SAVANNAH

Board of Trustees Midyear Meeting General Sessions February 18-19, 2026

JW Marriott Savannah Plant Riverside District

AMERICAN OSTEOPATHIC ASSOCIATION

AMERICAN OSTEOPATHIC ASSOCIATION

2026 BOARD OF TRUSTEES MIDYEAR RETREAT AND BUSINESS MEETING

JW Marriott Savannah Plant Riverside District (500 W. River Street) | Virtual

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Retreat Attire: Business Casual

Registration: Click here to complete your registration.

Wednesday, February 18, 2026 GENERAL SESSION		
Time	**Agenda**	**Room Location**
7:30 – 8:30 a.m.ET	Breakfast *(Open to Spouses/Significant Others and Affiliate Guests)*	Beethoven's Music Terrace, Power Plant Building
8:30 – 12 p.m. ET	General Session	Amethyst Ballroom, Power Plant Building Zoom
12 – 1 p.m. ET	Lunch *(Open to Spouses/Significant Others and Affiliate Guests)*	
1 – 3 p.m. ET	General Session	Amethyst Ballroom, Power Plant Building Zoom
After 3 p.m. ET	Enjoy time on your own	
6:30 – 10 p.m. ET	Reception and Dinner *(Open to Spouses/Significant Others and Affiliate Guests)*	District Live Music Venue, Atlantic Building

Thursday, February 19, 2026 GENERAL SESSION		
Time	**Agenda**	**Room Location**
8:30 – 9:30 a.m. ET	Networking Breakfast (*Open to Spouses/Significant Others)*	Beethoven's Music Terrace, Power Plant Building
9:30 a.m. – 12 p.m. ET	Strategic Discussion: Operationalizing the AOA Strategic Plan	Amethyst Ballroom, Power Plant Building Zoom
12– 1 p.m. ET	Networking Lunch (*Open to Spouses/Significant Others)*	Beethoven's Music Terrace, Power Plant Building

AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St.
Chicago, IL 60611
312.202.8000

osteopathic.org

2026 AOA BOARD OF TRUSTEES GENERAL SESSION

JW Marriott Savannah Plant Riverside District · Amethyst Ballroom, Power Plant Building

Virtual Participation: Link by Email

Please remember to place yourself on mute if not speaking

Wednesday, February 18, 2026 · 8:30 a.m. – 3 p.m. ET

Time	Agenda Item		Presenter(s)
8:30 a.m.	Call to Order and Welcome		Robert G.G. Piccinini, DO, D.FACN President
	Roll Call and Quorum Establishment		Val Carr, Chief of Staff
	Introduction of Guests		Robert G.G. Piccinini, DO, D.FACN President
	Osteopathic Pledge of Commitment / AOA Mission and Vision Statement		Robert G.G. Piccinini, DO, D.FACN President
	Invocation		Shannon C. Scott, DO
8:40 a.m.	Conflict of Interest Disclosures		Robert G.G. Piccinini, DO, D.FACN President
	Adoption of Agenda	Action	
	Leadership Reports		
8:45 a.m.	President's Report		Robert G.G. Piccinini, DO, D.FACN President
9 a.m.	President-Elect's Report		Richard R. Thacker, DO, President-Elect
9:10 a.m.	CEO's Report		Kathleen S. Creason, MBA, CEO
9:20 a.m.	Collaborative Discussions: FY 2026 Workgroup Goals		
	Communications Workgroup		Shawn M. Hamm, DO, Chair Pamela Von Lehmden, Secretary
	CBS Communications Subgroup		Shannon C. Scott, Chair Shawn M. Hamm, DO, Vice Chair Christine Fifield, Secretary
	Intentional / Unintentional Disruptions Workgroup		James M. Lally, DO, Chair Maura Biszewski, Secretary
	Legacy and Heritage Workgroup		David E. Garza, DO, Chair Pamela Von Lehmden, Secretary

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2026 AOA BOARD OF TRUSTEES GENERAL SESSION

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Wednesday, February 18, 2026 · 8:30 a.m. – 3 p.m. ET

Time	Agenda Item	Presenter(s)
	Mental Health Workgroup	Julieanne P. Sees, DO, Chair Sharon McGill, MPH, Secretary
	VOICES Workgroup	Sonia Rivera-Martinez, DO, Chair Jennifer Y. Kendall, DO, Vice Chair Priya Garg, MBA, Secretary
10:20 a.m.	Break	
10:30 a.m.	OMED Future Locations Discussion	Peter B. Ajluni, DO, Chair, Council of OMED Kathleen S. Creason, MBA, CEO Dawn Amaskane, CAE, VP, Governance and Meetings
11 a.m.	2021-2026 AOA Strategic Plan Accomplishments	Geraldine T. O'Shea, DO, Chair, 2024-2025 Strategic Planning Committee
11:10 a.m.	Collaborative Discussion: Identify a Disruption Impacting Your Organization	
12:15 p.m.	Lunch	
1 p.m.	Collaborative Discussion: Association Membership	Caroline Baugher, Practice Director, McKinley Advisors
2:55 p.m.	Closing Remarks	Robert G.G. Piccinini, DO, D.FACN President
3 p.m.	Adjournment	Robert G.G. Piccinini, DO, D.FACN President

Osteopathic Pledge of Commitment

I pledge to:

Provide compassionate, quality care to my patients;
Partner with them to promote health;

Display integrity and professionalism throughout my career;
Advance the philosophy, practice and science of osteopathic medicine;
Continue life-long learning;

Support my profession with loyalty in action, word and deed; and
Live each day as an example of what an osteopathic physician should be.

Mission and Vision Statements

Mission

The AOA is the professional home for osteopathic physicians and students, providing education, board certification and is the champion of the advancement of the distinctive osteopathic profession.

Vision

The AOA aspires to be the “North Star” of the osteopathic profession by advancing the interests of osteopathic physicians and students and promoting excellence in patient care consistent with the distinctive osteopathic philosophy.

FY 2026 Workgroup Activity Reports List

Workgroup	Chair(s)	Secretary
Communications Workgroup	Shawn Hamm, DO, Chair Shannon C. Scott, DO, Vice Chair	Pamela Von Lehmden
CBS Communication Subgroup	Shannon S. Scott, DO, Chair Shawn Hamm, Vice Chair	Christine Fifield
Intentional / Unintentional Disruptions Workgroup	James M. Lally, DO, Chair Steve Bell, DO, Vice Chair	Maura Biszewski
Legacy and Heritage Workgroup	David E. Garza, DO, Chair James Horst, DO, Vice Chair	Pamela Von Lehmden
Mental Health Workgroup	Julieanne P. Sees, DO, Chair Todd Jamrose, DO, Vice Chair	Sharon McGill, MPH
VOICES Workgroup	Sonia Rivera-Martinez, DO, Chair Jennifer Y. Kendall, DO, Vice Chair	Priya Garg, MBA

FY 2026 Workgroup Activity Report
Communications Workgroup

Description:

Goals / Outcomes	*OG	*SP	Status
1. Streamline and enhance the AOA Website by conducting a website review [February 2026] a. Complete a digital architecture review b. Complete a website audit by an outside vendor i. Determine budget request for this to scale up to whole website ii. Current focus is on CBS certification website (deliverables secured by Christine, pending contracting process) [Feb 2025] a. Review existing AOA website audit conducted by the Membership Committee in early 2025, analyze, determine gaps and next steps. (This spreadsheet is focused on what is member only access and what is open to non-members.)			X X X
2. Complete a Communications Inventory across the Association and identify silos, duplications, and gaps [Currently in process; Inventory completed by October 2025, review completed by December 2025, and recommendations / actions by February 2026] a. Conduct the inventory. b. Analyze to identify silos, duplications, and gaps. c. Develop recommendations and action steps. d. Consider A/B test messaging and creative assets i. Monitor campaign analytics monthly and adjust targeting based on insights			X
3. Complete a social media presence / landscape audit across the Association [Inventory completed by November 2025, review completed by December 2025, and recommendations/actions by February 2026] a. Survey students/residents/fellows, BEL members, and other key stakeholders. b. Analyze the current data on views and engagement across each social media platform c. Make recommendations and implement revisions as indicated, possibly adding new social media platforms or deleting non-performing ones d. Consider A/B test messaging and creative assets i. Monitor campaign analytics monthly and adjust targeting based on insights			X

* Goals that align with the 2021-2026 AOA Strategic Plan are referenced in the "SP" column.
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✓ denotes completed | x denotes in progress

4. To support integration and alignment of all communications related activities, explore the feasibility of a new AOA standing communications advisory group that brings together representatives from all departments. [January 2026] a. Key focus on integrations and alignment with membership engagement activities being led by the Membership Committee of the Board and the operation priorities of the membership team.			X

Members

Name	Position
Shawn Hamm, DO - Chair	New Physician in Practice
Shannon C. Scott, DO - Vice Chair	Board of Trustees
Daniel M. Krajcik, DO	New Physician in Practice BOT Member
Suk-Lin Zhou, DO	Postdoctoral Trainee BOT Member
Ethan Galloway, OMS IV	Student BOT Member
Stephanie Henley	AOSED
Makayla Merritt, PhD	AOSED
Emily Bennett	SOSE
Sherri Quarles	SOSE
Julieanne P. Sees, DO	Board of Trustees
Joanna Dauber, DO	Member-at-Large
David Shumway, DO	AOIA
Dawn Amaskane, CAE, CMP	AOA Meetings Staff
Pamela Von Lehmden	Secretary

Tentative Meeting Dates / Agenda Topics

November 12, January 14 (full meeting), March 11, May 6, June TBD for prep for HOD

Progress Toward Goals

Here are the key elements that have moved forward:

- IT/MarCom Teams are collaborating on an AOA website audit. IT is exploring external vendors to engage.
- CBS has engaged an external firm, Informatics, as board certification strategy has been prioritized. They have launched a brand audit and will be charged with the overall web alignment and distinctiveness of the various specialty board websites.
- A communications audit has commenced and will be completed in mid-Q1.

FY 2026 Workgroup Activity Report
CBS Communications Subgroup

Goals / Outcomes	*OG	*SP	Status
1. Enhance Communications around the OCC Experience for Current Diplomates a. Conduct focus groups or interviews with diplomates to gather insights on gaps, pain points and preferences related to OCC communications. i. Use findings to inform standardized messaging that clarifies the OCC pathway and addresses common misconceptions. b. Develop content and delivery recommendations for segmented email campaigns that guide diplomates through OCC milestones with timely, relevant messaging. c. For consideration: Review the longitudinal assessment survey and make suggestions for improve questions and generate higher response rates. Communications-Specific Metrics: • Email open/click rates • Webinar attendance and feedback • Engagement with FAQs or guides			X
2. Enhance the user experience on certification.osteopathic.org. a. Explore key user journeys on certification.osteopathic.org to identify gaps, pain points, and inconsistencies i. User journeys can include prospective candidates, program coordinators/directors, active candidates, and diplomates. b. Review OCC-related web content and make recommendations to improve clarity, navigation, and accessibility. c. Craft content for webinars or virtual Q&A sessions focused on navigating OCC. Communications-Specific Metrics: • Website traffic to and user behavior on initial certification pages • Website traffic and user behavior on to OCC pages			X
3. Improve Strategic Marketing and Communications for Initial Board Certification Candidates a. Advise staff on improvements to candidate marketing and communications strategy, including content, delivery mechanisms, timing/frequency, tone, etc. b. Create audience-specific messaging for candidates, program coordinators, and affiliates. c. Partner with affiliates to co-brand outreach materials that promote certification. d. Create toolkits for program coordinators to help them communicate certification steps clearly. e. Audit and refine messaging to ensure clarity, consistency, and relatability across all candidate touchpoints.			X

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Communications-Specific Metrics: • Engagement with candidate-facing emails and toolkits • Social media reach and impressions • Feedback from program coordinators and candidates			
4. Build Brand Trust Through Storytelling and Messaging Alignment a. Collect and share testimonials from AOA board certified physicians highlighting the value of board certification. b. Collaborate in brand auditing process to ensure consistent messaging and visual branding across all communications platforms and departments. c. Advise on content for branded communications toolkits for internal and external stakeholders to promote certification. Communications-Specific Metrics: • Media mentions and backlinks • Social media engagement • Toolkit usage and feedback • Website traffic to brand-related content			X

Members

Name	Position
Shannon C. Scott, DO - Chair	Board of Trustees
Shawn Hamm, DO - Vice Chair	New Physician in Practice
Sara Lohbauer, DO	New Physician in Practice
Maria Jones, DO	Postdoctoral Trainee
Stephen Campbell	AOA Staff
Furhut Janssen, DO	Bureau of Osteopathic Specialists (BOS)
Christine Fifield	Secretary

Tentative Meeting Dates / Agenda Topics

Oct. 8
Dec. 3
Jan. 14 – Collaboration with full workgroup
Feb. 11
March 11 - Collaboration with full workgroup
April 8
May 6 - Collaboration with full workgroup
June TBD
July TBD

Progress Toward Goals

The subgroup met monthly. The group is currently and primarily focused on **improving digital UX (see goal #2).**

FY 2026 Workgroup Activity Report
CBS Communications Subgroup

First, the group has been collaborating with staff to generate new navigation mock-ups (osteopathic.org, certification.osteopathic.org, and specialty certification homepages) that include clearer and easier navigation to the various certification portals. We anticipate a rollout of these new navigation options before the end of Q1 2026.

In addition, the group has completed on a comprehensive OCC communications and content review that will serve to inform the strategy and recommendations for the other goals. The review will focus on six representative specialties:

- 2 Large – Family Medicine and Orthopedic Surgery
- 2 Medium – Pediatrics and NMM
- 2 Small – PM&R and Anesthesiology

By including these six specialties, the work of this review will be more scalable to the rest of the department and its 70+ unique certifications. The review within each of those specialties included:

- Web pages
- Email

Next, the group will be reviewing the UX of the physician portal and make recommendations to improve the user experience in that active diplomate platform. The group has been working closely with AOA IT to ensure that recommendations can be easily implemented.

Finally, in between meetings, the team has been beta testing upcoming messaging related to the upcoming transition to the AOA learning portal for longitudinal assessment.

The first workgroup meeting, which included the subgroup members, met on Sept. 10, 2025. Goals were reviewed and members were asked to submit any feedback. The goals above may change slightly but the intent should not.

Plans for Upcoming Year

- Present new utility navigation menu and UX improvements to date – Feb. 18
- Complete UX review of Physician Portal – TBD
- Create communications recommendations for diplomates and candidates based on review – TBD
- Create plan to execute recommended Physician Portal improvements - TBD

FY 2026 Workgroup Activity Report
Intentional / Unintentional Workgroup

Description:
The Intentional / Unintentional Disruptions Workgroups were established under the direction of President Piccinini to explore potential disruptions - both foreseeable and unexpected - that could upend the Association and to discuss preliminary plans around key disruption scenarios. There will be three Intentional / Unintentional Disruptions Workgroups each lasting 3 months.

Goals / Outcomes	*OG	*SP	Status
Identify and analyze emerging disruption scenarios—both intentional and unintentional—that could impact the AOA's structure, membership, and advocacy role.	2		X
Develop strategic recommendations for how the AOA can proactively adapt to these disruptions, with a focus on maintaining relevance, protecting physician autonomy, and enhancing member engagement.	2		X

Intentional / Unintentional Disruptions Workgroup #1 Members

Name	Position
James M. Lally, DO - Chair	Board of Trustees
Steve Bell, DO - Vice Chair	Member-at-Large
W. Ashley Hood, DO	Board of Trustees
Roger Thompson	AOSED
Hannah DiLoreto	SOSE
Noelle Provenzano, DO	Postdoctoral Trainee
Maura Biszewski	Secretary

Intentional / Unintentional Disruptions Workgroup #2 Members

Name	Position
James M. Lally, DO - Chair	Board of Trustees
Seger Morris, DO - Vice Chair	Member-at-Large
Holly Macriss	AOSED
Carol Houston	SOSE
Frank M. Tursi, DO	Board of Trustees
Alberto Velasco, DO	Postdoctoral Trainee
Maura Biszewski	Secretary

Intentional / Unintentional Disruptions Workgroup #3 Members

Name	Position
James M. Lally, DO - Chair	Board of Trustees
TBD	
TBD	
TBD	
TBD	
TBD	
Maura Biszewski	Secretary

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FY 2026 Workgroup Activity Report
Intentional / Unintentional Workgroup

Meeting Dates / Agenda Topics

July 31, 2025 • Workgroup #1 Kickoff meeting focused on identifying potential disruptions to AOA, including unionization, economic pressures, and declining engagement.
August 18, 2025 • Explored unionization trends and planned outreach to physician unions; discussed strategies to re-engage younger members.
August 28, 2025 • Featured presentation from UAPD President Dr. Stuart Bussey; examined union structures and potential collaboration models with AOA.
November 4, 2025 • Workgroup #2 Kickoff meeting focused on identifying potential disruptions to AOA, including declining membership, engagement and certification candidates.
November 17, 2025 • Reviewed data on growth of profession and decline in paid membership, slower growth in profession, and trends in AOA CME credit
January 12, 2026 • Finalized discussion questions for protectionism disruption, reviewed trends in AOA CME credit by sponsor type (specialty college, divisional society, COM, etc)

Progress Toward Goals

At OMED, the workgroup presented its strategic recommendations surrounding trends in unionization and physician employment.

Workgroup 2 will present its strategic recommendations at the BOT Midyear Meeting.

Plans for Upcoming Year

FY 2026 Workgroup Activity Report
Legacy and Heritage Workgroup

Goals / Outcomes	*OG	*SP	Status
Legacy and Heritage Subgroup 1 **Short Range** 1. Agree on which definition of First Gen we will use. 2. Answer the question: Will any of our work be considered "research" and, if yes, do we need to work with an Institutional Review Board (IRB)? If yes, which one should we choose? (Probably need someone who works for a university or COM that has one) 3. Create survey questions for AOA membership.	6	6.1 & 6.2	X
Intermediate 1. Design a questionnaire for COM Deans (Possible Questions: % FG, types of support they get, existence of official FG support group, etc.) for distribution via AACOM 2. Design a questionnaire for FG Osteopathic Medical Students for distribution via AACOM	6	6.1 & 6.2	
Long Range Explore options for: 1. Publishing our findings (AOA membership, AACOM, HPAC Advisors, etc.) 2. Creating a mentorship platform to assist FG medical students	6	6.1 & 6.2	

Members

Name	Position
David E. Garza, DO - Chair	Board of Trustees
James Horst, DO - Vice Chair	Member-at-Large
Jason Haxton, MA	Museum of Osteopathic Medicine
John Gimpel, DO, MEd	President and CEO, NBOME
Robert S. Juhasz, DO	AOA Past President
Dimitri Tito, DO	Robert Cain, DO - AACOM
Adrian Villarreal, DO	New Physician in Practice
Denise Vera-Nemeth, DO	Postdoctoral Trainee
Courtney Robinson, OMS IV	Student
Don Grewell, DO	AOSED
Amanda Mahan	AOSED
Sue Wesserling	SOSE
Sherri Quarles	SOSE
Pamela Von Lehmden	Secretary

Tentative Meeting Dates / Agenda Topics

- Sept 11- https://us06web.zoom.us/j/83191424781 Sub Group 1
- Oct 9- https://us06web.zoom.us/j/83939371365 Sub Group 2

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- Nov 13- https://us06web.zoom.us/j/83191424781 Sub Group 1
- Dec 4- https://us06web.zoom.us/j/83939371365 Sub Group 2
- Jan 8- https://us06web.zoom.us/j/83191424781 Sub Group 1
- Feb 12- https://us06web.zoom.us/j/83939371365 Sub Group 2
- March 12- https://us06web.zoom.us/j/83191424781 Sub Group 1
- April 9- https://us06web.zoom.us/j/83939371365 Sub Group 2
- May 14- https://us06web.zoom.us/j/83191424781 Sub Group 1
- June- https://us06web.zoom.us/j/83939371365 Sub Group 2

Progress Toward Goals

The workgroup broke into two separate workgroups. Key actions to date include:

- First Gen definition developed.
- Filmed 15 first generation DOs at OMED that included students through experienced DOs. The first of which launched on social media in November. New DO features are released each month.
- Developed a launch strategy and plan that includes dates and specific DOs that will be focused.
- Launched a webpage to highlight and archive first generation DOs.
- Developed a release form with AOA legal to send the videos to the A.T. Still Museum.

Subgroup 1

David E. Garza, DO, Chair
Adrian Villarreal, DO, Vice Chair
John R Gimpel, DO, MEd
Amanda Mahan
Sherri Quarles
Dimitri Tito, DO
Pamela Von Lehmden, Secretary

Subgroup 2

James Horst, DO, Chair
Denise Vera-Nemeth, DO, Vice Chair
Don Grewell, DO
Jason Haxton, MA
Robert S. Juhasz, DO
Courtney Robinson, OMS IV
Sue Wesserling
Pamela Von Lehmden, Secretary

FY 2026 Workgroup Activity Report
Mental Health Workgroup

Description:
Provide resources and tools to enhance the well-being of osteopathic physicians and osteopathic medical students.

Goals / Outcomes	*OG	*SP	Status
Develop the workgroup goals at the first meeting of the workgroup, September 30, 2025.			✓
Additional goals determined by the workgroup at Sept 30 meeting			
1. Provide resources and tools for osteopathic physicians and students			X
2. Conduct a comprehensive review of the mental health section of the AOA website			X
3. Develop strategies to address the stigma related to asking for help			X
4. Explore another avenue apart from state mental health programs (Physician Health Programs) or partner with other organizations to offer these specific benefits			X
5. Review educational standards addressing the mental health of students and residents.			X
6. Develop recommendations to the AOA Board of Trustees to advance the work of the Mental Health Workgroup			
7. OPTIONAL goal: Write a paper on best practices to help the community at large.			
Launch an updated Toolkit on the AOA website and market it to AOA members and students.			

Members

Name	Position
Julieanne P. Sees, DO - Chair	Board of Trustees
Todd Jamrose, DO - Vice Chair	Member-at-Large
Teodor (Ted) Huzij, DO	Member-at-Large
Nigel Jagoo, DO	New Physician in Practice
Michael Foti, DO	New Physician in Practice
Cassandra Holub, DO	Postdoctoral Trainee
Jantzen Faulkner, DO	Postdoctoral Trainee
Chethana Gallage Dona, OMS IV	Student
Giovanna Russano, OMS II	Student
Suzanne Frederick	AOSED
Ralph McClish	SOSE
Milena Douglas, OMS III	AMOPS
Caryn Tabby	AAOA
Krissy Eisenhardt	AAOA
Neal Monka, DO	BEL
Sharon McGill, MPH	Secretary

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FY 2026 Workgroup Activity Report
Mental Health Workgroup

Meeting Dates / Agenda Topics

September 30, 2025

- Discussion of workgroup goals and outcomes
- Review of the mental health section of the AOA website

October 23, 2025

- Approval of final workgroup goals
- Presentation by Milena Douglas, OMSII on The Still Point proposal which is a storytelling initiative designed to highlight the humanity, vulnerability, and resilience of physicians and medical students through brief audio narratives.
- Presentation by Caryn Tabby, AAOA, on Establishing a Peer-Support Group for Family Members of Medical Students.

December 17, 2025

- Reviewed 4 educational programs in the "Regaining the Joy of Practicing Medicine" series from AOIA Physician Services. Other ideas for webinars were shared including assistance to physicians who are in crisis and webinars specifically targeting residents and students.

- Current AOA policies related to mental health were reviewed. These include:
  H330-A/24 Support for Safe Haven Non-Reporting Protection for Physicians
  H337-A/24 Due Process for Alleged Impaired Physicians
  H428-A2022 Recreational Cannabis Use by Physicians, Students, and Patients
  Discussion on using AOA policies to advocate nationally in order to protect students, residents and physicians in crisis to provide a safe environment and developing policies around issues that can lead to crisis, for example having better insurance to cover mental health so issues can be addressed earlier.

- Dr. Sees presented the current resources that are on the AOA wellness toolkit website. Discussion followed on ways the AOA can disseminate this information. Some ideas included developing a marketing plan and hosting physician wellness sessions at every CME program. There was also discussion on the best way to reach residents and students. Suggestions included using Instagram and other platforms used by residents and students. Another suggestion was to provide the information through the residency programs and require protected education time for residents.

January 2026

- Presentation by Raine Richards, JD, VP, State and International Affairs, entitled "Update on State Implementation of Safe Haven Non-Reporting Protections." Raine addressed AOA's Safe Haven Policy which is aligned with AMA & Dr. Lorna Breen Heroes' Foundation policies. She also explained the Dr. Lorna Breen Heroes' Foundation "Wellbeing First Champions of Licensing" Initiative recognizing state licensing boards which have removed overly intrusive mental health questions and support clinician mental health and wellness.

- Discussed the ACGME Requirements on Well-Being and will send comments to Maura Biszewski to include as part of the AOA comments to ACGME.

- Reviewed an outline for the new AOA Mental Health Toolkit

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March • Review new resolutions and/or amendments to current AOA policies for submission to the 2026 House of Delegates
April 2026 • Launch of new tools and resources on the AOA website

Progress Toward Goals

The Mental Health Workgroup will meet via 5 Zoom calls to address their goals. The goals were discussed at the September meeting, finalized and approved at the October meeting. As mentioned above the Mental Health Workgroup has reviewed the current Wellness Toolkit and are working towards the revision of the toolkit adding additional resources, contacts and webinars. The workgroup is also developing new policy or amending current policy for the 2026 HOD meeting.

Plans for Upcoming Year

There will be a review of the current mental health section on the AOA website. Based on discussion of the workgroup, updated tools and resources will be developed.

FY 2026 Workgroup Activity Report
VOICES Workgroup

Description:
To support AOA affiliates in engaging individuals from historically underrepresented groups in medicine who are seeking opportunities for organizational involvement and leadership. This workgroup aims to advance diversity, equity, and inclusion within the affiliates while also fostering a more diverse leadership pipeline, both within these groups and across the AOA.

Goals / Outcomes	*OG	*SP	Status
Create resources that outline clear pathways to leadership roles across health care sectors, such as medical director, executive leadership (COO/CEO/CIO), affiliate/divisional society leadership, and AOA governance	1	5	X
Develop a minimum of three engagement initiatives directed toward affiliates, ensuring each initiative aligns with the needs and capacity of at least two affiliates based on size and resource level.	1	2	X
Promote intentional engagement, networking, and mentorship opportunities for individuals from underrepresented backgrounds in medicine at AOA major meetings.	3, 4	5	X

Members

Name	Position
Sonia Rivera-Martinez, DO - Chair	Board of Trustees
Jennifer Y. Kendall, DO - Vice Chair	Board of Trustees
Kevin Beyer, DO	Member-at-Large
Alexander Ford, DO	Member-at-Large
Janie Orrington-Myers, DO	Member-at-Large
Tyree Winters, DO	Member-at-Large
Steve Durham	AOSED
Heidi Weber	AOSED
Betsy Hilt	SOSE
Valerie Sheridan, DO	SOSE
Jennifer Shuey, DO	New Physician in Practice
Parul Chhatpar, DO	Postdoctoral Trainee
Raashmi Krishnasamy, OMS III	Student
Priya Garg, MBA	Secretary

Tentative Meeting Dates / Agenda Topics

October 2025
- Kickoff & Alignment
  - Review project goals and success measures
  - Map existing leadership pathways across health care sectors (medical director, executive leadership, affiliate leadership, AOA governance)
  - Draft outline for affiliate membership engagement survey

November 2025
- Leadership Pathway Development – Phase I
  - Draft outline for leadership pathway interview questions
  - Assign workgroups to each sector (medical director, C-suite, affiliates, governance)
  - Brainstorm affiliate engagement needs by size and capacity

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December 2025 • Finalize surveys and launch in January 2026
January 2026 • Launched surveys and conducted leadership interviews
February 2026 • Review responses from leadership pathway interviews • Review affiliate membership engagement survey results
March 2026 • Design intentional networking and mentorship opportunities for underrepresented groups at upcoming AOA meetings • Review draft versions of leadership pathway resources
April 2026 • Release leadership pathway resources across AOA platforms • Develop three affiliate engagement initiatives
May 2026 • Evaluate outcomes and document lessons learned for long-term sustainability • Confirm affiliate buy-in for engagement initiatives to launch in FY27 • Finalize any unfinished goals
June 2026 • Finalize any unfinished goals

Progress Toward Goals

The VOICES Workgroup convened twice between September and December 2025 and has made strong progress toward its priority initiatives. Members have divided into two focused subgroups: Subgroup 1 is reviewing existing leadership pathway examples to create a comprehensive template that can be applied across various leadership roles. Subgroup 2 is developing a short survey for all affiliates to assess current membership and engagement strategies, including successes, challenges, and unmet needs. These efforts will help ensure that the AOA continues to support and empower diverse leaders across the profession.

Plans for Upcoming Year

The VOICES Workgroup will establish a plan to implement affiliate engagement initiatives and networking opportunities by the end of FY26.

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OMED®
Osteopathic Medical Education Conference

Future Locations Discussion

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2026 Midyear Meeting
OMED Future Locations Discussion Backgrounder

Vision: By 2032 the OMED conference will have 8,000 in-person attendees with 6,000 of the 8,000 being physicians.

Background: The conference location contributes to attendance. The 2026-2028 OMED conference locations are as follows: 2026 Las Vegas (October); 2027 Phoenix (September); and 2028 San Diego (September). The 2029-2032 OMED conference locations to be determined at the July 2026 Board of Trustees meeting. Data points from past OMED attendance, OMED destination membership survey, and a seasoned versus evolving cities comparison are provided as appendices. These data points contribute to the OMED future locations and the 2032 vision of 8,000 in-person attendees.

Appendices:

- Appendix 1: Past OMED attendance by location
- Appendix 2: OMED destination membership survey summary
- Appendix 3: Seasoned cities versus evolving cities comparisons

*graphics provided by Martiz

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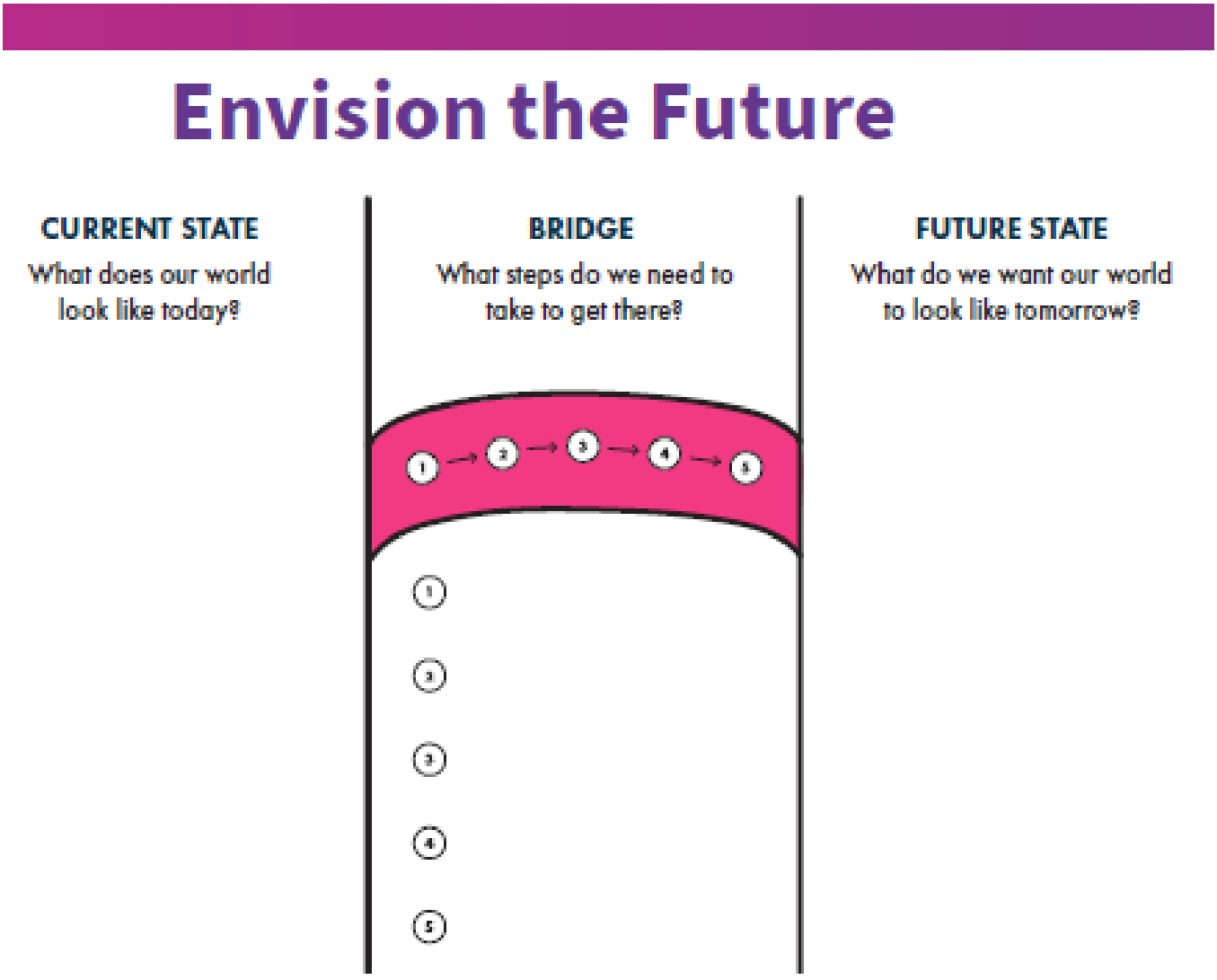
OMED Future Locations Discussion Topics

Discussion Topic 1: Envision the Future
(Approximately 5 minutes)
Utilize the graphic* example for discussion

- Current State – What does OMED in-person attendance look like today?
- Bridge – What needs to be done to get to 8,000 in-person attendees by 2032?
- Future State – How does the selection of future OMED conference destinations impact the future state?



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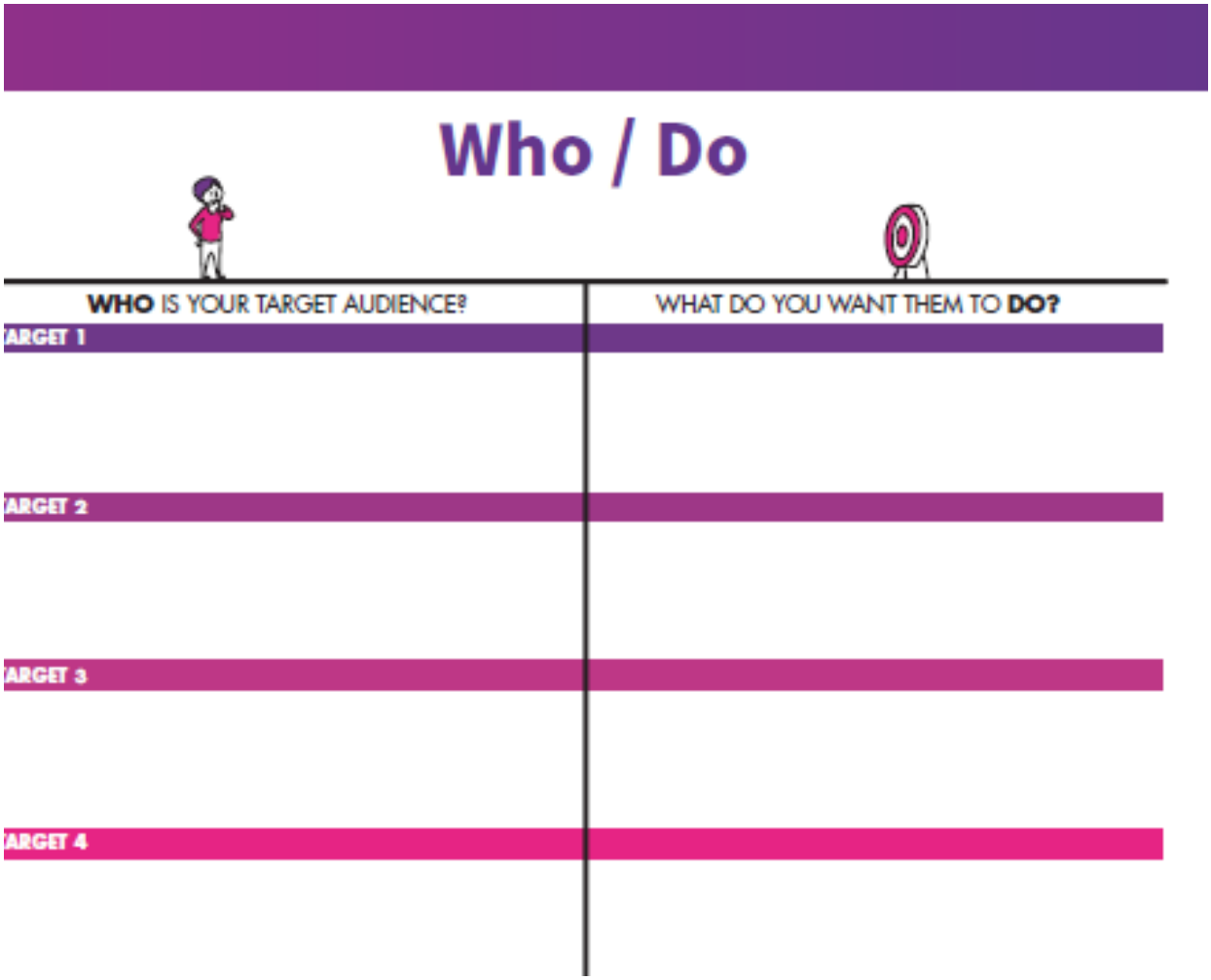
OMED Future Locations Discussion Topics

Discussion Topic 2: Who/Do
(Approximately 5 minutes)
Utilize the graphic* example for discussion

- Identify the target audience for in-person attendance (ie physician members, physician non-members, residents, student).
- Identify the key factors that would make each audience choose to attend the OMED conference in-person regularly.



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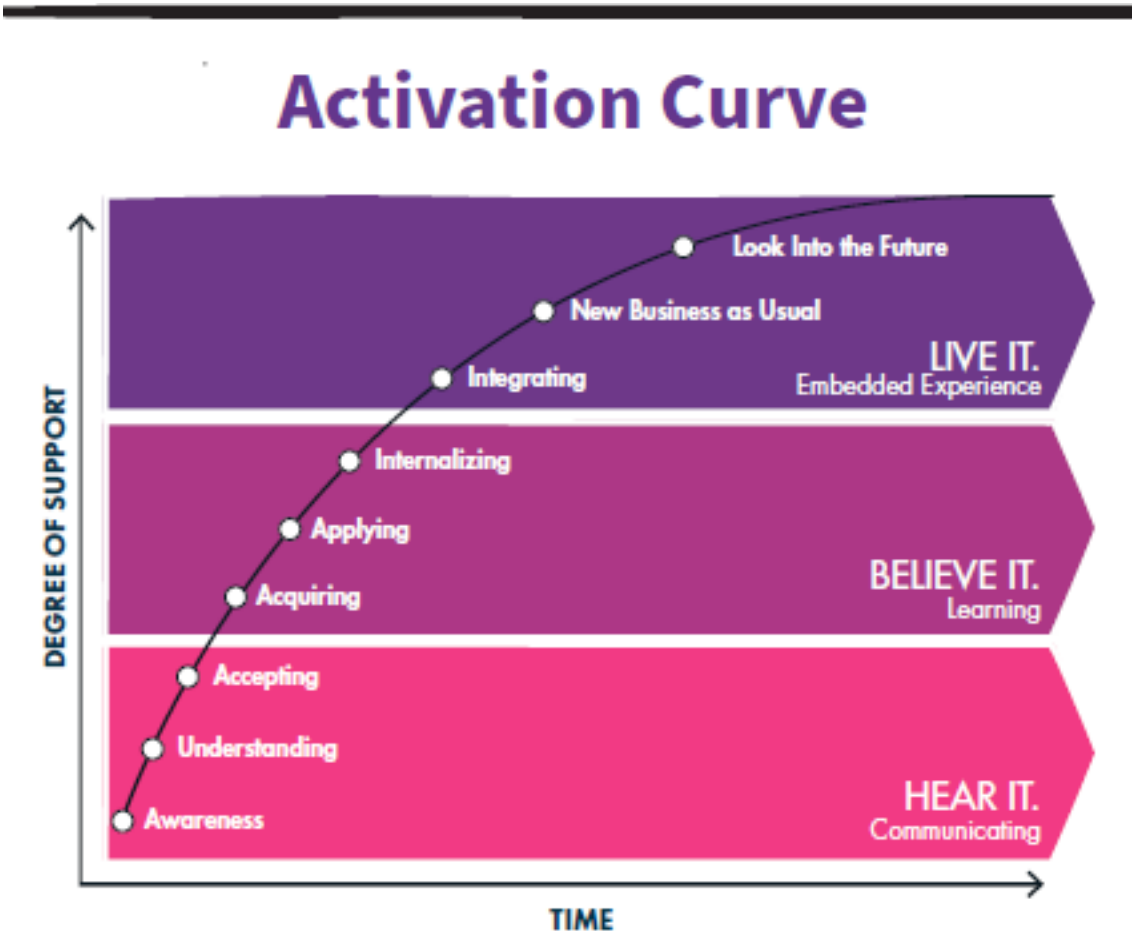
OMED Future Locations Discussion Topics

Question 3: Activation Curve
(Approximately 5 minutes)
Utilize the graphic* example for discussion

- To increase physician awareness of the OMED conference:
    1. Identify 2 unique ways the conference can be communicated to those who have not attended (Hear it).
    2. Identify 2 unique ways to retain physicians who have attended less than 4 conferences for the span of their career (Believe it).
    3. Identify 2 unique ways physicians who have attended more than 4 conferences since 2019 can engage other physicians to inspire to attend (Live it).



*graphics provided by Martiz

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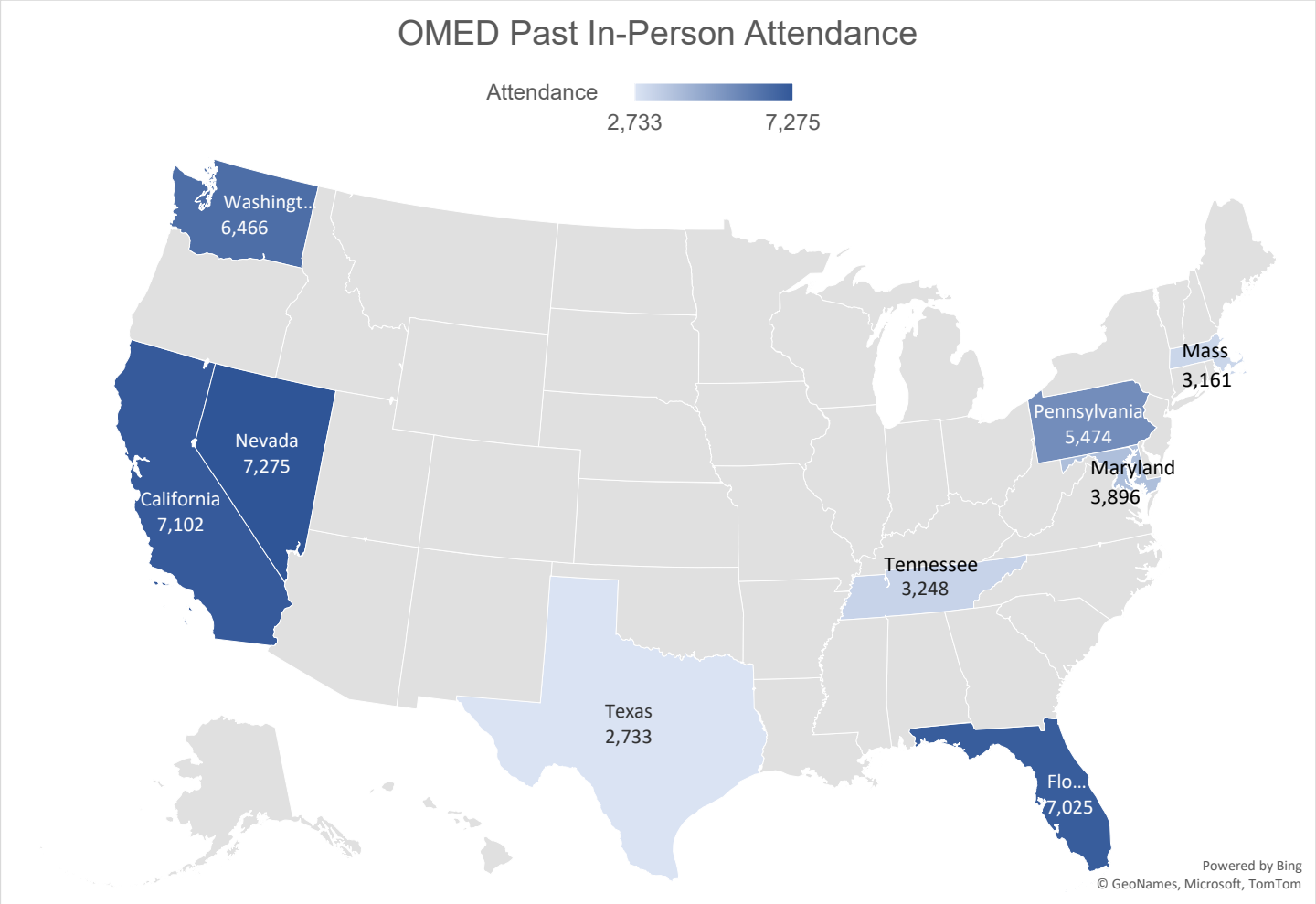
Appendix 1

OMED Past In-Person Attendance by Location



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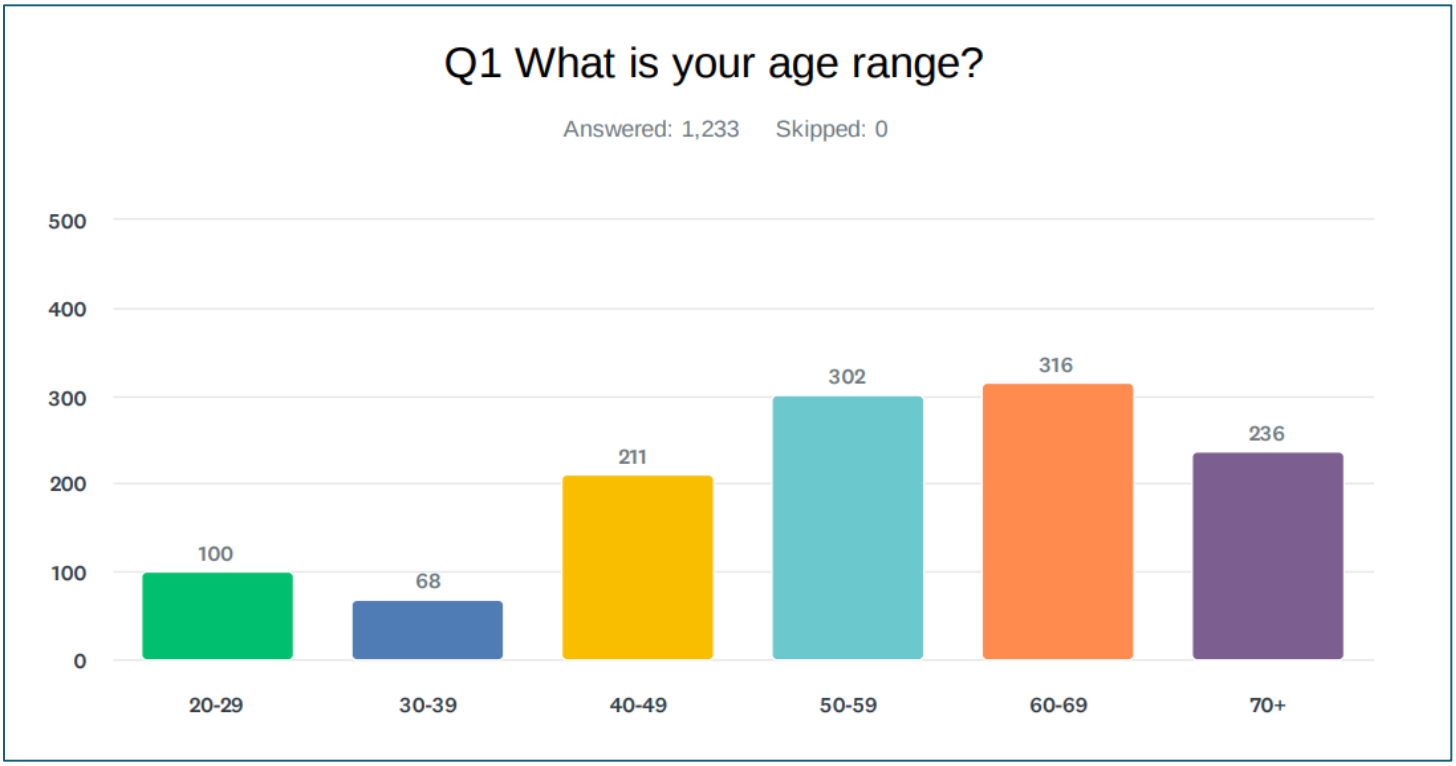
Appendix 2

OMED Destination Membership Survey Summary

The OMED destination survey was sent to all AOA members December 2025 through January 2026. A total of 1,233 responses were collected. Out of the 1,233 responses, 722 had previously attended an OMED conference with 511 who had not previously attended. 50% of the respondents were in the age range of 50-69 years old.



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Appendix 2

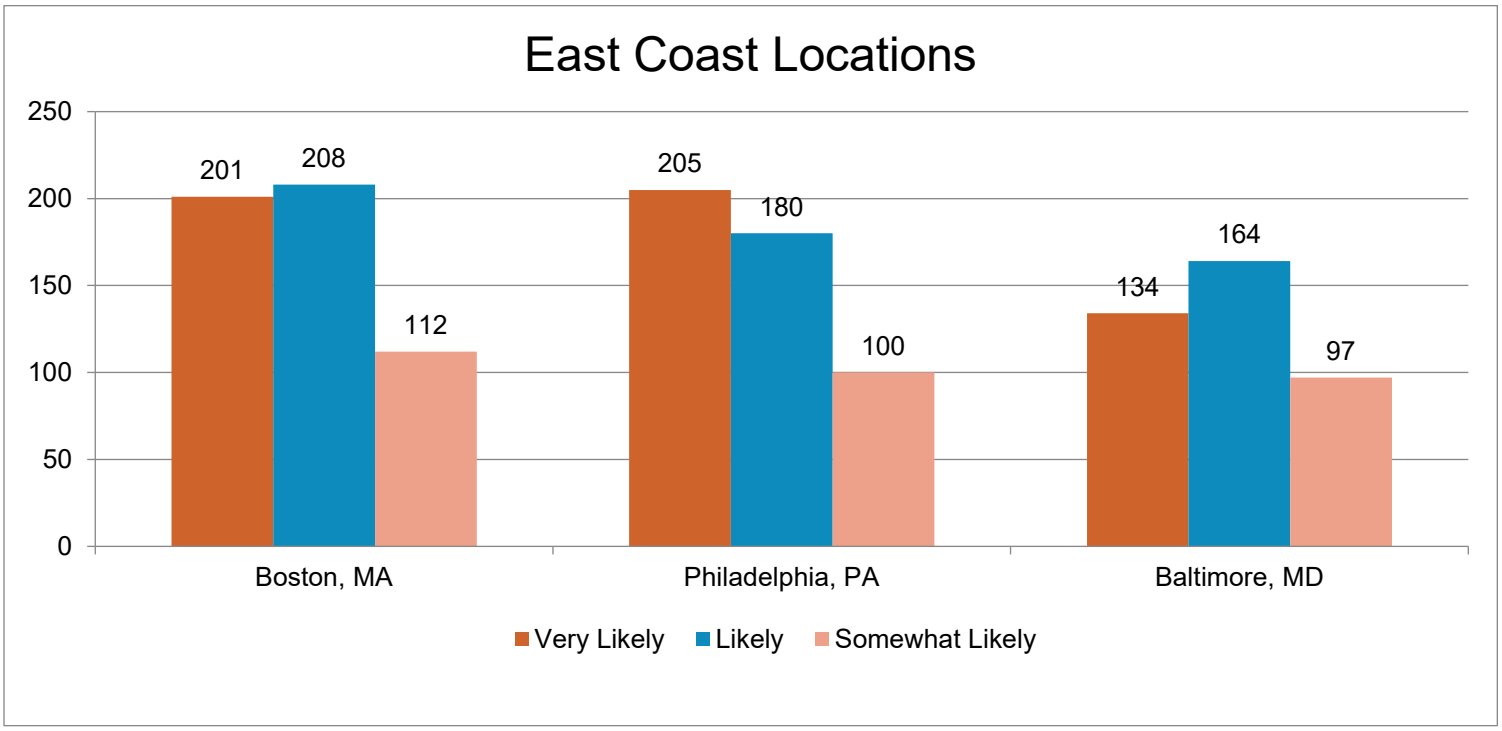
OMED Destination Membership Survey Summary

AOA members were presented with destination options by 5 geographic regions and asked to rank how likely they would be to attend OMED if it were hosted in each city.

The 5 geographic regions include: East Coast, Southeast, Midwest, Southwest, West.

The top ranked destinations within each region include:

	Very Likely/Likely		
Region	**Top Ranked**	**Second Ranked**	**Third Ranked**
East Coast	Boston (409)	Philadelphia (385)	Baltimore (298)
Southeast	Orlando (487)	Tampa (415)	New Orleans (395)
Midwest	Nashville (440)	Louisville (266)	Columbus (234)
Southwest	Phoenix (450)	Denver (414)	San Antonio (366)
West	San Diego (460)	Las Vegas (395)	San Francisco (369)



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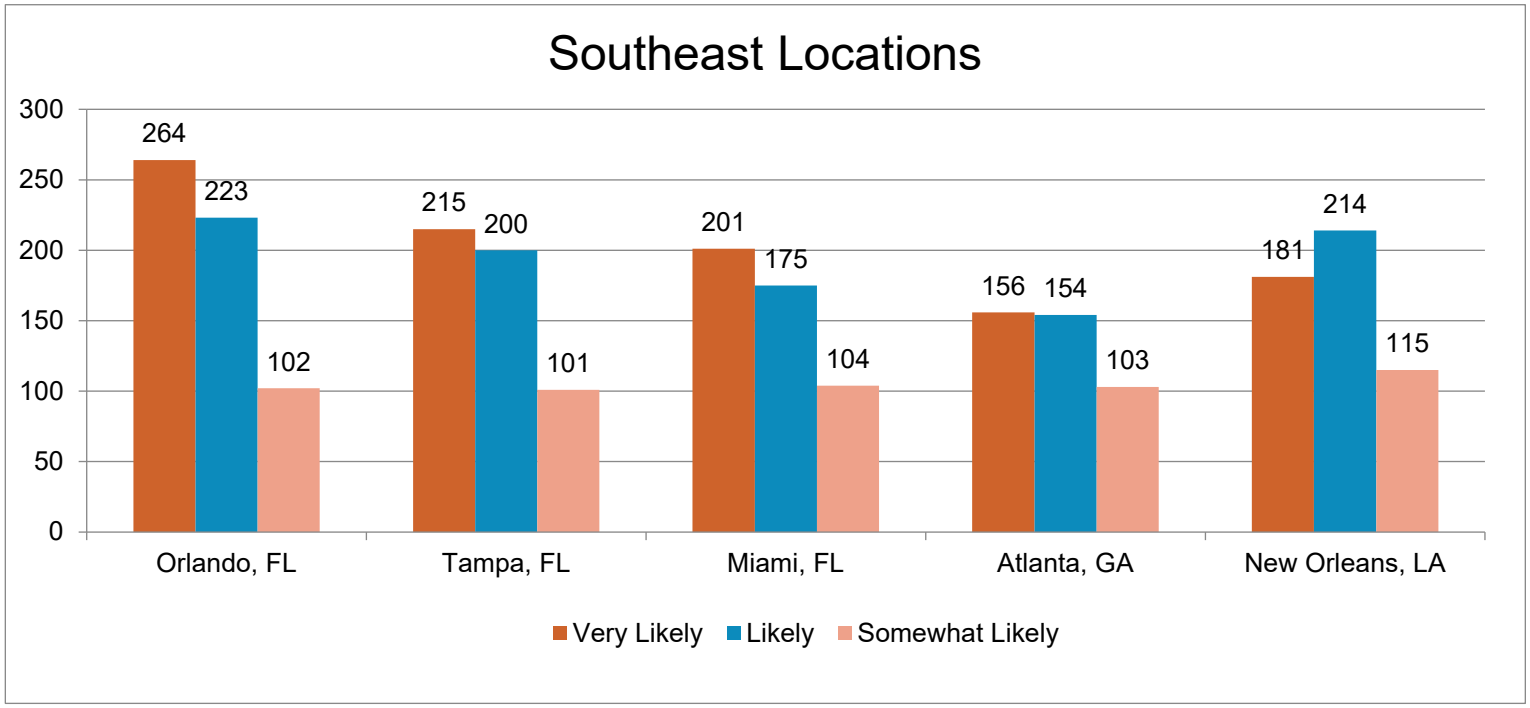

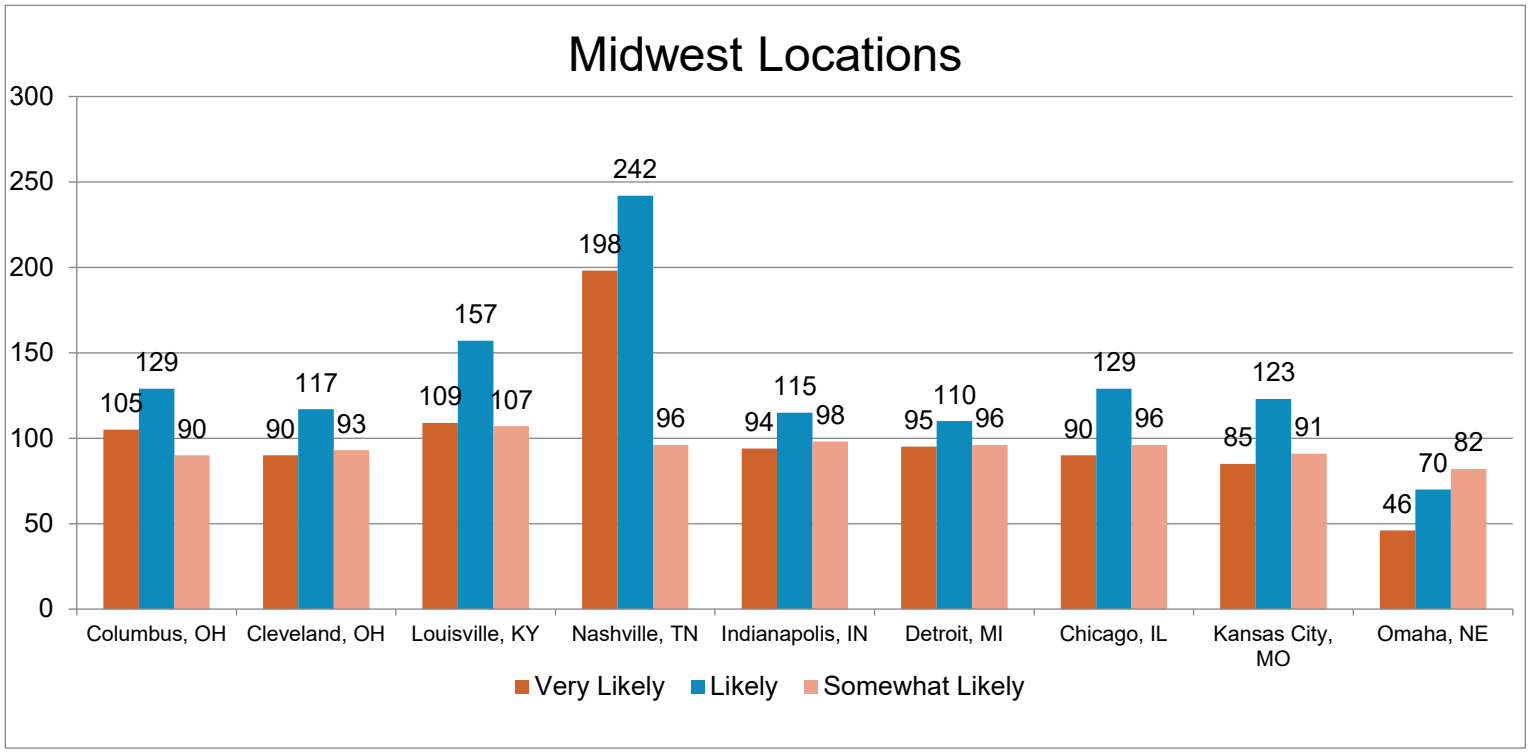

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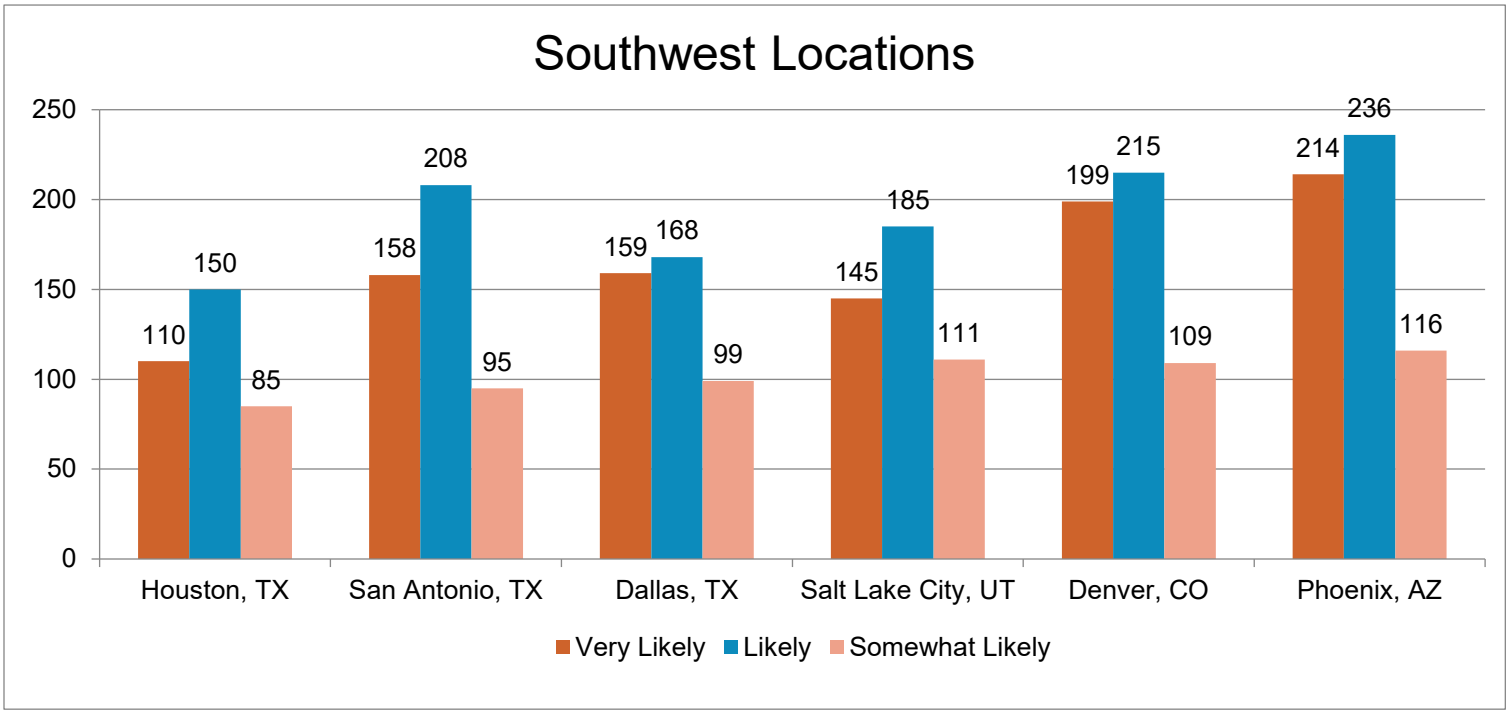

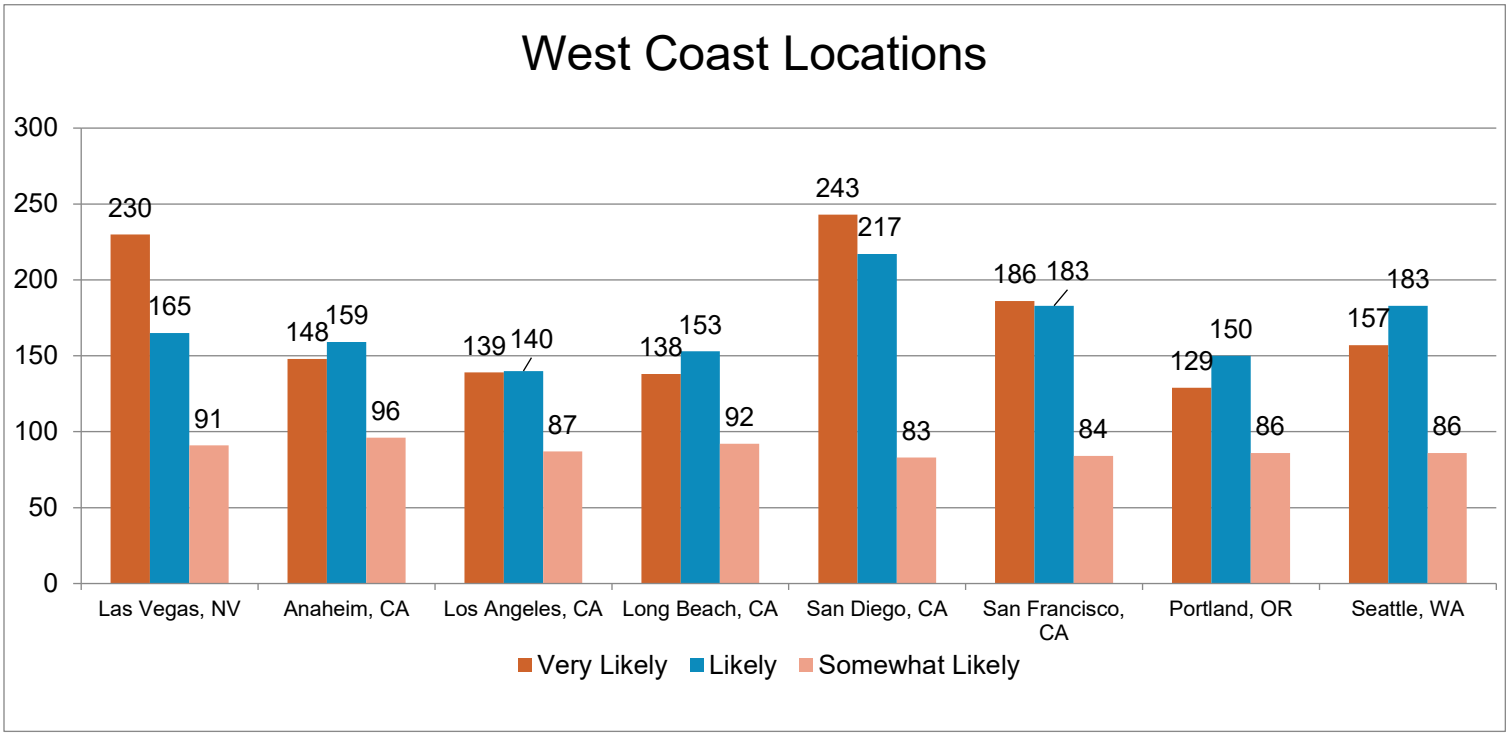

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Appendix 3

Destinations: Seasoned versus Evolving Cities

Item	Seasoned Cities	Evolving Cities
Typical Examples	New York, Chicago, San Francisco, Los Angeles, Boston, Washington, D.C.	Austin, Denver, Nashville, San Antonio, Minneapolis, Louisville; Salt Lake City
Overall Cost (Venue, Hotels, F&B)	High to Very High — premium pricing across the board	Moderate — more value for money; negotiable packages
Air Access & Direct Flights	Excellent - major hubs with high frequency	Good - strong domestic routes; connections
Local Transportation	Robust — extensive public transit (metro, rail, rideshare density)	Adequate — bus/light rail options vary; rideshare prevalent
Hotel Inventory & Proximity	Deep inventory — many walkable HQ hotels; high rates	Sizable & improving — cluster near venues; affordable rates
Labor & Union Considerations	More likely unionized; stricter work rules, higher labor costs	Mixed; more flexible labor environment; lower costs
Attendee Draw & Marketing	Strong name recognition boosts registrations	Good — rising ‘it city’ appeal; targeted marketing needed
Walkability & Entertainment	Excellent — iconic attractions and districts	Good — vibrant neighborhoods; fewer marquee landmarks
Safety Perception	Mixed—varies by district and time	Generally positive—depends on area
Risk & Contingency Factors	Higher expense exposure with potential for higher revenues	Lower financial risk; simpler operations
Experience Value	Premium experience with high expectations	Balanced experience with potentially strong ROI and flexibility

2021-2026 Strategic Plan
Executive Summary

February 2026

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2021 – 2026 AOA Strategic Plan Executive Summary

High-Impact Achievements*

- Transition to longitudinal assessment across specialties.
- Deployment of new public health resources including the Living Well/Aging Well patient handout series.
- Strengthened affiliate organizationa relationships through coordinated advocacy, education, and toolkits.
- Enhanced the membership value proposition and recruitment/retention infrastructure.

Objectives and Tactics Summary

Objectives	Tactics	Completed
Advocacy	**28**	**21**
Affiliate Relations	**4**	**4**
AOA Board Certification	**13**	**8**
Credibility	**28**	**25**
DEI	**24**	**24**
Growth	**55**	**48**
Promotion	**34**	**6**

*Summarized by AI (Copilot)

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Board Facilitation

Association Membership Session Agenda

Desired Outcomes

- Collective review of the current state of membership in medical societies and your organization
- Source innovation and new ideas
- Ideate and discuss key opportunities and challenges to address through your organization's membership strategy
- Document agreements and next steps

Pre-Reads

- Association Membership Models Need More Attention
- Medical Societies Are Facing an Existential Crisis (attached)
- Please come prepared to think about the following questions:
  - What trends do you see in the field or the membership that have the potential to materially disrupt/ disintermediate membership for your organization, association or society?
  - What should never change about your organization's membership? What needs to change the most?
  - If we are successful in pursuing a high impact, excellent membership program, what is different about your organization in two years?

Agenda

TIME (EST)	WEDNESDAY, FEBRUARY 18TH
1:00 PM	**Welcome and Getting Started** • Welcome and framing • Agenda overview and desired outcomes • Ground roles and ways of being for this discussion • Pulse Check/ Audience Poll: • In a few words, what does membership in your association mean to you?
1:25 PM	**The Imperative for Membership Evolution and Innovation** • Current state, trends and live SWOT analysis • Pulse Check/ Audience Poll: • What do you perceive to be the biggest barriers to meaningful change and innovation surrounding membership?
1:55 PM	**Envisioned Future** • Opportunities to refocus and maximize member impact • Changemakers and innovators in our space

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TIME (EST)	WEDNESDAY, FEBRUARY 18TH
	• Breakout Discussions: • Key issues to address: We believe X *[trend / issue]* is happening, therefore my organization must do Y *[action/ strategy]* to drive greater impact through its membership program • Report outs
2:45 PM	**How to Think about Innovation and Change** • Tools for “Making it Stick” • Quantifying risk posture relative to new ideas or “bets” • Pulse Check/ Audience Poll: ○ Given your organization’s current position, what risk posture should you take for the next 12–24 months when developing new bets on membership changes or ideas?
2:50 PM	**Wrap up and adjourn**

Medical Societies Are Facing an Existential Crisis

— It's time to adapt to the employed physician era

by Hemant Kalia MD, MPH, Mark Adams, MD, MBA, and David Jakubowicz, MD

October 31, 2025 · 5 min read

Kalia, Adams, and Jakubowicz are physicians and leaders with the Medical Society of the State of New York.

For more than a century, American medicine has been anchored by the independent physician -- a professional who owned their practice, managed patient care, and participated in civic medical life through county and state societies. That archetype is fading fast. A growing majority of doctors now practice as employees, and this shift poses an existential challenge for medical societies built around a model of independence that no longer reflects reality.

The End of the Independent Majority

According to the American Medical Association (AMA), 2020 marked the first time that fewer than half (49.1%) of physicians worked in doctor-owned practices since their tracking began. By 2022, that number had fallen further to 46.7%, down from 60% a decade earlier. Meanwhile, the share of physicians employed by hospitals and health systems has expanded sharply -- from about 29% of physicians in 2012 to more than 40% in 2022. Private equity ownership, virtually absent in previous decades, now accounts for roughly 5% of physician employment.

The forces driving this shift are not ideological -- they're economic and administrative. Four in five physicians who moved to employed settings cited better leverage in payer negotiations, while 70% pointed to relief from the regulatory and operational burdens of solo practice. For many, aligning with larger entities was the only way to survive in today's complex reimbursement and compliance landscape.

The Membership Decline Crisis

This employment transformation has disrupted the very institutions meant to represent physicians. Nationally, AMA membership has plunged from about 75% of U.S. physicians in the 1950s to just 15% today. State and county medical societies mirror this pattern, facing shrinking memberships, aging leadership, and limited engagement among younger doctors.

Specialty societies have filled much of that vacuum. Groups like the American College of Physicians, the American College of Surgeons, and the American Academy of Family Physicians have seen significant growth over the past few decades. Their rise underscores a broader

shift in professional identity -- toward communities defined by clinical specialty rather than geography or general advocacy.

Local societies, meanwhile, often lack the infrastructure and staff to deliver value commensurate with membership dues. Though they continue to offer CME events, scholarships, and social gatherings, these efforts rarely outweigh the time and cost constraints on modern employed physicians.

The generational divide adds another layer to this challenge. Many early-career physicians do not view large medical society participation as a professional obligation. The younger cohort sees medicine less as a life-defining calling and more as one component of a balanced life. Sociologist Robert Putnam's "bowling alone" thesis applies neatly here: today's physicians are more networked digitally but less connected institutionally. That pattern makes traditional membership recruitment difficult.

A Profession in Search of Voice

The transition to greater physician employment by large health raises important questions about physician satisfaction and professional autonomy. On the one hand, employment by a large hospital or health system can, at times, help improve practice environments and address organizational and systems issues that previously fell on independent practitioners.

Yet, there's a paradox: even as some workplace stressors ease, many doctors feel a loss of autonomy.

Physician trust in the organizations that employ them has eroded. Fewer than half now believe their leaders are honest or transparent. Only 47% say they trust leadership to make patient-centered decisions -- a decline from 53%

the year prior. This disconnect signals a deeper identity tension: the corporate healthcare environment often values efficiency, while physicians are trained to value individual patient outcomes.

The trust gap appears wider in nonprofit hospital systems than in investor-owned or private companies, a counterintuitive finding that may reflect communication styles more than structural differences. Whatever the cause, it reinforces a growing unease among employed clinicians.

Unionization and Collective Advocacy

This erosion of trust has quietly fueled another development -- rising physician interest in unionization. More than two-thirds of doctors have a favorable view of physician unions, though only about 1% belong to one.

That sentiment reflects a hunger for collective representation beyond the confines of their employers. It also hints at a potential opportunity for medical societies: to reclaim relevance by becoming independent advocates for physicians' professional interests in a corporate-dominated environment.

Reimagining the Role of Medical Societies

Medical societies no longer have the luxury of nostalgia. Their path forward requires redefinition, not restoration.

First, societies must pivot from being membership clubs for practice owners to advocacy anchors for all physicians -- employed or independent. Employed doctors face unique challenges around contract negotiation, compensation structures, noncompete clauses, and performance metrics. Medical societies are well positioned to provide impartial guidance, legal resources, and leadership training that employers cannot.

Second, societies should expand their advocacy portfolio beyond legislative engagement. The most urgent concerns for physicians -- prior authorization reform, electronic health record usability, and administrative overload -- transcend employment status. Medical societies that push for practical system-level improvements can demonstrate immediate relevance.

Third, societies should adopt new membership models that reflect the time and financial constraints of today's workforce. Tiered memberships, institutional partnerships with health systems, or free basic memberships supplemented by value-added services could attract early-career physicians who might otherwise remain disengaged.

From Organizations to Movements

The concept of "system citizenship" emerging from medical education circles offers a useful philosophical frame. It encourages physicians to see themselves not just as clinicians, but as stewards of the healthcare system itself -- balancing organizational, patient, and community health. Medical societies can become conduits for this kind of engagement, helping physicians bridge the divide between frontline care and system-level leadership.

If medical societies cling to models built for an independent-practice era, they risk fading into irrelevance. But if they harness their history of advocacy to address the lived experiences of employed physicians, they can reclaim their place as essential professional anchors.

Ultimately, the employment shift is not the end of physician community -- it's a call to redesign it. Medicine's next chapter will not be written by individuals working in isolation, but by institutions that adapt to represent physicians where they are -- within the systems that now

define their professional lives. For medical societies, survival will depend on whether they can translate that reality into renewed meaning.

Hemant Kalia, MD, MPH, is councilor, 7th District, of the Medical Society of the State of New York. Kalia is a dedicated physician, specializing in interventional pain medicine, and a public health advocate. Mark Adams, MD, MBA, is president-elect of the Medical Society of the State of New York. He is a board-certified radiologist, and a professor of Clinical Imaging Sciences at University of Rochester Medical Center. David Jakubowicz, MD, is president of the Medical Society of the State of New York. He is also director of Otolaryngology and Allergy at Essen Medical, and a clinical assistant professor of Otorhinolaryngology at Albert Einstein College of Medicine/Montefiore.

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2026 AOA BOARD OF TRUSTEES MIDYEAR STRATEGIC DISCUSION

JW Marriott Savannah Plant Riverside District · Amethyst Ballroom, Power Plant Building

Virtual Participation: Link by Email

Please remember to place yourself on mute if not speaking

Thursday, February 19, 2026 · 8:30 a.m. – 12 p.m. ET

Time	Agenda Item	Presenter(s)
8:30 a.m.	Networking Breakfast	
	Strategic Discussion: Operationalizing the 2026-2029 AOA Strategic Plan	
9 a.m.	Opening Remarks	Robert G.G. Piccinini, DO, D.FACN, President
	High-Level Review of the AOA Strategic Plan	Jeffrey D. Davis, DO, Chair, Strategic Planning Committee
9:30 a.m.	Roundtable Discussions ▪ Support the Career Journey of Osteopathic Physicians and Students Around the World ▪ Communicating the Value of Osteopathic Medicine ▪ Osteopathic Medicine Body of Knowledge / Education and Research ▪ Leadership Development	
11:45 a.m.	Closing Remarks	Robert G.G. Piccinini, DO, D.FACN President
12 pm	Adjournment / Lunch	Robert G.G. Piccinini, DO, D.FACN President

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Proposed 2026-2029 Strategic Plan

★ Goal 1	Statement of Success
Support the Career Journey of Osteopathic Physicians and Students Around the World	Osteopathic physicians and students utilize AOA programs and services that support the education and practice continuum through lifelong learning. (UME, GME, CME, Certification). Osteopathic physicians choose to validate competency through board certification, and maintain competency through easily accessible high-quality, relevant, robust CME experiences (Lifelong Learning) and osteopathic continuous certification.

Goal 1 Strategy	Statement of Success
1. Support future DOs through the medical education continuum of UME, GME, and CME, collaborating with various stakeholders when appropriate, by providing services, information, and support relevant to all stages of education and training.	Engage future DOs early in their journey by serving as a trusted resource throughout the medical education continuum. Educate and promote financial stewardship and overall health and well-being for AOA members. Strengthen the partnership with AACOM and COCA to continue to successfully build a stronger education pathway for future osteopathic physicians (DOs).
2. Educate students, residents and program directors to recognize the relevance of AOA board certification and osteopathic distinctiveness.	Increase the number of osteopathic residents who maintain AOA membership and take AOA board certification. Effectively market to all ACGME programs, focusing on the distinct communication needed to reach program directors and residents, advocating for osteopathic recognition in GME programs. Offer programs that create greater student and resident pride in the osteopathic profession.
3. Continue to grow the OMED conference.	Implement the OMED divisional society (state) participation program focusing on small to mid-sized states. Enhance the Resident and New Physicians in Practice tracks. Increase the number of Specialty Colleges participating in-person.
4. Collaborate with affiliates to continue to offer quality, cost-effective osteopathic CME that does not hinder or burden the affiliates.	Engage with affiliates to develop mutually beneficial CME offerings. Highlight all specialties and divisional societies in CME programming.
5. Strengthen the continuum from Student through the New Physician in Practice.	Support a stronger and smoother transition experience from student to resident to attending. Increase engagement with Students, Residents, Fellows and New Physicians in Practice to make AOA membership invaluable.

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Proposed 2026-2029 Strategic Plan

★ Goal 2	Statement of Success
Communicating the Value of Osteopathic Medicine	The AOA demonstrates, bolsters, and advances the distinctiveness of osteopathic medicine globally and its role in optimizing public health.
Goal 2 Strategy	**Statement of Success**
1. Expand public awareness of the value of osteopathic medicine.	Increase 'Find a DO' search metrics. Increase patient testimonials.
2. Protect and advocate for expanded international practice rights and the distinct value of DO licensing boards.	Increase the international recognition of the equivalence of AOA board certification and AOA accredited GME. Maintain current number of separate osteopathic state licensing boards.
3. Highlight excellence and accomplishments by osteopathic physicians and those supporting the osteopathic journey.	Create an increased feeling of pride and loyalty by those within the osteopathic profession and a greater sense of trust by the public. Amplify the visibility of osteopathic physicians and students in national media outlets.

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Proposed 2026-2029 Strategic Plan

★ Goal 3	Statement of Success
Osteopathic Medicine Body of Knowledge / Education and Research	The AOA develops, cultivates, and disseminates empirical evidence that demonstrates the efficacy of osteopathic medicine on patient outcomes. The knowledge base of osteopathic medicine increases and positively impacts evidence-based outcomes.
Goal 3 Strategy	**Statement of Success**
1. Strengthen osteopathic education and competency standards	Support consistent integration of osteopathic philosophy, principles, and practice (OPP/OMM) across UME, GME, certification and CME so all physicians graduate and train with a strong, shared foundation in whole-person, osteopathic care.
2. Advance and expand osteopathic research infrastructure	Build sustainable pathways for high-quality osteopathic research Grow the impact and visibility of osteopathic evidence in peer-reviewed journals and clinical practice.
3. Promote innovation in training models and partnerships	Expand access to osteopathic education and research opportunities, strengthen the pipeline of osteopathically trained physicians, and demonstrate the value of osteopathic medicine in diverse healthcare settings.
4. Strengthen osteopathic research.	Increase NIH funding for DOs, COMs and COM faculty. Increase the number of DO and COM scientists represented on NIH Study Sections and Advisory Panels.

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Proposed 2026-2029 Strategic Plan

★ Goal 4	Statement of Success
Leadership Development	The AOA establishes and curates timely leadership experiences throughout an osteopathic physician's career lifecycle.

Goal 4 Strategy	Statement of Success
1. Advocate for greater leadership opportunities for osteopathic students and physicians.	Increase the number of osteopathic representatives serving in leadership roles in partner organizations and external entities.
2. Expand leadership opportunities for early career osteopathic physicians.	Expand the leadership experiences within the Bureau of Emerging Leaders (BEL). Increase AOA and affiliate engagement with Residents, Fellows, and New Physicians in Practice.
3. Increase the engagement of osteopathic medical students in the AOA.	Encourage COMs to support SOMA chapters. Increase the number of student members that participate in in-person AOA activities.

Vision and Mission Statements

Approved by the AOA BOT 9/25/25

Vision Statement

To be the global leader and unifying home for the osteopathic profession.

Mission Statement

To advance the distinctive philosophy and practice of osteopathic medicine by supporting physicians and students through advocacy, leadership, education, certification, research and innovation; promoting wellness, whole person care, and improved health outcomes.