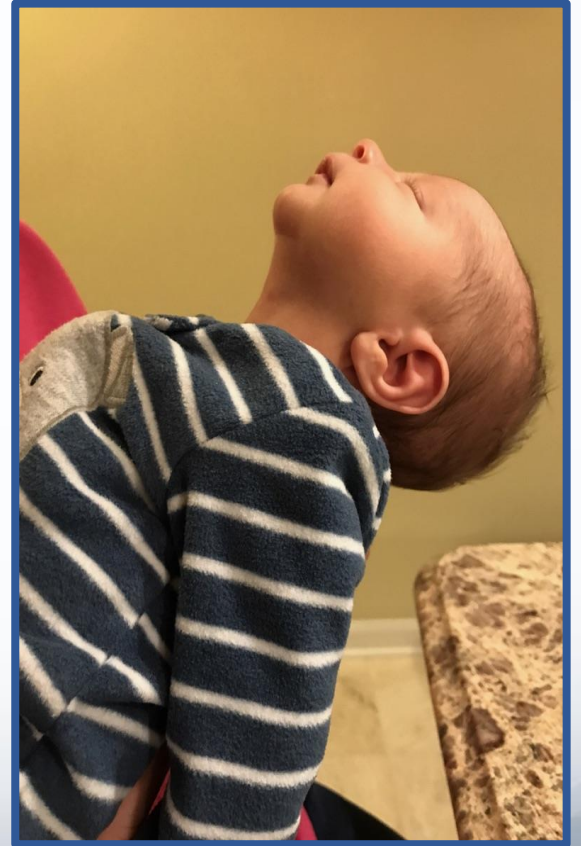


# A Distinctive Osteopathic Peds Residency & OMM Clinic

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# Objectives

- **P**ediatric Residency Osteopathic Track
- **E**ducational role of OMM clinic
- **D**iscussion of role of research
- **S**ingle accreditation and need for osteopathic training

Who I am...



TOURO UNIVERSITY

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C A L I F O R N I A

# 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 Primary Care 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.

# Osteopathic Requirements

- 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;

# And More...

- 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 196 registered programs in the ACGME system
- Of these 189 were active for 2017 match
- This includes Dually accredited programs which are counted twice
- Osteopathic Programs
  - 17 registered/14 active in 2017 match
  - Includes Dual Programs (~10)

# 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 in February
- Dual Accreditation
- Residents worked with Med/Peds and Categorical Peds Residents at the hospital
- Four residents per year



# Single Accreditation at NCH

- 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 <sup>T</sup> <sub>1</sub>

- 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



# Our Curriculum

- Intern Year:
  - Pediatric Surgery at NCH
  - Emergency Room- OMM clinic time, advocacy
  - Community and Population Health/OMM
    - Now being expanded to entire residency

# Community & Population Health

- **General Aim:** Two of the main priorities of pediatric osteopathic medicine are: (a) developing skills in manipulative medicine 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

- We have our own 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



# 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
- First pediatric program in the country to receive Osteopathic Recognition under ACGME Single Accreditation
  - Oklahoma State is now the second

# Our Future

- We desperately need to increase the size of the program
  - 3 years ago: about 100 applicants
  - 2 years ago: 180+
  - Last year: 400!!!
  - Consider that two 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



# Future Projects



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

# 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



Dreamstime.com

# How We Have Grown

- September 2013 – Primary provider became pediatrician
- Rapid growth from one half-day to current six half-days
- Wait list ~one year out
- Referrals from within the clinic, NCH, local providers, around the state, and even beyond!



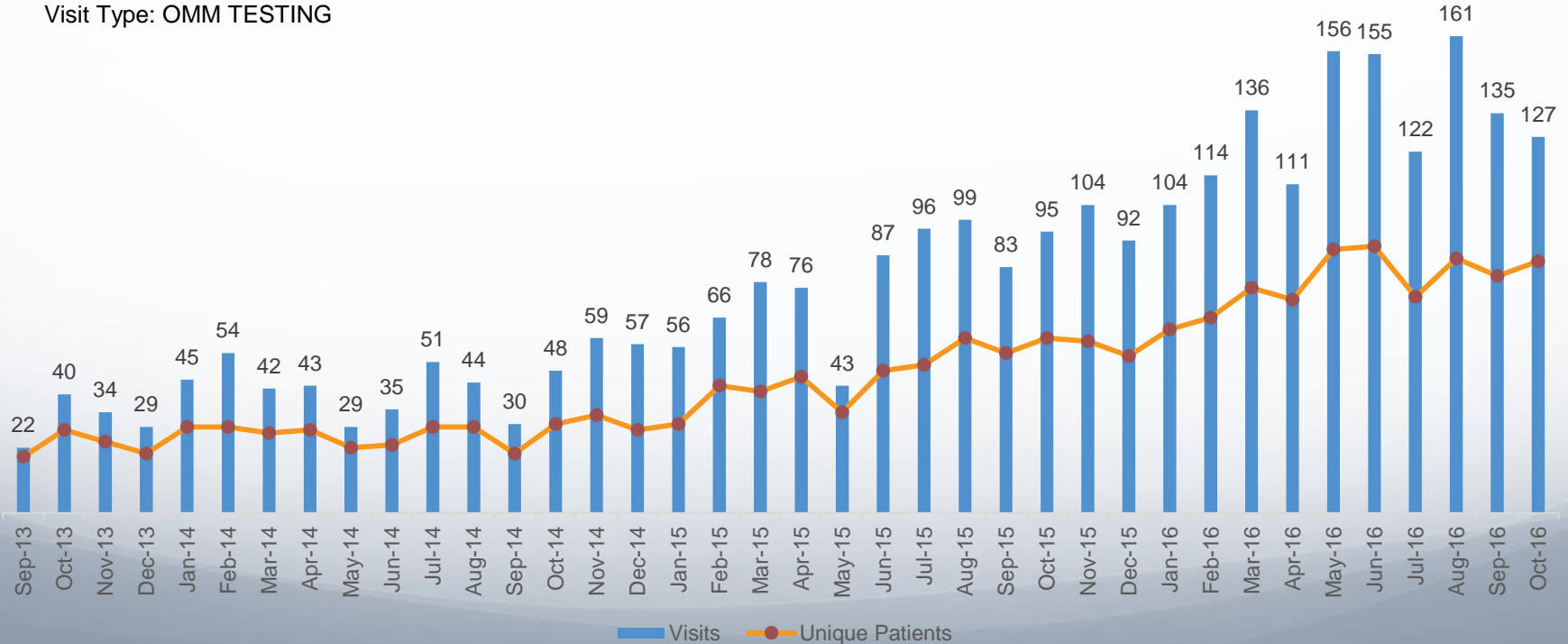
# Hilltop OMM Testing Volume Has Steadily Increased

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





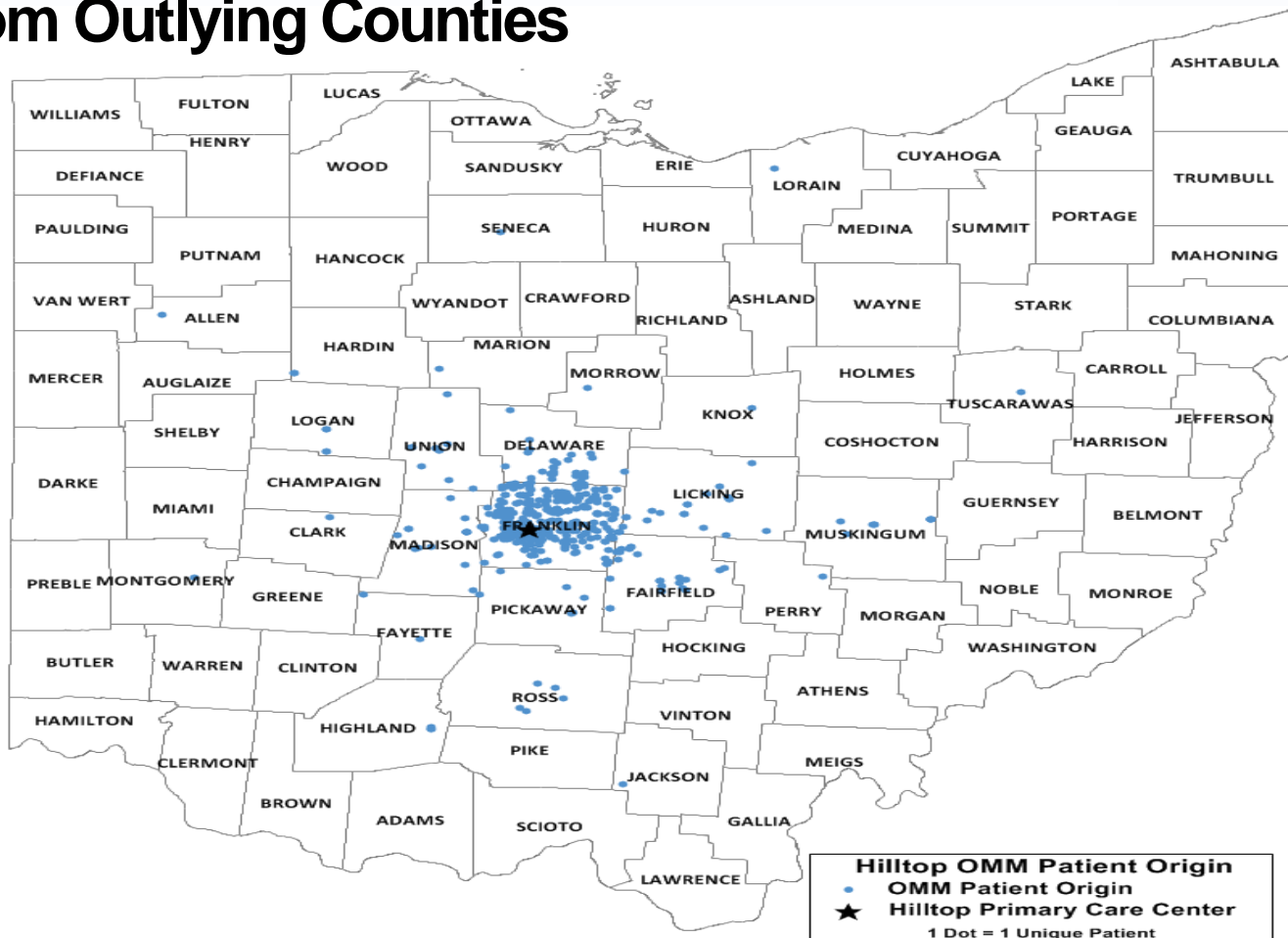
# Most of Hilltop OMM Patients Live in Central Ohio With Some Travelling From Outlying Counties

## OMM Patient Origin

Visit Date: Sep '13 – Oct '16

Visit Type: OMM TESTING

1 KY and WV Patient Not Shown



# Pediatric OMM Patients



# Neonatal Osteopathy



# When to think OMM...

- 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 issues



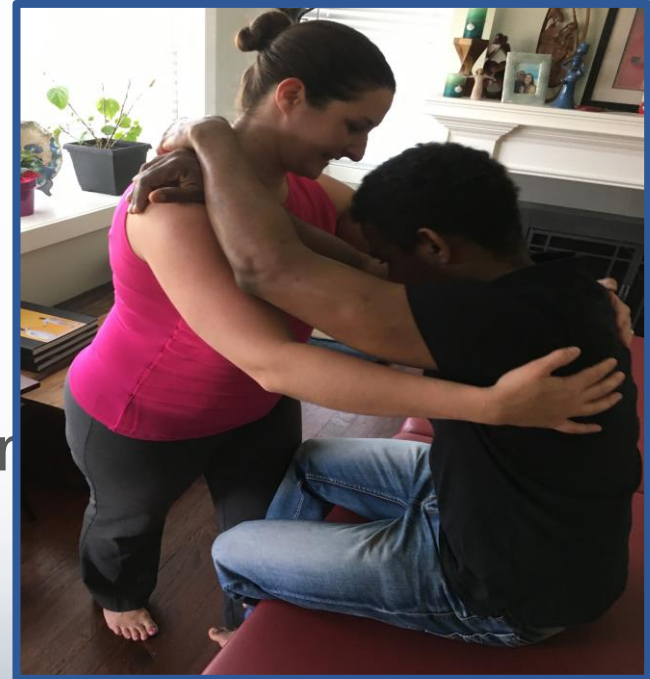


# Elementary OMM



# 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

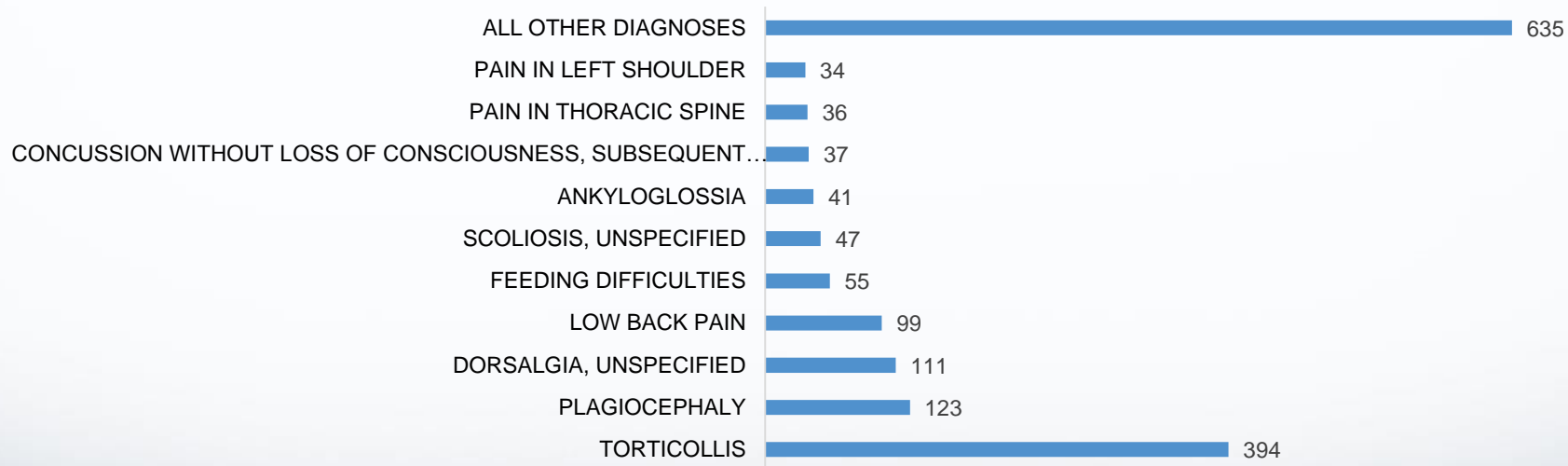


# Hilltop OMM Principal Diagnoses are Typically Related to the Back And/Or the Skeletal System

## Hilltop OMM Principal Diagnoses

Visit Date: Oct '15 – Oct '16

Visit Type: OMM TESTING



\*Top 10 Primary Diagnoses Make Up 61% of Total

# Initial Referral Diagnoses

Diagnosis	Number of patients
Back pain	142
Torticollis	83
Concussion	31
Shoulder pain	17
Feeding problems	14
Plagiocephaly	11
Rib pain	11
Foot pain	6
Headaches	5
Hip pain	5
Leg pain	4
Abdominal pain	3
Behavior concerns	3
Knee pain	3
Pelvic pain	2
Recurrent otitis media	2
Reflux	2
TMJ	2
Abnormal gait	1
Constipation	1
Elbow pain	1
Abnormal urine	1
<b>Total</b>	<b>350</b>

# Referrals

Referring Provider	Number of patients
Primary Care Network	150
Sports Medicine	88
Orthopedics	38
Self-Referral	29
Private Pediatricians (9)	18
Lactation Consultant	12
Adolescent Medicine	10
Google	3
Chiropractor	1
Fostering Connections	1
Urgent Care	1
<b>Total</b>	<b>350</b>

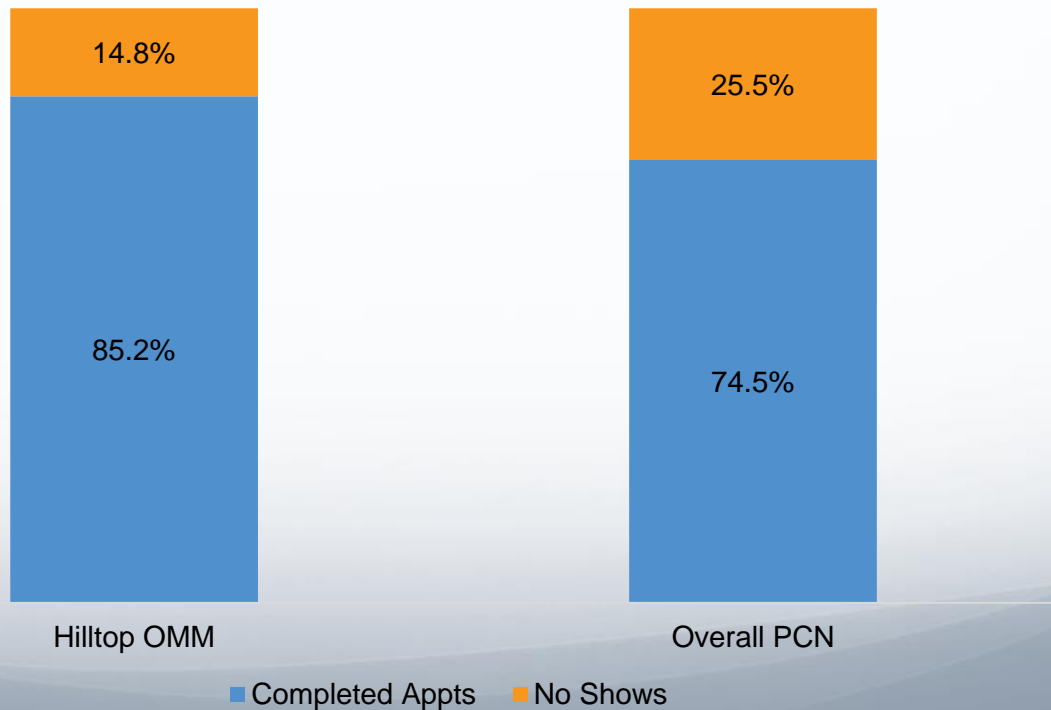
# Hilltop OMM Has a Lower No Show Rate Than the Overall Primary Care Network

## Overall PCN and OMM No Show Rate

Visit Date: Sep '13 – Oct '16

OMM Visit Type: OMM TESTING

Excludes Cancelled Appointments



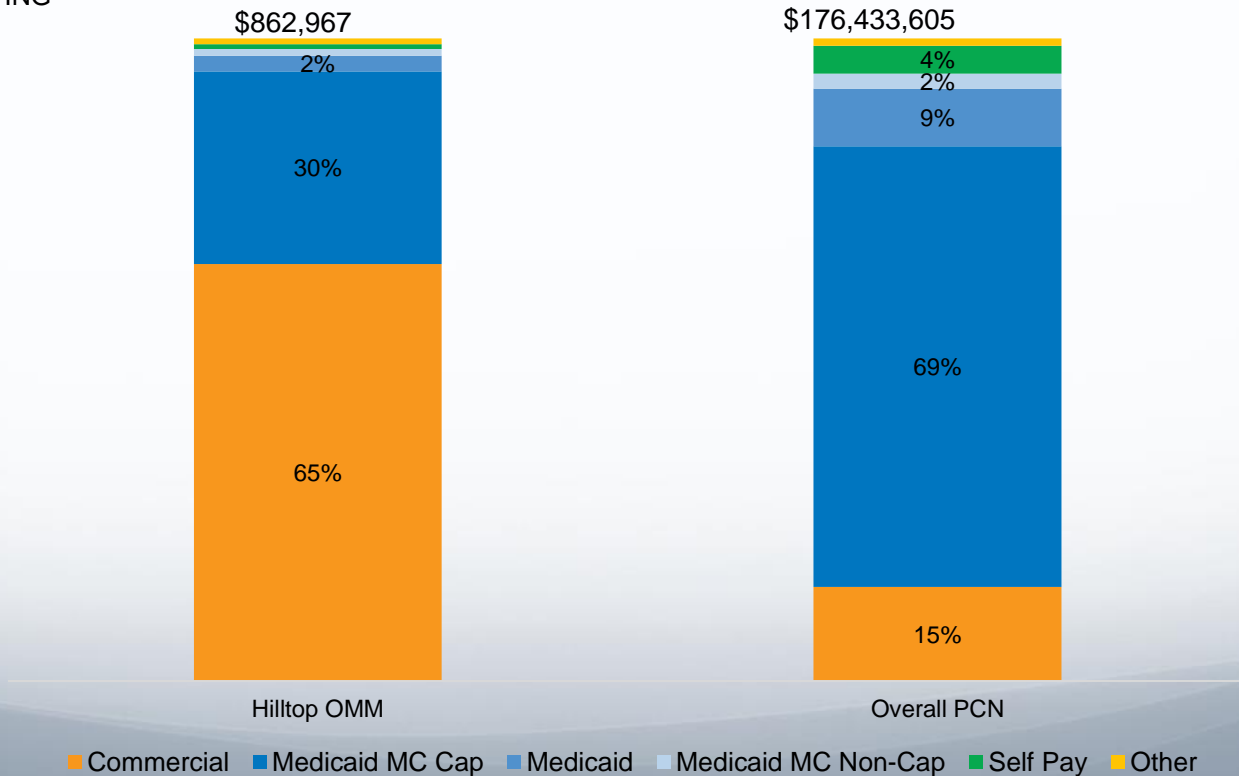


# The Hilltop OMM Clinic Has a Much More Favorable Payor Mix Than The Overall Primary Care Network

## Overall PCN and OMM Payor Mix

Visit Date: Sep '13 – Oct '16

Visit Type: OMM TESTING

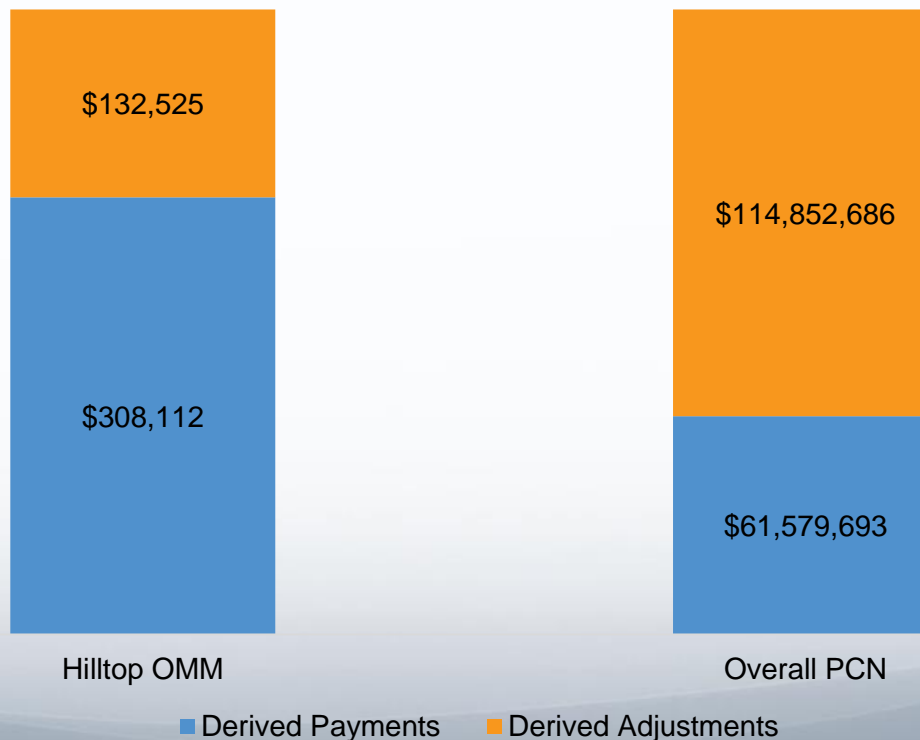


# The Hilltop OMM Clinic Has a Higher Reimbursement Rate Than The Overall Primary Care Network

## Overall PCN and OMM Reimbursement

Visit Date: Sep '13 – Oct '16

Visit Type: OMM TESTING



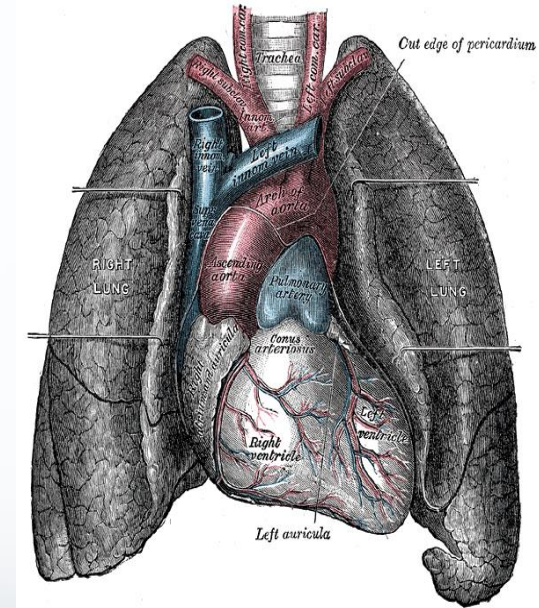
# Pediatric Osteopathic Research

# 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!



En.wikipedia.org

# Latch Dysfunction

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

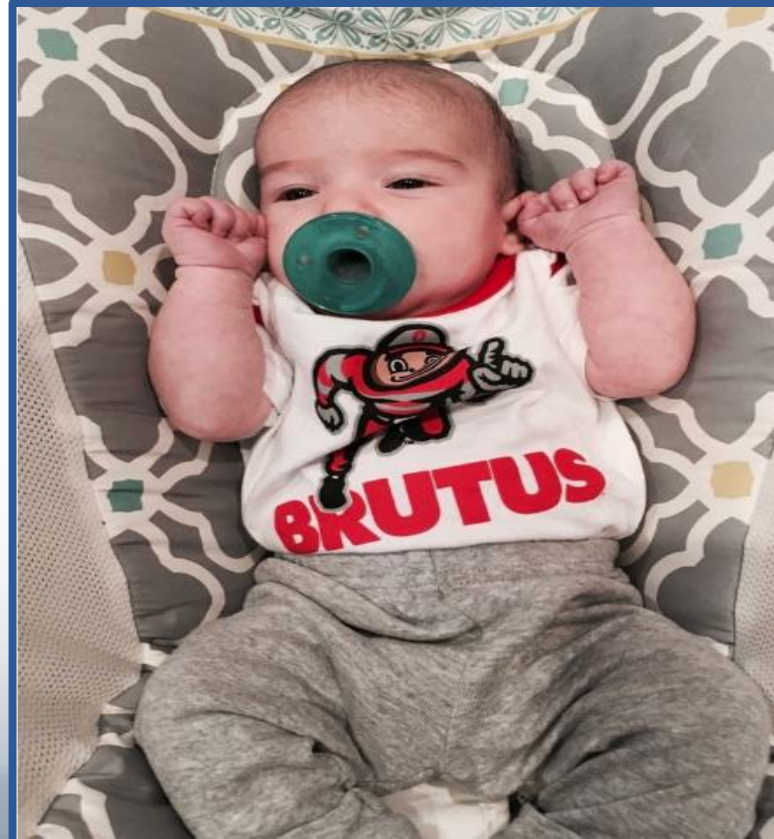
	<i>0</i>	<i>1</i>	<i>2</i>
<b>L</b> Latch	Too sleepy or reluctant No latch achieved	Repeated attempts Hold nipple in mouth Stimulate to suck	Grasps breast Tongue down Lips flanged Rhythmic sucking
<b>A</b> Audible swallowing	None	A few with stimulation	Spontaneous and intermittent <24 hrs old Spontaneous and frequent >24 hrs old
<b>T</b> Type of nipple	Inverted	Flat	Everted (after stimulation)
<b>C</b> Comfort (breast/ nipple)	Engorged Cracked, bleeding, large blisters or bruises Severe discomfort	Filling Reddened/small blisters or bruises Mild/moderate discomfort	Soft Nontender
<b>H</b> Hold (positioning)	Full assist (staff holds infant at breast)	Minimal assist (ie, elevate head of bed, place pillows for support) Teach one side; mother does other Staff holds and then mother takes over	No assist from staff Mother able to position/hold infant

# Other Areas of Interest

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



# Questions?





# Resources

- [http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic\\_Recognition\\_Requirements.pdf?ver=2016-09-30-123805-560](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recognition_Requirements.pdf?ver=2016-09-30-123805-560)
- <http://www.acgme.org/Portals/0/PDFs/FAQ/Osteopathic%20Recognition%20FAQs.pdf?ver=2017-06-14-160903-317>