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Across settings, multi-disciplinary, team-based care is at the core of physiatric practice, and there is a strong need for physiatry to position itself within medicine as exemplary of the team-based care model. If we do not boldly seize on this opportunity, it will be done for us at the expense of patient access to rehabilitative services.

Workforce limitations are a historical barrier to our success—the size of our specialty is oftentimes used to justify limitations in the scope of our position and influence in medicine. AAPM&R is taking action and addressing this on a variety of fronts:

- We are advocating for increased funding to support additional residency training positions—legislative action is happening now!
- We are challenging CMS to update its definition of a Rehabilitation Physician and Medical Director in an IRF—physiatrists should be in these positions of leadership!
- We are supporting the inclusion of Advance Practice Providers (APPs), specifically Nurse Practitioners (NPs) and Physician Assistants (PAs) as members of our rehabilitation care team, working under the supervision of a PM&R physician.

Our engagement with APPs is to advance physiatry and your impact on patient care. Our intent with APP membership and education is to:

- Support physiatrists in extending the reach of physiatric care to further improve patient outcomes.
- Establish standards for how physiatrists and APPs work together, which will be supported by standardized training and education for APPs who work within the specialty to affirm their role and the care they provide.
- Proactively influence innovative models of care and advance the impact of physiatry across medicine.

To be clear: Our position is that APPs should not practice rehabilitation independently, but instead work within a rehabilitation team under the leadership of a PM&R physician. To read our formal position on *Optimizing the Role of the Advanced Practice Provider in Physiatry-led, Patient-Centered, Team-Based Care*, [click here](#).

To support our position, we are recommending a clarification to our APP membership bylaws. It is proposed that APPs who wish to be an Academy member must have a current physiatrist Academy Member (Fellow, Part-Time Fellow or Associate member) as a sponsor. We feel this added step will demonstrate that physiatrists are supporting APPs as part of the rehabilitation team, will further align with our focus on APP engagement and will not be reversing our original decision to allow APPs to be members of the Academy. To read our formal position on *Advancing the Physiatric-led Team Care Through Collaboration and Community*, [click here](#).



A member vote regarding the proposed bylaws change to require a physiatrist sponsor for APP membership will occur on Saturday, November 16, 2019 at the AAPM&R Business Meeting in San Antonio, TX. All are encouraged to attend and vote. Visit www.aapmr.org/APPs to learn more.

The Academy is the primary medical society for physiatry—working to lead physiatry’s impact throughout health care both now and in the future. Quality patient care has and always will be a core focus of our organization, and physiatrists are the essential, indispensable, and vital leaders of the rehabilitation care team.

Regards,

Your AAPM&R Board of Governors