



OHIO
OSTEOPATHIC
ASSOCIATION

2016 Ohio Osteopathic Strategy Summit

REPORT FROM THE MAY 12-13, 2016 OOA STRATEGY SUMMIT

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APPROVED BY OHIO OSTEOPATHIC ASSOCIATION BOARD OF TRUSTEES
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Project 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. The planning effort was facilitated by Cavanaugh Hagan Pierson & Mintz, the consulting firm assisting the OOA in its strategy development process.

As a first step in the planning process, 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.

To obtain more qualitative feedback on the opportunities and challenges facing osteopathic medicine in Ohio, and the OOA's role in responding to these issues, a series of focus groups were conducted with OOA board members, osteopathic medical students and representatives of the graduate medical education community during the, 2016 Ohio Osteopathic Symposium.

The information collected was used to frame and inform the planning discussions at the May 2016 OOA Strategy Summit. The goals of the Summit were to: make collective sense of the findings from the environmental scan; inform key strategic choices facing the OOA; and outline the Strategic Framework that will guide the future of the OOA.

While much of the discussion at the Summit focused on the OOA's role, Summit participants recognized that the osteopathic community in Ohio functions as a system, and the planning effort needed to take into account the roles and contributions of the entire system not just OOA, in envisioning the future. This report summarizes the key outcomes from the Summit and recommends several next steps for the OOA and for the "osteopathic alliance" comprised of the multiple organizations contributing to the advancement of osteopathic medicine in Ohio.

The Changing Environment for Osteopathic Medicine in Ohio: Key Findings from the Environmental Scan

Following welcoming remarks and introductions by Jon Wills, OOA Executive Director, the retreat began with an overview and discussion of the findings from the environmental scanning effort, including the key themes from the thought leader interviews, the results of the stakeholder survey, and the outcomes of the three focus groups conducted during the Ohio Osteopathic Symposium. *(Note: A report of the findings from each of these data collection efforts was submitted to the OOA and distributed to Summit participants.)*

Five key questions about the changing environment for osteopathic medicine were highlighted and became the primary focus of the Summit discussions:

- How does the changing sense of “**osteopathic identity**” among DOs impact the future of OOA (e.g., composition of membership, expectations for engagement, role as a “professional home”)?
- As the landscape for continuing medical education becomes more complex, competitive and uncertain, what should be the future of OOA’s **continuing medical education** programs, both in terms of content focus and delivery strategy?
- OOA has historically focused on advocacy to ensure full and equal practice rights for osteopathic physicians and to combat systemic discrimination against osteopathic medicine. Now that DOs have achieved parity with MDs in terms of practice rights and DOs are no longer facing systemic discrimination, what should be the future of OOA’s **advocacy** efforts?
- OOA’s programs and services have traditionally been focused on the needs of, and provided value to, osteopathic physicians working in independent or small group practice. As the majority of osteopathic physicians in Ohio are now employed by large group practices and health systems, how can OOA **demonstrate value** in these health systems?
- Recognizing that the osteopathic community in Ohio functions as a system, how do we **collaborate across organizations** to advance shared goals? What are the roles and contributions of each member of the “osteopathic alliance” that is comprised of the multiple organizations contributing to the advancement of osteopathic medicine in Ohio.

Changing assumptions about the environment for OOA's work requires a new strategy and way of thinking

The Old Assumptions	The New Assumptions
Fighting for the right to practice	Legal parity with allopathic medicine
Fighting systemic discrimination	Dealing with individual bias
Independent / Small group practice	Health system / large group practice
Separate hospitals (and fighting for reimbursement)	DOs and MDs working side-by-side in hospitals
5 Colleges of Osteopathic Medicine	33 COMs at 48 teaching locations in 31 states
DOs comprised less than 10% of physicians nationwide	DOs comprise more than 20% of physicians nationwide and are projected to comprise 25% within 10 years
DOs practice patient centered care	All physicians (claim to) practice patient centered care
In-person	In-person and online
Few women	50% women
Perception as not being as good as MDs	Perception of being equivalent to MDs
Always fighting	Detente

Delivering on the Promise: The Next Vision for Osteopathic Medicine in Ohio

Since its founding in 1898, the OOA has provided vision and leadership for the osteopathic medical community in the state. Reflecting on the history of osteopathic medicine in Ohio, the group identified four major milestones that have resulted from the vision of the shared association and its members:

1. Achieving full practice rights
2. Developing the osteopathic hospitals and obtaining reimbursement
3. Creating the OU (Heritage) College of Osteopathic Medicine to educate osteopathic physicians in and for Ohio
4. Launching the CORE (HPERN) to support and advance research and graduate medical education

Looking to the future, Summit participants identified the next “state-wide vision” for osteopathic medicine:

5. Improving the health of the people of Ohio by delivering on the promise of osteopathic medicine

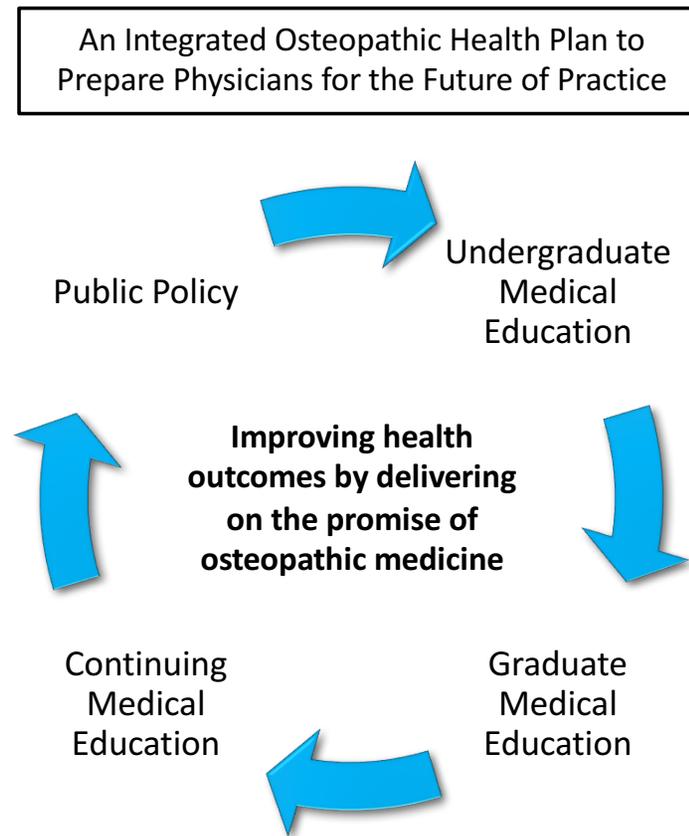
Delivering on the promise of osteopathic medicine means preparing the kind of physicians Ohio needs to advance health in our state: primary care physicians and community-based specialists who can achieve the “quadruple aim”: better outcomes, lower cost, improved patient experience and improved physician experience and well-being.

Achieving this vision is not the work of OOA alone. It will require the development of an integrated osteopathic health plan – encompassing undergraduate medical education, graduate medical education, continuing medical education and public policy – that results in improved health outcomes for the people of Ohio. And it will require cooperation between the major osteopathic organizations in Ohio, including OOA, OHF, OU-HCOM and others to turn this vision into a reality.

Preparing the Osteopathic Physicians Ohio Needs for the Future of Practice

To deliver on the promise of osteopathic medicine, we need to prepare osteopathic physicians for the future of practice. This means developing an **integrated osteopathic health plan** that prepares primary care physicians and community-based specialists who:

- Practice principle-centered medicine and provide patient-focused care
- Address the critical health needs of Ohio
- Achieve the quadruple aim: better outcomes, lower cost, improved patient experience and improved physician experience and well-being
- “Practice osteopathically” (i.e., grounded in osteopathic philosophy, holistic, team-based, high patient engagement, strong sense of empathy, excellent communication skills)
- Add value in a system-based environment by advancing key health outcomes and metrics and helping health systems meet their goals



“The Ohio Osteopathic Alliance”: Preparing the Osteopathic Physicians That Ohio Needs for the Future of Practice Will Require a Systems Approach Involving all of the Major Osteopathic Organizations in Ohio



Clarifying the Roles and Core Functions of “Osteopathic Alliance” Members in Preparing the Osteopathic Physicians Ohio Needs for the Future of Practice

Ohio Osteopathic Association	Colleges of Osteopathic Medicine			Osteopathic Heritage Foundations	Ohio’s Hospitals and Health Systems
	OU-HCOM	CORE/HPERN	Other COMs (LECOM /AT Still)		
<p>Providing the unifying platform for osteopathic medicine in Ohio</p> <p>Offering CME aligned with the shared vision</p> <p>Advocating on behalf of the profession (including issues that other osteopathic organizations cannot directly advocate for)</p> <p>Linking policy, practice and education</p> <p>Serving as a resource for DOs (connector)</p> <p>Promoting osteopathic identity</p> <p>Representing Ohio in the AOA</p>	<p>Educating undergraduate medical students</p> <p>Conducting research</p> <p>Providing CME focused on education / faculty</p> <p>Advocating (on behalf of school)</p> <p>Connecting to 2500 preceptors</p>	<p>Advancing graduate medical education</p> <p>Conducting research</p> <p>Promoting health system science</p>	<p>Educating undergraduate medical students</p> <p>Advancing graduate medical education (residencies)</p> <p>Contributing to scholarly activities</p>	<p>Funding to advance community health</p> <p>Funding support for UME at OU-HCOM</p> <p>Funding support for GME at OhioHealth</p> <p>Convening ability</p> <p>Influencing ability</p>	<p>Employing physicians</p> <p>Providing care</p> <p>Providing clinical experiences for HCOM and other COM students</p> <p>Providing residency sites</p> <p>Offering CME for their physicians</p> <p>Advocating (on behalf of hospital/health system)</p>
Ohio Osteopathic Symposium					

Implications for the OOA

Proposed Vision, Mission and Goals

VISION

Improved health for the people of Ohio by delivering on the promise of osteopathic medicine.

MISSION

Support Ohio's health systems and osteopathic physicians in delivering principle-centered medicine and achieving the quadruple aim through the practice of osteopathic medicine.

GOALS

1. Provide high quality and convenient continuing medical education programs that support physicians in achieving the quadruple aim: better outcomes, lower cost, improved patient experience and improved physician experience and well-being.
2. Advocate on behalf of the osteopathic profession to create the enabling environment to improve the health of the people of Ohio and achieve the quadruple aim (e.g., policy, regulation, funding, representation in AOA)
3. Serve as the unifying platform for osteopathic medicine in Ohio, supporting cross-system connections and learning, linking policy, practice and education, and promoting osteopathic identity.

Goal 1:

Provide high quality and convenient continuing medical education programs that support physicians in achieving the quadruple aim: better outcomes, lower cost, improved patient experience and improved physician experience and well-being.

- Align and focus OOA's continuing medical education programs with the broader vision of "preparing the osteopathic physicians that Ohio (and the health systems in Ohio) needs for the future of practice (e.g., practice-focused CME, achieving the quadruple aim, system-based care, improving key health outcomes/metrics, empathy, osteopathic philosophy)
- Collaborate with OU-HCOM to position the Ohio Osteopathic Symposium as the "can't miss" educational program for osteopathic physicians and other health professionals who "practice osteopathically."
- Provide an "osteopathic overlay" that offers 1A CME credit for the continuing medical education programs offered by hospitals and health systems (adding osteopathic content to their existing CME, making it more valuable for the DOs in those systems).
- Develop an online platform for CME (pay per click) with a revenue sharing model benefiting OOA, the presenter and the online platform host.
- Collaborate with the specialty colleges to provide specialty-based CME in conjunction with the OOS. Initially focus on community-based specialties that "practice osteopathically."
- Collaborate with the Districts to provide district-based CME programs that align with the state-wide goals.

Goal 2

Advocate on behalf of the osteopathic profession to create the enabling environment to improve the health of the people of Ohio and achieve the quadruple aim.

- Advocate for primary care and community-based specialties to increase access to care
- Advocate for legislation and regulation that supports and aligns with the achievement of the quadruple aim
- Advocate for legislation and regulation that supports and aligns with the delivery of principle-centered medicine and patient-focused care.
- Advocate for policies that address the critical health needs of Ohio – and the funding to support action to address these needs
- Advocate for the osteopathic profession, as a whole
- Advocate for positions that advance osteopathic medicine, but that other members of the “osteopathic alliance” may not be able or positioned to advocate for on their own.
- Advocate for and represent Ohio’s osteopathic physicians within the AOA governing structure
- Serve as a trusted resource and convener between and among the policy, practice and educational communities

Goal 3

Serve as the unifying platform for osteopathic medicine in Ohio, supporting cross-system connections and learning, linking policy, practice and education, and promoting osteopathic identity.

- Serve as the unifying platform for osteopathic medicine in Ohio, bringing together the entire osteopathic medical community to advance our shared goals (both in-person and virtually)
- Serve as a trusted convener, supporting cross-system learning, networking and community building
- Serve as a facilitator of the osteopathic organizations in Ohio, supporting the creation of an integrated plan to develop the osteopathic physicians Ohio needs for the future of practice and to improve the health of the public
- Serve as a link between the policy, practice and education communities, ensuring that priority issues from policy and practice are reflected in the education process and that education informs both policy and practice
- Serve as the entry point to the osteopathic medical community, connecting DOs, medical students, hospitals, health systems and the public to the osteopathic programs and services they need
- Serve as a steward of osteopathic identity, promoting a strong sense of individual and collective identity as osteopathic physicians

Suggestions for the Search Committee: Implications of the proposed future of OOA for the desired knowledge, skills and attributes of the next Executive Director

During the Ohio Osteopathic Strategy Summit, Jon Wills, OOA's executive director, reiterated his intention to retire from the organization within the next few years. Summit participants commended Jon for his visionary leadership over the past 40 years of service to the OOA, and celebrated the incredible progress OOA has made under his leadership.

The group recognized that much of OOA's past success has been built on the executive director's expertise in advocacy and government relations, and the network of connections he has developed over the years. Given the organizational future envisioned during the Summit discussion, participants noted that the next leader of OOA will need to bring a strong understanding of advocacy and policy, and would also benefit from expertise in the following areas:

- Expertise in association management
- Visionary leader / transformational leadership
- Strong understanding of advocacy (but doesn't have to be a lobbyist)
- Tech-savvy (but doesn't need to be a technologist)
- Passion about osteopathic medicine (but doesn't have to be a osteopathic physician)
- Ability to develop and execute strategy
- Fundraising
- Innovation / Entrepreneurism
- Communication
- Negotiation
- Flexibility / Adaptability
- Connector / Convener
- External relations
- "A servant's heart"

Suggested Next Steps

- Share the outcomes from the data collection effort and the Ohio Osteopathic Strategy Summit with the OOA Board of Directors as a foundation for a discussion about the future of the association. Work with the Board to establish the new vision, mission and goals. Depending on the timeline for the leadership transition, determine the appropriate timing for the development of more specific objectives and action plans (If the leadership transition will occur in the near-term, provide the next executive director with the opportunity to shape the implementation strategy. If the transition is longer-term, begin developing the implementation strategy under the current leadership).
- Share the outcomes of the Ohio Osteopathic Strategy Summit with all Summit participants. Encourage discussion of the proposed future vision and focus of the “osteopathic alliance” within their own organizations and request feedback in order to refine this shared vision.
- Continue to convene the members of the “osteopathic alliance” including expanded representation from hospitals and health system, to craft an “integrated osteopathic health plan” to improve health in Ohio and provide value to health systems by developing the osteopathic physicians that Ohio needs for the future of practice (next steps in advancing the shared vision described at the Summit). (See “levels of collaboration” information in appendix to provide a frame for shaping the nature of the collaboration among these organizations).
- Review the OOA organizational structure (district structure) and determine if a restructuring is needed. If so, attempt to complete the restructuring prior to the arrival of the next executive director so this isn’t the first battle the new leader will need to take on.
- Undertake the search for the successor to the OOA executive director, using the outcomes of the Strategy Summit to inform the search process.
- Develop an engagement strategy for osteopathic medical students and residents, focusing on the specific needs of students and residents at each stage of their educational pathway. Demonstrate “immediate value” to students in the short-term to build loyalty for the longer-term.
- Collaborate with OU-HCOM to refocus the Ohio Osteopathic Symposium to align with the vision set in the Strategy Summit.

Appendix 1

May 2016 Ohio Osteopathic Strategy Summit

Participants

Peter A. Bell, DO, OOA Health Policy Chair, OU-HCOM Assistant Dean, Graduate Medical Education

William J. Burke, DO, Dean, OU-HCOM Dublin; Trustee, American Osteopathic Association

Robert A. Cain, DO, OU-HCOM Associate Dean, Graduate Medical Education

Teri Donlin Huesman, Vice President, Program, Osteopathic Heritage Foundations

Robert W. Hostoffer, Jr., DO, OOA Past President; Past President American College of Osteopathic Pediatricians

Kenneth H. Johnson, DO, OU-HCOM Executive Dean, Athens

Robert S. Juhasz, DO, President, South Point Hospital; Immediate Past President of the American Osteopathic Association

Cynthia S. Kelley, DO, Vice President Medical Education, Summa

Isaac J. Kirstein, DO, Dean, OU-HCOM Cleveland

Joshua S. Mintz, President, Cavanaugh Hagan Pierson & Mintz

Nathaniel Overmire, DO, 2016 OU-HCOM graduate

John F. Ramey, DO, OOA Past President, Chair OOA Leadership Development Committee

Michael Rowane, DO, Director of Medical Education, UH Regional Hospitals Richmond Campus, President of AAO

Sean D. Stiltner, DO, OOA President-Elect

Geraldine N. Urse, DO, OOA President, Executive Director of Medical Education, Doctors

Richard A. Vincent, President and CEO, Osteopathic Heritage Foundations

Mark L. Weinberg, Founding Dean, OU Voinovich School of Leadership and Public Affairs

Jon F. Wills, OOA Executive Director

Appendix 2

Levels of Collaboration

Level V: *Coalition*

Organizations/individuals work together on a joint plan. They are able to negotiate on behalf of one another and give support to the negotiated plan.

Level IV: *Joint Planning and Strategizing*

Organizations/individuals identify problems which cut across common areas of interest and develop agreement as to how these will be handled. Organizations/individuals agree to support one another and follow through on their commitments, holding one another accountable.

Level III: *Mutual Consultation*

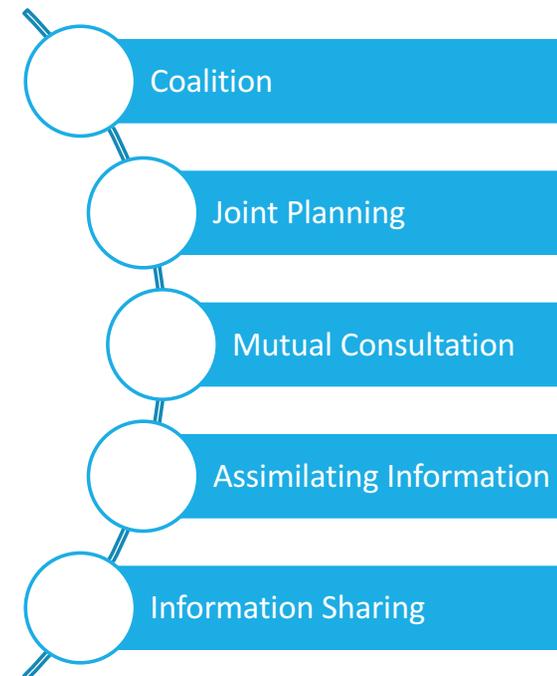
Organizations/individuals use one another as resources to develop plans to achieve goals.

Level II: *Assimilating Information*

Organizations/individuals use the pooled intelligence as a basis for diagnosis. (What trends do we see? What system-wide problems are developing?) They jointly work on system diagnosis but no consensual decisions are made; each organization is free to use these diagnoses as it chooses.

Level I: *Information Sharing*

Organizations/individuals do nothing more than share information. Each simply puts into the common pool the intelligence gathered from its contacts with the system; no analysis is done, no decisions are reached, and each organization is free to use that intelligence as it chooses.



The levels of collaboration are based upon the work of Barry Oshry in "Middles of the World: Integrate!"