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Executive Summary

At the 2020 Midyear meeting of the AOA Board of Trustees, the strategic planning process was presented, discussed, and approved. The original date for final approval was July 17, 2020, the AOA Board of Trustees Annual Business Meeting. However, due to the COVID-19 pandemic, the strategic planning process was deferred. In July 2020, the decision was made to execute on the approved strategic planning process, but convert the previously planned in-person target group sessions to virtual meetings.

Plan Construct
- 5 Years with Annual Review
- Up to 10 Priority Objectives: Enduring for the plan duration (BOT annual reaffirmation).
- 3 – 5 Strategies per objective covering the plan duration: Enduring for the plan duration (BOT annual reaffirmation).
- 5 – 10 Tactics serving each strategy. Redrafted annually and approved by the BOT.
- Tracking: Staff to track and provide an annual progress report on all annual tactics.

During the week of October 26th, 2020, the AOA conducted a series of five three-hour target group sessions. 58 individuals participated in those sessions.

A survey was sent to these groups electronically and completed by 85% of the participants prior to the focus group sessions. This survey was conducted to focus the conversation, gain insight of general themes of interest in advance of the target group sessions and optimize the impact of the five three-hour sessions.

Target Groups
1. Youngs DOs and MDs with osteopathic recognition
2. Practicing DOs
3. AOA Affiliates
4. Students
5. NBOME, Program Directors, COCA

Below is the final work product of the aggregation, synthesis, and prioritization of the information received via the survey, target group sessions, and recent AOA membership survey conducted in June, 2020. The AOA strategic plan is intended to be a specific, targeted, functional plan to facilitate the effectiveness of the AOA in service of its members and the osteopathic profession. The tactics outlined in the plan will largely, but not exclusively, mirror the annually established Bureau/Committees/Councils and operational departmental goals.
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.

Value Statements

1. **Selfless Service**: The AOA exists in service to the profession, its members, current and future osteopathic physicians.
2. **Integrity**: The AOA and its leaders display integrity in action, word, and deed.
3. **Transparency**: The AOA respects those it serves through open communication and transparency.
4. **Innovation**: The AOA strives to build the box, not live within its confines.
5. **Advocacy**: The AOA passionately advocates for the osteopathic profession and the patients our members serve.
6. **Collaboration**: The AOA empowers the osteopathic community through collaboration and common interests with all whom we serve.
7. **Diversity, Equity and Inclusion**: The AOA commits to creating and sustaining a community that promotes and values diversity, equity and inclusion.

Priority Objectives

1. Advocacy
2. Affiliate Relations
3. AOA Board Certification
4. Credibility
5. Diversity, Equity, and Inclusion
6. Growth
7. Promotion
Objective 1: Advocacy

Ensure that the AOA advocates for osteopathic physicians, the needs of patients and the profession as a whole.

Strategies

1.1 Legislative Advocacy.  
   Tactics  
   1. Federal.  
      A. Annually identify osteopathic-specific federal legislative priorities.  
      B. Annually identify non-osteopathic-specific federal and legislative priorities.  
      C. Enhance and expand federal grass roots initiatives.  
      D. Enhance communication of legislative activity with the osteopathic community.  
         1) Members and the patients they serve.  
         2) Non-members.  
         3) Colleges of Osteopathic Medicine.  
         4) Osteopathic stakeholder organizations.  
      E. Coordinate initiatives with osteopathic stakeholder organizations.  
      F. Develop DO Day to be an osteopathic community legislative event.  
   2. State.  
      A. Construct a state legislative support structure for state affiliates and specialty colleges.  
      B. Develop a tracking and reporting mechanism for state legislative activity and successes.  
         1) Explore website enhancement.  
   3. Monitor and track effectiveness of federal and state advocacy efforts.

1.2 Professional Advocacy.  
   Tactics  
   1. Expand public relations initiatives.  
   2. Promote the consistent use of the osteopathic credentials.  
      A. By osteopathic medical students.  
      B. By all osteopathic physicians.  
      C. Through all advocacy and media initiatives.  
      D. Develop a standardized process for the recognition of MD physicians who practice osteopathically.  
   3. Consider addition of a Public Relations Committee of the BOT.
   A. PR-Event SWAT process development and implementation.
   B. Develop an osteopathic advocacy network.
      1) Collaborate with osteopathic stakeholder organizations.
         (e.g. AAOA, etc.).

5. Monitor and track effectiveness of public relations efforts.
Objective 2: Affiliate Relations

Continue to strengthen affiliate relations in service of the AOA state affiliates, specialty colleges and non-practice affiliates.

Strategies/Tactics

2.1 Develop strategies and mechanisms to enhance and strengthen current relationships and expand partnerships with osteopathic state affiliates and osteopathic specialty colleges.

2.2 Enhance and improve the AOA CME sponsorship program.

2.3 Identify partnership and collaboration opportunities with non-practice affiliates.

2.4 Monitor and track the effectiveness of strategies and programs enhancing affiliate relations.
Objective 3: AOA Board Certification

Enhance AOA board certification to be osteopathically distinct, innovative, user-friendly, and cost-effective, making osteopathic certification the preferred certification pathway for all osteopathic physicians.

Strategies

3.1 Enhance the distinctiveness of AOA board certification.

   Tactics
   1. Ensure osteopathically distinctive board certification exams, confirming the inclusion of OPP in each examination.
   2. Further develop distinctive AOA board certification and pursue continual efforts to maintain its distinctiveness.

3.2 Identify, explore and implement new innovations to the board certification processes.

   Tactics
   1. Continue to execute on the transition to remote proctored platforms.
   2. Actively expand early entry pathways.
   3. Transition all osteopathic continuous certification pathways to longitudinal assessment, retiring all high-stakes recertification examinations.

3.3 Enhance operations for improved user experience and cost-effectiveness.

   Tactics
   1. Continue to enhance examination quality, integrity and validity.
   2. Continue to explore shortened results processing.
      A. Explore same day pass/fail resulting.
   3. Monitor and track the effectiveness of operational improvements.

3.4 Explore expansion of AOA certifying board services to additional specialties/subspecialties and outside professional organizations and professions.

   Tactics
   1. Monitor and track opportunities for expansion of AOA certifying board services.

3.5 Enhance awareness of the value and benefits of AOA board certification.

   Tactics
   1. Continue to educate ACGME program directors on the availability and rigor of AOA board certification.
   2. Working with strategic partners, educate students, residents, and practicing physicians on the value of being AOA board certified.
Objective 4: Credibility

Advance osteopathic medicine and physicians nationally as innovative, leading medical experts.

Strategies

4.1 Promote high quality osteopathic research.

   Tactics
   1. Expand funding options for osteopathic research.
      A. Expand existing funding sources.
      B. Develop strategic partnership funding (e.g. NIH grants).
         1) Expand funding opportunities for osteopathic physicians and osteopathic institutions.
         2) Encourage the appointment of osteopathic physicians to research funding leadership roles.
   2. Ensure actionable research, goal-directed research.
      A. Targeted, goal-directed research grants.
   3. Promote publication of osteopathic research.
      A. Reconstruct the AOA’s peer reviewed journal to result in expanded submission volume.
      B. 100% of AOA funded research should be publishable (JOMed first right of consideration).
      C. Develop mechanisms to encourage and solicit osteopathic scholarly activity.
      D. Identify, compile and promote all osteopathic scholarly activity.
   4. Coordinate a national osteopathic research agenda.
      A. Develop a national consortium of osteopathic researchers coordinating national efforts with COM research programs.
      B. Incorporate the entity as a 501(c)3 in the state of Illinois.
   5. Explore the development of an international osteopathic data registry.
      A. Osteopathic International Alliance Partnership.
   6. Monitor and track the quantity, quality, and effectiveness of the promotion of osteopathic research.

4.2 Promote innovative healthcare solutions created by the osteopathic community.

   Tactics
   1. Identify and recognize healthcare innovations created by osteopathic physicians, students or organizations.
   2. Create a mechanism for identification and funding for innovation projects.
   3. Create a promotion/messaging campaign illustrating osteopathic innovation.
4.3 Enhance the AOA’s Public Health Mission.

Tactics

1. Identify annual public health initiatives.
2. Promote public health research within the osteopathic community.
3. Publicly promote AOA public health initiatives.
4. Develop resources to address healthcare disparities.
5. Legislative Advocacy (re: 1.1).
6. Identify osteopathic physicians who are public health experts to assist with the advancement of the AOA’s public health initiatives.
7. Monitor and track the effectiveness of the public health mission.
Objective 5: Diversity, Equity and Inclusion

Ensure the AOA’s leadership and staff that best reflects the diversity of its membership and patients under the care of osteopathic physicians.

Strategies

5.1 Develop and approve diversity, equity, and inclusion plan.
   Tactics
   1. Including near-term tactics (0-12 months).
   2. Including intermediate-term tactics (1-5 years).
   3. Including long-term tactics (5 years and beyond).
   4. Monitor and track development and implementation of the plan.

5.2 Measure demographics of key subsets of the osteopathic community (overall community, membership, leadership, and staff).
   Tactics
   1. Identify demographic attributes of osteopathic medical students.
      A. Annually trend data.
   2. Identify demographic attributes of the AOA membership.
      A. Annually trend data.
   3. Identify demographic attributes of the AOA staff.
      A. Annually trend data.
   4. Identify demographic attributes of the AOA leadership (e.g. BOT, HOD, B/C/Cs).

5.3 Identify gaps in representation and participation in all osteopathic community subsets.
   Tactics
   1. Annually cross-reference data sets to identify opportunities.
   2. Monitor and track identification and closure of gaps.

5.4 Create programs to narrow gaps of participation and representation.
   Tactics
   1. Annually develop action plans to ensure broad participation, representation and inclusion to adequately represent national demographics.
   2. Promote diversity in leadership and osteopathic medical students.
   3. Monitor and track effectiveness of the programs.

5.5 Collaborate on programs between AOA, specialty colleges and state affiliates.
   Tactics
   1. Develop a process of coordination of efforts.
   2. Create a community resource page.
   3. Monitor and track effectiveness of the shared programs.
Objective 6: Growth

Ensure growth and future stability of the osteopathic profession through continuing partnership and innovation.

Strategies

6.1 Promote professional pride within the osteopathic community.

Tactics

1. Develop an Internal Osteopathic Profession Branding Campaign.
   A. Coordinate External and Internal Branding Messaging and Strategies.
   B. Expand on #DOProud.
   C. Develop #AO AinAction.
   D. Collaborate with stakeholder organizations (e.g. AACOM, AAOA, AAOE, ACGME, AOF, NBOME, SOMA, Osteopathic State Affiliates, Osteopathic Specialty Colleges, etc.) serving the osteopathic profession.

2. Monitor and track the effectiveness of the osteopathic pride campaign.

6.2 Ensure that osteopathic fellows, residents and students remain committed to the distinctive practice of osteopathic medicine.

Tactics

1. Resource development.
2. Coordinate efforts with COMs to promote long term commitment to osteopathic medicine.
3. Targeted communication efforts.
   A. Osteopathic medical students.
   B. Osteopathic residents and fellows.
   C. ACGME program directors.
4. Expand and enhance osteopathic recognition.
   A. Maintain and enhance application support.
   B. Develop formal programmatic assistance.
   C. Develop promotional campaign.
   D. Develop program director resources.
      1) Define resource needs.
      2) Create a development and deployment plan.
         a) Coordinate with organizations with existing resources.
   E. Maintain the ambassador program.
   F. Tracking and monitoring.
      1) Define measures of success.
      2) Quality assessment.
G. Create incentives.
   1) Explore special recognition or additional AOA board certification upon completion of osteopathic recognition.

5. Monitor and track the effectiveness of various retention strategies.

6.3 Promote interest in osteopathic medicine within the undergraduate community.
   **Tactics**
   1. Work with SOMA/Pre-SOMA and Specialty Colleges on a national osteopathic career choice campaign.
   2. Coordinate with AACOM on the Choose DO Program.
   3. Work with pre-medical undergraduate educational advisors to create awareness of the osteopathic profession.
      A. Explore 5 year combined undergraduate UGME program development.
   4. Monitor and track promotion efforts.

6.4 Ensure the growth of osteopathic recognition in GME.
   **Tactics**
   1. Osteopathic recognition (re: 6.2.4).

6.5 Develop long and short-term membership recruitment and retention programs.
   **Tactics**
   1. Create and annually update the AOA membership value proposition.
      A. Category-specific membership.
         1) Students.
            a. Explore pre-professional student membership.
         2) Residents and Fellows.
         3) New Physicians
         4) Regular.
   2. Revise the mid-year renewal timeline to a calendar year renewal.
   3. Annually create a new membership recruitment plan.
      A. To include specific membership goals.
   4. Annually create a new membership renewal plan.
      A. To include specific membership goals.
   5. Collaborate with COMs to enroll students in AOA membership.
   6. Develop ongoing strategies to maximize membership retention.
      A. Develop membership category specific initiatives.
      B. Develop membership engagement strategies.
      C. Monitor and trend membership engagement.
7. Collaborate with osteopathic state affiliates and osteopathic specialty colleges on membership recruitment and retention.
   A. Develop a toolkit of resources to be utilized when communicating to their members, by email, social media and any other vehicle for consistent messaging.
   B. Explore unified billing.
8. Monitor and track recruitment and retention programs.
Objective 7: Promotion

Promote awareness and an understanding of the value of the distinctive practice of osteopathic medicine.

Strategies

7.1 Develop and communicate an accurate and consistent message about the distinctive practice of osteopathic medicine.

Tactics

1. Work with osteopathic stakeholders and organizations to formalize clear and concise definitions.
   A. Continue participation in periodic osteopathic summits.
      1) Osteopathic Regulatory Summit.
      2) Additional summits that may become available.
   B. Create other mechanisms to receive input from:
      1) AOA state affiliates and specialty colleges.
      2) Member expertise.
   C. Create messaging domains of osteopathic distinctiveness.
      1) Philosophy.
      2) Practical Application.
      3) Integration into general healthcare community.
      4) Undergraduate Medical Education.
      5) Graduate Medical Education.
      6) Competency Assessment/Licensure.
      7) Board Certification.

2. Develop a branding campaign that propagates a clear understanding of the distinctive value of osteopathic medicine.
   A. Data Gathering.
      1) Healthcare consumers.
      2) Non-osteopathic clinicians.
      3) Osteopathic physicians.
      4) Osteopathic medical students.
      5) AOA state affiliates and specialty colleges.
   B. Creative Deliverable Development.
      1) Testing.
      2) Deployment.
   C. Monitor and track effectiveness.

3. Enhance Media Relations including social media.
   A. Proactively engage and educate.
   B. Identify and leverage high profile social media influencers.

4. Monitor and track communication efforts.
7.2 Create programs highlighting and emphasizing the distinctiveness of osteopathic medicine.

*Tactics*

1. Enhance the AOA CME accreditation process to reflect the distinctive philosophy and/or practice of osteopathic medicine.
2. Branding Campaign (re: 7.1.2).
3. Osteopathic Recognition (re: 6.2.4).
4. Monitor and track communication of osteopathic distinctiveness.