Welcome

Industry Relations Council Participants

July 19, 2024
Rosemont, IL

Housekeeping

- There is a camera on in the room, highlighting the speaker
- There are microphones in use in the room
- Restrooms are in the hallway and unlocked
- Food and Beverage will be served in the AAPM&R Office
- Water and snacks in the room adjacent to this
- Dr. Houtrow is participating via Zoom; we will field her questions; she will lead the final presentations

Legal/Antitrust Policy

- American Academy of Physical Medicine and Rehabilitation's ("AAPM&R") policy is to comply with all federal, state and local laws, including the antitrust laws. It is expected that all AAPM&R members involved in activities and AAPM&R staff will be sensitive to the unique legal issues involving trade associations and accordingly, will take all measures necessary to comply with U.S. antitrust laws and similar foreign competition laws.
- https://www.aapmr.org/antitrust-policy

Welcome/Introductions

Academy Strategic Plan

Tracy Sereiko
CEO and Executive Director
July 19, 2024

aapm&r

Meeting Focus

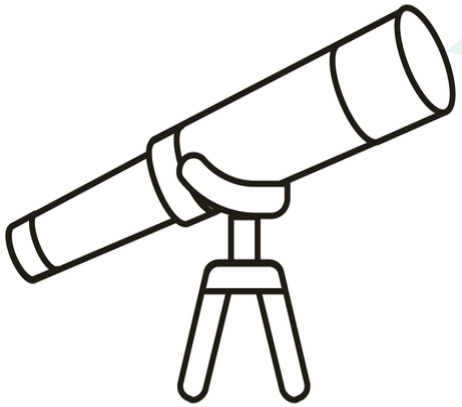
We appreciate our collaboration with you!

AAPM&R Vision

PM&R Physicians are:

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

- Indispensable leaders in directing rehabilitation and recovery, vital to optimizing outcomes and function early and throughout the continuum of patient care.



Originated with PM&R BOLD

aapm&r

ADVANCING

PM&R BOLD

Agile and Nimble in Addressing Challenges

aapm&r

Member Engagement

1. Emphasis on Early Career
2. Member Value
3. Community Cohesiveness

Image: Canva

Interconnectedness

The strong connection between PM&R physicians and our Academy expands our ability to lead and advance needs for all members.

aapm&r

Supporting Digital Evolutions

1. Members in Practice
2. Business

Image created with DALL·E.

aapm&r

How are we going to advance this vision?

Partnership and Our Team Focus

Culture of…

1. **Initiative**
2. **Innovation**
3. **Collaboration**

Strategic Plan Process

Research: Members provide input.

Board focuses on supporting organizational mission and vision and then define goals.

Committees develop strategies that support the goals.

Goal A

Ensure AAPM&R has the organizational capacity, resources, and prominence to achieve its vision to advance PM&R physicians and the specialty of PM&R.

Goal B

Cultivate a diverse and vibrant community of PM&R physicians who are unified in their connection to the specialty and consider membership in AAPM&R to be essential to advancing their individual careers and the specialty.

Goal C

Increase awareness and ensure that key stakeholders value the essential and transformative role of PM&R physicians in improving healthcare outcomes.

Goal D

Vigorously advocate for the well-being of PM&R physicians as they advance optimal care for patients.

aapm&r

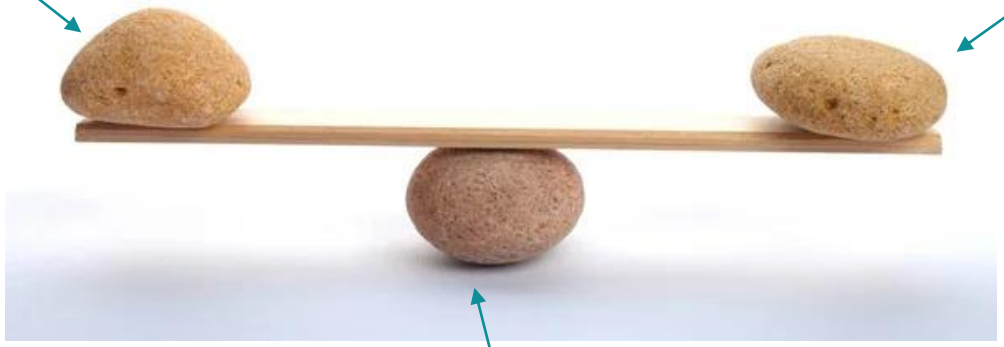
Goal E

Support and guide PM&R physicians in their practices for optimal success as healthcare transforms.

Member Value: A delicate balance

Specialty needs

Individual member benefits



Connection ...
To Academy
To Each Other

aapm&r

aapm&r


SMS

Themes

1. Critical to focus on early membership support engagement: residents and medical students
2. Invest in a strong connection and value for programs (directors)
3. Innovation of technology to engage members (education and otherwise)
4. Continue to support health policy and practice strategic planning
5. Demonstrate the value of PM&R through quality and data initiatives
6. Develop the next generation of leaders in the field of PM&R

Discussion

1. How are you engaging with physicians-in-training/early career members?
2. What are specific evolutions that you are seeing healthcare?


THANK YOU

Updates from Two Mission Level Partners

AbbVie and Ipsen

aapm&r

AbbVie Neuroscience

AAPM&R IRC
July 19. 2024

DANIEL TAUT
Director of Marketing
BOTOX® Spasticity and Movement Disorders

People.
Passion.
Possibilities.®

AbbVie creates medicines and solutions that put impact first – for patients, communities and our world.

AbbVie was founded **January 2, 2013**

50K+ employees working in **70+ countries**

$55B+ invested* to research, develop and discover new medicines since AbbVie was founded

*Adjusted R&D investment, cumulative since inception

~20 countries with R&D and/or manufacturing facilities

From treating 20 conditions across all stages of life in 2013 to more than 75+ conditions 10 years later

50MM+ people are treated every year, including more than 16 million people in the United States

25 major product or indication approvals since 2013 including **4 major product or indication approvals in 2022**

175+ countries where AbbVie products help people and patients

Recognized for being a good corporate citizen and for our contributions to society and business performance

We foster a culture of curiosity
True innovation is impossible without a diverse and collaborative team.

Our Principles guide and unite us all, empowering our employees and strengthening our partnerships.

Our Principles

- Transforming Lives
- Acting with Integrity
- Driving Innovation
- Embracing Diversity & Inclusion
- Serving the Community

250+ active external innovation partners

We align our capabilities to conduct groundbreaking science to discover and develop innovative medicines.

57%

of employees in STEM-related positions are women.

37%*

of employees are from underrepresented populations.

*U.S. only statistic

We have received more than 40 Great Place to Work and Top Employer rankings globally.

Data current as of 2022 year-end

We solve the tough challenges
Combining science and support, we work to discover and develop life-changing medicines and first-in-kind solutions.

R&D investment

$7.1B

In adjusted research & development investment in 2022

Clinical trials

240+ clinical trials
in
55+ countries
with more than
9K study sites

Our pipeline

80+
Compounds, devices or indications in the AbbVie pipeline

~50
In mid- and late-stage development

New study starts

110+

New study starts planned for 2023

Data current as of 2022 year-end

We lead with purpose Doing the right thing means showing up to each moment with integrity and care. The choices we make deliver a lasting impact for patients, families and communities.

198K+

patients received free AbbVie medicine in 2022 – Industry-leading patient assistance program

200K+

patients and health care providers supported through independent education grants

>530

patient support programs to help patients access and manage their prescribed treatment journey

$21.7M

raised for 12,600 charities through our Employee Giving Campaign

Data current as of 2022 year-end

We focus on a **core set of therapeutic areas** — ones where we've **proven our expertise** and where we have **even greater potential** to improve how diseases and conditions are managed.

Immunology

Oncology

Neuroscience

Eye Care

Aesthetics

Other specialty areas


abbvie

Special Meetings
Dr. Kennedy

- **Executive Conference Room**
  - Company: AbbVie
  - Physician: Dr. Kennedy
  - Staff: Tracy, Kavitha
- **North Conference Room**
  - Company: Ipsen
  - Physician: Dr. Patel
  - Staff: Sharon, Rebecca
- **South Conference Room**
  - Company: Merz
  - Physician: Drs. Laker and Harvey
  - Staff: Melanie and Meghan

Board Room

- Companies: Pacira and Revance
- Physicians: Drs. Cianca and Watson
- Staff: Carolyn and Megan

Let’s Talk About Spasticity

Atul Patel, MD, MHSA, FAAPMR

aapm&r

Agenda

- AAPM&R focus on Spasticity Efforts
- Spasticity focused Quality Improvement Initiatives
- Next Steps

Please share your insights, provide feedback and ask questions!

aapm&r

Academy focus on Spasticity efforts

During their fall 2023 meeting, the Board of Governors agreed we needed a spasticity-focused strategy for AAPM&R.

The Board agreed:

- It aligns with Education and dissemination of Academy work to date
- There is an identified need
- Align with AAPM&R's PM&R BOLD direction
- AAPM&R can take the lead recognizing the need to convene various stakeholders and medical disciplines
- AAPM&R and PM&R can make an impact on lives of patients
- Potential new opportunities for members
- More

Spasticity and AAPM&R: We acknowledge spasticity as an area of significant opportunity for alignment between our specialty and our organization.

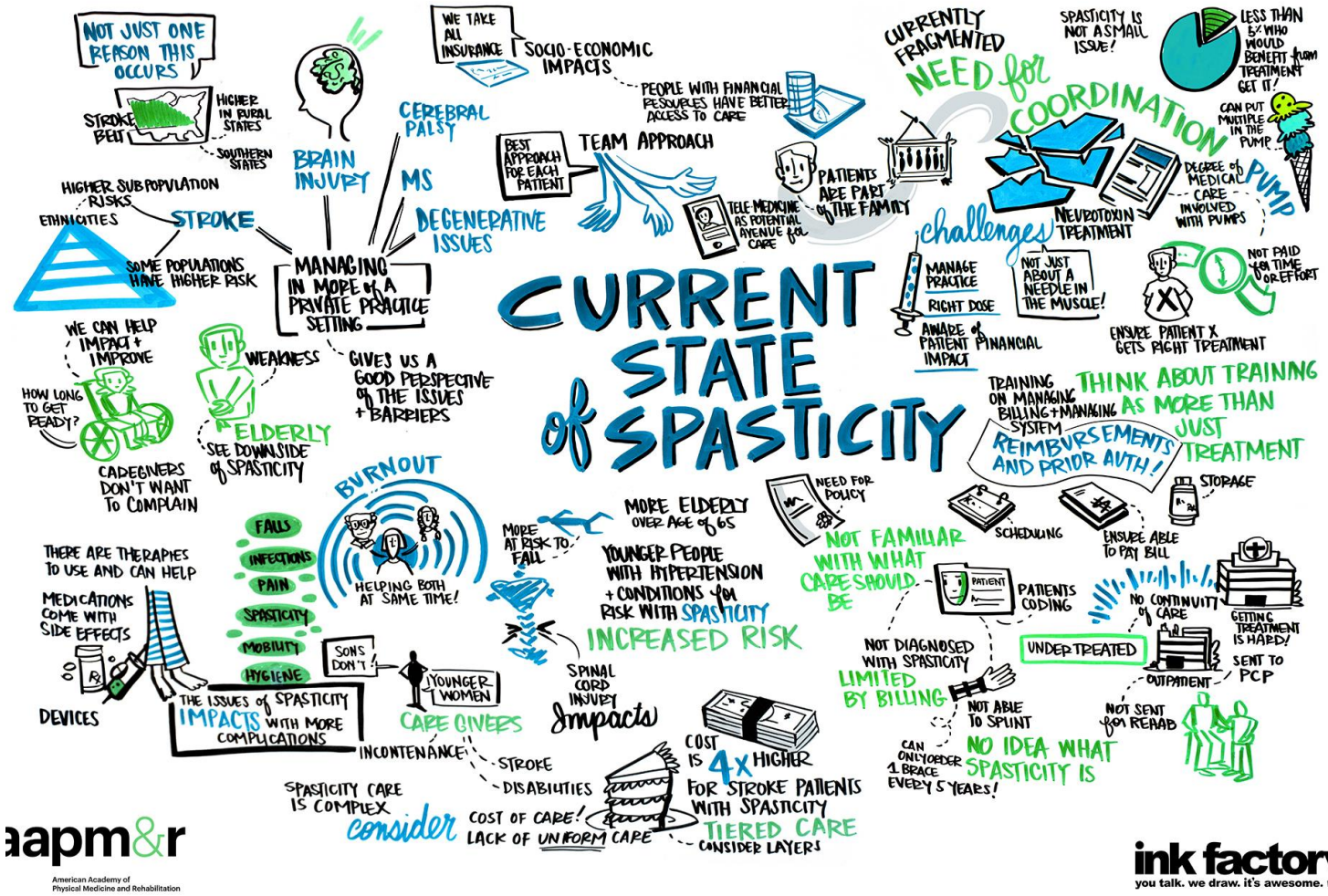
Spasticity Task Force
Skills, Training, Evaluation and Performance (STEP) Spasticity Certification Program
Spasticity 101 Educational Modules
Spasticity Guidance (published May 2024)
AAPM&R Find a Physician – Online tool to help identity PM&R spasticity experts by region
2022 – Spasticity Summit

aapm&r

Spasticity is a common challenge for many conditions PM&R treats with diverse functional impacts and health disparities.

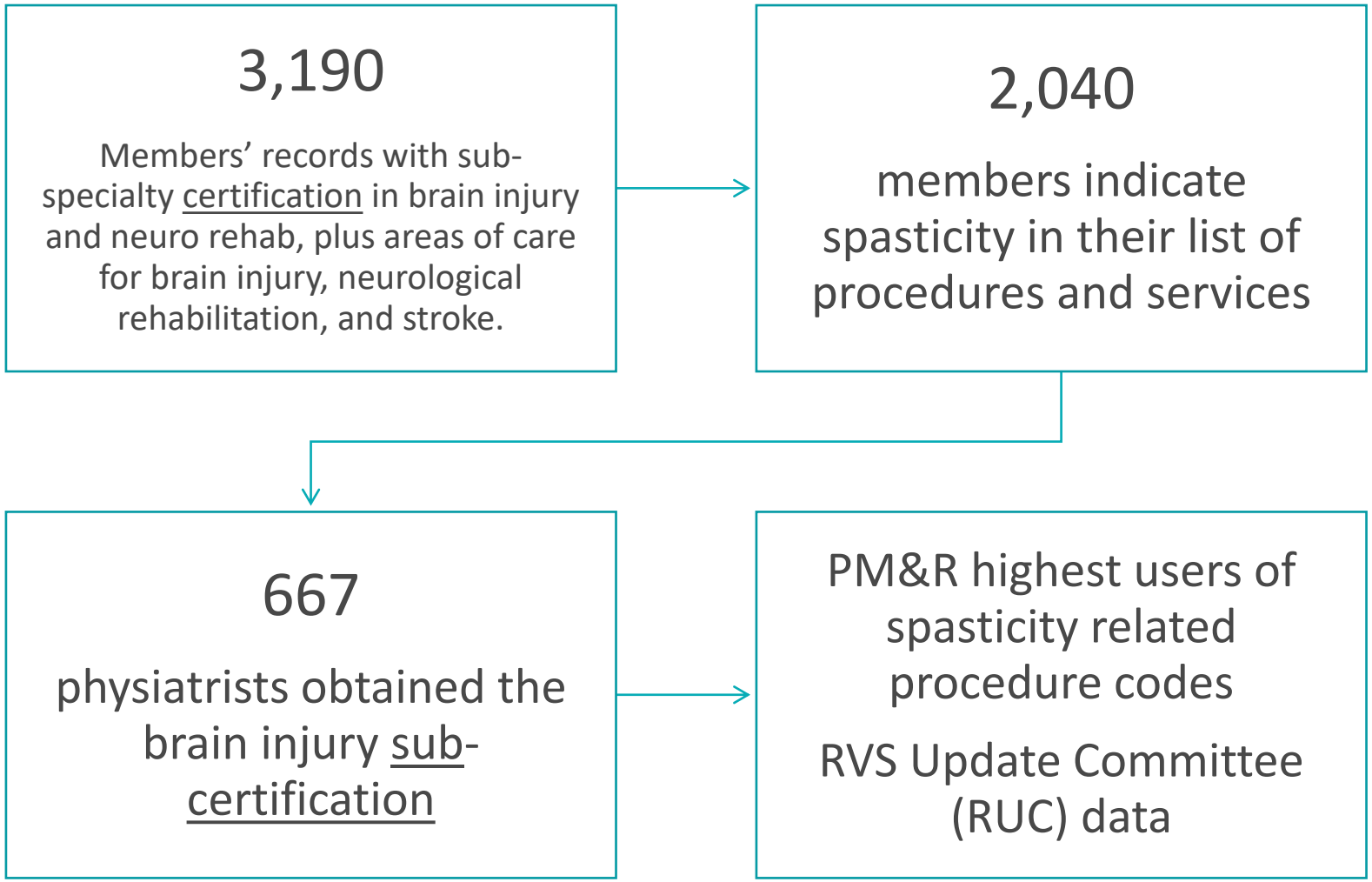
Spasticity affects:

- 35% of people who have had a stroke
- 50% of people with traumatic brain injury
- 40% of patients with spinal cord injury
- >90% of people with cerebral palsy
- 37–78% of people with multiple sclerosis



aapm&r

Spasticity and PM&R: Our membership data suggests over 50% of physiatrists may treat individuals with spasticity. Specifically….



aapm&r

The 2022 Spasticity Summit put PM&R BOLD into Action

Convened:

- Medical professionals
- Disability advocates
- Government officials
- Researchers
- Industry representatives
- Insurers

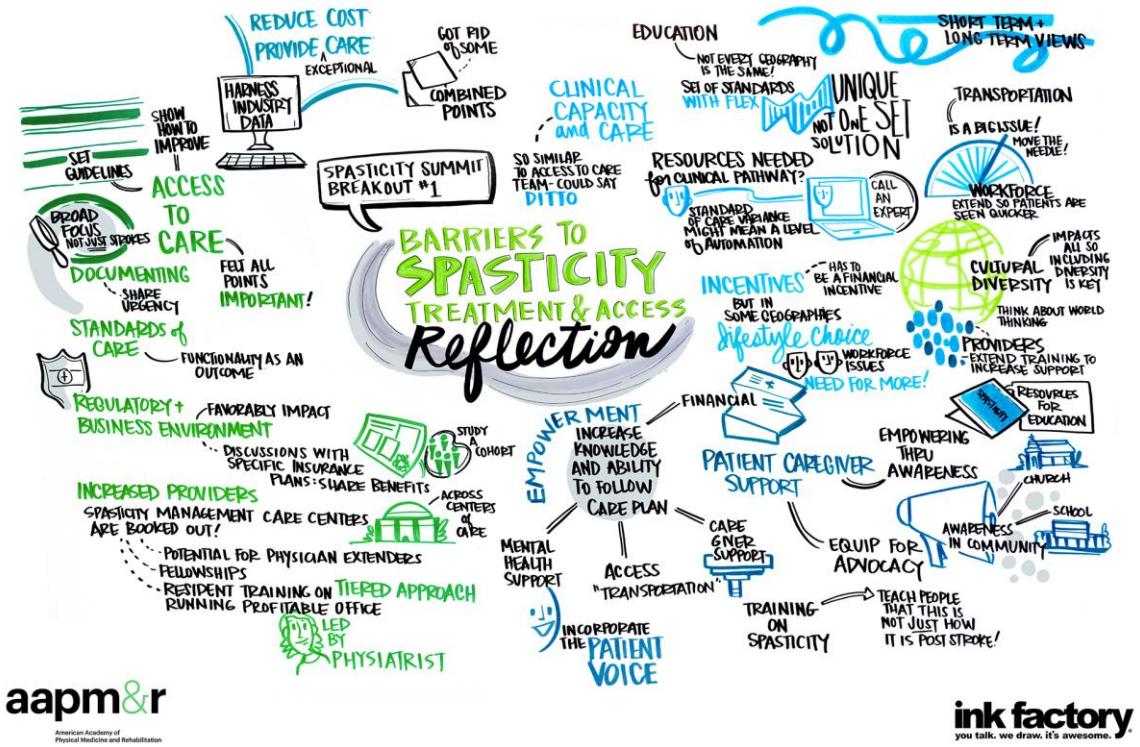
Proved Physiatrists are:

- The ***essential*** medical experts
- ***Indispensable*** leaders
- ***Vital*** in optimizing outcomes

aapm&r

Summit Attendees Identified Top Barriers And Top Solutions to Address Barriers

- ACCESS TO CARE
- PATIENT AND CAREGIVER SUPPORT
- CLINICAL CAPACITY AND CAPABILITIES



Major Outcomes of Inaugural Spasticity Summit

The State of Spasticity
in U.S. Adults:
An Evidence-Based Synopsis

American Academy of Physical Medicine &
Rehabilitation's Spasticity Summit

December 2022

aapm&r

PM&R

WILEY

CLINICAL GUIDANCE

Multidisciplinary collaborative consensus statement on the barriers and solutions to care access, patient and caregiver support, and clinical capacity and capability for patients with spasticity

Atul Patel MD, Alfred Gellhorn MD, Kavitha Neerukonda JD, MHA, Christina Kwasnica MD

First published: 14 November 2023 | https://doi.org/10.1002/pmrj.13106

www.aapmr.org/spasticity

Clinical Guidance to Identify and Address Gaps in Spasticity Care

AAPM&R Best Practices for Spasticity Assessment and Management
A-1: As a component of the initial patient evaluation, clinicians should assess the impact of spasticity on passive and active movement, ability to repeat movements, and function to guide its treatment/management (see Table 3).
A-2: Re-assessment of spasticity should occur throughout the treatment course. Specifically, re-assessment should occur before or at the time of each treatment to consider whether to continue the same treatment or to change the course of treatment.
A-3: Standardized measures to evaluate spasticity should be utilized at each evaluation to optimize consistency and to objectively measure response when an intervention is applied.
A-4: Treating spasticity should start with optimizing medical management. Physiatrists should make sure that patients are medically stable and address any medical problems that may exacerbate spasticity.
A-5: To assess the extent to which a patient's goals are being met, a goal attainment scale (GAS) or other means of measuring treatment response may be considered in each re-assessment.

Management/Treatment Recommendation Statement	Strength of Recommendation*
Pharm-1: The AAPM&R Spasticity TEP suggests use of oral medications to manage generalized or systemic spasticity and can be used either exclusively or as a component of a multimodal treatment approach.	C
INJ-1: The AAPM&R Spasticity TEP recommends clinicians consider use of Botulinum Toxin A for management of focal upper and lower limb spasticity.	A
INJ-2: The AAPM&R Spasticity TEP suggests that clinicians consider use of phenol or alcohol blocks for management of focal spasticity.	C
SUR-1: The AAPM&R Spasticity TEP recommends use of intrathecal baclofen pump therapy (ITB) as an effective treatment of spinal or cerebral origin spasticity in appropriately identified patients.	A
SUR-2: The AAPM&R TEP recommends utilization of selective dorsal rhizotomy (SDR) to treat spasticity with proper patient selection focused on patients with primarily spasticity of the lower extremity (LE), adequate LE strength and selective motor control, and absence of significant contractures.	A
NP-1: The AAPM&R Spasticity TEP recommends consideration of use of non-pharmacologic interventions from a range of treatment modalities, in conjunction with other therapeutic options to effect spasticity and facilitate the effects of pharmacologic and procedural interventions on spasticity and to improve function and decrease deleterious effects of contributing conditions.	NG

*SORT Grade

Citation: Verduzco-Gutierrez M, Raghavan P, Pruente J, et al. AAPM&R consensus guidance on spasticity assessment and management. *PM&R*. 2024;1-24.

aapm&r

NEW AAPM&R Member Spasticity Community

Community Leader

Zachary Bohart, MD

Purpose

To foster discussion about spasticity management, whether it pertains
To botulinum toxin injections, the baclofen pump, nerve blocks or
PT/OT and bracing, and oral meds.

Engagement

Forum used to spark discussion, ask questions, and connect with
physiatrists who treat spasticity and/or are interested in doing so.

aapm&r

New and Planned Education

May 2024: Member May Session: Baclofen Pump Refills

June 2024: AAPM&R Outpatient Mastermind Series: Developing a Successful Spasticity Practice

November 2024: Planned Session at Annual Assembly

November 2024: Faculty from the Mastermind Series will be available to speak to residents during the Resident Experience

Addressing Reimbursement and Coverage Is A Priority

Medicare Proposes Changes to the Reimbursement of Treatment with Botulinum Toxin

The Problem:

- Medicare coverage is organized into geographical regions, each managed by a Medicare Administrative Contractor (MAC).
- MACs develop Local Coverage Determinations (LCD) to decide coverage of specific items or services in their regions.
- Five MACs are proposing significant updates regarding the use of botulinum neurotoxins (BoNT) eliminating 80+ diagnostic codes limiting access to care for those with CP, paraplegia, quadriplegia, monoplegia, hemiplegia, paralytic syndrome.
- **These updates affect approximately 75% of the United States population.**

What AAPM&R Has Done:

- Wrote letters to each MAC ***strongly opposing***:
  - Removal of the 80+ ICD-10 diagnostic codes
  - Strict documentation criteria that exceeds current standards and create access barriers
  - Proposed dosing guidelines that are not up to date with labels for toxins. E.g.
    - For onabotulinumtoxinA, one draft LCD recommends a maximum total dose of 360 units for spasticity management. This is far lower than the accepted standard maximum total dose of 600 units.
  - Not including ultrasound guidance as an appropriate tool for guiding botulinum toxin injection
  - **Letters sent July 12; collaborated with AAN, AAO, 13 groups, including AAP signed on.**

Thank you to our industry partners for communicating, sharing, and collaborating on this issue with AAPM&R!

aapm&r

Using Guidance To Support Advocacy Efforts

Excerpt from a MAC letter:

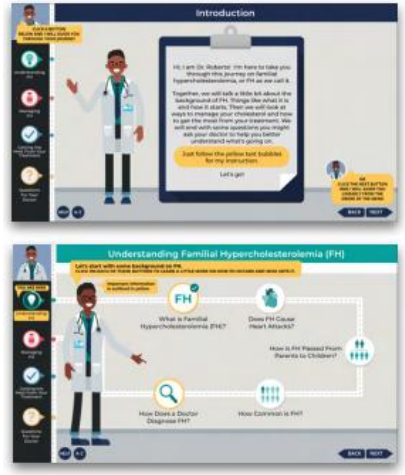
"AAPM&R recently released the *AAPM&R consensus guidance on spasticity assessment and management*, a clinical guideline reflecting the most up-to-date research. ***The injection of botulinum toxin for the management of focal upper and lower limb spasticity is assigned a SORT Grade of A based on clinical evidence documented in the guideline, supporting the critical role this treatment plays in the management of spasticity.*** However, the paper notes "The current reimbursement structure for chemodenervation procedures – including procurement of expensive botulinum toxins and not receiving full reimbursement from Medicare in return – along with specialized equipment and supplies needed, office staff for prior authorization/benefits coordination, does not adequately compensate physicians and makes it financially unattractive to do these procedures." There are already many disincentives to providing appropriate care for spasticity patients. The draft LCD stands to further negatively impact patient access to this highly recommended and literature supported treatment."

Developing Scalable, Replicable Initiatives to Address Access to Care Challenges

- AAPM&R has worked to develop plans for innovative patient and physician education to address gaps.
- These projects are designed to be both **scalable** and **replicable**, ensuring their ***impact can grow and be sustained into the future***.
- Grants have recently been submitted for these activities.

Understanding Post-Stroke Spasticity: Education for Enhancing Provider Awareness

- Comprehensive education for physicians (PM&R, Neurology, Primary Care, Geriatrics)
- Project Overview:
  - Assessment Survey – Survey to identify gaps in knowledge of spasticity outside of PM&R
  - Module 1
    - 30-minute baseline presentation
    - Topics will include: Spasticity definition, symptoms, assessment, treatment, referral options)
  - Module 2
    - 30-minute interactive Guided Patient Journey
    - Case-based simulation



Example of Guided Patient Journey

aapm&r

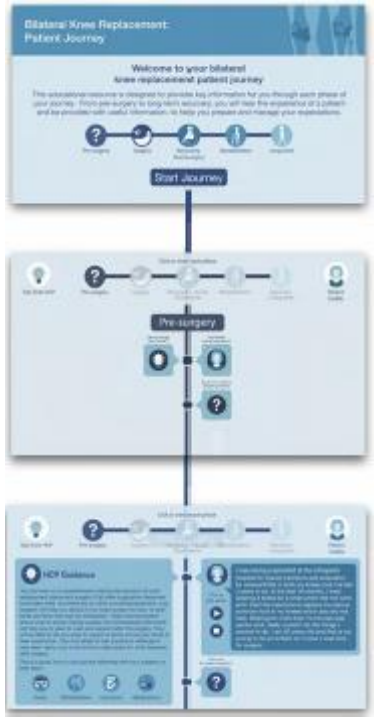
Navigating Spasticity After Stroke: A Patient's Guide to Symptoms, Providers, and Empowered Recovery

- Education to elevate the level of understanding among patients, families, and caregivers, thereby **promoting earlier recognition of post-stroke spasticity** and appropriate diagnosis and intervention
- Topics will include:
  - What is Spasticity?
  - Symptoms of Spasticity
  - Impact on Daily Life
  - Treatment Options
  - Provider Expertise
  - How to identify healthcare professionals specializing in spasticity management
  - Questions to ask Physicians
  - Long Term Management and Coordination of Care
- Education will be disseminated to post-stroke patients through 1-2 provider sites
- Sites will collect as much HIPAA compliant information on number of patients given materials, number of spasticity diagnoses, etc. as possible to measure success and impact

aapm&r

Navigating Spasticity After Stroke: A Patient's Guide to Symptoms, Providers, and Empowered Recovery

- Multi-prong approach with 3 different education formats, all in English and Spanish with Closed Captioning options, when applicable
  - Brochure for Post-Stroke Patients - 4 page handout that will also include QR codes to easily access 2 other formats
  - Interactive Patient Journey – Entirely interactive web-based and mobile friendly activity
  - Patient and Caregiver Focused Video – 2-3 minute animated informational video



Example of Interactive Patient Journey

aapm&r

What's Next – Spasticity Summit #2!

Building off the inaugural summit, the following four goals were identified as important next steps. The upcoming summit will be focused on these issues and more.

- Raise awareness about this issue
- Address and improve access to care
- Demonstrate with evidence the impact of treating patients with spasticity
- Address and improve patient and caregiver support

December 2nd-3rd, 2024 in the Chicagoland area!

"Great start to a complex problem."

"We just put our toe in the water, we can't back away."

"It's time to go all in"

"We need to take action – not just talk about it."

"Let's go! Let's maintain the energy and get a win in this area."

Discussion

Thank you!

Lunch

AAPM&R Lunchroom and Boardroom

Quality and Research

Kavitha Neerukonda, JD, MHA

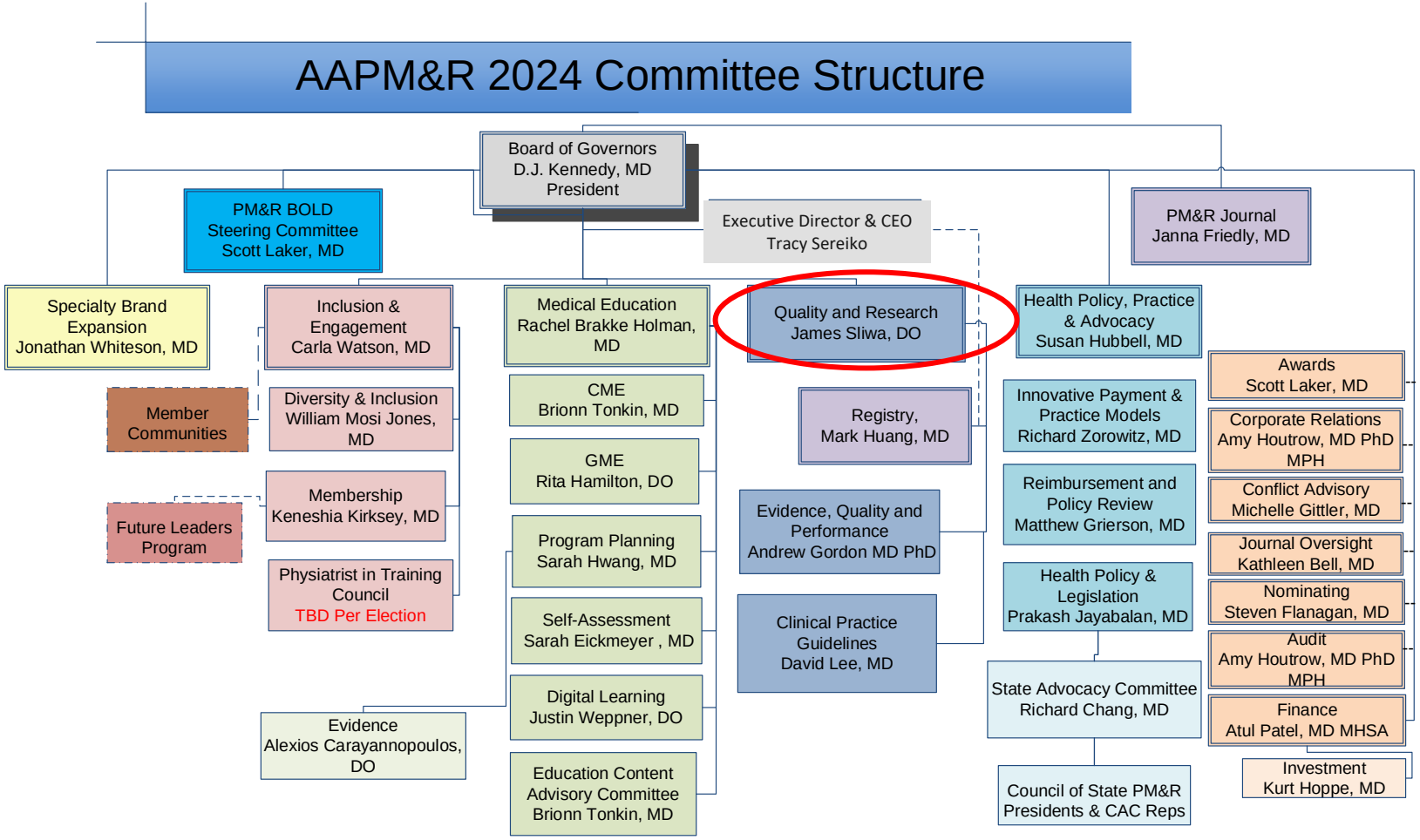
Associate Executive Director, Quality and Research Initiatives

AAPM&R Quality & Research Update

- 2024 progress-to-date
- New Initiatives
- Integration across Academy/BOLD efforts

aapm&r

NEW Quality and Research Strategic Coordinating Committee



What the Quality and Research Committee Is and Will Do:

- Standing advisory committee
- Makes recommendations to the Board or officers of the Academy
- Plans and coordinates the Academy's quality and research initiatives and shall fulfill other related charges as assigned by the Board.

Quality and Research Committee Members & Introductions

Quality and Research Strategic Coordinating Committee
James Sliwa, DO, Chair (2025[1])
Abby Cheng, MD (2026[1])
Monica Verduzco-Gutierrez, MD (2026[1])
Chris Garrison, MD (2026[1])
Andrew Gordon, Chair of EQPC
David Lee, Chair of CPG
Mark Huang, Chair of Registry Steering Committee
Chris Lewis, PHiT Liaison (determined by PHiT election)

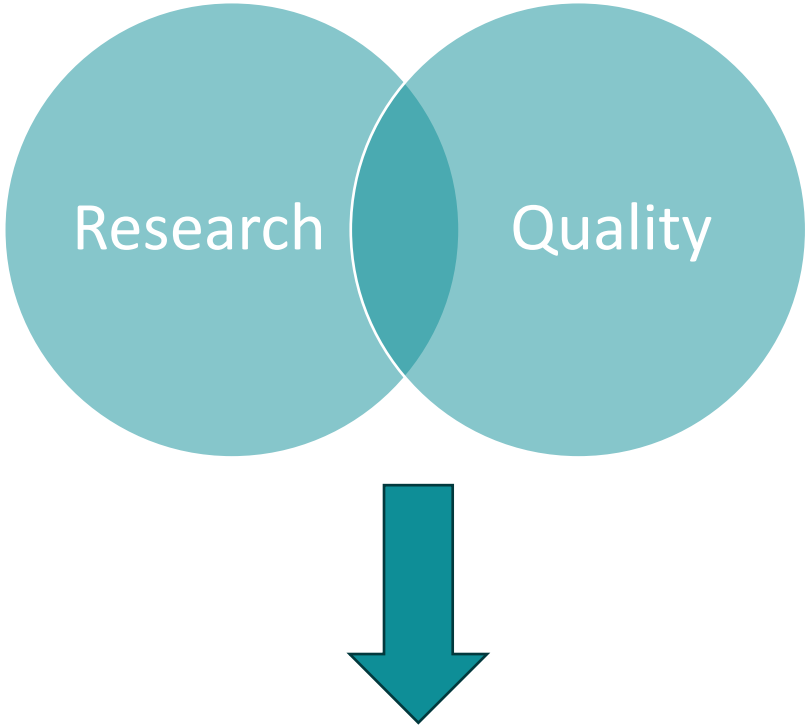
Clinical Practice Guidelines Committee
David Lee, MD (2024[2])
Berdale Colorado, DO MPH (2024[1])
Fatma Gul, MD (2026[2])
Kat Kolaski, MD (2026[2])
Whitney Luke, MD (2024[1])
Daniel Herman, MD (2025[1])

Evidence, Quality and Performance Committee
Andrew H. Gordon, MD, PhD (2025[2])
Susan E. Biffl, MD (2024[1])
Alexios Carayannopoulos, DO (2025[1]) Evidence Committee Chair
Tony George, DO (2026[1])
David W. Lee, MD, CPG Chair (2024[2])
Trevor Paris, MD (2026[1])
Jiaxin Tran, MD (2024[1])

Registry Steering Committee
Mark E. Huang, MD, Chair (2025[1])
Jeffrey S. Fine, MD (2026[2])
Armando Miciano, MD (2026[1])
Matthew Cowling, MD (2026[1])
Aaron Yang, MD (2026[1])
Carolyn Geis, MD (2026[1])

aapm&r

Bringing Quality and Research Together



The Vision for PM&R:

- 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

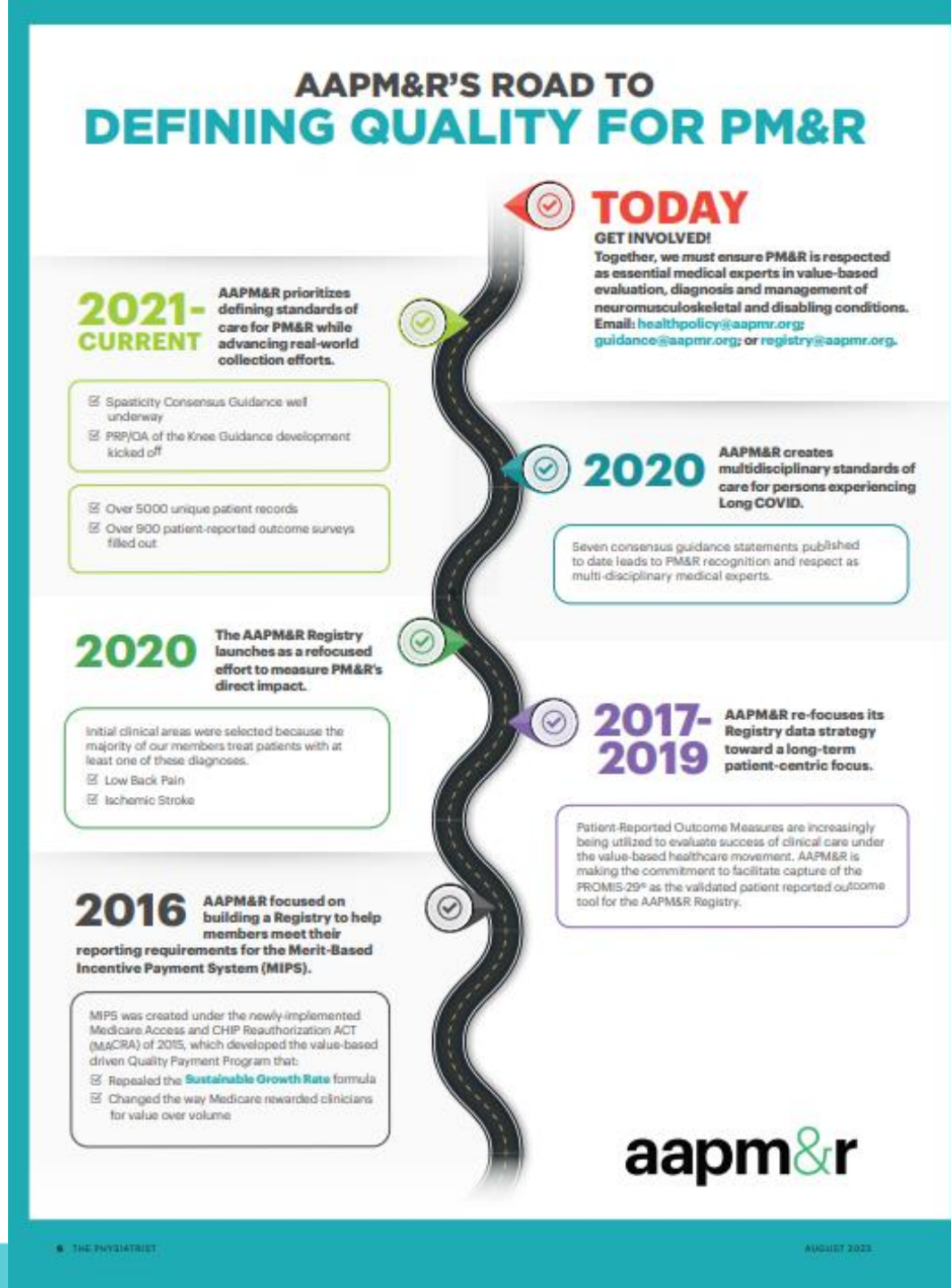
The Challenge:

The care continuum is inefficient and ineffective

- Unclear outcomes
- Stressed clinicians
- Cannot prove results

Rehabilitation is consistently devalued

Little national aggregate data/research are available

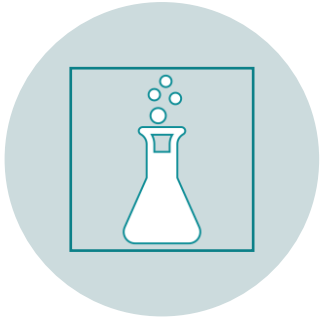


2024 Progress-to-Date

38 Leaders on National Committees, Panels, Work Groups across 19 Organizations

Defining Standards of Care for PM&R

Collecting Real World Data for PM&R



Defining a Research Agenda for the Specialty

aapm&r

2024 Progress-to-Date: Defining Standards of Care

AAPM&R Consensus Guidance on Spasticity Assessment and Management

- Why: PM&R are the essential medical experts to evaluate and treat individuals with spasticity.
- Non-pharma interventions included
  - Cryotherapy and Cryoneurolysis
- Published!

Outcomes

- The press release was syndicated to 604 outlets.
- Medscape and NeurologyLive covered the news.
  - NeurologyLive: *Consensus Guidelines for Spasticity Assessment and Management: Monica Verduzco-Gutierrez, MD*
  - Medscape: *New Expert Guidance on Assessing, Managing Spasticity*

aapm&r

2024 Progress-to-Date: Defining Standards of Care

Biologics: AAPM&R Guidance Statement on Platelet Rich Plasma for Knee Osteoarthritis

- Why: PM&R should position itself as essential medical experts to evaluate and treat individuals with OA of the Knee.
- Timeline for publication – 2024

Treatment Alternatives in Combination with PRP Included

E.g.

- Corticosteroid Injections
  - Supports evidence that individuals can return to activity within 2 weeks of a corticosteroid injection.
  - Includes corticosteroids as an alternative treatment.

Next Area To Be Determined by Fall 2024!

aapm&r

aapm&r Registry

Better Practice. Better Outcomes.

Collecting Real World Data for PM&R

Registry Participants

Allina Health

BROOKS Rehabilitation

Lifespan Physician Group, Inc.
Delivering health with care.

RUSK REHABILITATION
AT NYU LANGONE HEALTH

Shepherd Center

Shirley Ryan Abilitylab

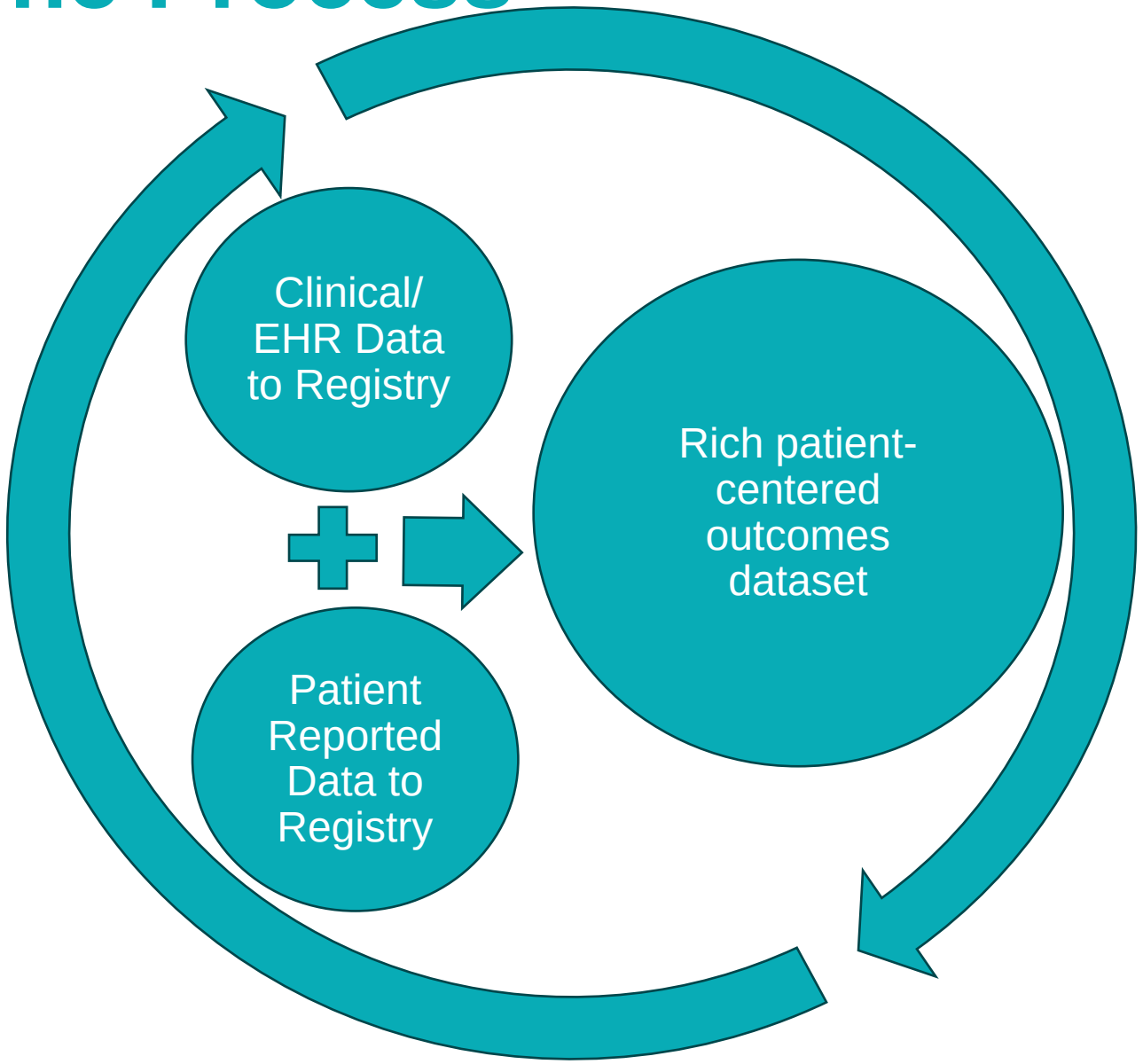
The Rehabilitation Institute OF ST. LOUIS
an affiliation of BJC HealthCare and Encompass Health

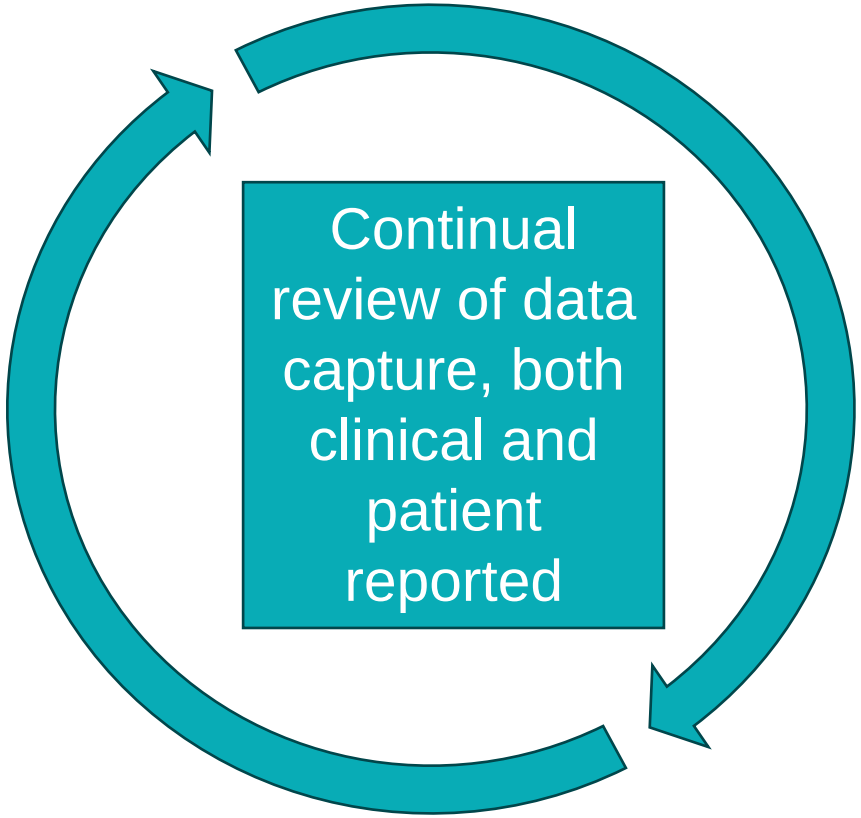
Vanderbilt Stallworth Rehabilitation Hospital

VANDERBILT UNIVERSITY MEDICAL CENTER

aapm&r

The Process





aapm&r

EHR Data Elements Overview

We are collecting EHR data over 10 Domains for both Low Back Pain and Ischemic Stroke:

- Patient Demographics
- Encounter Details
- Practitioner (clinician) Details
- Condition (diagnosis) Details
- Coverage Details
- Medication Details
- Observation Details
- Order Details
- Procedure Details
- Referral Details

	Low Back Pain	Ischemic Stroke
Total Number of Data Elements	92	92
Required	39	43
Highly Recommended	33	31
Optional	20	18

PRO Data Elements Overview

PROMIS® Domains

- Physical Function
- Anxiety
- Depression
- Fatigue
- Sleep Disturbance
- Ability to Participate in Social Roles and Activities
- Pain Interference
- Pain Intensity

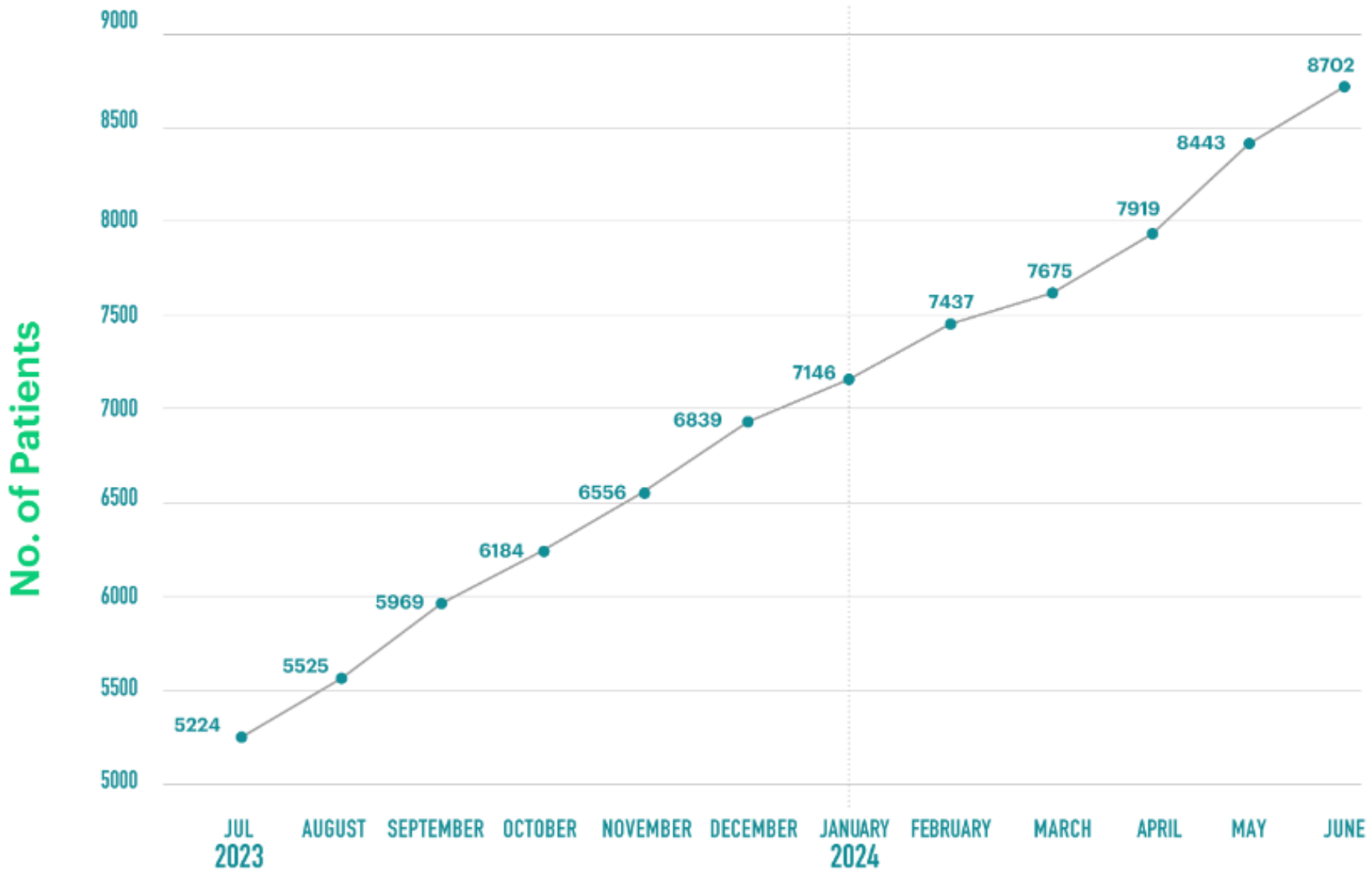
Additional Questions	Ischemic Stroke	Low Back Pain	Both
Work Status/Return to Work			✓
Blood Thinner Medications			✓
Complications			✓
Patient Satisfaction			✓
Readmission			✓
Medication Adherence			✓
Recreational Drugs			✓
Alcohol Use	✓		
*Exclusion Criteria: • Prior Surgery • Cancer Diagnosis • Worker's Compensation		✓	

aapm&r

AAPM&R Registry Patient Growth Over Time

aapm&r Registry

Better Practice. Better Outcomes.



aapm&r

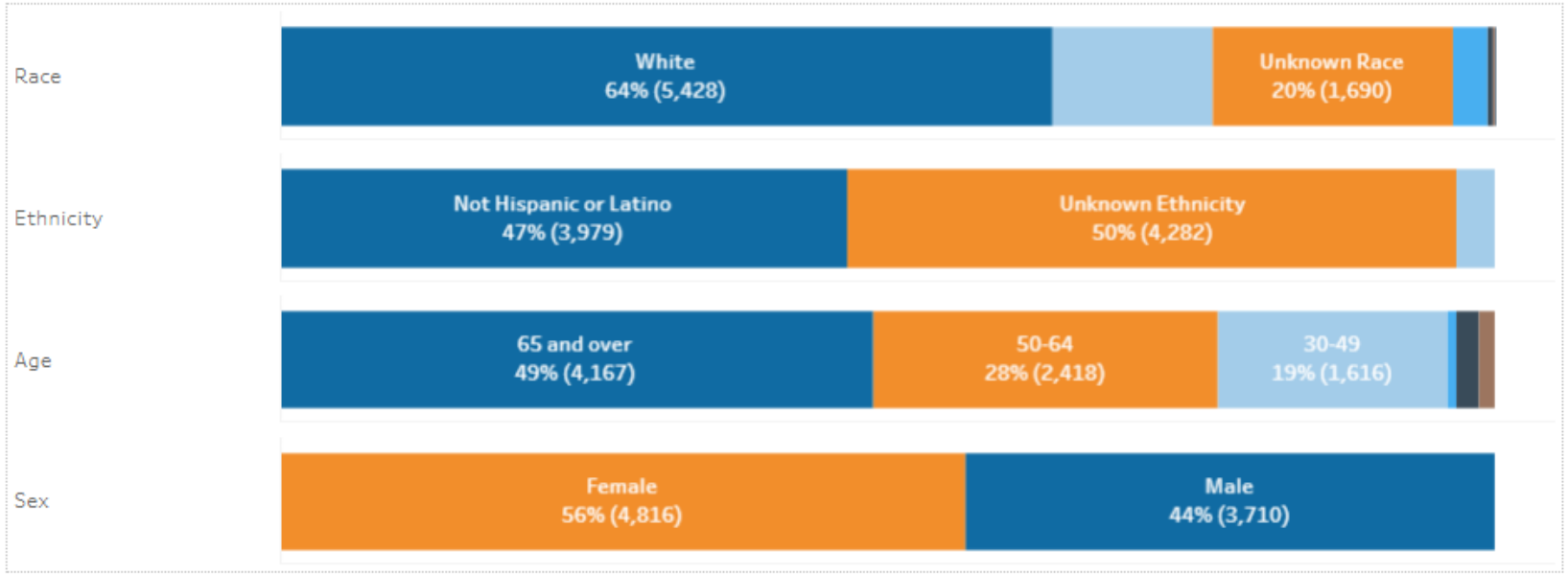
Registry Demographic Data (aggregate 7/11)

Demographic Data Exploration

Use this report to view a snapshot of your patient population.

Overview (Number of Unique Patients = 8,526)

Select a bar and scroll down to see a detailed breakdown of the measure and benchmarking metrics. All calculations are at the encounter level.



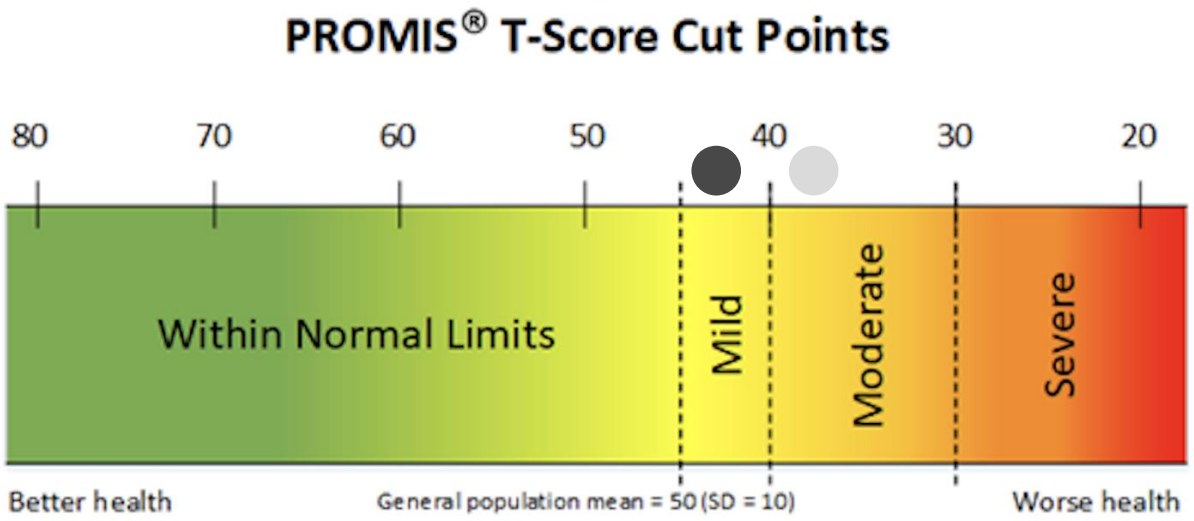
Race	% of Patients	Numbers of Patients
Native Hawaiian or Other Pacific Islander	0%	5
American Indian or Alaskan Native	0%	13
Asian	0%	35
Other Race	3%	241
Unknown Race	20%	1,690
Black or African American	13%	1,114
White	64%	5,428

Ethnicity	% of Patients	Number of Patients
Hispanic or Latino	3%	265
Unknown Ethnicity	50%	4,282
Not Hispanic or Latino	47%	3,979

Age Group	% of Patients	Number of Patients
18 and under	1%	54
19-24	1%	108
25-29	2%	163
30-49	19%	1,616
50-64	28%	2,418
65 and over	49%	4,167

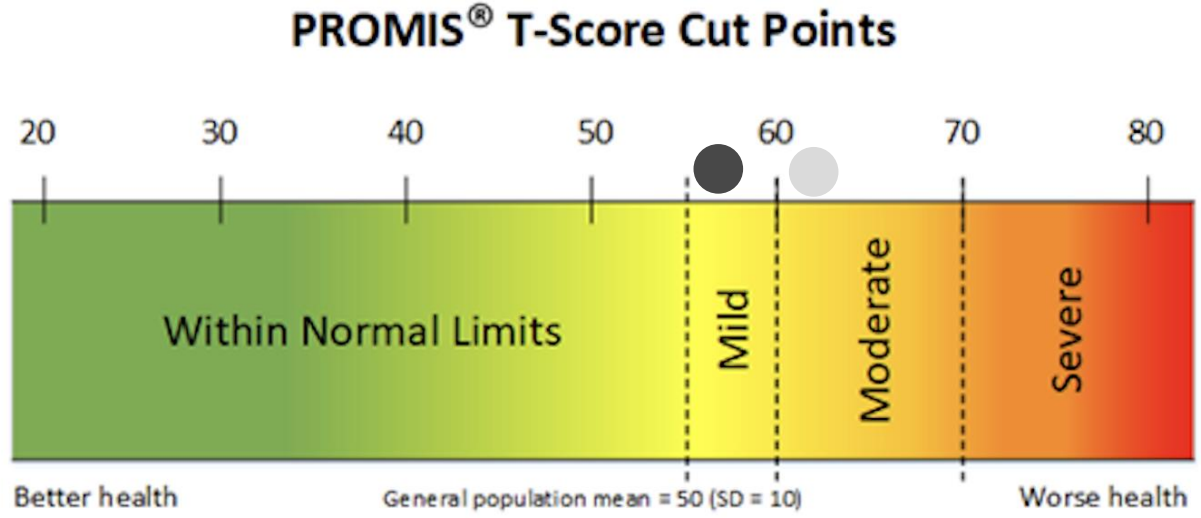
aapm&r

Registry Aggregate Data and PROMIS® T-Scores (LBP)



Physical Function

- Baseline
- 12-Months



Pain Interference

- Baseline
- 12-Months

aapm&r

Functional Trajectory of Individuals with Ischemic Stroke Characterized by the AAPM&R Registry

Armando Salonga Miciano MD
Nevada Rehabilitation Institute, Las Vegas NV

Andrew H. Gordon MD, PhD
US Physiatry, Reston, VA

aapm&r Registry
Better Practice. Better Outcomes.

Objectives

- Describe our collective progress with the AAPMR Ischemic Stroke Registry
- Reporting body function changes
  - 'BF' pain, anxiety, depression, fatigue, sleep disturbance
- Activity limitations (AL)
- Participation restrictions (PR) in individuals with ischemic stroke (IIS)

Using the International Classification of Functioning, Disability and Health's (ICF) disablement components; and appraising the general health status (GHS) of IIS.

Study Design / Setting

Observational study from the prospective data of the AAPMR Ischemic Stroke Registry, date range: 06/27/22-06/22/23.

Participants

N = 107 total (56 males, 51 females)

Age group
- 25-29 years old (n=2)
- 30-49 years old (n=13),
- 50-64 years old (n=41)
- 65 years old and over (n=51)

Main Outcome Measures

Functional performance (FP) qualifiers were quantified by the respective Patient Reported Outcome Measurement Information System-29 v2.0 (PROMIS) sub-scales:

1. Body Function changes, by the PROMIS for pain, anxiety (PROMIS-Anx), depression (PROMIS-Dep), fatigue (PROMIS-FA), and sleep disturbance (PROMIS-SD)
2. Activity limitations (AL), by PROMIS-Physical-Function (PROMIS-PF)
3. Participation restrictions (PR), by PROMIS-ability-to-participate-in-social-roles (PROMIS-Soc)
4. General Health Status (GHS) by PROMIS-Pain-Interference (PROMIS-PI).

Results

Diagnoses associated and reported include:

1. Signs and symptoms involving cognitive functions following stroke (15% population)
2. Dysphagia (13.2%)
3. Other sequelae of cerebral infraction (12.9%)
4. Dysarthria following cerebral infarction (9.5%)
5. Facial weakness following cerebral infarction (9%)
6. Left hemiplegia (7.8%)
7. Right hemiplegia (7.6%)
8. Aphasia (5.7%)

Results Cont.

BF changes characterized in IIS included:
- Pain intensity (Numerical Rating Scale: 0-10) 3.28

PROMIS T-scores (mean standardized to 50) as follows:
- Anxiety 52.87
- Depression 49.75;
- Fatigue 51.5
- Sleep disturbance 50.01
- Physical function 34.93
- Social roles 46.34
- Pain interference 52.76

Conclusions

Physiatrists often care for IIS with complex and wide range of diagnoses. Registry patients with ischemic stroke appear to have the following functional performance difficulties: mild pain intensity increases, more severe impairment in physical function, and moderate impairment with participating in social roles. Anxiety, depression, fatigue, and sleep disturbance scores have thus far classified within population normals.

Most frequent diagnoses associated with Physiatric care of ischemic stroke include cognition, dysphagia, dysarthria, facial weakness, hemiplegia, and aphasia. Many IIS were found to have impairments in function that could have been potentially overlooked during the course of their rehabilitation. By characterizing impact of ischemic stroke on these functional measures, this study will continue to characterize the ongoing value of Physiatry care and associated registry data collection in IIS.

SCIENTIFIC ABSTRACT, AAPMR Annual Assembly, 2023. New Orleans,

Functional Trajectory of Individuals with Low Back Pain Characterized by the AAPM&R Registry

Armando Salonga Miciano MD
Nevada Rehabilitation Institute, Las Vegas NV

Andrew H. Gordon MD, PhD
US Physiatry, Reston, VA

aapm&r Registry
Better Practice. Better Outcomes.

Objectives

- Describe the collective progress with the AAPM&R Low Back Pain Registry
- Reporting body function changes
  - 'BF' pain, anxiety, depression, fatigue, sleep disturbance
- Activity limitations (AL)
- Participation restrictions (PR) in individuals with low back pain (ILBP)

Using the International Classification of Functioning, Disability and Health's (ICF) disablement components; and, appraising the general health status (GHS) of ILBP.

Study Design / Setting

Observational study from the prospective data of the AAPMR Low Back Pain Registry, date range: 09/01/21 - 01/20/23

Participants

N = 320 total (140 males, 180 females)

Age group:
- >/= 65 years old - 45% of study population
- 50-64 years old – 29%
- 30-49 years old - 21%.

Main Outcome Measures

Functional performance (FP) qualifiers were quantified by the respective Patient Reported Outcome Measurement Information System-29 v2.0 (PROMIS) sub-scales:

- BF changes, by the PROMIS for pain, anxiety (PROMIS-Anx), depression (PROMIS-Dep), fatigue (PROMIS-FA), and sleep disturbance (PROMIS-SD);
- AL, by PROMIS-Physical-Function (PROMIS-PF);
- PR, by PROMIS-ability-to-Participate-in-Social-Roles (PROMIS-Soc); and,
- GHS, by PROMIS-Pain-Interference (PROMIS-PI).

Results

Diagnoses associated and reported include:

- Lumbar radiculopathy (28.6%)
- Lumbar spondylosis (16.6%)
- Myalgia (7.5%)
- Lumbar stenosis with neurogenic claudication (6.5%) and without (5.7%)
- Other intervertebral disc degeneration, lumbar region (5.3%)

Results Cont.

BF changes characterized in ILBP included:

- Pain intensity (Numerical Rating Scale: 0-10) 5.94
- PROMIS T-scores (mean standardized to 50) as follows:
  - Anxiety 50.65
  - Depression 48.56
  - Fatigue 52.02
  - SD 51.71
  - PF 39.49
  - Soc 46.03
  - PI 61.63

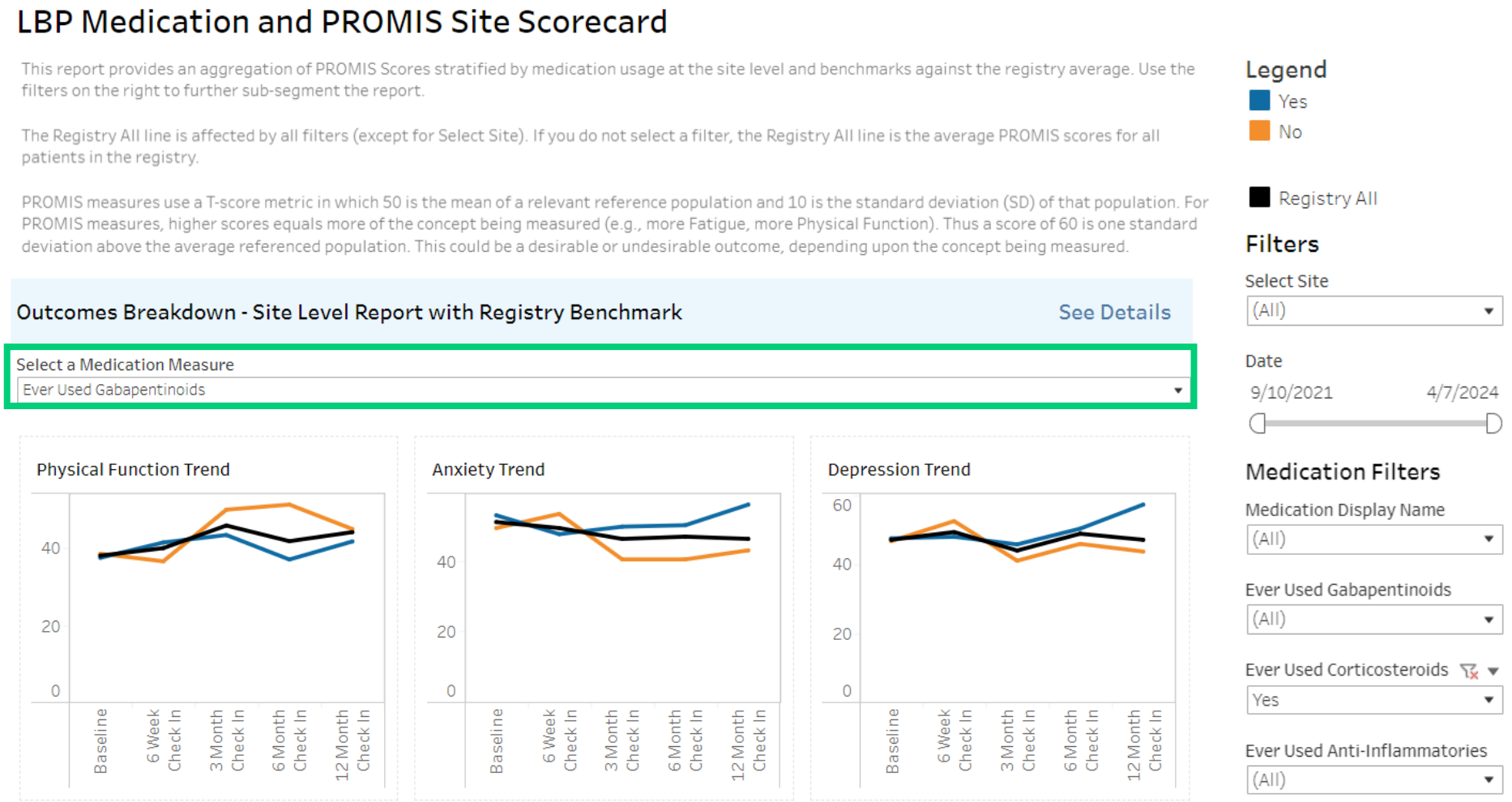
Conclusions

Physiatrists often assess ILBP in which anxiety, depression, and fatigue were stratified within population norms but with the following functional performance changes: moderate pain intensity, severe AL, and moderate PR. Notably, physiatrists provide care for individuals with moderate changes in their GHS.

Many ILBP were found to have impairments in function that could have been potentially overlooked during the course of their rehabilitation. By characterizing impact of ILBP on these functional measures, this study will continue to describe the ongoing value of physiatry care and associated registry data collection in ILBP.

SCIENTIFIC ABSTRACT, AAPMR Annual Assembly, 2023. New Orleans

Registry Next Steps: New Reports



Using the power of the data and the registry we are now able to start learning and understanding how medications impact outcomes.

We plan on doing the same with procedures data later in 2024.

aapm&r

Registry Next Steps:
Patient-Reported Outcomes Only Module

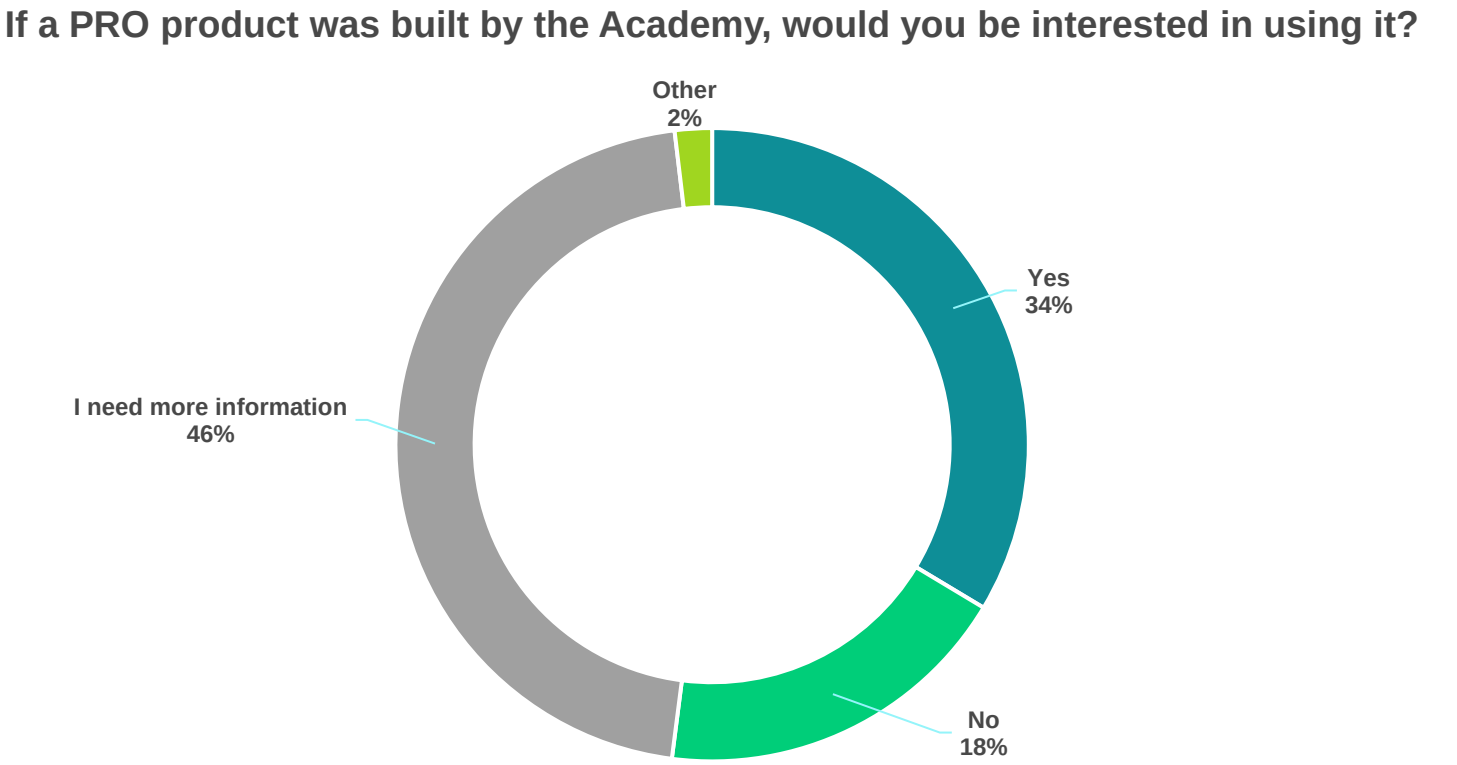
- The Registry Steering Committee is currently investigating a new Registry product – a PRO only module.

- This module would not have an EMR connection like our current Registry, but would instead focus on a minimal data set via web-entry which would launch the PRO survey/s.

- This would allow for a greater number of our members to participate and for the Academy to collect data outside of Ischemic Stroke and Low Back Pain.

Patient Reported Outcomes - What We Have Learned from Membership

We surveyed our membership to understand the desire for a PRO only product and heard back from 369 members (as of 7/10/24)



AAPM&R's Research Focus

We conducted a survey of members on what they believed the top research priorities should be for the specialty and the Academy.

1) **Defining a research agenda for PM&R as a field**
2) **Collection of PM&R data that will drive future quality improvement and research**
3) **Establishment of evidence-based guidance for care**
4) **Advocating for national research related to PM&R and its patient populations**

The new Strategic Coordinating Committee will be meeting in August to define its research workplan for 2025 and beyond.

aapm&r

Discussion

Annual Assembly and Beyond, Ways to Engage with PM&R Physicians

Amy J Houtrow, MD, PhD, MPH

#aapmr24

SAN DIEGO, CA & VIRTUAL
NOVEMBER 6-10, 2024

Annual Assembly:

- **Preconference courses:**
  - Concussion and Mild TBI STEP
  - Ultrasound Clinical Applications of the Extremities: STEP 1
  - **New!** EDX ReBoot Camp
- **Popular Job and Fellowship Fair: New Time**
  - 5:15 – 7:30 pm PT

aapm&r

Annual Assembly: Advance Clinical Focus Days

Pediatric Rehabilitation (Thursday, November 7)

- Decision Making in the Use of FDA Approved Treatments for Children with Duchenne Muscular Dystrophy
- Pediatric Cryoneurolysis: The Cold Facts
- Let’s Have an Argument: Controversial Case Presentations in Cerebral Palsy

Annual Assembly: Advance Clinical Focus Days

Inpatient Rehabilitation (Thursday, November 7)

- More than a Disposition: Critical Care Rehabilitation Medicine
- Under-resourced Transitions in Other Parts of the Country
- Polytrauma Management on the Acute Unit

Annual Assembly: Advance Clinical Focus Days

MSK and Sports (Friday, November 8)

- Point/Counterpoint: Needle or No Needle?
- Around the Rehab Horn
- Physiatrist Leaders in Sports

Annual Assembly: Advance Clinical Focus Days

Cancer Rehabilitation (Friday, November 8)

- History/Exam for Pelvic Pain
- Sexual Health in Cancer Patients
- Physiatrist Management of Pelvic Pain

Annual Assembly: Advance Clinical Focus Days

Pain and Spine (Saturday, November 9)

- Has Peripheral Nerve Stimulation Finally Arrived?
- What to Do and What NOT to Do Procedurally for Young People with Axial Low Back Pain: A Debate Amongst Proceduralists!
- Billing and Coding and Pain and Spine Medicine

Annual Assembly: Advance Clinical Focus Days

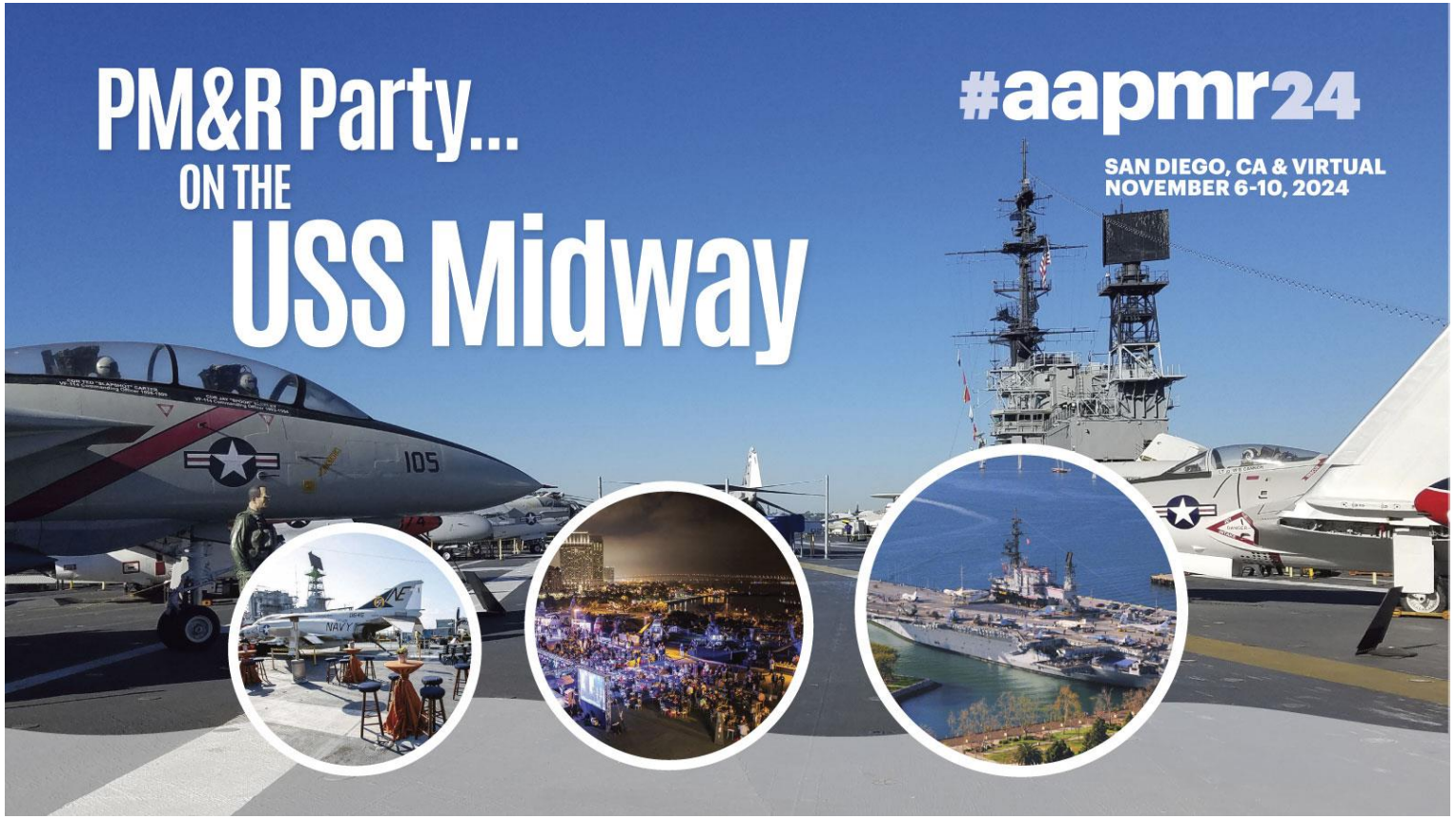
Neuro Rehab (Saturday, November 9)

- The Elusive Crytal Ball: Prognosticating Neurologic Injury
- Spinal Cord Stimulation
- Beyond Botulinum Toxins: Advanced Spasticity Management

Plenary Speakers

- Wife & Death & Comedy, Speaker: Will Flanary, MD (aka Dr. Glaucomflecken)
- One More Thing, One More Time, Josh Sundquist
- Lifestyle Medicine for Patients and Providers, Elizabeth Pegg Frates, MD
- Popular Phyztalks

Annual Assembly



Annual Assembly: PM&R Pavilion

- Poster area (Research Hub)
- Three theaters
- Learning Center with four pods
- Career Corner
- ***New!*** Center Café –
  - A place to relax
  - Coffee during open hours
  - ***New!*** Service activity – surfboard painting
- ***New!*** Professional headshot booth
- ***Returning!*** Adaptive sports activity
- ***New!*** Dog park
- ***Expanding!*** Member meet-up areas
- Lunches in the PM&R Pavilion

Annual Assembly: PM&R Pavilion

New! Resident Experience on Thursday – includes an "ask the expert" session about building a Spasticity Practice

New! Medical Student Experience on Saturday

New! Industry Focused Session – Continuing the Conversation of the session *Navigating the Intersection of Pharma and Industry Influence on Our Field,* Monica Verduzco Guitierrez, MD, and more

Annual Assembly: PM&R Pavilion

- Exhibits!
- AAPM&R is making extra efforts to market connections between the right attendees and the right companies.

Beyond the Annual Assembly

- Webinars
- Market Research
- Focus Groups
- Education/Content Sharing
- Collaboration with Health Policy and Research Teams
- Larger Spasticity Initiative -- *model for other areas as well*
- More

DISCUSSON / THANK YOU!

- How do you prepare for engagement with physicians at the Annual Assembly?
- How do you engage with PM&R physicians outside of the Annual Assembly?
- Are there opportunities you believe AAPM&R should be exploring?
- What other ideas do you have?

Thank you!

- Feedback/Reflection?
- Please complete survey when you receive it – we value your feedback.
- We look forward to seeing you in November in San Diego!
- As always, thank you for your collaboration.

#aapmr24

SAN DIEGO, CA & VIRTUAL
NOVEMBER 6-10, 2024

#aapmr25
October 22-26, 2025
Salt Lake City, Utah