



American Academy of
Physical Medicine and Rehabilitation



Pediatric Rehabilitation Medicine Strategic Plan

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Envisioned Future:

In the future... The pediatric physiatrist is recognized as the essential physician expert for children and youth with acquired and congenital disabilities with the main purpose to optimize function and life transitions across the care continuum and into the community.

As the advocate for and leader of family-centered care, the pediatric rehabilitation medicine (PRM) physician promotes active participation of the child, youth, and family through the processes of evaluation, diagnosis, and management of the child or youth's disability. This active engagement increases the child's and youth's functional capacity and encourages self-advocacy. PRM involvement early in the life of the child, early in the course of the acquired or congenital disability and/or in the critical and acute care settings, establishes family and care team relationships which leads to the best care plan spanning prehabilitation through adulthood. Pediatric physiatrists champion the transdisciplinary approach, providing evidence-based and goal-directed care across all environments. PRM physicians extend beyond the medical system to partner with education, social, and community services.

This practice area creates value for the child/youth, family, team, and system by improving outcomes for physical and cognitive function including more effective communication about prognosis and treatment, reducing condition-specific complications, and improving timeliness, appropriate treatments and equipment, and satisfaction. Standardized care pathways are developed utilizing innovative best practices and technologies. The realized value of PRM services enables new opportunities for leadership in systems and expanded areas of care. These changes drive increased pediatric physiatrist satisfaction and reinvigorate the workforce.

- A. Goal: Increase workforce interest in pediatric physiatry to attract and train physicians to the field to fill existing and future positions**
1. Objective: Increase early awareness of pediatric rehabilitation medicine with medical students and physiatrists in training to increase interest in the subspecialty.
 2. Objective: Understand the factors that act as barriers to interest in pediatric physiatry
- B. Goal: Identify, develop, and lead valued models for population health for pediatric rehabilitation to expand across community and across care continuum**
1. Objective: Identify existing models/opportunities for physiatrists in Pediatric Rehabilitation Medicine (PRM) to expand across the community and across the care continuum including earlier in care, expanding to post-acute settings where applicable, and, more often, expanding to community-based settings where applicable including education social and community services. This may include alternative payment and reimbursement models such as telehealth.
 2. Objective: Work with key revenue stakeholders (health systems, payors, etc.) to understand outcomes of interest and generate meaningful measures on which the pediatric PM&R value will be assessed.
- C. Goal: Collect data and outcomes and, when possible, use data to support the role of Pediatric Rehabilitation Medicine in identified and valued models.**
1. Objective: Utilize the AAPM&R registry and/or additional networks to gather data
 - a. Strategy: Identify Common Data Elements (CDE)
 1. Consider International Classification for Function (ICF) standards
 2. Consider National Quality Forum measures
 3. Consider NINDS Common Data Elements
 - b. Strategy: Identify common measures and/or outcomes sets that can be monitored through common data elements
 2. Objective: Determine where PM&R can collect additional data looking at the physiatrist's impact within the existing networks
 - a. Strategy: Assess existing networks such as the Cerebral Palsy research network, CDC Spina Bifida Network, and TBI Model Systems
 - b. Strategy: Assess data availability through NIDILRR research and programs
 3. Objective: Apply data where outcomes support PRM physicians' impact in valued models to increase awareness among pediatric providers and systems
- D. Goal: Create consensus among pediatric rehabilitation physicians regarding appropriate next steps to address PRM training barriers which negatively impact the PRM workforce.**
- E. Goal: Address Educational Needs for Pediatric Rehabilitation Physicians in practice**
1. Objective: Increase clinical education to address gaps in pediatric rehabilitation knowledge needed by PRM physicians to fulfill the vision including:
 - Critical Care/NICU care
 - Complex Care Management
 - Infant Care

- Palliative Care
 - Genetics
 - Management of comorbid psychiatric conditions
 - Management of chronic pain and pain interventions
 - Ultrasound guided techniques
 - Intraoperative monitoring
 - Fluoroscopic swallow evaluations
 - Cancer rehab/cardiology rehab for peds (expanded patient populations)
 - Autism/Down Syndrome training gaps
 - Additional PM&R training in adults with pediatric onset disorders
2. Objective: Increase practice management education to address gaps in pediatric rehabilitation knowledge needed by PRM physicians to fulfill the vision including:
- Leadership training
 - Telehealth
 - How to train Advanced Practice Providers
 - Keeping up with advances in technology (equipment, augmented communication, 3D printing)
 - System learning with a focus on efficient transitions
 - Population Health Education
 - Building partnerships with related clinics such as Autism or Down Syndrome
 - Selecting outcome measures
 - Standardized developmental assessments
 - Training in quality improvement science
 - Best advocacy system(s) to work in
 - How to teach the teacher
 - Disseminate best practices to navigate and advocate within the Medicaid/CHIP program systems

F. Goal: Address Educational Needs for In-Training physiatrists

1. Objective: Residency education: Increase early, standardized exposure to PRM for all PM&R trainees as current requirement is fulfilled in a wide variety of ways
 - a. Strategy: Increase training on management of comorbid psychiatric conditions for pediatric cases
 - b. Strategy: Increase PM&R training for adults with pediatric onset disorder
2. Objective: Fellowship education: Update PRM fellowship training to include more critical, NICU, and/or acute care rehabilitation to be prepared to practice earlier in the care continuum.

G. Goal: Address key reimbursement and legislative issues through advocacy

1. Objective: Advocate for children/youth with disabilities to increase their value within the community/nation, and cultivate respect, dignity, and positive outlook.
 - a. Strategy: Support advocacy for access to education and access to community and transitional support services

2. Objective: Advocate to remove key barriers for reimbursement
 - a. Strategy: Advocate for children/youth by addressing barriers in DME/Technology reimbursement.
 - b. Strategy: Advocate for children/youth to have access to rehabilitation services (i.e reducing denials for "habilitation", reducing denials for spasticity treatments as "experimental", reducing caps on therapy services)
 - c. Strategy: Increase understanding regarding telehealth regulations, licensing, and reimbursement
 - d. Strategy: Review additional unreimbursed time/activities to identify further reimbursement opportunities.

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