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Can referrals to a pediatric osteopathic manipulative medicine clinic be increased through provider education?
An Evolving Quality Improvement Project
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University of New Mexico Health Sciences Center

BACKGROUND

- Osteopathic manipulative medicine (OMM) is non-invasive, non-pharmaceutical method for treating common pediatric conditions, including: neonatal feeding difficulties; non-syndromic plagiocephaly; otitis media; asthma; obstructive apnea in infants; dysfunctional voiding; and ADHD.
- MDs (and other non-osteopathically trained providers) often do not have awareness of the indications or evidence-base for OMM.
- In some cases, this has shifted as OMM clinics have been implemented successfully within traditionally allopathic residencies - DO residents have effectively increased OMM knowledge among their non-DO counterparts. However, this has traditionally occurred within family medicine residencies. There is little information about effective ways to improve awareness of OMM principles and applications amongst non-DO providers in pediatric residencies.
- With increased inclusion of osteopathically-trained physicians into ACGME residencies, there is a need for greater awareness of osteopathic medicine’s evidence-based applications. The transition period for the single accreditation system for graduate medical education under the Accreditation Council for Graduate Medical Education (ACGME) will end June 30, 2020.

LOCAL CONTEXT

- The University of New Mexico (UNM) pediatric residency program (2019-2020) is comprised of a significant number of DOs (33%) who work closely with other pediatric providers with referral capabilities.
- However, UNM Hospital’s pediatric OMM consult service does not see many patients per month, due to low referral rates and limited clinic hours/staffing. For the past 7 years, it has been held twice a month with one attending (an osteopathically trained pediatrician).
- To increase the average number of referrals to UNM Hospital’s pediatric OMM clinic by 25% by May 2020.

STRATEGY

This quality improvement (QI) project (IRB number HRRC# 19-529) was designed based on the Model for Improvement. A key driver diagram was developed to consider some factors contributing to low referral rates. The primary measure of interest was monthly referral rate to the pediatric OMM clinic. This will be tracked by pulling data on referrals from UNMH hospital’s electronic medical record on a monthly basis.

GOAL

To increase the average number of referrals to UNM Hospital’s pediatric OMM clinic by 25% by May 2020.

RESULTS TO DATE

Data from the first PDSA cycle

- Overall, respondents indicated that they were familiar with indications for osteopathic medicine (median: 4 [agree]; IQR = 2-4), but were more unsure about the evidence-base (median: 3 [not sure]; IQR = 2-4) to support the use of osteopathic medicine (Figure 1).
- Those who had previously referred patients to the clinic were no more likely to report familiarity with the indications (p=0.30) and evidence-base (p=0.31) for the use of OMM than those who had never referred to the clinic.
- On average, on a scale of 0 to 10, with 0 being no interest at all and 10 being extremely interested, respondents had a high level of interest in referring pediatric patients to the OMM service (median: 8; IQR = 8-10). Interest was higher in those who had previously referred to the clinic (Med: 10; IQR = 9-10) compared to those who had never referred to the clinic (Med: 8; IQR = 7-10) (p=0.03; Figure 1).
- Two MDs indicated that they would like additional training in OMM techniques.
- Two respondents indicated that the clinic needed more hours/capacity due to a long wait time (>1 month).

Table 1. Survey Participant Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>% (N=23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials</td>
<td></td>
</tr>
<tr>
<td>DO</td>
<td>39</td>
</tr>
<tr>
<td>MD</td>
<td>52</td>
</tr>
<tr>
<td>RN</td>
<td>10</td>
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<tr>
<td>IBCLC</td>
<td>10</td>
</tr>
<tr>
<td>MS</td>
<td>6</td>
</tr>
<tr>
<td>Years in Practice</td>
<td></td>
</tr>
<tr>
<td>0-5 Years</td>
<td>87</td>
</tr>
<tr>
<td>6-20 Years</td>
<td>3</td>
</tr>
<tr>
<td>21+ Years</td>
<td>10</td>
</tr>
<tr>
<td>Ever referred a patient to Pediatric Manual Medicine consult service</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23</td>
</tr>
<tr>
<td>No</td>
<td>77</td>
</tr>
</tbody>
</table>

Participants could select more than one.

Full Question: Have you ever referred a patient to the Pediatric Manual Medicine consult service at UNMH? (Participants could select more than one.

Measure data

- Observations: Indications of OMM and evidence-base for referral to the clinic among training attendees. However, the number of referrals dropped slightly from October to December, as the training was implemented. A few attendees reported a long wait time for the clinic, and this may have been exacerbated during the holiday season. We need to identify additional barriers to referral and address them through future PDSA cycles. Clinic capacity will need to expand if demand increases. In addition, patient attendance at OMM appointments is sometimes poor and may need to be addressed in future PDSSAs.

DISCUSSION

The results of this first PDSA cycle indicate:
- Explanations of OMM indications and evidence-base for pediatric patients should be further clarified for future presentations. We will conduct additional PDSSAs to refine the training.
- There is a significant interest in referring to the pediatric OMM clinic among training attendees. However, the number of referrals dropped slightly from October to December, as the training was implemented. A few attendees reported a long wait time for the clinic, and this may have been exacerbated during the holiday season. We need to identify additional barriers to referral and address them through future PDSA cycles. Clinic capacity will need to expand if demand increases. In addition, patient attendance at OMM appointments is sometimes poor and may need to be addressed in future PDSSAs.

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