

## Academy News

### Leadership Action Items

As an Academy leader, you know the value of member engagement, and that it starts from the top down. So, get ready to lead by example and take action for your Academy! Below are several activities that we're asking our leadership to check off their to-do lists:

✓ **Update your [member profile](#).** Keeping your address, contact and practice information current is vital to staying connected with the Academy and receiving customized information based on your practice and exclusive member benefits. This information also powers the public-facing Find a PM&R Physician database and the Member Directory, so members can easily find you and vital information about your practice. Please encourage your peers to update their profiles, too, so that we can connect with them in the most meaningful ways.

✓ **Attend an [Academy event or participate in a webinar](#).** Your Academy offers a variety of workshops and educational opportunities on PM&R-specific topics to help improve your practice and position you for success. Check out our current offerings and register for what interests you today!

✓ **Save the date for the [Annual Assembly](#)**—October 25-28 in Orlando, Florida and please share this information with a colleague who hasn't previously attended. Registration will open in May.

While onsite in Orlando, be sure to attend these 2 important Academy-sponsored meetings:

AAPM&R Town Hall

Friday, October 26: 10 am-11:15 am

Meeting Room W22B, Orange County Convention Center

Academy Leadership Reception and Meeting

Wednesday, October 24

Location and evening start time will be distributed with RSVP invitation

✓ **Provide feedback on this quarterly publication.** Email [Margaret Keating](#) with any questions you may have about our Leadership Update.

### Board of Governors Meeting in April

The spring meeting of the Board of Governors is scheduled for April 12-15. The spring meeting traditionally focuses on strategic planning and this year, the Board will be considering strategic recommendations coming from PM&R BOLD think tank dialogues and from Strategic Coordinating Committee meetings. The 10 Academy Leadership Fellows will be joining the Board for one and a quarter days of collaborative dialogue on Academy priorities. An extra day was added to the meeting for the Board to focus fully and collaboratively on diversity and inclusion priorities.

**Quick Links to the  
Q1 2018  
Leadership  
Update items:**

[Academy News](#)

[Advancing PM&R  
BOLD Update](#)

[Medical Education  
Committee](#)

[Quality, Practice,  
Policy, and  
Research  
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[Membership  
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Board](#)

[2018 Event  
Calendar](#)

### **New PM&R Editor**

The Academy proudly announces [the appointment of Janna L. Friedly, MD, as the incoming Editor-in-Chief of PM&R](#)—the official scientific journal of AAPM&R, beginning with the January 2019 issue. Dr. Friedly is a board-certified physiatrist and associate professor in the Department of Rehabilitation Medicine at the University of Washington (UW) in Seattle, as well as the medical director of the outpatient Rehabilitation Medicine clinics and the Amputee Rehabilitation Program at Harborview Medical Center.

Under Dr. Friedly's leadership, *PM&R* will continue its growth trajectory to position itself as the journal of choice for physical medicine and rehabilitation as well as a valuable source for practitioners across other medical specialties. She will employ a 4-pronged approach to help achieve this vision by promoting: interdisciplinary and innovative research; ethics in research conduct and publishing; education; and intellectual discourse about controversial and conflicting viewpoints regarding evidence. We welcome Dr. Friedly and look forward to her contributions to the Academy.

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## Advancing PM&R BOLD

### **Strategic Plan Development: MSK and Acute/Post-Acute Care Continuum:**

Strategic plan development for future envisioned models is underway coming out of the first 2 productive Think Tank sessions, completed in November and December 2017: MSK Think Tank and Acute/Post-Acute Continuum Think Tank.

With the input of the Think Tank participants as well as the input of the Board of Governors, the original Summit participants, Strategic Coordinating Committees and staff, a Musculoskeletal Medicine Strategic Plan and an Acute/Post-Acute Care Strategic Plan have been drafted to support the vision for these practice areas and will serve as the basis for work moving forward. These plans and the governance structure to support them will be discussed at the April Board meeting.

### **Think Tank Planning:**

Pediatric Rehabilitation/Developmental Disabilities

- After an exploratory call in late 2017, a Think Tank is being planned to gather Pediatric Rehabilitation volunteers this summer to collaborate on an envisioned future for pediatric rehabilitation, which supports the overall vision for the specialty, and if necessary a strategic plan.

Cancer Rehabilitation Medicine

- After an exploratory call in late 2017, we will be coordinating with the Cancer Workgroup to organize a Think Tank this summer to collaborate on an envisioned future for cancer rehabilitation, which supports the overall vision for the specialty, and if necessary a strategic plan.

Pain Medicine

- After an exploratory call in late 2017, the Academy is planning to work with volunteers in Pain Management to develop a survey to better understand PM&R pain practitioners, specifically looking to define the market and understand how their practices align with and differentiate themselves from MSK practices.

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# Medical Education

## **ACCME Re-accreditation**

The Academy received Accreditation with Commendation from the Accreditation Council for Continuing Medical Education. This is a 6-year term, and the highest level of accreditation that can be awarded. This follows an extensive review process by staff and the CME Committee including a “Self-Study” report and an audit of 15 educational activity files. Accreditation with Commendation is awarded to organizations that are engaged with their environment and committed to improving the quality of health care through continuing medical education activities. The Academy is now accredited through March 2024.

## **Annual Assembly**

Planning for the Annual Assembly is essentially complete. PPC met and Faculty invitations were sent out at the beginning of March. The theme for the 2018 Assembly is “*Success Through Innovation.*”

## *Sessions*

The Academy received 186 submissions for session proposals. PPC met on February 10 and has slated 130 sessions, compared with 135 sessions in 2017. The slate includes 2 leadership labs and 6 new extended interactive symposia, or 1 ½ - three-hour small-group sessions that are not ticketed.

## *Learning Center*

The Learning Center includes both hands-on demonstrations (free to attendees) and niche topic presentations in the theater. In 2018, 13.5 hours of hands-on demonstrations are scheduled, up from 12 hours in 2017.

Topics will include:

- Ultrasound-Guided Upper/Lower Extremity Nerve Blocks
- Robotic Rehabilitation interventions after Stroke and Acquired Brain Injury
- The Practical Assessment of Post-Concussive Headaches
- Obtaining Meaningful Lower Limb Sensory Nerves to enhance Electrodiagnostic Study
- Ultrasound-Guided Intrathecal Pump Refills
- Resident Bootcamp: Hands-on Interpretation of MRI Shoulder and Knee with Ultrasound Correlation

The live theater sessions will include “Best of” e-poster presentations, the Resident Quiz Bowl and additional niche-topic lectures such as cryoneurolysis and small fiber neuropathy.

## *Plenary Speakers*

The following plenary speakers have been secured to further reinforce the themes of the conference, particularly in leadership and innovation.

- Lou Holtz, Legendary Football Coach and ESPN Analyst
- *Disney Institute* Innovations (Speaker TBD in collaboration with Disney)
- Bertha K. Madras, PhD, Combating Drug Addiction and the Opioid Crisis (Zeiter Lecture)
- PhyzTalks

## *Abstracts*

617 abstract submissions were received, including 451 case reports and 166 original research abstracts. The abstracts were reviewed by the Evidence Committee and 148 research abstracts and 215 case reports were accepted. This June, we will open the submission process for late-breaking abstracts.

“Best of” e-poster sessions will be presented in the Learning Center throughout the Assembly, as well as several podium sessions highlighting top abstracts.

## Pre-Courses

Agendas and faculty for the following pre-courses have been finalized:

- Step One: Ultrasound Clinical Applications of the Extremities: Course Directors: *Christopher J. Visco, MD*
- Nonclinical Career Options for Physiatrists: Course Directors: *Kerrie M. Reed, MD and Elizabeth Varghese-Kroll, MD*
- Regenerative Medicine: Promise and Challenges in the Treatment of Musculoskeletal Conditions: Course Directors: *Gerry Malanga, MD and Prathap Jayaram MD*
- Navigating Early-Career Decisions for Success in Practice: Course Directors: *Jeffrey S. Johns, MD and Michelle L. Arnold, MD*

## STEP Ultrasound Program

To date, we have 20 STEP participants who have purchased the full package including:

- 15–“full” STEP participants (began with Step 1 – Fundamentals US precourse)
- 5–“grandfathered” participants (exempt from Step 1 – Fundamentals US precourse due to equivalent education)

Grandfathered and full STEP participants continue their training in the program by advancing to *Step 2 – Interventional* that includes:

- Online curriculum – features 50+ videos on sports ultrasound, neuromuscular ultrasound and ultrasound coding for physiatrist
- Next Step Interventional Ultrasound Live Course

Individuals who complete these steps will be eligible for *Step 3 – Assessment*, which will include a Skills Assessment at Annual Assembly 2018.

## Online Curriculum a la carte Launch on mē

The a la carte version of the [STEP online curriculum](#) is now available on the mē website as its own separate product.

## Next Step Interventional Ultrasound Course

Registration for the Next Step course went live on February 12. Currently, there are 23 registrants (capacity is 40), including 17 STEP participants. The course is now open to anyone who wants to register. The course will take place on August 24-25 at the Shirley Ryan AbilityLab in Chicago. Drs. Alfred Gellhorn and Monica Rho will return to direct the course with the 2017 faculty returning as well.

## Online Products

### MOC Products

Sales for MOC products started out strong in January, particularly in MOC|2 products. MOC|3 products continue to perform lower than anticipated. The practice exam/Qbank will be revised this spring, and the review course in Pain and Prosthetics and Orthotics will be updated this fall.

### Non-MOC Online Products

New non-MOC online products include AA Rewind (recorded 2017 sessions), the ultrasound STEP online curriculum, and AMSSM ultrasound videos. Modules in practice management and early career topics continue to be offered. New in 2018, AA Rewind will be offered as an add-on product to AA registration, heavily-discounted for AA attendees (\$99 for all recorded sessions, discounted 75% from \$399 for non-attendees).

Submissions were due in January for proposals for the new Instructional Video Library. Eighteen submissions were received from 9 individuals. MEC will be moving forward with the following videos: Physical Examinations, Ultrasound-Guided Botulinum Toxin Injections with Needle In-Plane, Concussion Screening and Assessment and Concussion Screening and Assessment.

## **Resident Products**

### *Q Bank*

The Q Bank refresh is currently underway with the Self-Assessment Committee reviewing all the questions to ensure the content is still accurate.

### *SAE-R*

The 2018 SAE-R was successfully completed January 23-29, with participants from 95 programs including one Kuwaiti program and two programs from the Philippines. This was the first year that the exam was offered over a 6-day period, and there did not appear to be any issues with this approach. The number of programs relying on the online administration jumped in 2018 as hoped.

## **GME Committee**

The GME Committee had its first in-person meeting in January. There have been several efforts moving at the same time in the last 6-12 months related to GME, including collaborations with ABPMR and AAP, as well as clear needs coming out of the BOLD initiative.

One theme that has emerged from these combined efforts is a need to define a universal, core curriculum for psychiatry residency training. While there may still be many differences among training programs, it would be beneficial to determine what is universal to all psychiatrists. Determining a core curriculum is foundational to a number of issues including how residencies and fellowships are structured and funded, as well as how to support the action items coming from the BOLD strategic plans. The GME Committee will be connecting with program directors, as well as AAP and ABPMR, to continue to discuss next steps with developing a core curriculum.

In December 2017, the Committee provided 2 nominees, Andrew L. Sherman, MD, MS and Stacy M. Stark, DO, to the ACGME to replace Susan V. Garstang, MD on the Review Committee (RC) for Physical Medicine and Rehabilitation. On February 5, the Academy received confirmation that the ACGME Board of Directors confirmed Dr. Stark's appointment to the ACGME RC for Physical Medicine and Rehabilitation. This is a 6-year term that begins on July 1, 2018.

## **Pain Course**

The new stand-alone pain course titled "Navigating the Opioid Crisis: Perils, Pitfalls and Practical Solutions" will be held November 30 – December 1 in New York, and will be hosted by NYU. The agenda has been finalized, and faculty have been invited. The course will be announced this spring and registration will open on June 13.

## **Special Olympics Proposal**

A proposal was submitted to the Special Olympics in collaboration with Dr. Priya Chandan at the University of Louisville regarding inclusion of individuals with intellectual disabilities. A grant of \$20,000 was awarded and will help support a session at the Annual Assembly, an AAPM&R position statement, as well as Dr. Chandan's participation in an Inclusive Health Event.

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# Quality, Practice, Policy, and Research

The Quality Practice, Policy & Research (QPPR) Committee and the Medical Education Committee (MEC) have joined efforts to establish the AAPM&R Pain Management and Opioid Task Force. AAPM&R welcomed Task Force members: Erik Shaw, DO, Chair, Diane Braza, MD, David Cheng, MD, Erik Ensrud, MD, Andrew Friedman, MD, Rita Hamilton, DO, Jason Miller, MD, Ameet Nagpal, MD, and Saloni Sharma, MD.

The QPPR Committee confirmed priority areas for 2018 and beyond in the Academy's strategic plan. The Committee discussed new plans to address insurance denials in all settings from a variety of payers, an updated approach to the definition of a rehabilitation physician initiative, and the draft opioid prescribing position statement that is being submitted for review at the April Board meeting. The committee also discussed potential research collaboration with members of the Multi-Society Pain Workgroup, next steps for the Academy's registry, next steps with the G code for patients with mobility impairment, and proposed resolution to the AMA House of Delegates on care of patients with intellectual disabilities.

### **Evidence, Quality, and Performance Committees (EQPC)**

- AAPM&R placed seven psychiatry leaders in national quality positions. [All current and past Quality and Advocacy Liaison appointments can be viewed on the Academy website.](#)
- Quality advocacy efforts in Q1 pushed for more patient-focused nonpharmacological treatments for chronic pain, resolve for ongoing challenges in the Quality Payment Program, Veteran's rights to select the prosthetist/orthotist that best meets their clinical needs, critical review of quality measures impacting spinal cord injury patients. These comment letters can be [viewed on the Academy website.](#)
- Quality education and dissemination efforts included:
  - Presenting the Academy's first set of psychiatric quality measures on a national panel titled "Measures in Limbo: Navigating Topped-Out and Low-Bar Measures" at the 2018 Physician Consortium for Performance Improvement 2018 Annual Meeting. The presentation and discussion focused on the Academy's experience with the Qualified Clinical Data Registry nomination and approval process with the Centers for Medicare and Medicaid Services (CMS).
  - A live demonstration to Academy clinical data registry participants on the CMS MIPS reporting submission process via the Academy's registry.
- The 2018 Annual Assembly Research Hall planning is underway. 347 abstracts and case studies were accepted with 112 members leading the review process. The second year of Late Breaking Abstracts will be open for submission in June 2018.
- The Clinical Practices Guideline (CPG) Committee completed reviews on the following guidelines in 2018:
  - American Cancer Society Head and Neck Cancer Survivorship Care Guideline (American Cancer Society) – Endorsed (QPPR Approved)
  - Chronic Pain - Final Guidelines American College of Occupational and Environmental Medicine (ACOEM) – Affirmed (QPPR Approved)
  - Independent Medical Examinations and Consultations (ACOEM) – No Position taken by CPG as this did not appear to be a guideline (No QPPR Approval Needed)

### **Health Policy and Legislation Committee (HP&L)**

- AAPM&R welcomes Nneka Ifejika, MD, as the new Health Policy and Legislation (HP&L) Committee Chair. The Academy and the Committee are very thankful to Jennifer Zumsteg, MD, for her service as the previous chair.
- On March 30, [AAPM&R sent a letter to all Senate offices](#) asking for their support in not introducing H.R. 620: The ADA Education and Reform Act, a bill that dismantles the civil rights of individuals with disabilities under the Americans with Disabilities Act of 1990 (ADA). On March 19, AAPM&R also launched a grassroots campaign so that constituents of targeted Senators could send a template letter requesting they sign on to the Democratic Senators letter urging opposition to HR. 620. We will continue to urge the Senate to reject any effort to weaken provisions of the ADA, should legislation be introduced.

- In March 2018, AAPM&R, as a part of the Coalition to Preserve Rehabilitation's (CPR), endorsed comment letters responding to the Centers for Medicare and Medicaid Services (CMS) addressing the growing use of prior authorization (PA) by Medicare Advantage (MA) plans and proposed updates to the [2019 MA and Part D programs](#). AAPM&R also endorsed the letter to the Department of Labor (DOL) regarding proposed rule, "[Definition of 'Employer' for Association Health Plans.](#)"
- On February 11-13, the HP&L Committee met in-person in Washington, DC. During their annual Capitol Hill Day, February 13, your HP&L Committee met with elected officials and key staff to raise awareness of physiatrists and to discuss current policy issues affecting our specialty. Discussion topics included Medicare regulatory relief, healthcare reform and changes to the Medicaid program, sports medicine licensure clarity, and preserving protections of the ADA.
- On January 15, AAPM&R launched a grassroots campaign regarding the therapy cap restrictions on Medicare Part B outpatient services that went into effect, after a December 31 expiration of the current exceptions process. In December 2017, as part of the Therapy Cap Coalition, AAPM&R [endorsed the letter to Congress](#) requesting that immediate action be taken to permanently address the Medicare Part B Therapy Caps before the end of the year. The therapy caps were repealed February 2018.

#### **Innovative Payment and Practice Models (IPPM) Committee**

- In February, Steven Flanagan, MD, a member of the Innovative Payment and Practice Models (IPPM) Committee, presented at the Interdisciplinary Conference on Orthopedic Value Based Care on the value of incorporating PM&R physicians in the ICU and throughout an acute admission stay, which ultimately led to reduced lengths of stay with consequent decreased cost.
- Dr. Flanagan also presented information on the value added by psychiatric involvement in the treatment of certain types of patients, at the American Academy of Family Physicians Conference on Practice Improvement, which took place November 30-December 3, 2018.
- On February 7, William Adair, MD, IPPM Committee member, presented an educational webinar entitled "Toward the Triple Aim: Improving Post-Acute Care through Physiatrist Participation" for the American Society of Anesthesiologists Perioperative Surgical Home Learning Collaborative.

#### **Registry**

- The Academy's registry has been designated as a 2018 Qualified Clinical Data Registry (QCDR) by the Centers for Medicare and Medicaid Services (CMS) for the 2nd year in row. QCDR designation is important because it enables psychiatric practices to identify and improve gaps in the quality of psychiatric care, demonstrate their value to payers, and compare their performance to physiatrists nationwide. The five measures developed by the Academy are incorporated into the QCDR for 2018. The Academy's QCDR will be ready to accept data for the 2018 MIPS year by April 1, 2018.
- The Academy's Registry successfully submitted MIPS data to CMS on behalf of 45 individuals, using a combination of EHR data extraction, EHR pushing data into the registry, and manual web entry of data.
- Recruitment into the Academy's 2018 Qualified Clinical Data Registry has begun, specifically targeting AAPM&R members that will be subject to penalties, according to CMS.

- Academy staff will participate in a CMS-led Lean Six Sigma event on the Qualified Clinical Data Nomination Process in April 2018. This event is a direct result of the Academy advocating for a better process on its own as well as through the Physician Registry Coalition.

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

- On March 14, 2018, [AAPM&R endorsed a joint statement](#) submitted to the Department of Health and Human Services (HHS) regarding drug pricing. The statement encourages proposals that protect beneficiaries against high drug costs.
- In October 2017, AAPM&R began working with a coalition of national medical specialties and state medical associations to advocate regarding our concerns with Anthem's proposed policy that would have significantly decreased payment for evaluation and management (E/M) services billed with modifier 25. We are pleased to report that because of this advocacy, Anthem has reversed this policy, which was scheduled to take effect March 1, 2018. AAPM&R recognizes that many of our members appropriately use modifier 25 when billing minor procedures with separately reportable evaluation and management services.
- On February 8-10, AAPM&R representatives, Annie Purcell, DO and Scott Horn, DO, attended the AMA CPT Editorial Panel Meeting in San Diego, CA. On January 10-13, AAPM&R representative, Matthew Grierson, MD, attended the AMA RUC Meeting in San Diego, CA.
- On December 20, 2017, AAPM&R released the [2017 PM&R Physician Compensation Report](#) with data collected via the compensation survey. AAPM&R will provide high-level data from this report to Medscape to help generate awareness about our specialty.

#### **State Advocacy Subcommittee (SAS)**

- On March 6, 2018, AAPM&R distributed a letter to Academy members in Michigan, on behalf of the Michigan Academy of PMR. This letter informed members that, effective April 1, Blue Cross Blue Shield of Michigan will no longer cover the use of intra-articular injections of Hyaluronans in the knee, as it is considered not medically necessary for osteoarthritis of the knee and all other knee conditions. The message included a template letter that members can send to BCBS, if affected by this policy change.
- On January 24, the State Advocacy Subcommittee (SAS) submitted a letter of endorsement in support the Brain Injury Association of Massachusetts efforts to enact the proposed cognitive rehabilitation bill, S.502/H.2166: Improving Lives by Ensuring Access to Brain Injury Treatment. This bill requires commercial health insurance plans to authorize appropriate rehabilitation following brain injury.
- January 4-6, 2018, AAPM&R represented by Stuart Glassman, MD, attended the 2018 AMA State Legislative Strategy Conference, focusing on strategies for effective state advocacy on various topics.

#### **Other Advocacy Activities**

- On December 28, 2017, AAPM&R [submitted comments](#) in response to the Food and Drug Administration (FDA) request for comments on their newly established Opioid Policy Steering Committee (OPSC). The comment letter emphasized that patient access to nonpharmacological therapies can help eliminate the need for opioid therapy; however, it highlights that opioids are an important recourse for patients whose pain cannot be resolved by alternate therapies alone.

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# Membership

February 3-4, the Membership Committee held its in-person meeting in Rosemont. The committee successfully completed its agenda, which covered the following topics:

- Workforce Needs to Support the New Vision, exploring membership modeling considerations for advanced practice providers (APPs)
- Recognition of Osteopathic Psychiatrists
- Diversity and Inclusion specific input to the BOG on two key questions:
  - 1. What kind of information related to diversity and inclusion would be beneficial for us to know to help meet ongoing membership needs?
  - 2. How should we collect this information?
- Strategic Planning: Development of Strategies to support Goals/Objectives
- Member Constituency Model update and dialogue
- Inactive and Part-Time Fellow Membership Categories discussion of benefits received
- Medical Student Program planning
- 30th Anniversary for PHiT planning. Note: 2018 is the 30th Anniversary
- *Physiatry is More Than* Campaign Brainstorm for next phase of development
- International Certificate update

During the in-person meeting, Dr. Saffir reviewed the various projects in need of volunteer time, energy, and expertise. Committee members responded to the request and below are the assignments.

## Early Career Workgroup:

- Dr. Stephanie Tow
- Dr. Aurora Wong
- Dr. Megan Clark

## Academic Workgroup:

- Dr. Keneshia Kirksey
- Dr. Carol Vandenakker Albanese

## APPs Workgroup:

- Dr. Michele Arnold
- Dr. Anne Hudak
- Dr. Keneshia Kirksey

## DOs Workgroup:

- Dr. Charles Kenyon
- Dr. Gene Tekmyster

## 30th Anniversary RPC/PHiT Workgroup:

- Dr. Brenda Waller
- Dr. Stephanie Tow

Since the launch of calendar\* cycle dues on November 1, members have received extensive outreach including multiple print and electronic invoices, emails, and reminders in all member publications. As of February 28, 84% of Fellow and Associate members have renewed, which is tracking close to 1% ahead of this time last year. There are 2 identifiable factors that we believe are contributing to this comparative increase, as listed below. While we are optimistic that this will have an overall positive impact on member retention, it remains to be seen if this is a

“front-loading” shift of member renewals timed with these new strategies or an impact overall as the remaining members after the grace period expires have historically been the most challenging to renew (requiring even more intensive outreach).

- The 2017 Compensation Survey report is complimentary to all members upon renewal of their 2018. This added benefit has been included in membership renewal communications as an incentive to renew and is receiving a positive response.
- In 2017, the Board of Governors approved a new dues schedule for Fellows and Associates, which was implemented on February 1. As a reminder, the official AAPM&R Fellow and Associate dues renewal deadline was December 31, 2017. Once the grace period expired on February 1, 2018, membership benefits were placed on-hold, including access to complimentary self-assessment and members-only web resources, and the dues fee increased by \$75 to \$720. Deadline-driven communications encouraged renewal before the February 1 deadline, and resulted in 5.5% of unrenewed members acting and renewing the week of the deadline.

Transitional\*\* cycle members receive an 18-month membership for a fee of \$645, and includes Associates (2-years post residency) and Fellows (2-years post residency). Invoiced in July 2017, 73% have renewed as of February 28, which is tracking almost 8% ahead of last year. Marketing communication efforts continue to encourage renewal and engagement with the Academy since a renewed membership would run through December 31, 2018. The 2017 Compensation Survey report is also being touted as a new benefit. A payment plan has been extended as option for members in this cycle.

Members on the Academic\* cycle were also billed back in July. As of February 28, 97% of residents have renewed, and 74% of members one-year post residency (including those in fellowship) have renewed. This time last year, roughly 98% of residents and 67% of members one-year post residency had renewed. Although 26% of members who are one-year post residency have technically been “dropped” from Academy membership, marketing communication efforts continue to encourage renewal and highlight new, practice-related resources for early career psychiatrists including the compensation survey.

\*Calendar cycle members include Fellows, Associates (3-years post residency), International, Part-time Fellows.

\*\*Academic cycle members include Medical Students, Residents, Associate Fellows, and Associates 1-year post residency.

\*\*\*Transitional cycle members include Associates (2-years post residency) and Fellows (2-years post residency)

### **Fellowship Program Data Collection**

Staff has been in the process of developing a more robust fellowship database resource for its membership. Over the past 6 months, staff has collected valuable information on fellowships that accept PM&R residents. As of today, the Academy has collected information from over 259 confirmed PM&R fellowship programs and awaiting confirmation from an additional 45 programs. There are 206 that are ACGME-accredited fellowships, 55 that are non ACGME-accredited or unknown at this time.

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## Member Councils

Dr. Gittler, as chair, has been working with the Task Force created by the Board of Governors in September to further discuss the Membership Constituency Model.

The Member Councils have been hard at work preparing for the upcoming year.

- All councils have submitted content for the winter newsletters. All issues were distributed in March.
- Content for the spring newsletters were submitted.
- All councils will begin identifying nominees for the 2018 Outstanding Council Service Award.
- All executive committee members have been reviewing the current list of member needs and have identified necessary changes as well as have prioritized the needs that are listed.

- The GMR Executive Committee submitted Jeffrey Fine to be considered for an invitation to serve on Centers for Medicare and Medicaid Technical Expert Panels (CMS TEP) for Home Health Agencies (HHAs) on behalf of the Academy.
- The CNS Executive Committee held their first all-member conference call on March 28.
- The Pain/NM Executive Committee provided feedback for the Academy on the AAHPM Pain Management Measure Development Advisory Group.
- The Pain/NM Executive Committee provided feedback for the Academy on the FDA Citizen's Petition: Requests that the FDA Immediately Seek Removal of Oral and Transmucosal UHDO Opioid Analgesics from the Market.
- The Pain/NM Executive Committee has been participating in the Opioid Task Force.
- The Pain/NM Executive Committee provided input on nerve injection codes to improve accuracy in CPT language.
- The Peds/DD Executive Committee has continued to add to the member peer reviewed publication list.

### PHiT Council

#### PHiT Board Activity:

- PHiT outgoing Board members transitioned incoming board members in October and November.
- PHiT Committee liaisons have had their orientation with their respective SCCs in the fall.
- PHiT Board members attended an orientation webinar in November.
- PHiT Board held their Winter Board meeting January 6-7 at the National Office. This year's PHiT Board Meeting provided innovative discussions, educational presentations, and ample time to network with the new leadership team. Leaders also provided feedback about resident education at the Annual Assembly, including: *Skills Lab: Resident Bootcamp* and *Live Theatre: Mystery Diagnosis: On-Call Edition*.
- PHiT Board celebrates 30 years of the Academy's RPC/PHiT Council. Several members of the Board will be generating ideas to celebrate the engagement of residents throughout the year via an online presence, social media, newsletters and in person at Annual Assembly. The Membership Committee will review their celebration plans and complete details will be provided at the April Board of Governors meeting.

#### Committee/Liaison Activity:

- Resident newsletter and Facebook posts have been published and distributed to resident members
- The 2018 Ambassadors held an orientation webinar in December. There are 78 ambassadors currently nominated, surpassing the 66 ambassadors selected in 2017. However, we still hope to recruit additional ambassadors over the next month.
- The Chief Resident database continues to expand, currently at 71 Chief Residents compared to 63 in 2017.

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## PM&R Journal

### 2017 Manuscript Statistics

A leveling off of submissions was seen in 2017; total submissions were 518 in 2017 versus 515 in 2016. No change was seen in the international submission rate; 48% of submissions came from outside the U.S. for the last 2 years.

### Supplements

2017

- Informatics, Guest Editor Mark Huang, MD, (May)
- Cancer, Guest Editor Julie Silver, MD, (Sept)

- 2017 Annual Assembly abstracts-online only (Sept)

2018

- “Innovations Influencing Physiatry”, Guest Editor Alberto Esquenazi, MD (Fall)
- Virtual Rehabilitation supplement or special section (collection of selected papers from the 2017 International Conference on Virtual Rehabilitation) Guest Editor Sandeep Subramanian, BPT, PhD
- 2018 Annual Assembly abstracts-online only

2019

- “Idiopathic Pelvic Girdle Pain as it Relates to the Sacroiliac Joint,” Guest Editors, Heidi Prather, DO, and D.J. Kennedy, MD

### **EIC and Publisher Transition**

Dr. Janna Friedly will assume Editorship of PM&R with the January 2019 issue. In preparation for this, she and Dr. Weinstein have already begun regular meetings.

John Wiley and Son will become the Publisher of PM&R in January 2019. We have been introduced via conference call to their full advertising sales team and both current and incoming EICs have actively participated in discussions surrounding transition to a new peer review and manuscript submission system.

A Senior Editorial meeting is scheduled for May 4-5 in Rosemont. A representative from Wiley will be in attendance. The meeting will serve as an orientation for the incoming EIC, and the timeline and operational issues related to the transition will be discussed. Dr Friedly will share her vision and priorities for PM&R’s second decade with the senior team.

A publisher transition planning meeting will take place June 8 at Wiley’s offices in Hoboken, NJ. Elsevier has assured us of their full cooperation in the transition.

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## PM&R Knowledge NOW®

ABPMR has affirmed their commitment to pursue KN/CertLink relationship. A Joint Committee will be assembled and a business plan outlining options developed.

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## Committees of the Board

### **Nominating Committee**

The Nominating Committee, chaired by Steve Geiringer, MD, had 4 phone calls throughout February and March. The call for nominations was posted on the [Academy’s website](#) and announced through all of the Academy’s communications channels. Nominations for elected positions closed on February 28.

### **Awards Committee**

The Awards Committee, chaired by Michelle Gittler, MD, had three phone calls in March. The call for nominations was posted on the [Academy’s website](#) and announced through all of the Academy’s communications channels. Nominations for Awards closed on February 28.

## Corporate Relations Committee

The 2018 annual revenue budget from Corporate Support is \$3,405,452. This revenue is generated from a variety of avenues including grants, advertising, exhibits, sponsorships, and more. It also includes revenue from the Job and Fellowship Board and Job and Fellowship Fair. Important to note that this amount includes \$124,412 for the REMS grant that was secured in 2016. The final revenue will be recognized in 2019. Below are some updates from this area.

### Industry Relations Council (IRC) Renewals

- **New in 2018:** Konica Minolta (Tier 4, \$12,500) and Halyard (Tier 4, \$12,500)
- **Prospects:** Piramal, Jazz, and others are being pursued as well
- **Renewed:** Allergan, Avanir (moved from Tier 4 to Tier 3), Merz, Saol, Ipsen
- **Yet to Renew:** Daiichi Sankyo (verbally agreed), Astra Zeneca (April), Parker Hannifin

### Institution Partners Council (IPC)

- **New in 2018:** UPENN (Tier 1, \$4,000), US Physiatry (Tier 1, \$4,000)
- **Renewed:** Kindred, Shepherd Center, SIMED, Spaulding, UT Southwestern, University of Louisville, University of Minnesota
- **Yet to Renew:** Medstar (July), RUSK (July), Johns Hopkins (May),
- **Did not Renew:** University of Colorado

## New Areas of exploration in 2018

- Submitted a grant for pilot project to fund market research on osteoporosis for use in needs assessment. The budget will include administrative revenue for AAPM&R.
- In dialogue with Medtronic about hands-on education at our 2018 Annual Assembly for interventional pain education.
- Developing plans to engage Treloar and Heisel (T&H -- Insurance Agent) and recruiters in a new way to create opportunities benefitting members, AAPM&R and the sponsor.
- Exploring potential ways to engage with Under Armour or FitBit – Working with Dr. Kaelin to research possibilities.
- Working with education team to explore option of developing short, sponsored videos on clinical topics. The CRC is supportive of this model and MEC reviewed in March.
- AAPM&R responded to a grant request from Pfizer for education. This was submitted with a Medical Education Communication Company (MECC). Unfortunately, we did not receive funding for this grant.
- Promoting expanded market research opportunities at the Annual Assembly.

During its most recent call, the CRC approved further exploration of the following:

- Advertising in the registration confirmation letter for the Annual Assembly.
- Sponsored push notifications through the mobile app.
- For improved experience (not for revenue), the CRC was open to exploring the ability for exhibitors to contact attendees through the mobile app at the Annual Assembly.

Annual Assembly exhibit sales are strong with 118 companies and 212 booths sold, up from 2017. The Job and Fellowship Fair currently has 17 exhibitors, including four 10x10 premium booths. Increased marketing for the event will begin in the summer when the bulk of the applications normally are received. For the 2018 event, AAPM&R has designated an area of the Job and Fellowship Fair floor for Institution Partners Council (IPC), providing added value and exposure for the participants of the program.

The Job and Fellowship Board has seen a sharp decrease in revenue in Q1 of 2018. We are trying to determine if there are any external factors contributing to these results. Additionally, AAPM&R Career Services staff is working with our marketing team to implement a comprehensive plan for employers to encourage job postings,

including the use of ads in membership communications and social media. In addition, our Job Board vendor, Naylor Association solutions, is increasing its sales efforts and investigating possible new initiatives to implement.

Please contact Sharon Popielewski, [spopielewski@aapmr.org](mailto:spopielewski@aapmr.org) or Committee Chair Deb Venesy, MD, with any questions.

### **Practice Preparedness Committee**

On their January 16 call, the Practice Preparedness Committee finalized the practice program for the 2018 Annual Assembly. A total of 16 practice-related proposals will be submitted to the Program Planning Committee for consideration as they built the overall assembly program at their February 10 in-person meeting. Proposals fell under 2 main categories – Leadership/Career Development and Practice Management. Some of the proposal topics under these categories include:

- PMR as a leader in post-acute care
- Physician burnout
- Mentorship
- MACRA
- Legislative updates
- Coding and billing

Drs. Jeff Johns and Michelle Arnold will be directing the 2018 Early-Career Precourse, which is a pilot program for regional early-career physician courses in 2019. Drs. Johns and Arnold are developing the outline for the course for the Practice Preparedness Committee to review and provide feedback to ensure the course will meet the needs of the early career audience.

The Practice Preparedness Committee is meeting in early May and will be reviewing proposals for developing a new virtual mentoring program, as well as a Leadership Institute.

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## Event and Committee Meeting Schedule for 2018

<b>Dates</b>	<b>Meeting Name</b>	<b>Location/Hotel</b>	<b>City, State</b>
January 5-6	GME Committee Meeting	AAPMR Office - Friday Hilton Rosemont - Saturday	Rosemont, IL
January 6-7	Physiatrist in Training Winter Board Meeting	Headquarters Office	Rosemont, IL
February 3-4	Membership Committee Meeting	Headquarters Office	Rosemont, IL
February 10	Practice Preparedness Committee Meeting	Headquarters Office	Rosemont, IL
February 11-13	Health Policy and Legislation Committee Meeting	PPSV	Washington, DC
March 2 - 3	Quality Practice, Policy and Research Committee Meeting	Headquarters Office	Rosemont, IL
March 9-10	Medical Education Committee Meeting	Headquarters Office	Rosemont, IL
March 16-17	Reimbursement and Policy Review Committee Meeting	Headquarters Office	Rosemont, IL
April 12-15	Board of Governors Meeting	The Diplomat	Hollywood, FL
April 20-21	Evidence Quality and Performance Committee Meeting	Headquarters Office	Rosemont, IL
June 24-25	Office Retreat/IRC Meeting	TBD	Rosemont, IL
September 13	Council Advisory Panel Meeting	Le Meridien Chicago - Oak Brook Center	Oakbrook, IL
September 14-16	Board of Governors Meeting	Le Meridien Chicago - Oak Brook Center	Oakbrook, IL
October 25-28	Annual Assembly	Orlando Convention Center	Orlando, FL

# AAPM&R Structure 2018

