



American Academy of
Physical Medicine and Rehabilitation



Musculoskeletal Care Practice Area Strategic Plan

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Envisioned Future:

Physiatry is primary care's frontline partner for all non-emergent musculoskeletal (MSK) care.

Physiatrists provide timely and appropriate access for the primary care provider's patients by decreasing unnecessary utilization of procedures, imaging, medications, and surgical procedures and the development of primary and secondary prevention programs for MSK issues.

Patients are empowered by obtaining education about their condition and timely, cost-effective, coordinated care for all musculoskeletal complaints, regardless of chronicity. There is an increased demand for physiatry from patient groups, primary care providers, and healthcare systems. This increases awareness across patient and provider groups and increases the value of shared decision making, prehabilitation and wellness.

Primary care providers benefit through access to comprehensive MSK care from experts in education, resource management and value-based care. The partnership is the foundation for a model of MSK care impacting population health.

Physiatrists enjoy an increased level of job satisfaction by leading the management of appropriate care and experiencing greater autonomy.

A. Goal: Develop and document the 3 identified models of Musculoskeletal (MSK) Care that offer strong future alignment and value to the Primary Care partnership

- Model 1: Embed physiatrists into a Primary Care, multi-specialty practice
 - Model 2: Establish comprehensive MSK, physiatrists led, practices
 - Model 3: Establish future model for stand-alone spine and/or pain physiatric practice to align with primary care
1. Objective: Identify and address barriers and opportunities to advance MSK models.
 - a. Strategy: Determine if there are medical home and primary care medical home neighborhoods that need to be addressed for model adoption
 - b. Strategy: Determine the definitions of comprehensive MSK and comprehensive Pain for our members.

B. Goal: Set a standard for training (in residency, fellowship and in practice) that will advance the knowledge and skills of physiatrists to meet the needs of this model

Residency training programs

1. Objective: Create the standard for MSK residency training
 - a. Strategy: Develop the MSK curriculum
 - i. Establish a curriculum that includes: comprehensive MSK/anatomy/pathology; physical examination; imaging/reading film; comprehensive understanding of treatment options for MSK conditions, beyond procedures, which includes options and the value for patient; diagnosis and understanding bio-psycho-social model of pain; longitudinal care; and outpatient care
 - ii. Work with current leading MSK programs to elicit and share best practices
 - iii. Engage the academic and MSK communities for support and adoption
2. Objective: Evolve and enhance the infrastructure of residency programs by addressing structural barriers and innovating how programs utilize current resources for residents and attendings
 - a. Strategy: Explore alternative paradigms for the residency program structure to align with the curriculum
 - i. Address exposure to ambulatory practice settings
 - ii. Define the time needed for curriculum goals to be met (i.e., 3 vs. 4 years)
 - iii. Align the number of years in residency and its relation to fellowship
 - b. Strategy: Identify alternative funding models to allow for increased ambulatory training outside of IRFs
3. Objective: Mobilize programs to adopt the curriculum. Address cultural and leadership barriers.
 - a. Strategy: Formally incorporate the curriculum into the ACGME framework
 - b. Strategy: Explore benefits of recognizing programs that meet standards set by Academy's curriculum

- i. Strategy: Support program directors and faculty to implement the curriculum
 - a. Determine and Provide applicable resources and/or services
 - b. Provide a mechanism for share learnings
- ii. Strategy: Develop best practice resources that exemplify how to implement the curriculum across different-sized residencies

Fellowship training programs

- 4. Objective: Increase fellowship training opportunities that are designed to prepare members for new MSK models
 - a. Strategy: Explore and assess creating a new, American Board of PM&R- approved, MSK sub-specialty with associated ACGME fellowships
 - b. Strategy: Influence necessary changes in the current ACGME pain fellowship to align with future vision and needs of specialty
 - c. Strategy: Determine if the American Board of Medical Specialty (ABMS) focused area of practice defines a new opportunity for sub-specialty recognition
 - d. Strategy: AAPM&R to create business plan to recognize/endorse non-ACGME fellowships and provide market credibility
- 5. Objective: Define content and create the standard for fellowship training

In Practice training program

- 6. Objective: Develop a STEP training and certificate program for those in practice that utilizes the same curriculum defined for training programs (residency and fellowship).

C. Goal: Market development to generate demand for physiatrists as valuable partners with primary care

- 1. Objective: Support physiatrists to successfully reposition themselves in their communities' delivery systems
 - a. Strategy: Provide resources including marketing tools, word of mouth, and mechanisms to share best practices
 - b. Strategy: Provide marketing skills training
- 2. Objective: AAPM&R to build awareness of Physiatry's valued alignment with primary care to key stakeholder audiences
 - a. Strategy: Promoting Physiatry at primary care conferences
 - b. Strategy: Promoting and supporting member involvement in medical school education
 - c. Strategy: Promoting Physiatry to payers and health systems

D. Goal: Develop and leverage Advanced Practice Providers (APPs) to support physiatrists to fulfill MSK models and meet workload expectations/requirements

- 1. Objective: Develop guidelines on appropriate scope of practice for APPs to clearly define roles of physiatrists and roles of APPs
- 2. Objective: Train physiatrists on how to utilize APPs in MSK practice
- 3. Objective: Support APPs in growing their knowledge and training in rehabilitation

- a. Strategy: Provide clinical and practice skills for APPs in Physiatry, including modules specific to the MSK model, that maximize physiatrists' impact
- b. Strategy: Create a community for APPs to connect and share best practices
 - i. Explore and develop appropriate Academy membership structure to engage and retain high value APPs for specialty

E. Goal: Create educational pathways to prepare physiatrists to embrace, lead and practice in the new MSK models

- 1. Objective: AAPM&R to develop a physiatric leadership skills program that would encompass the following areas:
 - i. Business of medicine
 - ii. Collaboration with primary care inclusive of networking and negotiating skills
 - iii. Leadership skill development, including: assertiveness, taking the lead, presentation skills
 - iv. Marketing physiatry's value in the new MSK models
 - v. Communicating the value proposition of new MSK models

F. Goal: Document/demonstrate the value of Physiatry to Primary Care

- 1. Objective: Confirm if adequate comparative and cost effectiveness research exists or must be created to promote MSK models
- 2. Objective: Assure that MSK quality measures for PM&R are available that align with and valued by Primary Care
 - i. Evaluate Primary Care measures, adopt existing measures, and/or develop new measures

G. Goal: Address critical health policy, regulatory and reimbursement needs creating barriers to MSK model adoption, as they arise.

- 1. Objective: Determine if there is a barrier to model adoption or an opportunity create a reimbursement approach to facilitate implementation, including: episode bundles, ACOs, or medical home to advance and promote the model including back pain and ancillary services
 - a. Strategy: Explore new technologies potentially inclusive of telemedicine
 - b. Strategy: Understand optimal reimbursement models

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