A DISTINCTIVE OSTEOPATHIC PEDS RESIDENCY

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AOGME
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OBJECTIVES

• Pediatric Residency Osteopathic Track
• Educational role of OMM clinic
• Discussion of role of research
• Single accreditation & need for osteopathic training
WHAT I DID

• Full time pediatrician at Nationwide Children’s Hospital
• Co-Program Director of Osteopathic Recognition Track
• 6 sessions/week pediatric OMM, 2 sessions of general pediatrics
• Taught residents, med students, and more!
MY “NEW” ROLE

- Director of Pediatric OMM
  - Developing peds OMM clinic
  - Increase pediatric OMM research
- Directing OMM Fellows clinic
- Collaborating with other departments to integrate osteopathic considerations into pediatric curriculum
- Improve pediatric OMM experiences for all students
ACGME SINGLE ACCREDITATION
SINGLE ACCREDITATION

- Agreement between AACOM, AOA, and ACGME to have single system for all GME – 2014
- 2015-2020 to implement
- Pros: Expands residency/fellowship opportunities, standardized/simplified approach
- Con: Potential decrease in osteopathic training in GME
OSTEOPATHIC RECOGNITION

• ACGME Document on Osteopathic Recognition

I.A. Osteopathic Recognition is conferred upon any ACGME-accredited graduate medical education program providing requisite training in the Osteopathic Principles and Practice (OPP).

I.B. Programs may be deemed to have Osteopathic Recognition after appropriate application, evaluation, and review of the standards outlined below. Programs receiving Osteopathic Recognition may designate the entire program as osteopathic-focused or designate a portion of the program as an osteopathic-focused track.

I.C. Osteopathic Principles and Practice refers to a philosophical and practical approach to patient management and treatment based on an understanding of body unity, self-healing, and self-regulatory mechanisms, and the interrelationship of structure and function. Osteopathic-focused programs must include integration of Osteopathic Principles and Practice into the six ACGME core competency areas.
III.B. Osteopathic-focused programs, or such tracks within a program, must:

III.B.1. provide residents with instruction and evaluation in the integration of Osteopathic Principles and Practice;

III.B.2. promote the use of Osteopathic Principles and Practice throughout the educational program;

III.B.3. create an environment that supports scholarly activity to advance Osteopathic Principles and Practice;

III.B.4. embed the four tenets of osteopathic medicine into the educational program (see I.C.1);

III.B.5. demonstrate commitment from educators and leaders (e.g., DO, MD, PhD, EdD) to create and maintain the required learning environment for all residents;

III.B.6. maintain a sufficient number of faculty members (MD or DO) who, through prior training and certifications, are able to supervise the performance of osteopathic manipulative medicine in the clinical setting as applicable to patient care;
III.B.7. ensure access to a variety of learning resources to support osteopathic medical education, including reference material pertaining to osteopathic manipulative medicine and Osteopathic Principles and Practice integration into patient care;

III.B.8. provide learning activities to advance the procedural skill acquisition of osteopathic manipulative medicine for both residents and faculty members;

III.B.9. demonstrate participation by faculty members and residents in scholarly activity specific to Osteopathic Principles and Practice;

III.B.10. participate in the continuum of osteopathic medical education;

III.B.11. promote resident teaching of Osteopathic Principles and Practice, such as resident-delivered integrated Osteopathic Principles and Practice didactic lectures, hands-on osteopathic manipulative medicine workshops, and/or resident-led journal clubs; and,

III.B.12. communicate to the interprofessional collaborative team the philosophy of Osteopathic Principles and Practice.
PEDiatric Osteopathic Recognition Track
GENERAL PEDIATRIC RESIDENCIES

• Currently 212 registered programs in the ACGME system
• Of these 211 were active for 2018 match
• This includes Dually accredited programs which are counted twice
• Osteopathic Programs
  • 8 total programs approved to be active in 2019 match
  • 7 dual programs approved to be active in 2019 match
  • 5 have ACGME accreditation
  • 3 with initial accreditation
• 2 programs with Osteopathic Recognition – NCH and Oklahoma State
GENERAL PEDS OPTIONS

• Every program can have “TRACKS”

• Common ones:
  • Community/Primary Care
  • Advocacy
  • Education/Administration
  • Research
  • And now – Osteopathic Recognition!
DUAL PEDIATRIC RESIDENCY

• Unique pediatric residency program
• Enrolled in AOA Match until February 2017
• Dual Accreditation
• Residents worked with Med/Peds and Categorical Peds Residents at the hospital
• Four residents per year
At NCH, Dual Program became Osteopathic Recognition Track within Pediatric Residency

- No change for residents
- No change for curriculum
- Approved for additional slots in the future
OSTEOPATHIC RECOGNITION TRACK

- 39 rotation blocks
  - 33 with categorical pediatric residency program
  - 5+ unique to our track
    - First Year: Pediatric Surgery, Community Health/OMM
      - ER rotation has OMM clinic
    - Second year: Rural and OMM
    - Third year: Selective
• Intern Year:
  • Pediatric Surgery at NCH
  • Emergency Room- OMM clinic time, advocacy
  • Community and Population Health/OMM
    • Now being expanded to entire residency
• **General Aim:** Two of the main priorities of pediatric osteopathic medicine are: (a) developing skills in OMM and (b) treating the patient not as an illness but as a part of a family and society, and working within this context to maintain the child’s health.
COMPONENTS OF CPH/OMM

• Osteopathic Education
  • Didactic lecture series
  • Time in Peds OMM clinic
• Tour of our clinic’s neighborhood
• Child Advocacy Center
• QI Project
• Meeting with Medical Lead for Ohio Medicaid
• Social Work, Psychology, and Home Health Care experiences
ORT CURRICULUM

• Second Year:
  • Rural Experience
    • Primarily clinic
    • Also home call/nurse call/deliveries and WBN
    • May get called to the ER
  • OMM Block
    • Time spent with multiple local OMM practitioners to expose residents to different populations and styles
ORT CURRICULUM

• Third Year Selective Rotation
  • Options include:
    • A second OMM rotation
    • Research
    • Community NICU
    • Rural Rotation
• Required to attend ACOP/OMED/AAO conference
  • Program funded
UNIQUE FEATURES OF ORT

• Distinctive continuity clinic and OMM clinic
• Four OMM clinic sessions each year during Primary Care rotation
• Journal club every block
  • Encourage osteopathic literature reviews
• OMM retreat: 2 days annually
CORE DAY

- Unique to Dual Program/ORT
- One half-day per block
- Often systems-based
- Protected educational time

- Four hours
  - 1 hour lecture from attending physician
  - 1 hour of board review
  - 2 hours of OMM didactics with table-time
OUR GOAL

To become a premiere program that prepares and trains osteopathic medical school graduates to enter any field of pediatrics while maintaining and advancing their osteopathic skills.

We envision helping train the next generation of Osteopathic Pediatricians.
OUR FUTURE

• We desperately need to increase the availability of osteopathic pediatric programs
  • 4 years ago: about 100 applicants
  • 3 years ago: 180+
  • 2 years ago: 400!!!
  • Consider that four years ago about 400 DO school grads matched into any pediatric residency program
  • Currently between 50-60 slots for osteopathic pediatric residency programs per year

raincitymama.wordpress.com
FUTURE PROJECTS

• Acute:
  • Expand the presence of the OUHCOM Dublin faculty in the program
  • Consider a second OMM retreat or OMM blast to start the year off
  • Have residents help with OMM training on OUHCOM campus
  • Grow the number of our OMM clinic days
  • Reserved OMM spot in continuity clinic
BIG DREAMS

• Longer Term (but discussions already started)
  • Hire a pediatric OMM researcher
    • TONS of interest but little time
  • Develop Inpatient OMM Consult Service
  • Develop Pediatric OMM Fellowship/plus one
PEDIATRIC OMM CLINIC
OSTEOPATHIC BEGINNINGS

• Initially run by Family Practice physician
• One half-day per week
• Almost exclusively internal referrals
• Poor show rate
• Minimal resident presence
HOW WE HAVE GROWN

• September 2013 – Primary provider became pediatrician
• Rapid growth from one half-day to 3 full days
• Wait list ~one year out
• Referrals from within the clinic, NCH, local providers, around the state, and even beyond!
• Late 2017 transitioned to two providers
OMM VOLUME STEADILY INCREASED

From September 2013 – October 2016, patients have averaged 5.5 total OMM visits

Hilltop OMM Visits
Visit Date: Sep ’13 – Oct ’16
Visit Type: OMM TESTING
MOST OF HILLTOP OMM PATIENTS LIVE IN CENTRAL OHIO WITH SOME TRAVELLING FROM OUTLYING COUNTIES

- **OMM Patient Origin**
- Visit Date: Sep ‘13 – Oct ‘16
- Visit Type: OMM TESTING
- 1 KY and WV Patient Not Shown
PEDIATRIC OMM PATIENTS
NEONATAL OSTEOSISPATHY
WHEN TO THINK OMMM...

- Latch Dysfunction
  - Painful latch
  - Poor weight gain
  - Tires with feeds
  - Tongue/lip ties
- Torticollis
- Plagiocephaly/molding
- Any birth trauma
TODDLER
OSTEOPATHY
SNOT FACTORIES!

- URI
- Sinusitis
- Otitis media
- Allergic rhinitis
- Headaches
- Conjunctivitis
- Dacryostenosis
POTTY TRAINING?
“BIG KIDS”

- Constipation
- Gait dysfunction
  - Toe-walking
- Falls
- Speech delays
- Sleep and behavioral issues
- “Growing pains”
SCHOOL-AGE OSTEOPATHY

• Asthma
• Constipation
• Musculoskeletal complaints
• Sleep disturbances
• Behavioral problems
ADOLESCENTS
ADOLESCENT OSTEOPATHY

- Back pain/scoliosis
- Joint pain
- Sports injuries
- Concussions
- Headaches
- Carpal tunnel
- Pelvic pain/dysmenorrhea
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back pain</td>
<td>142</td>
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<tr>
<td>Torticollis</td>
<td>83</td>
</tr>
<tr>
<td>Concussion</td>
<td>31</td>
</tr>
<tr>
<td>Shoulder pain</td>
<td>17</td>
</tr>
<tr>
<td>Feeding problems</td>
<td>14</td>
</tr>
<tr>
<td>Plagiocephaly</td>
<td>11</td>
</tr>
<tr>
<td>Rib pain</td>
<td>11</td>
</tr>
<tr>
<td>Foot pain</td>
<td>6</td>
</tr>
<tr>
<td>Headaches</td>
<td>5</td>
</tr>
<tr>
<td>Hip pain</td>
<td>5</td>
</tr>
<tr>
<td>Leg pain</td>
<td>4</td>
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<tr>
<td>Abdominal pain</td>
<td>3</td>
</tr>
<tr>
<td>Behavior concerns</td>
<td>3</td>
</tr>
<tr>
<td>Knee pain</td>
<td>3</td>
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<tr>
<td>Pelvic pain</td>
<td>2</td>
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<tr>
<td>Recurrent otitis media</td>
<td>2</td>
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<tr>
<td>Reflux</td>
<td>2</td>
</tr>
<tr>
<td>TMJ</td>
<td>2</td>
</tr>
<tr>
<td>Abnormal gait</td>
<td>1</td>
</tr>
<tr>
<td>Constipation</td>
<td>1</td>
</tr>
<tr>
<td>Elbow pain</td>
<td>1</td>
</tr>
<tr>
<td>Abnormal urine</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>350</strong></td>
</tr>
<tr>
<td>Referring Provider</td>
<td>Number of patients</td>
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<tr>
<td>----------------------------------------</td>
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<tr>
<td>Primary Care Network</td>
<td>150</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>88</td>
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<tr>
<td>Orthopedics</td>
<td>38</td>
</tr>
<tr>
<td>Self-Referral</td>
<td>29</td>
</tr>
<tr>
<td>Private Pediatricians (9)</td>
<td>18</td>
</tr>
<tr>
<td>Lactation Consultant</td>
<td>12</td>
</tr>
<tr>
<td>Adolescent Medicine</td>
<td>10</td>
</tr>
<tr>
<td>Google</td>
<td>3</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>1</td>
</tr>
<tr>
<td>Fostering Connections</td>
<td>1</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>350</strong></td>
</tr>
</tbody>
</table>
HILLTOP OMM HAS A LOWER NO SHOW RATE THAN THE OVERALL PRIMARY CARE NETWORK

Overall PCN and OMM No Show Rate
Visit Date: Sep '13 – Oct '16
OMM Visit Type: OMM TESTING
Excludes Cancelled Appointments

<table>
<thead>
<tr>
<th></th>
<th>Hilltop OMM</th>
<th>Overall PCN</th>
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</thead>
<tbody>
<tr>
<td>No Shows</td>
<td>14.8%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Completed Appts</td>
<td>85.2%</td>
<td>74.5%</td>
</tr>
</tbody>
</table>
The Hilltop OMM Clinic Has a Much More Favorable Payor Mix Than The Overall Primary Care Network

**Overall PCN and OMM Payor Mix**
Visit Date: Sep '13 – Oct '16
Visit Type: OMM TESTING

- **Hilltop OMM**
  - Commercial: 30%
  - Medicaid: 65%
  - Medicaid MC Cap: 2%
  - Medicaid MC Non-Cap: 4%
  - Self Pay: 9%
  - Other: 15%
  - Total Revenue: $862,967

- **Overall PCN**
  - Commercial: 69%
  - Medicaid: 15%
  - Medicaid MC Cap: 4%
  - Medicaid MC Non-Cap: 2%
  - Self Pay: 9%
  - Other: 2%
  - Total Revenue: $176,433,605
The Hilltop OMM Clinic Has a Higher Reimbursement Rate Than The Overall Primary Care Network

Overall PCN and OMM Reimbursement
Visit Date: Sep '13 – Oct '16
Visit Type: OMM TESTING

Hilltop OMM
- Derived Payments: $308,112
- Derived Adjustments: $132,525

Overall PCN
- Derived Payments: $61,579,693
- Derived Adjustments: $114,852,686
RESEARCH IN ORT

- Required to complete a research project
  - Case study
  - Publication
  - Poster presentation
  - QI
- Osteopathic-focus encouraged/required
ASTHMA AND OMT

• RCT
• SOC + OMT vs SOC
• Receiving rib raising and suboccipital release
• Comparing PFTs pre- and post-OMM
• Watch for publication soon!
LATCH DYSFUNCTION

- RCT
- Randomized to OMT + SOC or SOC (lactation)
- Blinded – done in nursery away from parents
- Lactation doing LATCH scores

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>Latch</td>
<td>Repeated attempts</td>
<td>Grasps breast</td>
</tr>
<tr>
<td></td>
<td>Too sleepy or reluctant</td>
<td>Hold nipple in mouth</td>
<td>Tongue down</td>
</tr>
<tr>
<td></td>
<td>No latch achieved</td>
<td>Stimulate to suck</td>
<td>Lips flanged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rhythmic sucking</td>
</tr>
<tr>
<td>A</td>
<td>Audible swallowing</td>
<td>A few with stimulation</td>
<td>Spontaneous and intermittent &lt;24 hrs old</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td></td>
<td>Spontaneous and frequent &gt;24 hrs old</td>
</tr>
<tr>
<td>T</td>
<td>Type of nipple</td>
<td>Inverted</td>
<td>Everted (after stimulation)</td>
</tr>
<tr>
<td></td>
<td>Inverted</td>
<td>Flat</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Comfort (breast/nipple)</td>
<td>Filling</td>
<td>Soft</td>
</tr>
<tr>
<td></td>
<td>Engorged</td>
<td>Reddened/small blisters or bruises</td>
<td>Nontender</td>
</tr>
<tr>
<td></td>
<td>Cracked, bleeding, large blisters or bruises</td>
<td>Mild/moderate discomfort</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Hold (positioning)</td>
<td>Full assist (staff holds infant at breast)</td>
<td>No assist from staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimal assist (ie, elevate head of bed, place pillows for support)</td>
<td>Mother able to position/hold infant</td>
</tr>
</tbody>
</table>
OTHER AREAS OF INTEREST

- Concussions
- ADHD
- Neonatal Abstinence Syndrome
- Plagiocephaly +/- torticollis
- Chronic OM/sinusitis
- Constipation
- Carpal tunnel
- Scoliosis
- Migraines
QUESTIONS?
RESOURCES