CREATE AN OMM CLINIC TO ACHIEVE OSTEOPATHIC RECOGNITION

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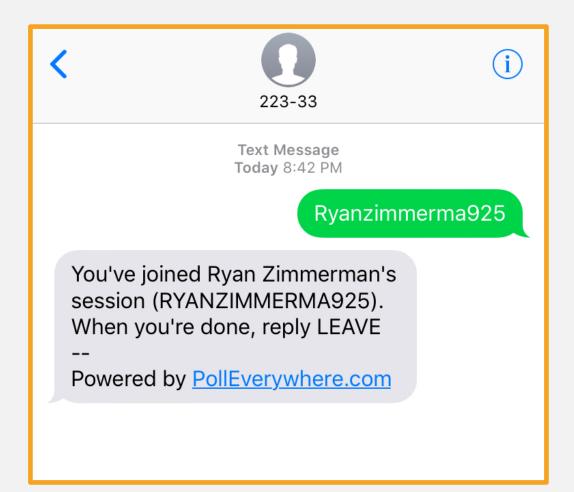
ACOI Trainers Congress 2019

Baltimore, MD

EDUCATIONAL OBJECTIVES

- Implement an OMM clinic to fulfill select requirements for ACGME osteopathic recognition
- Apply one program's experience to create your own OMM clinic
- Optimize electronic health record tools for efficient patient care that optimizes teaching in an OMM clinic





READING INTERNAL MEDICINE STORY

OMM cases staffed ad hoc

Visiting sports medicine fellow I/month

Partnered with FM program (frequently cancelled, few patients)

Occasional
MD
supervision
"As long as
you don't bill!"

Commitment to OMM Clinic

READING INTERNAL MEDICINE STORY

Where we are now

- Biweekly clinic
- New patient (nearly) each clinic
- 3-4 clinics per resident per year

Format

- 2 residents, I attending
- 6 patients, staggered 60 min appointments
- Preceptor sees each patient for treatment

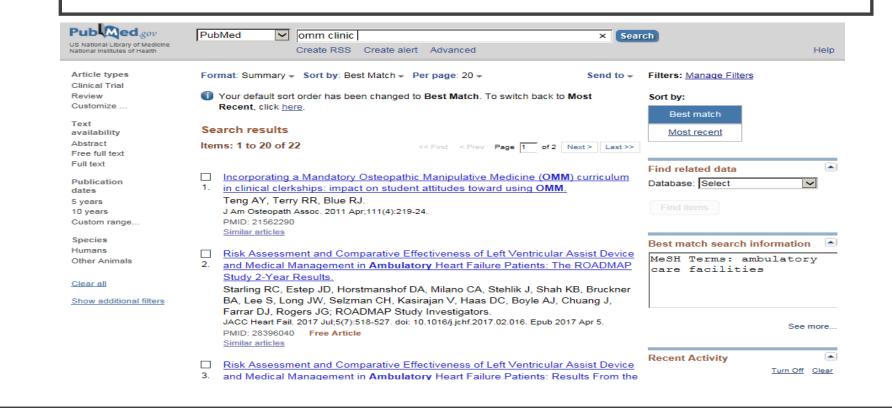
Advantages

- Direct supervision of patient care, evaluation procedure technique
- Resident evaluation of self, faculty, and learning environments
- Real-time, hands-on instruction in billing and coding

WE STARTED WITH THE LITERATURE



THEN EXPANDED THE SEARCH...



GET STARTED: IDENTIFY THE LEADERSHIP

Director of Osteopathic Education (probably)

USE THE RULES TO MAKE AN ARGUMENT

DIRECTOR OF OSTEO, EDUC.

I.A.I.a).(4) ability to teach and assess **OPP.**

I.A.4.a) administer and maintain an educational environment conducive to educating residents in OPP and the ACGME Competencies;

I.A.4.b) engage in osteopathic **professional development** applicable to his/her responsibilities as an educational leader;

CONSIDER

- Dedicated time and institutional support
- Professional training activities and conferences
 - ACOFP Boot camp
 - AAO
 - AOA Convention
 - OPTI programs, UME school



ENGAGE YOUR OSTEOPATHIC FACULTY

LOFTY GOAL

- I.B.I. Osteopathic faculty members must, through prior education and certification, be able to supervise the performance of osteopathic manipulative medicine (OMM) in the clinical setting.
- I.B.4.b) evaluate designated osteopathic residents application of OPP through direct observation of patient encounters;

EASY WAY TO GET STARTED

- Engage in the referral process
- Identify good candidates for OMM
- This applies OPP and reinforces skills
- This helps clinic (a lot)





II. Designated Osteopathic Resident Appointments

II.C. The program must have a **policy that outlines the eligibility requirements** for appointment...



- Recruitment tool
- Exposure to formal OMM education increases student comfort with OMM
- Reading IM: Internists who treat patients in an osteopathic way

¹J Am Osteopath Assoc. 2011 Apr;111(4):219-24.

PATIENT CARE COMPETENCIES

SELF-EVIDENT

- III.A. Patient Care and Procedural Skills
- III.A.3. document somatic dysfunction and its treatment as applicable to each patient's care;
- III.A.9. competently **perform osteopathic evaluation and treatment** appropriate to his/her medical specialty; and,
- III.C. Practice-based Learning and Improvement
- III.C.4. perform **self-evaluations of osteopathic practice patterns** and practice-based improvement activities using a systematic methodology.

SELF-EVALUATION

Appendix I

Osteopathic Principles & Practice

Please rate your level of comfort in the following OMM diagnostic, procedural,	and documentation skills:			
Physical diagnosis of somatic dysfunction	(Select one)	Y		
Performance of OMM on patients with somatic dysfunction and explanation of procedure to patients	(Select one)			
Documentation of physical exam findings	(Select one)			
Correct assignment of ICD-10 code for somatic dysfunction and GPT procedural billing code	(Select one)			
Please rate your level of comfort in integrating OPP into your practice of interr	nal medicine:			
Treatment of somatic dysfunction incorporated into standard visit as it relates to the patient's chief complaint, and integration of foundational osteopathic principles into general medical practice	(Select one)	v		
Please provide the following general information:				
Approximate number of workshops attended (10 scheduled/yr)	(Select one)	¥		
Approximate number of OMM workshops attended (avg 2/yr)	(Select one)			
Please identify the 3 most commonly applied techniques in your practice:	2012			
Select your first most commonly applied technique in your practice:	(Select one)	v		
Select your second most commonly applied technique in your practice:	(Select one)	y		
Select your third most commonly applied technique in your practice:	(Select one)	Y		
Comments and/or Observations:				

GROUND WORK

AFFIRM INSTITUTIONAL SUPPORT – AFFIRM PURSUIT OF O.R.

- Dedicated time to leader
 - Consider 0.05 FTE 4 hours every other week
- Plan to charge for the service
 - AOA resources on billing²
 - Get prior authorization from certain private payers
 - Meet with billing department to plan how to charge

TRAIN THE TRAINER

- Consider obtaining extra training for the leader
- Start to practice with select patients
- Consider faculty development from OPTI

PREP THE CLINIC SITE

IV.B.2. The program must:

IV.B.2.a) provide a variety of learning resources to support osteopathic medical education, including reference material pertaining to OMM and OPP integration into patient care. This must include:

IV.B.2.a).(1) access to examination tables suitable for OMT; and,

IV.B.2.a).(2) facilities for osteopathic clinical and didactic activities.



PREP THE CLINIC SITE

- Dedicated MA/LPN
 - Rooming process same as routine visit
 - Ensure patient is dressed correctly
 - Remove earrings and necklaces
- Consider power table (3)
- Paper exam shorts for lower body complaints
- Educational resources







MDR73B600	MDR7126196
30"	30"
78"	78"
31"	26"
600-LBS	600-LBS
Yes	Yes
Wood	Wood
Shelf	Shelf
	30" 78" 31" 600-LBS Yes Wood

optional paper dispenser MDR77030 optional paper dispenser cutter combo MDR77034

IDENTIFY OPTIMAL PATIENTS

- Keep it academic / controlled
- Patient expectations (forms committee Appendix 2)
- Focus on quality education first, volume second

APPENDIX 1 – PATIENT EXPECTATIONS

What is Osteopathic Manipulative Medicine (OMM)?

OMM is a treatment used to help you manage health problems. A specially trained doctor will use his/her hands to work on muscles and joints.

By stretching, and using pressure and resistance the doctor can look for areas that need help, treat the problem area and prevent new illness or injury.

You may find this may help:

- ① reduce pain
- (2) improve your ability to move
- (2) improve your balance
- (f) make you feel better

What should I expect at the OMM Visit?

A doctor with special training in OMM will work with you to make a treatment plan. Resident doctors and their head doctor will work together to give you the best care. Visits will take about 60 minutes for a new patient, and about 30-45 minutes for follow-up visits.

Please wear loose fitting and comfortable clothing, such as those you might wear for exercise. This will allow your doctor to diagnose and treat your problems. Some patients find benefit in one treatment, but others may need follow-up visits.

APPENDIX 2 – PATIENT EXPECATIONS IN SPANISH

¿Qué es la Medicina de Manipulación Osteopática (MMO)?

MMO es un régimen que le ayuda a tratar sus problemas de salud. Un doctor especialmente entrenado utilizará sus manos para trabajar en los músculos y coyunturas.

Usando estiramiento, presión y resistencia; el doctor puede buscar por áreas que necesitan ayuda, tratar el problema y prevenir una nueva enfermedad o lesión.

Usted vera que esto puede ayudar a:

- reducir el dolor
- (1) mejorar su habilidad para moverse
- (1) mejorar su equilibrio
- ② sentirse mejor

¿Qué es lo que debo esperar de una visita MMO?

Un doctor con un entrenamiento especial en MMO trabajará con usted para desarrollar un plan de tratamiento. Doctores residentes con su médico jefe trabajarán juntos para darle el mejor cuidado. Una consulta para un paciente nuevo tomará 60 minutos y como 30-45 minutos para una cita de seguimiento.

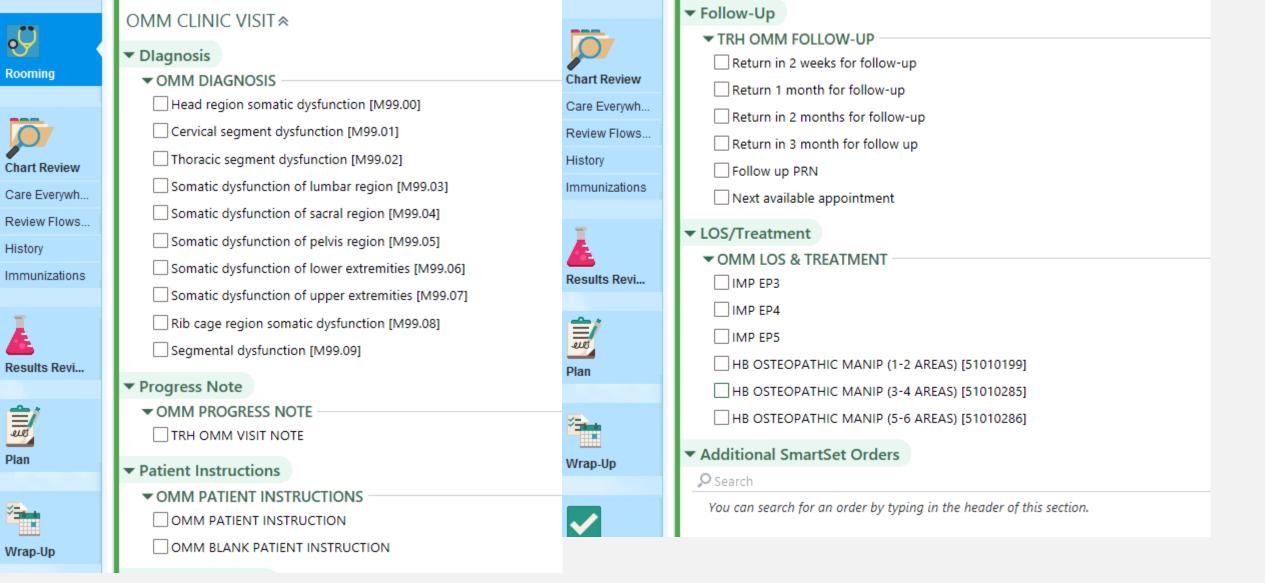
Por favor vista ropa suelta, cómoda como las que usted usaría para hacer ejercicios. Esto permitirá al doctor diagnosticar y dar tratamiento a su problema. Algunos pacientes encuentran beneficio con un tratamiento, pero otros pueden necesitar visitas de seguimiento.

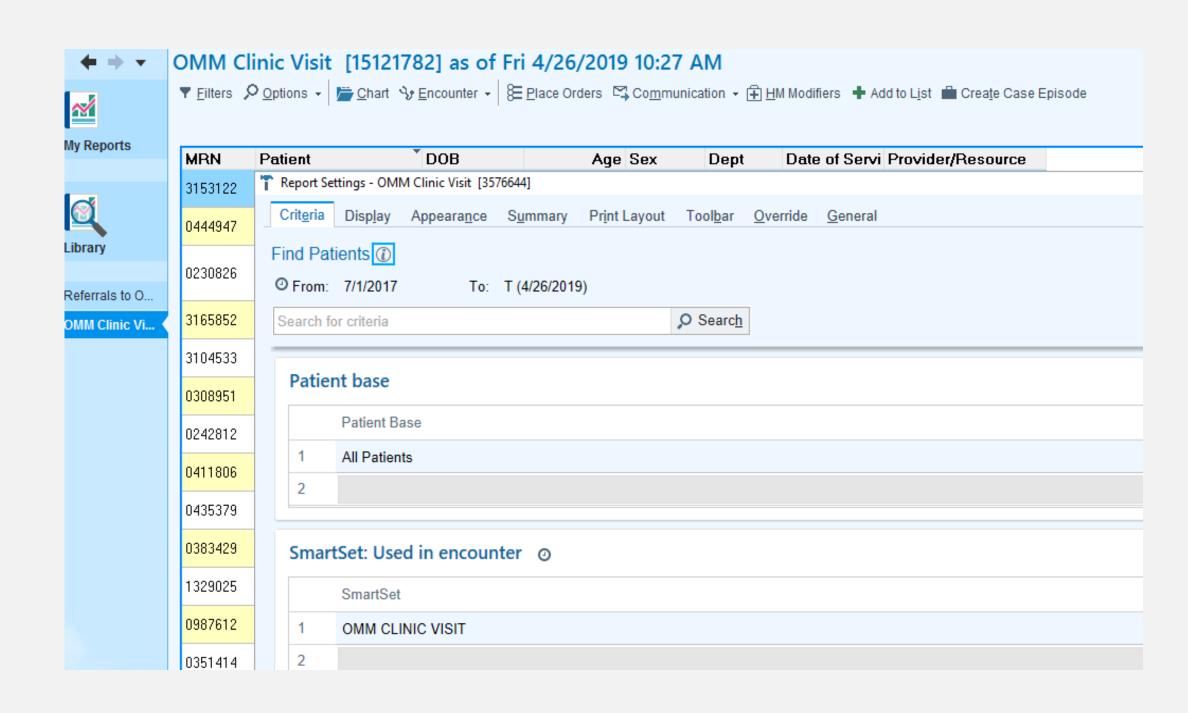
WORK WITH EHR

(We use Epic)

EHR GOALS

- Create SmartSet (or equivalent) that makes clinic easy
 - Have diagnoses, note template, patient instructions
 - Common billing codes
- Create reporting tools to track usage, patients, and referrals





DESIGN YOUR EVALUATIONS

Focus on Procedural Competency

BACK TO ACGME

PROCEDURAL INDEPENDENCE

IV.A.3. provide learning activities to **advance the procedural skills acquisition in OMM** for both designated osteopathic residents and osteopathic faculty members;

V.A.2.e) There must be an evaluation system overseen by the Director of Osteopathic Education, to determine when a resident has obtained the **necessary skills to perform OMT under supervision**, as a component of patient care.

PROCEDURAL EVALUATION

- Develop your standard (Appendix 4)
- Train your evaluators in use
- Focus on <u>regions</u> rather than techniques
- Transparent process and tracking (like any other procedure)

"X" region being evaluated

Head Region	Cervical Region	Thoracic Region	Lumbar Region	Sacral Region	Iliac/ Innominate/ Pelvis	Lower Extremity	Upper Extremity	Ribs	Abdominal & Other Regions
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OMM Competency Evaluation

RESIDENT:		DATE:						
FACUL	TY EVALUATOR:	SETTING (CIRCLE ONE): PATIENT CARE / WORKSH						
Diagno	ostic Skills	Rati	ng					
	Inspection/Observation	1	2	3				
	Palpation/Identification of TART	1	2	3				
	Motion Testing (Segmental Diagnosis)	1	2	3				
Perfor	mance of OMM							
	Able to perform 2 techniques: Soft tissue, Counterstrain, FPR, BLT, ME, HVLA, articular, other (circle techniques done)	1	2	3				
	Able to explain treatment to patient in appropriate terms	1	2	3				
Docum	nentation_							
	Physical Exam Findings	1	2	3				
	Choose appropriate somatic dysfunction diagnosis	1	2	3				
						SIGNED OFF		
RATIN	G KEY:							
1- 2-	Remedial: requires assistance more than half the time; inconsistent Developing competence: requires assistance less than half the time;	•			e step to nex	t		

3- Competent for unsupervised performance: requires no assistance; seamless transition one step to next



- V.A.I.a) The Director of Osteopathic Education or a designee should be a member of the program's Clinical Competency Committee (CCC).
- V.A.I.b) The program's CCC or a sub-committee of the CCC must review the progress of all designated osteopathic residents in the program as it relates to OPP.
- V.A.2. Formative Evaluation
- V.A.2.c) During clinical rotations and clinical experiences, the application of OPP, as appropriate to the specialty, must include direct observation of patient encounters and a review of the documented assessment and plan.

COMMIT TO FUTURE SUCCESS



IV.A.5. ensure designated osteopathic residents teach OPP.

IV.A.5.a) Such opportunities could occur through resident-delivered OPP didactic lectures, hands-on OMM workshops, and/or resident-led journal clubs;

- Resident evaluation of the clinic (Appendix 6)
- Connect clinic to workshop learning lab (taught by senior residents)

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Reach out with questions

REFERENCES

Teng AY I, Terry RR, Blue RJ. Incorporating a Mandatory Osteopathic Manipulative Medicine (OMM) curriculum in clinical clerkships: impact on student attitudes toward using OMM. J Am Osteopath Assoc. 2011 Apr;111(4):219-24.

Snider KT, Jorgensen DJ. Billing and Coding for Osteopathic Manipulative Treatment. J Am Osteopath Assoc. 2009 Aug; 109(8):409-13.

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