



American Academy of
Physical Medicine and Rehabilitation



Cancer Rehabilitation Medicine Strategic Plan

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Envisioned Future:

In the future... Physiatrists are an essential and integrated part of interdisciplinary cancer care teams, and highly valued by diverse stakeholder groups including patients, caregivers, oncology care teams, payers, and leaders of health systems.

Physiatrists direct programs that optimize patients' function and quality of life throughout the continuum of cancer care. They comprehensively diagnose, treat, and manage disabling impairments and symptoms that result from cancer and its treatment; with emphasis on those of neuromusculoskeletal origin. Moreover, physiatrists provide continuity in care transitions from prehabilitation through long-term survivorship care, including integration with primary and palliative care. They lead the development, validation, and timely implementation of high-value cancer rehabilitation medical care. Physiatric care enhances patients' function, satisfaction, and treatment tolerance enabling them to fulfill defining life roles at all points in their illness and survivorship. Physiatrist-led cancer rehabilitation medicine is recognized as a standard of care in national oncology treatment guidelines and credentialing criteria.

Cancer centers and health systems recognize physiatrists' broad and significant impact on clinical outcomes, patient experience and value metrics, and actively seek out physiatrists to lead in this capacity. PM&R residency and fellowship programs prepare trainees for cancer rehabilitation medicine as a career path, and practicing physiatrists have opportunities for careers and continuing education in cancer rehabilitation medicine.

A. Goal: Define the core services provided by Cancer Rehabilitation Medicine (CRM) specialists as well as the scope of services that may be provided and valued by patients, caregivers, oncology care teams, payers, and leaders of health systems.

B. Goal: Define educational needs and training for all physiatrists and those who want to specialize in CRM

Education for All Physiatrists:

1. Objective: Increase Clinical Education for physiatrists in practice
 - a. Strategy: Increase education for all physiatrists to assist in augmenting existing clinical practice to treat cancer patients and survivors.
 - b. Strategy: Increase comfort with patient care within cancer rehabilitation medicine including prognosis, safety, and precautions.
2. Objective: Increase Clinical Education about CRM for physiatrists in training
 - a. Include CRM training as a larger part of residency education and including testing.
 - b. Augment existing curriculum to include additional cancer rehabilitation medicine with related topics in greater depth (i.e. BIM training with focus on brain tumors/cancer-related cognitive impairment)
 - c. Increase exposure, including early exposure, of cancer rehabilitation medicine to raise awareness among trainees

Education for Physiatrists specializing in CRM:

3. Objective: Develop education on identified core services for CRM specialists.
4. Objective: Increase comfort with patient care within cancer rehabilitation medicine including prognosis, safety, and precautions.
5. Objective: Develop the appropriate training infrastructure to support the recognition path and the education needed. Choices may include ACGME or non ACGME fellowships, certificate programs (i.e. STEP) or recommended CME
 - a. Assess education required that can't be covered through a standard residency
 - b. Determine if further formal education is required via a fellowship to meet the anticipated needs of the market or if alternative in-practice education (STEP, CME) will meet those needs
 - c. If fellowships are deemed necessary, look at the likelihood of creating and maintaining the necessary fellowship slots to fill workforce needs
 - d. Consider the need to develop alternative in-practice training structures (STEP, CME, etc.).

C. Goal: Identify the most appropriate path for recognition and Elevate physiatry within the national cancer rehabilitation discussion

1. Objective: Determine how CRM will be recognized by payers, referrals, and patients. Choices may include a formal subspecialty or a specialized field recognized in alternative ways.

- a. Dependent on the training requirements identified above, develop strategies to ensure appropriate and necessary recognition within the field from formal education (in fellowship or certification) or while in practice.
- 2. Objective: Ensure National Cancer Institute (NCI) designation for cancer care includes psychiatry-led rehabilitation care
- 3. Objective: Investigate role of cancer rehabilitation as a part of palliative legislation and guidelines; use palliative care as a model for cancer rehabilitation
- 4. Objective: Advocate for continual emphasis on rehabilitation, particularly psychiatrist-led rehabilitation, in cancer care guidelines
 - a. Provide education for psychiatrists to leverage existing cancer care guidelines
- 5. Objective: Assess and disseminate learnings from DRG exempt models (e.g. MD Anderson)
- 6. Objective: Position Psychiatry in leadership positions
 - a. Strategy: Target an increase of psychiatrists sitting on cancer committees and major oncological boards
 - b. Strategy: Have an increase of psychiatrists presenting at relevant gatherings at American Society of Clinical Oncology (ASCO), Association of Community Cancer Centers, American Association for Cancer Research, American Cancer Society, American College of Sports Medicine, APTA, brain tumor/breast surgeon/survivorship/national brain tumor etc.
 - 1. Investigate joint AAPM&R/ASCO focused conference on rehabilitation

D. Goal: Prepare psychiatrists to lead CRM practices

- 1. Objective: Provide tools to start and grow practices including:
 - a. Strategy: Provide education on pilot studies and collecting QI data
 - b. Strategy: Dealing with limited workforce
 - c. Strategy: Document and disseminate historical models
 - d. Strategy: Investigate effective alternative models for delivery of care such as telehealth
 - e. Strategy: Extend psychiatric reach by directing care to the appropriate post-acute care settings
 - f. Strategy: Create, refine, and disseminate patient pathways/patient triage algorithms to best utilize existing workforce
- 2. Objective: Provide billing education
 - a. Strategy: Document and disseminate billing and coverage specifics that are unique to cancer rehabilitation medicine
- 3. Objective: Provide tools for networking and partnerships
 - a. Strategy: Teach how to partner with oncologists and different members of the rehabilitation team (PTs, OTs, SLPs, rehabilitation psychology, fitness professionals, palliative care)
 - b. Strategy: Educate on available leadership roles on oncological boards and/or cancer committees

E. Goal: Address reimbursement and legislative barriers

1. Objective: Investigate alternative payment models and bundled payments
 - a. Strategy: Identify metrics for bundled payments and ensure PM&R role
 - b. Strategy: Demonstrate the value of PM&R as a vital part of APM/bundled payment models
 - c. Strategy: Explore self-insured company and payer interest in cancer rehabilitation to increase return to work rates
2. Objective: Investigate key reimbursement issues
 - a. Strategy: Advocate to change current rules obstructing inpatient rehabilitation concurrent with chemotherapy and radiation
 - b. Strategy: Look at payments for ultrasound for lymphedema

F. Goal: Develop quality reporting to support the growth of CRM

1. Objective: Ensure PM&R has a role in defining relevant measures
 - a. Strategy: Define/redefine quality metrics with the Oncology Care Model
 - b. Strategy: Influence the quality measures collected/valued by Commission on Cancer
2. Objective: Leverage existing data and conduct additional research to quantify the “need” for PM&R
 - a. Strategy: Define data to collect via registry:
 1. Readmission data
 2. Document and track diagnosis, symptoms, impairment and core group of outcomes
 3. Capture the difference between therapeutic exercise as a part of a multi modal approach opposed to nontargeted exercise for general wellness
3. Objective: Investigate research funding sources including pharma foundations, self-insured companies, etc. to include physiatrist-led rehabilitation in longitudinal studies.

G. Goal: Increase awareness of specialty identity and value

1. Objective: Increase awareness with other physicians
 - a. Strategy: When consistent core practices exist, market to oncologists and primary care providers through key value propositions
 1. Provide history of rehabilitation and justification for the physiatrist
 - b. Strategy: Targeted medical student awareness
2. Objective: Increase awareness with other healthcare professionals and administrators
 - a. Strategy: Use mapping of Commission on Cancer and Oncology Care Model guidelines to show benefit of PM&R involvement
 - b. Strategy: Investigate strategic partnerships with and education of nursing staff and administration
 1. Target nurse navigators as they are key decision makers within current systems.
 - c. Strategy: Document and disseminate the difference between the new American Physical Therapy Association (APTA) certification standards and the standard of care from a physiatrist

- d. Strategy: Increase Advanced Practice Provider (APP) training in cancer rehabilitation medicine
- 3. Objective: Build awareness within the specialty about the opportunities within CRM

**Disclaimer: Elements of plans marked “strategy” are not firmly defined for all areas and need to be explored with committees where assigned.