Road Map to Osteopathic Recognition

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Disclosure

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• None of the above speakers have any conflicts of interest to report
Objectives

• Summarize advantages for implementation of osteopathic recognition in ACGME programs
• Describe student, resident and faculty assumptions about osteopathic recognition
• Demonstrate how to apply for osteopathic recognition
• Identify practical strategies for implementation of osteopathic recognition
SCS & ACGME Accreditation
As of March 20, 2018

• 140 AOA & ACGME Residencies
  • 9 Previous ACGME
• 100 ACGME Accreditation
  • 88 Initial Accreditation
  • 12 Continued Accreditation
• 30 Pre-accreditation
• 21 Specialties
Osteopathic Principles & Practice Committee

Osteopathic Recognition Task Force
January 2015

Purpose:
Develop essential educational deliverables that SCS can provide to ANY residency seeking ACGME Osteopathic Recognition.
Osteopathic Recognition Task Force

- 8 Residents
- 12 Faculty
- FM, IM, ONMM, PM&R, Psychiatry

Survey of all stakeholders
Osteopathic Recognition (OR) means that the residency program has ACGME accreditation and also incorporates specific OPP/OMT competencies. Not all resident positions in that residency are required to have OR and the number of OR positions is at the discretion of the Program Director. Residents who choose OR will have the choice of taking either the ABMS certifying boards &/or the AOA specialty certifying boards.

Results thus far…
Osteopathic Recognition
With the quality of training being equal; how important is it to you to seek OR for your program?
Osteopathic Recognition: Student, Resident and Faculty Survey

“How important is it to you to seek OR for your specialty?”

278 Students
- Little to no Importance
- Somewhat to extremely important

361 Residents
- Little to no Importance
- Somewhat to extremely important

94 Faculty
- Little to no Importance
- Somewhat to extremely important
Osteopathic Recognition: Student, Resident and Faculty Survey

“How important is it to you to seek OR for your specialty?”
With quality of training being equal, how important is Osteopathic Recognition/Competencies to you?

- Not Important
- Little Importance
- Somewhat Important
- Important
- Very Important

Graph showing the distribution of responses across different importance levels for different fields (FM, IM, OB).
With quality of training being equal, how important is Osteopathic Recognition/Competencies to you?
Figure 1. Differences in Perceived OR Importance between Primary Care and Non-Primary Care Resident/Faculty Physicians

P < 0.001
Faculty identified barriers to implementing Osteopathic Recognition

- No sense for specialty
- Too much work
- Too many req.
- Lack Faculty
- Extra Accredit.
- Admin time

Importance Scale:
- Not Important
- Not Very Important
- Somewhat Important
- Important
- Very Important
Osteopathic Recognition
Suggested Next Steps from Task Force
Osteopathic Recognition

3 Educational Components

1. Biomechanical Competencies
   • (OMT)

2. Health Promotion Competencies
   • (OPP/Lifestyle Medicine)

3. Physician Wellbeing Competencies
   • (OPP/Professionalism)
Faculty identified barriers to implementing Osteopathic Recognition

- No sense for specialty
- Too much work
- Too many req.
- Lack Faculty
- Extra Accredit.
- Admin time

- Not Important
- Not Very Important
- Somewhat Important
- Important
- Very Important
Barriers to OR Implementation

Administrative Work & Extra Recognition Step

Osteopathic Recognition Application Template

Statewide Campus System
College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

Template Suggestions ONLY
New Application: Osteopathic Recognition
Osteopathic Principles Committee
ACGME

515 North State Street, Suite 2000, Chicago, Illinois 60654 • 312.755.5000 • www.acgme.org
Barriers to OR Implementation
Administrative Work & Extra Recognition Step

Osteopathic Recognition Application Service

Initially Accredited Programs

- PDF copy initial ACMGE application packet.
- OR application tailored specifically to their program.
- Suggested amendments evaluative tools to include OR criteria
  - semi-annual and summative evaluations of residents
  - OR faculty evaluation
  - OR program evaluation
Barriers to OR Implementation

Administrative Work & Extra Recognition Step

Resources

Osteopathic Recognition (OR)

American College of Osteopathic Family Physicians

April 5, 2016

Presenters:
Natasha Bray, DO
Tiffany Moss, MBA

Integrating an Osteopathic Curriculum into Your Residency

Sandy Snyder D.O.

http://www.acgme.org/Portals/0/PFAssets/Presentations/Osteopathic_Recognition_Requirement_and_Application_Basics_(Presented_at....pdf

https://www.aacom.org/aogme/education/webinar-series/integrating-an-osteoatomic-curriculum
Barriers to OR Implementation
Administrative Work & Extra Recognition Step

Osteopathic Recognition Application Service
SCS Staff

OR Example
Internal Medicine Residency
ACGME Initial Accredited Program
OR Application

COMPETENCIES

1. Describe how the program will integrate Osteopathic Principles and Practice within the patient care domain of competence, demonstrating the application of Requirements II.A.1.-10. Include in the description the settings and activities in which residents will demonstrate competence and provide the methods used to assess competence.

OPP and OMT will be integrated in the outpatient continuity clinic, on inpatient rounds and in the outpatient office.

In the outpatient continuity clinic, residents are observed directly in their interactions with patients via a closed circuit video system. Resident-patient interactions are reviewed annually via this direct observation system. In the continuity clinic and while in the hospital, the residents are frequently consulting the medical literature online to ensure that patient care is consistently evidence-based. Residents are evaluated while on inpatient and outpatient services and in the clinic on their adherence to evidence-based standards. Clinical reasoning is assessed directly during interactive discussion while on rounds and in the continuity clinic. Residents are given the opportunity to manage their own patients independently, after discussion with the attending physician and reinforcement of clinical reasoning skills and methods of practice. Patient management skills are assessed in the same manner, through direct conversation with the residents and discussion regarding their patient management decisions and justification of such.
4. Describe how the program will integrate Osteopathic Principles and Practice within the interpersonal and communications skills domain of competence, demonstrating the application of Requirements II.D.1.-2. Include in the description the settings and activities in which residents will demonstrate competence and provide the methods used to assess competence.

Osteopathic concepts guided by the osteopathic tenents is incorporated as appropriate with patients, families and other members of health team.

During weekly continuity clinic, residents in the internal medicine program grow in their skills of communication and establishment of good rapport with patient from many socioeconomic and cultural backgrounds. Situated in Warren, Michigan, just north of Detroit, our program affords its residents the opportunity to work with a multitude of races and ethnic groups, including multiple different minority groups. Patients come from a wide variety of socioeconomic backgrounds, requiring our healthcare professionals to use extensive traditional and non-traditional resources for assistance in their care. In doing so, residents contact several different health-related agencies, including insurance companies, therapy institutions, care facilities, pharmaceutical companies, and local pharmacies to ensure outstanding care of each individual. Likewise, with patient approval, we regularly discuss shared patients with other subspecialty consultants and healthcare professionals such as dieticians, therapists, and podiatrists. Some of our patients also incorporate alternative and complementary medicine into their healthcare, and we have conversations with the patient and other members of their healthcare team to determine the best approach of integrating these preferences. We review information from specialists with patients at the time of return appointments and via telephone when contacting patients with test results or new information.
OR Resident Summative Eval

***Proactively communicate with past and future caregivers to ensure continuity of care
The resident is trusted to participate in this activity
Only as an observer With direct supervision With indirect supervision Independently As an instructor of junior colleagues Did not observe

Comments

***Understand the importance of organized, accurate and comprehensive patient records and effectively communicate clinical reasoning
The resident is trusted to participate in this activity
Only as an observer With direct supervision With indirect supervision Independently As an instructor of junior colleagues Did not observe

Comments

***Demonstrate empathy, compassion, and a commitment to relieve pain and suffering
The resident is trusted to participate in this activity
Only as an observer With direct supervision With indirect supervision Independently As an instructor of junior colleagues Did not observe
OR Resident Summative Eval

Modify the differential diagnosis and care plan based on clinical course and data as appropriate

- The resident is trusted to participate in this activity
  - Only as an observer
  - With direct supervision
  - With indirect supervision
  - Independently
  - As an instructor of junior colleagues
  - Did not observe

Comments

*** Utilizing the tenets of Osteopathic Medicine

Remaining Characters: 5,000

*** Gather subtle, sensitive, and complicated information that may not be volunteered by the patient

- The resident is trusted to participate in this activity
  - Only as an observer
  - With direct supervision
  - With indirect supervision
  - Independently
  - As an instructor of junior colleagues
  - Did not observe

Comments

Remaining Characters: 5,000

*** Guide and support bedside presentations that engage the patients and focus the discussion around the patient's central concerns

- The resident is trusted to participate in this activity
  - Only as an observer
  - With direct supervision
  - With indirect supervision
  - Independently
  - As an instructor of junior colleagues
  - Did not observe

Comments
OR Application Common Suggestions for Summative Evaluations

• Medical Knowledge
  – Mentors others to apply knowledge of the 4 tenets and osteopathic five model concept in patient care
  – Understands and applies OMT when appropriate

• Patient Care
  – Mentors others to incorporate osteopathic principles to promote health and wellness
  – Incorporates osteopathic principles and tenets in the care of patients
  – Independently performs osteopathic structural exam and diagnosis somatic dysfunction appropriate to complex patients
OR Application Common Suggestions for Summative Evaluations

• **Systems-Based Practice**
  – Models others to document somatic dysfunction and code for OMT when appropriate

• **Interpersonal & Communication Skills**
  – Meets OR Competencies

• **Professionalism**
  – Mentors others in utilizing osteopathic tenets and appropriate use of touch in all patient care settings. Representing the osteopathic profession with distinction

• **Practice-based Learning & Improvement**
  – Performs self-evaluation of osteopathic practice
  – Prepares and presents osteopathic-focused scholarly activity
PRINCIPLES OF MANUAL MEDICINE

Principles of Manual Medicine is restricted to licensed P.T.’s, D.O.’s, M.D.’s and D.D.S.’s who have not had any or recent manual medicine clinical exposure.

**Description:** Principles of Manual Medicine is a combination of didactic, lectures and “hands-on” experience sufficient to understand the principles involved in the diagnosis and treatment of musculoskeletal disorders amenable to manual medicine methods. Emphasis will be placed on the integration of manual medicine into total health care.
Barriers to OR Implementation
Meeting the non-DO educational Requirement

OPP and the MD

Workshop One
• PGY 1
• Osteopathic History and basic palpatory skills

Workshop Two
• PGY 2
• Introduction of more advanced techniques
Barriers to OR Implementation

Osteopathic Faculty and Curricular Support

• Osteopathic-Focused Track Director
• Educational support from SCS
1. Biomechanical Competencies

2. Health Promotion Competencies

3. Physician Wellbeing Competencies

Build Osteopathic Recognition Literature Resource Library
   • Components 1, 2 & 3

Create module on OMT documentation, coding and billing
   • Component 1

Restructure approach tactics to OMT modules with competency “workshops”
   • Component 1

Development of Lifestyle Medicine modules (Health Promotion) with competency “workshops”
   • Component 2 & 3
Barriers to OR Implementation

OR Journal Club

- Develop and Facilitate Statewide Quarterly JC webinar format
- Two year topic curriculum
OR Journal Club Stats

- August 15, 2017
  - 7 FP, 7 OBG
  - 5 Institutions

- November 14, 2017
  - 14 FP, 3 Derm, 8 IM, 1 NMS, 1 Transitional
  - 5 Institutions

- February 13, 2018
  - 13 FP, 1 OBG, 1 Derm, 5 IM
  - 5 Institutions

- May 8, 2018
Barriers to OR Implementation

OR Documentation and Coding

• Develop asynchronous OR Documentation module
• Pre and Post assessment tool
Barriers to OR Implementation

OMT Workshops

Opp/OMT Integration Workshop #2: The Care of Hospitalized Patients with Cardiovascular and Respiratory Disease

Opresents the osteopathic treatment of hospitalized patients with cardiovascular and respiratory diseases. Includes lecture presentation with slides, notes, and technique demonstrations on skeletal and patient models; printable pre and post self assessment...

Read more about OPP/OMT Workshop #2...

Opp/OMT Integration Workshop #3: Evaluation and Treatment of Patients Who have Undergone Abdominal Surgical Procedures

Opresents integration of OPP into the care of hospitalized patients that have undergone abdominal surgical procedures. Includes a case based review of treatments that can be used in post-op cholecystectomy and C-section patients, with a review of the auto...

Read more about OPP/OMT Workshop #3...

Opp/OMT Integration Workshop #4: Evaluation and Treatment of Patients with Extremity Complaints

Opp/OMT Integration Workshop #4 presents integration of OPP into the care of patients that have extremity complaints. This DVD is a case based review of treatments that can be used for patients with shoulder, wrist, and ankle pain. This workshop r...

https://scs.msu.edu/toolbox/cc/cat/Osteopathic+Principles+and+Practice
SCS Osteopathic Recognition
Outcomes thus far...

ACGME

• **105** Initial or Continued Accredited Residencies

• **14** Initial OR Recognition
  – 8 FM
  – 2 OB
  – 2 IM
  – 1 Derm
  – 1 Transitional

• **4** Applications for OR (FM, OB, GS, Cardio)
SCS Osteopathic Recognition

Resources for You

SCS website
scs.msu.edu

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