

Prioritizing Functional Outcomes: The Necessity for PM&R to Shape Post-Acute Care Payment Models

In late July, Academy leaders and staff met with the Medicare Payment Advisory Commission (the Commission) to discuss unified Post-Acute Care (PAC) payment system. The objective was to discuss in depth AAPM&R's PAC Principles for a Unified Payment System, including Principle 3: Prioritizing Functional Outcomes.

"Adding patient reported experiential measures such as Patient-Reported Outcome Measures (PROMs) will benefit rehabilitation facilities, providers, and the field of PM&R as they represent an important patient input into the healthcare process that must be taken into consideration and embraced."

– Steve Gnatz, MD, AAPM&R Past President

The prioritization of functional outcomes in all current and future value-based healthcare payment systems is a top priority for AAPM&R. Physiatry's foundation is built upon evaluating and treating individuals to optimize their functional outcomes from the clinical perspective. However, patient reported outcomes (PROs) are not routinely used as key outcome measures across rehabilitation. Thus, limited information is available on the impact of physiatric therapeutics on PROs to guide patient-level clinical decision-making or policy-level decision-making. Rehabilitation should shift its focus to include PROs when evaluating the efficacy of therapeutic interventions, and the PRO assessments should be scientifically rigorous. While integrating PROs into daily clinical is increasingly an area of interest for clinicians, policy makers and patients, the barriers to implementation should not be overlooked. Barriers such as time constraints, infrastructure technology issues and education on use of the data can be overcome with the right motivation to enhance patient care.

Effective measurement approaches for Patient-Reported Outcomes (PRO) should balance the types of outcomes physicians/clinicians need to manage patients' symptoms and those that are important to patients themselves. A global PRO like PROMIS-29, which can be

used across clinical diagnoses and settings, achieves this goal. It is comprised of 29 questions over 8 different domains that provide meaningful information on symptoms and quality of life, including physical function, anxiety, depression, fatigue, sleep disturbance, ability to participate in social roles and activities, pain interference and pain intensity.

AAPM&R has included the PROMIS-29 in the AAPM&R Registry, which serves as a single repository of data to capture the patient's continuum of care. The AAPM&R Registry is currently collecting this data for stroke patients in the IRF setting and believes it will be valuable for measuring the quality-of-care IRFs furnish. Moreover, the ability to use a validated instrument such as PROMIS-29 will help to assess performance across all PAC settings, and even support increased alignment of quality measurement across inpatient and outpatient programs. This process of integrating PRO data into comprehensive assessment and treatment plans will ultimately improve the quality of care for patients across the spectrum of rehabilitation.

"PROs are a standardized means to identify barriers to recovery post-stroke, such as depression, anxiety, sleep disturbance and pain. Over time, we also are able to track improvement in physical limitations that reduce the ability to participate in social roles and activities."

– Nneka Ifejika, MD, FAAPMR

The Academy is committed to continuing conversations with the Commission on measuring function while advancing our own data collection efforts. If you would like to learn more about AAPM&R's data collection efforts in PAC settings, please visit aapmr.org/registry.

aapm&r Registry



your academy in action

Raising Physiatry's Voice: Your Academy Responds to Long COVID/PASC

- Submitted multiple written and verbal comments on the COVID Health Equity Task Force's Recommendations to the Administration, particularly focused on Long COVID. Several of the Task Force's recommendations were directly in line with proposals AAPM&R previously shared with the Task Force this past summer.
- Hosted a clinician outreach and Communication Activity (COCA) webinar with the Centers for Disease Control and Prevention on the AAPM&R Multi-disciplinary Collaborative's consensus guidance statement on assessment and treatment of fatigue in Long COVID patients.
- Presented to the National Academies of Sciences, Engineering, and Medicine (NASEM) and the Social Security Administration (SSA) on the clinical needs of patients with Long COVID, the difficulty in diagnosing Long COVID, and why this population needs access to SSA benefits.