

# Regions Hospital Delineation of Privileges Pain Medicine

Applicant's Name: \_\_\_\_\_  
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
  - Review *education and basic formal training* requirements to make sure you meet them.
  - Review *documentation and experience* requirements and be prepared to prove them.
    - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested\
    - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
  - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

## Overview

Core I – pain medicine

Special privileges

- ✓ Percutaneous lumbar discectomy (PLD)
- ✓ Acupuncture for pain management
- ✓ Hypnosis for pain management

Core procedure list

Signature page

☐ **CORE I – pain medicine core privileges**

<b>Privileges</b>
Evaluate, diagnose, treat, and provide consultation to patients of all ages with acute and chronic pain that requires invasive pain medicine procedures beyond basic pain medicine. Core privileges in advanced pain medicine include basic pain medicine core and the procedures on the core procedure list and such other procedures that are extensions of the same techniques and skills.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH.</li> <li>2. Successful completion of an Accreditation Council on Graduate Medical Education (ACGME), or American Osteopathic Association (AOA)-accredited residency in a relevant medical specialty.</li> <li>3. Successful completion of an ACGME- or AOA-accredited fellowship in pain medicine of at least twelve months duration.</li> </ol> <p><b>Or</b></p> <p>Current subspecialty certification -- or active participation in the examination process, with achievement of certification within 5 years leading to subspecialty certification in pain medicine – by the American Board of Anesthesiology, the American Board of Psychiatry and Neurology, or The American Board of Physical Medicine and Rehabilitation</p> <p><b>Or</b></p> <p>Current certification -- or active participation in the examination process with achievement of certification within 5 years leading to certification -- by the American Board of Pain Medicine.</p>
<b>Required documentation and experience</b>
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation demonstrating provision of inpatient, outpatient, or consultative pain medicine services for at least 50 patients within the past 12 months;</li> </ol> <p><b>Or</b></p> <p>Successful completion of a hospital-affiliated accredited residency, or special clinical fellowship, within the past 12 months.</p> <ol style="list-style-type: none"> <li>2. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</li> </ol> <p style="margin-left: 100px;">Name: _____</p> <p style="margin-left: 100px;">Name of Facility: _____</p> <p style="margin-left: 100px;">Address: _____</p> <p style="margin-left: 100px;">Phone: _____ Fax: _____</p> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation demonstrating provision of inpatient, outpatient, or consultative pain medicine services for at least 25 patients within the past 24 months.</li> <li>2. 10 hours of continuing education related to pain management.</li> </ol>

## Special privileges (check those that apply)

Privilege
<input type="checkbox"/> Percutaneous Lumbar Discectomy (PLD)
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. Successful completion of an ACGME- or AOA-accredited residency or fellowship training program in orthopedic surgery, neurological surgery, neurology, physical medicine and rehabilitation, anesthesiology, interventional radiology, or pain medicine.</li> <li>2. Evidence that the training program included fluoroscopy and discography.</li> <li>3. Completion of a training course in the PLD method for which privileges are requested.</li> </ol>
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> <ol style="list-style-type: none"> <li>1. Provide documentation of the performance of at least five procedures in the PLD method for which privileges are requested in the past 12 months.</li> </ol>
<b>REAPPOINTMENT APPLICANTS:</b> <ol style="list-style-type: none"> <li>1. Provide documentation of the performance of at least 10 procedures in the PLD method for which privileges are requested in the past 24 months.</li> </ol>

Privilege
<input type="checkbox"/> Acupuncture for pain management
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"> <li>1. Completion of a minimum of 220 hours of formal medical acupuncture training in an approved continuing medical education program of which at least 120 hours are didactic and 100 hours clinical.</li> <li>2. 50 hours of CME every three years in courses on acupuncture or related topics.</li> </ol>
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> <ol style="list-style-type: none"> <li>1. Provide documentation of the performance of acupuncture to at least 15 patients in the past 12 months.</li> </ol>
<b>REAPPOINTMENT APPLICANTS:</b> <ol style="list-style-type: none"> <li>1. Provide documentation of the performance of acupuncture to at least 20 patients in the past 24 months.</li> </ol>

Special privileges continued (check those that apply)

Privilege
<input type="checkbox"/> Hypnosis for pain management
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. Successful completion of an accredited ACGME or AOA residency in psychiatry that included training in hypnosis; <i>Or</i></li><li>2. Completion of a specific training program in hypnosis sponsored by an appropriate organization such as the American Psychiatric Association or the American Psychological Association.</li></ol>
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Evidence of satisfactory completion of a period of supervision in the practice of hypnosis under the supervision of a person qualified to perform hypnosis.</li></ol>
<b>REAPPOINTMENT APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide documentation of the performance of hypnosis to at least 20 patients in the past 24 months.</li></ol>

## Core Procedure List — Pain Medicine Clinical Privileges

<b>Applicant:</b> Strike through procedures you do not want to request.
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This list is a sampling of procedures included in the core. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

1. Behavioral modification and feedback techniques
2. Chemical neuromuscular denervation (e.g. Botox injection)
3. Diagnosis and treatment of chronic and cancer related pain
4. Discography
5. Epidural and subarachnoid injections
6. Epidural, subarachnoid or peripheral neurolysis
7. Fluoroscopically guided facet blocks, sacroiliac joint injections and nerve root specific
8. Implantation of subcutaneous, epidural, and intrathecal catheters
9. Infusion port and pump implantation
10. Injection of joint and bursa
11. Management of chronic headache
12. Modality therapy and physical therapy
13. Neuroablation with cryo, chemical, and radiofrequency modalities
14. Nucleoplasty
15. Percutaneous implantation of neurostimulator electrodes
16. Perform history and physical exam
17. Peripheral, cranial, costal, plexus, and ganglion nerve blocks
18. Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation
19. Recognition and management of therapies, side effects, and complications of pharmacologic agents used in management of pain
20. Rehabilitative and restorative therapy
21. Stress management and relaxation techniques
22. Subcutaneous implantation of neurostimulator
23. Superficial electrical stimulation techniques (e.g., TENS)
24. Trigger point injection

## ACKNOWLEDGEMENT OF PRACTITIONER

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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications
- ☐ Do not recommend the following requested privileges

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date