

**Archival & Historical Committee
March 15, 2005
Phoenix, Arizona**

**Interview with
R. Greg Maul, DO, FCOFP
President 2004-2005**

- Dr. Allen: This is the meeting of the Archival & Historical Committee on March 15, 2005 in Phoenix, Arizona interviewing ACOFP President, R. Greg Maul, DO, FCOFP.
- Dr. Maul: Good afternoon to all.
- Dr. Allen: We are happy that you agreed to have the committee interview you for historical purposes and ask you some questions with regard to reminiscing about your short term presidency or whatever you would like to talk about.
- Dr. Maul: Thank you. My presidential theme this year was L E A P which stands for Leadership, Electronic Practice, Advocacy and Programs; mainly our residency programs. I think these particular four categories were apropos for what our profession at this time was going through and I think that as the osteopathic profession, especially in family practice, we need to continue to be the leading college in the American Osteopathic Association (AOA). We are also looking at creating and continuing our ability bringing leaders up from whatever states that we are looking at and also whatever states they want to begin. I think it is very important to have leaders that are coming up from state societies to move into national positions. For the ACOFP, this will be an ongoing situation which we will continue to help grow this profession.
- Electronic Health Records (EMR) is definitely on its way. It is mandated by the Centers for Medicare Services (CMS) and it is also one of President George W. Bush's major goals in the next several years. It is one of the areas that I really wanted to try and push the envelope on this matter. As we looked further into this arena it seemed like it became more and more complicated and it will take several more years to really get through this situation. We are working with The American Academy of Family Physicians (AAFP) in this endeavor both with looking at vendor lists, and also looking at certain companies that we may bring for the membership to review. The last meeting with the American College of Osteopathic Family Physicians (ACOFP) and the AAFP, the advice that we got from that meeting was to begin to identify individual EMR vendors and build accordingly. We do know at this time there is no tax incentive and there is no money that will be given back to physicians for the systems. On one hand, we do know it will increase

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production, safety and decrease patient error. It's something good for the profession but again will be somewhat of an uphill battle because of the financial situations that will impact on every physician and patient.

The Advocacy aspect of my theme I think is one of the most important reasons why you belong to your state and national associations. This year I appointed a legislative committee from ten different states for a three year term, in fact, Dr. Kevin DeRegnier is one that I appointed and we looked at states that were having both Physicians Liability Insurance (PLI) problems and other governmental insurance problems and states that have already gone through this situation. What we are looking for is to help develop a more active legislative committee composed of osteopathic family practitioners that would develop relationships with the Washington legislators. We feel this was definitely needed and this would not detract from the Federal Health Council. We just felt that we needed more involvement and more contact back to the actual members. I look forward to having good results. Dr. Marcelino Oliva, is the Chair of this committee, Dr. Jeffrey Grove from Florida, is the Co-Chair and again their #1 goal this year is PLI. They are also looking at General Medical Education (GME) funding, volunteer faculty, and other major issues that would impact medicine and family practice.

I think our residency programs are having problems. We see a declining percentage of our students going into osteopathic programs. There are various different reasons, one of the major issues is location. We're finding that many residents want to stay in the areas where they did their training or where their family live. We have a limited amount of slots. This is something else that we are working with the AAFP. They have the slots and we have the manpower; so we are going to try to work with them to increase our number of dual residency slots and programs. We have made it perfectly clear to the AAFP that this will not meld into an allopathic residency. This will be strictly to remain osteopathic within that program, but we are looking to open more slots and locations around the United States. The ACOFP is in discussion with the American Osteopathic Board of Family Physicians (AOBFP) researching reinstating Certification in Added Qualifications (CAQs) for our membership. Several years ago, the inadequate process was nearly shut down and the ACOFP and AOBFP felt it unwise to have CAQs. Currently, both the Committee on Evaluation and Education and the AOBFP are in favor of recreating more CAQs in hopes of increased recruitment into our family practice residencies. The ACOFP Board at this time is not quite sure to support the endeavor for fear of fragmenting family practice. We have a deadline of June or July before we need to make a decision and we will let the ACOFP know as we make that decision.

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We have also presented our first strategic plan for the ACOFP and have distributed it to the states and the American Osteopathic Association (AOA). John Crosby, Executive Director of the AOA, has critiqued and we will be appointing a sub-committee to take a look at strategic plan to fine tune it. This is the first strategic plan that we have had. The other major item that we have accomplished this year was the streamlining of DOs that were allopathic trained. We are trying to bring these folks back into the fold and working with the AOA in doing so. There was a multiple staged program in which we created and with the AOA's help the process was streamlined.

So these are the major areas where we have been working on this year. I thoroughly enjoyed going around the country meeting all the different state societies and individuals that I haven't met and some folks that I haven't seen for awhile. I really enjoyed going around and finding out the problems of the ACOFP state societies. There are a lot of common problems. There are a lot of individual problems that we are researching. It has been a challenge. The board that you have this year is an excellent hard working board. They really have no personal agendas that override their decisions. It is strictly the ACOFP agenda, what is best for the profession. We can sit and argue, fuss and fight, walk out the room and we are all one voice, we are one person with the ACOFP in mind.

That is an overview of my year and I will turn it over to the committee for questions.

Dr. Allen: How does it feel to be a son following a father in the presidency?

Dr. Maul: It has been a very unique, fortunate opportunity to be able to do what I have done this year. Dr. Royce Keilers, my dad, and Dr. Robert Sharp are responsible for getting me started in this profession. They wanted to know if I wanted to be a program chairman for Texas ACOFP. I accepted and thus beginning this whole thing. I never dreamed of being president of the ACOFP. It is one of those unbelievable situations. It has been an absolute wonderful year. I will miss it, but after a year I think it is time to move on, and get new blood and new ideas.

Dr. Allen: You still give ACOFP about three major years as the Vice President, President-elect and President and you have a pretty heavy workload for those three years.

Dr. Maul: Yes, what we did this year, I think has worked out very well. I don't think the following endeavor has ever been done before, but I wanted to make sure that the top three officers were on the same page with ACOFP issues. Thomas N. Told, DO, FACOFP *dist*, Vice President, Glenn G. Miller, DO, FACOFP, President-elect, and I went to a lot of the different meetings. Everything that I was

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presented I made sure that they were onboard with the same issues. They received copies of everything. We had monthly Executive Committee conference calls which sometimes last more than two hours. We could disseminate information almost instantaneously after those meetings. There were numerous issues that arose on a monthly basis that could not wait three and four months to be handled. I think this has been very valuable to me because these guys are not afraid to give me their thoughts and I value their opinion. Really, no one person has all the answers. When you have a board that has this much expertise and knowledge you really need to use that. They truly have been a major support. What we did was to divide the various trips and the state visits since there were several times during the year that I had two and three meetings on the same weekend. We tried to make sure that at least these meetings were represented by one of the national officers. There are several states I was not able to go and would have liked to visit. You have to be invited! Usually the Secretary-Treasurer is also involved on these discussions and we worked as a team, not as an individual. I'm totally against the President having absolute power. Even though I may have the final decision, the Board and Congress actually are the groups that decide. I'm only the spokesperson. I'm the messenger. I really feel that is the way organizations should be run.

Dr. DeRegnier: A couple of times you mentioned that we have been working with organizations like AAFP and that and it seems like in general in the last few years we have been developing those relationships with allopathic organizations. Certainly you have highlighted a couple of the issues that are going to allow us to do with residencies (rural and EMR) and that it may be a double edge sword in some respects? Do you see it as any kind of threat to the profession as a whole or what are your thoughts on that?

Dr. Maul: I don't believe so. We have gone in with them knowing that we are working with them side-by-side. We are going to remain distinct. "You are not going to take us over. We have different ideas than you do." But there are some things that both family practice groups truly need to work on, whether it is residency programs, PLI, or voluntary funding for GME. What are we going to do about that? That is a major issue and both medical groups truly have got to look at this. How do we deal (not deal) with insurance companies concerning reimbursements? They keep impacting on more and more of our income. Where are we going to stop that? Our numbers are our strength. The AAFP have been very willing to give us information, open certain doors that we have never been able to open up before, but they truly know that that is where it stops. I mean we are working strictly as an ACOFP entity with the AAFP. AAFP is willing to open opportunities to work with some of the larger organizations, like the NIH or other large health groups we have never had exposure before. AAFP realizes we are both in the same boat. I think deep down they know that

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they will never take us over. I don't know how Dr. Glenn Miller or Dr. Tom Told feels but I think so far they have been very positive. We have learned much more from them than they have from us. They can't put their finger on why we are so strong. Family contact that encompasses attitude that we have here at the ACOFP, they don't have that. They are really individuals, even in their political aspects. They literally run like state or national politicians. They go out and they have individual campaigns. They don't have committees made up of the past seven presidents to do recommendations. They do things totally different and they still look at us as with wonderment, and I think they are realizing now that we are stronger than they probably realized.

Dr. Told: Four years.

Dr. Maul: We are going to do what is best for our membership, we part ways and that is the way it is going to be. We will work together with insurance companies, government and Medicare to fight these commonalities that we have.

Dr. DeRegnier: Thank you.

Dr. Told: How did you handle the travel?

Dr. Maul: I think Dan Fogelberg put it this way, "The audience was heavenly, the traveling was hell." With Dr. Tom Told and Dr. Glenn Miller taking some meetings for me, I have been out of the office close to 130 days now this year. It does take its toll, and I thank God for Stacy, and my Dad. My Dad has been just unbelievable in covering the office for me and being a stable component that has kept things going. Stacy has been my rock, my beacon of light. It has been wonderful. Going to the meetings and meeting friends and seeing old buds, that is the fun part. Finding out what is going on, what is happening in their perspective states, their problems, successes, working with states and committees as close as we do; that is the fun part. The traveling back and forth gets a little old, living out of suitcases and a different bed every night. One thing Dr. Knapp told me, "One morning you'll wake up, you won't know where you are or what hotel you're in, and you were supposed to be at a meeting two hours ago and you won't know where that meeting is." Luckily that has not happened this year. It has been a lot of fun, it really has.

Dr. Told: In other words, you have to keep really good notes to know where you are?

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- Dr. Maul: Absolutely. I'm really anal about that. I write all sorts of things down. All my talks and everything I have all written and things I have highlighted in reds and yellows. This has been just an absolute wonderful year, it really has.
- Dr. Adair: Any funny stories, or humorous things that has happened that you can speak about?
- Dr. Maul: I was going to say, there might have been a couple of things that I don't know if I want to be recorded. I leave it at that. I haven't been caught outside my room with my underwear on and I can't find the key. No, that hasn't happened yet. Now I have done that at the house but not at the hotel room.
- Dr. Allen: Kirksville had their tragedy.
- Dr. Maul: Well their tragedy was horrible, probably of all the things that happened I would have to say that was the major negative event that did take place. It was very unfortunate. They're in our thoughts and prayers.
- Dr. Allen: Lost some key people.
- Dr. Maul: Yes, and of course that is an ongoing situation. We are going to lose wonderful people every year and unfortunately that is the way life is. It was just a wonderful, very positive year. We have a strong profession here. You go to these states and the people are energized and ready to dig in and actively participate doing whatever it takes to get the job done. Every state was like that. There are some states that are stronger than others; there are some states we need to work on; and some states we need to find out what they are doing. It has been a joy and an honor to be your President this year.
- Dr. Hill: Talking about professional liability and problems and so on, I might report that our house and senate in Missouri have passed several pieces of legislation, one being a bill that will help with the ceiling on claims. Now they have to have a joint conference to get together and the governor has promised that he will sign it. They are also working on an insurance regulation bill which will put more power in the insurance commissioner to get statistics and information from the insurance companies and give them permission to raise insurance rates.
- Dr. Maul: Very good.

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Dr. Hill: So we are working very hard at that in Missouri right now.

Dr. Maul: That's great. We are viewing this PLI situation with a two year window even though it is a state-by-state situation. We have a Republican President that is 100% behind PLI and we're working on the Senate to gain further support so this can be brought to the Senate floor for discussion. I think if we truly don't do something in the next two years we need to kick ourselves in the tail end. We really need to climb on this. It is a state-by-state situation. You have to talk to your legislators. We are looking at using up to \$100,000 of our reserves to effectively create a grass roots basic system for the physicians to energize their patients. So when a situation like PLI or patient access problems arise, we can energize our patients to notify their legislators. We had a similar problem and that is how we did it in Texas. Talk to your patients. You educate them. These are probably the most untapped sources of power that we have. But that will be brought up at the Congress and they will decide on how they want to go.

Dr. Hill: I have seen your Texas bills that supplied local representatives and our legislature with those bills as an example.

Dr. Maul: Thank you, and it is working. I know the governor of Missouri was just not working at all.

Dr. Hill: No. They didn't do anything the Congress wanted to do.

Dr. Froelich: What are your regrets, projects and unfinished business?

Dr. Maul: I think the Electronic Medical Records was a more complicated issue than we expected. Members need hardware and software packages capable of inter-communications among facilities and other options. I really wanted to try to get that going and have a vendor list that we could give out to our members. I wanted to provide a list that encompassed good systems that were economical. It seems like with the PEHRC Committee and other committees, we are not advancing like I think that we should. I think a lot of these coalitions are bogging down. We just got through talking to Dr. Steven Rubin, Vice President at the Board meeting yesterday and he is on the Physicians Electronic Health Records Commission (PEHRC), whom is very disappointed on their progress. I think we are still going to have to come back and do it ourselves. It is something that it is coming down the pike. It is mandated. It will be here. It is either get onboard or get out of the way as you will be penalized for not performing as you should. I really didn't know how large and how complicated this project was when we first got into it and it seemed like you opened this door and another part of Pandora's Box opens up. Dr. Glenn Miller and Dr. Tom Told will continue to work

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on that. But that is probably the big project I really wanted to get done this year that just didn't get done. But we are working on it.

Dr. Allen: Well I still see considerable drawback to medical records. One of them is privacy and HIPAA is after us now, always looking over our back and how are we careful on keeping patients information confidential. When you go invest in medical records and you are going to have your lab, you are going to have your hospitals, and drug companies, all interfacing on medical records. I can't see anything but shambles as far as the privacy there. I don't know how they are going to handle it. I'm going to retire before that.

Dr. Maul: That is definitely something that has to be worked out. These types of situations don't take weeks, they take months/years sometimes to get these hammered out. You know how Congress works sometimes, slower than a tortoise. That is why you pay your dues and ACOFP will continue to be there to work these problems out.

Dr. Allen: You have your hackers that want to get in on records too. We are having banks in California that have had their records broken into and things end up missing and all of sudden you realize somebody stole something.

Dr. Maul: It is definitely something that will have to be worked out.

Dr. Froelich: My minister told me it is the duty of old men to tell young people how great they are doing. What advice would you have for fresh out of school young osteopaths?

Dr. Froelich: Young physician, what advice do you have, you were a young physician not too long ago, what advice do you have?

Dr. Maul: I would say number one, be true to your profession. You went to an osteopathic school to become an osteopathic physician, be true to that profession that gave you a living and a way to raise your family. Be active in any way that you can. If you can't give of your time and your talent, give of your money. It takes money to do things, but you absolutely need to be involved with your state/national ACOFP organization in any way that you can. Be a positive role model for your students, your neighbors, your friends. And like the Osteopathic oath says, "Be an example of what an osteopathic physician should be."

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- Dr. Hill: I'm glad to hear you say that because that is what I do when I interview new interns, stick with your profession. They got you here and let's stay with this. They get out and practice and then they forget where their background came from.
- Dr. Maul: I think one of the biggest problems we have in the osteopathic profession is we have too many PhDs running schools. We have the wrong people in these selection committees selecting the wrong type of students to go into osteopathic medicine. We need to get it back the way it used to be. There might be a slight selection problem but you won't be having these want to be MDs floating through DO school and taking office as soon as they can. We need DOs as presidents/deans of our COMs, not PhDs.
- Dr. Allen: There was a report that I read in preparation for our last trustees meeting at Pomona, California over 50% of the doctors that were interviewed were advising their children not to become doctors because of all the multiple pressures that is going on there. So somewhere in our profession we need to help identify our uniqueness, enhance it and figure out a different presentation maybe for some of our freshman in colleges.
- Dr. Maul: I think one of the things that we don't do a good enough job in is letting our students know what family practitioners can do. We have looked at the debt load of these students coming out. Some of them are up to \$150,000 to \$200,000+. You can make a very good living but there's no more just 8 am-5 pm – Monday through Friday.
- Dr. Allen: Or double that.
- Dr. Maul: We need to promote family practice like the AOB was saying, "The super dog," somebody that can take care of about 95% of what walks in your door. You can make a good living at what you do. Our family practice profession is getting badmouthed either at the admissions level or they go on a rotation with somebody in the hospital, internists or whatever and they start giving negative impact and information about what family practice is and does. Part of the problem that we have had as family practitioners is declining reimbursements and having to see more numbers to make up for it! Dr. Tom Told and Dr. M. Jay Porcelli started the Procedural Institute. Procedures can help increase that income. But I really think we need to do a better job of advertising what family practice does, especially osteopathic family practice. We know that OMT will bring in more money. We know that when you practice in a rural area that brings you in another 5% of reimbursements. The AAFP is looking at a term of "basket of services." Maybe we need to look at something like that. A standard that is expected of a family practice resident when they graduate.

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They need to be able to do all of these “services” to reduce our referral rates to specialists all the time. We need to be better at what we were trained to do and start working in that arena.

Dr. Allen: I think that there is a movement by the HMOs to shift more and more of the medical care in the front lines by non-professionals, I mean non-doctors. The nurse practitioners and PAs that are all coming in at the HMO level and replacing what doctors are doing. So one doctor is supervising a lot of persons underneath him and they want to do more and more of that. So we are a little bit in a confrontation with those that are paying the bills.

Dr. Maul: I have three nurse practitioners working with me right now and they are very good but they also know their limitations. They have their narcotic numbers but they don't write narcotics unless it is on my number and I have to sign it. They know their limitations and I think that is good. That is something we will have to keep an eye out for, and again, it will vary from state-to-state. We need to prove to insurance companies and government that we are worth the money to take care of patients.

Dr. Allen: There's Kaiser that is cutting back.

Dr. Maul: It still comes out to just dollars, that's all it is. We need to do a better job about educating our patients. Let's look at the training of nurse practitioners, versus training of a doctor. What happens when you go in the hospital, they can't come see you. The depth of our education far exceeds theirs.

Dr. Allen: Anybody else? Thank you.

Dr. Maul: You are welcome. Again, I want to thank you for all the work that you folks have done and it has been an honor and a privilege to serve as your ACOFP President.

Male Speaker: You did a good job and we're proud of you

Dr. Maul: Thank you.

(Applause)