# aapm&r Registry

Patient Reported Outcomes Module

Patient-Reported Outcome Measures are increasingly being utilized to evaluate success of clinical care. Many physiatrist stakeholders find benefit in capturing this patient perspective to best provide a full picture of rehabilitation care. Recognizing this, AAPM&R has made a commitment to facilitating capture of this patient reported data through its registry platform. AAPM&R's Registry will provide data that is actionable to physiatrists in their journey to improve the lives of their patients. Success of the Registry will come from harnessing traditional Electronic Medical Record data with Patient Reported Outcomes (PRO) data.

PRO Assessments are a set of questions that are filled out directly by a patient or a proxy to inform both clinicians and the patients themselves of pain, quality-of-life, goals and additional data points. As patients report on these data points over time, clinicians can assess how they are improving the health of patients overall. AAPM&R's Registry, governed by an Academy-led Steering Committee, is using PROMIS®-29 as the core PRO for the Registry.

PROMIS®-29 is a global tool that can be used across clinical diagnoses and settings. The survey is comprised of 29 questions over 8 different domains:

- ☑ Physical Function
- ☑ Anxiety
- ☑ Depression
- ☑ Fatigue
- ☑ Sleep Disturbance
- ☑ Ability to Participate in Social Roles and Activities
- ☑ Pain Interference
- ☑ Pain Intensity
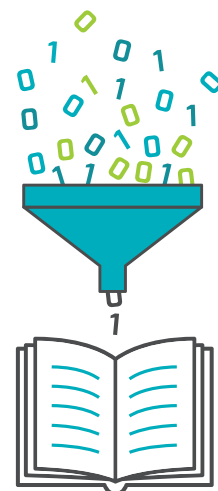
The American Academy of Physical Medicine and Rehabilitation (AAPM&R) is the national medical specialty organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). In order to fulfill the vision of the Academy and our membership, AAPM&R built a clinical data registry.

- Physiatrists are the essential medical experts in value-based evaluation, diagnosis, and management of neuromusculoskeletal and disabling conditions.

- Physiatrists are indispensable leaders in directing rehabilitation and recovery, and in preventing injury and disease.

- Physiatrists are vital in optimizing outcomes and function early and throughout the continuum of patient care.

AAPM&R's Registry is a single repository of data which will aid the specialty by guiding efforts to reduce burnout, defend scope of practice, demonstrate value and provide data to improve patient care.

aapm&r Registry

Capturing Patient Reported Data

AAPM&R's Registry is currently collecting data in the clinical areas of Low Back Pain and Ischemic Stroke and will expand into other clinical areas. In order to launch the Patient-Reported Outcome surveys, we are requiring email address as a data element in our data dictionary. Workflow discussions will be held with the appropriate stakeholders during kick-off and onboarding calls. Patient Reported Outcome surveys are sent to patients that meet specific inclusion/exclusion criteria:

ISCHEMIC STROKE

INCLUSION:

- ☑ New patients in IRF setting (place of service code 61 or 21 only)
- ☑ Age 18 and over
- ☑ Diagnosis of Ischemic Stroke

EXCLUSION:

- ☑ Length of stay < 4 calendar days
- ☑ Patient discharged to a place of service not an IRF

LOW BACK PAIN

INCLUSION:

- ☑ Complaint of low-back pain and/or leg pain
- ☑ Age 18 or older
- ☑ Back pain has existed for less than 6 months

EXCLUSION:

- ☑ Lumbar prior surgeries
- ☑ Actively being treated for cancer diagnosis
- ☑ Actively being treated for infection
- ☑ Active Worker's Compensation case, including motor vehicle accident

A patient can receive the survey directly via email or they can fill it out in a clinician's office. Before answering the PROMIS®-29 questions, the survey takes the patient through a number of demographic and characteristic questions that will help the Registry supplement data not typically found in an EMR. After completing their baseline survey, patients will receive follow-up surveys at specific intervals via email.

ISCHEMIC STROKE SURVEYS

- ☑ The first survey (baseline) is done at patient's discharge
- ☑ A follow-up survey is sent to the patient 30 days after discharge

LOW BACK PAIN SURVEYS

- ☑ The first survey (baseline) is done before or during the patient's first appointment
- ☑ Follow up surveys are sent to the patient at:
  - 6 weeks
  - 3 months
  - 6 months
  - 12 months

aapm&r Registry

Tracking and Monitoring Outcomes

Tracking and monitoring outcomes with longitudinal data is a focus of AAPM&R's Registry. AAPMR's Registry streamlines the PRO process by capturing data quickly and accurately with results depicted in easy-to-read dashboard reports. This allows participating institutions access to their own real-time dashboard comparing their metrics to the AAPM&R Registry national benchmark. This allows participants to compare patient outcomes, professional performance, and care processes against other physicians across the country. Separately, individual clinicians have the ability to view their own dashboard based on data submitted for populations being analyzed. Using AAPM&R's Registry , physiatrists will learn from each other what treatments are ideal and result in the best outcomes, giving you the data needed to demonstrate your value and improve your care.

Patients will also have access to their own patient dashboard showing their treatment and progress over time.

AAPM&R's Registry is designed to enhance communication between clinicians and patients in diverse research and clinical settings through its ability to collect, track and monitor outcomes from the institution, clinician and patient level.

"We're laying the groundwork to develop measures that are more relevant to the clinicians who provide rehabilitation services. We don't believe rehabilitation should be just a process. Rehabilitation should be about improving outcomes and changing the face of the specialty. The only way to do that is by standardizing outcomes, analyzing the data and proving that what you do is making a difference."

Dr. Jim Sliwa, DO, FAAPMR
Chief Medical Officer and Senior Vice President, Shirley Ryan AbilityLab
AAPM&R Registry Steering Committee