

AAPM&R's Advocacy Strategy: Action with an Impact

WHY YOU SHOULD CARE:

The changes occurring in health care are impacting the position and scope of the specialty, in addition to patient access. In short, your work as a physical medicine and rehabilitation (PM&R) physician is at risk. However, if the specialty unites, engages, and takes proactive action, there are new opportunities for physiatrists to be successful in the future of health care.

WHY AAPM&R CARES:

Our core purpose is to advance our members' ability to serve patients. If regulations and new models of care prohibit or limit you from serving your patients, AAPM&R is at the table aggressively advocating on your behalf.

Our advocacy approach is always about how we can positively impact change for the specialty and the patients you serve. Your Academy is not just following issues, but actively participating in the discussions and advocating for the specialty. **In advocacy, strength in voice matters.** For this reason, AAPM&R continues to plead with all physiatrists to get involved, and support the Academy's efforts through membership.

In 2015, AAPM&R membership helped support:

- Full-time staff, located in Washington DC, focused on policy and reimbursement advocacy.
 - This provides the ability to attend in-person, stakeholder gatherings and meetings with legislators and regulators at a moment's notice, in order to proactively engage and lobby to advance our position and status as an advocacy organization.
- The services of Powers, Pyles, Sutter, and Verville (PPSV), the Academy's lobbying firm.
- More than 100 visits by Academy staff and member volunteers with Congressional and Committee staff.

- The writing, commenting, and signing of more than 60 letters on topics including:
 - Reimbursement issues
 - Patient access issues
 - EHR/Meaningful Use
 - Quality reporting
 - Spine/pain issues, including opioid abuse
 - Sports medicine issues, including concussion
 - Post-Acute Care issues
 - Rehabilitation research
- Liaisons to more than 48 commissions, work groups, task forces, partnerships, and societies.
 - To view the full listing, visit www.aapmr.org and type "Liaisons" into the search bar.

In 2016, the efforts of your Academy continue. There are challenges for the specialty ahead. Your Academy is prioritizing financial resources and the expertise of its members and staff to focus on key issues in 2016.

Post-Acute Care (PAC) Reform

Fact: Roughly 1/3 of physiatrists primarily practice in a PAC setting, and all PM&R training programs are located in PAC settings.

In 2014, Congress passed the *Improving Medicare Post-Acute Care Transformation Act of 2014* (the IMPACT Act). The Act requires submission of standardized patient assessment data, including quality measures and resource use, by:

- Long-Term Care Hospitals (LTCHs)
- Inpatient Rehabilitation Facilities (IRFs)
- Skilled Nursing Facilities (SNFs)
- Home Health Agencies (HHAs)

Physiatrists work in all of these settings!

Currently, each PAC setting has its own payment structure and utilizes different tools for quality measurement.

The IMPACT Act calls for the measures it implements to be adopted by a national consensus standard. AAPM&R supports quality measures in PAC environments that accurately assess patients' improvement and function. The data must be gathered and analyzed in order to ensure patient care is not negatively impacted. Your Academy strongly opposes any reimbursement changes and shifts in patient settings until this data is collected and analyzed. Also, many of the PAC proposals set forth in the President's budget for FY 2017 are problematic because they ultimately restrict patient access to rehabilitation services. As such, AAPM&R is opposed to and advocating against the following:

- Bundling: Bundled payments for PAC providers—*more data is needed!*
- 60% Rule: Increasing the 60% Rule to 75% for inpatient rehabilitation hospitals and units would further restrict access to this setting of care based solely on a patient's diagnosis rather than their medical and rehabilitation needs.
- Outpatient Therapy Caps: Caps in coverage impact patients who need rehabilitation therapy the most.

In 2015, H.R. 3298 was introduced that supports value-based purchasing as an important concept to be applied to PAC services. AAPM&R has participated in meetings with Congressional staff to urge consideration of timing vis-à-vis implementation of the IMPACT Act, the inclusion of functional measures to truly understand the impact of PAC services on patient outcomes, and the size of the withhold itself.

Also, in January, Paul Smedberg, AAPM&R director of advocacy and government affairs, represented the specialty at the Medicare Payment Advisory Commission (MedPAC) meeting where they were *Assessing Payment Adequacy and Updating Payments: Inpatient Rehabilitation Facilities Services*. As of press time, we anticipate a report to be coming out later this month on this subject, and the Academy plans to respond based on the contents of its findings.

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Rehabilitation Research Bill Passes in Key Senate Committee Vote. See **page 4**.

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