FROM THE PRESIDENT'S DESK

Greg D. Cohen, DO, FACOFP *dist*.

Since my first message in April, I have been North, South, East, and West for ACOFP.

- I have traveled to Osteopathic meetings and schools in Orlando, Columbus, Maine, Seattle, and by the time you read this, even Ketchikan, Alaska.
- I have been to multiple Osteopathic Medical Schools and met with incredible students, residents, young physicians, and seasoned veteran Osteopathic family physicians. No matter where I went, we all shared so many of the same concerns. Burnout, prior authorizations, inboxes, pajama time, pressure to produce, AI, EMRs, increased overhead, the expansion of PAs and NPs, a confusing, ever-changing Board Certification process...The list goes on and on.
- On the advocacy front, we have signed on to multiple letters about changes needed in the prior authorization process, vaccination guidelines changes, cuts to Medicaid and Medicare, and access to care in rural America.
- I have spoken to leaders at NBOME, AOBFP, and AOA about our Board Certification process and the need to make it more user-friendly, more meaningful, and more responsive to our needs.
- Last month, during our inaugural Destination CME event, I presented on how to integrate OMT into a busy family practice.
- I have also started the process of transitioning our current Executive Director Bob Moore's retirement and finding our next Executive Director for 2027I cannot thank Bob enough for his extraordinary service leading ACOFP, and for his friendship.
- I am also continuing to practice full-time at my office at Lucas County Health Center Medical Clinic in Chariton, Iowa.

Later this year, I will be appointing a task force on AI integration into Osteopathic Family Medicine.

I am going to try to address some of our most frustrating issues in medicine today in each of my presidential messages this year. This message will try to take on Prior Authorization.

Prior Authorization is a time intensive, inefficient process for patients and physicians by which payers try to ensure the appropriateness or medical necessity of proposed care. Unfortunately, the goal has really been reducing payer expenses by redirecting prescribed care to less expensive options.

So what can we do:

1. Automate the process using electronic prior authorization tools within your electronic health record.
2. Assign a dedicated expert within your office who can learn the nuances and requirements of your top payers.
3. Learn from denials. Keep a master list of common denial reasons to help bulletproof your documentation and clinical rationale for a given request.
4. When all else fails, request a peer-to-peer review directly with the payer's medical director.

If anyone out there has additional strategies they have found successful on prior authorization or any of the frustrating issues on our list, please share them by contacting me at president@acofp.org.

Thank you.

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2026-2027 President, American College of Osteopathic Family Physicians

Contact Dr. Cohen at president@acofp.org.