

Data, the AAPM&R Registry and Your Future

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Rusk Rehabilitation at NYU-Langone Health, where I currently serve as Department Chair, is celebrating the 75th anniversary of its founding. Howard Rusk established the first university-based rehabilitation hospital in the United States in 1948, growing a department based on his experiences as an Air Force physician during World War II. He learned valuable lessons attending to sick and injured service personnel during the War, including the importance of treating the whole person and avoiding unnecessary periods of prolonged rest. Dr. Rusk knew then what we now take for granted; exercise should be incorporated into treatment plans! One decade after he established what was then called the Institute for Rehabilitation Medicine, Physical Medicine and Rehabilitation was recognized as a unique specialty by the American Board of Medical Specialties. PM&R enjoyed several decades of tremendous growth, with multiple beneficiaries: hospital systems, physiatrists, and most importantly patients with disabilities. During our early years, few were better at disseminating the values of physiatry to the public, elected leaders and philanthropists than Dr. Rusk. He frequently demonstrated how rehabilitation brought out the inherent abilities of people with severe physical challenges, permitting them to lead productive and satisfying lives previously thought unachievable. But an important missing component of his unique and effective dissemination skills was data supported by scientific inquiry.

In today's healthcare environment, simply witnessing a child with cerebral palsy walk or an adult with paraplegia return to work no longer suffices as proof of PM&R's effectiveness. By the time I entered the world of physiatry in the early 1990s, the value of what physiatrists and their teams bring to medicine began to be questioned due to the scarcity of supporting scientific data. The trend of denials for the services we offered grew accompanied by requests for proof it was better than an alternative and seemingly less expensive approach.

Fortunately, many in the PM&R world have and continue to heed the call to inquire, investigate and research, providing valuable insights into the contributions physiatry adds to medicine. Collectively, it forms an important foundation of PM&R BOLD, in which physiatrists are recognized as:

- The essential medical experts in value-based evaluation, diagnosis and management of neuromuscular and disabling condition.
- Indispensable in directing rehabilitation and recovery, and in preventing injury and disease.
- Vital in optimizing outcomes and function early and throughout the continuum of patient care.

While there is notably more evidence of our value now than when I started my training, the need for even more continues to grow as we transition from fee-for-service to value-based medicine.

Recognizing we are not all researchers, we can all contribute to the body of evidence proving the value we bring to medicine and our patients. The Academy launched its Registry several years ago, collecting data and patient-reported outcomes in back pain and ischemic stroke. It is the only symptom/diagnostic-based registry in existence, permitting physiatrists to capture their specific impact on patient care and outcomes.

Big data is essential in today's ever-changing healthcare environment with the AAPM&R Registry providing a means many can contribute, ultimately demonstrating our immense value to patient care and outcomes. Several large PM&R departments, including my own, contribute to the Registry. My faculty and I recognized the importance of big data for physiatry's future then worked with our IT team and the Academy to link our system with the Registry. We now feel confident we are contributing to important data collection while gauging our own value within and external to our healthcare system. To date, the Registry has collected data on more than 5,000 patients, with more PM&R practices poised to join the effort.



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I encourage you to join Rusk Rehabilitation and other leading PM&R departments in the country, including Allina Health, Brooks Rehabilitation, Lifespan Physician Group, Rehabilitation Institute of St. Louis, Shepherd Center, Shirley Ryan AbilityLab, Vanderbilt Stallworth and Vanderbilt University, in participating in the Registry, with several more in the process of joining. You will be advancing the future of physiatry as well as your own practice. Data collected will also be used to guide future care by better understanding the relative effectiveness of our interventions. This will be immensely valuable in our development of guidance statements, furthering the positive impact of PM&R. Turn to pages 6-7 for more information about the Registry and how to participate.



Check out our YouTube channel

to listen to Dr. Flanagan discuss the barriers our field needs to address in order to reach our BOLD goals. Topics he is addressing include medical education, leadership training, awareness of the specialty, advocacy, data and quality, and workforce shortages. Learn more at aapmr.org/boldvideos.