, the best solutions to the challenges our osteopathic family face today.

As a result of a recent member survey, you have told us what direction you want ACOFP to take. Know that this is taken seriously by your Board, and that change has already started in these top areas:

- Osteopathic Distinctiveness
- Increased focus on Resident and Student Engagement
- Being a stronger osteopathic voice for the specialty, creating greater awareness of ACOFP's impact for members...and their patients

OSTEOPATHIC DISTINCTIVENESS

At a time when it appears that the osteopathic focus of our profession is being diluted by post-doctoral training standards, in CME content, and in certification requirements, the ACOFP Board is determined to double-down on the distinctiveness of osteopathic family medicine.

- Articles in this Journal – *Osteopathic Family Physician* – will emphasize OPP and OMM in the scientific content, as well as in our CME lectures.
- The annual Intensive Update & Board Review will feature every-day application of OMT.
- We will be updating the series of 150 videos in the ACOFP's Education and Video Resources for Teaching OMT series, which includes the textbook, "Somatic Dysfunction in Osteopathic Family Medicine.
- We are pilot-testing a new formative exam for residents in a program with ACGME Osteopathic Recognition status. This is in addition to continuing the In-service Exam used by more than 2,000 family medicine residents each year.

For the first time in ACOFP's 65-year history, the Delegates in the ACOFP Congress, through the approved process, decided to allow MDs as Active Members, with levels of involvement to be written into proposed amendments for final consideration at the 2019 ACOFP Congress.

If your first thought on reading this is, "well this is not very osteopathically distinctive," think about what A.T. Still would have wanted – more access, for more patients to the healing power of osteopathic medicine by physicians who are appropriately trained in the science and art of osteopathic medicine.

The greater the number of osteopathically-trained physicians, the more osteopathic medicine moves from mainstream to the forefront of medicine. What if OMM achieved a status where it was used before NSAIDs or opioids in the treatment of chronic pain? That's the kind of thinking of which A.T. Still would be proud.

RESIDENT & STUDENT ENGAGEMENT

Through financial support of chapters on all osteopathic college campuses, the ACOFP has already made a strong investment in Students. But we begin losing contact with the third - and fourth-year Students when they go on rotation. It will be even more difficult for the ACOFP message to reach residents when they fall under ACGME accreditation, rather than AOA accreditation and ACOFP Basic Standards. We will need to try that much harder to engage them.

The plan includes: increasing social media activity with a new campaign, providing content for students via an ACOFP podcast channel and app. ACOFP has seen success with our Future Leaders Conference and there are three alumni on the ACOFP Board.

Most importantly, the ACOFP will advocate to the AOA and to our certification board for initial and continuous certification that is more cost-effective and time-efficient.

OSTEOPATHIC VOICE

Members want ACOFP to better communicate the benefits and services available to them. Members also want to know about return on investment for national lobbying efforts.

- The Board took a big step by selecting our own lobbying firm of Alston & Bird. ACOFP has already weighed in to national government agencies on a variety of health care topics germane to membership. One of the latest was a letter to the Administrator of CMS, Seema Verma, on the CMS initiative titled, "Patients Over Paperwork."
- We are introducing the ACOFP/Lightbeam alliance partnership to those who want to improve their patient and population management. Lightbeam uses data from your EMR to help you identify care gaps, improve outcomes, and maximize shared savings. Whether you are in a solo practice, ACO, or Medicare Shared Saving Program, they have a cost-effective solution, with an ACOFP discount.
- We are providing ACOFP members with access to the MIPSRO Quality Reporting System to better navigate the quality reporting steps associated with MIPS.
- With a large segment of ACOFP members in the small and rural settings, we are providing no cost assistance to practice improvement services through our partnership with the National Rural Accountable Care Consortium.
- Members have an opportunity to join one of many Special Interest Groups (SIGs) for those of you with focused interest in such areas as: direct primary care, diversity and inclusion, men's health, women in medicine, military health care, public health and wellness, and young physicians.

ACOFP AS COMMUNITY

We will continue putting family medicine first through our work with eight other national Family Medicine organizations in supporting the "Health Is Primary" campaign as part of the Family Medicine for America's Health initiative.

We have renewed our commitment to the "Patient Centered Primary Care Collaborative," a not-for-profit organization representing a broad group of public and private stakeholders. PCPCC's mission is to promote policies and share best practices that support the growth of high-performing primary care.

Recently, a select group of members met and came up with a vision statement for the ACOFP. There may be no better way to define ACOFP:

“ ACOFP is a community of current and future family physicians that champions osteopathic principles and supports our members by providing resources such as education, networking, and advocacy while putting patients first.”



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