Results of the 2016 OOA Strategic Focus Groups

PREPARED BY

CAVANAUGH HAGAN PIERSON & MINTZ

MAY 2016

Focus Group Overview

In January 2016, the Ohio Osteopathic Association (OOA), in cooperation with the Osteopathic Heritage Foundations, Ohio University Heritage College of Osteopathic Medicine, and Centers for Osteopathic Research and Education, launched a major planning initiative to set the future direction for the association and for osteopathic medicine in Ohio.

As part of the planning effort, interviews with 10 key thought leaders were conducted in February 2016 to identify major issues, opportunities and challenges facing osteopathic medicine and osteopathic medical education. The interview process was followed by an online survey that provided an opportunity for input from a broad cross-section of the osteopathic medical community in Ohio, including osteopathic physicians, medical educators, residents, students and hospital executives. Almost 400 respondents (members and non-members) participated in the survey process.

As the final step in the data collection process, three focus groups were conducted by Cavanaugh Hagan Pierson & Mintz, the consulting firm assisting OOA in the strategic planning process, during the 2016 Ohio Osteopathic Symposium. The three groups included: **(1) OOA board members [8 participants]; (2) osteopathic medical students [5 participants]; and (3) representatives from the graduate medical education community [6 participants].**

The results of the data collection effort were used to inform the planning discussions at the May 2016 OOA Strategy Summit.

Questions Explored in the Focus Groups (*not all questions discussed with all groups*)

- Community building (*promoting a sense of osteopathic identity and creating opportunities for networking*) is a core and historic focus of OOA's work, but its level of importance was rated lower than many of the other programs and services provided. Do you look to OOA for a sense of community? What can we do to strengthen these opportunities?
- Education (*providing quality continuing medical education and life-long learning opportunities*) was listed as the most important program OOA offers. Most survey respondents noted that they were satisfied with the quality of OOA's educational programs (CME), but that there is some room for improvement. What do you see as the future of CME? What suggestions do you have to strengthen OOA's educational programs?
- "Navigating the shift to the single accreditation system and supporting osteopathically-recognized residency programs" and "promoting a strong sense of osteopathic identity among medical students and residents" were listed as top priorities for OOA in connection to osteopathic medical education. Many respondents noted the link between these two issues. What role do you see OOA playing in helping to navigate the shift to SAS? To promote a strong sense of osteopathic identity among students and residents?
- Helping members navigate the "shift to a focus on the triple aim," the "shift in the reimbursement system (focus on quality and care management)" and the "shift to patient-centered team-based care" were suggested as key priorities for OOA's focus in the upcoming years. What role do you see OOA playing to help members navigate these changes to the healthcare environment?
- As the healthcare delivery system increasingly moves toward interprofessional and collaborative team-based care, the question of whether OOA should expand its membership to include other health professionals who share our osteopathic values and "practice osteopathically" (e.g., MDs in osteopathically-recognized residencies, other healthcare providers connected to osteopathic physician practices, any health professional who shares our values). What is your opinion about the future membership? What do you see as the pros and cons of the different models?

A Question of Osteopathic Identity

Across all three focus groups, the question of "osteopathic identity" was a key topic, particularly given the desire to grow OOA's membership, the transition to the Single Accreditation System and the equal acceptance of osteopathic physicians within health systems and among the public (*though there is a difference between acceptance and awareness*).

Three distinct definitions of identity were shared during the focus groups: *osteopathic physicians, physicians who practice osteopathically*, and *physicians*.

How the OOA navigates this question is more than a matter of semantics. It influences the mission of OOA, the definition of membership, the level of "family or community" desired, and the types of programs offered, among other factors.

As one participant in the GME focus group noted, being an osteopathic physician used to be a *group* identity. If you were a DO, you trained within the osteopathic community, practiced in osteopathic hospitals and referred to other osteopathic physicians. Today, having won the battles for professional equality, being an osteopathic physician is more of an *individual* sense of identity. DOs are now osteopathic by choice, not by requirement. This presents both opportunities and challenges for the OOA as it plans for its future.

Do Today's DOs Want a Professional Home?

OOA's vision is to be the "professional home" for all osteopathic physicians in Ohio. But as noted earlier in this report, not all DOs identify as osteopathic physicians. And many of those who do identify as osteopathic physicians aren't looking for a professional home outside of their work place.

- Younger DOs are more likely to be employed by a large group practice or health system, and may consider their employer to be their professional home. (*Board and Student focus groups*)
- Specialists tend to look to their specialty academies as their "professional home," particularly as OOA provides them with limited opportunity for CME. (*Board and GME focus groups*)
- Many younger professionals (regardless of profession) aren't looking to associations to provide "community." They do their job and then go home to their family or personal community. (*Board and Student focus groups*)

The Future of OOA Membership (Part One): Two Types of Members

According to focus group participants, one size will not fit all when thinking about the engagement of future members.

Based on feedback from the focus groups, most OOA members are interested in the Association's education and advocacy programs. They will show up for their CME and value the advocacy work, but will not actively engage. (*Board and GME focus groups*)

A small subset of members will be highly engaged, participating in OOA's education and advocacy efforts PLUS leadership development, mentoring, networking, and community/family. (*Board and Student focus groups*)

This is consistent with the joining patterns being experienced by membership associations nationally. As one participant in the Board focus group stated, this change in member expectations for engagement raises a new question for OOA: "how do you measure your success?" Another participant in the board focus group noted that "If we expect everyone to be highly engaged, we will be consistently disappointed. But if no one is highly engaged, we have to ask whether we are needed."

The Future of OOA Membership (Part Two): *Physicians Who Practice Osteopathically*

There was a strong sense that the membership of OOA should remain "physician based." (*Board, Student and GME focus groups*)

With the transition to the Single Accreditation System, however, there will soon be a cohort of MDs training in osteopathically-recognized residency programs who will "practice osteopathically" throughout their careers. In addition, there is a subset of MDs who have expressed interest in learning and incorporating some aspects of OPP and OMT into their practice. Many of these physicians share the values and approaches traditionally aligned with osteopathic practice.

In light of these changes, there was a high level of support across all three focus groups to consider opening membership in OOA to MDs who have trained in osteopathically-recognized residency programs.

A majority of participants also supported opening membership to any MD who wants to be connected to the osteopathic community, though at a level slightly lower than for those MDs who have gone through osteopathically-recognized residency programs.

While not recommending that membership be opened to other health professions, in light of the shift to more interprofessional practice and collaborative care teams, there was an openness to engaging other health professions in OOA's CME programs and conferences, as appropriate. (*Board and GME focus groups*)

The Future of OOA Membership (Part Three): *Osteopathic Medical Students and Residents*

Focus group participants noted the critical importance of engaging osteopathic medical students in the association from "Day One" of their educational process (or even upon acceptance into medical school) for two key reasons: (*Board and Student focus groups*)

- Younger DOs are the future of the profession, and comprise the largest segment of osteopathic physicians. "If we cannot engage this cohort of DOs, there is no long-term future for the profession."

- With the transition to the Single Accreditation System, it could be hard to build strong connections with many DOs once they enter residency (particularly those DOs not entering osteopathically-recognized programs).

Therefore, OOA needs to demonstrate value and relevance to OMS throughout their educational journey – and then keep them as members throughout their residency and professional careers.

There was also consensus that it would be easier to engage younger DOs to join for the "first time" than to try to recapture older DOs who may have more strongly held opinions about OOA.

The Students’ Perspective on Why Students and Residents Lose Their Osteopathic Identity Over Time

Student participants in the focus groups noted that there is a split within their classmates between those who “identify osteopathically” and those who don’t from the very first day of medical school. This split seems to grow over time for a number of reasons reasons:

- In OMS 1, there is a split between those with a strong sense of osteopathic identity and those that “just want to be physicians.” This leads to some frustration with the COM about who they admitted to the class.
- In OMS 2, there is a primary focus on passing the boards. Students perceive COMLEX to be more “random” and therefore difficult to study for, while USMLE is more structured and easier to study for. In addition, COMLEX doesn’t stress OMM. Given the high stress environment, this causes some resentment about students’ osteopathic identity and raises questions about why such an emphasis is placed on OMM if it isn’t on the boards.
- In OMS 3, students reported entering clerkships with physicians who don’t practice osteopathically and who don’t serve as good role models for osteopathic physicians. This has led students to question the connection between what they are learning in school and the realities of practice.
- In OMS 4, students are focused on their residencies. Students start splitting into specialties, and the sense of connection with the larger osteopathic community is reduced.
- In Residency: A significant percentage of students go into allopathic residencies, limiting their connection to the osteopathic community. For those that enter OGME (now osteopathically recognized programs), OPP still matters but GME focus group participants noted there isn’t a lot of time for OMT in the hospital setting. If physicians in the hospital are not utilizing OMT, their residents won’t either.

How OOA Can Demonstrate Relevance and Value to Osteopathic Medical Students

The osteopathic medical students who participated in the focus groups were clear: their primary, and at times exclusive, focus is on medical school, leaving little time for engagement in outside groups like OOA. For the OOA to be relevant to them, the Association needs to "provide answers to the problems we are facing" and to provide these services at the moment they are needed (just-in-time).

While developing a stronger osteopathic identity might be beneficial to this group for the long-term, they reported that their focus is on today. If OOA isn't providing tangible value in real time, students won't engage.

Students noted that the needs of medical students, and the opportunities for them to connect with OOA, change from year to year.

Participants suggested that OOA could develop a stronger relationship with the Student Government at each school. This group of students has already self-identified as valuing their osteopathic identity and have expressed an interest in taking a more active role in policy and advocacy issues.

Across all four years, students noted that they would benefit from mentorship and just-in-time guidance to students. "It would be great if there was someone who could answer my questions when I'm dealing with a situation. It would be great to get insights and advice from residents who have recently been dealing with the same issues I'm facing now. And it would be nice to have access to mentors who are practicing physicians who can help me think about the future."

Providing a sense of community and "family" is important to a subset of osteopathic medical students, but the majority likely want more episodic engagement.

The Needs of Osteopathic Medical Students Vary from year to year and Need to be Addressed Accordingly

- OMS 1: Are excited (and a bit anxious) about their new professional journey. They are looking to understand what "a day-in-the-life" of a DO looks like and the career options available to them. They would benefit from general mentorship – and food (*if you feed them, they will come*).
- OMS 2: Are stressed and focused almost exclusively on passing the boards. They are looking for anything that can help them with the boards (e.g., board prep courses) – and food (e.g., study breaks during board prep).
- OMS 3: Are beginning to think more specifically about career options and are entering into their clerkships. They are looking for high quality clerkship opportunities with DOs who practice osteopathically (e.g., good role models, strong focus on OPP, some exposure to OMT in practice) – and food (e.g., small group dinners with mentors)
- OMS 4: Are focused on their residencies. They are looking for help navigating the residency selection process (e.g., which programs are DO friendly, how to select a residency), mentorship – and food.

Dues: Demonstrating Value

The topic of member dues and member value came up in two of the focus groups (*Board and GME focus groups*). While the monetary amount of the dues was cited as a perceived barrier for some people to join OOA, the group acknowledged that the larger issue is demonstrating the value of OOA membership. Value was defined as the perceived quality of the programs and services received versus the cost.

- OOA's educational programs were perceived as high value and high quality among focus group participants. Several suggestions were made to increase the value of these programs which are listed later in this report. Many of these suggestions relate to more clearly communicating and demonstrating how the content of these programs links directly to the realities of practice (e.g., how to implement in practice, how to bill for it).

- OOA's advocacy was also highly valued, though the group noted that the "free-rider" challenge means that non-members benefit from OOA's advocacy efforts regardless of their member status. This is a challenge that most professional associations face. More clearly communicating about OOA's advocacy work, and its direct implications on osteopathic physicians' practices, was recommended to increase the perceived value of this service to non-members.

- Being part of the osteopathic family was noted as a value, though different subgroups place more or less of a priority on this. Participants noted that older DOs were more likely to value being "part of the family" than younger DOs. The value of "community" is challenging to articulate, though specific aspects of it such as mentoring, networking opportunities *that advance business interests or enable you to solve problems*, and access and connections to key thought leaders provides a more tangible sense of the value provided.

- Money saving discounts and services were seen as an opportunity to articulate a more direct monetary case for the value of membership, but the transactional nature of this type of approach is unlikely to result in deep engagement over the long-term (*if they can get it cheaper somewhere else, they will go there*). Money saving opportunities are seen as an additional value to members who find benefit in the programs listed above, not necessarily as a reason to join in itself.

The Future of CME – and Niche Opportunities for OOA

Participants in the Board and GME focus groups stated that people want quality CME programs, regardless of the provider. The requirement for AOA-certified CME for osteopathic physicians has helped to position OOA as a leading provider of CME in Ohio, and has generated a significant revenue stream for OOA. However, if the requirement for AOA-certified CME went away, OOA's financial model would be at significant risk.

Focus group members noted that the market for CME is becoming more competitive, particularly with the ability to take online CME. In addition, as more physicians are employed by large groups and health systems, OOA is competing against the CME offerings provided by these organizations.

Across the three focus groups, there were several suggestions for CME programs or strategies that would create a niche for OOA as it looks to the future:

1. Providing an "osteopathic overlay" on other CME programs. As large group practices and health systems offer their own (non-AOA certified) CME programs, OOA could embed an "osteopathic overlay" to these programs and provide dual CME credits. The "overlay" would focus on the osteopathic approach to the specific topic, provide an overview of the technique, and describe how to bill for the service. It was suggested that OOA bring in "national experts" to provide these programs, as people "tend not to listen to others from their own district."

2. The "Business of Medicine" – there is a perceived gap in educational programming related to business aspects of medicine, such as transitioning from residency to practice, strategies for achieving the Triple Aim, understanding and adapting to changes in the healthcare system, and understanding and adapting to the impact of changes in government policy on practice. It was suggested that OOA partner with business schools to provide CME to provide some of these courses. Another suggestion was to convert the OOA's policy updates into more substantive "mini-programs" that provide in-depth information about policy and health system changes that will impact practice. Finally, having access to "just-in-time mentors" who can answer questions about practice management was seen as having high value to younger osteopathic physicians who are just entering practice.

The Impact of the Single Accreditation System and a Potential Role for OOA

The osteopathic medical students who participated in the focus groups expressed significant concerns (and anxiety) about the impact of the Single Accreditation System on their professional future. “We don’t know how we will fit into the new system. What rubric will we be assessed on? Allopathic schools tend to stress some things like bio-chemistry that we don’t stress at our COM. Will this put us at a disadvantage? Will residency directors understand how to translate COMLEX scores – and will they value them equally to USMLE? Which programs are DO friendly and how will we know?”

Students suggested that OOA support osteopathic medical students by providing timely, accurate and understandable information and updates about the transition to the Single Accreditation System and navigating the new system.

According to participants in the GME focus group, which included graduate medical educators, residency directors and hospital executives, the additional effort and costs associated with obtaining osteopathic-recognition makes it likely that only programs that incorporate OMT will pursue this recognition. “The message from hospital executives is to just to get accredited. Why would we add one more thing on top of all the other accreditation requirements and make it harder on ourselves?” As such, GME focus group participants believed that most programs that seek osteopathic-recognition will be primary care focused programs that incorporate OMT. Programs that are grounded in OPP might think about obtaining osteopathic-recognition, but ultimately OPP isn’t billable so there isn’t an economic argument for obtaining accreditation. The projected decrease in osteopathic graduate medical education, particularly in the specialties, is a significant concern for osteopathic medical educators, as it could impact the availability of future faculty.

There is a perceived role for OOA in supporting the development and sustainability of osteopathically-recognized programs. In the absence of the OPTI, OOA could provide CME, specifically in OMT, support these programs. OOA could also serve as a repository for research and research training, which will be increasingly important in meeting ACGME accreditation standards.

An Opportunity to Return to Our Roots?

Participants in the Board and GME focus groups noted that for many years, DOs wanted to be “the same” as MDs. Now, for all practical reasons, they are. The new challenge is to show how DOs are “different. If DOs aren’t different, than their may not be a need for separate osteopathic associations.

OPP and OMT are seen as the two key differentiators.

Participants noted that all physicians who practice osteopathically embrace OPP. However, as one participant in the GME focus group stated: “OPP isn’t billable.”

OOA can help coordinate research to demonstrate the value of OPP in terms of health outcomes and increased patient satisfaction, which are important metrics in today’s value-based care system. OOA can play a critical role in engaging the practice community in data collection efforts and research studies which investigate the impact of OPP on health outcomes.

Participants also suggested that there may be opportunities to increase utilization of OMT among the practice community. OOA could offer highly practical introductory and refresher courses on OMT *linked to specific situations* (i.e., the impact of OMT on specific disease, the use of OMT for pain treatment in lieu of a prescription for pain killers; the use of manipulative medicine as part of differential diagnosis). These courses should be highly practical, demonstrating how to use the technique easily in your practice, the impact on health, *and how to bill for it*.

With the increase in interprofessional practice and collaborative care, participants also suggested that OOA consider offering an “Introduction to Osteopathic Medicine” for MDs and other healthcare providers who work in osteopathic practices.

Focus Group Participants

Ohio Osteopathic Association Board of Trustees Focus Group
Jennifer J. Hauler, DO, Treasurer
Geraldine N. Urse, DO, President-Elect
Sean D. Stiltner, DO, Vice President
Charles D. Milligan, DO, Treasurer - Elect
Jennifer L. Gwilym, DO, District 9 Trustee
Nicholas J. Hess, DO, District 3 Trustee
John C. Baker, DO, District 10 Trustee
Doug W. Harley, DO, District 8 Trustees
Paul T. Scheatzle, DO, Past President

Osteopathic Medical Student Focus Group
Sam Novilucci, OMS II (Dublin campus) - Outgoing Co-SGA President
Andre Bown, OMS II (Athens) - Outgoing Co-SGA President
Julie Creech, OMS III, (Dayton) - Third and Fourth Year Student Liaison
Brittany Kasturiarachi, OMS II (Athens) - Officer of SOMA, and AMA student chapter
Alyssa Ritchie, OMS I, (Dublin) - incoming SGA "Prime" President
Nick Elliott, OMS IV (Dayton) - Past SGA Vice President

Graduate Medical Education Focus Group
Mark Shuter, President and CEO, Adena Health Systems, Chillicothe
Nellie D'Abate, PhD. Vice President, Organizational Development & Chief Learning Officer,Western Reserve Hospital, Cuyahoga Falls
Troy E. Hampton, DO, Fairfield Medical Center, Lancaster
Deborah Lee-Sanko, Executive Director Lake Erie Consortium for Osteopathic Medical Training
Michael E. Dietz, DO, Medical Director, Health Source of Ohio, A.T. Still University School of Osteopathic Medicine in Arizona