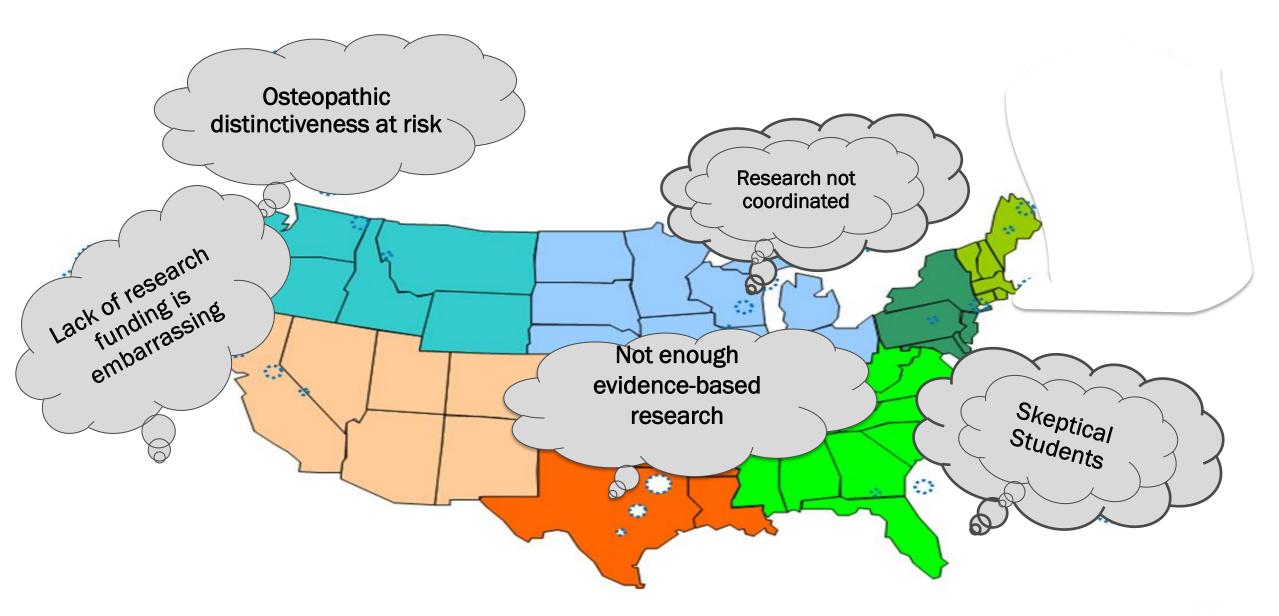


Collaborative Research Opportunities

KENDI HENSEL, DO, PhD FAAO Associate Professor University Of North Texas Health Science Center President-elect, AAO KENDI.HENSEL@UNTHSC.EDU



Why AOA needed realignment...



Importance of Research to the Profession

Who Are We?

How Do We Teach?

What Do We Do?

What Difference Do We Make?

Tenets:

- Mind, Body,Spirit Approach
- Body's ability to heal
- Structure/
 Function
- All above in treatment

- Hands on
- Primary Care
- Community Based
- Practical

- Listen to our Patients
- Touch/OMT
- Empathy
- Teach
- Mentor
- Advocate
- Empower Health/ Wellness

- Improve Patient Engagement/ Satisfaction/ Value/Care
- Better Outcomes
- Improve Efficiency
- Decrease Costs
- Provide options

Overarching Research Goal



- Establish three year Strategic Focus for AOA research enhancement initiative.

- Leverage collaborative opportunities with domestic and international osteopathic research initiatives.
- Expand internal research capacity on the profession, through collaboration and integration.

AOA's Role

Five Research Focus Areas

Chronic Diseases & Conditions

Osteopathic Philosophy

Musculoskeletal Injuries & Prevention

Impact of OMM & OMT

Pain Management

Grant Making
(AOA Sponsored,
Sponsored by
Others, & CoFunded)

Other Collaborations

AOA's Role (Convener of Research)

Securing Grants
(Connection to
Opportunities &
Lead on Grants)

Grants & Other Activities

- Research Grant Program
 - Applications available: November 1st
 - Deadline: January 31st
 - Awards: June 15th
 - Three additional programs:
 - Osteopathic Medical Student Grant
 - Physician in Training Grant
 - New Investigator Grant (coming soon)

Chronic Diseases – RFA: Diabetes

Musculoskeletal Injuries & Prevention – RFA: Application of OM to musculoskeletal injuries and prevention (e.g., concussion, neuropathies, fall

prevention, headaches)

Osteopathic Philosophy -

RFA 1: Compassion/ Empathy/ Patient Satisfaction

RFA 2: Cost Effectiveness

OMM/OMT-

RFA 1: Inflammation

RFA 2: Parkinson's disease

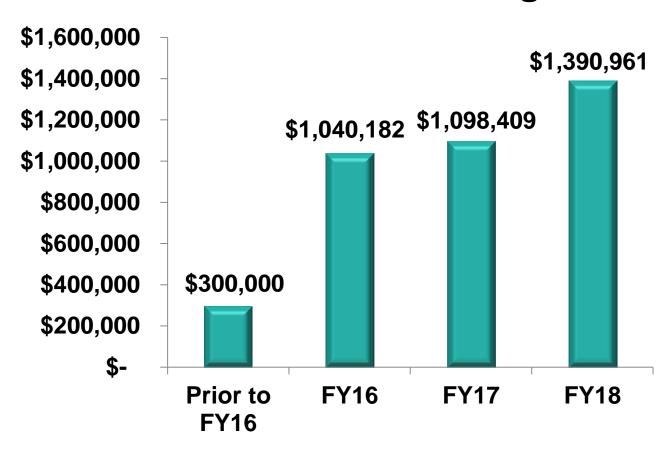
Pain Management-

RFA: Patient outcomes (e.g., Medication usage, functional measures, cost)

AOA as the Funder of Research

Grant Categories	FY16	FY17	FY18
OMM/OMT	4	2	2
Musculoskeletal Inj. & Prev.		2	1
Pain Management		2	1
Chronic Disease	1	1	2
Osteopathic Philosophy	4	1	2
Student Grant			4
Physicians in Training Grant			1
Total # of Grants	9	8	13

AOA Research Funding



AOA as a Co-Funder of Research

+ Received an additional \$100,000 to Osteopathic Philosophy: Cost-Effectiveness Study on OMM/OMT from local partner



+ AOA contributed \$75,000 to the empathy study with AACOM and additional \$82,452 for FY19

+ Potential opportunity to partner with an osteopathic foundation for funding of a new grant category for new investigators

Seeking Sponsorships, Collaborations & Other Opportunities

Parkinson's

Michael J. Fox Foundation Parkinson's Foundation

MSK Injuries & Arthritis Foundation NIAMS
Movement is Life

Diabetes & Metabolic Syndrome

American Diabetes Association

American Association of Diabetic Educators Industry Partners (e.g., Novo Nordisk)

Chronic Pain Management

Organizations addressing opioid crisis

Industry Partners (e.g., Purdue, Merck)

2nd Research Stakeholder Forum

What: A review of AOA's five research priority areas

Who: BOT, BOCER, BSAPH, Grantees, COMs, Corporate/Industry,

and non-osteopathic non-profits

Where: LEAD Conference (pre-conference session)

When: January 2019

Effects of OMT on Gait Kinematics and Postural Control in Parkinson Disease

KENDI HENSEL, DO, PhD RITA PATTERSON, PhD EVAN PAPA, PT, DPT, PhD

Study design

- ▶ 3 study groups
 - ▶ Sham OMT, AROM and PROM
 - ▶ Neck-down OMT protocol
 - ► Whole body OMT protocol (includes OCMM)
- Enrollment goal 45 participants with Parkinson Disease
- ▶ 45 age-matched healthy controls
- ➤ One-time visit lasting 3-4 hours
- Reimbursed for time and travel

Inclusion and Exclusion Criteria

Inclusion:

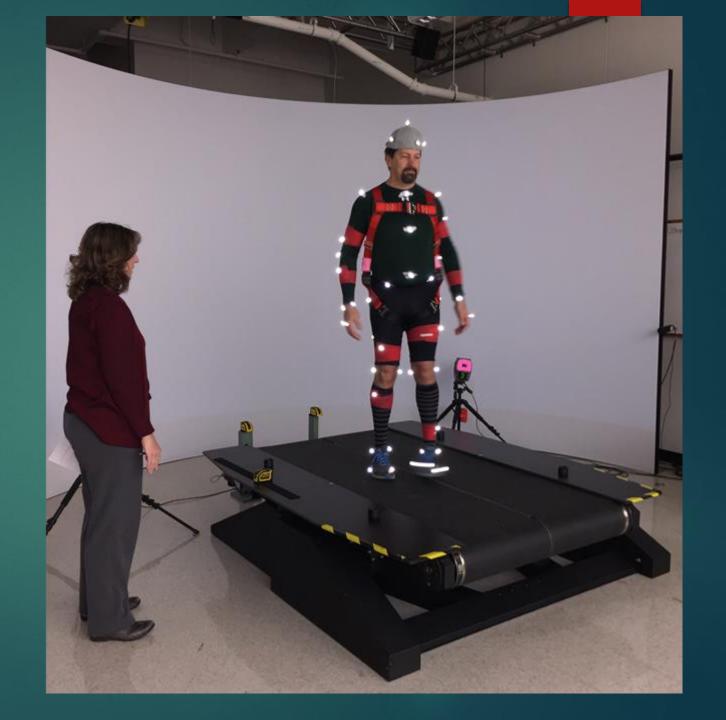
- ► For PD participants: Neurologist-diagnosed idiopathic PD, H&Y stages 1.0-3.0
- ▶ Ability to stand independently for 1 minute and ambulate 100 yards independently
- Healthy (not under ongoing medical care for health problems that could impact performance on study tasks)

Exclusion:

- ▶ Idiopathic PD in Hoehn & Yahr stages >3.0
- Previous surgical management of PD (pallidotomy, deep brain stimulation (DBS))
- ► Central or peripheral nervous system disorders other than PD including, but not limited to multiple sclerosis, cerebral palsy, Alzheimer's diseases, or chronic fatigue syndrome
- Cognitive impairment as defined by the Mini-Mental Status Examination (<26 for subjects)
 with PD and <24 for control subjects)
- ▶ Unable to stand independently for 1 minute and to walk independently for 100 yards
- ▶ Body weight >400lbs



- Dual belt instrumented treadmill
- ► Motion-capture of 54 markers through 12 cameras (Motion Analysis Corp, Santa Rosa, CA).



Clinical Measures:

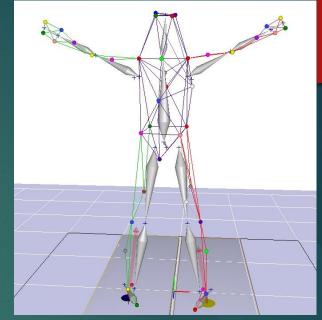
- TUGFunctional Reach



Fall Simulation

Perturbations,
Treadmill acceleration to simulate a fall

- ▶ During Standing
- During walking







Measures

- Marker position joint angles
- ► Force and position of Center of Pressure of the feet
- Center of Pressure Center of Mass relationship

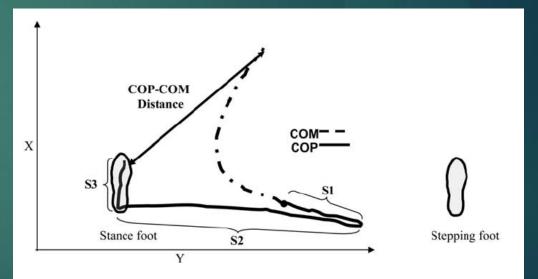
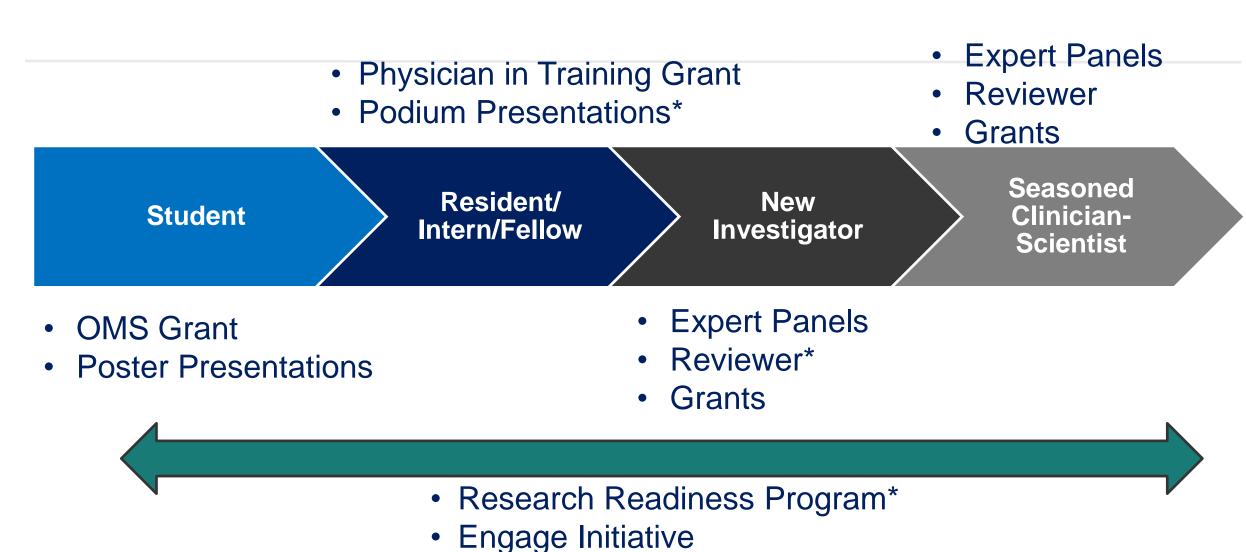


Fig 1. Representative record of an overhead view of the path of the COP and COM during forward-oriented gait initiation when stepping with the right foot. The arrow represents the calculated distance between the COP-COM.

Striving to Positively Affect Lives Physicians and Patients

Building the Pipeline



Bureaus & Taskforces

AOA Bureaus for Research & Public Health

BOCER

- Oversees all AOA research and quality improvement activities.
- Five Taskforces created one for each research focus area
 - Report directly to BOCER
 - > \$1MM awarded per grant cycle

BSAPH

- Renewed focus:
 - AOA public health policy
 - Identify key public health issues
 - Comment on national public health issues emphasizing the osteopathic perspective
 - Create quality learning opportunities and tools for DO's to improve patient care



AOA's has a designated page on its website to highlight its partnership with NIDA.

The site has links to:

- Resources
- AOA & NIDA CME on Adolescent Substance Use and Rx Medication Misuse
- CDC guidelines to prescribing opioids

Information will change quarterly

- Medication Treatment for Opioid Use Disorder in the Federally Qualified Health Center Setting
- Medication Treatment for Opioid Use Disorder in the Pediatric (Adolescent Medicine) Setting
- Medication Treatment for Opioid Use Disorder in the Primary Care Setting
- Spotlight on the Get Waivered Campaign

Insights From an Osteopathic Medicine Physician

Marla D. Kushner, DO, SC

Medical Director, New Hope Recovery Center, Chicago, Illinois President Marla D. Kushner, DO, SC



Providing OUD medication treatment in primary care

"There aren't many illnesses where you can see actual change so quickly. It is so wonderful to help somebody in this manner, and you really get to see a profound change in your patients' lives."

Getting Started: Tips To Facilitate Implementation

Dr. Kushner has 15 years of experience implementing OBOT using medication treatment for OUD. These protocols and tips have facilitated implementation in her primary care practice over the years.

1. Preparing Your Practice

2. Develop Your Team's Protocol

