



9700 W. Bryn Mawr Ave., Ste. 200  
Rosemont, IL 60018  
[www.aapmr.org](http://www.aapmr.org)

PHONE 847.737.6000  
FAX 847.754.4368  
[info@aapmr.org](mailto:info@aapmr.org)

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December 16, 2021

Elizabeth Fowler, Ph.D., J.D.  
Deputy Administrator and Director, Center for Medicare and Medicaid  
Innovation  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Deputy Administrator & Director Fowler:

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) writes to applaud the Center for Medicare and Medicaid Innovation (Innovation Center) for the development and release of the Innovation Center Strategy Refresh White Paper. AAPM&R is the national medical specialty organization representing physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, are medical experts in a wide variety of conditions that affect nearly every organ system including, but not limited to, the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disabilities, and are experts in designing comprehensive, interdisciplinary, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize recovery, functional status, and quality of life.

The Academy is committed to supporting a high-quality, high-value health care system that drives accountability, equity, innovation, affordability, and transformation. We support the Innovation Center Strategy Refresh for advancing system transformation as it greatly aligns with our own priorities. AAPM&R is engaged in an ongoing effort to advance a new vision for the PM&R field that places physiatry earlier and throughout the care continuum. Further, this vision considers new practice models and new opportunities for physiatry to take an active role in promoting value-based transformation. As part of this effort, AAPM&R has dedicated time and resources to educating our members on existing opportunities for engagement in alternative payment models (APMs), as well as to engaging in ongoing exploration of applicable innovative payment and practice models, with an emphasis on spine care and post-stroke rehabilitation. Through these efforts, we previously met with Innovation Center staff to discuss the development of a longitudinal specialty care model focused on low-back pain – an area in which our members have deep expertise.



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AAPM&R has been pleased to engage with members of the Innovation Center team in recent years, including through multi-stakeholder and AAPM&R-only meetings in February 2020, as well as an additional AAPM&R-only meeting in February 2021. We were also fortunate to benefit from participation by Chris Ritter, then Director of the Patient Care Models Group within the Innovation Center, on a panel at our Academy's annual conference in the fall of 2020 to discuss models in the musculoskeletal care space. Through these sessions, we have shared our priorities and considerations for a longitudinal model on low-back pain, including emphasis on engagement by non-surgical specialists early in the care continuum; support for team-based care; and use of appropriate patient-reported outcome measures. Furthermore, in July, the American Medical Association (AMA) invited AAPM&R to partake in a multi-specialty meeting where we discussed improvements in model development and implementation with you and your colleagues. We greatly appreciate your efforts to gather perspectives and insight from stakeholders when evaluating the Innovation Center's performance to date and future expectations.

We applaud the Innovation Center for prioritizing health equity as a fundamental objective in its health care transformation efforts. Embedding health equity in all models is critical to reduce disparities in our health care system and communities. However, an important aspect of health care equity that has not received adequate attention is care for the disabled population. Physiatrists play an essential role in caring for patients with disabling conditions during initial rehabilitation and throughout their lifetimes. Many of these patients are often dually eligible for both Medicare and Medicaid or come from underserved communities that have not been sufficiently represented in models to date. Targeted interventions based on data collection and analysis, specifically for patients with complex needs and serious illness, can improve beneficiary health outcomes and reduce spending. For physicians to truly understand their patients' needs and conditions, we ask the Innovation Center to devise a concrete plan for making data readily available and accessible for model participants and that prioritizes social determinants of health (SDOH) and disability status measurement.

We are pleased to hear that as part of the Innovation Center Strategy, there is consideration for specialty care models that support integrated, whole-person care. Physiatrists are distinguished from other medical specialists in that our treatment is not focused on a specific disease or body system, but rather primarily focused on patient function and longer-term outcomes across diseases and body systems. We appreciate the Innovation Center's recent efforts to incorporate more innovative measures into its models, including patient experience and rehabilitation referral measures, as well as patient-reported

outcomes (PROs) in the Comprehensive Care for Joint Replacement Model (CJR). However, the use of PROs has been limited and remains optional. We encourage the Innovation Center to consider the broader use of patient-reported measures, particularly those that address function and health-related quality of life as part of the performance measure strategy. When compared to traditional quality measures, these measures can be far more indicative of patients' well-being and future health and health care utilization. As we shared with your staff team in early 2021, AAPM&R developed and maintains a registry focused on collection of essential data in psychiatric care. Specifically, the registry uses PROMIS-29, a validated patient reported outcome tool which features eight measurement domains including physical function. We encourage the Innovation Center to have a whole-person approach through all models of care with an emphasis on creating measures that truly prioritize patients' needs and long-term goals.

We agree with the Innovation Center's next steps to refine benchmarking and test risk adjustment methodologies. Risk adjustment, in particular, is vital to fully account for all factors that attribute to variances in cost, utilization, and outcomes. Psychiatrists treat patients with complex medical needs, whose total cost of care could increase dramatically through no fault of the physician. We see a grave threat to quality and efficiency if physicians are reducing or providing inadequate services to patients to avoid further financial penalties. To that end, we urge the Innovation Center to re-examine current model structures that place physicians at financial risk for outcomes and costs that they cannot control. We believe physicians should only be held accountable for controllable outcomes.

As previously mentioned, AAPM&R and the field of psychiatry have aligned priorities with the Innovation Center's Strategy Refresh. Psychiatrists play a leading role in addressing function and optimizing quality of life. Our approach to care naturally aligns with the strategies of the value-based care structure. PM&R is therefore an ideal partner for the Innovation Center in its efforts to achieve system transformation. We believe ongoing collaboration with specialty societies like AAPM&R is critical for model development and integration. As you continue to assess the Innovation Center portfolio and hardwire model development priorities, we offer the Academy as a resource in this undertaking as our field of PM&R provides in-depth knowledge and expertise in collaborative care, cost effective clinical approaches, and long-term function and health. In particular, we have prioritized the development of resources on innovative payment and practice models for spine care and post-stroke rehabilitation. We look forward to sharing these resources with you and your team in 2022.



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Thank you for your leadership in advancing health system transformation and for the Innovation Center's continued drive to progress towards a widespread deployment of value-based care delivery models. Please feel free to contact Megan Roop at (847) 737-6018 or [mroop@aapmr.org](mailto:mroop@aapmr.org) to arrange a meeting or address any questions you may have.

Sincerely,

A handwritten signature in black ink that reads "Richard D. Zorowitz MD". The signature is written in a cursive style.

Richard D. Zorowitz, MD  
Chair, AAPM&R Innovative Payment and Practice Models Committee