



Results of the 2016 OOA Strategic Planning Survey

PREPARED BY

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Online Survey 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.

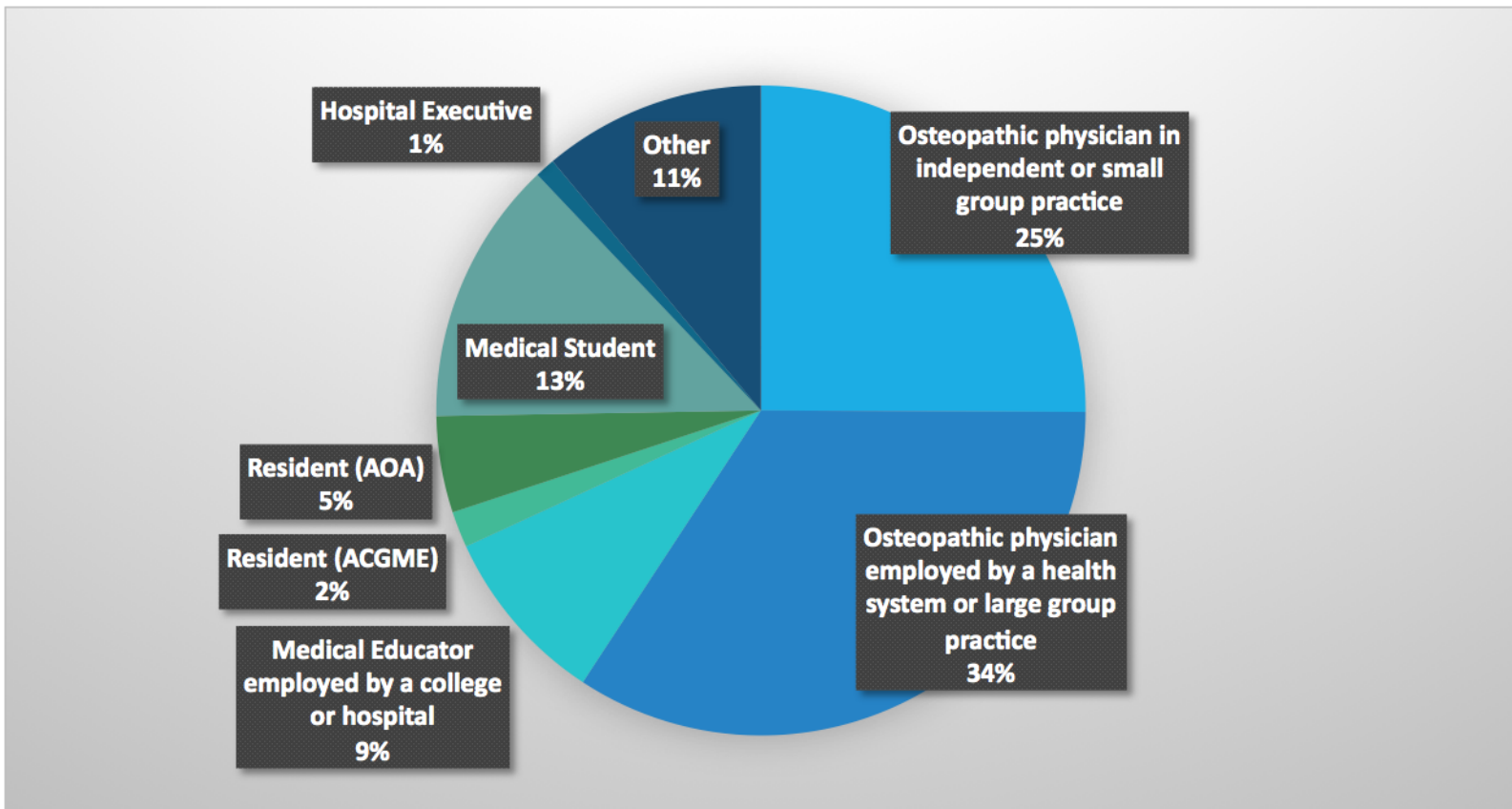
In April 2016, Following key informant interviews, an online survey was conducted by Cavanaugh Hagan Pierson & Mintz, the management consulting firm assisting OOA in the planning effort. The survey was designed to obtain input from a broad cross-section of the osteopathic medical community, including osteopathic physicians, medical educators, residents, students and hospital executives.

The survey was distributed electronically by OOA to approximately 4,000 individuals in the association's database for whom they had an active e-mail address (including both members and non-members).

397 individuals responded to the survey for a response rate of approximately 10%. This rate is consistent with the average 10 to 15% response rate for external surveys (e.g., member/customer surveys).¹

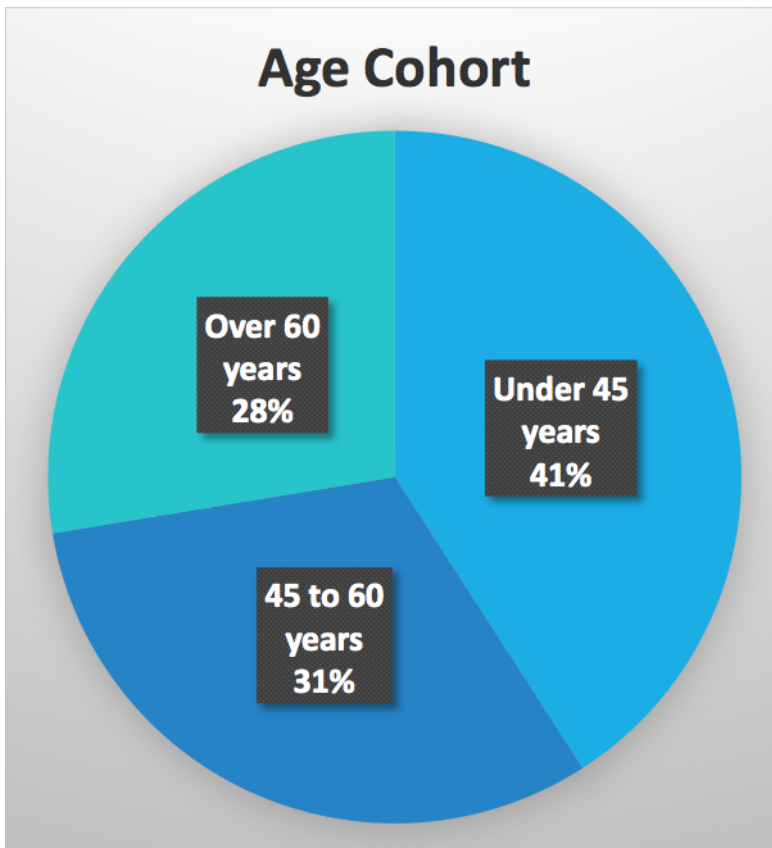
¹Typical Response Rates for Common Survey Types, <https://www.surveymoz.com/survey-blog/survey-response-rates/>

Respondent Profile by Role



Note: Approximately half of the “other” respondents were retired. The next largest cohort of “other” responses were dual responses (e.g., DO in private practice and faculty).

Respondent Profile by Age Cohort



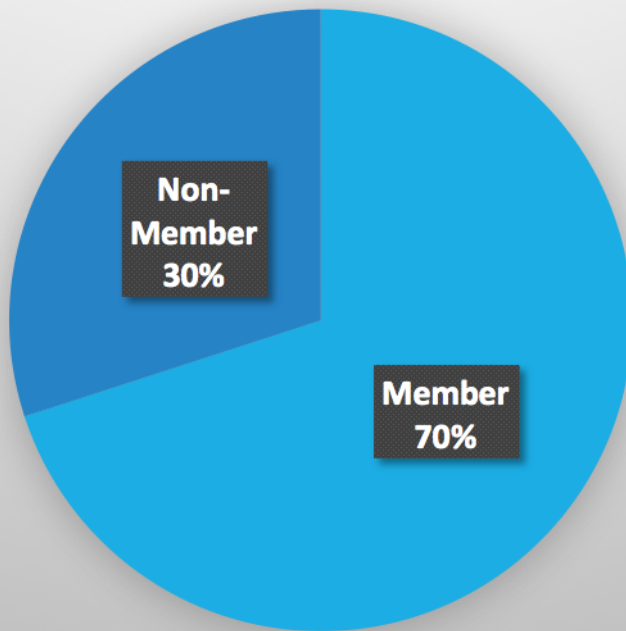
Based on data from the American Osteopathic Association, approximately 60% of osteopathic medical students and physicians are under the age of 45.

Assuming that the profile of DOs in Ohio is consistent with the national profile, the overall survey results may underweight the perspective of younger DOs.

Where appropriate, data was analyzed by role and age cohort to determine if differences among respondent groups exist.

Respondent Profile by OOA Membership Status

Respondents by Membership Status



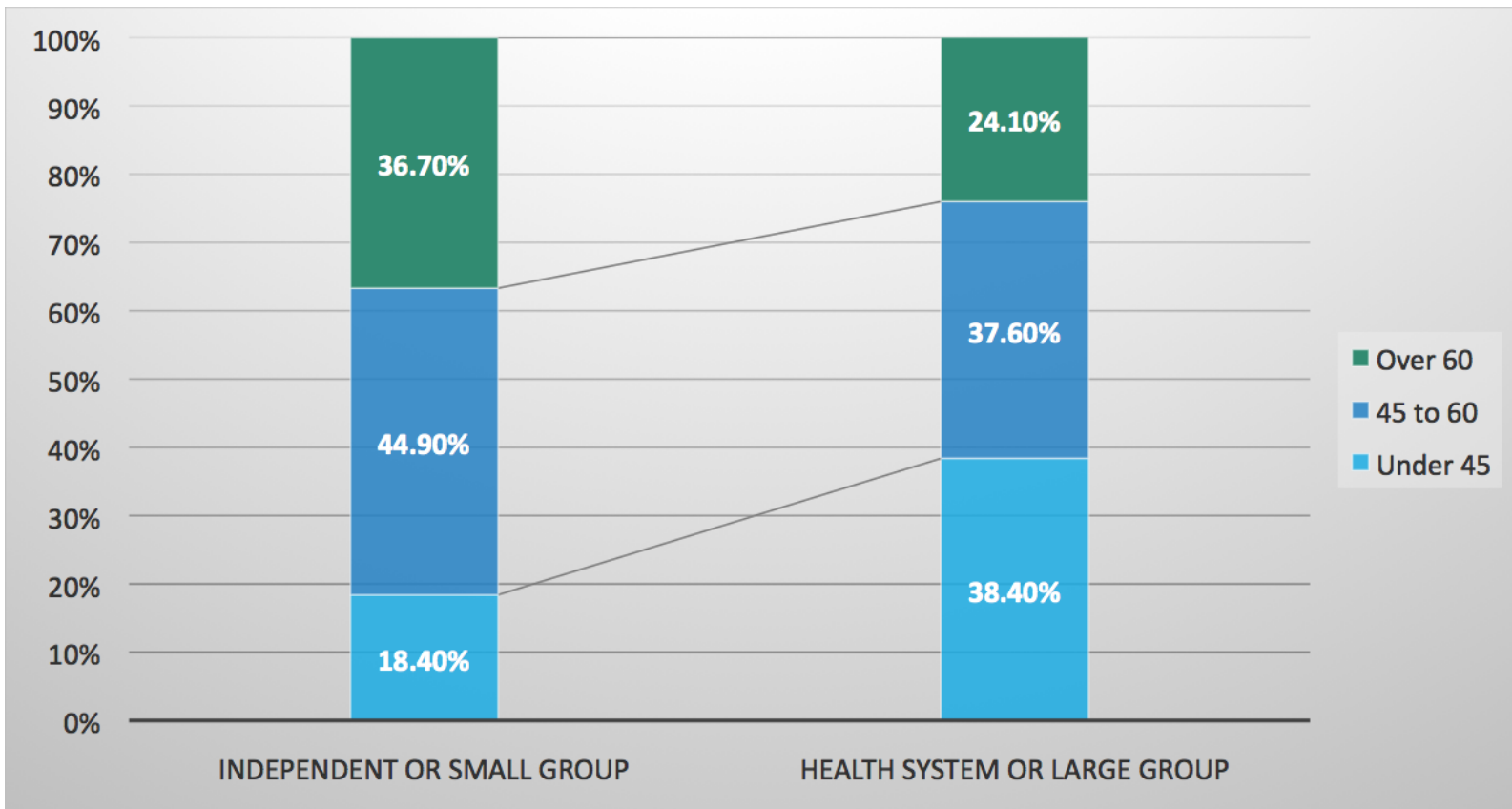
Based on data from the Ohio Osteopathic Association, approximately 30% of osteopathic physicians in Ohio are members of OOA. In addition, all osteopathic medical students and residents are provided dues-free membership in the association.

As such, the overall survey results may overweight the perspective of members.

Where appropriate, data was analyzed by membership status to determine if differences among respondent groups exist.

Respondents over the age of 60 were more likely to work in independent or small group practices than respondents under the age of 45.

Respondents under the age of 45 were more likely to be employed by health systems or large group practices than those over the age of 60.



95% confidence level ($p = .05$)

Most important opportunities to improve the health of the people of Ohio over the next 5 to 10 years

(Themes from the open-ended responses)

Most Frequently Mentioned Opportunities

Increasing focus on prevention and wellness (including preventive medicine, health education, nutrition, diet and exercise)

Increasing access to care (overall, for the under-covered, for rural communities)

Additional Themes from the Responses (Frequently Mentioned)

Increasing availability of primary care (growth of PCMH, number of primary care physicians)

Combating the opioid epidemic / reducing substance abuse (including addressing pain management without medication)

Reducing obesity / childhood obesity

Reduction of tobacco use / smoking cessation

Payment and insurance reform (e.g., universal coverage, increased Medicaid reimbursement and coverage)

Increased access to and integration of behavioral healthcare

Most important opportunities or challenges facing the osteopathic profession in Ohio over the next 5 to 10 years (Themes from open-ended responses)

Most Frequently Mentioned Opportunities

Maintaining osteopathic identity and distinctiveness, particularly in light of the shift to the single accreditation system.

Development and sustainability of osteopathically-recognized residency programs within the ACGME system.

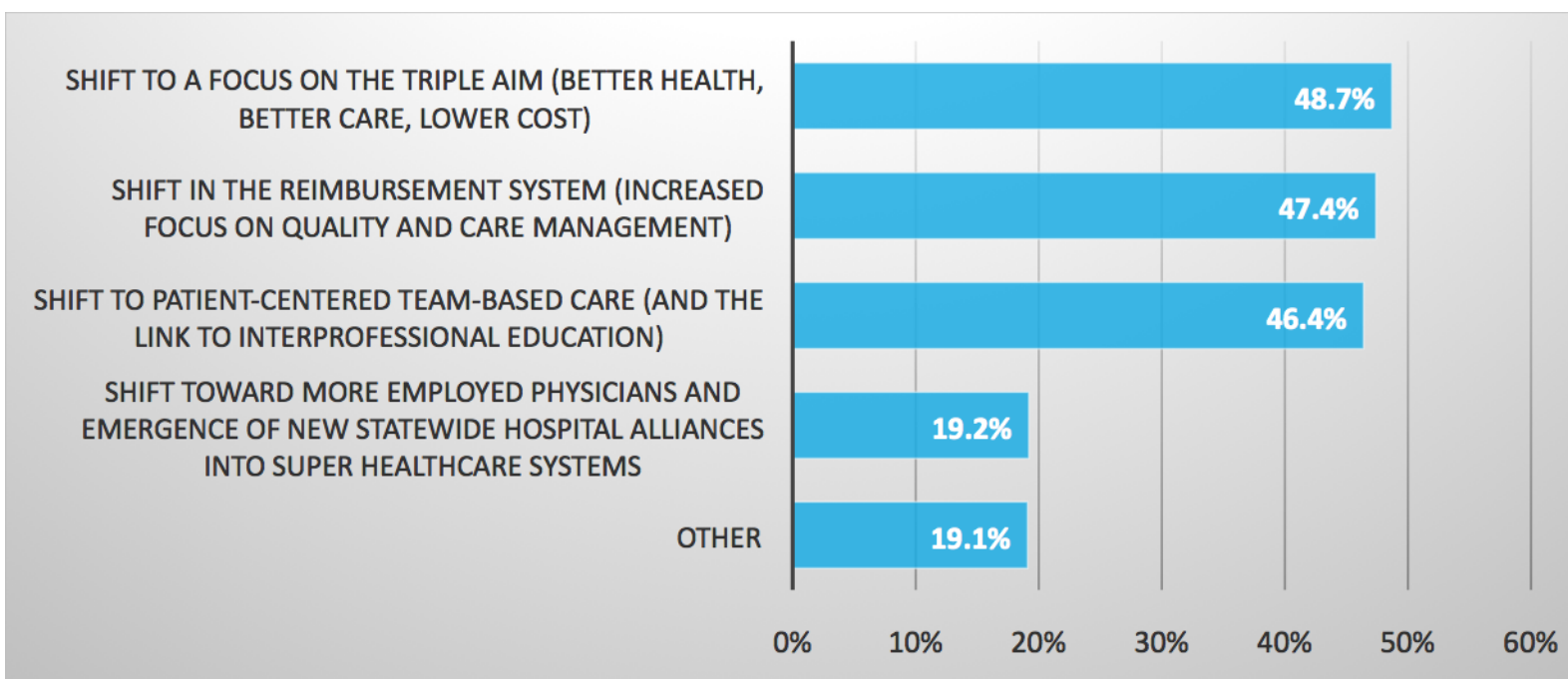
Ensuring access to quality osteopathically-recognized residencies, fellowships, training programs and clerkships, particularly given the growth in the number of DO graduates and the shift to the single accreditation system.

Additional Themes from the Responses (Frequently Mentioned)

Promoting the use of OPP and OMT as an integral part of practice to ensure care.

Increasing the number of primary care physicians and addressing the growth of other health professions (mid-level providers) in primary care delivery.

Highest Priorities for Focus to help members navigate the changing healthcare environment and healthcare delivery system

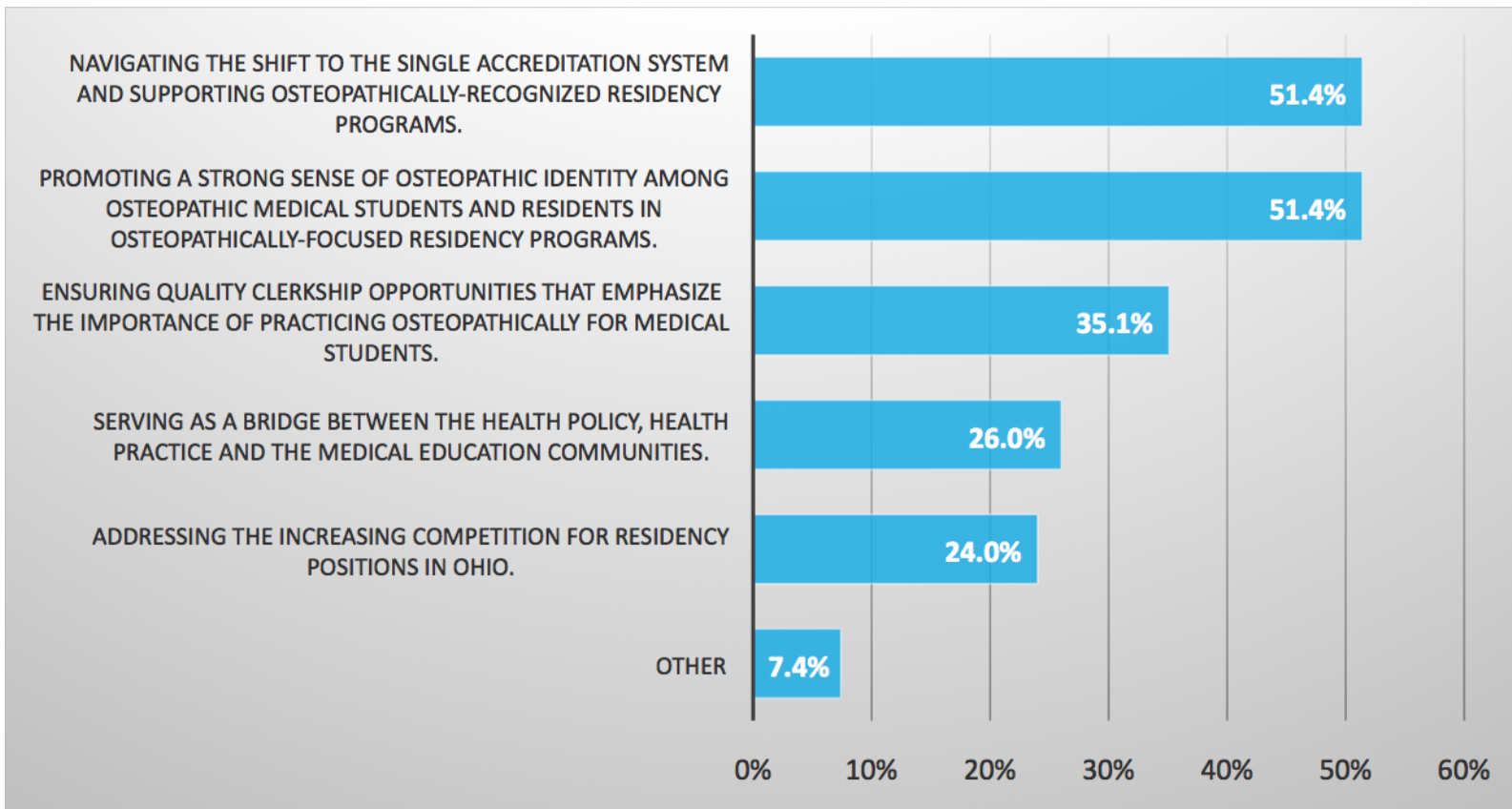


DOs employed by a health system or large group practice and medical students were more likely to list the “shift to patient centered team based care” and the “shift toward more employed physicians and emergence of super systems” as priorities than DOs in independent or small group practice.

OOA members were more likely to list the “shift to a focus on the triple aim” as a priority than non-members.

95% confidence level ($p = .05$)

Highest Priorities for Focus for OOA to help support and advance osteopathic medical education



Differences in Ratings of Highest Priorities for Focus for OOA to help support and advance osteopathic medical education *based on role, age and membership status*

Navigating the Shift to the Single Accreditation System and Supporting Osteopathically-Recognized Residency Programs

- DOs employed by a health system or large group practice were more likely to prioritize “navigating the shift to the single accreditation system and supporting osteopathically-recognized residency programs” than DOs in independent/small group practice or medical students.
- Younger DOs (under 45 years) were more likely to prioritize “navigating the shift to the single accreditation system and supporting osteopathically-recognized residency programs” than those in the 60+ year cohort.

Promoting a Strong Sense of Osteopathic Identity

- Osteopathic physicians in independent or small group practice were more likely to prioritize “promoting a strong sense of osteopathic identity” than medical students.
- DOs in the 45 to 60 year old and 60+ years cohorts were more likely to prioritize “promoting a strong sense of osteopathic identity” than DOs under 45 years old.

Ensuring quality clerkship opportunities that emphasize the importance of practicing osteopathically for medical students

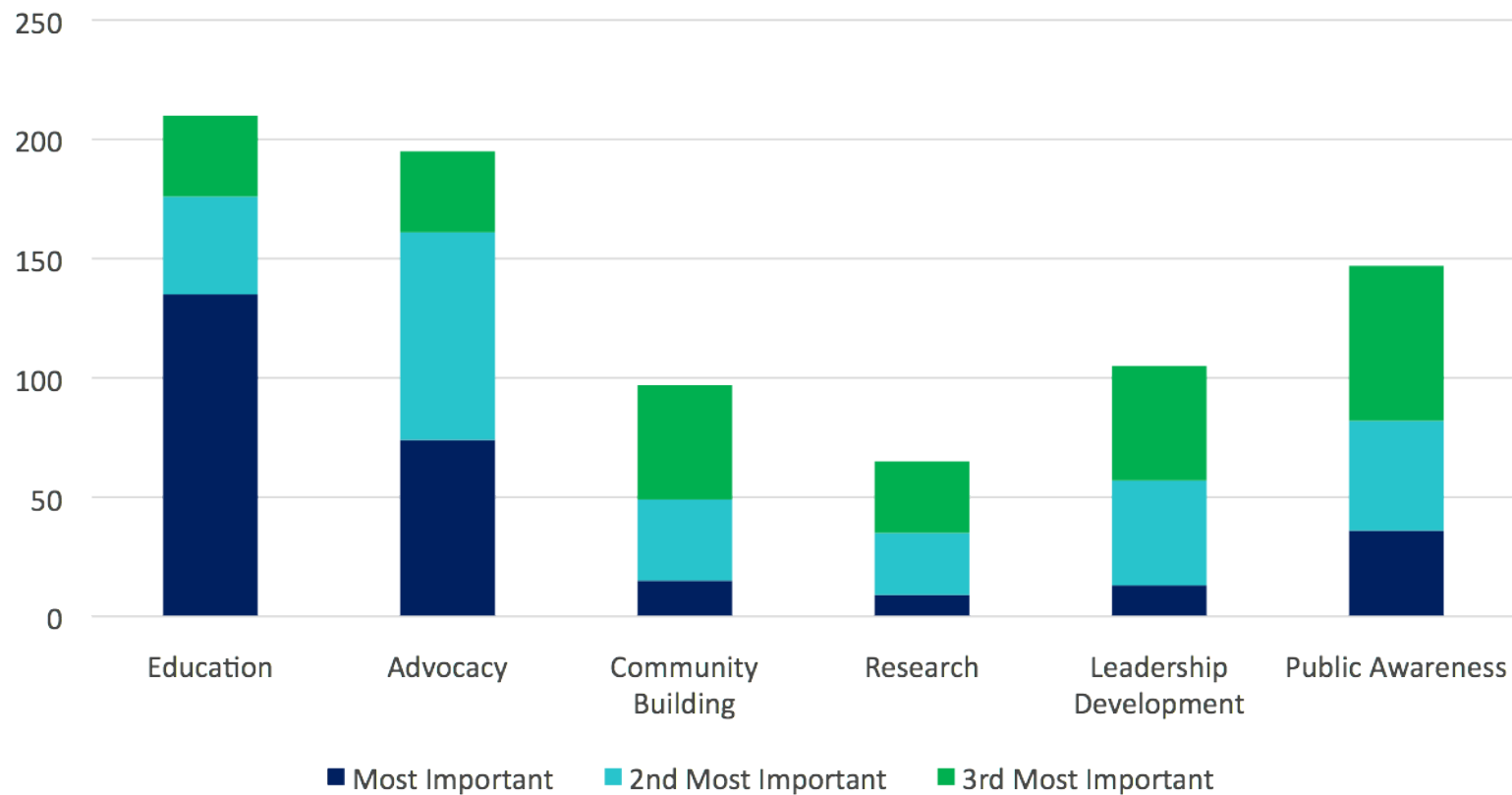
- Non-members were more likely to list “ensuring quality clerkship opportunities” than OOA members.

Addressing the Increasing Competition for Residency Positions in Ohio

- Medical students were more likely to prioritize “addressing the increasing competition for residency positions in Ohio” than osteopathic physicians (regardless of practice model).
- Younger DOs (under 45 years) were more likely to prioritize “addressing the increasing competition for residency positions in Ohio” than those in the 45 to 60 years or 60+ age cohorts.
- OOA members were more likely to prioritize “addressing the increasing competition for residency positions in Ohio” than non-members.

95% confidence level ($p = .05$)

Most Important OOA Programs and Services (by overall respondent count)



Most Important OOA Programs and Services (by weighted average)

Program or Service	Weighted Average (3 = most important)
Education: <i>providing quality continuing medical education (osteopathic focused CME) and life-long learning opportunities, including the Ohio Osteopathic Symposium and regional CME programs, on-line CME opportunities, and supporting osteopathic medical education at the pre and postdoctoral levels</i>	2.48
Advocacy: <i>promoting the public health of the people of Ohio; representing osteopathic physicians and their patients at the Statehouse, with the news media, and before state boards and commissions; protecting the right to practice osteopathic medicine</i>	2.21
Public Awareness: <i>enhancing public awareness of the osteopathic profession through ongoing education and marketing</i>	1.80
Research: <i>promoting research and investigation that advances the distinctive philosophy and practice of osteopathic medicine; supporting osteopathic medical research at the pre and postdoctoral levels</i>	1.68
Leadership Development: <i>providing mentoring, career guidance, and professional development opportunities; engaging in volunteer service in OOA</i>	1.67
Community Building: <i>providing in-person networking opportunities; advancing a shared sense of osteopathic heritage and identity; growing the “osteopathic family”</i>	1.66

Most Important OOA Programs and Services (by role)

Program or Service	Overall Average	DO in independent or small group practice	DO employed by health system or large group	Medical Educator	Resident (ACGME)	Resident (AOA)	Medical Student	Hospital Executive
Education	2.48	2.46	2.48	2.29	3.00	2.45	2.52	3.00
Advocacy	2.21	2.21	2.25	2.50	1.00	2.44	2.09	2.00
Public Awareness	1.80	1.75	1.81	1.93	2.00	1.43	1.76	1.00
Research	1.68	1.44	1.33	2.14	2.00	1.75	2.00	n/a
Leadership Development	1.67	1.64	1.76	1.45	n/a	1.60	2.00	1.00
Community Building	1.66	1.74	1.67	1.58	n/a	1.80	1.36	n/a

Weighted Average: 3 = most important
Highest rated program per subgroup highlighted in yellow

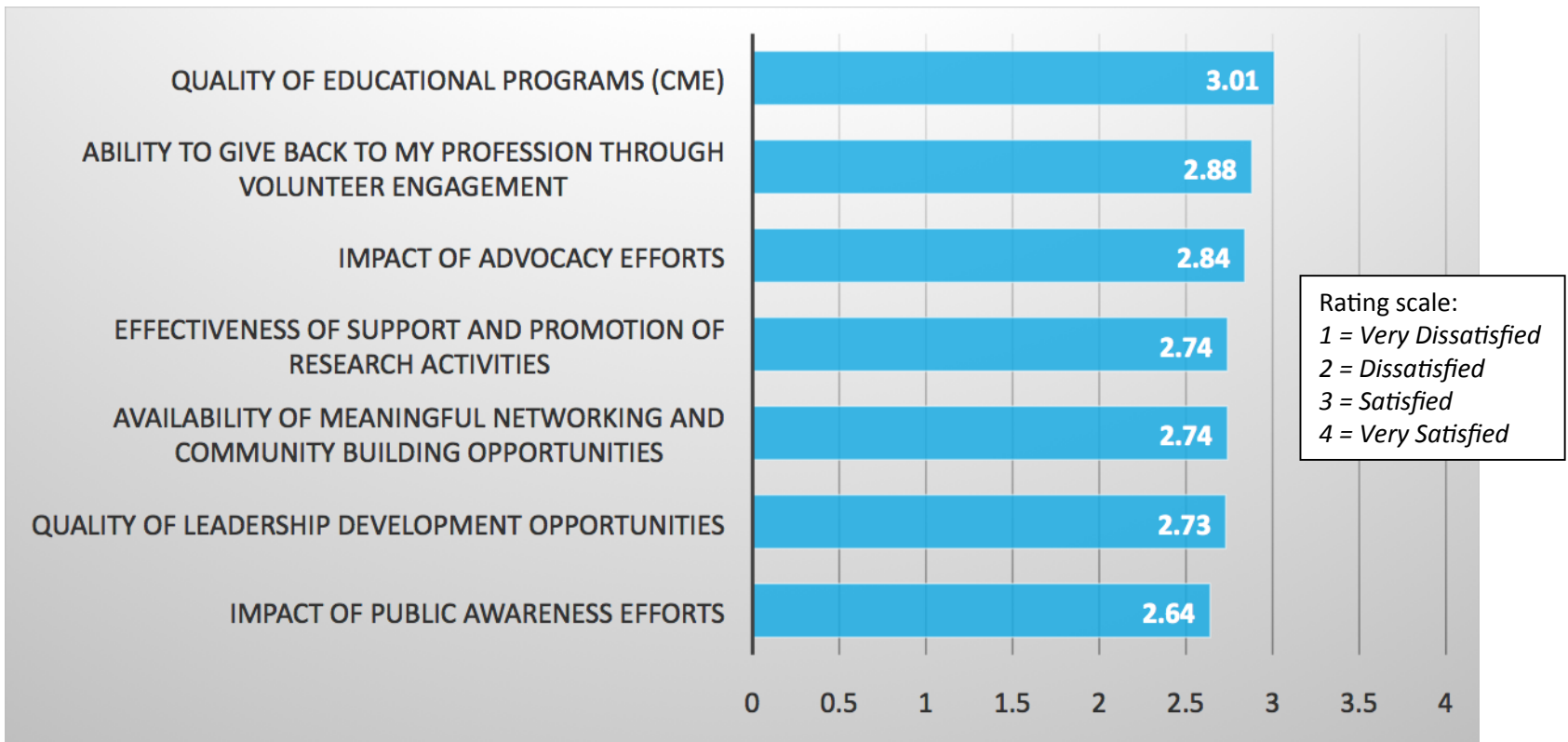
Most Important OOA Programs and Services (by age)

Program or Service	Overall Average	Under 45 years old	45 to 60 years old	Over 60 years old
Education	2.48	2.51	2.55	2.36
Advocacy	2.21	2.25	2.20	2.12
Public Awareness	1.80	1.73	1.58	2.11*
Research	1.68	1.71	1.70	1.61
Leadership Development	1.67	1.86	1.47	1.70
Community Building	1.66	1.44	1.79	1.86

** Respondents over 60 years old were more likely to list “public awareness” a priority than younger cohorts of respondents.*

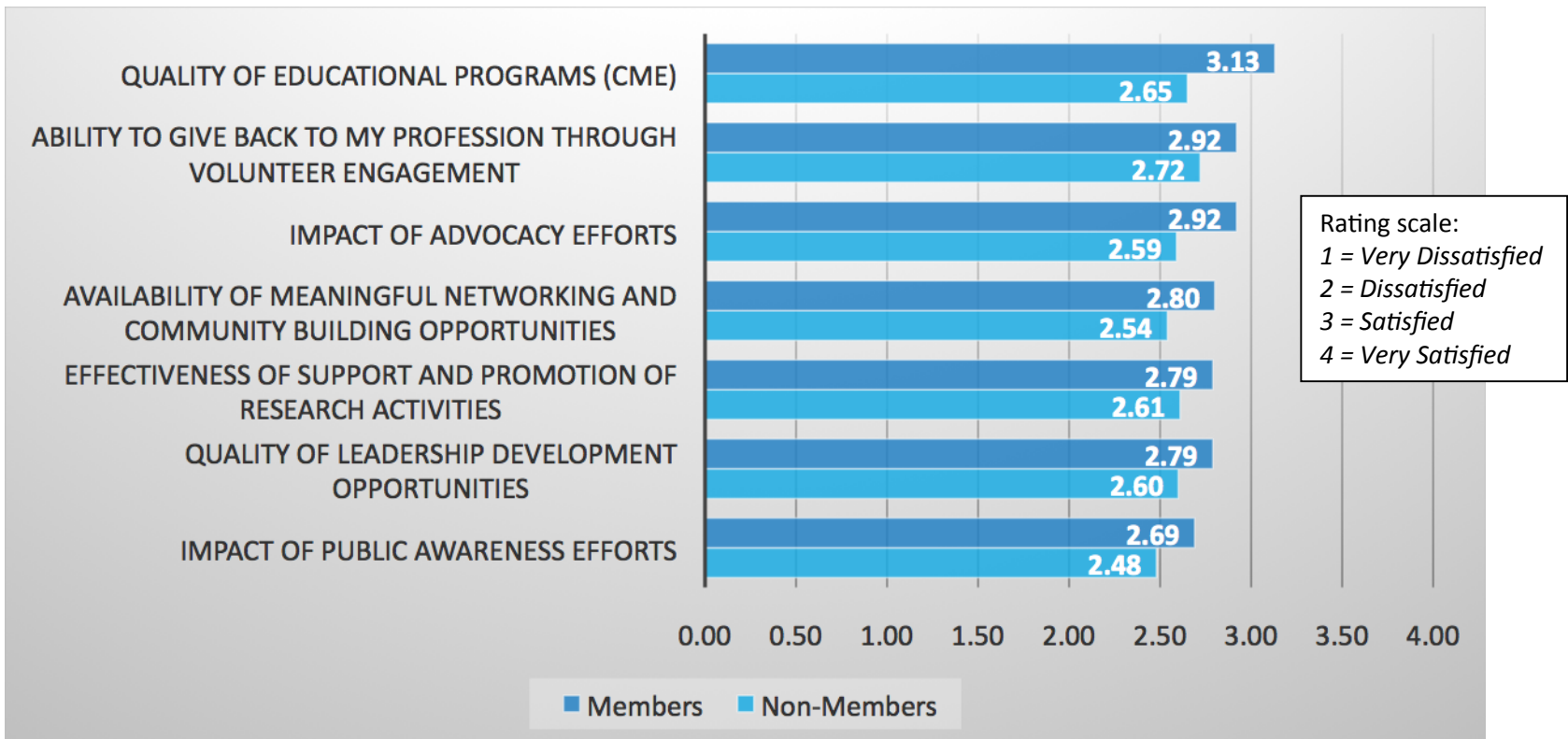
Weighted Average: 3 = most important
Highest rated program per subgroup highlighted in yellow

Satisfaction with OOA Programs and Services (all respondents)



*DOs employed by a health system or large group practice were more likely to be “very satisfied” with their ability to give back to the profession through OOA than DOs in independent or small group practice.
95% confidence level ($p = .05$)*

Satisfaction with OOA Programs and Services (comparing members and non-members)



While a majority of non-members were satisfied the quality of educational programs, the impact of advocacy and the availability of networking opportunities, non-members were more likely than OOA members to be “very dissatisfied” in each of these areas. 95% confidence level ($p = .05$)

Differences in Satisfaction with OOA Programs and Services (by age cohort)

Quality of educational programs (CME)

- Respondents over 60 years old were more likely to be “very satisfied” with the quality of educational programs than those under 45 years old.
- Respondents under 45 years old were more likely to be “very dissatisfied” with the quality of educational programs than those over 60 years old.

Availability of Meaningful Networking and Community Building Opportunities

- Respondents under 45 years old were more likely to be “dissatisfied” with the availability of meaningful networking and community building opportunities than those over 60 years old.

Quality of Leadership Development Opportunities

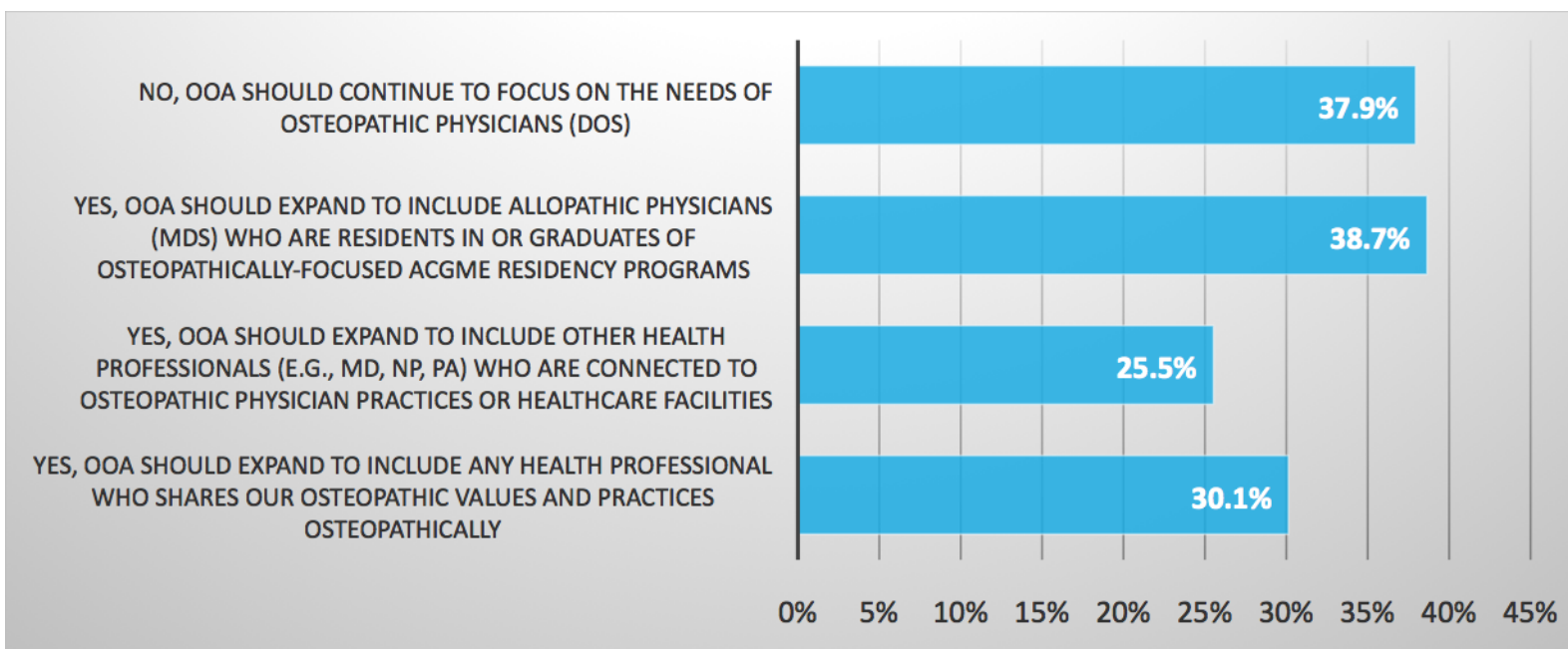
- Respondents between 45 and 60 years old were more likely to be “dissatisfied” with the quality of leadership development opportunities than those under 45 or those over 60 years old.

Ability to Give Back to my Profession Through Volunteer Engagement

- Respondents under 45 years old were more likely to be “satisfied” with ability to give back to their profession through volunteer engagement than those between 45 and 60 years old.

95% confidence level ($p = .05$)

Should OOA consider expanding its membership to include other health professionals who share our osteopathic values and “practice osteopathically?” (Select All That Apply)



Medical students were more likely to support expanding membership to include MDs than osteopathic physicians, regardless of practice environment.

Respondents in the 45 to 60 years and 60+ years age cohorts were more likely to support expanding membership to include other health professionals who are connected to osteopathic physician practices or healthcare facilities than respondents under 45.

OOA members were more likely than non-members to support expanding to include any health profession that share our values and practices osteopathically.

95% confidence level ($p = .05$)

Should OOA consider expanding its membership to include other health professionals who share our osteopathic values and “practice osteopathically?” (Response by role)

	Overall	DO in independent or small group practice	DO employed by health system or large group practice	Med Educator	Resident (ACGME)	Resident (AOA)	Med Student	Hospital Exec
No, OOA should continue to focus on the needs of osteopathic physicians (DOs)	37.9%	44.9%	39.4%	35.7%	0.0%	14.3%	26.5%	25.0%
Yes, OOA should expand to include allopathic physicians (MDs) who are residents in or graduates of osteopathically-focused ACGME residency programs	38.7%	33.3%	35.1%	35.7%	100.0%	50.0%	55.9%	50.0%
Yes, OOA should expand to include other health professionals (e.g., MD, NP, PA) who are connected to osteopathic physician practices or healthcare facilities	25.5%	21.8%	26.6%	32.1%	0.0%	21.4%	17.7%	50.0%
Yes, OOA should expand to include any health professional who shares our osteopathic values and practices osteopathically	30.1%	20.5%	27.7%	35.7%	33.3%	35.7%	29.4%	75.0%

Should OOA consider expanding its membership to include other health professionals who share our osteopathic values and “practice osteopathically?” (Response by age)

	Overall	Under 45 years old	45 to 60 years old	Over 60 years old
No, OOA should continue to focus on the needs of osteopathic physicians (DOs)	37.9%	33.0%	44.0%	39.2%
Yes, OOA should expand to include allopathic physicians (MDs) who are residents in or graduates of osteopathically-focused ACGME residency programs	38.7%	42.6%	36.3%	35.4%
Yes, OOA should expand to include other health professionals (e.g., MD, NP, PA) who are connected to osteopathic physician practices or healthcare facilities	25.5%	17.4%	28.6%	34.2%
Yes, OOA should expand to include any health professional who shares our osteopathic values and practices osteopathically	30.1%	29.6%	26.4%	34.2%