Road Map to Osteopathic Recognition

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Disclosure

No conflicts of interest to report
History of SCS

47 Hospitals
31 FQHCs
225 Residency Programs
~35 Specialties
2253 AOA approved positions
SCS & ACGME Accreditation

As of April 21, 2017

192  AOA & ACGME Residencies

18 Previous ACGME

67 Initial ACGME Accreditation

60+ Pre-accreditation

~32 To apply this year

21 Specialties

This AY: 1956 Filled residency positions
Purpose:
Develop essential educational deliverables that SCS can provide to ANY residency seeking ACGME Osteopathic Recognition.
"WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM"
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…
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?”

Residency

Clerkship

Pre-clerkship

Faculty

Not Important

Not Very Important

Somewhat Important

Important

Very Important
With quality of training being equal, how important is Osteopathic Recognition/Competencies to you?

![Bar chart showing the importance of Osteopathic Recognition/Competencies to FM respondents.](chart)
With quality of training being equal, how important is Osteopathic Recognition/Competencies to you?
With quality of training being equal, how important is Osteopathic Recognition/Competencies to you?

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

Options:
- FM
- IM
- OB
With quality of training being equal, how important is Osteopathic Recognition/Competencies to you?

EM

![Bar chart showing the importance of Osteopathic Recognition/Competencies with categories Not Important, Little Importance, Somewhat Important, Important, and Very Important. The bar for Not Important is the tallest, followed by Little Importance, Somewhat Important, Important, and Very Important.]
With quality of training being equal, how important is Osteopathic Recognition/Competencies to you?
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 & Attending Physicians (N = 424)

With quality of training being equal, how important is OR Recognition or Competencies to you?

Is (non-student) Physician Respondent a Primary Care or Non-Primary Care Provider?

- PRIMARY CARE PHYSICIAN
- NON-PRIMARY CARE PHYSICIAN

P < 0.001

Paper accepted by JAOA; publication date TBD
Faculty identified barriers to implementing Osteopathic Recognition

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

Importance Levels:
- 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
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- Admin time

Importance levels:
- Not Important
- Not Very Important
- Somewhat Important
- Important
- Very Important
Barriers to OR Implementation
Administrative Work & Extra Recognition Step

Osteopathic Recognition Application Template
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

Osteopathic Recognition Application Service

SCS Staff

- ACGME Osteopathic Recognition Requirements
- ACGME Osteopathic Recognition Application
- ACGME Osteopathic Recognition Milestones
- ACGME WebADS “Uploads”
Barriers to OR Implementation

Administrative Work & Extra Recognition Step

Resources

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

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 Faculty Evaluation

36. Acquire accurate and relevant patient history
   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

37. Perform an accurate physical exam
   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

   **37A. Including an osteopathic structural exam when appropriate (OR Resident Only)**

   Remaining Characters: 5,000

38. Develop an appropriate, prioritized differential diagnosis
   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

   **38A. Including Somatic Dysfunction when appropriate (OR Resident Only)**
Barriers to OR Implementation
Administrative Work & Extra Recognition Step

Osteopathic Recognition Application Service

Continued Accredited Programs

- Provide the PD with OR application template
- Review their Resident, Faculty, Program evaluative tools
- Identify OR-focused faculty
Barriers to OR Implementation
Administrative Work & Extra Recognition Step

Osteopathic Recognition Application Service
SCS Staff

OR Example
Physical Medicine & Rehab Residency
ACGME Continued Accreditation
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 will be integrated within the patient care domain of competence in settings as outlined in #2 under OPP above.

The activities will include performing and documenting culturally sensitive and caring, complete history and physical, neurologic and structural exams, including assessment of somatic dysfunction, incorporating analysis of laboratory & radiologic results, diagnostic testing, and behavioral/lifestyle habits that promote health/wellness and the interrelationships between structure and function.

Treatment modalities may include patient education, OMT, lifestyle and medicine counseling, health promotion, exercise plans, referrals for consultation, ordering diagnostic tests, procedures, and prescribing medications based on current scientific evidence.

From OR Template
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 will be integrated within the patient care domain of competence in settings as outlined in #2 under OPP above.

The activities will include performing and documenting culturally sensitive and caring, complete history and physical, neurologic and structural exams, including assessment of somatic dysfunction, incorporating analysis of laboratory & radiologic results, diagnostic testing, and behavioral/lifestyle habits that promote health/wellness and the interrelationships between structure and function. For PM&R this will include and extensive history of home environment and prior level of function.

Treatment modalities may include patient education, OMT, lifestyle and medicine counseling, health promotion, exercise plans, home modifications based on a patient’s environment and prior functional level, referrals for consultation, ordering diagnostic tests, procedures, and prescribing medications based on current scientific evidence.
Barriers to OR Implementation
Meeting the non-DO educational Requirement

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 for the MD

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

Workshop Two
- PGY 2
- Introduction of more advanced techniques
OPP for the MD
Workshop #1

Thursday & Friday, June 15 & 16, 2017
8AM-5PM • Rooms D9 & E4, East Fee Hall, MSU, East Lansing, MI

This workshop provides the PGY 1 MD resident in a program with Osteopathic Recognition (OR) an overview of osteopathic principles and practice (OPP), preliminary osteopathic screening skills, and rudimentary osteopathic manipulative treatment (OMT). Successful completion of the workshop meets Standard 616 in the 2015 OR Requirements.

This workshop would also be valuable in providing an overview of osteopathic medicine to non-DO faculty interested in learning more about the osteopathic profession and OMT.

Workshop Objectives

Day 1
At the conclusion of this session the learner will be able to:
• Define the elements of TART
• Summarize osteopathic principles
• Explain osteopathic terminology
• Describe basic osteopathic treatments
• Demonstrate palpation of soft tissue
• Demonstrate a screening exam on a hospitalized patient
• Document a screening exam of a hospitalized patient

Day 2
At the conclusion of this session the learner will be able to:
• Perform an osteopathic exam on a hospitalized patient
• Apply Soft Tissue Technique to the hospitalized patient
• Explain how to treat patients with Lymphatic Techniques
• Explain Myofascial Release Techniques
• Demonstrate palpation of somatic dysfunction and the use of Myofascial Release
• Discuss patient safety in treating somatic dysfunction
• Recognize a variety of techniques used for treating somatic dysfunction
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
Barriers to OR Implementation

OR Documentation and Coding

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

OMT Workshops

OMT Workshops #1: Presents the Osteopathic musculoskeletal Examination (OMTE) of the Acutely-Ill Hospitalized Patient. Includes why, when, and how to apply Soft Tissue (ST) and Lymphatic Drainage (LD) Techniques; complete lecture presentation with slides, notes, and technique demonstrations.

Read more about OPP/OMT Workshop #1.

OMT Workshops #2: OPP/OMT Integration Workshop #2: The Care of Hospitalized Patients with Cardiovascular and Respiratory Disease. Presents 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.

OMT Workshops #3: OPP/OMT Integration Workshop #3: Evaluation and Treatment of Patients Who have Undergone Abdominal Surgical Procedures. Presents 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.

OMT Workshops #4: 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...

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

ACGME

85 Initial or Continued Accredited Residencies

9 Initial OR Recognition
  - 5 FM
  - 4 IM

3 Application for OR
SCS Osteopathic Recognition

Resources for You

SCS website

scs.msu.edu

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