



Adopted by the ACOFP Congress of Delegates on April 7, 2016

2016-2018

Strategic Plan

of the

American College of
Osteopathic Family Physicians

Mission Statement

The mission of the American College of Osteopathic Family Physicians is to promote excellence in osteopathic family medicine through quality education, visionary leadership and responsible advocacy.

Vision Statement

The vision of the American College of Osteopathic Family Physicians is to serve as the professional home for osteopathic family physicians, fostering the career-long success of its members – to this vision are dedicated all ACOFP leadership, staff and financial resources.



Strategic Planning Process

The following strategic planning process and timeline were established to research, develop and finalize the 2016-2018 ACOFP Strategic Plan.

June 17-18, 2015	ACOFPP Board Strategic Planning Retreat
October 17-21, 2015	Board review and edit of initial draft, integrated into 2016 ACOFP proposed budget, as necessary.
November 2, 2015	Comments on draft Strategic Plan requested of ACOFP state societies and other key constituencies, with comments due December 15, 2015.
February 6-7, 2016	Board considers constituent comments and finalizes document for submission to ACOFP Congress of Delegates by March 1, 2016.
April 6-7, 2016	Endorsement of 2016-2019 Strategic Plan by ACOFP Congress of Delegates

Strategic Plan Development & Implementation

The 2015-2016 ACOFP Board of Governors is primarily responsible for development and initial implementation of the 2016-2018 ACOFP Strategic Plan. Board members based its Retreat discussions and subsequent recommendations on the 9-part self-study course, “Strategic Thinking,” presented by the American Association for Physician Leadership.

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Environmental Factors

Primary External Factors

Payment Reform – Payment for family physician services is rapidly moving away from the traditional volume-based “fee-for-service” model to a variety of “fee-for-quality” or “value-based payment” models. CMS will phase in quality reporting requirements such that 50-80 percent of payment will be based on quality metrics, with private payors having similar quality reporting requirements.

Single Accreditation System – Prior to the July 1, 2015 onset of the AOA/ACGME Single Accreditation System, the ACOFP administered 270 osteopathic family medicine residency programs that were training approximately 2,400 residents covering OGME 1-3 training years.

While 100 of the residencies already have “dual accreditation” status with ACGME, our surveys indicate that many of the 170 “osteopathic only” family medicine residencies may not pursue ACGME accreditation – either shifting funded positions to the allopathic program or closing the osteopathic program entirely due to additional expense for the sponsoring institution.

Also uncertain is the extent to which remaining ACGME-accredited family medicine residencies and traditional allopathic family medicine residencies will opt for “osteopathic recognition” whereby osteopathic principles and practices will be incorporated into the training.

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.

Ongoing External Factors

- More family physicians are being employed and work in restricted integrated networks.
- Scope-of-practice issues continue to encroach on the physician/patient relationship.
- The burden of federal legislation and regulation and EHR/paperwork requirements is reducing the time that family physicians can use to treat patients, diminishing career satisfaction.
- Physicians in the baby-boom generation are retiring, and the number of students choosing family medicine lags well behind the number needed to meet the nation’s need.
- Family Medicine for America's Health (FMAH), a joint multi-year project of the eight U.S. family medicine organizations, is working to promote the profession to patients, payors, and policy makers. The impact of these efforts is unknown at this time, but it is hoped to increase the stature of the profession leading to better payment, improved professional satisfaction for family physicians, and greater interest in the specialty by medical students.

Internal Factors

- The Single Accreditation System will cause all osteopathic membership organizations to determine the extent to which allopathic physicians will have access to membership and leadership opportunities.
- The Single Accreditation System will have an immediate negative impact on participation in the ACOFP's Program Directors Workshop and InService Examination.
- As the American Osteopathic Association refocuses its future direction, the ACOFP will need to act more autonomously in the areas of advocacy, postdoctoral training, and CME.
- Dissatisfaction with time and expense of the AOA's Osteopathic Continuous Certification (OCC) process will require ACOFP involvement in reform efforts.
- Physician reliance on their employers for support traditionally provided by the ACOFP will require the ACOFP to deliver new products and services to retain and grow membership.
- Increased practice demands may lead to a decrease in members willing or able to commit volunteer hours to ACOFP committees and Board.

Areas of ACOFP Strength

- ACOFP offers quality 1-A CME at the ACOFP Annual Convention, Intensive Update & Board Review, and OMED, with strong registration in recent years.
- ACOFP has developed the internal competency and resources to present live and on-demand e-learning education.
- ACOFP is one of the most osteopathically distinctive organizations in the profession, making available its compendium of OMT Education/Video Resources, *Somatic Dysfunction in Osteopathic Family Medicine* textbook, and apps to members, residency programs and colleges of osteopathic medicine.
- ACOFP *Osteopathic Family Physician* journal is a member benefit, with quality content.
- ACOFP offers leadership opportunities at the Board and committee levels, at state societies and student chapters, and through its Future Leaders Conference.
- ACOFP has developed a strong structure of student involvement in its COM chapters.
- ACOFP has a strong reputation and voice among osteopathic organizations, and a growing presence in the larger community of allopathic family medicine organizations.
- ACOFP demonstrates fiscal responsibility in its annual budget, and has sufficient reserves to invest in new members services.

Areas for ACOFP Development

- ACOFP should significantly expand its services in the key area of practice management.
- ACOFP should more effectively communicate its key messages to members through the clutter of electronic communications.
- ACOFP should more effectively communicate with osteopathic family medicine residents, especially given the impact of the Single Accreditation System.
- ACOFP should develop and communicate its own independent positions on federal legislation/regulation and public health matters.
- ACOFP's structure for volunteer involvement should reflect changing lifestyles and time demands of younger, more diverse members.
- Chairs/faculty for osteopathic family medicine should present a cohesive message on behalf of the specialty, through greater collaboration with the ACOFP.
- ACOFP should provide operational assistance to its state societies with limited resources.



Desired Futures

For Osteopathic Family Physicians

- Experience daily career satisfaction through the provision of osteopathically-based, high quality, cost-effective patient care services.
- Transform their practices according to the principles and practices of the Patient-Centered Medical Home, with the ability to collect, interpret, utilize and report clinically relevant data.
- Receive payment for services based on the value provided to the individual patient, the community, and the healthcare system.

For the Specialty of Osteopathic Family Medicine

- Achieve recognition and respect among all stakeholders for the key contributions that the specialty of osteopathic family medicine makes to the nation's primary care system.
- Attract osteopathic and allopathic medical students to osteopathic-focused family medicine residency programs, emphasizing the added value of osteopathic principles and practices to patient care encounters.
- Highlight and advance the unique contribution that osteopathic family medicine brings to the healthcare system.

For the ACOFP

- Offer quality medical education in a variety of formats to enhance the knowledge of members.
- Be recognized as a collaborative partner and authoritative voice for patients by government, public/private entities, and national medical/healthcare organizations.
- Provide essential member benefits that prosper members in their practice of osteopathic family medicine.



Cornerstone Initiatives

Given the anticipated environmental factors and the desired futures, four “Cornerstone Initiatives” stand out over the next three years as having the greatest impact for members, for the specialty of osteopathic family medicine, and for the ACOFP.

Cornerstone Initiative # 1: Family Medicine for America’s Health

ACOFPP is one of eight organizations contributing financial support and physician involvement to “Family Medicine for America’s Health” (FMAH) – a comprehensive national campaign to enhance the practice of family medicine in six key areas:

- Payment Reform
- Practice Transformation
- Workforce Development
- Technology Applications
- Patient Engagement
- Research Initiatives

ACOFPP will work through its network of state societies and communicate directly with the general membership to encourage active, grassroots involvement in FMAH initiatives that vary by expertise and time commitment, reporting regularly on FMAH initiatives. Work products emerging from the six Tactic Teams will be widely communicated to the ACOFP membership.

Cornerstone Initiative # 2: Practice Enhancement & Quality Reporting

The ability of osteopathic family physicians to thrive over the next three years hinges on the extent to which they are able to adapt to the changing expectations of family medicine and emerging payment models. The ACOFP believes that implementing concepts of the Patient-Centered Medical Home (PCMH) is the best pathway to practices successfully navigating these challenges.

It is ACOFP’s goal to have all its members understand and apply the principles of the Patient-Centered Medical Home. ACOFP will develop a “practice transformation toolkit” for its members. ACOFP will consider development of a practice management “response team” to address member question. ACOFP also has established a full-time staff position to develop and manage practice enhancement and quality reporting initiatives.

The ACOFP Quality Markers Program is a means to this end, providing members and their colleagues in practice with a cost-effective tool to collect, analyze, utilize and report patient data on 19 chronic care and wellness suites. Our goal will be to have 750-1,000 subscribers in the program within three years.

Cornerstone Initiative # 3: Continuing Medical Education

ACOFP has a long-standing strength in the presentation of live Continuing Medical Education at the ACOFP Annual Convention, at the ACOFP Intensive Update & Board Review, and at OMED.

We will explore ways to expand distribution of the educational content at new live venues, and through an expanded “ACOFP E-Learning Center” with an extensive menu of on-demand learning opportunities – podcasts, webinars, videos, etc.

We will expand and refocus the Intensive Update & Board Review as a premier educational event of value to all family physicians, but especially for those seeking certification or recertification.

Cornerstone Initiative # 4: Single Accreditation System & Osteopathic Distinctiveness

Single Accreditation System

The five-year phase-in process for the AOA/ACGME Single Accreditation System began on July 1, 2015 and will conclude on June 30, 2020. ACOFP presently administers 100 “dual accredited” residencies, the majority of which will likely maintain their ACGME accreditation, but should be encouraged to add the “osteopathic recognition” training content for DOs and MDs.

ACOFP also administers 170 “osteopathic only” programs that are accredited by the AOA, and should be encouraged to apply for and achieve ACGME accreditation during the five-year phase-in period – a critical factor in the specialty’s long-term viability. Initiatives may include:

- Sending an ACOFP representative to each of these residency programs to encourage pre-accreditation application to ACGME, address misconceptions about financial implications and ability to comply with ACGME Basic Standards for Family Medicine, and determine whether the program will offer the “osteopathic track.”
- Providing program directors with individual mentoring support from dual program directors.
- Establishing a “hotline” for program directors to ask questions about the pre-accreditation process.
- Placing links on the ACOFP website for resources that facilitate the pre-accreditation process.
- Subsidizing one-year membership in the Association of Family Medicine Residency Directors (AFMRD), and collaborating with other organizations that share ACOFP’s vision and values.

Osteopathic Distinctiveness

The Single Accreditation System presents a challenge to ensure that osteopathic family medicine remains a distinct profession, as well as an opportunity to promote osteopathic principles and practices to the wider medical community. ACOFP will consolidate and repackage a variety of existing resources that define the osteopathic difference for family medicine.

- Textbook: *Somatic Dysfunction in Osteopathic Family Medicine*
- ACOFP Educational Curriculum
- OMT Videos
- 2 Apps

These resources already are being used at many colleges of osteopathic medicine and osteopathic family medicine residency programs. We will offer these resources to the remaining COMs and residency programs, including allopathic programs that may consider offering the “osteopathic track” under the Single Accreditation System. Also, the ACOFP will market these resources to non-member osteopathic and allopathic physicians, using relationships established with the Family Medicine Working Party organizations. We will develop OMM content for allopathic physicians, in collaboration with the American Academy of Osteopathy.

Brand Initiatives

The Board has identified other key initiatives that are consistent with the ACOFP brand – “Advocacy, Education and Leadership” – plus initiatives that specifically focus on “Membership.”

Advocacy – Be the voice of osteopathic family physicians and the profession of osteopathic family medicine.

- Federal legislation/regulation – develop a more independent voice for ACOFP.
- Implement a section on the ACOFP website to promote grassroots advocacy.
- Provide members with information on alternative practice models, such as Direct Primary Care.
- Work with the AOA and AOBFP to address member concerns regarding the time, expense and value of the current system for Osteopathic Continuous Certification (OCC).

Education – Offer quality osteopathic education in multiple formats, on demand and through multiple media and to a wider base of constituents that includes non-member osteopathic and allopathic physicians and non-physician clinicians.

- Develop a Certificate in Medical Informatics, with credits applicable to a Master’s degree and qualifying person for chief information officer position.
- Consider development of an on-line MBA program.

Leadership – Inspire, nurture, and promote leadership roles for osteopathic family physicians in our community through recognition, development and leadership opportunities.

- Enhance state societies by providing leadership training, technical assistance and administrative support.
- Create orientation materials for committee members and chairs.
- Enhance student participation through expanded leadership and new student-specific activities.
- Enhance residents – Residents Council, etc.
- Expand the Future Leaders Conference.

Membership – Enhance member value, relevance and engage physician members.

- Increase communication to target member segments
- More member engagement through online special interest groups
- E-communities for committee interaction
- Episodic volunteerism
- Social media

Conclusion

By acting on the Cornerstone and Brand Initiatives outlined in this Strategic Plan, the Board of Governors believes that ACOFP will fulfill its mission to promote excellence in osteopathic family medicine, and that ACOFP will achieve its vision to serve as the professional home for members, fostering their career-long success.

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