Ohio Osteopathic Association

Recommended for Approval by House of Delegates

Strategic Plan 2011-2013

March 6, 2011

Background

In June 2010, the Ohio Osteopathic Association engaged the services of Mel Marsh of Acorn Consulting to oversee a strategic planning process for the association. The goals were to:

- Describe the future for the Ohio Osteopathic Association and define the steps needed to achieve the future.
- Identify societal changes and forces that are potential obstacles to the future of osteopathic medicine in Ohio or opportunities to advance the profession;
- Update the current OOA Vision and Mission Statement with values and goals which address the current and anticipated challenges facing the osteopathic profession in Ohio;
- Survey the members of the association to ensure that the mission, vision, goals and objectives are consistent with the needs of osteopathic students, residents, and practicing physicians;
- Engage the OOA staff in the planning process to better understand the needs of OOA members, identify strategies for financial growth, and help develop a business plan that is consistent with the OOA vision and mission;
- Review the current OOA governance structure and recommend changes in district boundaries, the size of the OOA Board and Executive Committee, and redefine committees to ensure the strategic plan is successfully implemented and adapted as necessary with leadership input;
- Conduct focus groups with students, residents, and practicing physicians to discuss concerns, attitudes and recommendations; and
- Present the proposed OOA Strategic Plan and recommendations for any changes in the governance structure to the 2011 OOA House of Delegates.

The following physicians were appointed by OOA President Schield M. Wikas, DO, to serve on the Strategic Planning Committee:

- Robert S. Juhasz, DO, OOA Past President and Member of the AOA Board of Trustees, Cleveland
- William J. Burke, DO, Past President of the Ohio ACOFP, Family Practice Residency Director and Member of the AOA Board of Trustees, Columbus
- Robert L. Hunter, DO, OOA Second Vice President, Dayton
- Brian A. Kessler, DO, OOA Treasurer, Cleveland
- Ioanna Z. Giatis, DO, President, Ohio ACOFP, Cleveland
- Albert M. Salomon, DO, OOA President-Elect, Columbus
- Adam J. Kinninger, DO, New Physician in Practice, Sports Medicine Fellowship, Dayton
- Richard J. Snow, DO, Chair of the Ohio Medical Home Task Force, Columbus
- Nicholas G. Espinoza, DO, Associate OU-COM Dean, Toledo
- James E. Preston, DO, Family Physician, Residency Director, Sandusky
- Peter A. Bell, DO, OOA Past President, Past President of the American College of Osteopathic Emergency Physicians
- Stuart B. Chesky, DO, JD, Vice Speaker of the OOA House, Vice Chair of the OOA Nominating Committee

The initial activity was completion of an environmental analysis to identify healthcare industry trends and changes, the overall environment in which the OOA operates, organization strengths and weaknesses, and member expectations. The results were reported in the Ohio Osteopathic Association Environmental Analysis 2010 which is available on the OOA web site.

Environmental Analysis: Identified Strengths

- Osteopathic medicine remains strong in Ohio.
  - Number of osteopathic physicians
  - Quality of OU-COM education
  - Osteopathic foundations
  - Centers for Osteopathic Research and Education (CORE)
  - OOA and OU-COM Collaboration on CME
  - Osteopathic research
  - Public outreach through the Family Health Radio Program
  - OOA, OU-COM, and CORE relationships
- The OOA is perceived as a critical player in state health care reform efforts.
  - Invited participant in key health reform committees and initiatives
  - Has established partnerships with state agencies and allied health professions
  - Works closely with the Ohio State Medical Board and can play a key role in Maintenance of Licensure (MOL)
- The OOA is well connected with the AOA.
- A large number of members are committed to remaining members because it is the right thing to do or because the OOA represents the voice of osteopathic medicine.
- The OOA has a long history of working with OU-COM students, and has already established or initiated many of the objectives outlined in the AOA strategic plan.
- The number of hospitals in Ohio accredited by the American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP) is growing due to dissatisfaction with Joint Commission.
- OOA's emphasis on education, advocacy, and tort reform appears to be in line with the perceived needs of members and non-members.
- OhiOne links all of the CORE sites with state of the art conferencing capability, which could facilitate OOA Board and Committee meetings and be utilized for statewide continuing medical education conferences.

Environmental Analysis: Identified Weaknesses

- Less than half of Ohio's DOs are members of OOA.
- There is insufficient networking with third and fourth year students and residents to help them stay connected with the OOA and understand the benefits of membership in OOA.
- Membership dues are perceived by many DOs as being too costly.
- Institutional support through the OOHA is waning as the result of the sale and merger of osteopathic hospitals and the retirement of hospital CEOs who have had a connection with the osteopathic profession.
- DOs are actively recruited by hospitals in locations where existing district academies have little or no presence.
- The OOA concentrates on educational programs and policies that promote primary care physicians without responding to the needs of osteopathic specialists.
- Some OU-COM graduates are going into allopathic residency programs where they lose connectivity with the osteopathic profession and receive few incentives to return to AOA/OOA organizations.
- Many osteopathic students still perceive allopathic training programs as having more value; the number of AOA approved postdoctoral training programs is still insufficient to provide enough slots for all osteopathic medical graduates and only a limited number offer approved fellowship programs for specialists.

- OOA Districts lack the resources to build membership and network with DOs in rural counties.
- State and national mentoring programs are insufficient to meet the expectations of students.
- Members appear to want electronic communications, but are not using the OOA Web Site.
- The profession lacks an adequate number of trained preceptors and mentors to serve as role models for osteopathic students.
- OOA is limited in its ability to reach DO residents in Ohio ACGME training institutions.

Environmental Analysis: Identified Threats

- Needed health care reform activities may not achieve outcomes desired by OOA members.
- Members do not perceive the urgency of educating themselves about and transforming their practices for:
    - HIT implementation, including EHRs and e-prescribing
    - Quality Improvement and use of the AOA's CAP Program
    - Transparency and practice comparison
    - Patient centered medical home
- Stagnant membership may impact OOA's long-term sustainability.
    - Increase in physicians employed by large groups and institutions that do not see the benefit of OOA membership
    - Competition for membership investment, with other organizations having higher priorities, i.e. the AOA and specialty societies
    - Allopathic organizations aggressively solicit DOs for membership in their organizations and have more staff and resources for membership development
- State budget cuts may lead to higher student tuitions and larger student debt which discourages OOA membership.
- OU-COM may lose its reputation as a national leader in training primary care physicians.
- Districts lack resources to provide effective networking with DOs in outlying areas and students and residents.

Environmental Analysis: Recommended Strategic Goals

The American Osteopathic Association's strategic plan acronym - **Ohio's G.R.E.A.T. Family of DOs** - should provide the framework for the goals in Ohio's plan:

GOVERNANCE:

GOAL: Update the OOA Governance structure to reflect current needs

RESEARCH

GOAL: Strengthen osteopathic research in Ohio

EDUCATION

GOAL: Reengineer the osteopathic CME system to meet the needs of all stakeholders

ADVOCACY

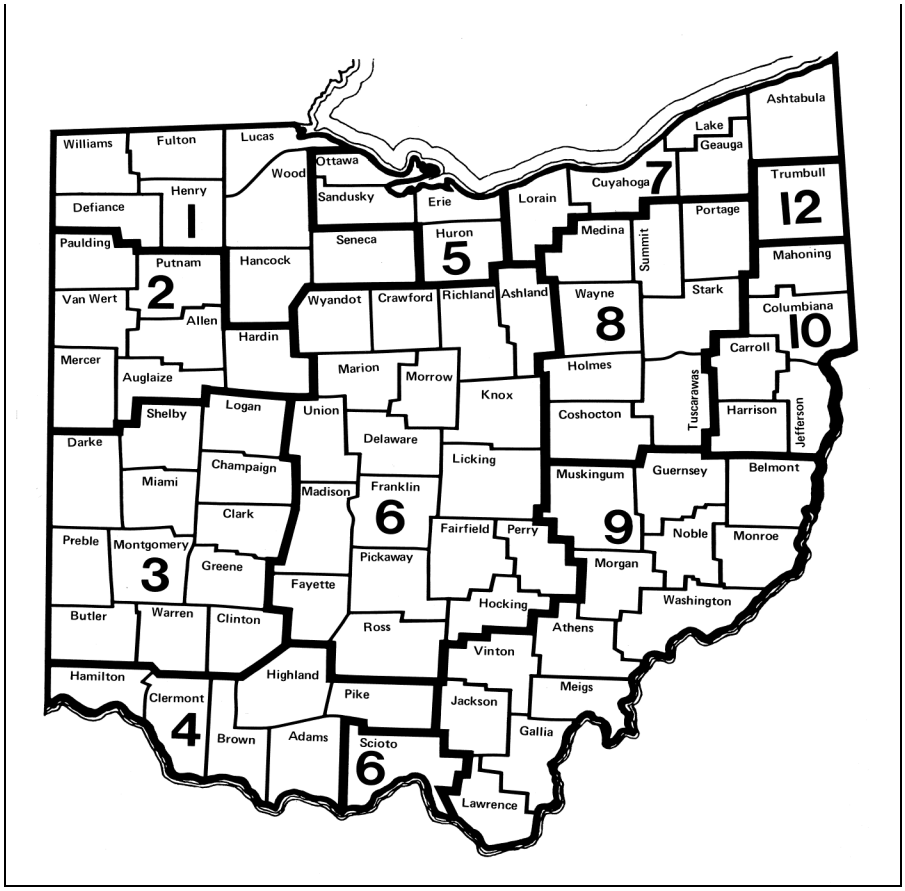
GOAL A: Continue to advocate for health care reform, representing the needs and rights of osteopathic physicians

GOAL B: Increase public awareness of and appreciation for osteopathic medicine

TEAMWORK/FAMILY

GOAL: Cultivate affinity to the OOA and osteopathic family by focusing on development of personal and professional relationships

Current OOA District Boundaries



Ohio DOs By District By Counties Within Districts *

County	Number of DOs	Number of Members	Number of Non-Members	Primary Care Physicians	Specialists	Under 40	40 and Over
District 1							
Defiance	9	2	7	8	1	6	3
Fulton	3	2	1	3	0	1	2
Hancock	16	7	9	13	3	4	12
Henry							
Lucas	113	55	58	80	33	47	66
Seneca	2	1	1	2	0		2
Williams	2		2		2		2
Wood	30	16	14	25	5	17	13
TOTALS	**175**	**83**	**92**	**131**	**44**	**75**	**100**
District 2							
Allen	33	24	9	15	18	9	24

County	Number of DOs	Number of Members	Number of Non-Members	Primary Care Physicians	Specialists	Under 40	40 and Over
Auglaize	6	4	2	2	4	2	4
Hardin	4	3	1	4	0	1	3
Mercer	7	5	2	6	1	1	6
Paulding	4	3	1	4	0		4
Putnam	2	2		2	0		2
Van Wert	4	2	2	3	1	1	3
TOTALS	**60**	**43**	**17**	**36**	**24**	**14**	**46**
District 3							
Butler	41	13	28	29	12	16	25
Champaign					0		0
Clark	21	7	14	18	3	3	18
Clinton	8	2	6	2	6	1	7
Darke	8	5	3	6	2		8
Greene	42	23	19	23	19	9	33
Logan	18	10	8	12	6		18
Miami	21	11	10	16	5	5	16
Montgomery	273	145	128	134	139	53	220
Preble	10	10		8	2		10
Shelby	10	9	1	6	4	1	9
Warren	53	24	29	42	11	15	38
TOTALS	**505**	**259**	**246**	**290**	**209**	**103**	**402**
District 4							
Adams	1	1			1		1
Brown	6	2	4	5	1		6
Clermont	7	4	3	6	1	3	4
Hamilton	113	35	78	62	51	33	80
Highland	4	3	1	4	0	1	3
Pike	4	4		4	0	3	1
TOTALS	**135**	**49**	**86**	**81**	**54**	**40**	**95**
District 5							
Erie	70	31	39	44	26	16	54
Huron	23	17	6	13	10	8	15
Ottawa	8	5	3	7	1		8
Sandusky	20	9	11	14	6	6	14
TOTALS	**121**	**62**	**59**	**78**	**43**	**30**	**91**
District 6							
Ashland	6	4	2	5	1		6
Crawford	20	6	14	14	6	3	17
Delaware	51	19	32	39	12	17	34
Fairfield	37	20	17	30	7	11	26
Fayette	2		2	2	0		2
Franklin	527	203	324	307	220	161	366
Hocking	9	5	4	9	0	3	6
Knox	10	7	3	7	3	4	6
Licking	51	16	35	35	16	12	39
Madison	13	5	8	12	1	3	10
Marion	6	3	3	3	3	1	5
Morrow	4	2	2	4	0	1	3
Perry	6	1	4	6	0		6
Pickaway	15	6	9	11	4	5	10
Richland	28	10	18	10	18	5	23

County	Number of DOs	Number of Members	Number of Non-Members	Primary Care Physicians	Specialists	Under 40	40 and Over
Ross	42	13	29	27	15	15	27
Scioto	38	16	22	30	8	14	24
Union	14	9	5	11	3	2	12
Wyandot	1		1	1	0		1
TOTALS	**880**	**345**	**535**	**563**	**317**	**257**	**623**
District 7							
Ashtabula	21	5	16	13	8	3	18
Cuyahoga	368	81	287	211	157	129	239
Geauga	33	10	23	24	9	11	22
Lake	45	18	27	32	13	9	36
Lorain	67	28	39	52	15	29	38
TOTALS	**534**	**142**	**392**	**332**	**202**	**181**	**353**
District 8							
Coshocton	5	4	1	5	0		5
Holmes	2		2	2	0		2
Medina	27	7	20	19	8	8	19
Portage	31	8	23	24	7	8	23
Stark	157	73	84	97	60	33	124
Summit	268	104	164	185	83	89	179
Tuscarawas	21	11	10	14	7	5	16
Wayne	26	15	11	20	6	4	22
TOTALS	**537**	**222**	**315**	**366**	**171**	**147**	**390**
District 9							
Athens	94	62	32	66	28	15	79
Belmont	10	2	8	9	1	1	9
Gallia	16	2	14	10	6	2	14
Guernsey	10	3	7	9	1	5	5
Jackson	16	5	11	15	1	2	14
Lawrence	8	1	7	8	0		8
Meigs	1	1		1	0		1
Monroe	2	1	1	2	0	1	1
Morgan	1		1	1	0	1	0
Muskingum	26	12	14	17	9	6	20
Noble	3	1	2	3	0		3
Vinton	3	1	2	3	0	1	2
Washington	36	17	19	21	15	7	29
TOTALS	**226**	**108**	**118**	**164**	**61**	**41**	**185**
District 10							
Carroll	4	2	2	2	2		4
Columbiana	37	12	25	30	7	6	31
Harrison	1	1		1	0	1	0
Jefferson	10		10	8	2	2	8
Mahoning	131	44	87	92	39	25	106
TOTALS	**183**	**59**	**124**	**133**	**50**	**34**	**149**
District 12							
Trumbull	97	53	44	73	24	14	83
TOTAL	**97**	**53**	**44**	**73**	**24**	**14**	**83**

***As of August 30, 2010**

Ohio Osteopathic Association

Our Vision

To be the professional home for all osteopathic physicians in Ohio.

Our Mission

To promote the distinctive philosophy and practice of osteopathic medicine in Ohio.

Our Values

Integrity, Family, Education, and Advocacy

Strategic Goals

G.R.E.A.T. FAMILY OF OHIO DOs

GOVERNANCE

GOAL: Update the OOA Governance structure to reflect current needs

Recommended Objectives:

1. Reduce the number of Districts; immediately amend the OOA Bylaws to delete references to existing districts and appoint an Ad Hoc Committee to develop a comprehensive plan to present to the OOA Board and House of Delegates for approval in 2012.
   - Consider having county osteopathic societies where there are clusters of DOs (Montgomery, Lucas, Cuyahoga, Summit, Mahoning-Trumbull, Athens, Franklin and Hamilton counties, etc.), as currently allowed by the OOA Bylaws.
   - Reorganize district councils to be broad-based geographically with representatives from each of the most populated counties in the District, as currently specified in the OOA Bylaws.
   - Hold reorganized District Council meetings by conference call to facilitate business and strengthen intra-district communications.
   - Add a Resident to each district's governing board.
2. Immediately amend the OOA Constitution and Bylaws to reduce the OOA Executive Committee voting members from 10 to 5 as shown below, and elect the following officers for 2011-2012*.
   - President
   - President-Elect*
   - Vice President*
   - Treasurer*
   - Immediate Past President
3. Amend the OOA Bylaws to reduce the current size of the OOA board.
   - One trustee per district (revised number of districts to be determined in 2012).
   - Five Executive Committee Members (5)
   - Resident Member (1)
   - Student Member (1)

- Eliminate the voting positions of Ohio DME President, OOHA President, and OU-COM Dean and invite them as guests with voice to all meetings.

4. Amend the OOA Bylaws to designate that all officers and board members (excluding the student and resident), serve as Ohio delegates to the AOA House by virtue of their positions, with the remainder to be elected by the OOA House of Delegates, effective for the 2013 AOA House of Delegates.
5. Amend the OOA Bylaws to reduce the size of the OOA House of Delegates by having one delegate per 15 members in the district instead of 10 to make it easier to fill delegations, effective beginning 2012. This would change allocations for existing districts as shown below:

District	**Current Allocation (One Delegate per 10)**	**Revised Allocation (One Delegate per 15)**
District 1 (Toledo)	8	5
District 2 (Lima)	4	3
District 3 (Dayton)	22	15
District 4 (Cincinnati)	5	3
District 5 (Sandusky)	6	4
District 6 (Columbus)	30	20
District 7 (Cleveland)	14	9
District 8 (Akron-Canton)	20	13
District 9 (Marietta)	9 plus OU-COM student	7
District 10 (Youngstown)	6	4
District 12 (Warren)	5	3
Total	130	86

6. Reorganize District activities to include the following in each:
   - A student/resident welcome event in the summer (could be done across districts), planned in conjunction with the CORE (potentially funded by district, CORE, Advocates, and OOA).
   - A service event to give the profession visibility – could be supporting a local charity as a major sponsor of an existing event (i.e. fun run, silent auction, dinner, etc.).
   - One annual day long, high quality CME in the District, planned with the OOF.
   - One annual business meeting to elect officers, present awards and conduct business.
7. Change the OOA Board Meeting Calendar to the following:
   - January – OOA Board Conference Call
   - March (First Weekend) - Nominating Committee Interviews Meeting/ Resolutions Committee/Executive Committee/Board of Trustees (Budget, Resolutions, etc.)
   - April (during Symposium) – Executive Committee/OOA House of Delegates/Ohio Osteopathic Foundation/OOPAC/ possible legislative reception.
   - June - Ohio Delegation to the AOA House of Delegates/OOA Board if deemed necessary
   - July - AOA House of Delegates
   - August – OHA/OSMA/OOA Retreat (President only)/OOA officer and trustee involvement OU-COM Orientation/Convocation/Student Rush
   - September – OOA Executive Committee
   - November – OOA Board meeting/student reception at OU-COM
   - Utilize video conferencing and other meeting technology when appropriate
8. Create a comprehensive membership package that addresses State and District dues and includes some amount of free CME (could be internet based) as one annual dues package.
   - Service out of central office with regional field representatives (possibly on contract to OOA)
   - One overall organization with one tax return, with budgeting for districts

- Strengthen member outreach and recruitment in the districts
- Maintain district council to represent district members

Current district membership and dues structure:

District (11/12/10)	Members	Non-Members	Percent Members	Interns/ Residents	Students	Current Dues Amount
District 1 (Toledo)	83	92	47%	72	9	$150
District 2 (Lima)	43	17	72%	0		$ 10
District 3 (Dayton)	259	246	51%	177	24	$230
District 4 (Cincinnati)	49	86	36%	27	14	$ 46
District 5 (Sandusky)	62	59	51%	16	8	$100
District 6 (Columbus)	345	535	39%	243	50	$180
District 7 (Cleveland)	142	392	26%	220	25	$220
District 8 (Akron-Canton)	222	315	41%	136	25	$150
District 9 (Marietta)	108	118	48%	21	289	$ 10
District 10 (Youngstown)	59	124	32%	3	6	$100
District 12 (Warren)	53	44	54%	32	3	$125
Total	1425	2028	41%	947	453	194,966*

RESEARCH

GOAL: Strengthen osteopathic research in Ohio

Recommended Objectives:

1. Continue to work closely with the Ohio University College of Osteopathic Medicine and Ohio's independent osteopathic-related foundations to encourage and promote a research culture, particularly focused on osteopathic practice and principles.
2. Encourage OOA members to participate in research projects that focus on quality improvement, clinical informatics, and patient engagement
3. Help publicize the current OU COM and other osteopathic research activities to OOA members, the public, and to Ohio's policy makers (using a variety of mechanisms such as OsteoFax).
4. Support networking among researchers (perhaps via web page).
5. Improve the Ohio Osteopathic Symposium.
   - Be a showcase for research and continue efforts to increase participation in and the regional reach of the OOA/CORE poster contest.
   - Feature presentations on the results of national osteopathic research projects.
6. Serve as a key partner in the AOA's efforts to increase utilization of the Clinical Assessment Program – Physician Quality Reporting System (CAP-PQRS) to at least 400 participants through partnership with state associations and specialty colleges, and work closely with William J. Burke, DO to achieve this objective.
7. Based on (1) the Osteopathic Heritage Foundation's commitment to reducing obesity; (2) the recent addition of Andrew W. Wapner, DO as obesity coordinator for the Ohio Department of Health; and (3) the college's leadership role in diabetes related treatment and research, the OOA should focus on obesity and diabetes as priority public health issues and promote activities underway.
8. Work closely with the Cleveland Clinic and the Brentwood Foundation to promote the Theodore F Classen Chair for Osteopathic Medical Education and Research and with the

Osteopathic Heritage Foundation to promote research activities at OU-COM, such as the James O. Watson Diabetes Research Chair.

9. Facilitate improved data driven decisions within the Association.

EDUCATION

GOAL: Reengineer the osteopathic CME system to meet the needs of all stakeholders

Recommended Objectives:

1. Work with the Foundations, Ohio University College of Osteopathic Medicine and the CORE to establish the Ohio Osteopathic Symposium as the premiere state osteopathic research and education conference in the country.
2. Work with the Districts and the CORE to increase the number, types and geographical locations of osteopathic CME programs.
3. Work with the Districts and the CORE to increase the number, types and geographical locations of CME programs for osteopathic specialists.
4. Work with OU-COM to develop a series of internet based CME programs to meet the needs of osteopathic specialists.
5. Develop CME programs to support the Clinical Assessment Program (CAP) Program, Health Information Technology (HIT), E-Prescribing, Clinical Informatics, Quality Improvement, and the Medical Home Concept.
6. Work with the AOA and the Ohio State Medical Board to become a leader in Osteopathic Continuous Certification and Maintenance of Licensure pilot projects.
7. Update the OSMB approved mandatory CME program to conform with 2011 revisions to the AOA program.
8. Offer collaborative programs with organizations such as academic medical centers, other institutions.
9. Market osteopathic education programs to allied health professionals and seek appropriate CME accreditation as appropriate.

ADVOCACY

GOAL A: Continue to advocate for health care reform, representing the needs and rights of osteopathic physicians

Recommended Objectives:

1. Continue to play a prominent role in healthcare reform activities by seeking or retaining positions on various state councils and initiatives. These include, but are not limited to, the Health Care Coverage and Quality Council and the Health Benefits Exchange Planning Committee.
2. Convene a Payment Reform Committee consisting of the OOA members who attended the Payment Reform Summit, December 3, 2010, to play a continuing role in health care reform. These include: Richard J. Snow, DO; Christopher J. Loyke, DO; Douglas W. Harley, DO; Jay H. Shubrook, Jr., DO; & Robert L. Hunter, DO.
3. Continue to work with Peter A. Bell, DO, OOA health policy chair, to establish a health policy rotation for OU-COM students and CORE residents.
4. Promote TIPS, AOA health policy fellowship, iLEARN.
5. Strive to have a DO testify on all legislation of importance to the profession. Graduates of the AOA Health Policy Fellowship Program should be utilized to provide expert testimony.
6. OOPAC should continue to participate in legislative receptions and campaign to increase individual contributions; OOPAC should recruit at least one DO to serve as a liaison with each state Senator and Representative.

7. Work with the AOA to increase professional awareness of AOA advocacy efforts through an integrated marketing plan to encourage participation in advocacy initiatives such as DO Day on the Hill, town hall meetings, web casts and letter-writing campaigns.
   a. Include 3rd and 4th year student participation.
8. Continue to participate in amicus brief filings to support tort reform.
9. Improve advocacy communications with members.
10. Continue working closely with the OSMB on professionalism issues and seek appointment of DOs to other boards and commissions.

GOAL B: Increase public awareness of and appreciation for osteopathic medicine

Recommended Objectives:

1. OOA/OOF should increase support for the *Family Health Radio* program and promote its use by Ohio stations.
2. Work with OU-COM to improve media relations and increase media coverage of the osteopathic profession.
   - Promote national appointments of Ohio osteopathic physicians.
3. Work with OU-COM and hospitals with osteopathic training programs to promote National Osteopathic Medicine (NOM) Week.
4. Continue to improve and promote visits by members and the public to the OOA Web Site.
5. Continue to define and promote the "osteopathic difference" and quality medicine.
6. Increase visibility of accreditations done by HFAP.
7. Identify opportunities to promote or collaborate with the Cleveland Medical Mart

TEAMWORK/FAMILY

GOAL: Cultivate affinity to the OOA and osteopathic family by focusing on development of personal and professional relationships

Recommended Objectives:

1. Focus on increasing membership by at least two (2) percent each year.
2. Update membership marketing materials.
3. Foster a closer relationship with students by implementing recommendations from the various district and student focus groups:
   - Focus on increasing membership in SOMA and strengthening relationships with the SOMA chapter at OU-COM.
     - Work with AOA and other osteopathic organizations to provide an osteopathic specific textbook to students (e.g. Foundations).
     - Encourage SOMA to partner with AMSA rather than compete.
   - Increase visibility, participation and connections between student leaders and representatives from AOA Board of Trustees, state and specialty society leaders, and Council of Interns and Residents.
   - Implement a more comprehensive mentoring program based on suggestions made at the Student Leadership Forum.
   - Strengthen web content for students and residents and increase visits to the OOA Web Site.
   - Continue to assist students with Resolution 29 and 56 upon request.
   - Establish an OOA Board or Executive Committee presence on campus during the first two weeks of student orientation in the fall.
   - Have an OOA representative present during "Student Rush" to help explain OOA membership.
   - Facilitate interaction between students and osteopathic specialists who can serve as role

models.
- Strengthen and sustain relationships with 3rd and 4th year students
- Identify key contacts in each OU-COM graduating class to help recruit non-members from their classes.

4. Strengthen relationships with the Ohio Resident Advisory Committee and provide leadership and practice management programs through a newly organized OOA Council on New Physicians in Practice.
5. Increase efforts to communicate with DOs in Ohio ACGME training programs to encourage membership in the OOA after completion of their training.
6. Work with the CORE to expand residency programs where appropriate, and establish a medical home teaching and reimbursement model that emphasizes and rewards primary care.
7. Provide social media opportunities for the profession through Facebook and also pilot Phyzoom through District 6 as a unique osteopathic social network.
8. Work with the AOA to create a social networking plan through use of social media using resources such as SOMA leaders, Facebook page, and osteobook.net.
9. Collaborate with the Advocates for the Ohio Osteopathic Association (AOOA).
10. Strengthen relationships with all Ohio osteopathic DMEs.
11. Facilitate connections between OOA members and AOA agencies as needed.