



Results of the 2016 OOA Key Informant Interviews

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APRIL 2016

Project Background

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 the 2016 Ohio Osteopathic Strategic Visioning project in January 2016 by inviting a group of eleven key informants to provide their thoughts about (1) the changing environment for healthcare; (2) the evolution of osteopathic medicine; and (3) societal changes impacting all professional associations in general. The informants were each asked to identify opportunities and challenges facing osteopathic medicine in Ohio over the next five to ten years and what role the OOA could play, if any, in responding to these challenges and opportunities.

Cavanaugh Hagan Pierson & Mintz (CHP&M) contacted all of the OOA-selected informants and successfully scheduled and conducted telephone interviews with 10 of the 11. Each interview lasted approximately 30 to 45 minutes. (The last informant, who could not be reached by telephone, later provided input during conversations at the Ohio Osteopathic Symposium.) The group of key informants was fairly diverse in terms of professional roles, and each informant brought a very different perspective to the interview process. As such, it was not possible to identify many “cross-cutting themes” that accurately summarize the thinking of the entire group. Rather, we heard an important collection of differing ideas and thinking about the future that were helpful in designing and shaping the questions for the OOA Strategic Planning Survey and the OOA Strategic Planning Focus Groups. In addition, the issues raised in the interview process were later explored during the OOA Strategy Summit in May 2016.

Key insights from the interview process are highlighted in this section. As noted above, these should be considered ideas for further exploration, not “consensus statements” from the group.

Greatest Opportunities and Challenges Facing the Osteopathic Profession in Ohio

- Improving health by **expanding access to care** (particularly primary care) and **increasing focus on prevention and wellness**. Respondents noted that these areas are well aligned with osteopathic medicine's historic focus, philosophy and approach.
- **Demonstrating the value of osteopathic medicine** and osteopathic philosophy in improving health outcomes (research to demonstrate value).
- Assisting osteopathic physicians in **navigating the shift to the focus on the triple aim** (better health, better care, lower cost). It was noted that this may be particularly challenging for osteopathic physicians in independent or small group practice.
- Helping osteopathic physicians **navigate the shift in the reimbursement systems** to an increased focus on quality, case management and value-based care. Several respondents noted that "our education programs (UME, GME and CME) are only starting to adapt in order to prepare graduates for these new realities of practice."
- Maintaining and **promoting a strong sense of osteopathic identity** and philosophy, particularly with the shift to the single accreditation system, the increasing acceptance of osteopathic physicians, increased employment of DOs by large healthcare systems and the relatively low level of DOs who perform OMM. As one respondent noted, "increasingly, being osteopathic is a choice."

OOA's Role in Addressing These Challenges: *Demonstrating Value*

- “The future of the profession is young. Nationally, over 60% of osteopathic physicians and medical students are under 45 years old. We need to better understand what they want – and how we can be **relevant to the next generation of osteopathic physicians**. That is how we should define our role.”
- “OOA needs to provide **education** (in-person and online), **advocate** for public health and the osteopathic profession, and build a strong sense of **osteopathic identity** and community to ensure that we are truly practicing as osteopathic physicians.
- **Demonstrating the value** of osteopathic medicine by supporting efforts that differentiate the osteopathic learning environment and show the impact of OMT/OPP on health outcomes and patient experience (data, research). As one informant noted, “Osteopathic medicine has always excelled at providing value-based care and great patient relationships. Now that this is a focus of the healthcare system, we have a real chance to lead and demonstrate value. But we will need to do much better on showing our outcomes and research.”

OOA's Role in Addressing These Challenges: *Osteopathic Identity*

- Building a strong sense of **osteopathic identity** and community within the profession (including DOs in practice, medical educators, residents and medical students). “As residents enter ACGME residency programs and DOs are increasingly employed by large healthcare systems, there is an important need for these physicians to have an ‘osteopathic home’ that provides a social network and sense of community. Osteopathic hospitals used to provide this home, but today hospitals are competitors, not unifiers of the profession.”
- Other respondents had a different perspective on the question of **osteopathic identity**. As one person noted, “We won. Many of the core principles of osteopathic medicine have been integrated into overall healthcare. The public doesn’t make a difference between MDs and DOs. We need to stop thinking about developing *osteopathic* physicians, and focus on developing physicians who are ready for the new world of practice.”
- A few respondents **questioned the continuing need for OOA**, noting that there are other providers for almost everything it does. “Do we still need a separate organization for DOs, or should we be part of the other physician associations? Should we be focusing on osteopathic physicians, or on the importance of preventive and primary care?”

OOA's Role in Addressing These Challenges: *Advocacy*

- OOA needs to continue to “focus on, and **advocate** for, the specific needs and interests of osteopathic physicians. While we have made incredible gains, the work is not yet done. And even once DOs are equal to MDs in every way, the things we care about (e.g., primary care, prevention) are not the same as the priorities of the other advocacy groups in the state.”
- “Our focus has always been to **advocate** for good health policy, not just what is good for DOs. There are others who care about primary care and good health that might want to join us.”
- “While OOA’s legislative **advocacy** efforts are really important, its role as a **trusted convener** and facilitator within the osteopathic community and across the healthcare community is one of the most critical roles that it plays.”

The Role of OOA in Addressing These Challenges:

Continuing Medical Education

- Develop new models of **continuing medical education** (partnering, co-branding, certifying programs) in which OOA brings the osteopathic perspective (“osteopathic overlay”) to successful CME programs run by healthcare systems and other providers. If requirements for AOA-recognized CME change, running “osteopathic only” education programs may not be sustainable.”
- “The future is not in **CME**. Period. Consider moving to online models in collaboration with key partners that will be more accessible and convenient for members. These models may reduce gross income, but tend to increase net income.
- Given the changes occurring with the shift in the accreditation system, will DOs continue to be required to participate in AOA-recognized **CME**? If not, what are the implications for OOA given its heavy focus (both programmatically and financially) on educational programs?

OOA's Role in Addressing These Challenges: *Preparing leaders for the future of practice and the profession*

- “We need to **develop leaders** for the future of the profession – and for the future of health. We need to do succession planning for OOA (volunteer leaders and staff), but we also need to help position and prepare younger DOs as leaders within their organizations.”
- Providing the **connection between education and practice**, including assisting students and recent graduates with education in practice management, business management and leadership skills.
- The osteopathic community is small enough that OOA can provide the thing that newer physicians really want: access. We could create small group experiences with the key leaders in the healthcare system (DO and MD), researchers, and policy makers, which will help people in their careers. We can provide them with **leadership and management development** opportunities that will help them as physicians, not just osteopathic physicians.
- “OOA can play a critical role in **promoting, developing and sustaining osteopathically-recognized residency programs**. It will be easier for GME programs not to obtain osteopathic recognition. We need to explain the value and support them in these efforts. We can help them with their research, with their training, etc.”

Defining the Future of OOA's Membership

- “The **bottom line is that we need to show value**. Younger DOs will not join out of a sense of ‘professional obligation’ alone. Physicians and hospitals will not belong if they aren’t getting value. Even our core membership base needs to be reminded why to belong. The way people engage in associations is changing (or has already changed). No matter what we do, we need to clearly and consistently communicate the value of it.”
- “Associations need to completely rethink the paradigm of membership. OOA needs to determine how to be **relevant** in the lives of a new generation of osteopathic physicians. People don’t spend time with associations anymore, it is more of a series of episodic experiences. The kind of deep long-term commitment we used to see just doesn’t happen anymore.”
- “With the shift to the single accreditation system, we are even more at risk of losing our osteopathic identity. **Now is not the time to expand beyond DOs**. It is the time to bring DOs together more closely than ever.”
- “With the shift to the single accreditation system, and the entrance of MDs into osteopathically-recognized residency programs, it only makes sense to open the doors of the association to **allopathic physicians in osteopathically-recognized residencies**.”

Defining the Future of OOA's Membership (Continued)

- “It would be a huge value to me if the **other health professionals in my organization** (Physician Assistants, Nurse Practitioners) could also be connected to OOA. As we move to more team-based care, they need to understand what it means to practice osteopathically.”
- “With the shift to more interprofessional education and collaborative care, OOA should expand its scope and purpose to **embrace the entire primary care team**. We can't just be about osteopathic physicians; we should be advancing the osteopathic approach across all professions.”
- “With changes in CORE, it will be important to maintain a strong **connection to the hospitals and healthcare systems**. What will keep them engaged and involved? Think about ways that OOA could incorporate hospitals, post-acute care facilities, FQHCs and ambulatory care entities more into the membership.”

Other Suggestions

- “If OOA partnered or certified other organization’s CME (for a fee), the Ohio Osteopathic Symposium could become more like OMED and less focused on CME.”
- “If we are serious about leadership development and the next generation of leaders for OOA, we need to reserve seats on the board for younger physicians. We need their engagement for our future.”
- “OOA needs to rethink its district structure, as we are not getting the value we need from them. We need fewer, geographically based districts that are aligned with the key health systems across the state.”
- “An important focus of the younger generation of DOs is giving back. Consider creating opportunities for DOs to do volunteer service through OOA for Ohio, particularly in rural parts of the state. It would create a deeper connection for members, raise visibility and provide a public good.”
- “We should consider whether we want to ‘own’ primary care, while still be welcoming of the specialties.”
- “There is a tendency for groups like OOA to want to get into health improvement projects such as reducing infant mortality or addressing addiction. OOA has an important role to play in the policy aspects of these efforts, but it should not be the lead. Collaboration is key.”

List of Key Informants

Peter A. Bell, DO, Associate Dean, OU-Heritage College of Osteopathic Medicine; OOA Health Policy Chair

William J. Burke, DO, Dean, OU-Heritage College of Osteopathic Medicine, Dublin Campus

Robert A. Cain, DO, Associate Dean, Graduate Medical Education, OU-Heritage College of Osteopathic Medicine

Roy G. Chew, PhD, President, Kettering Health Network

Robert W. Hostoffer, Jr., DO, President, Ohio Osteopathic Association

Kenneth L. Johnson, DO, Executive Dean, OU-Heritage College of Osteopathic Medicine

Robert S. Juhasz, DO, President, South Pointe Hospital; Past President; American Osteopathic Association

Cynthia S. Kelley, DO, Vice Present Medical Education, Summa Health System; President, Ohio State Society of the American College of Osteopathic Family Physicians

Isaac J. Kirstein, DO, Dean, OU-Heritage College of Osteopathic Medicine, Cleveland Campus

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

Adrienne White-Faines, President and CEO, American Osteopathic Association