

Project Future

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Introduction to Project Future Contributions

The American Osteopathic Foundation (AOF) characterizes its launch of Project Future as “the next strategic step in the history of Osteopathic Medicine.” As such, they propose building their 2021-2025 strategic plan on a foundation supported by careful consideration of the historical evolution that has characterized osteopathic medicine and its distinctive philosophy and practice.

In revisiting the lessons and perspectives of the past, many would agree that the AOF is planning to build their project’s foundation upon a proven strategy. For example, just a few years ago in an editorial published in the Journal of the American Osteopathic Association (JAOA) prompted by the 100th anniversary of the death of osteopathic founder AT Still, Robert Orenstein took the following position on history – and offered a suggested goal based on part of that history.^a

“Our history reminds us that change presents opportunity—this time, the chance to formally embed osteopathic philosophy into the entire medical education system.”

As one of the invited participants to contribute ideas to Project Future, I am also very comfortable with and encouraged by the historical approach.^b To this end, I agree with observations that Will and Ariel Durant offered in their text, *The Lessons of History*; recognizing value in applying those lessons when personally or organizationally seeking to understand and prioritize opportunities.

“The record of the past can have a great deal of significance, but the events themselves have significance only if you approach them from a philosophical standpoint and ask the right questions.”

“The present is the past rolled up for action, and the past is the present unrolled for understanding.”

I therefore strongly believe that to fully and properly vet options for Project Future, AOF leaders should approach and structure goals in the context of our osteopathic philosophical perspective.

Finally, in evaluating stakeholder contributions to their strategic plan, I encourage AOF leaders to use a “pragmatic perspective” of osteopathic medicine’s evolution.

^a Robert Orenstein, DO “History of Osteopathic Medicine: Still Relevant? (editorial); *The Journal of the American Osteopathic Association*, March 2017, Vol. 117, 148. doi:<https://doi.org/10.7556/jaoa.2017.027>

^b I received a Bachelor of Arts with Honors in History as one of my undergraduate degrees at Iowa State University. I wrote my Honors Thesis dissertation in the field of the history of medicine.

"A history is pragmatic when it makes us wiser...letting us better understand the structure of medical thought; it shows us the use of even wrong attempts to understand the truth and helps towards the improvement of our own system of medicine." -- Sprengel^c

Keeping such perspectives in mind, I trust that engaging in Project Future will help AOF leaders consider historic issues and priorities that are truly important to the osteopathic profession; facilitate construction (or reiteration) of clear vision and mission statements to enunciate; and both plan prioritized action steps to move to the future from our distinctive philosophical standpoint ... the osteopathic philosophy.^d I envision that by engaging in historically sound strategies, it might also be said of the Project Future endeavor:

"The ideas of today are the politics of tomorrow, and the philosophy of today is the literature of tomorrow."^e

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Invited Contribution of Michael L. Kuchera, DO, FAAO, FNAOME

^c Sprengel K. *Versuch einer pragmatischen Geschichte der Arzneykunde*. Halle, Gebauerschen Buchhandlung, 1821-1828.

^d Seffinger MA (ed). *Foundations of Osteopathic Medicine* (4th edn; 2018). Wolters Kluwer. pp xviii-18.

^e Will and Ariel Durant. *The Lessons of History* (1968); Simon & Schuster.

PERSONAL PERSPECTIVES

- **Service:** Envisions a world in which every person has access to high-quality osteopathic healthcare.
- **Organizational:** Envisions a “global osteopathic association” as the professional home for the growing number of physicians worldwide who practice (or wish to practice) osteopathically. (A unifying, collaborative, proactive, health policy and educational body.)
- **Educational Mission:** to teach, advocate and research the science, art and philosophy of osteopathic medicine, emphasizing the integration of osteopathic principles, practice and manual medicine treatment in patient care
- **Strategy/Project Considerations:**
 - Institute “Visiting Osteopathic Ambassador” Program
 - Facilitate implementation of “Osteopathic Recognition” strategies internationally
 - Work for reciprocity of accreditation for osteopathic and manual medicine continuing education courses
 - Work to enhance recognition, distribution, and impact of the *JAOA*; partner with international journals and manual medicine societies to better communicate the evidence-base important to osteopathic practitioners
- **Priorities emphasized within my Contribution:**
 - International emphasis
 - Stakeholder collaborations
 - Adherence to American osteopathic medical model
 - Lessons from history
 - Approached from philosophical standpoint
 - Pragmatic opportunities for strategic action

Historical Evolution of Osteopathic Medicine's Mission

In many ways, the mission of the AOA as it is expressed today is not much different from that envisioned by the founder of the first osteopathic school.

Historically, Andrew Taylor Still introduced a distinctively, new medical philosophy and with it founded the American School of Osteopathy in 1892 in Kirksville Missouri. Its 1894 educational charter as a medical school noted that the object was to design a College of Osteopathy “to improve our present system of surgery, obstetrics and treatment of disease generally, and place same on a more rational and scientific basis.”^f In addition to also grant degrees and honors, this version of the charter also expressed the intention “to impart information to the medical profession”

A few years later, in 1897, students from Still's original school founded the American Association for the Advancement of Osteopathy renamed the American Osteopathic Association (AOA) in 1901. Currently the AOA states its Mission is “to advance the distinctive philosophy and practice of osteopathic medicine.”^g

Taken together, these two mission statements enunciate a clear and consistent message that has been reaffirmed again and again over 13 decades. There are also clear, consistent mission elements embedded in each. They share an emphasis on:

“distinctive philosophy and practice,”

improvements based on “rational and scientific basis,” and

widely communicating how Osteopathic Medicine can to positively impact healthcare practice.

Each of these elements have been specifically repeated throughout the historical evolution of osteopathic medicine as well as in relation to the mission of many osteopathic organizations that profess and practice it. Each will be therefore supported in this document.

Finally, stakeholder synergy will be a major recommendation throughout this document. For example:

American Academy of Osteopathy (AAO): The mission and vision statements of the AAO strongly amplifies each of the three elements above. The first two (distinctive philosophy and philosophy as well as scientific basis) feature prominently in the currently stated Mission of the AAO, “to teach, advocate and research the science, art and philosophy of osteopathic medicine, emphasizing the integration of osteopathic principles, practice and manipulative treatment in patient care.” In 2015, they committed to

^f Walter GW. *The First School of Osteopathic Medicine*. Kirksville, MO: Thomas Jefferson Univ. Press; 1992; p 12.

^g Even though founded with an educational mission, today the AOA is often thought of as being historically and administratively responsible for representing osteopathic medical practitioners and aspires to be **“the professional home of all physicians that practice osteopathically.”**

the third (communication to positively impact healthcare) when they envisioned a world in which “all patients are aware of and have access to osteopathic medical care and osteopathic manipulative medicine for optimal health.” Collaboration with stakeholders such as the AAO that historically share such strongly synergistic mission and vision statements is highly recommended in setting, prioritizing and carrying out strategic goals established in the Project Future process.

Osteopathic International Alliance (OIA) and/or the Fédération Internationale de Médecine Manuelle (FIMM) Members: Because of overlapping vision or mission statements and international authority linkages, interactions with stakeholders who are members of OIA and FIMM could prove invaluable in moving forward in Project Future goals and strategies. Not discussed here, bridge programs to enhance medical credentials for non-physician osteopathic practitioners or OPMP/OMT programs to educate manual medicine physicians who perceive hands-on care only as a “technique” to affect pain could be consistent with Project Future goals.

Supporting Programs & Services that Promote Osteopathic Medicine & Enhance Patient-Centered Care

Founded in 1949, the AOF describes itself as the “philanthropic heart” of osteopathic medicine. As published, its current mission is “to support programs and services that promote osteopathic medicine and enhance patient-centered care.” To this end, I recommend that Project Future participants ...

... should be comfortable (as a group) with their understanding of the meanings of “osteopathic medicine” and “patient-centered care” as well as consider the perspectives of those contributing these papers;^h

... should consider reaffirming their previously published valuesⁱ which have historically influenced AOF priorities and enhanced mission outcomes ... particularly in this process to identifying collaborative leadership.

... would benefit from evaluating and prioritizing identified or proposed programs/services with respect to SMART^j outcomes and AOF’s agreed upon values (see item above).

... would gain synergy and increase the number of opportunities for Project Future programs and services by forming new, tactical, collaborative partnerships.

Because AOF values collaborative leadership, Project Future might consider how best to facilitate interactions with aligned organizations and select strategies to advance its mission. From my perspective, major opportunities include developing and embracing five recommendations:

Facilitate SMART strategies to help AOA reach its 2021-2025 published goals for this purpose.

^h My philosophical perspectives of the historical evolution of the terms, “osteopathic medicine” and “patient-centered care,” are largely consistent with the *Glossary of Osteopathic Terminology* (ECOP), the *Foundations of Osteopathic Medicine* (Seffinger, 2018) and *Osteopathic Principles in Practice* (Kuchera, 1994). They stem from the analects of AT Still that “to find health is the object of the doctor. Anyone can find disease.”

ⁱ Values include a commitment to stewardship; recognition for educational, research and lifetime professional contributions; and strategic, collaborative partnerships.

^j SMART = Specific, Measurable, Achievable, Relevant, and Time-bound

Even though founded with an educational mission, the AOA is often thought of as being historically and administratively responsible for representing osteopathic medical practitioners and their current vision statement and size reflects this.

Align goals: In addition to its mission and vision statements, the AOA has set “ambitious rooftop goals” to be met by 2025. They prioritized three SMART “rooftop” goals to strengthen the profession to boost awareness of DOs in the U.S. and around the world. As published, these goals include achieving the following:

50% increase in engagement with DOs

100% increase in awareness of osteopathic medicine

100% increase in international awareness of osteopathic medicine

Consider strategies related to the AOA and its partners expanding communication with and education of strategic international osteopathic and manual medicine stakeholders.

Raise engagement/awareness with a “Visiting Osteopathic Medicine’s Ambassador” program.

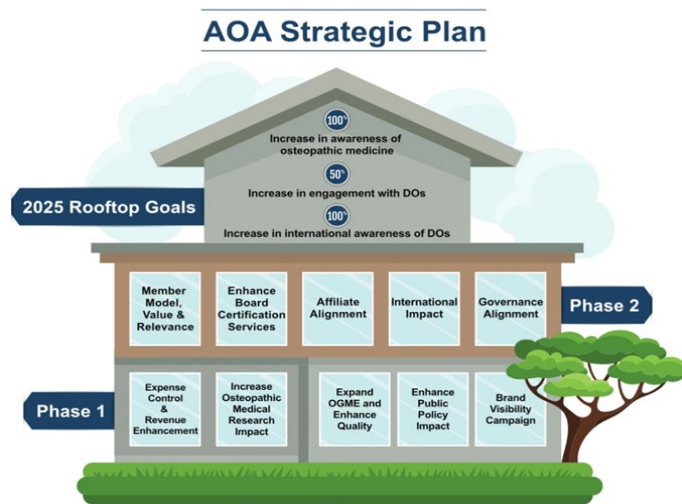
Collaborate with the AAO in synergy with their mission

Perhaps more than almost any other osteopathic stakeholder, the AAO mission aligns with others promoting osteopathic medicine and enhancing patient-centered care.

The AAO mission is to teach, advocate and research the science, art and philosophy of osteopathic medicine, emphasizing the integration of osteopathic principles, practice and manipulative treatment in patient care

For many years, AOF-AAO collaboration in the “AOF Visiting Clinician Program” resulted in a well-received and highly effective communication/education tool. For a while, the AAO also self-funded a Visiting Scholars program for PhDs to travel to a limited number of colleges of osteopathic medicine.^k

This program (with revisions) could be reinstituted and used as a template for an international educational ambassador program (by application) for COMs or state societies in the USA, hospitals considering osteopathic recognition, and/or high-impact international societies or conferences



^k “Visiting Clinicians” were prescreened OMM certified specialists. “Visiting Scholars” were well-recognized PhDs such as IM Korr, Michael Patterson, or Frank Willard who had long, osteopathically-grounded relationships to osteopathic medicine. These representatives spoke to OPP, OMT and the scientific basis for its application.

The AAO is currently the sole organization representing US physicians who integrate manual medicine into healthcare (in the International Federation of Manual / Musculoskeletal Medicine - FIMM).^l They specifically teach and advocate for the American osteopathic model of manual medicine and successfully advocated for acceptance of the model used in osteopathic medicine by physicians as a recognized school of manual medicine.

The AAO currently represents only 1350 physician members in FIMM and has 2 votes in FIMM's worldwide General Assembly. Project Future could adopt strategies that significantly amplify osteopathic influence and expand international understanding of the American osteopathic approach by encouraging and/or otherwise supporting membership in FIMM for AAO and other interested US osteopathic associations such as ACOFP, AOAPRM, etc. (Even considering the role of the AOA itself as a FIMM member). It could also do the same for the Canadian and/or the British Columbia Osteopathic Association.

Members of the AAO have been invited by other FIMM societies to serve as OPP and OMT teachers to educate physicians in other countries to practice more osteopathically.ⁿ

Regionalization within FIMM has been proposed. Project Future could consider strategic collaborations to work with BIOM as well as the Canadian and Spanish FIMM member societies to promote the American osteopathic model as manual medicine expands in South (and Central) America.

Facilitate strategies and projects that increase recognition and communication of both osteopathic and manual therapeutic research

Significant benefits might arise from working with identified stakeholders to develop effective strategies (including translation) to more widely disseminate research papers and abstracts related to both osteopathic and manual therapeutic research – from and to practitioners around the globe.

Key journals and/or stakeholders include but are not limited to the AOA Bureau of Osteopathic Research and Public Health, the International Academy of Manual / Musculoskeletal Medicine (IAMMM), the European Scientific Society of Manual Medicine (ESSOMM), the Journal of the American Osteopathic Association (JAOA) and Manuelle Medizin – European Journal of Manual Medicine.

Support for projects that recruit and publish international research submissions (in the JAOA) and/or that raise impact factor for the JAOA for researchers could significantly enhance the validity and message of osteopathic medicine nationally and internationally

Expand International recognition and support for osteopathic medical education

Education and credentialing are lynchpins in increasing awareness about osteopathic medicine and widening access, quality and global application of OPPP/OMT by healthcare providers. An educational

^l Numerous FIMM member societies represent significant numbers of osteopathic physician practitioners within their national borders. Many engage osteopathic physician and non-physician practitioner educators.

^m FIMM dues currently are capped at a maximum of \$2100 / year per society.

ⁿ This is especially prevalent in Germany. Outreach and osteopathic education is or has been also significantly represented in Denmark, South Korea, and Australia.

^o D'Alonzo GE, Patterson MM, Seffinger MA, Fitzgerald ME. Realigning the JAOA: We Are Listening and Changing. *JAOA* 112(3); March 2012; pp 117-118

reciprocity agreement already exists between the European Union of Medical Specialists (UEMS) and the American Medical Association (AMA) – why not with the AOA?

In 2016 the Multidisciplinary Joint Committee of the European Union of Medical Specialists (UEMS)^p declared “Manual Medicine”^q as a recognized added competency and through the efforts of FIMM and the European Scientific Society of Manual Medicine (ESSOMM) has promoted scientific and clinical application of manual medicine by physicians. One of the models of manual medicine taught in Europe is based on (and frequently taught by) American osteopathic physicians.^r It is recommended that the AOA collaborate with FIMM and ESSOMM to secure reciprocity for accreditation of CME hours between the AOA and UEMS ... both generally and for Manual Medicine added qualification.

Project Future might consider prioritizing the coordination stakeholders to gain UEMS reciprocity for quality CME in the field of manual medicine. International physicians attending US osteopathic programs should be able to submit it for UEMS-approved and American physicians should be able to obtain Cat IA reciprocity from approved osteopathic programs presented outside the USA.

The previous AOF Visiting Clinician program (conducted in concert with the AAO and its own Visiting Scholars program representing PhDs) could be adapted to promote osteopathic medical representatives presenting research or workshops as “Visiting Osteopathic Medicine Ambassadors.” This program could also be designed to train (or certify) osteopathic teachers in countries wishing to adopt the American osteopathic model to help their own members reach manual medicine qualifications.

The AOA and its representatives should consider focusing on strategic educational projects within both the Osteopathic International Alliance (OIA)^s and the International Federation of Manual / Musculoskeletal Medicine (FIMM).^t Neither of these two stakeholder groups has the mix of members needed to fulfill the current vision of the AOA.^u Increased collaboration within in these two groups however to foster the AOA’s mission “to advance the distinctive philosophy and practice of osteopathic

^p The Union Européenne des Médecins Spécialistes (UEMS) used the FIMM *Guidelines on Basic Training and Safety* in Manual Medicine to set benchmarks for recognizing ADDED COMPETENCY by European specialists who integrate Manual Medicine in practice. The American Medical Association has reciprocity agreements with UEMS for qualified educational programs used for certification and continuous medical education between the continents.

^q https://www.uems.eu/_data/assets/pdf_file/0003/27840/UEMS-2015_35-Manual-Medicine.pdf

^r Agreements by subgroups of the German physicians-only group, DGMM, continue with professors associated with several osteopathic colleges in the USA. This has led to hundreds of German manual medicine specialists specifically identifying themselves as osteopathic practitioners who practice osteopathic medicine in Germany.

^s AOA is already part of the Osteopathic International Alliance (OIA) which envisions a world in which every person has access to high-quality osteopathic healthcare.

^t The International Federation of Manual/Musculoskeletal Medicine (FIMM) has a stated parallel and overlapping vision of serving as a professional home for physicians -- that of being “recognized as the international federation, disseminating knowledge and expertise integrating Manual/Musculoskeletal Medicine to Health Care.” Several of its manual medicine societies use an osteopathic model to educate their physicians to do this.

^u OIA has some member organizations whose osteopathic practitioners are not physicians capable of practicing with the knowledge and/or use of all therapeutic options; but they also have member organizations made up of physicians practicing osteopathically. FIMM has member organizations with physicians integrating manual medicine therapeutically into patient care but only some of these integrate an osteopathic philosophy or approach in their application of manual medicine techniques. Both OIA and FIMM members would benefit from individualized, concerted education strategies designed to be collaborative.

medicine” will also help implement one of the top goals that the AOA wished to reach by 2025 ... namely “to achieve a 100% increase in international awareness of osteopathic medicine.”

Facilitate implementation of Osteopathic and “Osteopathic Recognition” educational strategies internationally

“Osteopathic Recognition” has been introduced in ACGME in the USA.^v It enables transmission of quality osteopathic cognitive, psychomotor and affective skills to physicians (MD and DO) wishing to practice osteopathically on a graduate medical education level.

Project Future could facilitate the development of strategies to implement, validate and credential “osteopathic recognition” processes applicable to international manual medicine physicians or their parent societies related to graduate, post-graduate and continuing medical education.

Facilitating UEMS reciprocity for osteopathic educational programs to be applied for credentialing purposes of manual medicine physicians and for FIMM / Manual Medicine Society programs to be applied for ONMM credentialing programs could be useful in greatly expanding international communication and education.

Project Future Identifying/Prioritizing AOA Projects & Services to Support AOF Mission

At this point in time, the American Osteopathic Association (AOA) is on record as envisioning its future “to be the professional home for all physicians who practice osteopathically.” It has long been the parent organization involved in osteopathic board and continuous certification ... fulfilling this role for 16 specialty certifying boards as well as offering osteopathic certification in 29 primary specialties and 77 subspecialties in the USA. In this fashion, it is meeting its mission “to be the professional home” for all physicians who practice osteopathically” IN THE UNITED STATES [capitalization added]. However, it must be noted the population of physicians who practice osteopathically is no longer limited to the borders of the United States of America.

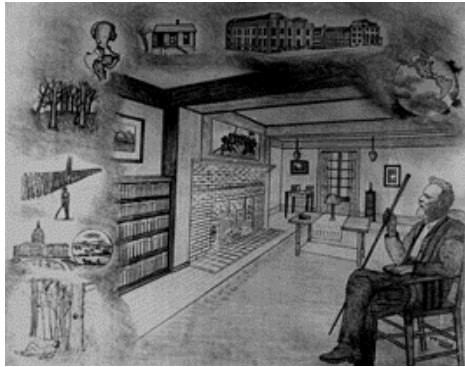
Going Global ... and Structure-Function Naming

Prior to starting the AOA Council on International Osteopathic Medical Education & Affairs^w in 1998, there was some pushback from certain leaders and stakeholders. I commonly heard naysayers state, “We don’t call it the ‘American’ Osteopathic Association for nothing!”

^v Osteopathic Recognition requirements can be found at the following website:
<https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/801OsteopathicRecognition2018.pdf?ver=2020-10-08-124248-600>

^w CIOMEA later became a bureau (BIOMEA) and is currently the Bureau of International Osteopathic Medicine (BIOM). I served on this body from its onset through 2013 and had the honor of chairing it in 2000-2001.

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vision
(See



Names can be problematic but need not be. For example, from a historical perspective, the founder of osteopathic profession named his school the “American” School of Osteopathy.^x The name recognized distinctively American roots for both osteopathic principles and practices but AT Still’s early saw it as America’s contribution to patients globally.^y historic picture. Still’s Vision.)

What unintended consequences might its name have for the “American” Osteopathic Association meeting its vision? It is known that structural, jurisdictional, and scope-of-authority nuances may arise from portions of any organizational name.^z

Is there an intention to be home to groups of member organizations such as the Osteopathic International Alliance or the International Federation of Manual / Musculoskeletal Medicine ... or of individual osteopathic physicians as the AOA is now?

Does the American Osteopathic Association envision setting up a de facto “Global Osteopathic Association” or vice versa?

Would a European-based osteopathic physician or organization wish to join an “American” osteopathic organization. What value might it have (or be perceived to have)?

For these and other reasons, the AOA (and Project Future) might be well-served to consider about how best to structure and name global “professional homes” envisioned for any or all osteopathic practitioners and how (or if) such homes would interface with other international professional homes such as the OIA, the FIMM, or the European Register for Osteopathic Physicians (EROP).^{aa}

Background Considerations for This Contribution

^x Founded in 1892, the name of the American School of Osteopathy evolved through many names including the Kirksville College of Osteopathy and Surgery (1925), the Kirksville College of Osteopathic Medicine (1971) and most recently, AT Still University (2001) which has been the home for several academic entities including 2 osteopathic institutions.

^y In the early years of the American School of Osteopathy there were international students from Europe, Japan, Canada, etc. Many returned to their home countries to practice

^z eg. Federation vs Alliance vs Association etc. Also the “American” designation could specify just the USA or be stretched to North American (with the Canadian Osteopathic Association historical ties to the AOA) vs all North-Central-South American

^{aa} The European Register for Osteopathic Physicians (E.R.O.P.) is an association that promotes excellence in osteopathic medical education, research and health care delivery for European-trained osteopathic physicians, and is organized to advance the philosophy and practice of osteopathic medicine throughout Europe

Noted above, my personal aspirations for Osteopathic Medicine align with several of the vision/mission statements, values and/or strategic goals recently published by key stakeholders. Such published statements that are aligned to my view (see box on page 2) include:

... “envision[s] a world in which every person has access to high-quality osteopathic healthcare.”^{bb}

... “advance the distinctive philosophy and practice of osteopathic medicine.”^{cc}

... teach, advocate and research the science, art and philosophy of osteopathic medicine, emphasizing the integration of osteopathic principles, practice and manipulative treatment in patient care.”^{dd}

... “100% increase in international awareness of osteopathic medicine.”^{ee}

This paper hoped to highlight these statements and offer suggestions leading to development of synergistic, SMART^{ff} strategies that might be embraced in developing Project Future. It also recommends the consideration of a few national and international strategies or projects. Many of my recommendations offered are only bulleted suggestions; others only raise the topic. The recommendations include:

Supporting national/international projects promoting osteopathic philosophy, principles and practices (OPPP); educating physicians to apply OPPP/OMT and osteopathic healthcare models^{gg}

Facilitating/promoting pathways for international medical graduates with manual medicine training to apply for/complete programs with osteopathic recognition; to value osteopathic CME; and to advocate adoption of an American-style osteopathic model by international manual medicine groups

Raising the bar for non-physician osteopathic practitioners & collaborating on bridge programs

Helping to establish osteopathic medical schools or training pathways located outside the USA

Recruiting/publishing international research submissions (multilingual); raising the impact factor for the JAOA

Please recognize that 40-years’ service in the osteopathic profession has strongly influenced my personal vision of what this profession could be. Similarly, integrating distinctively osteopathic philosophical and treatment practices in both clinical and educational settings have produced outcomes

^{bb} Vision statement of the Osteopathic International Alliance (OIA)

^{cc} Mission statement of the American Osteopathic Association (AOA)

^{dd} Mission statement of the American Academy of Osteopathy (AAO).

^{ee} One of three “rooftop” 2021-2025 strategic goals published by the American Osteopathic Association (AOA). To meet its stated mission and move towards its vision, the AOA set high priorities on increasing awareness of osteopathic medicine ... including a specific strategy of doing so on an international basis.

^{ff} SMART = Specific, Measurable, Achievable, Relevant, and Time-bound

^{gg} World Health Organization. *Benchmarks for Training in Osteopathy* (2010).

<https://www.who.int/medicines/areas/traditional/BenchmarksforTraininginOsteopathy.pdf> and Seffinger MA (ed). *Foundations of Osteopathic Medicine* (2018).

convincing me that our historical commitment to OPPP/OMT cannot be lost as we move to the future ... nor lost in “what we profess” or “how we profess” it as a “profession.”

That said, this document is not intended to offer a new, all-inclusive vision of the future of Osteopathic Medicine nor a comprehensive roadmap addressing the glimpses within that vision. Rather, it is intended to illuminate select, current organizational Vision and Mission statements of stakeholders historically positioned to represent Osteopathic Medicine^{hh} and to suggest areas where synergy might be effectively stimulated through Project Future. Because of my osteopathic background and guided by AOA strategic plan priorities as currently published, I chose to focus primarily on osteopathic challenges and opportunities in a global context.

^{hh} The current professional definition of “osteopathic medicine” is published in the *Glossary of Osteopathic Terminology*. This essentially mandates a linkage between “the needs of the patient” and their care (where care is “represented by [an osteopathic] philosophy” and practiced as a complete medical system by physicians with unlimited licenses.)