

AAO Strategic Plan for 2015 to 2018

Mission Statement: *The mission of the American Academy of Osteopathy is to teach, advocate, and research the science, art and philosophy of osteopathic medicine, emphasizing the integration of osteopathic principles, practice and manipulative treatment in patient care.*
(Adopted by the AAO Board of Governors in March 2003)

Vision Statement: **All patients are aware of and have access to osteopathic medical care and osteopathic manipulative medicine for optimal health.**
(Adopted by the AAO Board of Governors on March 11, 2015)

Communications and Technology

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| Goal No. 1 | Leverage technology more effectively to target membership. |
| Partners | Informational Technologies Committee, Publications Committee, Student American Academy of Osteopathy (SAAO), National Undergraduate Fellows Association (NUFA) and Postgraduate American Academy of Osteopathy (PAAO) |
| Action | <ul style="list-style-type: none"> • Release AAO mobile app by March 1, 2016. • 75% of AAO members download the AAO mobile app by June 1, 2016 and 100% by June 1, 2017. • Begin using available mobile app technology at AAO Convocation by March 2016. |
| Action | <p>Increase social media activity and profile in the following ways:</p> <ul style="list-style-type: none"> • Double Facebook fans each year of strategic plan. The AAO has 640 fans as of Sept. 12, 2014. Increase fans to 1,280 by September 2015; 2,560 by September 2016; 5,120 by September 2017; and 10,240 by September 2018. • Obtain 1,000 followers for the AAO's Twitter account by Dec. 31, 2015. Double each year afterward. • Develop AAO LinkedIn account by June 2015. • Sixty percent of the members of the AAO Board of Governors create LinkedIn accounts by April 2015 and 80% by April 2016. |
| Action | <ul style="list-style-type: none"> • Develop website template for AAO members to use in promoting their practices by Feb. 1, 2016. Template to include videos, scheduling tools and educational links. |
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| Goal No. 2 | Make educational materials more accessible by releasing them in digital format. |
| Partners | Education Committee, Publications Committee, Information Technologies Committee, SAAO, NUFA and PAAO |
| Action | <p>Release e-books on the following schedule:</p> <ul style="list-style-type: none"> • one in 2015. • two in 2016. • three in 2017. |
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| Goal No. 3 | Enhance visibility of the AAO and participation in the Academy by students, interns, residents, postdoctoral fellows, and new physicians in practice. |
| Partners | Education Committee, Publications Committee, Membership Committee, Louisa Burns Osteopathic Research Committee, Information Technologies Committee, SAAO, NUFA and PAAO |
| Action | <ul style="list-style-type: none"> • Develop interactive membership Web pages for all Academy committees by Feb. 1, 2016. These Web pages would be similar to Blackboard. |
| Action | <ul style="list-style-type: none"> • Convert to online the registration and matching processes of the Mentorship Program by June 1, 2016. |

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| Action | <ul style="list-style-type: none"> • Post all poster session abstracts on the AAO website with special attention to the award winners by Sept. 1, 2015. |
| Action | <ul style="list-style-type: none"> • Convert Academy's membership-application process to online, with 100% of new members using this online process by March 2016. |
| Education | |
| Goal No. 1 | Increase the public's understanding of osteopathic medicine. |
| Partners | Informational Technologies Committee, Education Committee, Membership Committee, Academy's executive director and other AAO staff |
| Action | <p>Increase the AAO's efforts to educate the public through YouTube:</p> <ul style="list-style-type: none"> • Using the May 18, 2014, "American Health Front!" video on osteopathic manipulative medicine (OMM) as a starting point, commission at least one YouTube video per year that promotes aspects of osteopathic manipulative medicine to the public. • Beginning in June 2015, add to the Academy's YouTube site links at to least six videos each year from the American Osteopathic Association's YouTube site that advance the Academy's mission and vision. • Begin tracking metrics on Academy's YouTube site by April 2015, with the goal of doubling traffic on the site yearly. |
| Action | <p>Use the American Osteopathic Association as a resource for public education in the following ways:</p> <ul style="list-style-type: none"> • To determine the public's current understanding of osteopathic medicine, use the public awareness research that the American Osteopathic Association is conducting in 2015 and any follow-up research the AOA conducts. Report these outcomes annually to the AAO Board of Trustees' beginning in July 2015, and use these data in determining how the Academy can augment the AOA's public awareness efforts . • Beginning in July 2015 and each year thereafter, piggyback on at least two AOA public relations efforts that are compatible with the Academy's mission and vision, providing Academy members as expert sources and retooling the AOA's promotional materials to meet the needs of Academy members. |
| Action | <p>Target Academy messages to the media in the following ways:</p> <ul style="list-style-type: none"> • Continue to use the Academy-sponsored AOA policy "Patient Safety and Use of Osteopathic Manipulative Treatment for Patients With Pain Conditions" as the cornerstone of the vast majority of the AAO's efforts to interest the media in running stories on osteopathic medicine. • Beginning in June 2015 and at least twice yearly thereafter, issue news releases on research articles published in <i>The AAO Journal</i>, targeting media in the communities where the research was conducted and media whose audiences are likely to be affected by the results of the research. |
| Education | |
| Goal No. 2 | By the year 2020, establish the AAO as the recognized leader in providing education in OMM. |
| Partners | Education Committee, Membership Committee, Postdoctoral Standards and Evaluation Committee, and Board of Trustees |

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| Action | <ul style="list-style-type: none"> • By February 2016, reconfigure the Education Committee's offerings into a catalog of coordinated curricula, with repeating courses and progressive stages designed to meet members' needs. • By February 2016, ensure that the basic-level OMM courses constitute a curriculum that MD students and residents can use to meet the prerequisites for all osteopathic-focused residencies under the single GME-accreditation system of the Accreditation Council for Graduate Medical Education (ACGME). • By February 2017, use scheduled educational offerings to create a track designed to address the additional prerequisites for allopathic trainees interested in ACGME-accredited osteopathic neuromusculoskeletal medicine (ONMM) residencies. • By February 2017, market courses designed for MD ONMM residents to practicing DOs, MDs and other health care professionals interested in refreshing or acquiring skills so that they can confidently add OMM services to the care they provide patients and teach NMM to osteopathic medical students on rotations and to DOs and MDs in osteopathic-focused GME programs. |
| Action | <ul style="list-style-type: none"> • By Jan. 1, 2017, begin conducting at least two live seminars or webinars per year on practice management specific to OMM. |
| Action | <ul style="list-style-type: none"> • By December 2016, offer at least two OMM courses per year in partnership with specialty osteopathic societies, state osteopathic medical associations, osteopathic medical colleges or osteopathic postdoctoral training institutions. • At least one of these courses should be a half-day seminar that other CME sponsors can plug into their annual conventions and other CME programs. The Academy could offer this seminar to the CME sponsors for a fixed fee. • Increase the number of partnership programs by at least one per year. • The partnership programs should be a combination of live courses and webcasts. |
| Action | <ul style="list-style-type: none"> • As each new course is developed, create AAO-branded course materials that can be reused for subsequent offerings of the same course, that can be adopted for other Academy courses, and that can be sold to other CME sponsors. |
| Action | <ul style="list-style-type: none"> • By January 2018, obtain the American Osteopathic Association's endorsement as the go-to authority for organizations needing OMM courses. |
| Action | <ul style="list-style-type: none"> • By January 2017, investigate the feasibility and affordability of the Academy becoming an accredited CME sponsor of the Accreditation Council on Continuing Medical Education (ACCME). • If ACCME accreditation is not practical, begin offering at least one program per year in partnership with an ACCME-accredited sponsor by January 2018. |
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| Goal No. 3 | Develop Academy members to be educators, researchers and other leaders in the osteopathic medical profession. |
| Partners | Education Committee, Postdoctoral Standards and Evaluation Committee, Louisa Burns Osteopathic Research Committee, PAAO and NUFA |
| Action | <ul style="list-style-type: none"> • By March 2017, expand the scope of the AAO Program Directors' Workshop to meet the requirements of the ACGME's ONMM Review Committee and, therefore, the evolving needs of the program directors as their residencies enter the ACGME's accreditation system. |
| Action | <ul style="list-style-type: none"> • By March 2016, determine how the Academy can interact with the Training Osteopathic Primary Care Educators (TOPCE) program of the American Association of Colleges of Osteopathic Medicine (AACOM) to assist Academy members who are in or who wish to enter academic medicine. |

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| Action | <ul style="list-style-type: none"> • Under the auspices of the Louisa Burns Osteopathic Research Committee, provide programs at each Convocation for Academy members interested in becoming clinical researchers or enhancing their skills as researchers. |
| Action | <ul style="list-style-type: none"> • Beginning in May 2016, sponsor select AAO leaders to join organizations and attend meetings designed to groom leadership skills (such as covering the costs of one trustee a year to join the American College of Physician Executives and another trustee to participate in the Osteopathic Healthcare Policy Fellowship each year). • Continue to conduct a Leadership Conference on an annual basis for such Academy leaders as trustees, governors, committee chairs, and PAAO and SAAO officers. |

| Membership and Mentoring | |
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| Goal No. 1 | Increase membership in the AAO by 3% in fiscal year 2015-16, 5% in fiscal year 2016-17 and 7% in fiscal year 2017-18. |
| Partners | Membership Committee, Education Committee, Louisa Burns Osteopathic Research Committee, Information Technologies Committee, and Awards Committee |
| Action | <ul style="list-style-type: none"> • By March 2016, launch a membership recruitment campaign in which each AAO trustee, governor and committee member is asked to recruit two new members per year. • Provide AAO volunteer leaders with email templates and phone scripts with messages they can tailor to reflect their relationship with those they are trying to recruit as members. • Assign a trustee and an AAO staff member to contact each new member to welcome the member into the Academy and volunteer to show the new member around at Convocation. • By the 2017 Convocation, develop a recognition program for those who have recruited the most new members in the past year. |
| Action | <p>Increase evidence-based and specialty-specific continuing medical education with the goal of attracting nonmembers to the Academy:</p> <ul style="list-style-type: none"> • Develop CME modules that can be sold to osteopathic specialty colleges and state osteopathic medical associations to plug into their CME meetings. • By January 2017, develop the Academy's first OMM CME program for a specific specialty, such as emergency medicine, pediatrics, obstetrics, surgery, or physical medicine and rehabilitation. • Develop at least one specialty-specific CME program each year. • To ensure that speciality-specific OMM courses are relevant, include in the faculty Academy members who practice those specialties. • The Academy's specialty-specific CME courses should be a combination of live seminars and webcasts. |
| Action | <ul style="list-style-type: none"> • By March 2016, develop social media content (Facebook, Twitter, LinkedIn, etc.) designed to attract health care professionals from the United States and other countries to join the Academy across all membership categories. • Track the number of new members obtained through the Academy's social media, with the goal of increasing that number 10% per year. |
| Goal No. 2 | In light of the proposed single GME-accreditation system, develop a marketing strategy by Jan. 1, 2017, to invite allopathic physicians to become members. |
| Partners | Membership Committee, Publications Committee, Postdoctoral Standards and Evaluation Committee, PAAO and SAAO. |

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| Action | <ul style="list-style-type: none"> • As the first MD graduates enter ACGME-accredited ONMM residencies and other ACGME-accredited osteopathic-focused residencies in all other disciplines, invite those residents to join the PAAO. • By July 2016, develop infrastructure to monitor MD admissions to osteopathic-focused residency programs. • By July 2016, develop a system to identify accredited MD schools that offer osteopathic curricula, and invite those students to join the SAAO. |
| Action | <ul style="list-style-type: none"> • By March 2017, begin targeting those MD graduates and students who successfully complete the Academy's CME offerings or other CME courses that meet the requirements to enter ACGME-accredited osteopathic-focused residency programs, and invite them to join the PAAO or SAAO, respectively. |
| Action | <ul style="list-style-type: none"> • By March 2016, modify the Academy's bylaws to allow MDs who completed ACGME-accredited osteopathic-focused residencies in any discipline to be full members of the Academy. • By March 2016, review the Academy's bylaws to determine whether to increase the benefits provided to AAO associate members who have not completed ACGME-accredited osteopathic-focused residencies, such as becoming eligible to serve as members of the Board of Governors and the Board of Trustees. |
| Goal No. 3 Increase scholarly activities among the Academy's student members. | |
| Partners | Louisa Burns Osteopathic Research Committee, Membership Committee, PAAO and SAAO |
| Action | <p>Enhance the profession's research infrastructure in the following ways:</p> <ul style="list-style-type: none"> • Recruit a student leader for the Student Osteopathic Academic Research (SOAR) group at 75% of osteopathic medical colleges by July 1, 2016, and at 100% by July 1, 2017. • Identify a faculty adviser for SOAR at 75% of osteopathic medical colleges by July 1, 2016, and at 100% by July 1, 2017. • Ensure that 50% of osteopathic medical colleges conduct monthly SOAR meetings by July 1, 2017, and that 100% do so by July 1, 2018. |
| Action | <p>Engage students in the basics of research by July 1, 2017:</p> <ul style="list-style-type: none"> • 25% of SAAO members receive training in research proposal writing. • 75% of SAAO members trained in proposal writing write documents worthy of posting on the AAO's website. • 10 SAAO members a year become involved in research that could be published in peer-reviewed journals. |
| Goal No. 4 Academy's Mentorship Program will be fully functional by July 1, 2017. | |
| Partners | Membership Committee and SAAO |
| Action | <ul style="list-style-type: none"> • The Mentorship Program's match process will be completely online by July 1, 2017. |
| Action | <ul style="list-style-type: none"> • By July 1, 2016, launch a marketing campaign to promote the Mentorship Program, using such vehicles as Academy publications, AAO social media and AAO courses. |
| Action | <ul style="list-style-type: none"> • Increase the number of protégés and mentors participating in the Mentorship Program by 25% per year. |

| Advocacy and Partnership | |
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| Goal No. 1 | Develop an outreach program to educate physicians and health insurers on NMM/OMM, as well as OMT coding and billing. |
| Partners | Osteopathic Medical Economics Committee, Education Committee, Postdoctoral Standards and Evaluation Committee, PAAO, the American Osteopathic Information Association (AOIA) and the American Osteopathic Association (AOA) |
| Action | <p>Establish a stronger relationship with the AOIA Department of Practice Management and Delivery Innovation (formerly part of the AOA):</p> <ul style="list-style-type: none"> • By July 2015, work with the AOIA to develop information packets on OMT for office managers and patients. • Beginning in January 2016, disseminate through <i>AAO Member News</i> quarterly updates from the AOIA on issues related to OMT coding and billing. • Beginning in January 2016, work with the AOIA and the AOA to disseminate information on OMT billing and coding to the Association of Osteopathic State Executive Directors and the Society of Osteopathic Specialty Executives. • Beginning in July 2017, work with the AOIA and the AOA to petition health insurers to list <i>osteopathic manipulative medicine</i> as a specialty in their directories of network physicians. As part of this effort, advocate for insurers to recognize of AAO board certification in NMM/OMM. |
| Action | <p>Become a resource on OMT coding and billing for state and specialty osteopathic medical associations:</p> <ul style="list-style-type: none"> • By July 2015, identify OMT experts in each state and specialty to support each state and specialty association. • By July 2016, prepare talking points for payment advocacy for state and specialty associations. |
| Action | <p>Encourage state osteopathic medical associations and other entities that conduct live CME to offer educational sessions similar to the Academy's Osteopathic Education Service:</p> <ul style="list-style-type: none"> • Develop a "packaged program" to offer to these organizations, recruiting Academy members to provide hands-on education during these services to practicing physicians, residents and students. • Provide model forms for consent and findings, as well as guidelines for conducting Osteopathic Education Services. • Recruit one-quarter of state organizations to establish Osteopathic Education Services by the spring of 2016, one-half by the spring of 2017, and three-quarters by the spring of 2018. |
| Goal No. 2 | |
| Goal No. 2 | Provide educational resources to AAO members that support the economic viability of OMT in the clinical setting. |
| Partners | Osteopathic Medical Economics Committee, Education Committee and Louisa Burns Osteopathic Research Committee |
| Action | <ul style="list-style-type: none"> • Begin conducting at least two live seminars or webinars per year on practice management specific to OMM by Jan. 1, 2017. • Provide coding and billing information at every major AAO CME program, and include discussion time with the expert presenters for all coding and billing presentations. |

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| Action | <ul style="list-style-type: none"> • On an ongoing basis, thoroughly explore opportunities to add nomenclature from the <i>Glossary of Osteopathic Terminology</i> to national and international searchable databases, such as the MeSH thesaurus, SNOMED Clinical Terms, and the United States Health Information Collaborative. For this purpose, gather interested parties, such as Louisa Burns Osteopathic Research Committee, the American Osteopathic Association, the American Association of Colleges of Osteopathic Medicine (AACOM), the American College of Osteopathic Family Physicians, the American College of Osteopathic Internists, the American College of Osteopathic Pediatricians, The Osteopathic Research Center and DO-Touch.Net. |
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| Goal No. 3 | Use the single GME-accreditation system to advance osteopathic medicine to the rest of the medical community. |
| Partners | Postdoctoral Standards and Evaluation Committee, Education Committee, AAO Board of Trustees, the Louisa Burns Osteopathic Research Committee and the Foundation for Osteopathic Research and Continuous Education |
| Action | <ul style="list-style-type: none"> • Throughout the time in which the new system is being developed, partner with the other stakeholders in the osteopathic medical profession and with the ACGME to ensure that osteopathic principles and practice are appropriately incorporated in all osteopathic-focused GME residencies. • As openings occur in ACGME governing bodies, submit nominations for all ACGME governing bodies that are relevant to the members of the Academy. |
| Action | <ul style="list-style-type: none"> • By July 2017, become a repository of useful tools, such as scientific literature and teaching tools, for ONMM residencies and other osteopathic-focused residencies. These tools should include specialty-specific resources. To reach this goal, partner with such other organizations such as the AOA Council on Research, AACOM, The Osteopathic Research Center, DO-Touch.Net, the American College of Osteopathic Family Physicians, the American College of Osteopathic Internists, and the American College of Osteopathic Pediatricians. • Support or adopt the resources of AACOM's Educational Council on Osteopathic Principles for the Academy's repository by July 2017. |
| Action | <p>Build a train-the-trainer educational infrastructure for osteopathic neuromusculoskeletal medicine:</p> <ul style="list-style-type: none"> • By October 2016, identify interested parties with which to collaborate, including (1) key osteopathic and allopathic medical organizations in related specialties, such as family medicine, physical medicine and rehabilitation, orthopedics, pediatrics and rheumatology; (2) key individuals associated with osteopathic-focused residency programs; and (3) MDs and other individuals outside osteopathic medicine who already have knowledge of the potential benefits of osteopathic medical care. • In the spring of 2017, conduct summit of interested parties to discuss and collaborate on building an osteopathic-focused educational infrastructure for DO and MD trainers and residents. • Develop teaching materials from such resources as standards of existing osteopathic programs and FIMM Guidelines on Basic Training and Safety for Manual Medicine. • Launch train-the-trainer programs by the spring of 2018. |