Osteopathic Neuromusculoskeletal Medicine Workshop

2017 AAO Convocation
Program Director's Workshop

Disclosures

No financial conflicts of interest to report for:

- Dr. Lisa DeStefano, Chair of the ONMM Review Committee

- Dr. Eric Hunter Sharp, Vice Chair of the ONMM Review Committee

- Dr. Thomas Crow, Member of the ONMM Review Committee

- Ms. Tiffany Moss, Executive Director, Osteopathic Accreditation

ONMM RC Update

To Be Covered…

- ONMM Program Stats (LD)

- New ONMM FAQs (LD)

- ACGME Common Program Requirement Revisions (TM)

- Case Log System for ONMM (TM/LS/TC)

- Single GME Web Redesign (TM)

- ACGME Coordinator Workshop (TM)

ACGME ONMM Stats

ONMM Accreditation Stats

Program Accreditation Status	Number of Programs
Initial Accreditation	3
Pre-Accreditation	5
Open Application (Not Submitted)	4

New(er) FAQs

FAQ – Academic Medicine Rotations

Is an academic medicine or teaching rotation, a rotation where the resident primarily supervises and/or teaches neuromusculoskeletal medicine, an acceptable elective rotation? *[Program Requirement: IV.A.6.f).(1).(f).(ii)]*	No, though these experiences may be incorporated longitudinally throughout the program as appropriate.

FAQ – Clinic & Outpatient Rotation Time

Question	Answer
Does the time spent on an ONMM outpatient rotation count toward the half-days required in the continuity of care clinic and vice versa? *[Program Requirement: IV.A.6.f).(1).(a), IV.A.6.f).(2).(a), IV.A.6.g).(4).(a).(i), IV.A.6.g).(4).(b).(i)]*	Yes. Time spent on an ONMM outpatient rotation, completed in the continuity of care clinic, may count toward the required half-day time requirement in the continuity of care clinic. Likewise, half-days spent in the continuity of care clinic may count toward a longitudinal ONMM outpatient rotation.

FAQ – Patient Encounter w/ Multiple Diagnoses

Can a single patient contact be counted as a patient contact for multiple diagnoses? Can a patient contact in the continuity clinic also be counted as surgical, pediatric, or obstetrical and gynecological patient contact, and is the same true for patient contacts during hospital consultations? *[Program Requirements: IV.A.6.g).(2).(a)-IV.A.6.g).(3).(c).(i)]*	Yes, at the discretion of the program director, a patient contact may be counted toward the minimum patient contacts for multiple diagnoses (surgical, pediatric, and obstetrical and gynecological). At the discretion of the program director, a clinic patient encounter could count toward the minimum continuity of care patient encounters *and* toward the minimum patient contacts for patients with a surgical, pediatric, or obstetrical and gynecological diagnosis. The same is true for patient contacts through hospital consultation. Those patient contacts may be counted toward the minimum hospital consultations *and* toward the minimum patient contacts for patients with a surgical, pediatric, or obstetric and gynecologic diagnosis.

Common Program Requirement Revisions Section VI

Review: Common Program Requirements

- Common requirements are the set of requirements embedded into each of the ACGME program requirement documents.

- "Common" across all specialties.

- Appear in **bold** type in the program requirements.

- Review Committees do not have the ability to revise these requirements.

Ex. Common Requirements in ONMM

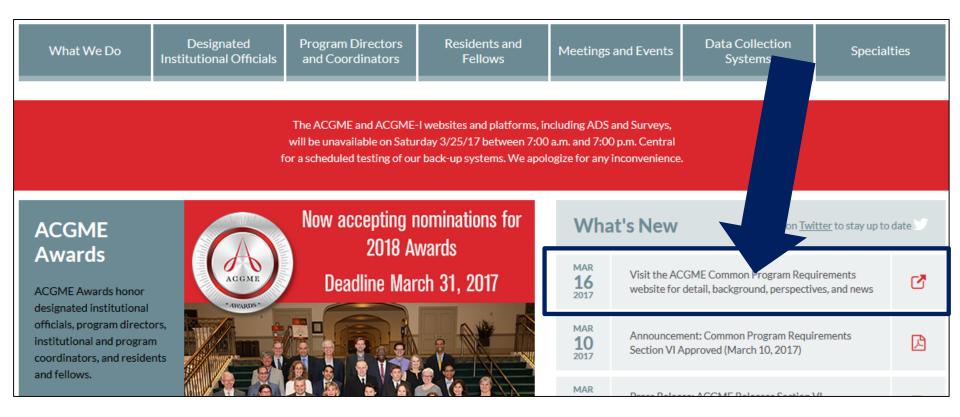|	
IV.A.5.a)	**Patient Care and Procedural Skills**
IV.A.5.a).(1)	**Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:** (Outcome)
IV.A.5.a).(1).(a)	must demonstrate competency in the management of outpatients and inpatients with neuromusculoskeletal disorders across the lifespan, including those who require acute care and care for chronic conditions. (Outcome)

CPR Section VI: Revisions

- Published – March 10,2017 (9am CT)

  - Dr. Nasca sent letter to community.

  - ACGME microsite launched.

Locating the Microsite

Common Program Requirements
The Learning and Working Environment (Duty Hours)

Accreditation Council for Graduate Medical Education

2017 REQUIREMENTS   NEWS AND BACKGROUND   PERSPECTIVES

LEARN MORE

"At the heart of the new requirements is this philosophy: residency education must occur in a   LEARN MORE   "We are atte

The revised requirements, which go into effect July 1, 2017, are intended to promote patient safety, resident and fellow well-being, and inter-professional team-based care by providing greater flexibility within an established framework, allowing programs and residents more discretion to structure clinical education in a way that best supports the principles of professional development. With this increased flexibility comes the responsibility for programs and residents to adhere to the 80-hour maximum weekly limit, and to utilize flexibility in a manner that optimizes patient safety, resident well-being, and education.

CPR Section VI: Resources

- Effective – July 1, 2017

- Citations not given on the new requirements in the patient safety and quality assurance, and well-being sections until – July 1, 2019.

- FAQs under development.

- Questions may be e-mailed to SectionVI@acgme.org.

CPR Section I-V: Revisions

- Task Force II has been formed and has started revision discussions.

- Suggested revisions to section I-V will be likely be available for review and comment last summer/early fall 2017.

ACGME Single GME Web Page Re-Design

Coming Soon…

- Enhanced webpages devoted to single GME accreditation.

- More robust resources, compiled by audience.

- Resources will be grouped based on where programs and institutions are in the transition to accreditation.

Sneak Peek…

Sneak Peek…

AOA Programs

Add New Copy Here

Add New Copy Here

Add New Copy Here

Application Information

Pre-Accreditation and Continued Pre-Accreditation

Initial Accreditation

Contact Us

Text placeholder

FAQs

Overview »

Programs »

Sponsoring Institutions »

Residents and Medical Students »

ACGME Programs and Sponsoring Institutions »

SGME Newsroom »

Webinars »

Case Log System for ONMM

ACGME Case Log System

- Accessed through a web browser and is mobile enabled for smart phones or tablets.

- No additional fee to use the system.

- Use of the system by programs and residents is required.

- ACGME does not allow other residency suites to interface with the system due to the security risk.

ONMM Case Log System

- After the submission of the application, programs can go to the resident tab in ADS and click the "grant user" button which will automatically generate usernames and passwords and send them to the residents via e-mail.

- Residents should begin logging as soon as the program has pre-accreditation.

- Additional case log user instructions are available on the resident tab as well.

Case Log User Instructions ⌄

New Usernames/Passwords: If a resident has an "Active" status, he/she will receive an ACGME-generated username/password automatically via e-mail.

If the resident does not receive this message, he/she should first check the spam or junk folder of their e-mail. The program coordinator should also verify the e-mail address entered in the resident profile in ADS and confirm that the resident has an "Active" status. If a resident's e-mail address is updated in the system, another notification will automatically be sent to the newly listed e-mail address once saved.

Changing Passwords: Upon initial login, the resident will be prompted to change the password. To change the password after initial login, see Forgot Username/Password below.
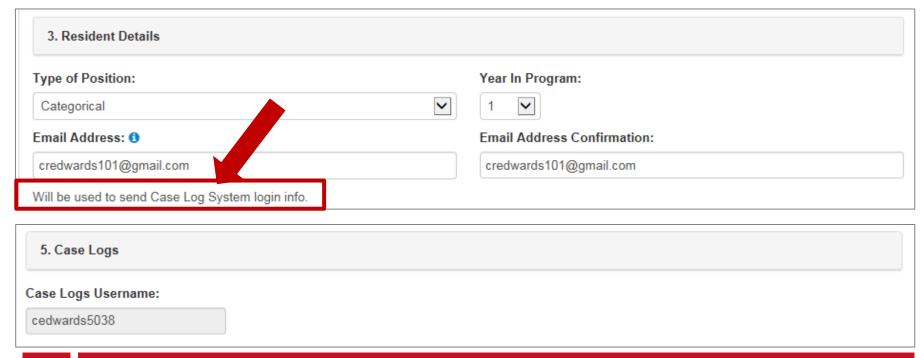
Forgot Username/Password: If a resident forgets his/her username/password, the "Forgot your username/password?" link on the login screen will provide a prompt to enter either the username or e-mail address, and an e-mail containing the username to reset the password will be sent. Programs have access to all resident usernames in their program. Click on the fly-out to the left of a given resident's name. Under "Case Log User" will be listed the individual username.

Pending Archive: When a resident is marked in the system as completed or left, he/she will be automatically archived on the date listed in the resident fly-out, and a clock icon will appear next to his/her name. The program and resident can still generate all reports in the Case Log System; the resident is able to complete logging or updating cases until he/she is archived.

Archived: If a resident has been archived, a lock icon appears next to his/her name. The program and resident can generate any Archived Resident Experience Reports (if applicable) and download cases to Microsoft Excel. Once this has occurred, the resident can no longer log or update cases.

No Username: If a resident was added to ADS while your program had an Application Status, he/she was not issued a username/password. To issue the resident a username/password, verify that he/she has an "Active" status, then click the "Grant User" button. The resident will automatically be emailed an ACGME-generated username/password.

Resident Username

3. Resident Details

Type of Position:

Categorical

Year In Program:

1

Email Address: ⓘ

credwards101@gmail.com

Email Address Confirmation:

credwards101@gmail.com

Will be used to send Case Log System login info.

5. Case Logs

Case Logs Username:

cedwards5038

Log Requirements

- Log patient encounters and procedures.

- Only log patients seen while in ACGME ONMM program under pre-accreditation and accreditation (initial, continued, etc.)

  - Encounters and procedures from time in pre-requisite programs may not be entered.

- Will confirm that residents are achieving the patient encounters and procedures outlined in requirements and appropriate to their level in the program.

Log Requirements

- Only patient encounters for NMM patients seen by an NMM board certified physician.

- System only uses CPT codes, not ICD codes.

- Injection procedures <u>tracked</u>: 20550, 20552, 20553, 20600, 20605, and 20610.

Patient Encounter Information

- Date patient seen
- Attending
- Patient age group (>=18 yrs and <=65, <=18 yrs, or >65)
- Setting (inpatient or outpatient)
- Patient type, if applicable (continuity clinic panel patient, obstetrics and gynecology, pediatric, or surgical); more than one type may be selected for a patient
- Somatic dysfunction (more than one type may be selected)
- Treatment technique (more than one type may be selected)

Case Log Documents

Home > Specialties > Osteopathic Neuromusculoskeletal Medicine

SPECIALTIES

OSTEOPATHIC NEUROMUSCULOSKELETAL MEDICINE

Overview

Program Requirements and FAQs and Applications

Milestones

» Documents and Resources

Review Committee Members and Staff

ALLERGY AND IMMUNOLOGY

ANESTHESIOLOGY

COLON AND RECTAL SURGERY

DERMATOLOGY

EMERGENCY MEDICINE

FAMILY MEDICINE

INTERNAL MEDICINE

MEDICAL GENETICS AND GENOMICS

NEUROLOGICAL SURGERY

OSTEOPATHIC NEUROMUSCULOSKELETAL MEDICINE

DOCUMENTS

- Case Log Instructions for Osteopathic Neuromusculoskeletal Medicine
- Guide to Construction of an Osteopathic Neuromusculoskeletal Medicine Program Block Diagram
- Osteopathic Neuromusculoskeletal Medicine Case Log Announcement

PRESENTATIONS

- ONMM Application Process
- ONMM Requirement Update

RELEVANT WEBSITES

There are currently no items available for download.

COMMON RESOURCES

2751600001 - ONMM CASE LOG TEST PROGRAM

Osteopathic Neuromusculoskeletal Medicine - Chicago, IL

Add Cases

Submit

Resident

Resident, Test ▼

Case ID ⓘ

[   ]

Resident Year ⓘ

1 ▼

Attending

-- Select -- ▼

Date Patient Seen

3/7/2017 📅

Setting

-- Select -- ▼

Patient Age

>= 18 yrs and <= 65 ▼

☐ Continuity clinic panel patient

☐ OB

☐ Pediatric

☐ Surgical

Comments ⓘ

[   ]

Favorites	Area and Type	Code		Selected Codes

Favorite Lists

-- Select -- ▼   GO

	Code	Description	Area	Type	

To search for Codes by Favorites, please select a Favorite List and then click GO

Add Cases

Submit

Resident

Resident, Test

Case ID ⓘ

ABC123

Resident Year ⓘ

1

Attending

-- Select --

Date Patient Seen

03/21/2017 📅

Setting

Inpatient

Patient Age

>= 18 yrs and <= 65

☑ Continuity clinic panel patient

☐ OB

☐ Pediatric

☑ Surgical

Comments ⓘ

Favorites | Area and Type | Code

Selected Codes 2

Favorite Lists

-- Select --

	Code	Description	Area	Type		

To search for Codes by Favorites, please select a Favorite List and then click GO

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Favorites	Area and Type	Code		Selected Codes

Area

ONMM Procedures ▼

Type

Treatment Technique ▼

Keyword ⓘ

[   ] GO

Code ⌃	Description ⇕	Area ⇕	Type ⇕	Fav	
	Head region	ONMM Procedures	Segmental and Somatic Dysfunction	★	Add
	Cervical region	ONMM Procedures	Segmental and Somatic Dysfunction	★	Add
	Thoracic region	ONMM Procedures	Segmental and Somatic Dysfunction	★	Add
	Lumbar region	ONMM Procedures	Segmental and Somatic Dysfunction	★	Add
	Sacral region	ONMM Procedures	Segmental and Somatic Dysfunction	★	Add

Area

ONMM Procedures ⌄

Type

Treatment Technique ⌄

Keyword ⓘ

[   ]   GO

Code ^	Description ⇕	Area ⇕	Type ⇕	Fav	
	Osteopathic cranial concept	ONMM Procedures	Treatment Technique	★	Add
	Myofascial release	ONMM Procedures	Treatment Technique	★	Add
	Soft tissue	ONMM Procedures	Treatment Technique	★	Add
	High velocity/low amplitude	ONMM Procedures	Treatment Technique	★	Add
	Counterstrain	ONMM Procedures	Treatment Technique	★	Add
	Balanced ligamentous tension	ONMM Procedures	Treatment Technique	★	Add

	Area and Type	Code			Selected Codes

Code

76536   GO

Code ^	Description	Area	Type	Fav	
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	Non-Tracked codes	Non-Tracked codes	⭐	Add

Reports

Filter Reports 🔍

Experience by Year Report ❯
ACGME categorized summary report by the year on the case.

Activity Report ❯
Latest case activity for residents. Lists number of cases/procedures, most recent case date & last time an update was made

Case Brief Report ❯
Generates case level data by case date, including case ID, institution, role, attending initials, code & code description, if applicable.

Case Detail Report ❯
Generates case level data by case date, including case ID, attending, institution, role, code & code description, if applicable.

Code Summary Report ❯
Generates code level data by area and type, including code, code count, code type & code description.

Tracked Codes Report ❯
Generates list of tracked codes for the specialty by area and type, including code, defined category (if applicable), & code description.

Archived Reports

Filter Reports 🔍

Archived Experience by Year Report ❯
Provides a list of all tracked procedures grouped by Area and Type. Shows code, defined category (if used by the specialty) and description for each Area and Type. Select defined category (if applicable) to view codes indexed to that category

Download Cases

Search

Resident Status

Active

Resident

All

Case Start Date

Case End Date

ACGME Coordinator Workshop

ACGME Coordinator Workshop

- Held annually

- Specialty-specific

- Target Attendees: New (to the role or to the ACGME) coordinators

- Fee to attend

- More information: http://www.acgme.org/Meetings-and-Events/Workshops

Coordinator Workshop Topics

- Coordinator History

- Basics of the ACGME

- Get to Know Your Review Committee Team

- Understanding the Program Requirements

- ACGME Data Systems

- Specialty-Specific Session

- Working with Residents

- Acronyms

- Site Visits and the Self-Study

- Coordinator Role in Assessment and Milestones

- Year in the Life of a Coordinator

- Working with Assessment Committees

Save the Date

August 7-8, 2017

Questions?

Program Application Pointers
&
Next Steps in Accreditation

To Be Covered…

- Block Diagrams (HS)

- Program Letters of Agreement (PLAs) (TM)

- Creating the Resident & Faculty Roster (TM)

- Accreditation Process (TM)

Block Diagram

Block Diagram

- Should demonstrate program's compliance with the rotation requirements.

- Does not need to represent the order/timing of rotations in a given year.

- One block diagram for each year of education, per entry pathway offered.

- Should not contain resident names or be an actual rotation schedule.

Block Diagram

- Only required (including selective group) rotations should be listed by name.

- NMM rotations should be noted as inpatient, outpatient, etc.

- Electives should be shown generally as "elective" in the block. A list of elective rotations offered should be included in the notes section of the diagram.

- Longitudinal rotations should be noted as such.

ONMM1

Block	1	2	3	4	5	6	7	8	9	10	11	12	Long-itudinal
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 3					Site 1
Rotation Name	ONMM Outpt	ONMM Outpt	ONMM Outpt	ONMM Outpt	Pain Managem-ent	ONMM Inpt	ONMM Inpt	Neurology	Elective	Elective	Elective	Vacation	Sports Medicine**
# of half-day clinic sessions per week	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	N/A	N/A

**Longitudinal Rotation

ONMM2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 3				
Rotation Name	ONMM Outpt	ONMM Outpt	ONMM Outpt	ONMM Outpt	Occupati-onal Medicine	ONMM Inpt	ONMM Inpt	PM&R	Elective	Elective	Elective	Vacation
# of half-day clinic sessions per week	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	\<insert #\>	N/A

Site 1: XYZ Hospital

Site 2: ABC Clinic

Site 3: LMN Ambulatory Center

Elective Options: diagnostic radiology, family medicine, internal medicine, hospice and palliative medicine, pediatrics, physical medicine and rehabilitation, rheumatology, sports medicine

Participating Sites &
Program Letters of Agreement (PLAs)

Participating Sites

Participating Site Definition

An organization (or entity) providing educational experiences or educational assignments/rotations for residents/fellows. Examples of sites include: a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a public health agency, a health maintenance organization (HMO), a medical examiner's office, a consortium or an educational foundation. There may be a need to indicate a site as "clinical" in rare occasions. A clinical site exists when the sponsor of a program is in a different site (location) than the PRIMARY clinical site out of which the program operates.

Participating Sites

- Institutions/organizations where required rotations occur.

  - Includes selective rotations and continuity clinics.

- Sponsoring Institution (SI) will automatically be a participating site and identified as the "primary teaching site" unless otherwise identified by the SI.

- Institutions/organizations where elective rotations occur do not need to be listed.

- Sites should only be listed separately if they are under separate ownership from the SI.

Program Letters of Agreement (PLA)

What is the purpose of Program Letters of Agreement (PLAs)? *[Common Program Requirement: I.B.1.; One-Year Common Program Requirement: I.B.1.]*	PLAs (see Common Program Requirement I.B.) provide details on faculty, supervision, evaluation, educational content, length of assignment, and policy and procedures for each required assignment that occurs outside of an accredited program's sponsoring institution. These documents are intended to protect the program's residents/fellows by ensuring an appropriate educational experience under adequate supervision. PLAs are intended to be brief, informal documents (approximately one-to-two pages in length) that as simply as possible: a) identify the faculty members who will assume both educational and supervisory responsibilities for residents/fellows; b) specify these faculty members' responsibilities for the teaching, supervision, and formal evaluation of residents/fellows; c) specify the duration and content of the educational experience; and, d) state the policies and procedures that will govern resident/fellow education during the assignment. A sample PLA can be found here.

PLAs

- Are not master affiliation agreements, which are no longer required by the ACGME.

- Should be created for each participating site where required experiences occur (not electives).

PLA Example

The program requires residents to complete a 4 week outpatient NMM rotation at Dr. Smith's private office. Dr. Smith is not employed by program's sponsoring institution and the office is not owned by the sponsoring institution. Do you need a PLA?

Yes.

ACGME PLA Resources

- PLA FAQ document

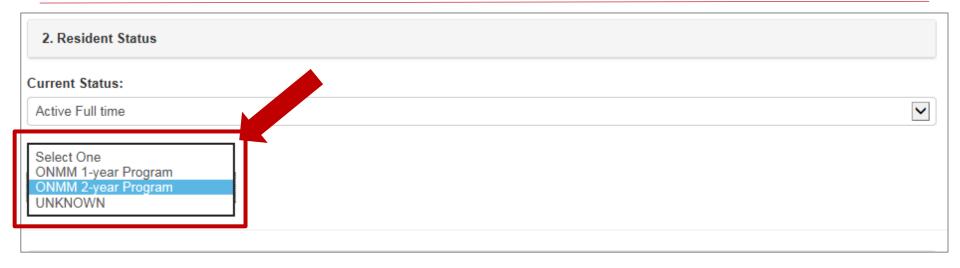http://www.acgme.org/Portals/0/PDFs/FAQ/CommonProgramRequirementsFAQs.pdf

- Sample PLAs

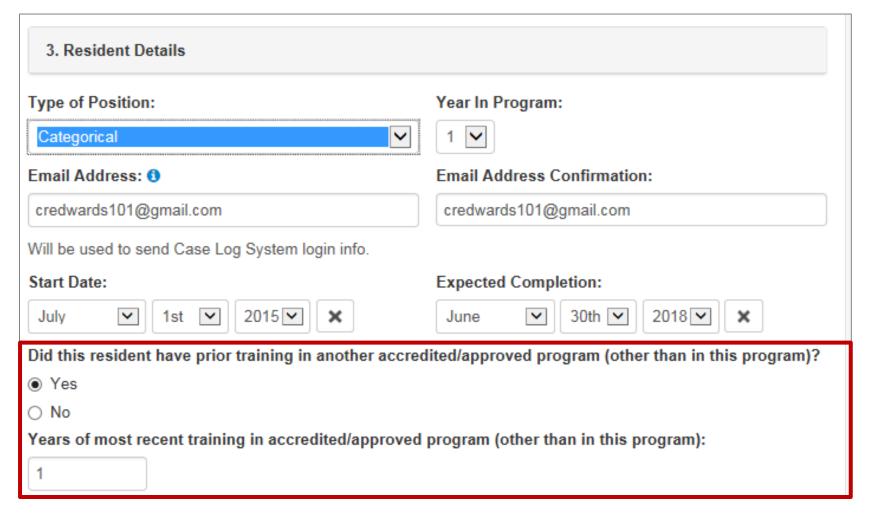http://www.acgme.org/Portals/0/PDFs/Sample-PLAs.pdf

Resident Roster

Resident – "Specialty Track"

2. Resident Status

Current Status:

Active Full time

Select One
ONMM 1-year Program
ONMM 2-year Program
UNKNOWN

ONMM1 Level Entry = "ONMM 2-year Program"
ONMM2 Level Entry = "ONMM 1-year Program"

3. Resident Details

Type of Position:

Categorical ▾

Year In Program:

1 ▾

Email Address: ⓘ

credwards101@gmail.com

Email Address Confirmation:

credwards101@gmail.com

Will be used to send Case Log System login info.

Start Date:

July ▾   1st ▾   2015 ▾   ✖

Expected Completion:

June ▾   30th ▾   2018 ▾   ✖

Did this resident have prior training in another accredited/approved program (other than in this program)?

◉ Yes

◯ No

Years of most recent training in accredited/approved program (other than in this program):

1

Faculty Roster

Faculty Listed on Roster

- Only NMM board certified faculty (supervising required rotations) need to be listed.

- Not all faculty must be listed on the roster, but should have enough faculty to meet the minimum outlined in the requirements.

- "Core faculty" will be automatically identified by the hours they devote to the program & will require completion of a CV in ADS.

Faculty Listed on Roster

- Will be automatically pulled into the case log system as supervisors, unless noted in the faculty members' profile.

Case Logs Attendings

Case Logs Active:
- ◉ Yes
- ○ No

Initial Accreditation & Beyond

Initial Accreditation

- Conferred by the Review Committee after it has determined the program is in substantial compliance with the program requirements.

- Developmental period.

- Program receives a Letter of Notification (LON) within 60 days.

Letter of Notification (LON)

- Outlines any citations or areas for improvement (AFI) given by the RC at the time initial accreditation was conferred.

- Identifies approximate date of next site visit.

- Programs do not provide a formal response to the letter.

Annual Data Collection

Starts when program is in pre-accreditation status.

- Annual ADS update:
    - Response to citations
    - Reporting of scholarly activity – residents & faculty
- ONMM Milestones reporting
- Participation in the resident & faculty surveys
- Case log entry

Initial Accreditation (IA) Review

- Occurs within 2 years of the <u>effective date</u> of accreditation.

- Full site visit will be conducted prior to review by RC.

- RC will determine if the program can move to Continued Accreditation.

    - Alternatively, RC can confer Initial Accreditation w/ Warning.

I.A. Review Preparation

- Program will have the opportunity to update its application.

- Program is required to respond to citations in ADS and will be asked to update the responses in preparation for the site visit.

- Site visit notification letter will detail what needs to be prepared in advance of visit.

Questions?

Thank you!

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