

## AAPM&R's Advocacy Priorities

As the primary medical society for PM&R, AAPM&R is the organization that advocates on behalf of PM&R physicians and their patients. We are continuing to position PM&R physicians as essential leaders early and across the healthcare continuum. We are defending against threats to PM&R practices.

In 2023 we are focused on:

### 1. Fighting to Reduce Psychiatrist Burden by Removing Prior Authorization Struggles

- » AAPM&R's efforts aim to reduce the burden of your daily work by exposing the flaws of the "peer-to-peer" system and decreasing lengthy response times from plans, while protecting the aspects of your career that you enjoy.
- » We continue to push CMS on regulatory reforms to reduce the burdens imposed by unnecessary prior authorization requirements through both individual Academy and coalition comments as well as Capitol Hill visits.
- » We also partner with numerous coalitions to amplify our impact:
  - We are members of the Regulatory Relief Coalition (RRC), a group of national physician specialty organizations advocating for regulatory burden reduction in Medicare.
  - We also participate in other coalitions interested in reforming prior authorization processes, including the Coalition to Preserve Rehabilitation (CPR).

### 2. Fighting Against PM&R Physician Fee Cuts and For Improved PM&R Physician Payment

- » AAPM&R remains committed to pursuing fair reimbursement for physician-led care in the ever-changing healthcare environment. Medicare physician payment reform was a top priority during Congressional meetings for HP&L's Hill Day this spring, where we advocated for high-quality, high-value care and sustainable positive annual updates to the Medicare Physician Fee Schedule in meetings with more than 20 Congressional offices.
- » In response to the shift toward a value-based payment system, we published AAPM&R's Principles for Alternative Payment Models. The principles help guide essential advocacy and knowledge building for our members and is a tool to demonstrate how PM&R can successfully contribute to value-based care initiatives when addressing stakeholders such as payers, hospital administrators and lawmakers. Learn more at [aapmr.org/advocacy/position-statements](https://aapmr.org/advocacy/position-statements).

### 3. Defending the Role of Psychiatrists Against Encroachment from Non-PM&R Physicians and Non-Physicians

- » For years, AAPM&R has been fighting national and local scope of practice expansion battles to protect and preserve the leadership role of psychiatrists on the healthcare team. As the specialty society for PM&R, we believe that PM&R physicians are the most qualified to lead the team of medical specialists, therapists and practitioners involved in a patient's rehabilitative care. Your Academy is actively lobbying against federal and state scope of practice expansions by organizing grassroots advocacy campaigns. Academy members have sent more than 500 letters to their representatives this year, taking a united stand for high-quality patient care.
- » In late 2022, the Academy learned that the National Basketball Association (NBA) made updates to their Team Health and Performance Personnel policy, which placed unique and unwarranted restrictions on psychiatrists' capacities to serve as sports medicine team physicians in the NBA. AAPM&R contacted the NBA quickly and has hosted town halls with members to understand what they are experiencing. AAPM&R is in the process of creating a workgroup with a goal of increasing the understanding and value of what we do in sports medicine and positioning PM&R as leaders in sports medicine. They will work closely with our Specialty Brand Expansion Committee, who is tackling awareness of the specialty and promoting the value of PM&R among key stakeholders.

### 4. Working to Preserve Psychiatrists' Expertise in Determining Medical Necessity in Inpatient Rehabilitation Facility (IRF) Admissions

- » The Office of the Inspector General (OIG) is conducting a new nationwide audit of 2022 claims. With the support of dedicated PM&R member volunteers, AAPM&R is partnering with the American Medical Rehabilitation Providers Association and the Federation of American Hospitals to provide feedback on the audit while the OIG conducts its work. While the OIG is bound to remain independent in conducting this audit, it has agreed to accept data and substantive input from our organizations, throughout the course of the audit itself. The goal of this innovative project is to help identify any specific areas that might require clarification in the regulations and make meaningful recommendations to decrease the IRF admissions error rate and have a positive impact on the Medicare IRF benefit. The OIG will conduct this nationwide IRF audit throughout 2023, with a final report expected in 2024.

### 5. Advocating for Expanded Telehealth Innovations and Enhanced Ways for Psychiatrists to Advance Patient Care

- » AAPM&R supports the coverage of telehealth services and encourages members to utilize telehealth as an expansion of their practice. In 2022, we advocated for Congressional action on establishing a pathway to permanent, comprehensive telehealth reform. We joined other organizations to advocate for keeping telehealth waivers in place through the end of 2024, and our advocacy efforts were a success! This two-year extension was signed into law in 2022.
- » We have published a white paper addressing telehealth innovations in psychiatry and a range of practical telehealth educational resources for members. Now that the public health emergency has ended, we will continue advancing advocacy strategies in telehealth to support payment parity, continued coverage, waiver expansions and interstate licensure agreements. Learn more at [aapmr.org/telehealth](https://aapmr.org/telehealth).

### 6. Advancing Long COVID Advocacy to Position PM&R Physicians as Leaders in Multi-Disciplinary Care

- » In March 2021, the Academy released our official Long COVID call to action, where we called on President Biden and Congress to gear up for the next coronavirus crisis, by preparing and implementing a comprehensive national plan focused on the needs of millions of individuals suffering from the long-term symptoms of COVID-19. Throughout 2021, we created our Multi-Disciplinary PASC Collaborative of experts who developed clinical guidance to improve quality-of-care as well as formal education and resources to improve experience-of-care and health equity.
- » In March 2022, the White House answered our call to action and released a National COVID-19 Preparedness Plan, which included components directly from our 2021 call to action.
- » We are currently advocating for federal legislation to provide more resources for the fight against Long COVID. These initiatives include the CARE for Long COVID Act, from Senator Tim Kaine, and the Long COVID RECOVERY NOW Act, introduced by Representative Lisa Blunt Rochester. AAPM&R worked with these Congressional offices to develop the legislative initiatives and aided in developing the final language. Learn more at [aapmr.org/covid](https://aapmr.org/covid).

### 7. Preparing Psychiatrists to Navigate Through the End of the COVID-19 Public Health Emergency

- » The public health emergency ended on May 11, 2023. In early May, we provided members with an online resource containing the most up-to-date information on which COVID-19 flexibilities were scheduled to end, which waivers were scheduled to be extended on a temporary basis, and which became permanent. Learn more at [aapmr.org/phe](https://aapmr.org/phe).

We need members like you to join our advocacy efforts. Learn more and get involved at [aapmr.org/advocacy](https://aapmr.org/advocacy). Please contact [healthpolicy@aapmr.org](mailto:healthpolicy@aapmr.org) if you have any questions. For more updates on our advocacy priorities, see our monthly Advocacy in Action feature in this issue and every issue of *The Psychiatrist*.

## IPPM's Continued Quest to Prioritize Value-Based Healthcare in the Upcoming Years

Richard Zorowitz, MD, FAAPMR, Chair of the IPPM Committee;  
Megan Roop, Telehealth and Payment Innovation Specialist

On May 13, the Innovative Payment and Practice Models (IPPM) Committee reunited at the Academy headquarters for their first in-person committee meeting of the year. **The IPPM Committee is charged with researching forward-thinking practice and payment models to determine the potential to support psychiatrists and advance PM&R. IPPM also works to disseminate knowledge about alternative payment models (APMs) and other care models to Academy members and other stakeholders.** The goal for IPPM's spring meeting was to identify opportunities in executing high-priority areas of IPPM's 2023-2025 strategic plan, which was finalized late last year.

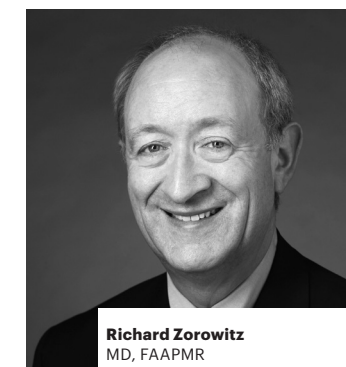
Our morning was spent with our colleagues from the Evidence, Quality and Performance Committee (EQPC), who also met at the headquarters that weekend, for a strategic discussion on the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP). This discussion was led by Rachel Groman, Vice President of Clinical Affairs and Quality Improvement at Hart Health Strategies, Inc. IPPM and EQPC engaged in collaborative dialogue on the current QPP landscape, including the introduction of CMS' newest QPP reporting option called the MIPS Value Pathways (MVPs). The committees discussed potential congressional fixes to the QPP and ways for psychiatrists and AAPM&R to engage in this work.

In the afternoon, IPPM examined their strategic plan to identify top priority goals for the second half of this year and next year. A large portion of this time was spent listening to you, our members! The Academy conducts a member survey every two years to assess the use of APMs across its membership. In last year's survey, we asked our members what deliverables they would like to see the Academy prioritize in the next two years as it relates to value-based payment models. Between the feedback provided in AAPM&R's 2022 APM Benchmark Survey and our learnings from the earlier QPP strategic discussion, IPPM adjourned their meeting with a clear education and advocacy agenda to begin tackling.

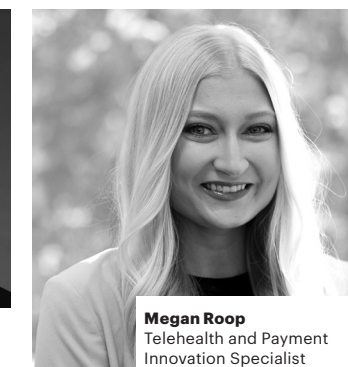
*"IPPM is committed to advocating for alternative payment models that adequately compensate psychiatrists for the key role they can plan in reducing costs and improving outcomes," said Dr. Zorowitz*



**IPPM Committee Members at Spring Meeting** (from left to right): Erica David-Park, MD, FAAPMR; John Alm, DO, MHA, FAAPMR; George Christolias, MD, FAAPMR; Richard Zorowitz, MD, FAAPMR; Santhosh Thomas, DO, MBA, FAAPMR; Stuart Glassman, MD, MBA, FAAPMR; Jim Eubanks, MD, DC, MS, FAAPMR; Benton Giap, MD, FAAPMR; Heidi Fusco, MD, FAAPMR (not pictured)



**Richard Zorowitz**  
MD, FAAPMR



**Megan Roop**  
Telehealth and Payment  
Innovation Specialist

### Education

**IPPM recognizes the importance of equipping members for success. As a charge of AAPM&R's BOLD Steering Committee, the Academy is prioritizing the development of educational pathways to prepare psychiatrists to embrace, lead and practice new models that highlight value-based care.**

In late 2021, IPPM developed an APM glossary that members can use to understand terms related to health system transformation and delivery system reform. IPPM committee members recognize that this content is not enough to educate and prepare members in this space. The committee is prioritizing the completion of AAPM&R's Post-Stroke Rehabilitation and Spine Care Toolkits, which are guides for Academy members who are seeking to implement psychiatry-led post-stroke rehabilitation and spine care APMs in their practice or payment system. The committee has hosted Annual Assembly sessions in the past and will be prioritizing their upcoming session in New Orleans on Thursday, November 16, from 3:45-5 pm (CT) titled, "Back to the Basics: Value-Based Payment 101."

For the remainder of 2023 and 2024, IPPM will be focusing their education efforts on creating easily-digestible information on APM measurement, reimbursement and existing models that will be made available to all members.

### Advocacy

**Further advancing the Academy's advocacy efforts on policy issues related to payment and value-based care initiatives is a top priority of the IPPM committee. In addition, AAPM&R advocates for awareness of the value of psychiatry in value-based healthcare.**

The Academy released the Principles of Alternative Payment Models last year that outlines what it takes for an APM to be successful and promotes health equity, collaborative care, cost-effective clinical approaches and long-term function of health while keeping psychiatrists front-of-mind when the model incorporates or benefits from rehabilitation care. AAPM&R has engaged with members of the CMS Innovation Center team in recent years to advocate for model development improvements such as engagement by non-surgical specialists early in the care continuum; support for team-based care; and use of appropriate patient-reported outcome measures. We have advocated for a seat at the table in discussions for a longitudinal model on low-back pain.

For the remainder of 2023 and 2024, IPPM will be focusing their advocacy efforts on proactively approaching CMS and other stakeholders in an effort to elevate the awareness of PM&R as potential leaders and advocate for appropriate reimbursement when delivering high-quality care.

IPPM looks forward to working in collaboration with other committees and stakeholders to achieve our education and advocacy agenda. For more information on the initiatives listed above, visit [aapmr.org/quality-practice/quality-reporting/alternative-payment-models](https://aapmr.org/quality-practice/quality-reporting/alternative-payment-models). **If you are interested in volunteering for the IPPM Committee, please visit the volunteer opportunities portal on [physforum.org](https://physforum.org). Members with questions about the work of the IPPM Committee can contact Academy staff at [healthpolicy@aapmr.org](mailto:healthpolicy@aapmr.org).**

## Hill Day 2023 Recap—Physiatrists Return to Capitol Hill

Prakash Jayabalan, MD, PhD, FAAPMR  
Chair, AAPM&R's Health Policy and Legislation Committee

AAPM&R held its annual Hill Day on April 25, returning in-person to Capitol Hill to meet with Congressional offices for the first time since 2019. Nine AAPM&R physicians met with health policy staff from approximately 25 Congressional offices to provide a background on physiatry and discuss key legislative priorities for PM&R physicians, including:

- Requesting support for efforts to reduce physician burden by reforming the prior authorization (PA) process
- Urging Congress to work with the physician community to establish reliable, sustainable and positive updates to the Medicare Physician Fee Schedule (MPFS) in order to provide stability for physicians and their patients
- Advocating for the *Comprehensive Access to Resources and Education (CARE) for Long COVID Act*, legislation that would provide resources for providers and people living with Long COVID and improve research into this debilitating condition

The #1 priority for this year's Hill Day was educating congressional offices on the importance of reducing prior authorization burdens. Our physiatrist attendees relayed stories about the negative impacts of prior authorization requirements on access to care for patients and the stresses that it imposes on physician practices, and asked Congressional offices to request that CMS swiftly implement proposed regulations that will reform the PA process. AAPM&R has long prioritized advocating for PA reform in Medicare Advantage plans and has supported the bipartisan *Improving Seniors' Timely Access to Care Act* since its introduction in 2019. Many of the offices we met with during Hill Day were already knowledgeable and supportive on this issue.

AAPM&R also spoke on how the lack of stability in the Medicare Physician Fee Schedule (MPFS) negatively impacts access to care for patients. We urged Congress to work with the physician community and CMS to establish reliable positive updates to the MPFS annually, and asked for support for H.R. 2474, the *Strengthening Medicare for Patients and Providers Act*. While there is not yet a clear path forward for improving the MPFS and providing fair reimbursement for physicians, most of the Congressional offices we met with agreed that there is an urgent need to address this matter.

Finally, we continued to shine light on the Long COVID crisis during our meetings, and asked for support for the *CARE for Long COVID Act*, S.801/H.R. 1616. Physiatrists have been at the forefront of the medical community's response to this critical issue, and meeting with Congressional offices helped raise awareness about this recently introduced legislation.

AAPM&R's return to Capitol Hill as Congressional offices reopened allowed us to have more in-depth meetings with Congressional staff, and to solidify relationships with the people who impact health policy. These meetings not only provided a valuable opportunity to explain physiatry and the importance of our specialty to federal policymakers, but also showed the impact we have in the communities that these offices represent.



Prakash Jayabalan  
MD, PhD, FAAPMR



**Hill Day** (from left to right): (front row) Nandita Keole, MD, FAAPMR; Nova Hou, MD; Kamesha Delisser, MD, FAAPMR; Anjali Shah, MD, FAAPMR (back row) Kerry DeLuca, MD, FAAPMR; Keith Foster, MD, FAAPMR; Prakash Jayabalan, MD, PhD, FAAPMR; Amit Sinha, MD, FAAPMR; Richard Chang, MD, MPH, FAAPMR

*"Representing our physiatry colleagues and advocating for our patients at the AAPM&R Hill Day was a very enriching experience. Interacting with my fellow committee members, AAPM&R staff and partners as well as the staffers at Capitol Hill was extremely rewarding. This experience has broadened my knowledge of and my comfort level with advocacy."*



— Nandita Keole, MD, FAAPMR, Health Policy and Legislation Committee Member

*"I am really grateful that I was able to join other advocacy leaders at AAPM&R's Hill Day this April as a trainee. It was my first time doing something like this in D.C., but there was enough advanced planning and on-site training that everything went extremely smoothly. I thought it was powerful to learn how to combine updated research and data with the stories and experiences of our team of physiatrists to share with the Capitol's policymakers. It was also refreshing to see that most legislators were very interested, and often, already aware of our policy priorities, but they truly welcomed hearing our rehabilitation perspectives. I think anyone can easily become more involved in advocacy and I encourage all to try it!"*



— Nova Hou, MD, PHIT Board Member and Quality, Practice, Policy and Research Committee Liaison



**Hill Day** (from left to right): Prakash Jayabalan, MD, PhD, FAAPMR; Amit Sinha, MD, FAAPMR; staff for Senator Fetterman (D-Pennsylvania); Kerry DeLuca, MD, FAAPMR; Joe Nahra (lobbying staff from Powers)

Special thank you to our Health Policy and Legislation Committee for planning this event:

- Prakash Jayabalan, MD, PhD, FAAPMR, Chair
- Richard Chang, MD, MPH, FAAPMR, Vice Chair
- Amber Clark, MD, FAAPMR
- Kemesha Delisser, MD, FAAPMR
- Kerry DeLuca, MD, FAAPMR
- Keith Foster, MD, MBA, CPE, FAAPMR
- Carl Gelfius, MD, FAAPMR
- Nandita Keole, MD, FAAPMR
- Anjali Shah, MD, FAAPMR
- Amit Sinha, MD, FAAPMR

If you are interested in advocating for your specialty, please contact [healthpolicy@aapmr.org](mailto:healthpolicy@aapmr.org).