AOA Strategic Plan History

AOA Governance sought multi-year Strategic Plan in 2012

Board leadership and Strategic Plan Committee established 3 year plan

• Approved by House of Delegates July 2013
• Plan addressed six strategic areas
• Transition of new CEO, sought additional focus and prioritization of plan

October 2013 – February 2014 Board established

• 2025 Goals
• Five strategic priority areas for 2014-2016
• Measurable Metrics for each priority area
AOA Strategic Plan History

Present State

- Strong Tradition Driven Culture (28)
- Membership That Is Not Always Valued (20)
- Cumbersome Siloed, Slow Business Process (28)
- Governance Structure Staid and Complex (17)
- Uncoordinated, Unfunded, Minimal Research (9)
- Insufficient OGME (27)
- Minimal Public Awareness (18)
AOA Strategic Plan History

Desired State

- Enhanced AOA Business Capacity (48)
- Expanded High Quality Capacity for OGME (32)
- Positive Public Awareness and Visibility (16)
- Enhanced Value and Visibility of OM Research (6)
- Valued Member Services (23)
- Respected Authority in Policy Arena (14)
- Leadership in International Arena (3)
AOA Strategic Plan History

2025 Roof Top Goals
- 100% Increase in the Awareness of Osteopathic Medicine
- 50% increase in engagement with DOs
- 100% Increase International Awareness of DOs

2014 – 2016 Priority Areas

- Governance: Expense Control & Revenue Enhancement
- Research: Increase Osteo. Medical Research Impact
- Education: Expand OGME and Enhance Quality
- Teamwork: Enhance Public Policy Impact
- Family: Brand Visibility Campaign
Priority A- OGME Expansion: METRICS

INCREASE, BY 30%, THE NUMBER OF GRADUATE MEDICAL EDUCATION PROGRAMS AND POSITIONS WITHIN THREE YEARS

INCREASE THE NUMBER OF OSTEOPATHIC RESIDENCY AND FELLOWSHIP POSITIONS AND PROGRAMS IN PROCESS BY CULTIVATING AT LEAST 10 NEW LEADS PER YEAR

EVALUATE AND EXPAND OPTIONS FOR NON-TRADITIONAL FUNDING OF GRADUATE MEDICAL EDUCATION
Brand Visibility: METRICS

Establish initial market awareness baseline for 2014

Raise from baseline by at least 10% across at least two designated audiences
Expand GOAL (Grassroots Osteopathic Advocacy Link) enrollment to 90% of members, including SOMA, State, Specialty and Advocates Affiliates

Increase public engagement of EveryPatientCounts.org by 25% each year

Increase number of AOA advocacy engagement opportunities by 100%

Design and implement increased state office visit initiative, followed by expanded, large impact DO Day every three years.
Research: **METRICS**

- Develop at least four new research initiative partnerships
- Increase the number of published articles by 20%
- Expand internal research on profession
- Increase research funding sources and capacity by 50%
Expense Control: METRICS

- Weighted increase in funding for strategic priority areas:
  - Public Awareness Campaign
  - Increase resources toward OGME development
  - Expand Research fund capacity
  - Ensure support for Public Policy

- Enhance corporate giving for publications, research, OMED

- Align Expenses and Create New non-Dues Revenue Streams
AOA Prioritized Strategic Plan: “As we get the house in order... for SUCCESS!”

2025 Roof Top Goals
- 100% Increase in the Awareness of Osteopathic Medicine
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2014 – 2016 Priority Areas
- Expense Control & Revenue Enhancement
- Increase Osteo. Medical Research Impact
- Expand OGME and Enhance Quality
- Enhance Public Policy Impact
- Brand Visibility Campaign
The Single GME Accreditation System
Timeline

• Pre-2011: Concerns from Government and Payors Regarding GME
• October 2011: ACGME announces Common Program Requirements
• January 2012 – AOA and AACOM meet with ACGME. Task Force established
• October 2012 – AOA, ACGME and AACOM boards approve parallel resolutions to pursue development of single unified GME accreditation system
We are at a crossroads. Medical professions must evolve and adapt.
Common Program Requirements under a dual system would limit DOs’ ability to move from AOA to ACGME training programs.

Separation between AOA-trained and -certified and ACGME-trained and ABMS-certified DOs would be amplified.

OGME programs seen as second choice changing perceptions of OGME quality.

Growing number of MD and DO graduates may cause current dually accredited programs to become ACGME-only; increases risk of MDs “protecting their own.”

Federal government could increase control over GME governance and financing, potentially mandating GME standards.

AOA + ACGME

AOA-trained DO

ACGME-trained DO

AOA-trained DO

ACGME-trained DO

Competition for OGME slots gets worse as number of DO graduates rises. In 2014:

5,153 DO grads

2,988 OGME slots

Growing number of MD and DO graduates may cause current dually accredited programs to become ACGME-only; increases risk of MDs “protecting their own.”

Federal government could increase control over GME governance and financing, potentially mandating GME standards.
Timeline

- July 2013: AOA and AACOM Boards independently vote not to accept MOU as offered by ACGME. Instructed to pursue continued discussions leading to development of unified system
- July 2013 – January 2014: Multiple meetings held, both face-to-face and by teleconference
January 1, 2014: ACGME Board approved re-issuance of (modified) MOU and letter of clarification.

February 22, 2014: AACOM Board met on and approved resolution to accept MOU.

This is an historic moment for the profession.
The agreement **streamlines** the accreditation of GME programs but **preserves and protects** the structures within each medical profession.
The Vision

- Single Unified Accreditation System
- Osteopathic Graduate Medical Education in ACGME accredited programs
- AOA and AACOM as ACGME member organizations
- Residency and fellowship programs open to all MDs and DOs
Physicians have a responsibility to help patients improve health.

**Consistent approach** to training that encourages all physicians to deliver high quality care in a patient-centered holistic fashion.

**Aligns** with policy makers’ expectations.

**BENEFITS & OPPORTUNITIES**

**Students, Interns & Residents**

- **Aligns competency standards**
- **Expands access** to training for all current and future physicians.

**Osteopathic Medical Profession**

- **Preserves** the unique dimensions of osteopathic medicine.
- Greatly increases **visibility** of osteopathic medicine.
- Positions osteopathic medicine as **integral**.
- Unified voice on GME access and funding issues **strengthens physician advocacy**.
### GOALS

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Act in the best interest of patients</td>
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<tr>
<td>2</td>
<td>Ensure perpetuation of unique dimensions of osteopathic medicine</td>
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<tr>
<td>3</td>
<td>Secure broad access to postdoctoral training for future graduates</td>
</tr>
<tr>
<td>4</td>
<td>Affirm appropriate role and voice of DOs in governance</td>
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Overall, seeking to enhance quality, efficiency, relevance and innovation in post-graduate GME in the U.S.
There will be osteopathic-focused GME programs within the single accreditation system. New committees will be formed to oversee development and application of osteopathic principles in osteopathic-focused programs.

The AOA and AACOM will become member organizations of the ACGME. DOs will serve on all Residency Review Committees in specialties where there are osteopathic ACGME programs.
The Transition Plan

- AOA and AACOM nominate board members and become ACGME member organizations
- ACGME will create and maintain two new osteopathic review committees
  - Osteopathic Recognition committee
  - Neuromusculoskeletal Review Committee
AOA/AACOM Integrated into Governance and Operations of New ACGME
All AOA-approved programs will transition to ACGME accreditation between July 1, 2015, and June 30, 2020; the AOA will stop accrediting GME programs as of July 1, 2020

beginning July 1, 2015, AOA-accredited programs may apply for ACGME accreditation; applying gives them “pre-accreditation” status

• DOs who complete programs with pre-accreditation status will meet ACGME initial year and fellowship eligibility requirements

AOA-certified DOs will be eligible to be ACGME faculty

• Some RRCs may require program director certification by either ABMS or AOA
ACGME Assurances

- OPTIs may apply for and be recognized as ACGME sponsoring institutions
- Any program or sponsoring institution whose initial applications are unsuccessful may reapply; reapplication fees will be waived
ACGME Clarifications

• ACGME will not deny accreditation based solely on program size
• “Substantial Compliance” evaluation standard
• Standards for faculty credentials will be modified
• Program director review process
“The AMA fully supports the creation of one accreditation system for GME programs that will now include graduates of both allopathic and osteopathic medical schools.”

“What's most encouraging about this agreement...is the acknowledgement that the training of future generations of physicians ...requires a broad approach to GME that includes the best of the osteopathic and allopathic care philosophies and techniques.”

“A strong, unified system of graduate medical education and assessment will...improve collaboration across our medical communities.”

“The Wright Center is pleased with the decision...to create a single accreditation system for graduate medical education (GME) programs in the U.S.”

“The growing collaboration between the allopathic and osteopathic physician communities will only serve to improve patient care for all Americans”
Transition Oversight

• ACGME to hire senior level position from OGME community with responsibility for transition process

• The ACGME Monitoring Committee (comprised of ACGME Board members) will serve as the formal mechanism to oversee appropriate application of standards by the individual RRCs. There will be osteopathic representation on that Committee.

• Joint Task Force remains in place to oversee the process
BOH Involvement

- Educational Support for Hospitals and Programs Transitioning
- Educational Resource for ACGME programs interested in the osteopathic component
SINGLE GME ACCREDITATION

A new day in osteopathic graduate medical education
There are still many details yet to be worked out in discussions with ACGME and AACOM.

Find answers in the FAQs:

- General
- Students
- Program Directors
- Specialty Colleges

Q: What is the timeline?

Q: Will there be a single Match?

Q: How will the ACGME organizational structure include osteopathic representation?

Q: How will this affect DOs in training now?
Bureau of Osteopathic Specialists (BOS)

- Organized in 1939
- The official certifying body of the AOA
- Oversees and implements all certification and recertification policies and procedures
- Oversees development and implementation of Osteopathic Continuous Certification (OCC)
AOA Specialty Certifying Boards

- Anesthesiology (1956)
- Dermatology (1945)
- Emergency Medicine (1980)
- Family Physicians (1972)
- Internal Medicine (1942)
- Nuclear Medicine (1974)
- Neuromusculoskeletal Medicine (1977)
- Neurology & Psychiatry (1941)
- Obstetrics & Gynecology (1942)
- Otolaryngology & Ophthalmology (1940)
- Orthopedic Surgery (1978)
- Pediatrics (1940)
- Pathology (1943)
- Preventive Medicine (1982) – Most Recent
- Physical Medicine & Rehabilitation (1954)
- Proctology (1941)
- Radiology (1939) - First
- Surgery (1940)
Types of AOA Board Certifications

- Primary (General) Certification
- Certification of Special Qualifications (CSQ)
  - CSQ becomes primary or DO can maintain both primary and CSQ certifications
- Certification of Added Qualifications (CAQ)
  - Must maintain primary and CAQ
AOA Certifications

- Primary Certification
  - CAQ
  - CAQ
  - CAQ

- CSQ
  - CAQ
AOA Certifications - Current

- Primary Certifications Offered: 28
- CSQs Offered: 21
- CAQs Offered: 37
- Nearly 27,000 active certificates
Standards Review Process

Through the process, the BOS provides:

“the public with a dependable mechanism for identifying practitioners who have met particular standards”*

*Standards for Educational and Psychological Testing, American Psychological Association, 1985
Influencing Factors on the Development of OCC

- IOM Reports on Quality Care
- Patient Perception
- Allopathic MOC
- AOA CAP Program
- Perf. Improvement Initiatives
- CMSS Conjoint Committee
- FSMB and MOL
AOA Clinical Assessment Program (CAP)

• Improves patient outcomes by providing valid assessments of current clinical practices in osteopathic residency programs and physician practices

• CAP is a Web-based performance measurement program which analyzes data taken directly from patient medical records
AOA Clinical Assessment Program (CAP) cont’d

• CAP for Residency Programs - Used as an accreditation requirement by ACOFP and ACOI for all osteopathic residency training programs

• CAP for Physicians – Receive 20 AOA Category 1b CME credits per each measurement set completed

• CAP for Physician Quality Reporting System (PQRS) – CAP was chosen as a qualifying registry by CMS in 2008-2014 for participation in the PQRS registry for payment program
Institute of Medicine Reports
Continuous Certification Goals

- Ensure high standards for patient care
- Provide physicians with the means to continually assess and improve their abilities
- Assure stakeholders that physicians are being assessed by reliable and valid measures
- Transparent to public and communicate information about physicians’ competence

Why OCC / MOC?

- Responsibility of the profession to the public
- Maintain competence
  - Continuous improvement
- Practice performance activities will encourage physicians to reflect, assess, learn improving their practice
- Assessment drives learning
Osteopathic Continuous Certification (OCC)

- Similar to ABMS Maintenance of Certification (MOC) program
- Required for all diplomates with time-limited certifications
- Five components - core competencies are to be implemented within the components
Unrestricted Licensure

- Valid unrestricted license to practice medicine in one of the 50 states or Canada
- Adhere to the AOA’s Code of Ethics
OCC Component 2

- Lifelong Learning
  - Minimum of 120 credits of CME during each three-year cycle (three boards require 150 credits)
  - Minimum of 50 specialty credits must be in the specialty area of certification
AOA CME Requirements

120 CME Credits

- 30 1-A Credits
- 50 Specialty CME Credits
- CAQ Specialty CME Credits (as applicable)

120 CME Credits
OCC Component 3

- Cognitive Assessment
  - At least one psychometrically valid and proctored examination through the period of certification
  - Must assess a physician’s specialty medical knowledge as well as core competencies in the provision of health care
Practice Performance Assessment and Improvement

- Diplomates must engage in continuous improvement through comparison of personal practice performance measured against national standards for his or her medical specialty
General Process for Component 4

Physician Submits data
Quality Improvement Data (CAP, Hospital, etc.)
Patient Surveys

Board Reviews Data Against National Benchmarks

Physician Receives Report with Recommendations for Improvement
OCC Component 5

- Continuous AOA Membership

  - Membership in the professional osteopathic community provides physicians with online technology, practice management assistance, national advocacy for DOs and the profession, professional publications and CME activity reports and programs
Core Competencies

Incorporated into each Board’s OCC Process

- Osteopathic Philosophy/Osteopathic Manipulative Medicine
- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-Based Learning and Improvement
- Systems-Based Practice
OCC and MOL

• A number of state boards are pilot-testing Maintenance of Licensure (MOL) programs now – more in the next few years
• FSMB has recommended that state legislation include that participation in OCC be deemed as having met the state’s MOL requirements
Frequently Asked Questions

• I have a certification without an expiration date. How will OCC affect me?
  – *OCC is voluntary for non-expiring certifications.* However, you may wish to participate to fulfill any Maintenance of Licensure requirements you may have, or to publicly demonstrate your commitment to ongoing quality and assessment.
Frequently Asked Questions

• I have a CAQ in addition to my primary. What must I do for OCC?
  – A **minimum of 25% of your 50 specialty credits/3-year cycle must be obtained in the CAQ specialty area**
  – **Practice assessment components will be developed at the CAQ level**
Frequently Asked Questions

• I am dually boarded through two AOA specialty certifying boards. What must I do for OCC?
  – You will need to demonstrate practice performance and examine in both AOA specialties
  – Example: Internal Medicine and Emergency Medicine
Frequently Asked Questions

• I no longer see patients or practice clinically, but want to maintain my certification. What must I do for OCC?
  – All boards offer a way to declare your non-clinical status
  – Will need to participate in all OCC components except Practice Performance Assessment
  – Re-entry process will be developed
Questions / Concerns?

AOA Division of Certification
(800) 621-1773, ext. 8266
certification@osteopathic.org
AOA CME REQUIREMENTS
• One hundred and twenty credits of CME are required for membership in the American Osteopathic Association within this three-year cycle.
• Of this total, thirty CME credits must be obtained in Category 1-A and the remaining ninety credit hours of the CME requirement may be satisfied with either Category 1-A, 1-B, 2-A, or 2-B credits.
• Physicians entering the program in mid cycle will have their credit requirements prorated. Your individual CME Activity Report outlines your total CME requirement and the amount of credits required in categories 1 and 2.
AOA CME Certificate of Excellence

- Members who obtain one hundred and fifty credits or more of AOA approved applicable CME credit in a three-year CME cycle will be given a certificate of excellence in CME.

- These hours must be earned by December 31st, but reported no later than May 31st of the current CME cycle.
In recognition that members of the AOA who hold specialty or subspecialty certificates in those specialties with less than three hundred certificate holders, may have difficulty accruing the necessary AOA 1-A credits required for membership, such members may apply AMA or AAFP category 1 credits to their AOA 1-A credit requirement up to the maximum of 15 CME credits per cycle to meet the Category 1-A credit requirement for membership.
Category 1-A Credit

• These programs must be sponsored by an AOA accredited Category 1 CME sponsor and are limited to:
  
  • A. Formal Osteopathic CME
  • Consisting of formal face-to-face programs that meet the Category 1 quality guidelines, faculty requirements, and which are sponsored by AOA-accredited Category 1 CME sponsors.
  
  • Topics must be related to any of the seven (7) Core Competencies listed below, as the core competencies have been recognized throughout the continuum of osteopathic education as essential and critical to the development and maintenance of osteopathic physicians overall education.
Seven (7) Core Competencies:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
Category 1-A Credit

- **B. Osteopathic Medical Teaching**
- Physicians who deliver formal osteopathic medical education in a didactic format are eligible to receive Category 1-A credit on an hour-for-hour basis. Methods of such education are limited to:
  - 1. Formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine.
  - 2. Formal delivery of osteopathic medical education to students, interns, residents, and staff of AOA approved healthcare facilities. Teaching credit must be submitted by the CME Department of an AOA-accredited Category 1 CME college of osteopathic medicine or Category 1 CME sponsoring hospital.
Category 1-A Credit

- **C. Standardized Federal Aviation Courses**
- The Federal Aviation Administration “Aviation Medicine” course and the United States Armed Services, “Flight Surgeon Primary Course”, are eligible for Category 1-A credit.
Category 1-A Credit

• **D. Federal Programs**

• AOA Category 1-A credit will be awarded for formal CME programs to participants who are on active duty or employed by a uniformed service. Category 1-B will be awarded to all other federal CME activities.
E. Grand Rounds

Grand rounds will be considered for AOA Category 1-A credit when submitted as, a series of at least three programs, as opposed to being submitted on a lecture-by-lecture basis.

The Category 1 CME Sponsor must meet the Accreditation Requirements to award AOA Category 1-A credit.
• **F. Judging Osteopathic Clinical Case Presentations and Research Poster Presentations**

• Osteopathic physicians serving as formal judges for osteopathic clinical case presentations and research poster presentations at a formal CME function will be awarded AOA Category 1-A credits on an hour-for-hour basis up to a maximum of ten credits per AOA 3-year CME cycle.
• CME Requirements for Certified Physicians
AOA Board Certified Physicians

• 1. Physicians who are board certified are required to earn a minimum of 50 CME credits within their specialty in each three-year CME cycle. These credits may be earned in Category 1 or Category 2. (Please see Specialty Board for clarification.)

• 2. Certifications of Added Qualification (CAQs). For osteopathic physicians holding certification(s) of added qualification (CAQs), a minimum of 25% of the credits (13 credits) must be earned at the level of the CAQ. At least 30% of the specialty CME credits (15 credits) must be earned in the primary certification.
• 3. CME sponsored by osteopathic specialty affiliates in the individual’s declared specialty, will be applied to this requirement on an unlimited hour-by-hour basis.

• 4. CME sponsored by AOA CME Sponsors other than the individual’s declared specialty affiliate may be awarded by the certifying board with jurisdiction up to a maximum of 25 credits per cycle.
• B. 1. Physicians who are both AOA and ABMS board certified are required to earn the same specialty CME credit hours as DOs who are AOA board certified only in order to meet AOA specialty requirements.

• 2. Physicians who are solely certified in an ABMS specialty are required to obtain a minimum of 10 Category 1-A credits in AOA sponsored CME programs during each three year CME cycle in order to meet AOA specialty requirements.

• 3. Physicians who are solely certified through the ABMS must meet the 120 hour AOA membership requirement.
Failure to meet the AOA CME Requirement

- **End of CME Cycle**

Beginning with the CME cycle ending Dec. 31, 2012, AOA members have five months following the close of a cycle to fulfill his/her CME requirements.

- Previously, members were allowed 17 months following the close of a cycle to fulfill the CME requirement and maintain his/her AOA membership and AOA board certification.
CME REQUIREMENT FOR MEMBERSHIP

- Note: Under current AOA policy, failure to meet the AOA specialty CME requirement is interpreted as a failure to meet the individual physician's CME requirement.

- This could result in the loss of AOA membership and in turn result in the possible loss of certification.
Other Questions

• If there are any questions concerning the CME program or ways in which to receive, credit or questions regarding a physician’s status, please contact the AOA Division of CME at 800-621-1773 Ext. 8262. In addition, the Frequently Asked Questions (FAQs) are available online at www.osteopathic.org.

• The following CME Reporting forms are available at www.osteopathic.org.
  • 1. Healthcare Facility Education Activities
  • 2. Individual Certification
  • 3. Home Study
  • 4. Non-Osteopathic Programs – Category 1-B
  • 5. Exemption/Reduction Form
  • 6. 1-A AMA Specialty/Subspecialty
Questions