

Optimizing the Role of the Advanced Practice Provider in Physiatry-led, Patient-Centered, Team-Based Care

The Position of AAPM&R

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) believes that all patients should have access to quality, timely care that results in optimal function and quality of life. Physiatrists are indispensable leaders in directing rehabilitation and recovery, and in preventing injury and disease. Across settings, multi-disciplinary, team-based care is at the core of physiatric practice, and physiatrists are leaders of team-based care models. Increasingly, the health care team includes Advanced Practice Providers (APPs) who are non-physicians, including Nurse Practitioners (NPs) and Physician Assistants (PAs). According to the recent PM&R Compensation Survey, 70% of AAPM&R members currently work with APPs in practice.¹

For the betterment of patient care, it is important to foster a positive team-based working relationship between physiatrists and APPs. It is the position of AAPM&R that APPs should not practice independently, but instead work under the supervision of a PM&R physician within a rehabilitation team. The involvement of the APP in initial assessment and implementation of treatment depends on the complexity and acuity of the patients' condition, which should be determined by the physiatrist.

Physiatrists and APPs have skills, knowledge, and abilities that are not equivalent, but instead are complementary. The most effective way to maximize the complementary skill sets of both physiatrists and APPs is to work as a team to care for patients in the physician-led, team-based approach. As rehabilitation team leaders, no one is better positioned than physiatrists to train and focus the efforts of team members to maximize value. As stated by the American Medical Association, "a physician undertakes more than 10,000 hours of clinical education and training by the time he or she is finished with a residency program."² A residency in physical medicine and rehabilitation consists of one year of general clinical training (internship/postgraduate year 1) followed by three years of physical medicine and rehabilitation training

(postgraduate years 2-4). In contrast, rehabilitation-focused training among APPs is varied and limited, and it takes time and resources to onboard these professionals into physiatric practice settings. However, the benefits of integrating APPs into the physiatry-led rehabilitation team are demonstrable. APPs can have a measurable impact on clinical productivity.³ In addition to improving efficiencies, they can also positively impact patient and physician satisfaction by providing continuity of care, assisting with patient education, documentation, and other follow-up care.⁴

It is the position of AAPM&R that:

- Physiatry-led, patient-centered, team-based care is the best approach to providing optimized rehabilitation care for patients.
- The physiatrist's specialized, multidisciplinary training makes the PM&R physician the most qualified specialist to lead the team of medical specialists, therapists, and practitioners involved in a patient's rehabilitative care.
- The Academy strongly opposes the independent practice of APPs and other non-physician clinicians in the provision of rehabilitation care. In rehabilitation care, APPs must work closely with a physiatrist that serves in a supervisory role. The Academy is opposed to training or advocating for APPs to practice independently of physiatrists.
- The Academy strongly opposes expanding the role of APPs to replace the role of rehabilitation physicians in inpatient rehabilitation settings and all practice settings due to the disparity in physician training and APP training.
- APPs provide a critical pathway to maximize the workforce in physiatry and rehabilitation care and address physician burnout concerns. The Academy considers APPs to be a vital part of the caregiving team and believes that by partnering with APPs, physiatry can fulfill a broader need and value in the delivery system.

Optimizing the Role of the Advanced Practice Provider in Physiatry-led, Patient-Centered, Team-Based Care

- The role of APPs in rehabilitation care is determined by many factors, including practice size and setting, APP training and expertise, supervising physician delegation style and comfort level.
- The collaborative relationship between the physiatrist and APP should be designed to provide quality rehabilitation care and to enhance the ability of the physiatrist to consistently provide more complex patient care and leadership duties suited to his or her level of expertise.

About AAPM&R

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) is the national medical organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disabilities, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

References

1. American Academy of Physical Medicine and Rehabilitation 2017 PM&R Compensation Survey Report. Published 2017. <http://me.aapmr.org/diweb/catalog/item/id/2030395/q/q=compensation&c=141>
2. American Medical Association Advocacy Resource Center. Issue brief: Independent nursing practice. Education, training and teamwork matter. 2017 <https://www.ama-assn.org/system/files?file=corp/media-browser/premium/arc/ama-issue-brief-independent-nursing-practice.pdf>. Accessed on April 10, 2019.
3. DOI: 10.1200/JOP.777001 Journal of Oncology Practice 6, no. 4 (July 1 2010) 182-187. <http://ascopubs.org/doi/full/10.1200/jop.777001>
4. AAOS Now. Published December 2011. <http://www.aaos.org/news/aaosnow/dec11/managing2.asp>

Disclaimer

This AAPM&R Position Statement is intended to provide general information to physiatrists and is designed to complement advocacy efforts with payers and policymakers at the federal, state and regional levels. The statement should never be relied on as a substitute for proper assessment with respect to the specific circumstances of each case a physiatrist encounters and the needs of each patient. This AAPM&R statement has been prepared with regard to the information available at the time of its publication. Each physiatrist must have access to timely relevant information, research or other material which may have been published or become available subsequently. Approved by AAPM&R Board of Governors on April 26, 2019.