

**THE ASSOCIATION OF OSTEOPATHIC STATE EXECUTIVE  
DIRECTORS  
STRATEGIC PLAN 2017  
DATE TBD, 2017**

## **ADDENDUM**

### **Purpose of Addendum**

This addendum to the formal AOSED Strategic Plan 2017 provides expanded information, explanation, and suggestions for consideration during the implementation phase of the Strategic Plan 2017. The Strategic Planning Committee, Board of Directors, and Committees are charged with development of action items to implement the Strategic Plan 2017 and lead the Association towards meeting its Goals. Those working entities will find the expansion of information contained herein to be useful in providing focus on possible actions which will help actualize the five Strategic Paths. Some of the information provides a historical background and environmental assessment leading to the AOSED's current state of existence and operations. This addendum also provides more detail and developed thoughts on possible action items for consideration. Those suggestions have resulted from the efforts of the Strategic Planning Committee's previous online work, its live meeting on July 19, 2016, and the results of two survey instruments.

For continuity, headings in the table of contents within this addendum directly correspond to headings in the Strategic Plan 2017 table of contents.

This addendum is to be used in concert with the Strategic Plan 2017 document. It contains only additional information in support of the Strategic Plan 2017. It does not repeat the content of the Strategic Plan 2017.

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## INTRODUCTION

- The Association of Osteopathic State Executive Directors (the AOSED) is not incorporated. Or, at least such registration has not been located at this time. An Articles of Incorporation document was drafted in 2007 (on file) but apparently was not executed. It was drafted with intent to file in FL with Michelle Winn listed as the register agent. Jeffrey LeBoeuf was the AOSED president. The only current Strategic Planning Committee member listed in that document is Kathleen Creason. The search continues for any evidence of incorporation.
- The AOA states on its website that the AOSED was formed in 1918 but gives no details other than a list of purposes. Documentation of that event may possibly be housed in AOA archives. It would be useful to have such documentation in the AOSED's files.
- A document on file dated June 16, 1999 apparently served as the AOSED's Strategic Plan at that time. It includes a Phase I-The Vision and Phase II-The Realization.
  - The Vision resulted from a meeting in San Antonio on October 20, 1997 which was facilitated by Karen Carnahan (non-AOSED) and sponsored by Jeff Heatherington (AOSED; OPSO). The vision identified six components (not unlike those identified in the Strategic Plan 2017).
  - The Realization resulted from a facilitated session (Sue Bergeson) 17 months later on March 5, 1999 during the AOA's Unity Summit. Its purpose was to identify specific tasks (action items) and time frames (timelines) for each of the six components identified in the Vision as identified in the first meeting. A total of 24 specific tasks were identified within the 6 vision components.
  - The document is appended for review of the many proposed actions items. They should be reviewed by the AOSED team for current applicability to development of new action items and timelines.

## THE AOSED MISSION

- The new statement is brief, efficient, and quotable. It broadly states what we do, who we are, and where we do it.
- There is some question as to whether AOSED should change and expand to include specialties as members.

## THE AOSED VISION

- No additional information provided in this addendum

## THE OSTEOPATHIC PLEDGE OF COMMITMENT

- No additional information provided in this addendum

## ENVIRONMENTAL ANALYSIS

The information, observations, and suggestions below represent an attempted distillation and consideration of the Strengths, Weakness, Opportunities, and Threats that the Strategic Planning Committee identified via its SWOT analysis of the AOSSED's external and internal environments. The external factors lie generally outside the Association and are beyond its direct control while internal factors lying within the Association are within its control.

### **External Environmental Factors (largely independent of the AOSSED's control)**

- **STRENGTH:** The establishment of many new osteopathic medical schools is considered an external strength as it is leading to enormous growth of the profession. Many divisional affiliates have provided encouragement, resources, and assistance in faculty recruitment, financial backing during the initial application process, and strong support to students. This mutually beneficial relationship is anticipated to return rewards for many areas. This strength of the profession provides the AOSSED with opportunities for joint development of programs with divisional societies who have direct COM involvement.
- **WEAKNESS:** The existence of an osteopathic graduate medical educational shortage, within many states, is identified as a weakness. This weakness is the result of, in large part, a lack of knowledge regarding osteopathic medicine and post-graduate medical education on the part of hospitals within the state. It is a well-documented fact (AAMC, 2011) that 50% of physicians will practice within the state in which they are employed as a resident after medical school. Future members of a divisional society will continue to come primarily from those physicians who eventually practice within the state. Therefore, a lack of residency employment opportunities is seen as an obstacle to future growth in many states as well as an impediment to fulfillment of the missions of many divisional societies. Perhaps there is opportunity for the AOSSED to consider programs that assist states in developing awareness of the osteopathic profession and thereby help divisional societies to overcome this weakness.
- **WEAKNESS:** A lack of knowledge on the part of the public regarding the uniqueness of osteopathic medicine is considered a weakness. According to the past AOA President, Norman Vinn, DO, only 13% of the US population was aware of osteopathic medicine in 2014. With low awareness and lack of understanding of the profession, it is difficult to garner public support for many state affiliates. This seems to be an opportunity for the AOSSED to consider programs to assist states in developing awareness of the osteopathic profession and help overcome this weakness.

- **OPPORTUNITY:** Increasing legislative involvement in policy decisions at both the state and national levels is an opportunity for AOSED. Many emerging states do not presently have a legislative liaison due to cost issues. When this need is weighed against limited finances and resources of time and education of a volunteer membership, the opportunities for an effective legislative agenda remain limited. Opportunities exist for partnership among organizations with the same, or similar, interest to augment this initiative. So, many divisional societies continue current partnership initiatives with other professional organizations with similar interests, such as state allopathic medical associations, who can alert the smaller osteopathic association to legislative activity that may have an impact on its osteopathic membership. Likewise, the AOA's Division of State Government Affairs monitors developing legislation nationally and within individual states but recently asked states to "buy-in" with a fee. Many divisional affiliates are also members of the Scope of Practice Partnership that is supported by both the AOA and the AMA. Is there a possibility that the AOSED could programmatically assist divisional societies in their legislative activities?
- **OPPORTUNITY:** The AOSED can work with divisional societies by the promotion of osteopathic medicine through undergraduate student exposure, physician shadowing, and public presentations. This initiative should be directed toward those individuals wishing to learn more about osteopathic medical education, especially prospective students. One possible avenue to address this opportunity is to combine efforts with COM recruitment activities. A possible means of addressing this opportunity is to develop a resource for divisional affiliates to connect interested parties to AOSED members for locating mentorship opportunities.
- **OPPORTUNITY:** A major function for divisional societies is education. It is imperative that the state affiliates increase partnerships with other organizations with similar missions, such as the AOA, and other state and specialty societies, to increase continuing medical educational (CME) opportunities including live meetings, on-demand, and live-feed webinars for its membership. This initiative could support outreach to members, increase income opportunities, and serve as a member benefit. It is imperative that the AOSED intensify efforts to become the go-to partner for divisional societies.
- **THREAT:** In addition to membership dues, the divisional society income opportunities rest largely on its ability to provide CME opportunities to those members and others to help meet licensure and certification requirements. Recent changes in the AOA's rules now allow more of those credits to be earned via Internet CME - a threat to live meeting attendance and the divisional societies' primary source of funding. There is opportunity here for collaborative assistance from the AOSED in helping the divisional societies implement new programs to reduce impact of this threat.
- **THREAT:** Mid-level providers seeking greater independent practice rights is a threat to the physician members' potential income, which in turn may reduce disposable income

required for their divisional society dues and conference tuitions. This threat is closely tied to the aforementioned opportunities to have a stronger legislative initiatives as well as the need for greater public awareness of osteopathic medicine. The AOSED can develop partnerships among divisional societies that might add voice to opposition of scope of practice issues.

- **THREAT:** A significant threat is the competition for membership dollars and participation of divisional society members by other professional organizations. These other initiatives include, but are not limited to, national, specialty, and state professional organizations with similar goals and functions. The AOSED should consider partnership programs for divisional societies that would have potential to increase income streams and offset losses due to such competition.

#### **Internal Environmental Factors (within the Association's control)**

- **STRENGTH:** The AOSED is well-organized and is structured in such a manner as to encourage participation of all members, seeking fair representation from all divisional societies, and at the same time keeping checks and balances that ensure continuation of initiatives by encouraging a leadership secession model.
- **STRENGTH:** The AOSED is financially sound with a reserve fund that supports annual operational expenses and provides funding for special projects and some divisional affiliate travel support. The primary reason for reserves is to ensure continued operation if negative conditions resulted in significant loss of annual income during an annual cycle. Reserve funds also provide opportunity for expansion of programs and services.
- **STRENGTH:** There is diversity of membership in terms of executive directors' lengths of service to AOSED and their respective state association, their talents, and their applicable experiences. In a small organization such as the AOSED composed of primarily volunteers, such loyalty and generous participation is imperative for success.
- **STRENGTH:** Organizational cohesiveness is viewed as strength. There is an institutional atmosphere of "non-elitists" that exists at the core of the AOSED's member base and leadership.
- **STRENGTH:** There exists a familial and very collegial atmosphere within the AOSED while professional demeanor is maintained.
- **WEAKNESS:** The small and limited size of the membership is considered a significant weakness. Current AOSED membership represents a ??% market. Potential for increase is small.

- **WEAKNESS:** While the AOSED is currently financially sound, limited current revenue sources is a potential weakness in light of opportunities to expand services and programs that may require significant startup funds.
- **WEAKNESS:** There is some degree of apathy within the membership which is a weakness. Even with a core of loyal and hardworking members, ample opportunities exist for increased involvement from a significant number of relatively inactive members.
- **OPPORTUNITY:** A critical opportunity is membership growth. The operating budget is dependent primarily on membership dues and registrations. While the AOSED potential for membership growth and meeting participation is limited in potential, there is opportunity for greater participation. There may be potential for membership growth through expansion of membership categories to be more inclusive.
- **OPPORTUNITY:** The opportunity exists to expand utilization of the AOSED current networking system by making it more resource laden and functional. This opportunity could include functional enhancement of the AOSED website, improvement of the list serve, adding multiple electronic media tools including but not limited to an AOSED app, Facebook, and Twitter. Any such initiatives will require the additional resources of time and money. This is a significant issue for an organization such as AOSED with overworked and limited staff and for one heavily dependent on volunteer support.
- **THREAT:** The primary internal threat to future success of the AOSED is failure to implement effective action plans to achieve the goals and outcomes envisioned within this Strategic Plan 2017.
- **THREAT:** It would not be unimaginable that the AOSED could attempt to “over improve” itself out of existence if all the above opportunities and threats were addressed at once. While many opportunities are present, prioritization, and cautious progress is advised.

## **STRATEGIC GOALS**

- No additional information provided in this addendum

## **ULTIMATE GOALS**

- No additional information provided in this addendum



## **STRATEGIC PATHS**

- All the five Strategic Paths presented in the Strategic Plan 2017 overlap. Integration of this concept by the AOSED leadership into its strategic thinking is essential to its success in maximizing outcomes of the Strategic Plan 2017.

### **Organization**

- The AOSED has one contract employee and is governed through a Board of Directors elected by the general membership. The Board of Directors is composed of three officers (President, President-Elect, and Immediate Past-President) and four Trustees.
- The leadership should be proactive in considering and instituting appropriate changes in committee structures to address organizational issues that may negatively impact future success as it implements the AOSED's Strategic Plan 2017. The most amendable and immediate solution any organizational issues is to involve volunteer members at a higher level, especially over time. However, the AOSED's core supporting membership is already heavily involved.

### **Collaboration**

- Mutually beneficial relationships or consortiums with other organizations may be desirable as competition increases for already scarce resources which are already facing increased demand. There is a documented decreased supply of both income and manpower in professional medical organizations. For example, note the decline in pharmaceutical support (income) in the form of exhibits and grant support for CME. Other nontraditional collaborative opportunities for earned income need to be explored. For example, the AOSED might consider partnering with affiliates to develop CME programs for niche markets such as smaller rural hospitals that might need the educational opportunities available through the AOSED online CME program but which are cost prohibitive through larger CME providers. Specific opportunities might also include making more online CME available to physicians and allied health providers which could help meet the needs of rural providers in remote state regions.
- The AOSED could proffer CME grant proposals to include multiple presentations at multiple meeting venues. Other opportunities could exist through grant funding opportunities outside traditional sources. The AOSED might explore educational grant-funded opportunities that involve public education for diseases common to certain regions.

## **Membership**

- As stated before, the small resource base and the existing small size of the AOSED will limit the nature and extent of its membership initiatives. Certainly, the traditional benefits of education and comradery should be retained. Additional benefits must be explored that will require out-of-the-box thinking. An in-depth analysis that examines this Strategic Plan 2017 should be conducted to determine what the AOSED could actually expect to achieve in terms of benefits for its member executive directors. Such an analysis, when conducted, should include not only the executive director but should consider the cohort groups an executive director represents in leadership of the divisional society. Development of actions that involve all AOSED members in development of benefits is imperative.
- Benefits that make the AOSED a “must join” organization for executive directors could include programs with tangible training to help them reactivate or develop new skill sets. Such programs could include many of those proposed above. The current membership base should be queried for its needs similar to the manner in which its CME needs are determined.

## **Education/Awareness**

- MEMBERS: Some of these initiatives are addressed above under the Membership. The educational needs of the AOSED’s present and prospective members need to be determined. Historically, the association has done a good job of offering quality programs. Targeted opportunities that solve executive director problems and provide desired training need to be continued and expanded. Members and potential members most desire education specific to their needs. This presents an opportunity for the AOSED to explore those needs and determine specific training activities not easily otherwise obtained.
- PUBLIC: The AOSED could develop and execute an awareness campaign aimed at assisting its member divisional societies to increase the general public’s knowledge of the osteopathic profession. States need assistance to educate the public on the unique philosophy and approach to healthcare provided by their osteopathic physicians. Most small states’ budgets could not possibly afford the expense of a traditional mass media type of campaign. The best marketers available to a divisional society are its physician members. Through partnership with the AOSED, a true physician-led marketing campaign could be developed by those executive directors who have such experience and are willing to share and assist other executive directors through the AOSED portal. Significant inroads could be made by increasing the presence and number of state affiliate members who speak to local civic, religious, and educational organizations. An opportunity exists for the AOSED to educate its member executive directors on techniques, presentation skills, presentation material development, and how to contact target groups to arrange presentations.

- **COM APPLICANTS:** It is an established tradition of many divisional societies to provide information and assistance through the preparation, application, and interview phases to potential osteopathic medical school applicants. Apparently, others do little in this. The AOSED could organize strategies and provide assistance to executive directors such that all divisional societies can provide awareness of osteopathic medicine and advice to potential students through multiple prepared mechanisms.

### **Advocacy**

- No additional information presented here.

### **STRATEGIC THINKING**

- No additional information provided in this addendum

### **CONCLUSION**

- No additional information provided in this addendum