2017-18 PRESIDENT-ELECT'S REPORT CATHERINE M. KIMBALL, DO

This past year as the American Academy of Osteopathy's president-elect, I have represented the AAO at various events. In April at the Oklahoma Osteopathic Association, I gave a talk on the state of affairs at the AAO and was treated with wonderful hospitality.

I briefly attended the Education Committee meetings in August and February via phone. Rebecca Giusti, DO, was confirmed as Convocation Chair for 2019 in Orlando. Our theme was confirmed: Leading, Expanding, and Cutting; The Edges of Osteopathic Medicine.



The Osteopathic Medical Economics Committee held teleconferences in September and in January. This committee continues to work in task groups on various resources for Academy members concerning osteopathic manipulative medicine, MACRA and reimbursement issues for physicians practicing osteopathic manipulative treatment.

I attended The Osteopathic Cranial Academy conference in June as a table trainer in Minneapolis, Minnesota, and I enjoyed the camaraderie the meeting provided.

I participated in AAO Executive Committee teleconferences in May, August, December of 2017, and January 2018.

In July 2017, I attended the American Osteopathic Association's annual meeting and House of Delegates meetings after the AAO Board of Trustees meeting in Indianapolis. I was an alternate delegate and watched closely as our president, Michael P. Rowane, DO, MS, FAAFP, FAAO, worked tirelessly to bring forward our position paper on pelvic examination. Though the resolution did not pass, we made a lot of connections to continue our work and hope to bring it back to the House of Delegates this summer.

The AOA Osteopathic Medical Exposition (OMED) was in Philadelphia in October. We had AAO Board of Trustees and Leadership meetings and accomplished a lot.

In January, I attended the AOA's sponsored Leadership, Education, Advocacy & Development (LEAD) conference in Austin, Texas. This was a combined program from the Advocacy for Healthy Partnerships (AHP) and Osteopathic Medical Educators & Leaders (OMEL) conferences.

This year, the AOA Board midwinter meeting was in Ft. Lauderdale, Florida, in February.

There were BOT meetings in November in Indianapolis and a teleconference in February.

The AAO has created and utilized a robust strategic plan. We continue to collaborate more and more with the American Osteopathic Association and other AOA component societies of our profession to support our members. I will continue to support the AAO's mission of education and to advocate for all aspects of our membership, from students to practicing physicians to faculty and residency directors.

Catherine M. Kimball D.O.

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