

The Academy is Moving!

This month, the Academy national office moves from downtown Chicago to the new headquarters in Rosemont, Illinois, in suburban Chicago. The new location provides easy access to Chicago's O'Hare International Airport,

and will be the site for future Academy business and committee meetings.

This holiday season, please update your records with the Academy's new address:

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Use Academy Study Tools to Prepare for 2010 Self Assessment Exam for Residents

Over 1,100 residents across the United States, Canada, and Puerto Rico take the [Self-Assessment for Residents \(SAE-R\)](#) each year. To help residents prepare for this exam, interactive abridged versions of past exams are available online at [academeME](#)® (ME; see [www.me.aapmr.org](#)). AAPM&R's online education portal. **Find the SAE-R on ME**

Currently on ME, residents can find the [2009 Abridged Self-Assessment Exam for Residents \(SAE-R\)](#) as well as SAE-R exams dating back to 2001. It may be useful to practice with exams from multiple years, since each year's exam includes different questions. **SAE-Rs are available free to residents** via ME and are a great study tool for upcoming board exams. The abridged SAE-Rs have approximately 100 questions each. References and explanations are provided for each question. Beginning with the 2007 exam, SAE-Rs are available in an

online interactive format with additional access to versions in PDF file format. The 2001-2006 abridged exams are available for download in PDF file format only.

[Log on to the academeME to take advantage of this resource today.](#) Note: The SAE-R is not designated for *AMA PRA Category I Credit*™ and does not fulfill the requirement for Part II of Maintenance of Certification (MOC) set forth by the American Board of PM&R (Lifelong Learning and Self Assessment).

See ME for more resident education

In addition to the abridged SAE-R, ME also includes a variety of other educational offerings that residents can use to learn about new topics or to assist in preparing for the PM&R Board examination.

The Academy has offered [Self-Assessment Exams for Practitioners \(SAE-P\)](#) as part of the hard copy Study Guide supplements distributed annually in March. Formerly, these supplements were distributed with the *Archives of Physical Medicine & Rehabilitation*; they are now mailed with the Academy's official journal, *PM&R*. Now, SAE-Ps are also available online, in an interactive format for an enhanced learning experience.

Each SAE-P focuses on a specific clinical topic area, so residents can choose the SAE-P topic that most interests them (such as Stroke and Neurodegenerative Disorders or Sports and Performing Arts Medicine published in 2009). The SAE-Ps on ME that are directly linked to the study guide supplements also include the study guide articles in PDF format. In addition, ME offers

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Use Academy Study Tools to Prepare for 2010 Self Assessment Exam for Residents

SAE-Ps that aren't directly tied to a content source (such as articles) but still include comprehensive explanations and reference information. Stand-alone SAE-P topics include Inpatient Rehabilitation, General Outpatient Physical Medicine and Rehabilitation, and Sports Medicine (Subspecialty Board Review). **Residents can purchase all SAE-Ps at half the member price.**

Many other learning opportunities are available on [ME for free](#) including recently launched slide lectures and podcasts from the 2008 Annual Assembly in San Diego. Offerings that are **free only to residents** include pod-

casts from the 2007 Resident Program in Boston and more.

[Visit the Resident section](#) on ME to find more activities tailored specifically for residents. Check back often for additional offerings.

Need help with ME?

If you forgot your login, click the "Log in" button and use the "Forgot your Password" feature. If you do not have a login, use the "Not a Member" feature.

To navigate through the site and find activities, click "[Lifelong Learning \(CME\)](#)," "[Self Assessments and Study Guides](#)," or "[Residents](#)" in the left-hand navigation. Once you have found an

activity of interest, click "View full description" for product details and select "Purchase Now" to purchase the activity. (Note: Free activities must be "purchased" in order to load them into your portfolio.) After enrolling in one of these online activities, visit your "My Portfolio" page on ME for immediate online access – anytime, anywhere.



Women's Health in PM&R: Comparing Effectiveness

Jaclyn Bonder, MD (PGY4 – NYU/Rusk Institute of Rehabilitation Medicine); Douglas Elwood, MD, MBA (recently a PGY4 at NYU/Rusk Institute of Rehabilitation Medicine)

For those who have followed recent events in health care, you have become quite familiar with the phrase "comparative effectiveness." For those who have not heard of it, a little background: Earlier this year the American Recovery and Reinvestment Act (ARRA) dedicated over \$1 billion for *Comparative Effectiveness Research (CER)*. CER is patient-centered research focused on filling gaps in evidence needed for physicians and patients to make informed decisions regarding their health care and to ensure that the most appropriate care is received. It

is officially defined as "the conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, diagnose, treat and monitor health conditions in 'real world' settings."¹

PM&R is a priority

The ARRA called on the Institute of Medicine (IOM) to recommend a list of 100 priority topics to be the initial focus of this new national venture. It is unquestionably gratifying to see that PM&R-related issues are represented in the list in various ways. An

article in a recent *New England Journal of Medicine* points out that "nearly a fifth [of the top 100 priorities] address patients' functional limitations and disabilities."² The following are merely a few:

1. Establish a prospective registry to compare the effectiveness of treatment strategies for low back pain without neurologic deficit or spinal deformity.
2. Compare the effectiveness of primary prevention methods, such as exercise and balance training, versus clinical treat-

continued...

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continued...

ments in preventing falls in older adults at varying degrees of risk.

3. Compare the effectiveness of weight-bearing exercise and bisphosphonates in preventing hip and vertebral fractures in older women with osteopenia and/or osteoporosis.

4. Compare the effectiveness of different treatment strategies in the prevention of progression and disability from osteoarthritis.

5. Establish a prospective registry to compare the effectiveness of surgical and nonsurgical strategies for treating cervical spondylotic myelopathy (CSM) in patients with different characteristics to delineate predictors of improved outcomes.³

Others include examining effectiveness of pain control strategies, various treatments for neck pain, and interventions to reduce disparities in musculoskeletal disorders, acupuncture, and cerebral palsy. We applaud these measures and take them as a sign of the increasing importance of many elements within PM&R.

Women-specific priorities missing

However, armed with the knowledge that women have historically been under-represented in research, we are surprised that

there is not more mention of specific women's health conditions, especially as they pertain to musculoskeletal conditions.

Women-specific priorities mentioned in the list revolve mostly around pregnancy, such as finding out more about preventing pregnancy, promoting breastfeeding, and exploring the use of ultrasound in pregnancy. With the proliferation of female athletes and subsequent injuries, research on this topic has multiplied and established definitive differences between the genders in many areas but much still remains unclear. Additionally, pelvic girdle pain and pelvic floor dysfunction have become solidified diagnoses, and more information on these maladies is enhancing diagnostic capabilities and treatment strategies. Perhaps the base of research knowledge within women's health has not achieved a level commensurate with being compared; either way, resources should be dedicated at least in part to understanding more about musculoskeletal and pelvic floor problems specific to women.

The impetus for CER is to identify superior diagnostic methods and therapies in hopes that patients will receive the right treatment at the right time. For women who experience incontinence or pel-

vic girdle pain, their path to appropriate treatment has often been long and arduous, encountering many consults and work-ups before finally receiving beneficial care, if at all. Eliminating these missteps by educating different specialties, establishing more precise clinical care pathways, and effectively evaluating them may vastly improve PM&R-related care for women.

Continue the discussion If you are interested in women's health, please contact Jaclyn at Jaclyn.bonder@gmail.com. We'd love to hear more about your interests and what your programs are/aren't doing in this area.

References

1. Department of Health and Human Services, *Report to the President and the Congress on Comparative Effectiveness Research*. June 2009. Available at <http://www.hhs.gov/recovery/programs>. Accessed October 1st, 2009.
2. Iglehart, John K. Prioritizing comparative-effectiveness research--IDM recommendations. *N Engl J Med*. 2009 Jul 23;361(4):325-8.
3. Institute of Medicine, *100 Initial Priority Topics for Comparative Effectiveness Research*. June 2009. Available at <http://iom.edu>. Accessed September

PM&R Resident

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The PM&R Resident is published monthly by the American Academy of Physical Medicine and Rehabilitation, 330 North Wabash Ave, Suite 2500, Chicago, IL 60611-7617. Telephone (312)464-9700; Fax (312) 464-0227. Copyright ©2009 AAPM&R. Subscription rate is included in dues.

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Are you a Resident interested in writing an article for *the PM&R Resident*?

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What's P4P and Why Should We Care?

Blair Meyer, MD (PGY 3—University of Texas HSC San Antonio)

Pay for Performance (P4P) is a popular, emerging payment model to reward physicians and hospitals for meeting established performance measures of quality and efficiency. To date, pilot studies have shown modest improvements in outcomes, but no cost savings due to added administrative costs.

Survey responses from PM&R residents from over 20 programs across the country suggest residents believe P4P to be a worthy concept. It's a warm and fuzzy idea: positive reinforcement for time spent counseling patients; quality rather than quantity of care; and reduction of unnecessary medications, diagnostic tests, and procedures. Residents feel P4P could improve research, promote a more interdisciplinary approach to patient care, and increase

accountability in the health care system.

However, **we have concerns** about unintended consequences, validity of quality indicators, increased administrative costs, and protection of patient and physician privacy and autonomy. P4P will likely increase access barriers for vulnerable patient populations such as those with chronic pain, noncompliance, poor funding, risk factors, and chronic diseases. P4P performance measures must be accurate and flexible; residents fear a system of impractical, irrelevant, inaccurate, rigid performance measures. Apprehension that additional time-consuming documentation and "more red tape" will divert our energy from patient care generates unease. Residents express concern of "treating algorithms, not pa-

tients" and taking a "monetary hit if you deviate from the script."

The American Medical Association (AMA) recommends that P4P use physician-developed metrics, accurate data, and valid analytical methodology. The AMA-convened Physician Consortium for Performance Improvement (PCPI) has developed over 200 performance measures thus far.

Based on the literature, P4P may or may not improve quality of care and it may or may not decrease health care costs. **Despite its limitations, its popularity is increasing.** As the next generation of psychiatrists, we must work together to prepare accepted clinical guidelines and research demonstrating outcomes so that we may be assessed with accurate, effective performance measures.

"We must work together...so that we may be assessed with accurate, effective performance measures."