

QI project: Increasing appropriate use of Osteopathic manipulative treatment as an adjunctive treatment for patients with musculoskeletal pain in the outpatient setting.

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Background

- The Center for Disease Control recently estimated that 50 million adults in the United States suffer from chronic pain, including 20 million with high-impact chronic pain that interferes with work or life most days or every day (1). The most common chief complaints from patients (receiving Osteopathic manipulative treatment, aka OMT) were pain or discomfort in the lower back (311 [34%]) and neck (277 [30%]) (2). Osteopathic physicians are trained in OMT that could be used for many musculoskeletal dysfunctions. In fact, studies have shown patients who received OMT treatment for their musculoskeletal pain received less pain medications and have improved overall comfort, easing recovery, and reducing stress and anxiety (3) (4). However, studies have also shown that men, persons with low levels of education, and non-White and Hispanic patients are significantly less likely to have ever received OMT in their lifetime, and that many osteopathic physicians infrequently use OMT in medical practice (1).

Objective

The objective of this quality improvement project is to increase the utilization of OMT in patients with musculoskeletal pain in an outpatient setting.

Methods

Measure Name: Number of OMT visits in the clinic (Grand Strand Primary Care)

Goal: 10% increase in 6 months after intervention compared to previous 6 months

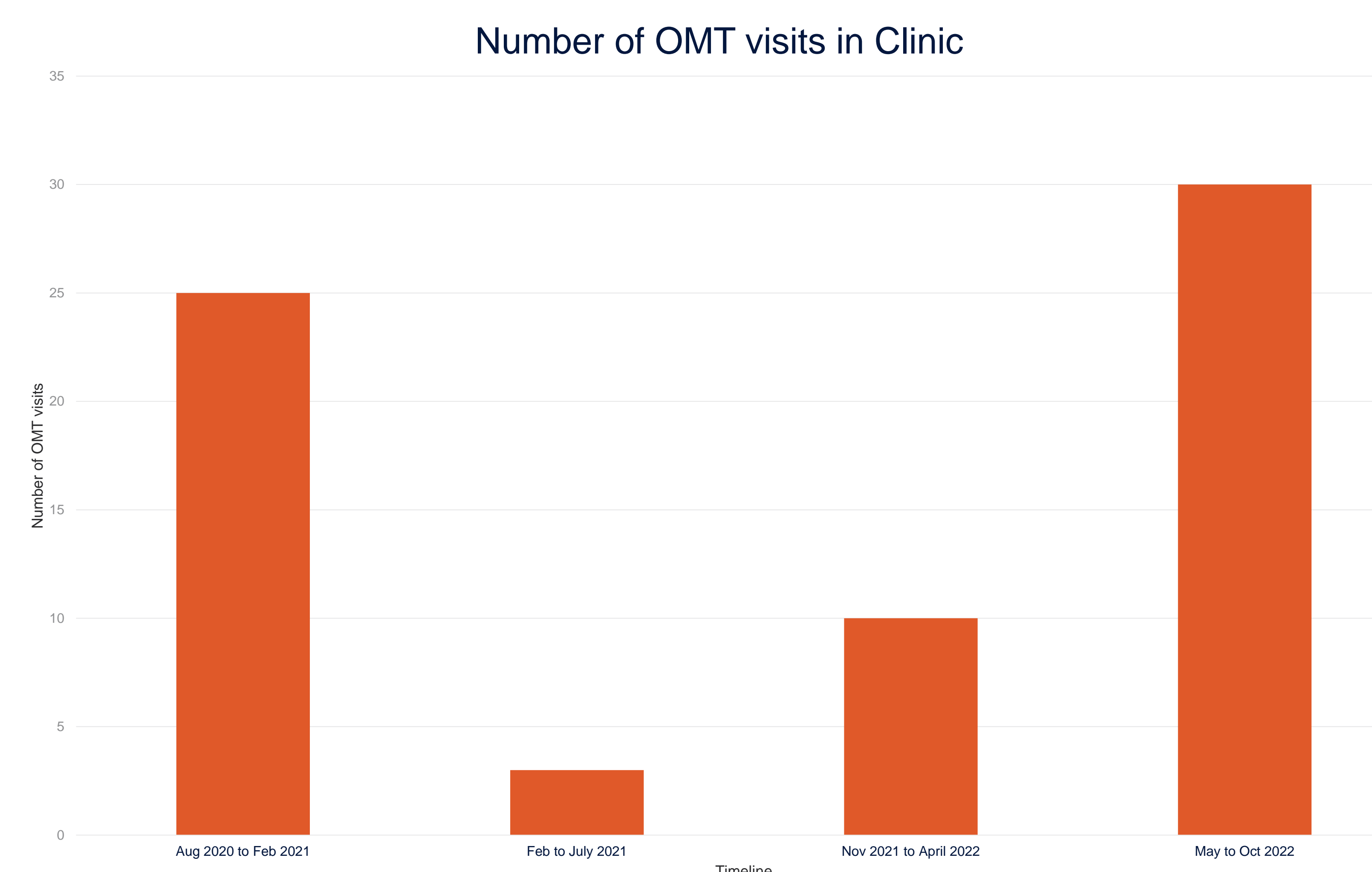
Data Source: EClinicalWorks Electronic Medical Record

Collection Frequency: Daily number of OMT visits in clinic (if applicable) were counted and added to the total number of OMT visits both 6 months prior to intervention and 6 months after.

Interventions:

- Round 1 of PDCA: On Feb 25th, 2021, a PowerPoint lecture about OMT was given to Family medicine residents and attendings by Dr. Zhe Liu during the afternoon lecture. The lecture had the following objectives: To increase provider understanding of basic OMT principles, To familiarize with common indications for OMT, To increase awareness of evidence regarding effectiveness of OMT.
- Round 2 of PDCA: A print out of the indications of OMT and whom to refer in our clinic (Dr. Liu, Pride, and Thomas) was posted in the family medicine clinic workroom in May 2022. An email with the print out and the previous PowerPoint were sent to all residents and faculty. In addition, the new Sports Medicine rotation from August to October 2022 provided additional time for OMT in clinic.

Results



Discussion

- The number of OMT visits decreased after the first PDCA cycle intervention, from 25 to 3.
- During round 2 of PDCA, there was an increase of 200% in the number of OMT visits from 10 to 30. Most of the OMT visits during this round occurred during the new Sports Medicine rotation time slots.

Conclusion

- The highest increase in OMT visits in clinic corresponded with the addition of Sports Medicine rotation.

References

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