Spring 2015 Board of Governors Meeting

In April 2015, the Board of Governors met in Savannah, Georgia. The Board discussed challenges that are ahead for the Academy and the specialty. The Spring Meeting always has a strong focus on strategic planning, with the Board hearing presentations on strategic plans/proposals for post-acute care, innovative practice and payment models, registries, and member value innovations. Committee and Task Force representatives were asked to develop business plans with timelines and resource needs/requests. The Fall Meeting of the Board of Governors will focus on resources, with the Board reviewing these business plans when they meet in Rosemont from September 11-13. Continued discussions about Academy and specialty challenges will take place at the annual Academy Leadership Meeting at the Annual Assembly in Boston. Many of you have already RSVP'd that you plan to attend. We look forward to robust discussion.

The Board of Governors Invites You to Attend an Academy Leadership Meeting at the 2015 Annual Assembly

The Academy Board of Governors, Academy Committee Leaders, and Member Council Chairs, Chairs-Elect, and Vice-Chairs will have the opportunity to meet at the Annual Assembly. Outgoing and incoming Leadership Fellows are invited and encouraged to attend. The meeting will take place at the Sheraton Boston, Fairfax AB, Level 3 on Wednesday, September 30, 2015, from 8 pm–9:30 pm. Coffee and dessert will be served.

Leadership Meeting Agenda:

- Share and discuss updates on Academy strategic priorities

To allow meeting organizers proper time to make the appropriate arrangements, kindly RSVP to Margaret Keen, Executive Assistant, at mkeen@aapmr.org to let her know whether or not you will be attending this meeting.* Please feel free to call Margaret at (847) 737-6102 with any questions.

*Please note that every attempt was made to avoid conflicts when scheduling this important meeting. If you have a conflict, but are able to participate in a portion of this Leadership Meeting, you are encouraged to attend.

Medical Education

The Medical Education Committee (MEC) continues to hold routine conference calls and will meet in person in Rosemont on September 19-20 with the goal of confirming the continued direction for the Academy’s professional portfolio for future product development.
MEC continues its strategic planning efforts and developing business plans associated with 2016 budget requests for new educational initiatives that will be submitted to the Board in September. MEC prioritized initiatives for 2016 that are aligned with the strategic vision for product development set earlier this year, during the committee’s March face-to-face meeting.

**Annual Assembly**
The Annual Assembly—as of August 31 is at 1,888 revenue generating registrations (79% of budget)—which is consistent with the Academy’s 2013 numbers. To encourage registrations, the Academy extended the early bird registration to August 19.

Again this year we will be hosting 3 Preconference Courses to kick things off in Boston. In addition to the Preconference Courses, there are numerous new experience for the attendees, including:

- **Resident Hands-On Experience on the Exhibit Hall floor: October 2**
- **Movement Competition, sponsored by Allergan**
- **Spaulding Rehabilitation Hospital Hackathon: Hacking Rehabilitation: September 25-26**

**Pain “Asset Alignment” Update**
In November, *PM&R* will publish a supplement issue focused on the cross-cutting topic of pain. MEC’s question writers will work to develop a Self-Assessment Exam (SAE-P) based on supplement articles within this issue. Both the supplement and SAE-P activity will complement the 2015 Annual Assembly’s special focus on pain education woven throughout the program across the educational tracks. [Click here](#) for a list of 2015 Annual Assembly pain/spine sessions.

**Self-Assessment Exam for Residents (SAE-R) Update**
Registration for the January 2016 SAE-R exam opened July 13. New this year, Academy resident membership dues and SAE-R exam fees were combined, allowing programs to streamline their payments. The Academy also re-introduced a discount rate for programs that register residents before September 15, with the final registration deadline being November 2.

**AAPM&R and Mayo Clinic Sports Medicine Board Review Course Collaboration**
MEC elected to co-brand a Sports Medicine Board Review course this year with new partner Mayo Clinic; with AAPM&R being one of 3 organizations in the agreement with Mayo Clinic. This new partnership not only continues to support Academy members as they prepared for the exam, but it produced $4,600 in revenue as a result of the net profit split. This is up from last year’s $1,830 profit split from the previous partnership with Barton Healthcare System. MEC continues to believe that this is an efficient way to deliver education to this niche audience of members while conserving Academy resources to deliver products and services for a larger subset of the membership.
Quality Practice, Policy and Research

QPPR met via conference call on July 22. Members discussed a “call-to-action” paper from the American College of Physicians on firearms-related injury and are submitting a Board Action Form recommending endorsement. The Committee also discussed potential comments from the Academy regarding the CMS proposal for a Comprehensive Care for Joint Replacement (CCJR) Model. The Academy will consider co-signing letters with relevant coalition partners as well.

The Academy received many requests from members regarding our comment on the proposed Local Coverage Determination (LCD) on lower limb prostheses from all 4 of the Medicare DME contractors. Our Coverage Determination Workgroup, under the direction of Dr. Bryant’s Reimbursement and Policy Review Committee submitted comments to CMS and prepared a template letter members could use to submit individual comments directly to CMS. The template letter was distributed via Voter Voice, and members were notified in advance about our response via a blast e-mail communication.

The Academy received a last-minute request from the Council of Medical Specialty Societies (CMSS) to nominate individuals for 2 CMS Workgroups. Specifically, the CMS Alliance to Modernize Healthcare Federally Funded Research and Development Center is forming one workgroup to focus on population-based payment models and another other to focus on clinical episodes payment. The selection criteria are stringent, and the workgroups will involve a significant time commitment. Five Academy members expressed interest. CMSS indicated they anticipated a high volume of nominations from other specialties, thus, our chances of securing the CMSS nomination were limited. To improve our chances of getting a physiatrist selected for a workgroup, the Academy encouraged all interested members to self-nominate.

Plans are underway to create a new Committee that will address practice transitions and preparedness. The Committee’s next meeting will be held October 1 in Boston. William Adair, MD, has agreed to join the QPPR Committee for 2016.

Innovative Payment and Practice Models Workgroup

- The Workgroup is focusing on educating members and has planned several articles to appear in the *PM&R Journal* and *The Physiatrist*. The IPPM Co-Chairs, Peter Esselman, MD, and Stuart Glassman, MD, hope to have a paper published in the November issue of the Journal that introduces the fundamentals of innovative practice and payment models and provides some examples. The September issue of *The Physiatrist* will have the first of what is planned to be a series of articles on the changing health care system and the need to come up with new payment and practice models. Additional papers are being considered by various members of the IPPM Workgroup, including one on the meaning of “value” and how physiatrists bring value to the table, and another on an ongoing study that is beginning to show some data reflecting the outcomes of patients receiving rehabilitation for stroke in different settings.

- The Academy was invited by the AMA to join a multispecialty staff workgroup to address issues involved in implementing the Alternative Payment Model (APM) provisions of the Medicare Access and CHIP Reauthorization Act (MACRA). The first meeting will be September 9 in Washington, DC. The Academy was also invited to join a CMSS staff-level workgroup focused on APMs. We anticipate that physicians may be assigned to join workgroups as well and are collecting names of potentially interested volunteers.
Evidence-Based Practice (EBP) Committees

- **Evidence-Based Medicine:** The EBP Committee engaged with the Academy Leadership Fellows to test-drive an evidence-based medicine course and a plan requiring all Academy leaders and liaisons to take this course prior to serving or representing the Academy. To date, we tested this in a webinar format. Next steps are to formalize the webinar format and begin rolling out the requirement with Board approval in the coming year.

- **Registries:** The Evidence-Based Practice Committee, through its Registry Work Group, is continuing planning with the American Association of Neurological Surgeons (AANS) on building a clinical data registry for the spine patient. The Academy and AANS are jointly working with a consultant on how the two organizations can come together, legally, to build this infrastructure. We expect recommendations to the Board on this topic by the end of the year. With the implementation of MACRA happening now, EBP recognizes that it is critical for the Academy to be ready to support its members as we transition from separate reporting programs (PQRS, Meaningful Use, the Value Modifier) into the new Merit Incentive Payment System that intends to combine all of these reporting programs into one. The development of a registry will not only allow members to meet these reporting requirements, but it can also have an effect on how physiatrists position themselves should they become a part of alternative payments models. EBP will begin discussions with QPPR and the IPPM workgroup to align efforts.

- **Liaison activity:** This year the Academy was invited to participate in 15 external measure development, guideline developing, and appropriate use criteria development work groups; this does not include those work groups that are still ongoing from previous years.

- **The Evidence Committee** has been working hard to raise awareness about levels of evidence across Academy efforts.

- **The Clinical Practice Guidelines Committee** has reviewed over 30 CPGs since its inception. Over the past year, the number of external requests for the CPG to review guidelines developed by others has grown tremendously. With the work of the Quality Tool Box project and the registry project looming, the CPG anticipates playing a role in assessing guidelines that will inform measurement for our registry and for identifying gaps in CPGs in clinical areas most important to our specialty.

- **The Performance Metrics Committee** is continuing its work with the Councils in building Quality Tool Boxes (QTBs) for specific health conditions. The intent behind the QTB project is to bring together a variety of already existing resources on a particular condition and house that information in one centralized location for ease of access and use by AAPM&R members. The long-term goal is to help identify and address gaps in evidence-based resources for specific clinical areas that our specialty touches.

- **The EBP and its sub-committees** are preparing for a transition year when Dr. Roth will be stepping down from his role as EBP Chair. Dr. Thiru Annaswamy will take over as EBP Chair. EBP will work toward focusing on top priority areas in order to further the specialty in certain areas.

Health Policy and Legislation Committee (HP&L)

- On June 23—by a vote of 244 to 154—the U.S. House passed H.R. 1190, the Protecting Seniors’ Access to Medicare Act, which would repeal (IPAB). The Academy has actively supported the repeal of the IPAB provision in the Patient Protection and Affordable Care Act (PPACA). The IPAB not only poses a threat to access, but also is likely to consider short-term savings in the form of payment cuts for healthcare providers. The Academy will continue its advocacy measures as the legislation has now passed to the Senate for consideration.

- The Academy is actively participating in Congressional offices visits in support of “Enhancing the Stature and Visibility of Medical Rehabilitation Research at the NIH Act” (S. 800 & H.R. 1631). Recent efforts have focused on members of the House Ways & Means Health Subcommittee. This bipartisan piece of legislation seeks to improve, coordinate, and enhance medical rehabilitation research at NIH. NIH conducts and supports approximately $300 million in rehabilitation research annually, $70 million of which is supported by the National Center for Medical Rehabilitation Research (NCMRR).
• Three bills have recently been introduced that offer various proposals for Medicare bundled payments for integrated care in both acute and post-acute care settings. The three bills take different approaches to bundled payments and direct the (HHS) Secretary to develop requirements for qualified entities to receive bundled payments. A qualified entity is a corporation, partnership, or limited liability company (LLC) that is authorized by a group of providers of services and suppliers. The Academy is currently reviewing and analyzing the bills and reaching out to Congressional offices and advocacy partners to discuss the different approaches presented in each of the bills.

**Reimbursement and Policy Review Committee (RPRC)**

• The agenda for the October AMA RUC Meeting will include discussions of the survey results from the interlaminar steroid injection codes and the fluoroscopic guidance codes. AAPM&R is working with multiple specialty societies to evaluate and present the survey data to the AMA RUC Panel.

**Regulatory**

• RPRC has reviewed the Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016. Comments address PM&R’s role in the management of chronic care management and a recommendation that CMS not change the definition of incident-to-billing that would create a more restrictive policy.

**Coverage Determinations Workgroup**

• This workgroup was formed as a joint endeavor by the RPRC and Evidence and Clinical Practice Guidelines Committees to implement a more effective mechanism for reviewing various types of draft coverage determinations submitted to us by the Center for Medicare and Medicaid Service (CMS) contractors and by various commercial insurance plans. We are on course to have reviewed more than 30 coverage determinations by the end of the year. In most cases we have 45 days or less to respond, and some of the policies are very specialized. In the past, the Workgroup has submitted requests to the appropriate Council for input, but we now intend to develop a more formalized arrangement for Council review when needed.

**Other Issues**

• Ultrasound Certification
  - RPRC recently discussed further actions needed on this issue and decided the following:
    - Monitor member complaints until March 2016 RPRC meeting
    - Analyze feedback from the Council survey and AA
    - Encourage hospital privileging
    - Review and if necessary revise the Academy’s model privileging document
    - Develop a more specific model statement/policy on ultrasound training
    - Encourage members to show their CME hours, facility accreditation, etc. to payers

• Coding recommendations will be added to the AAPM&R Journal’s Pain Supplement

• Regional Coding Workshops
  - As of September 1, 114 people were registered for the Las Vegas (February 2015) and Nashville (August 14-15) workshops.

• Coding Companion/ICD-10 Crosswalks Update
  - The 2015 Coding Companions are nearly out of stock. The Coding Companion continues to be updated to make it the most useful for membership. In 2016, only the PM&R specific NCCI edits will be identified, with examples on how these edits are utilized; an index will also be created and tabular section identifiers added.
On September 17, RPRC will host its first virtual workshop, a 30-minute lunchtime workshop, where members can submit coding questions ahead of time to have them answered by the Academy’s coding experts. The cost is $20 and 0.5 CME credits may be earned.

The RPRC has published several coding articles in *The Physiatrist* and is spearheading a free Advocacy Webinar series for membership. [Click here for a link to the 2015 webinars.](https://www.paraplegia.com/)

2016 Business Plan
- RPRC discussed its 2016 business plan to be voted on during the December 2015 Committee call.

**State Activities**
- On July 29, 2015, Academy staff attended the in-person meeting for the AMA Task Force to Reduce Opioid Abuse. The Task Force has prioritized issues related to the effective use of Prescription Drug Monitoring Programs (PDMPs); enhancing physicians’ education on safe, effective, and evidence-based prescribing of opioids; advocating for legislation that increases access to naloxone and strengthens Good Samaritan protections; and reducing the overall stigma of pain and promoting a comprehensive multidisciplinary treatment approach. The Academy has been promoting these efforts to all members.
- In August, Academy staff attended the AMA convened State Advocacy Roundtable which included attendees from 35 state medical associations and 26 national medical specialty organizations. Topics covered included the opioid epidemic; telemedicine; employed physicians; Medicaid managed care; and strategies for protecting the physician-patient relationship.
- Members of the Council of State Society Presidents Executive Committee will be speaking at the AA Residents Town Hall meeting to encourage residents and young physiatrists’ involvement in state-level advocacy and state medical societies.

### Membership

The Membership Committee met to determine goals, objectives and strategies in order to continue growing AAPM&R membership and strengthen the strategic vision of the Academy. Below is an overview of the strategies implemented to date in 2015:

**Strategies**

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<th>I.</th>
<th><strong>Oversee the Retention of Current AAPM&amp;R Members</strong></th>
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<td>Support and Foster Member Communities</td>
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The Membership Committee agreed that the Academy could help foster the membership’s need for communities by providing physical and online space for members to connect in an organic fashion. The Membership Committee created a recommendation to the Board of Governors to provide two community environments to support member community; one being an in-person resource (i.e. a room at Annual Assembly) and an online resource (i.e. discussion board on PhyzForum) so they can connect outside of the Annual Assembly. Progress on both environments has been made. A Community Network Lounge will be available at the 2015 Annual Assembly and communications to attendees will spotlight this opportunity to connect with peers. Additionally, two online communities have been created: Cancer Rehabilitation and Women in Physiatry.

**Associate Year One/Associate Fellow Qbank Offer**

When a resident graduates, they are moved from Resident to Associate Year One (Physician who has successfully completed training in an approved Physical Medicine and Rehabilitation residency program, but is
not ABPMR or AOBPMR certified) or Associate Fellow (Full-time physician in an approved fellowship program related to PM&R training). In July, the brand new Certification Exam Preparation Qbank was released. The ABPMR Primary Certification Exam Part I was taking place on August 17. As such, it was recognized that there was a small window of opportunity for recent residency graduates to use the tool for exam preparations. Associate Year One and Associate Fellows were offered a discounted rate on the Qbank, if they renewed their dues for 2015. Upon renewal, an email with the coupon code was sent to them.

II. Recruitment of Members

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Resident SAE-R and Membership Combination Offer
Now that the resident dues renewal takes place on an academic cycle (July 1 – June 30), there was an opportunity to sync up membership renewal with SAE-R registration. Additionally, it was recognized that if the SAE-R was priced with a bundle to membership, it may entice residency programs to not only have their residents take the exam, but to also pay for Academy membership. Additionally, the Academy offered residency programs the ability to include SAE-R registration and membership dues renewal all on one invoice so that programs only have to submit one payment. This streamlined approach has been positively received by programs. As a result, there are now 21 new programs who support Academy membership.

Build Organizational Awareness Amongst Medical Students
In 2012, free membership for Medical Student members was approved by the Board of Governors. The goal of offering a free membership is two-fold: 1) It is to engage medical students who plan to continue in physiatry at the very beginning of their medical career, and 2) it is to educate and hopefully create referral sources for future physiatrists among those medical students who chose alternative specialties. Free membership is the hook, and the Annual Assembly is the instrument to encourage true engagement.

The Membership Committee oversees the Medical Student Program, which takes place each year at the Annual Assembly. Dr. Fred Bagares has developed this year’s free “Understanding PM&R” Program for medical students at the 2015 Annual Assembly. Last year, more than 140 medical students attended. Marketing for this year’s program began in July. Here is a link to the program outline as it appears on the Academy Web site:


The PM&R Residency Fair will again accompany the program. This event gives medical students the opportunity to learn more from individual residencies about their programs and how to apply. In 2014, 29 programs participated. Residencies received information about the program in late July so enrollment is just beginning. As of September 4, 30 residencies have registered.

III. Resident and Early in Transition Member Value Proposition

Early Career Task Force Update
The early career task force business model addresses the Membership Committee’s prior stated concern in April 2014 that the Academy continues to lose members as they transition from residency into practice. 2015 retention rates reinforce this concern. The committee recommended the prioritization of the comprehensive Academy-side effort to build the resident/transitional member value proposition in order to capture more of the market of physiatrists as members for the duration of their career. A Board Action Form will be presented to the Board of Governors at the September meeting outlining the resource development plan for this group.

IV. Membership Make-up and Demographics
**Member Profile and Find a PM&R Physician Impacts**

In 2014, the Membership Committee evaluated and made recommendations regarding the Areas of Care and Primary Practice Settings lists that members select in their Member Profile. Some of these selections are then used to market the physiatrist member on the public-facing Find a PM&R Physician database. During their 2015 in-person meeting, the Membership Committee discussed the need to translate some of the Areas of Care options to be more patient-friendly. With the help of the Membership Committee, efforts are underway to translate these listings so that they will be available with the launch of the new website.

**V. Academy leadership Program**

*Program Update*

Oversight of the Leadership Program falls under the Membership Committee’s purview as a subcommittee.

**Current fellows:** Staff collected survey feedback from the Day on the Hill initiative that took place on June 22-23. The feedback was positive and staff is debriefing to adjust and improve for the next set of fellows. Additionally, the Executive Committee worked to find appropriate post-program volunteer roles for each fellow. The fellows’ response to the assignments is dynamic. Finally, plans are being coordinated to recognize the fellows at the Annual Assembly upon their completion of the 2-year Leadership Program.

**Incoming fellows:** On June 18th, Awards Committee Chair Steve Geiringer, MD, presented the final selections to the Board of Governors for approval. Notification has been sent to all applicants with particular encouragement offered to applicants not selected. All ten finalists acknowledged receipt of the announcement of their selection and have re-confirmed their interest and commitment. This next class of incoming fellows will begin their program with the Tecker-facilitated Association Leadership training at the Annual Assembly in Boston. They will join the Board and the other Academy leaders at the Academy Leadership Meeting on Wednesday evening September 30th.

**VI. Unity Initiative**

*Define and Guide the Unity Initiative*

The Membership Committee will continue to provide oversight and guidance for the development and execution of the Unity Initiative. An explanation of this plan and its expected outcomes are detailed in the Unity Initiative Business Plan, which is being presented to the Board of Governors at the September meeting.

**The Resident Physician Council Board** held their Interim Meeting January 10-11 at the National Academy office in Rosemont, IL. This year’s meeting provided innovative discussion, educational presentations and ample time to network with their new leadership team. RPC Board members were tasked by the Membership Committee to provide input on the Academy’s current resident value proposition, as directed by the Board of Governors in September 2013. The agenda of this year’s RPC Board meeting focused on retrieving input on key areas to feed into the Academy’s Strategic Coordinating Committee (SCC) planning process to ensure that the Academy is meeting resident needs. Specifically, resident members were asked to provide input on in-training and early practitioner needs, coding and reimbursement needs and their level of knowledge regarding quality initiatives. This valuable feedback was received and discussed by the Membership, Medical Education and Quality, Policy, Practice and Research committees.
The resident liaisons have attended committee meetings and conference calls throughout the year and provided input from a resident prospective as needed. Drs. Elizabeth Martin and Annie Layno-Moses advanced the “Ambassador Program” this year and included an orientation session to better prepare them to speak on behalf of the Academy. Click here for more information about the Ambassador Program.

Drs. Carlo Milani and Megan Clark attended the American Medical Association Meeting and represented AAPM&R at the AMA Medical Student Specialty Showcase in June 2015.

RPC Board Members have updated several of the resident and medical student resources that are hosted on the Academy’s website. The edited versions of the following resources will be submitted to the Membership Committee for review:

- **Medical Student Guide**: Charles Odonkor, MD
- **Medical School Roadmap to PM&R**: Stephanie Tow, Rachel Welbel
- **Step-by-Step Guide to Applying for PM&R Residency**: Stephanie Tow, Rachel Welbel
- **Roadmap to a Fellowship**: Phuong Le, Wilson Change
- **Sample CVs**: Brian Toedebusch
- **Step by Step Guide for Applying for a Job**: Kristine Cachola
- **Resident's Research Packet**: Carlo Milani

The RPC Board held their summer conference call in July, during which Dr. Martin provided updates from the Board of Governors meeting, Qbank launch, and initiated planning for annual assembly activities. Additionally, the RPC Board is providing input on online/video education needs that resident members have. The list will be reviewed and sent to the Medical Education Committee for their review.

Nominations for next year’s RPC board have been requested, and a slate of the executive committee has been sent to the membership to vote upon.

Dr. Brian Toedebusch will be working with the Foundation of PM&R to identify resident volunteers for their annual Rehab 5K Run/Walk or Roll event at the 2015 Annual Assembly. In addition, RPC Board members will be organizing other events at Annual Assembly.

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**Member Councils**

Council leaders continued to focus on the following goals, agreed upon at the 2014 CAP meeting. These goals embody the original intent of the Member Council model, but have been adjusted to provide needed flexibility for Academy Leadership.

- Develop and engage council members as representatives of physiatry as a whole, in addition to their role as clinical specialists.
- Identify health policy and practice concerns and needs of member council constituency
- Identify education needs and desires of member council constituency
• Identify and recruit subject matter experts, and other leaders, willing to become engaged in Academy initiatives and increase overall member engagement within the Academy
• Contribute to continued growth of the PM&R Journal

All member council leaders were invited to attend a volunteer leadership session facilitated by Glenn Tecker, of Tecker International one day prior to CAP/CLC. This session was an abbreviated version of a training provided for all new Board of Governors’ members to establish a common leadership understanding and approach in leading the Academy. In addition to the 17 council leaders that were in attendance, Drs. Worsowicz and Elizabeth Martin, RPC President, shared in the leadership session. The main goals were:
• Solidify understanding of the structures and organization for associations
• Clarify the roles and responsibilities of all Academy leaders
• Clarify the role and responsibilities for Council leaders in the Academy volunteer leadership model

During the leadership session, a new visual (see below) was introduced to the present leadership that embodies the Council leader’s role within the organization. The information and design of this visual can and should be used as a tool by all leaders, including members of the Board, Strategic Coordinating Committee (SCC) Chairs and the Journal Editor. It identifies the fundamental role Council leaders’ play in identifying member needs. These needs are then communicated to the Strategic Coordinating Committees and Journal for review, analysis, action, if warranted, and finally a communication back to the councils.

As is customary now, the CLC meeting provides ample time for the Council executive committees to engage in planning for the coming year. Council leaders spent the morning identifying new opportunities to engage and communicate with their Council members as well as additional methods to continue reaching their goals. Moving forward, this meeting will be combined with CAP.

Each year, the CAP meeting continues to evolve and improve the communications among the Board, SCC’s and Member Council leaders to ensure that member needs are incorporated into the Academy’s strategic planning process. An evaluation for member feedback was distributed to all participants to help identify ways to continue to improve this dynamic meeting. Both CAP and CLC were successful meetings to continue the dialogue amongst our leaders and raise awareness of the role that each of our leadership sections play within the organization.
Both leadership and staff reviewed the committee planning process within the last two months and recommended a change in the committee schedule. Therefore, the next CAP meeting will be held on Thursday, September 10 and CAP and CLC will be combined into a one day meeting, all current and incoming council leaders were invited to attend. The shift in timing should better assist Strategic Coordinating Committees with discussing and understanding member needs and allocating more time to incorporate these needs into current and/or future business plans.

Council leaders have the option of selecting the Distinguished Council Award to be presented at the 2015 Annual Assembly. Leaders reviewed a list of members that have participated in Academy activities throughout the year. Although each executive committee understands they are not required to submit a nominee, they each agreed that there were candidates that were deserving of the award. The 2015 Council Awards slate, as shown below, has been approved by the Academy’s Committee on Awards. Each award recipient has confirmed acceptance of the award and will attend the upcoming Annual Assembly.

- Central Nervous System Rehabilitation – Steven R. Flanagan, MD
- General and Medical Rehabilitation – Dale Strasser, MD
- Musculoskeletal Medicine – Michael B. Furman, MD
- Pain Medicine/Neuromuscular Medicine – Armando Miciano, MD
- Pediatric Rehabilitation/Developmental Disabilities – Rita Ayyangar, MD

As is tradition, a call for Council leaders was distributed to the membership. Please click here for a list of final slates recommended by the Council Nominating Committees.

Council leaders have continued to work with the Performance Metrics Committee (PMC) to identify subject matter experts for the “Quality Tool Box” initiative. (Please see QPPR Report). Click here for information on Quality Tool Boxes.

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**PM&R Knowledge NOW®**

Under the leadership of PM&R Knowledge NOW® Chair Dr. Mayer, one editorial development cycle has been completed and a second will kick-off in the coming weeks. The first cycle consisted of 47 topics, 34 of which are new. The remainder were revisions of previously-published content. All content is re-assessed at the 3-year mark to ensure that topic coverage remains relevant and newer resource materials can be added. The next editorial cycle will be predominantly refreshed content with 10 new topics in development.

Many of the original Editorial Board members have completed their terms of service and each Editorial Board leader had the opportunity to revise their Board. Currently, there are 45 editors working under the direction of 6 Editorial Board Leaders.

Web traffic to the PM&R Knowledge NOW® site has been flat for several months. A more aggressive marketing plan, including social media, has been created to highlight the new content. We continue to explore ways to add member value and revenue potential to the site, including advertising opportunities.

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**Committees of the Board**

**2015 Awards Committee**
The 2015 Awards Committee proudly announces its slate to date. The slate will be completed when nominees for Council Awards are submitted by Council Leaders to the Awards Committee for review/approval. **2015 AAPM&R Award Recipient Slate.**

Respectfully submitted by the 2015 AAPM&R Awards Committee:

Steve R. Geiringer, MD, Chair
Deborah J. Gaebler-Spira, MD
Michael F. Lupinacci, MD
Douglas A. Wayne, MD

**2014 Corporate Relations Committee**

AAPM&R’s Corporate Support area includes Career Services (Job Board/Job Fair). The 2015 annual revenue budget is now $2,892,900. The purpose of this report is to provide some highlights of the Corporate Relations activities.

The Institution Partners Council (IPC) launched in late 2014 with 3 organizations participating (Rusk, Johns Hopkins and University of Louisville). The IPC was developed as a way to formalize engagement with institutions. We ask you to help us spread the word about this important, new program.

**Sponsorships at the Annual Assembly**

The largest sponsorship dollars come from exhibitors and sponsorships at the Annual Assembly. We appreciate your help acknowledging all sponsors, IRC and IPC participants at the Annual Assembly. Sponsors include:

- Allergan, Inc.
- Elsevier
- IPSEN Neurosciences
- Merz
- Össur
- Spaulding Rehabilitation Hospital
- Treloar & Heisel
- University of Pennsylvania

**Follow up from the Industry Relations Council Spring Meeting**

At the spring IRC meeting, one key theme that emerged was to better explain that physicians and industry share a common goal of improving patient care. At the Annual Assembly, Allergan Medical Affairs will give a presentation called Interactions with Industry—Understanding FDA Regulations and the Distinct Roles of Sales, Marketing and Medical Affairs—to educate physicians about the different roles within industry organizations. Additionally, AAPM&R is creating messaging around this topic to be included on the new Message in Motion video screen for all attendees to see.

**Innovations in Corporate Support Sponsorships**

The world of corporate support is continuously changing. Access to physicians is the common theme among industry companies. The Corporate Relations Committee (CRC) continues to explore ways to develop innovative sponsorships to meet goals of industry and AAPM&R. We look forward to sharing updates with you at the Board Meeting about potential new sponsorships including, Resource Centers, survey platforms, sponsored webinars and emails.

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**Academy Leadership Program**
The 10 fellows of the 2013–2015 Academy Leadership Program assembled in Washington, DC on June 22–23. They met in the offices of the Academy’s lobby firm—Powers, Pyles, Sutter, and Verville—and were joined by advocacy trainers and discussion facilitators: Scott Laker, MD, chair of the AAPM&R Health Policy and Legislation Committee, Tom Stautzenbach, AAPM&R executive director, and Paul Smedberg, AAPM&R director of advocacy and government affairs.

The purpose of the meeting was to discuss current policy issues important to the Academy and its members, interact with elected officials and key congressional staff, and understand the importance of making our voice heard in this ever-changing health care policy and regulatory environment. Staff collected survey feedback from the two-day event, which was positive and will be used to adjust and improve the next Academy Leadership Program.

Read more about the Day on the Hill with the Academy Leadership Program.

Additionally, the Executive Committee worked to find appropriate post-program volunteer roles for each fellow. The fellows’ response to the assignments was dynamic and the Executive Committee feels the Academy will benefit greatly from the placement of these leaders in interesting and challenging positions. Finally, plans are being coordinated to recognize the fellows at the Annual Assembly upon their completion of the 2-year Leadership Program.

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**Announcements**

Academy leadership is invited and encouraged to attend the Annual Business Meeting to vote on nomination recommendations, to approve the Membership Roster, review 2015 activities, and preview 2016 Academy initiatives.

Academy leadership is also encouraged to attend the Town Hall Meeting at the Annual Assembly on Friday, October 2. The Town Hall is another way for AAPM&R leadership to make in-person contact with our members to answer their questions and hear ideas and feedback.