Imagining a BOLD Future Early in the Rehabilitation Care Continuum

Miguel Escalon MD, FAAPMR

Together, the specialty of PM&R BOLDLY discussed its future. AAPM&R enlisted the assistance of physiatrists across the Rehabilitation Care Continuum (RCC) to envision the future of physiatry aligned with the vision for physiatry.

That vision states that in the future, we see the physiatrist as the recognized leader across the acute and post-acute care continuum with expertise in managing utilization of resources to achieve maximal patient outcome.

- This includes traditional roles as the leader in Inpatient Rehabilitation Facilities, as well as in other acute and post-acute settings.
- Early physiatric intervention offers every patient a baseline assessment of critical function and enhances appropriate post-acute care management.
- Physiatrists provide cohesion of clinical care through the development of care pathways, co-managing models for high-acuity patients, and managing post-acute provider networks to provide timely, efficient, and valuable care and leadership.
- Health care systems and payers value physiatry for timely and efficient transitions, decreased lengths of stay and hospital readmissions, improved efficiencies, reduced potential medical errors and secondary complications, minimization of unnecessary tests, reduced patient anxiety, and improved compliance.

We spoke with Miguel Escalon, MD, FAAPMR, at the 2019 Annual Assembly in San Antonio and recently followed up with him to get his perspective on physiatry's work across the Rehabilitation Care Continuum as well as his frontline work during the COVID-19 pandemic. As a physiatrist working in the ICU at the Icahn School of Medicine at Mount Sinai, he was practicing in New York during the height of COVID-19. Since entering practice in 2014 following a spinal cord injury fellowship, he finds himself doing a bit of everything and spending a lot of time early in the care continuum with patients in the various Intensive Care Units at Mount Sinai.

"Historically, there are a few intensive care units where you might find physiatrists, including trauma units, burn units, and neurological units. Well, I find myself in all of them including units like transplant, surgical, and cardiac. Eight or nine intensive care units exist at Mount Sinai and [the physiatric presence in each of them] has a trickle-down effect to our inpatient rehab units. We get patients that are not traditional 'bread-and-butter' rehab patients," said Dr. Escalon.

"My work in the ICU is growing. When we started seeing patients in nontraditional ICUs, it was under the auspices of early mobilization. There was data that suggested early mobilization would be important to decrease length of stay, which was important from the system perspective. The more that I work in the ICU, the more it feels like what I was trained to do on any inpatient rehab unit. We have team rounds there and they run similarly. They run much faster and more often because there's a lot of turnover, but the whole idea is the same. We have our ICUs talking about disposition, making mobility level goals, and we have delirium teams. Plus, we have all kinds of other things that have grown from what started with the basic idea of early mobilization."

In San Antonio last fall, Dr. Escalon noted "There's nothing to keep us from helping anyone. The nice thing is we can apply our expertise in quality-of-life and function to any population." With this philosophy, we wanted to check back in with Dr. Escalon after the peak of the COVID-19 pandemic hit his area in New York.

Dr. Escalon noted of COVID-19 cases, "Patients are sick in a way that we're still learning how to deal with. As a specialty, we have an opportunity to get creative early on. We know there are certain issues such as sedation and prone position; how do we get creative? How do we stay at the forefront of this?"

The relationships he has established throughout Mount Sinai early in care did allow for rehabilitation to be thought of early and often: "Intensivists were calling and asking for therapy." However, Dr. Escalon and his colleagues are looking at data to evaluate mobilization of COVID-19 patients and what can be learned.

Overall, Dr. Escalon is proud of the relationships that have been built across the system and the value his non-PM&R colleagues see in rehabilitation and the role of the physiatrist. "I had [an ICU colleague] tell me recently that they felt more fulfilled now thinking about all these things such as mobilization, disposition, and what happens next? What are we really doing for our patients here?"

When asked about the larger vision for PM&R and across the entire rehabilitation care continuum, Dr. Escalon noted that we "need to grow roots in every direction, toward both post-acute and acute care, either by putting ourselves in ICUs or bringing sicker patients onto Inpatient Rehabilitation." There are opportunities at every point across the rehabilitation care continuum for physiatry to show its value and that remains as we continue to battle this pandemic, and look toward our future role in health care.

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