

# AAPM&R'S ROAD TO DEFINING QUALITY FOR PM&R

## 2021-CURRENT

AAPM&R prioritizes defining standards of care for PM&R while advancing real-world collection efforts.

- Spasticity Consensus Guidance well underway
- PRP/OA of the Knee Guidance development kicked off

- Over 5000 unique patient records
- Over 900 patient-reported outcome surveys filled out

## 2020

The AAPM&R Registry launches as a refocused effort to measure PM&R's direct impact.

Initial clinical areas were selected because the majority of our members treat patients with at least one of these diagnoses.

- Low Back Pain
- Ischemic Stroke

## 2016

AAPM&R focused on building a Registry to help members meet their reporting requirements for the Merit-Based Incentive Payment System (MIPS).

MIPS was created under the newly-implemented Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, which developed the value-based driven Quality Payment Program that:

- Repealed the Sustainable Growth Rate formula
- Changed the way Medicare rewarded clinicians for value over volume



## TODAY

### GET INVOLVED!

Together, we *must* ensure PM&R is respected as essential medical experts in value-based evaluation, diagnosis and management of neuromusculoskeletal and disabling conditions. Email: [healthpolicy@aapmr.org](mailto:healthpolicy@aapmr.org); [guidance@aapmr.org](mailto:guidance@aapmr.org); or [registry@aapmr.org](mailto:registry@aapmr.org).



## 2020

AAPM&R creates multidisciplinary standards of care for persons experiencing Long COVID.

Seven consensus guidance statements published to date leads to PM&R recognition and respect as multi-disciplinary medical experts.



## 2020

The AAPM&R Registry launches as a refocused effort to measure PM&R's direct impact.

Initial clinical areas were selected because the majority of our members treat patients with at least one of these diagnoses.

- Low Back Pain
- Ischemic Stroke



## 2017-2019

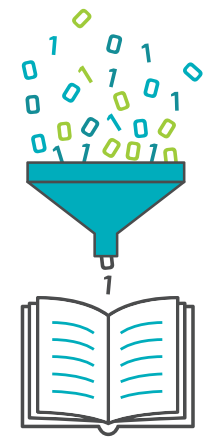
AAPM&R re-focuses its Registry data strategy toward a long-term patient-centric focus.

Patient-Reported Outcome Measures are increasingly being utilized to evaluate success of clinical care under the value-based healthcare movement. AAPM&R is making the commitment to facilitate capture of the PROMIS-29® as the validated patient reported outcome tool for the AAPM&R Registry.

## REGISTRY

### THE CHALLENGE: Creating an Effective Care Continuum

Rehabilitation is being devalued. Although PM&R data has been collected, very little national aggregate data and research are available. This presents an opportunity for PM&R to prove its value in the care continuum where it is not understood and is undervalued.



### THE SOLUTION: AAPM&R's Registry

The AAPM&R Registry is a single repository of data that will track "real-world" care nationally to define rehabilitation practice, move rehabilitation forward and improve patient outcomes. The AAPM&R Registry is the first for PM&R and the only symptom vs. diagnostic-based registry in existence, poised to efficiently capture the essential data, saving you time and effort to focus on what really matters: your patients.

#### Providing the Full Picture of Rehabilitation Care

Patient-Reported Outcome (PRO) 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 data.

#### How PRO Works in the AAPM&R Registry

Using PROMIS®29, a global tool that is used across clinical diagnoses and settings, assessments are filled out by a patient or a proxy to inform clinicians on several data points, like pain, quality-of-life, goals and other important metrics. The survey is comprised of 29 questions over eight different domains:

- Physical function
- Anxiety
- Depression
- Fatigue
- Sleep disturbance
- Ability to participate in social roles and activities
- Pain interference
- Pain intensity

Additional PRO data such as return-to-work, complications and readmissions is also collected. Over time, as patient data is amassed, clinicians can assess patient improvement as well as their overall health status. An individual login is assigned to each participant allowing them easy access to the Registry and its reports at their convenience—from any place and time.

#### Streamlining the PRO Process

AAPM&R's Registry streamlines the PRO process by capturing data quickly and accurately with results depicted in easy-to-read dashboard reports, allowing participants to compare patient outcomes, professional performance, and care processes against other physicians across the country. Using AAPM&R's Registry, physiatrists will learn from each other about what treatments are ideal and result in the best outcomes, giving you the data needed to demonstrate your value and improve your care.

*"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 we do is making a difference."*

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



#### Registry Benefits: For Institutions and Practices

Participating in the AAPM&R Registry allows you to:

- Benchmark your practice
- Improve patient care
- Manage patient populations
- Join a community of quality improvement

AAPM&R's Registry needs institutions and practices who are committed to quality improvement to be part of this journey with us. Ischemic stroke and low-back pain are two critical areas that most physiatrists treat. The Registry will expand data collection efforts to other clinical areas in the future.

We're looking for sites that are:

- Highly-motivated, QI-centric centers
- Are currently collecting and/or ready to begin collecting Patient-Report Outcomes (PROs)
- Can participate in AAPM&R Registry committees to continuously evaluate and evolve the Registry

Learn more about participation at [aapmr.org/registry](http://aapmr.org/registry) or email [registry@aapmr.org](mailto:registry@aapmr.org).

# aapm&r Registry

Better Practice. Better Outcomes.

AAPM&R's Registry would like to thank the following participating sites for being early adopters of the Registry.



## Quality Improvement and Research – Why is it Important?

AAPM&R is committed to promoting quality and research within the field. We empower psychiatrists to participate in quality improvement initiatives and contribute to groundbreaking research.

Quality improvement initiatives enhance patient outcomes, improve safety and optimize healthcare processes. By systematically analyzing data, identifying areas for improvement and implementing evidence-based practices, healthcare systems can achieve better patient outcomes, reduce medical errors and enhance the overall care experience. Research also fuels innovation and drives advancements in medical knowledge by uncovering new treatments, diagnostic tools and preventive strategies that can transform healthcare practices. Ultimately, the synergy between quality improvement and research fosters a culture of continuous learning, innovation and excellence in healthcare.

### Why PROs are Important and the Need for PM&R to Prioritize Them

As healthcare evolves, patient-centered care has emerged as a guiding principle, emphasizing the importance of understanding patients' experiences, perspectives and treatment goals. Patient Reported Outcomes (PROs) provide a window into the lived experiences of individuals undergoing rehabilitation and can greatly enhance quality-of-care. By collecting PROs, you gain valuable insights into the subjective aspects of patients' conditions, allowing you to tailor treatment plans, track progress and make informed decisions. With advancements in technology and data management systems, the process of collecting and analyzing PROs has become more streamlined and accessible than ever before. Embracing PROs not only enhances the quality-of-care you deliver but also positions you at the forefront of a patient-centered healthcare revolution. The time is now to seize this opportunity and integrate PROs into your practice.

### The Importance of Defining Standards of Care

Defining psychiatric standards is crucial for several reasons.

- Standards serve as a benchmark for evaluating and ensuring the quality-of-care provided by psychiatrists. They establish a clear framework of expectations and guidelines that help maintain consistency, effectiveness and safety in medical practice. Standardization also promotes best practices and evidence-based approaches, which are vital for optimizing patient outcomes and reducing variability in treatment outcomes.
- Standards enhance patient safety and protect their rights. By establishing protocols, guidelines and ethical principles, standards help prevent medical errors, promote informed decision-making and protect patients from potential harm. They also provide a foundation for informed consent, privacy protection and patient-centered care.
- Standards facilitate professional development and ongoing education within psychiatry, providing a roadmap for training programs, certification and continuing education, ensuring that psychiatrists stay updated with the latest advancements, techniques and research. Standards also promote collaboration and knowledge-sharing among professionals, fostering a collective effort of continuous improvement.
- Standards instill confidence in patients, healthcare providers and the broader healthcare system by establishing a solid framework of accountability, quality assurance and ethical conduct, reinforcing the professionalism and integrity of the specialty.

While each of these areas are able to advance on their own, the strength of bringing them together will achieve the Academy's PM&R BOLD strategy in a powerful way.

### Developing Guidance Statements

In 2020, AAPM&R began the development of guidance statements through the AAPM&R Multi-disciplinary Post-Acute Sequelae of SARS-CoV-2 infection (PASC) Collaborative. This marked the first time PM&R and the Academy drove guidance development.

Our PASC learnings sparked dialogue on the value of guidance and how this work could provide greater value to the specialty. As one example, the Academy hosted "reporter roundtables" when PASC guidance statements were released. A variety of reporters attended these roundtables to hear directly from PM&R experts, leading to many requests to interview PM&R physicians for hundreds of PASC news stories. Establishing this credibility allowed us to communicate more about the value of PM&R early and throughout the healthcare continuum to key stakeholders – primary care and hospital c-suite.



In July 2021, AAPM&R's Evidence, Quality and Performance Committee had a strategic discussion on developing a path forward for the translation of their systematic environment scans and evidence reviews into AAPM&R Specialty Guidance development. The ability to systematically evaluate the current evidence base for psychiatry, define standards/best practices and publicize them will elevate the specialty, advance the awareness, appreciation and value of psychiatry among key stakeholders outside of PM&R. By developing our own guidance statements, we produce usable, relevant evidence-based recommendations for interventions, tests or specific clinical areas. Find more information at [aapmr.org/guidance](http://aapmr.org/guidance).

Quality guidance development continues in three areas:

- Long COVID (seven manuscripts published to date—see below; two more in development in mental health and our compendium statement)
  - Neurological Symptoms
  - Autonomic Dysfunction
  - Fatigue
  - Cognitive Symptoms
  - Pediatrics
  - Cardiovascular Complications
  - Breathing Discomfort
- Spasticity
- Biologics OA of the Knee



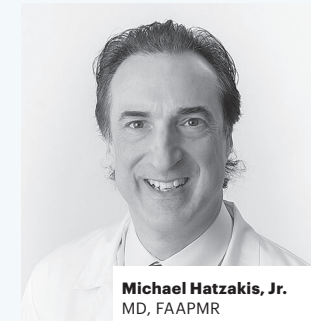
Guidance Statements Through the AAPM&R Multi-disciplinary Post-Acute Sequelae of SARS-CoV-2 infection (PASC) Collaborative

### AAPM&R's Strategic Coordinating Committees Bring Renewed Focus

To advance the Academy's steadfast commitment to quality, research, advocacy and policy, the Board of Governors is recommending a restructure of the existing Quality, Practice, Policy and Research (QPPR) Committee into two separate Strategic Coordinating Committees for confirmation at the AAPM&R Business Meeting in November. This new committee structure will provide a renewed focus, build capacity and allocate additional resources to our policy and research efforts.

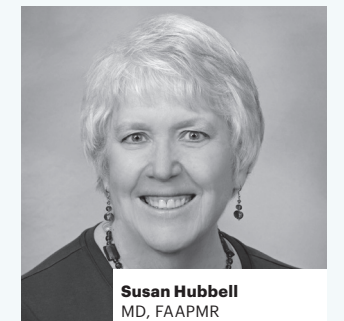
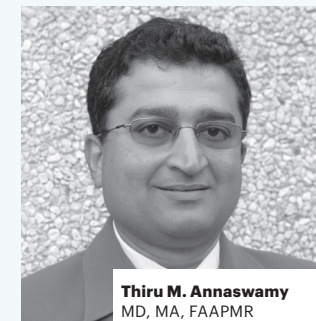
A new Strategic Coordinating Committee will be created and named the Quality and Research Committee, led by James Sliwa, DO, FAAPMR. This committee's efforts will focus on quality improvement, patient safety, guidance and research. The Quality and Research Committee, working closely with the Registry Steering Committee, chaired by Michael Hatzakis, Jr., MD, FAAPMR, will oversee the work of the Evidence, Quality and Performance Committee and the Clinical Practice Guidelines Committee. The Quality and Research Committee will develop its priority focus areas to address needs around:

- Creating AAPM&R's overall quality and research strategy
- Developing AAPM&R's strategic approach for collecting and analyzing Patient Reported Outcomes data
- Defining psychiatric standards of care across the continuum, which are critical for:
  - Serving as a benchmark for psychiatry's quality-of-care
  - Enhancing patient safety
  - Facilitating professional development and ongoing education within psychiatry
  - Instilling confidence in patients, providers and across the healthcare system
- Developing guidance statements relevant to our specialty
- Evaluating the current evidence base for psychiatry, and advancing the awareness, appreciation and value of PM&R among key stakeholders



The Quality, Practice, Policy and Research Committee, currently led by Thiru M. Annaswamy, MD, MA, FAAPMR, will be renamed the Health Policy, Practice and Advocacy Committee, and will be led by Susan Hubbell, MD, FAAPMR. This committee will have a reinvigorated focus on policy and practice needs as well as the following on advocacy priorities:

- Fighting to Reduce Psychiatrist Burden by Removing Prior Authorization Struggles
- Fighting Against PM&R Physician Fee Cuts and For Improved PM&R Physician Payment
- Defending the Role of Psychiatrists Against Encroachment from Non-PM&R Physicians and Non-Physicians
- Working to Preserve Psychiatrists' Expertise in Determining Medical Necessity in Inpatient Rehabilitation Facility (IRF) Admissions
- Advocating for Expanded Telehealth Innovations and Enhanced Ways for Psychiatrists to Advance Patient Care
- Advancing Long COVID Advocacy to Position PM&R Physicians as Leaders in Multi-Disciplinary Care
- Preparing Psychiatrists to Navigate Through the End of the COVID-19 Public Health Emergency



These two committees will boldly work together to protect, defend and define the future of PM&R for our members, the patients we serve and the specialty as a whole. We thank our dedicated member volunteers for their time and leadership!

For more information about the Strategic Coordinating Committee Bylaws amendment recommendations, visit [aapmr.org/businessmeeting](http://aapmr.org/businessmeeting).

### CMS Released 2024 Medicare Physician Fee Schedule Proposed Rule

On July 14, the Centers for Medicare & Medicaid Services (CMS) published the annual Medicare Physician Fee Schedule proposed rule. The rule describes proposed payment, policy, and quality program changes for 2024, including several proposals which impact psychiatry. AAPM&R is currently reviewing the rule in detail and will provide specifics, including proposed changes to RVU values and payment for psychiatric services, in the coming weeks. For more information, visit [aapmr.org/advocacy/current-priorities/reimbursement-advocacy](http://aapmr.org/advocacy/current-priorities/reimbursement-advocacy).