

**ATRIUM HEALTH
PAIN MEDICINE DELINEATION OF PRIVILEGES**

Print Name _____

	YES		NO	I have participated in direct patient care in the hospital setting within the past two (2) years.
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If the answer is No, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.

- Initial appointment Reappointment Updated DOP Request for Clinical Privileges

PAIN MEDICINE CORE PRIVILEGES

To be eligible for core privileges in Pain Medicine, the applicant must meet the following qualifications:

- If the applicant **is not** currently sub-specialty certified by American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) Board Pain Medicine, the applicant must:
 1. Provide documentation of successful completion, within the past five (5) years of an ACGME or AOA accredited fellowship training program in Pain Medicine; **AND**
 2. Demonstrate sufficient experience in Pain Medicine skills to safely undertake the full spectrum of the Pain Medicine Core procedures being requested. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **AND**
 3. Verification by the training program documenting that the Applicant has provided at least thirty (30) Pain Medicine patient encounters during their training program.

- If the applicant **is** currently sub- specialty certified by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) Board Pain Medicine, the applicant must:
 1. Provide documentation of ABMS sub-specialty certification in Pain Medicine; **AND**
 1. Provide documentation of successful completion of a one (1) year ACGME or AOA accredited Pain Medicine/Pain Management Fellowship; **AND**
 2. Submit documentation of thirty (30) Pain Medicine patient encounters during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of PAIN MEDICINE at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

Anson	Cabarrus	Carolinas Medical Center	Carolinas Rehabilitation	Cleveland	Lincoln	Pineville	Stanly	Union	University City	PAIN MEDICINE CORE PRIVILEGES
										<p>PMED-1 Comprehensive management of acute, chronic and/or cancer pain utilizing a broad range of nerve block procedures to include the performance of nerve blocks with local anesthetics and the use of epidural or intrathecal narcotics, steroids or other agents for pain relief. These privileges include: Brachial Plexus Block, Carpal Tunnel Injection, Celiac Plexus Block, Coccygeal Nerve Block, Costochondral Joint Injection, Differential Subarachnoid Block, Epidural Steroid Injection, Epidural Steroid Injection (Caudal), Facet Joint Injection, Greater Occipital Nerve Block, Ilioinguinal/Iliohypogastric Nerve Block, Infraclavicular Catheter Placement, Regional Injection, Joint Injection, Lateral Femoral Cutaneous Nerve Block, Nerve Root Block (Spinal Somatic block, Paravertebral Spinal Somatic Block), ***Intra-Discal procedures, Paravertebral Sympathetic block, Piriformis Injection, Posterior Tibial Nerve Block, Pump Refill, Peripheral Nerve Block, Sacroiliac Joint Injection, Saphenous Nerve Block, Scar Neuroma Injection, Sphenopalatine Ganglion Block, Stellate Ganglion Block, Superficial Peroneal Nerve Block, Superior Hypogastric Plexus Block, Suprascapular Nerve Block, Sural Nerve Block, Trigger Point Injection, Bursa Injection, Ulnar Nerve Block and Radiofrequency lesioning. The management of problems in pain relief and spasticity to include the use of nerve blocks with**neurolytic agents such as phenol or alcohol, or neuro augmentation with spinal cord or peripheral nerve stimulation. The applicant understands the indications and complications of implantable epidural infusion pump systems and spinal cord stimulators implant and is facile in the placement and management of these devices.</p> <p>***Intradiscal procedures for the purposes of this document are defined as: Needle-based Percutaneous with no open incision Does not utilize retained material; May be diagnostic (ex. Discography) or therapeutic (ex. Percutaneous mechanical or thermal disc decompression).</p>

Anson	Cabarrus	Carolinas Medical Center	Carolinas Rehabilitation	Cleveland	Lincoln	Pineville	Stanly	Union	University City	PAIN MEDICINE – SPECIAL PRIVILEGE Must apply and maintain Pain Core	Minimum # Required NEW REQUESTS ONLY	# Performed 2 years NEW REQUESTS ONLY	Location
										PMED-2A	Percutaneous Vertebroplasty	10	
										PMED-2B	Indirect decompression for spinal stenosis	5	
										PMED-2C**	Neurolytic Procedures for Pain Therapy	5	
										PMED-2D	Placement of Surgical Implantable Devices for Pain Therapy	5	
										PMED-2E***	Intradiscal procedures for the purposes of this document are defined as: Needle-based Percutaneous with no open incision. Does not utilize retained material. May be diagnostic (ex. Discography) or therapeutic (ex. Percutaneous mechanical or thermal disc decompression)	5	
										PMED-2F	Minimally Invasive Lumbar Decompression – The <i>Mild</i> ® Procedure	4	
PMED-2C and *PMED-2E Considered a Core privilege for those applicants who can provide documentation of current competency from Residency, Fellowship Program Director Documentation must include that the applicant proficiently performed five (5) cases within the past two (2) years													

PMED- 2A PERCUTANEOUS VERTEBROPLASTY

SHORT DEFINITION: Percutaneous injection of a bone cement such as PMMA (Polymethylmethacrylate) into the affected vertebral body. Primary indications include painful osteoporotic compression fractures refractory to medical therapy, and osteolytic vertebral body lesions such as metastatic cancer. Fluoroscopic or CT guidance of a transpedicular or direct corporal puncture approach is essential for patient safety, along with active fluoroscopic monitoring during the cement injection. Percutaneous techniques which involve restoration of vertebral body height (Kyphoplasty) are not part of this privilege.

In order to meet requirements for privileges to perform Percutaneous Vertebroplasty, the applicant must:

1. Provide documentation of the successful completion of an ACGME or AOA Musculoskeletal Radiology, Neuroradiology Fellowship or Pain Medicine Training Program within the two (2) years and have written documentation from the Program Director that he/she successfully performed ten (10) Percutaneous Vertebroplasty procedures, **OR**
1. Provide a minimum of ten (10) cases performed over the last two (2) years; **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Percutaneous Vertebroplasty. You must provide documentation of proctoring for ten (10) procedures.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES:

The Physician must submit a minimum of five (5) procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring

PMED-2B INDIRECT DECOMPRESSION FOR SPINAL STENOSIS

Indirect decompression is used to treat patients suffering from neurogenic intermittent claudication secondary to diagnosis of lumbar spinal stenosis for levels L1-L5. The implanted between 2 contiguous spinous processes via a minimally invasive midline approach through a 1-2 cm incision. No removal of tissue is required for implant. Implantation on up to 2 adjacent levels. The stand-alone spacer device acts as an extension blocker to minimize the extent of compression of neural elements particularly the lateral recess and foramina.

Initial Criteria:

1. Documentation of successful completion of a formal course by Vertiflex; **AND**
2. Documentation of proficiently performing five (5) cases within the past two (2) years. **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Percutaneous Vertebroplasty. You must provide documentation of proctoring for ten (5) procedures.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES:

The Physician must submit a minimum of two (2) cases over the past two (2) years, based on acceptable results of ongoing professional practice evaluation and outcomes, to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PMED-2C NEUROLYTIC PROCEDURES FOR PAIN THERAPY

Initial Criteria:

1. Documentation of current competency from Residency, Fellowship Program Director or Department Chair where the applicant most recently held the privilege. *Documentation must include that the applicant proficiently performed five (5) cases within the past two (2) years.* **OR**
1. Documentation of proficiently performing five (5) cases within the past two (2) years. **OR**
1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Neurolytic procedures. You must provide documentation of proctoring for ten (5) procedures.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES:

The Physician must submit a minimum of two (2) cases over the past two (2) years, based on acceptable results of ongoing professional practice evaluation and outcomes, to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PMED-2D PLACEMENT OF IMPLANTABLE DEVICES FOR PAIN THERAPY

Initial Criteria:

1. Documentation of current competency from Residency Program Director/ Department Chair where the applicant most recently held the privilege. *Documentation must include that the applicant proficiently performed five (5) cases within the past two (2) years*

1. Documentation of proficiently performing five (5) cases within the past two (2) years. **OR**

1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Neurolytic procedures. You must provide documentation of proctoring for ten (5) procedures.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES:

The Physician must submit a minimum of two (2) cases over the past two (2) years, based on acceptable results of ongoing professional practice evaluation and outcomes, to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PMED-2E INTRADISCAL PROCEDURES

Needle-based Percutaneous with no open incision. Does not utilize retained material. May be diagnostic (ex. Discography) or therapeutic (ex. Percutaneous mechanical or thermal disc decompression)

Initial Criteria:

1. Documentation of current competency from Residency, Fellowship Program Director or Department Chair where the applicant most recently held the privilege.

Documentation must include that the applicant proficiently performed five (5) cases within the past two (2) years. **OR**

1. Documentation of proficiently performing five (5) cases within the past two (2) years. **OR**

1. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Neurolytic procedures. You must provide documentation of proctoring for ten (5) procedures.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES:

The Physician must submit a minimum of two (2) cases over the past two (2) years, based on acceptable results of ongoing professional practice evaluation and outcomes, to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PMED-2F MINIMALLY INVASIVE LUMBAR DECOMPRESSION – The *Mild*® Procedure

Initial privileges: To be eligible to apply for this privilege, the applicant must meet the following criteria:

1. Successful completion of an ACGME/AOA approved residency program in neurological surgery, orthopedic surgery, radiology, anesthesiology, or physiatry. Anesthesiology and physiatry residency graduates should have also completed a fellowship in pain management or have substantial practice experience in the field of pain management. For Radiologists, fellowship training in Interventional or Neurointerventional radiology is sufficient; **AND**

2. Successful completion of a training program conducted by Vertos Medical, Inc. in the *Mild*® procedure, **AND**

2. Demonstrated current competence and evidence of the performance of at least five (5) *Mild*® procedures in the past 12 months, or completion of training in the past 12 months **OR**

2. Proctoring by a physician currently credentialed to perform this procedure is required for at least the first two (2) cases.

REAPPOINTMENT CRITERIA FOR CONTINUED SPECIAL PRIVILEGES:

The Physician must submit a minimum of two (2) cases over the past two (2) years, based on acceptable results of ongoing professional practice evaluation and outcomes, to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and; I understand that:

- a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Name

Date

Signature

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Approval by CHS Medical Executive Committee: 11/09/2017, 11/07/2019; now Atrium Health Medical Executive Committee 11/17/2022

Approval by the Board of Commissioners: 12/12/2017, 12/10/2019; 11/21/2022

REFERENCE ONLY