Rehabilitation Care Continuum Practice Area Strategic Plan

Envisioned Future:

The physiatrist is the recognized leader across the acute and post-acute care continuum with expertise in managing utilization of resources to achieve maximal patient outcome.

In the acute setting, physiatric involvement that focuses on impairment in addition to diagnoses and acute management of conditions reduces costs while concurrently improving outcomes and patient experience. Early physiatric intervention in acute care offers every patient a baseline assessment of critical function and enhances appropriate post-acute care management. The physiatrist develops care pathways, co-manages models for high acuity patients, and manages post-acute provider networks. Physiatrists determine the appropriate post-acute settings based on individual patient needs and desired outcomes.

Patients benefit from the physiatrist's focus on getting them to the appropriate setting and functioning optimally. The physiatrist is involved with the patient directing rehabilitation and managing post-discharge care from the time the patient is early in the acute care hospitalization through the post-acute care continuum. As the patient population requiring rehabilitation services increases and as patients are cared for in multiple settings, there is a need for the physiatrist to provide care in those settings including inpatient rehabilitation facilities, skilled nursing facilities, long-term acute care hospitals, etc. Physiatric management of timely and efficient transitions decreases lengths of stay and hospital readmissions, improves efficiencies, reduces potential medical errors, minimizes unnecessary tests, reduces patient anxiety, and improves compliance.

Enhanced value of physiatry to health systems and patient outcomes drives increased physiatrist satisfaction and reinvigorates the workforce supply.

A. Goal: Develop and document the 3 identified models of Acute/Post-Acute Care (PAC) that ensure future appropriate physiatric care of patients early and across continuum of care.

- Model 1: Post-acute care
- Model 2: Acute care
- Model 3: Across both acute and PAC

1. Objective: Establish the formal position of **rehabilitation medical director** for physiatrists to work in co-management with skilled nursing facility medical directors in skilled nursing facilities (SNFs)
    a. Strategy: Develop an AAPM&R Skills, Training, Evaluation, and Performance (STEP) Program to establish a defined standard for rehabilitation medical director leadership in SNFs
    b. Strategy: Educate pertinent associations (e.g., AMDA/AHCA) on the rehabilitation medical director role
2. Objective: Define the roles of the physiatrist in acute care
    a. Strategy: Participate in management of patients earlier in care
    b. Strategy: Management role of determining discharge care plan and subsequent setting
    c. Strategy: Establish physiatrists as medical experts in acute and post-acute care needs assessment and rehabilitation needs
3. Objective: Identify and address barriers and opportunities to advance models.
    a. Strategy: Collaborate with telehealth workgroups to identify ways to address barriers to access

B. Goal: Evolve the perception of physiatrists in different Acute/Post-Acute Care settings

1. Objective: Shift the internal culture of Physiatry to pursue non-traditional (beyond the IRF) opportunities in RCC patient care
    a. Strategy: Encourage academic leaders to see and value the need to evolve Physiatry into acute and alternative PAC settings, and evolve their training to align with these opportunities
    b. Strategy: Develop champions within academic settings to expand their own vision of their sphere of influence beyond the IRF and affect their culture.
    c. Strategy: Showcase physiatrists who are working in other settings, and highlight their learnings to advance the dialogue of innovation in RCC.
2. Objective: Rebrand Physiatry externally among other specialties, settings, public and private payers, and policy-makers and regulators.
    a. Strategy: Develop strategies to ensure that stakeholders know Physiatry across the RCC spectrum
        i. Demonstrate value to patients within acute and post-acute settings by:
            a. Providing services to patients who are not eligible for IRF-level care
            b. Providing higher quality care to patients in different PAC settings
            c. Providing care to patients who would not receive care from a physiatrist in acute settings

ii. Demonstrate value to health systems of acute and post-acute care with areas to explore including:
    a. Shorter stays
    b. Reduced readmission
    c. Improve outcomes
    d. Management of challenging medical conditions
    e. ETC.
b. Strategy: Explore working with the Society for Post-Acute and Long-Term Care Medicine (AMDA) and the American Health Care Association (AHCA) on ways to incorporate rehab into SNFs

C. Goal: Develop and leverage Advance Practice Providers (APPs) to support physiatrists in expanding their opportunities and impact throughout the RCC continuum of care

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 effectively utilize APPs in 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 RCC models that maximize the 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

D. Goal: Address educational needs for in-training physiatrists for this vision to be successful.

1. Objective: Create standards within residency curriculums for exposure to different PAC settings while in residency
    a. Strategy: Develop the curriculum for residents that addresses knowledge in the RCC continuum to identify unique skills
        i. Clinical
            a. (PAC) How to optimize care of patients with different resources in the other PAC settings (skill sets and quantity)
            b. (PAC) How to manage continuity of care
            c. (Acute) How to do a broad comprehensive rehabilitation consult, beyond an IRF triage
            d. (Acute) How to handle intubated patients, getting patients out of bed, MAP goals (neuro-intensivist training) etc.
            e. (Acute) How to advance co-management skills (e.g., Managing bowel and bladder)

E. **Goal: Create clinical and professional development educational pathways to prepare physiatrists in practice to embrace new RCC models.**

1. Objective: Develop practice skills necessary for RCC settings
    a. Strategy: Understanding practice/regulatory requirements
        i. Primer on the different settings; billing/coding; admission criteria
        ii. How to conduct peer-to-peer review within the acute care setting

iii. Leadership training, including communication skills
iv. Increase familiarity with continuity clinics
v. Understanding and influencing the performance measures

2. Objective: Develop clinical skills necessary for RCC settings
    a. Strategy: Understanding what and when to prescribe in the ICU
    b. Strategy: Handling intubated patients, getting patients out of bed, MAP goals (neuro-intensivist training)
    c. Strategy: Co-management skills (e.g., managing bowel and bladder)

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

G. Goal: Document/demonstrate evidence base value of Physiatry to pertinent stakeholders (e.g., payers)

1. Objective: Demonstrate the appropriateness of maintaining different levels of care (distinct needs for IRF, SNF, etc.) and how PM&R can aid in appropriate utilization of these levels of care.

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