

American Academy of Physical Medicine and Rehabilitation: Job Description for Physiatrists in Skilled Nursing Facilities

Physiatrists are essential medical experts that provide indispensable rehabilitation leadership in Skilled Nursing Facilities (SNFs). Specializing in the field of Physical Medicine and Rehabilitation, physiatrists are uniquely positioned to be leaders of interdisciplinary rehabilitation teams through the development and modification of rehabilitation plans of care and leading and/or participating in recurring team conferences. Physiatrists establish short- and long-term functional goals, manage medical care related to rehabilitation diagnoses, minimize risk of secondary complications, and work to efficiently and safely transition the patient to the most appropriate care setting. The physiatric management of patients in the SNF setting supports the seamless transitions of rehabilitation care across the health care continuum resulting in greater functional gains by the patient, a reduction in complications, and earlier discharge, while minimizing hospital readmissions and achieving cost savings for the healthcare system.

AAPM&R's Position Statement on Physiatrists' Role in Skilled Nursing Facilities further details the important role physiatrists serve in ensuring high quality functional outcomes for patients in SNFs.

Typical PM&R Roles in SNFs

Physiatrists, by virtue of their training, experience, and knowledge of rehabilitation, impairment and function have unique qualifications and expertise to contribute to the SNF rehabilitation team. Most commonly, physiatrists have a consultant role in the SNF with active participation in interdisciplinary team meetings to effectively assess, modify and implement therapy plans that can optimize patient recovery of functional independence. However, physiatrists may also co-manage patients in the SNF. Physiatrists may additionally serve in other roles such as Primary Attending, SNF Medical Director, or Rehabilitation Medical Director. Some facilities have created the latter role, formally contracting a physiatrist to oversee or assist with rehabilitation programs within the SNF. Readers are referred to the Policy Manual of the Centers for Medicare & Medicaid Services (CMS)¹, for essential duties and responsibilities of the SNF Medical Director.

The purpose of this document is to outline essential duties and responsibilities of a PM&R Physician in commonly held roles in SNFs. This informational document is intended for physiatrists, residents, healthcare executives and recruiters, to better understand the value that physiatrists bring to SNFs by explaining the services and procedures a physiatrist is qualified or hired to perform in a SNF.

The information in this document is provided to promote understanding of various models of how physiatrists can function in SNFs. However, it is important to know that there are variations in how individual skilled nursing facilities operate. Ultimately the essential duties and responsibilities of the physiatrist must be coordinated and agreed upon by the facility medical director/attending physician and the facility administrator. The duties and responsibilities outlined below can be modified based

upon the medical director and facility's preference. The roles outlined below are a guide that can be used as a starting point for discussion to find the best way to work together in that individual facility.

Essential Duties and Responsibilities

PM&R Consultant

1. Assess impairments, activity limitations, and other participation restrictions to appropriately reflect case complexity upon patient admission to SNF, communicating with the acute care referring team as needed
2. Identify and treat comorbidities that impact function, including but not limited to wounds and pressure injuries, impaired safety and cognition, dysphagia, bowel and bladder dysfunction, pain, spasticity, and contractures
3. Provide specialized expertise for the treatment of spinal cord injury, brain injury, musculoskeletal, orthopedic, neurological, cardiopulmonary, and geriatric rehabilitation
4. Provide recommendations regarding relevant medications, including but not limited to medications for pain, spasticity, and bowel and bladder care
5. Make recommendations and/or prescribe appropriate rehabilitation therapies and non-pharmacologic modalities
6. Develop, oversee, and coordinate the rehabilitation plan of care, including evaluation, treatment, and goal setting by physical therapists, occupational therapists, speech-language pathologists, psychologists, and other SNF team members
7. Participate in recurring interdisciplinary team meetings to effectively assess, modify, and implement therapy plans that can optimize patient recovery of functional independence
8. Make recommendations and/or prescribe orthotics, prosthetics, wheelchairs, assistive devices for ambulation, and other durable medical equipment or assistive devices
9. Make recommendations and/or prescribe next "level of care" rehabilitation services including outpatient, day-rehab, home therapy, or help with transitioning patients to inpatient rehabilitation
10. Maintain communication with the community care medical team on discharge, as needed
11. Complete documentation requirements: consult / history and physical pertinent to physical medicine and rehabilitation, progress notes, and other necessary documentation, such as the face-to-face encounters necessary for durable medical equipment and home health care
12. Coordinate rehabilitation care for long-term care residents who have experienced change in conditions who could benefit from skilled therapies to restore function
13. Educate any physicians in training, working at the facility, about this level of care
14. Implement strategies for preventive care including but not limited to falls prevention, and wound prevention and care

Patient & Family Education

1. Provide education regarding rehabilitation process, progress, functional prognosis, discharge planning, and community rehabilitation needs
2. Review discharge plan and date

3. Engage patients and families to enhance patient experience and help cope with new disabilities
4. Set realistic expectations and pragmatic functional goals with patient and families

Co-Managing Physician

Note: In addition to the responsibilities listed under PM&R Consultant, the Co-Managing role may have these additional duties.

1. Co-manage medical conditions in conjunction with geriatricians, internists, family medicine, and other facility physicians, and/or nurse practitioners
2. Prescribe relevant medications, including but not limited to medications for pain, spasticity, and bowel and bladder care
3. Review, order, and interpret pertinent laboratory and imaging studies for patients
4. Prescribe appropriate rehabilitation therapies and non-pharmacologic modalities
5. Prescribe orthotics, prosthetics, wheelchairs, assistive devices for ambulation, and other durable medical equipment or assistive devices
6. Prescribe next “level of care” rehabilitation services including outpatient, day-rehab, home therapy, or help with transitioning patients to inpatient rehabilitation

Team Leadership

1. Oversee or work with SNF therapy teams for comprehensive rehabilitation plan implementation
2. Maximize patient’s gains from therapy by improving patient compliance and adherence to treatment plan by addressing barriers towards functional progress
3. Coordinate between patients and all departments (therapy, nursing, social work, administration) to establish long term functional goals and discharge plans

Primary Attending

Note: In addition to the responsibilities listed under PM&R Consultant and Co-Managing physician above, the Primary Attending role may have these additional duties.

1. Perform medication reconciliation and follow-up visit reconciliation, communicating with the acute care referring team, as needed
2. Prescribe all necessary medications
3. Referral functions: coordinate with primary care physician and other specialty physician, partner with unit Medical Director, and integrate with the facility (e.g., for outpatient CT scan)
4. Confirm essential post-SNF discharge follow-up appointments

Quality Improvement

1. Develop a plan to reduce risk of healthcare acquired complications and/or development of secondary conditions that may hinder progress with skilled therapies
2. Develop a plan to reduce hospital readmissions and emergency department utilization
3. Supervise advance practice providers (APPs) and provide training as needed in the specificities of rehabilitative medicine

4. Participate in the development of impairment specialty programs and educational materials
5. Participate in Practice Improvement Project (PIP) programs
6. Assist with team building of SNF staff

Rehabilitation Medical Director

Note: The rehabilitation medical director may potentially serve in any of the clinical roles described above in addition to the duties listed below.

Clinical Support

1. Lead the rehabilitation team and individually manage and address complex rehabilitation issues impacting patients throughout the facility
2. Provide support to the nursing team regarding complex rehabilitation nursing issues impacting any patients in the facility
3. Provide education to the treatment team related to rehabilitation aspects of SNF care
4. Develop educational tools and programs for patient and family education
5. Lead rehabilitation program development

Administrative

1. Participate in quality improvement initiatives, including workgroups and committees
2. Serve as a liaison with acute care hospitals and other referring facilities' leadership teams to develop relationships to optimize transitions of care and continuum of care
3. Participate in state and federal surveys, audits, or other facility oversight processes
4. Assist with team building of facility staff, to promote synergy among departments, job satisfaction and retention of employees
5. Collaborate with SNF leadership team on shared rehabilitation mission and strategy
6. Advise SNF leadership regarding rehabilitation related capital expenditures
7. Participate in Accountable Care Organization (ACO) initiatives such as joint quality councils as requested
8. Assist in conflict resolution as pertains to rehabilitation
9. Educate any physicians in training, working at the facility, about administrative duties at this level of care

Value Added: Enhanced Skills and Services

Some physiatrists are qualified to perform the following services that could provide additional value within SNFs. Some services require additional training or experience beyond what is typically taught in residency.

1. Perform Musculoskeletal (MSK) and pain management procedures at the bedside to avoid transport to external office or facility
2. Arrange outpatient follow-up as needed or available after patients are discharged from SNFs
3. Provide advance care planning
4. Provide consultations designed to optimize the care plan for long term care (LTC) patients

Impact of PM&R on SNF care

The unique training and expertise of a physiatrist can have a demonstrable positive impact on care within SNFs and across the health care continuum, including in the following areas:

1. Determine appropriateness of SNF for patients as well as need for continued SNF care
2. Liaise with SNF care team to guide length of stay (LOS)
3. Determine the most appropriate post-SNF rehabilitation setting
4. Enhance handoff to appropriate post-SNF provider and contribute to post-acute care and post-SNF management plan
5. Guide treatment plan across the post-acute care continuum

Physiatrists are committed to achieving optimal patient satisfaction and outcomes in the most cost-efficient way, applying appropriate outcome assessment tools and benchmarking outcome data including the following important metrics:

1. Financial Stewardship
 - a. Manage costs by optimizing acute and post-acute length of stay
 - b. Reduce costs by appropriately utilizing SNF services
 - c. Reduce costs to the SNF by providing intramural services (e.g., joint injections,) precluding the direct costs of transportation and staff member accompaniment to external physicians' offices.
 - d. Provide accuracy and specificity of diagnoses to appropriately reflect case complexity
2. Clinical Outcomes
 - a. Maximize functional improvement as measured by the quantified change in admission and discharge function.
 - b. Increase percentage of patients discharged to home or back into the community
 - c. Decrease percentage of patients admitted back to acute care
 - d. Decrease visits from the SNF to an emergency department
 - e. Improve Patient Reported Outcome Measures (PROMs) scores

AAPM&R

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) is the national medical specialty organization representing more than 10,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

Disclaimer

The list of services in this document is not an exhaustive list of all the services and procedures an individual physiatrist may be qualified or hired to perform.

This AAPM&R Position Statement is intended to provide general information to psychiatrists and is designed to complement advocacy efforts with payers and policymakers at the federal, state and regional levels. The statement should never be relied on as a substitute for proper assessment with respect to the specific circumstances of each case a psychiatrist encounters and the needs of each patient. This AAPM&R statement has been prepared with regard to the information available at the time of its publication. Each psychiatrist must have access to timely relevant information, research or other material which may have been published or become available subsequently.

This AAPM&R Position Statement was developed by the Skilled Nursing Facility Workgroup commissioned by the AAPM&R Quality, Practice, Policy, and Research Committee.

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ⁱ Centers for Medicare & Medicaid Services. CMS Manual System. CMS.gov. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R15SOMA.pdf>. Published November 28, 2005. Accessed April 8, 2022.