

## UNMH Pain Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 09/25/2015*

### **INSTRUCTIONS**

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## UNMH Pain Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Pain Medicine (Non-Interventional)*

---

***Initial Applicant*** - To be eligible to apply for privileges in pain medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council on Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in a relevant medical specialty followed by successful completion of an ACGME- or AOA-accredited fellowship in pain medicine of at least 12 months duration.

AND/OR

Extensive past experience or Non-ACGME Fellowship Training

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pain medicine by the American Board of Anesthesiology, the American Board of Psychiatry and Neurology, the American Board of Physical Medicine and Rehabilitation or current certification or active participation in the examination process leading to certification by the American Board of Pain Medicine.

AND

**Required Current Experience:** Active inpatient, outpatient, or consultative pain medicine services reflective of the scope of privileges requested, during the past 12 months, or successful completion of an accredited residency, or clinical fellowship within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew privileges in pain medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## UNMH Pain Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *Pain Medicine (Non-Interventional)***

Evaluate, diagnose, treat and provide consultation to patients with acute and chronic pain in the age range determined by core departmental privileges. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in advanced pain medicine include basic pain medicine core and the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **Requested**

### ***Core Non-Interventional Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Behavioral modification and feedback techniques
2. Chemical neuromuscular denervation (e.g., Botox injection)
3. Diagnosis and non-invasive treatment of chronic and cancer related pain
4. Injection of joint and bursa, including knee and shoulder joint injections
5. Management of chronic headache
6. Modality therapy and physical/occupational therapy referral
7. Perform history and physical exam
8. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain
9. Rehabilitative and restorative therapy
10. Stress management and relaxation techniques
11. Superficial electrical stimulation techniques (e.g., TENS)
12. Trigger point injection

## UNMH Pain Medicine Clinical Privileges

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Pain Medicine (Interventional)*

---

***Initial Applicant*** - *To be eligible to apply for privileges in interventional pain medicine, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council on Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in a relevant medical specialty followed by successful completion of an ACGME- or AOA-accredited fellowship in pain medicine of at least 12 months duration

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pain medicine by the American Board of Anesthesiology, the American Board of Psychiatry and Neurology, the American Board of Physical Medicine and Rehabilitation or current certification or active participation in the examination process leading to certification by the American Board of Pain Medicine.

AND

**Required Current Experience:** Active inpatient, outpatient, or consultative pain medicine services reflective of the scope of privileges requested, during the past 12 months, or successful completion of an accredited residency, or clinical fellowship within the past 12 months.

***Reappointment (Renewal of Privileges) Requirements*** - *To be eligible to renew privileges in interventional pain medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

## UNMH Pain Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *Pain Medicine (Interventional)***

This is not a comprehensive list but indicative of the level of expertise required to safely perform these procedures. The clinician practicing the advanced interventional pain techniques, particularly in the cervical spine, must be proficient with emergency airway management, cardiopulmonary resuscitation and treatment of local anesthetic toxicity.

#### **Requested**

### ***Core Interventional Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Discography and intradiscal /percutaneous disc treatments
2. Epidural, subarachnoid or peripheral neurolysis
3. Fluoroscopically guided facet blocks,
4. Implantation of subcutaneous, epidural and intrathecal catheters
5. Infusion port and pump implantation
6. Neuroablation with cryo, chemical, and radiofrequency modalities
7. Nucleoplasty
8. Percutaneous and subcutaneous implantation of neurostimulator electrodes and implantable pulse generators
9. Peripheral, cranial, costal, plexus, and ganglion nerve blocks
10. Spinal injections including epidural injections: interlaminar, transforaminal, nerve root sheath injections, and zygapophysial joint injections
11. Epidural and intrathecal medication management
12. Percutaneous Vertebral Augmentation Procedures
13. Other injections such as hip or sacroiliac injections requiring advanced fluoroscopic or ultrasound guidance.

## UNMH Pain Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **Special Non-Core Privileges (See Specific Criteria)**

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### ***Qualifications for Acupuncture for Pain Management***

---

**Criteria:** Physicians may practice acupuncture under their medical license, plus completion of a formal medical acupuncture training in an approved continuing medical education program.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of acupuncture in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of acupuncture in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***NON-CORE PRIVILEGE: Acupuncture for Pain Management***

**Requested**

### ***Qualifications for Hypnosis for Pain Management***

---

**Criteria:** Physicians with evidence of at least 40 hours of post degree training that included at least 20 hours of individualized training by a practitioner experienced in the procedure.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of hypnotherapy procedures in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of hypnotherapy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***NON-CORE PRIVILEGES: Hypnosis for Pain Management***

**Requested**

## UNMH Pain Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Minimally Invasive Lumbar Decompression*

---

**Criteria:** Applicants must meet the interventionalist pain medicine requirements. Applicants must also have completed an approved training course in Minimally Invasive Lumbar Decompression which included proctoring. Applicants must also have completed training in radiation safety.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of Minimally Invasive Lumbar Decompression procedures in the past twelve (12) months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of Minimally Invasive Lumbar Decompression procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Minimally Invasive Lumbar Decompression***

**Requested**

### *Qualifications for Endoscopic-assisted Percutaneous Discectomy and Spinal Decompression*

---

**Criteria:** Successful completion of ACGME or AOA accredited training program in Pain Medicine AND completion of a hands-on CME that included at least 10 proctored cases with a surgeon experienced in endoscopic spine techniques. Observation of at least 3 cases by a currently privileged neurosurgeon or orthopedic spine surgeon is required before procedure will be performed independently.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 12 months or completion of training in the past 12 months. At least 1 case will be observed by a clinician currently privileged to perform this procedure.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of an adequate volume of endoscopic-assisted percutaneous discectomy and foraminotomy with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGE: *Endoscopic-assisted Percutaneous Discectomy and Spinal Decompression***

**Requested**

## UNMH Pain Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Balloon Kyphoplasty*

**Criteria:** Successful completion of an ACGME or AOA-accredited residency program in neurosurgery, or neuroradiology, or an ACGME or AOA-accredited fellowship program in pain medicine. Applicants must also have completed an approved training course in the use of the inflatable bone tamp and have been proctored in their initial cases by a balloon kyphoplasty company manufacturer representative. Applicants must also have completed training in radiation safety.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of balloon kyphoplasty procedures with acceptable results in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of an adequate volume of balloon kyphoplasty procedures with acceptable results in the past 24 months based on ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: *Balloon Kyphoplasty***

**Requested**

### *Qualifications for Use of Laser*

**Criteria:** Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGE: *Use of Laser***

**Requested**



**UNMH Pain Medicine Clinical Privileges**

**Name:** \_\_\_\_\_  
**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Clinical Director/Division Chief recommendation(s) (if applicable)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action as presently requested above:

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

\_\_\_\_\_

\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 09/25/2015