2015-16 PRESIDENT’S REPORT  
DORIS B. NEWMAN, DO, FAAO

Welcome to another, much anticipated gathering of like-minded osteopathic physicians who believe in and practice the tenets of the osteopathic concept. It is with gratitude and condolences for a life well lived that I wish to express to the family and close friends and colleagues of Viola Frymann, DO, FAAO, FCA, for the recent loss of this osteopathic visionary. She was a leader, a scholar, a mentor, and an osteopathic champion for children who brought honor and excellence to the Academy and to the profession.

When I began this year, I didn’t have an expansive goal or agenda for the organization. I simply hoped to do the best job I could and hang on and not screw up too badly. In retrospect, I am glad that was my approach as I could have never predicated the issues and challenges that the Academy would face. I can truly say that your Executive Committee is a group of individuals with definite opinions they are willing to express and are some of the most professional physicians I have had the honor of working with.

I want to follow up my email on the topic of the Executive Director transition by saying how grateful I am to the support of the physician leaders and the many skills and tireless dedication to the Academy our former Executive Director Michael Fitzgerald exhibited and want to wish him all of the best in his future endeavors. At the same time, I welcome and whole-heartedly thank Sherri Quarles for taking on the interim Executive Director post. I am excited to work with Sherri and know that under her direction, the Academy’s future is in good hands. The Executive Committee, under your incoming President Dr. Griffin will continue to meet monthly and give the support, guidance, and direction that will be required in the days to come.

What an eventful year. As your President, I continue to be amazed at the dedication Academy members have to the study, practice and research of the principles put forth by A. T. Still, MD, DO, and I remain grateful that I am one of the lucky souls to find this work and to belong to this family of osteopathic medicine.

During the year, I represented the Academy:

• as the AAO’s delegate to the AOA’s 2015 House of Delegates.
• at the AOA’s 2016 Osteopathic Medical Education Leadership workshop where I learned about physician burn-out and promptly scheduled my vacation immediately following Convocation.
• attended and networked at the open sessions of the AOA’s Board of Trustees meetings in July 2015 and February 2016.
• during the February AOA BOT meeting, I participated in an AOA Town Hall on public policy and discussed the epidemic of prescription drug misuse, abuse and related mortality and what the osteopathic approach might be, to which I pointed out the “osteopathic approach” is like any logical medical approach: educate, advocate, research and remember the AAO-sponsored resolution at the 2014 AOA HOD regarding the safety profile of using OMT in chronic low back pain. Let’s use our skills in a way that moves our patients towards, not away from health.
• during OMED, with our former Executive Director, I attended the AOA’s research group meeting, I lectured with Dr. Ferrill for the ACOP group, I met with each of our committee chairs that expressed a desire to do so, and I held a phone conference “town hall” style meeting for all persons interested in what the heck happened concerning the LBORC debacle.
• continued to collaborate with the leadership of the ACOFP by having meetings to discuss opportunities for collaboration. I attended the ACOFP’s committee on OMT.
• collaboration with the ACOP by supporting their CME programs with lectures on OMT in pediatric populations along with Dr. Ferrill.
This past year has been the “year of the task force.” Your board of trustees is playing a more active role in several ways. First, they have stepped up to chair numerous task forces necessary for immediate work of the Academy.

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<th>TASK FORCE</th>
<th>BOT CHAIR(S)</th>
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| Membership Documentation Reorganization         | Cathie Kimball, DO Doris Newman, DO, FAAO | - The list of committee members was redesigned to help identify possible open positions for interested AAO members to get involved  
- This change gives ongoing members a time frame for they and the chair of the committee to determine their engagement and interest to continue  
- At this time, although there are terms listed (2 to 3 years) there are no term limits, so individuals may continue to serve as long as they and the chair see fit |
| Website Redesign                                | Cathie Kimball, DO Jessica Smith, DO | - Identified an IT company to redesign the AAO website  
- Will be holding meetings with all committee chairs or liaisons to discuss content  
- Will continue to guide the IT Committee through the transition and develop appropriate ongoing communication processes |
| White Paper on MD training to enter Osteopathically Recognized ACGME Residency Programs | Laura Griffin, DO, FAAO | - Dr. Griffin worked with the full board to develop a white paper on osteopathic training for MD grads  
- The paper was completed in early November and published in the AAO Member News and widely distributed to concerned entities  
- The task force is closed |
| Osteopathic Training development for allopathic graduates (GME and other) AND Joint Task Force AAO and ACOFP on Osteopathically Focused Training for MDs | Heather Ferrill, DO, MS MEdL “Build it they will come” task force | - This task force is just being formed to deal with all of the challenges and opportunities that face the Academy and the larger osteopathic profession regarding MD graduates who will, for the first time in history, be allowed to enter (and compete with DO graduates) in traditionally osteopathic GME programs.  
- POTENTIAL GOALS INCLUDE:  
  1. Work with AAO’s EdCom to continue to expand and advertise hands-on workshops, basic to advanced with clear prerequisites. Make these programs a dependable resource for residency program directors, OPTIs, student and resident trainees.  
  2. Identify criteria as a guideline to residency program directors and ACGME RCs what aspects of training should be required in workshops, such as 8:1 student:trainer ratios, etc.  
  3. Work with ACOFP to capitalize on the strengths of both organizations to promote osteopathically focused training in ACGME programs. ACOFP has well organized and presently available on-line modules. AAO has hands-on workshops and is expanding.  
  4. Consider presentations at future ACGME programs to educate MD and DO trainers about how to precept osteopathic manipulation in ACGME residencies.  
  5. Identify quality programs presently in existence that meets the AAO criteria, such as MSUCOM, UNECOM, Osteopathic Network of the NW in Washington, etc. We
2015-16 President’s Report Continued

| Long Range Political Plan | Various Leaders | • This is a very important discussion that is being had in your BOT. Basically, in 1996, the AAO leaders of the day saw fit to identify Academy leaders who are also interested in broader leadership in the osteopathic community. None other than Boyd Buser, DO, former Academy president and today president-elect of the AOA, was a part of that group. Twenty years later, I think they met their goals.

• This kind of forward political thinking and partnering needs to continue to be in the forefront of the AAO’s mind. At the 2015 AOA House of Delegates, the Academy was able to reach each and every AAO member, over 80 of the delegates were also Academy members, and we were able to let those delegates know the AAO’s perspective on important resolutions before the house. It is in understanding the significance and communicating with our members that the Academy can continue to have our collective osteopathic voice heard.

| Long Range Investment Plan | Doris Newman, DO, FAAO
Mark Cantieri, DO, FAAO | • This task force is just getting underway. The members will have a series of educational sessions on investment strategies for non-profit organizations and then work to develop a solid investment strategy for the Academy.

• At present, there is no organized investment strategy so this goal will be completed within the next 6 – 8 months.

Recalling the four focus areas of the Academy’s 2015-2018 Strategic Plan:

COMMUNICATION AND TECHNOLOGY:

The Website Task Force and the IT Committee are working closely with the Academy staff to create a state of the art, interactive web experience for Academy members. The outreach will include liaisons from each of the committees, PAAO and SAAO for input from all factions on what needs each has for their portion of the website. We will have interactive communication pages for committees and password access to committee minutes for each necessary party, such that the communication between committees who have overlapping concerns can be met with minimum redundancy.

EDUCATION:

During my presidency year I had the honor of presenting lectures and hands-on training at the following conferences:

• the American Podiatric Medical Association’s annual conference to a very engaged and interested group of podiatric physicians,

• at the AOA ROME New England with my mentor, George Pasquarello, DO, FAAO,

• at the Florida Society of the ACOFP conference,

• at the joint conference of the American College of Osteopathic Pediatricians (ACOP) and the American College of Pediatricians (ACP) in Fort Lauderdale,

• and again for the ACOP during OMED.
I attended the February 2016 EdCom meeting in Indianapolis. EdCom has been working on creating live CME programming that offers high quality and value for practicing DOs and osteopathic students and identifying which of the AAO programs continued to realize net profits for the Academy and which needed to be addressed either by moving the timing or location of the program or deleting it in some cases. The board appreciates the hard work this committee continues to do on behalf of the organization and wants all of our members to understand that other than dues and generous donations to the Golden Ram, these programs are the only source for revenue generation at the AAO.

Back at my “day job” at Nova Southeastern University, I received a promotion to Assistant Dean of Osteopathic Medical Education, in charge of our 3rd and 4th year clinical rotations. In this position, I am intimately involved in the challenges our COMs face with the competition for quality clinical rotations for our students. The competition comes from many directions including our sister colleges, allopathic colleges and off-shore private medical colleges, some of whom pay as much as $2000 per student per rotation for this training. Many of our traditionally osteopathic training institutions must often reject the volunteer physician training model that the osteopathic nation was raised on in favor of the financial remuneration. I continue to teach OPP skills labs in the NSUCOM CEME OPTI to about 120 residents in a live setting with another 20-30 in remote sites with onsite OMT trainers. We have employed the “train-the-trainer” model for remote, webcast OMT skills labs so that at each of the institutions, there is an experienced osteopathic physician doing the hands-on-portion of the lab.

As your leadership, we have been monitoring and joining a coalition of specialty college executives in responding to the AOA’s resolutions during the mid-year BOT meeting concerning CME requirements changes. One such resolution that originally called for allowing up to 30 Category 1-A credits to be obtained online and would have set in motion a practice that could lead to the closure of many of our specialty colleges and inhibited others, such as the Academy from the bulk of the revenue generation that we enjoy today. In its final draft approved by the AOA BOT, the resolution called for more study of the issue and for mandatory inclusion of the colleges’ executive directors in the discussion. It is this sort of engagement and oversight that the AAO provides that must be maintained in the years to come. One way we make our voices heard is through the dedication of our members, such as Claire Galin, DO, whom we nominate for service on important AOA committees such as this one, the Committee on CME.

LEADERSHIP TRAINING:

As the Academy’s world expands, so too will the issues. The board has been hosting an annual leadership development workshop at OMED with BOT and committee chairs with BOG invited if they are in attendance at the conference. October of 2016 we had a professional speaker as well as three past presidents of the AOA deliver important messages. The board continues to explore cost effective leadership training for our board and committee chairs and when soliciting volunteers on committees, will need to begin to identify members with particular areas of expertise or interest. This is in part why I have asked new and returning committee volunteers to complete an “application” to serve. We need to know you better.
MEMBERSHIP AND MENTORSHIP:

A few years ago the Board of Governors rejected a proposal to develop bureaus led by BOT members with committees assigned to each bureau. The board and committee chairs continue to search for improved two-way communication. Also over the last few years, the Board of Trustees’ members have each been assigned to liaison posts on each committee in an attempt to improve communication. This year we took the Board of Trustees’ liaison positions to a new level, and while the committee chairs remain responsible for submitting committee reports and resolutions to the board for each of our meetings, this year the board liaison has been verbally delivering a synopsis of that report. This has had the effect of the liaisons being more actively engaged in the communication from the chairs, functioning as an advocate and “voice of the chair,” and requiring an in-depth knowledge of the work of the committee. It is my expectation that this protocol will continue and Dr. Griffin and the Academy staff and I are working closely to continue to rotate our board members around these committees in order for them to develop a global knowledge of the work of the committees in preparation for one day serving on the executive committee.

Although the topic of research was not included as one of the top 4 priorities of the Academy, it is through quality research and publication that any organization, especially osteopathic medicine, will meet its other goals. The LBORC has been functioning for many years as a think tank of sorts and was instrumental in identifying the absence of searchable mesh terms during literature searches. LBORC has developed a quality physician-student advocacy on research, expanding and improving the quality of the research poster competition, and gathering groups of leaders across the scholarly community to discuss such issues. Taking a more narrow and cost-effective focus of the work of this committee, the expansive think-tank model was altered this year. This act and an error in communication on my part and on the part of our former executive director, led to the very public resignation of the chair and the co-chair of this committee. It is with deep humility that I offer my sincere apology to you, our members for any discomfort in this discourse you may have felt. Through this transition I am delighted that former Academy President, Mickey Seffinger, DO, FAAFP, was willing and able to step in as chair of the LBORC through about September and has assisted in stabilizing this committee. I am also delighted to inform you that the poster competition the LBORC is coordinating is the largest ever.

A number of our committees have activities concerning mentorship, including the Membership Committee and the LBORC, and as we improve communication and eliminate redundancy, I believe our efforts will succeed.

ADVOCACY AND PARTNERSHIP:

Although the Board of Trustees retired the International Affairs Committee several years ago, Academy members and governors continue to be involved in international committees and organizations. AAO members populate the Osteopathic International Alliance with former president, Dr. Carreiro as the Chair as well as the Federation of International Manual Medicine with Dr. Kuchera being on the board. The AAO leadership needs to consider “reconstituting” the International Affairs Committee and setting specific goals and objectives. We can’t be all things to all people but we can lend our voice to the conversation of osteopathic medicine locally, nationally and internationally.
OMEC:
I have been closely involved with the former chair of the Osteopathic Medical Economics Committee, Gail Dudley, DO, who had to resign due to a family illness. Stepping in to fill the void and lend his expertise to issues of national concern, one community at a time, was Doug Jorgensen, DO, FAAO. Issues of 3rd party payor policies that discriminate against physicians practicing OMT have been non-stop. The Academy has made numerous efforts at being a part of the solution and an advocate for our members through the guidance of the OMEC and with ongoing communication and collaboration with the AOA’s Practice Management and Delivery Innovations Department Associate Executive Director, Monica Horton. Monica is responsive and the Academy should be a part of the advocacy and the solution for our members having issues.

The AAO has realized some budgetary challenges this year as we have not seen in previous years. There are a number of causative factors for these challenges. Several solutions to the budgetary issues may include:

1. Review the membership dues that we presently charge and looking at industry standards consider a dues increase.
2. Help the membership understand the need for their generosity to the Golden Ram Society as unrestricted funds so that the board has leeway to meet the demands where they exist.
3. At the same time it is imperative that our members understand how your donations to the FORCE are used. The FORCE hopes to be the research funds granting arm for osteopathic research. Where FORCE donations will go towards longer term, larger research projects, the Academy, through LBORC and several restricted funds, will focus our efforts on smaller pilot projects or partial funding of research projects.
4. We have encouraged the Committee on FAAO and encourage those eligible members to increase the applications of osteopathic physicians to apply for the FAAO designation.
5. The Board has expressed its ongoing support of FORCE however, the finances of our fledgling foundation must be more independently identified as supporting osteopathic education and research as a separate entity from the AAO. Any accounting overlap has been teased out, and it is my hope that both organizations will be able to help you target your resources to that entity which supports your ideals and values.
6. We are considering reconstituting the AAO committee on fundraising to take a hard look at ways to increase our revenue.

At the end of the day, the work seems endless, the needs are everywhere, and the Academy needs you, our members to reflect on your expertise and offer a hand, look in your wallets and give as generously as your spouse will allow you to, and finally step forward as mentors to teach and carry on the work of our predecessors because to help a patient find health, is the point.

Doris B. Newman, DO, FAAO