

EXECUTIVE DIRECTOR'S REPORT

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Since my October 2008 report to the AOA Board of Trustees, the AOA's primary concern has been to mitigate the impact of the economic recession on AOA finances to ensure we can continue operating on behalf of America's 64,000 DOs. Through our attentive governance, we have removed discretionary items from the AOA's operating budget, allowing the AOA's vital research, education, advocacy, teamwork, and family activities to survive and thrive despite the country's financial crisis. I am proud to report on the past four months' successful programmatic and policy initiatives below.

Governance

Effective, transparent governance has been crucial in keeping AOA operations supported by our budget during the economic recession. AOA operating, ORDF, and DDEF investments have decreased substantially since FY09 began; trimming discretionary activities from the budget ensured that our core functions could continue unimpeded. AOA staff members were instrumental to the budgetary process, reducing travel expenditures and lowering the overhead on their Bureau, Council, and Committee (B/C/Cs) meeting schedules and operations. Specifically, AOA B/C/C secretaries recently met to discuss ways to reduce excess meeting costs, streamline the meeting process, and facilitate more collaboration and interaction among B/C/Cs.

To assuage fears that some AOA operations may cease in light of the uncertain financial times, I wrote an extensive analysis of our governance strategies and fiscal soundness in the January 2009 issue of *The DO* magazine. Further, I communicated an advance copy of this column on 12/23/08 in my "State of the AOA Economy" memorandum to the official family to ensure transparency in the AOA's handling of the recession's impact. Out of compassion for our members' financial needs, active solicitation of contributions to the Greatness Campaign was suspended until the economy improves.

Research

In demonstration of the AOA's commitment to improving the corpus of osteopathic research, the AOA joined the Ad Hoc Group for Medical Research, a coalition of more than 200 health care associations, institutions, and industry partners who advocate in Washington, DC, for research funding and support. I also met with representatives from the Osteopathic Research Center (ORC) in Ft. Worth late last year to discuss basic research projects, major clinical trials, and health services research being conducted at the ORC and supported through AOA contributions. Other collaborative efforts to encourage research are being pursued.

A great osteopathic research achievement this year was the selection of our Clinical Assessment Program (CAP) as a registry test site under the Centers for Medicare & Medicaid Services' (CMS) 2008 Physician Quality Reporting Initiative (PQRI) incentive payment program. DOs can earn a 1.5% bonus payment by taking part in the CAP's diabetes mellitus measure group. The AOA's "Medical Practice Issues" survey, conducted in Fall 2007, was also published this year and posted on DO-Online. The survey focused on four practice issues selected due to their importance to the AOA's advocacy activities and policy priorities. In addition, the AOA Council on Research is providing over \$300,000 in grant and fellowship funding to support basic science or clinical research projects that make a contribution to osteopathic medicine.

Education

President DiMarco's "Leading to Greatness: Initiatives in OGME, Research, and Advocacy" theme drives our efforts to ensure quality osteopathic graduate medical education (OGME) and enhance the continuum of osteopathic education. To this end, osteopathic advocacy in education led to the successful resolution of an OGME crisis in Oklahoma, ensuring that postgraduate programs at the Oklahoma State University Medical Center will continue to provide training to osteopathic graduates. Private sector advocacy to advance OGME also took us to the Florida offices of HCA in November and was the focus of an Initiative Workshop in Florida early this year. We also collaborated with the Council on Graduate Medical Education (COGME) in its efforts to assess physician workforce needs on a long term basis, recommend appropriate federal and private sector efforts to address those needs, and provide a forum to enable their consideration.

Acting as a guiding light for over 229 osteopathic medical educators and staff from around the country, the 19th Annual Osteopathic Medical Education (OME) Leadership Conference and CME Sponsors Conference took place on 1/8-10/09 in Ft. Lauderdale, FL. The AOA Council on Osteopathic Postgraduate Training Institutions (COPTI) reviewed Annual Reports from each Osteopathic Postgraduate Training Institution (OPTI) in their instrumental oversight of OPTI operations. Key leaders of Educational Affairs, the Council on Postdoctoral Training and the Bureau of Osteopathic Specialists led development of comments on the Federation of State Medical Boards' (FSMB) *Guide to Good Medical Practice USA* document; I sent a letter summarizing these comments to the FSMB in December. The AOA Council on Continuing Medical Education (CCME) reports that the AOA recorded 13.9 million hours of CME credit over the past three years. The Medical Education Summit (MES) Progress Task Force on which I serve continues its work advancing consensus statements and implementing recommendations from MES I and II.

Advocacy

As a new Administration takes office in Washington, DC, I am proud to report that the AOA's legislative, regulatory, and advocacy agenda for the 111th Congress was finalized in January. To develop our comprehensive agenda, familiarize legislators with osteopathic medicine, and promote our reform priorities, I traveled to the Nation's capital frequently to meet with Congressional leaders and regulatory agencies, including representatives from the Senate Finance Committee, the House Ways and Means Committee, and Senate Majority Leader Harry Reid, among many others. Passage of HR 2583, the "Physician Workforce Act of 2007," was achieved in the House of Representatives, preparing the pathway in 2009 for reintroduction and passage of this legislation. The AOA will also hire a national coding & reimbursement payment policy consultant to assist in the analysis of OMT code valuations, which will be submitted to the Relative-Value Update Committee (RUC) for consideration next year. David Hitzeman, DO, who represents the AOA on the RUC, has been nominated to become its next chair.

In public advocacy and outreach, National Osteopathic Medicine (NOM) Week has been resurrected and will take place 3/1-7/09 immediately following the Midyear Meeting of the Board. The AOA, in partnership with the Maryland Association of Osteopathic Physicians and Surgeons, will celebrate NOM Week by hosting a Mini-Medical School program for 2nd graders in a Washington, DC, public school. In addition, the AOA continues to be on the forefront of associations using social media. The AOA boasts pages on MySpace, Facebook, and YouTube as well as Twitter. Additionally, I wrote to the Association of American Medical Colleges (AAMC) in

November to speak out against its report, “The Complexities of Physician Supply and Demand: Projections Through 2025,” in which the AAMC implied that osteopathic physicians are not in the same category as US-trained MDs. Such misconceptions give patients an incorrect impression of DOs.

At the state level, the Bureau of State Government Affairs is looking at the Physician Education Advancing Community Health (PEACH) program as a component President DiMarco’s OGME initiative. PEACH would create additional funding for GME programs through an all-payer system implemented at the state level. State advocacy programs are focusing on scope of practice, patient centered medical homes, retail clinics, and other issues. The AOA also strove to protect patient safety in Michigan by protesting legislation that would enable chiropractors to obtain prescriptive authority.

Teamwork

The AOA’s continued dedication to collaboration has strengthened our voice as a national authority on health care issues. I represent the AOA on the Ambulatory Care Quality Alliance (AQA) Steering Committee, which is developing a joint document that would ask the Obama Administration for \$500 million to enhance the quality of health care in America through measurement, improvement efforts, and health information technology. On behalf of the AOA, I attended meetings of the Society for Women’s Health Research Corporate Advisory Council and a National Alliance for Hispanic Health. We continue to be active partners in the Scope of Practice Partnership (SOPP), on whose Steering Committee the AOA sits, which unites physician organizations against scope of practice expansion efforts by non-physician clinicians. I renewed the AOA’s endorsement of the National Ambulatory Medical Care Survey (NAMCS) and advanced osteopathic perspectives regarding the FSMB National Alliance’s “Good Medical Practice Act.”

Other organizations demonstrate the AOA’s leadership on prominent health care issues through their willingness to join our efforts. The AMA has joined the AOA and other leading health care associations to endorse the "Joint Principles of the Patient-Centered Medical Home," which were established by the AOA in partnership with the American Academy of Family Physicians, the American Academy of Pediatrics, and the American College of Physicians two years ago. As a founding member of the Patient-Centered Primary Care Collaborative (PCPCC), we continue to welcome partners into membership supporting this important cause.

Family

The AOA is built and strengthened by its growing osteopathic family. To attain the ambitious 60% market share goal set by the AOA Market Share Policy Council, I invited all AOA members and staff to take part in the “2,669 in FY09” Membership Challenge Program, providing incentives and prizes for recruiting non-member DOs into the AOA family. Thus far, this program has gained more than 991 new members through gift memberships. The success of last year’s gift membership campaign continues to shine, with 46.5% of DOs who received gift memberships last year retained this year as dues-paying members. In total, the AOA now numbers over 38,500 members, representing almost 98% of our budgeted revenue and 57% of our potential market share of all DOs. Continued improvements of the AOA’s Osteopathic Physician Masterfile have helped to ensure membership success and the AOA’s role as the voice of the profession.

In the spirit of osteopathic family togetherness, the Osteopathic International Alliance, on which I serve as a Board member, held its annual conference this year, co-hosted by the Midwestern University Chicago College of Osteopathic Medicine and the AOA. More than 80 osteopathic professionals from a dozen countries gathered in Downers Grove, making this our most successful meeting to date.

To help reduce our members' practice costs and build patient loyalty, the AOA has launched a new online resource on DO-Online: The "Instant Medical History" feature. New and existing patients of AOA members may use this optional feature to collect HIPAA-compliant patient information prior to an office visit. As a testament to the appreciation for AOA member benefits, the 113th AOA Convention was our largest yet, attaining a record number of 9,389 attendees, including 5,174 AOA members, 483 other health professionals, 2,561 guests, and 1,171 exhibitors.

Conclusion

As always, it has been an honor to serve the AOA Board of Trustees and our "G.R.E.A.T. Family" of DOs.

JBC