

The Role of the Advance Practice Provider in Rehabilitation Care

The Position of AAPM&R

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Physiatrists are indispensable leaders in directing rehabilitation and recovery, and in preventing injury and disease. Across settings, Physiatrists evaluate and treat injuries, illnesses, and disability, and design comprehensive, patient-centered treatment plans that, in many cases, require supporting expertise from clinicians in a multitude of specialties. Multi-disciplinary, team-based care is at the core of Physiatric practice. Today's changing health care landscape is shifting to align to the team-focused model as providers strive to achieve the quadruple aim of enhancing patient experience, improving population health, reducing costs, and improving the work life of clinicians and staff.¹ At the same time, payers are moving to value-based care programs, which put further emphasis on meeting high quality standards with the lowest cost of delivery.

Increasingly, the care team includes Advanced Practice Providers (APPs), who are non-physician members of the care team, including Nurse Practitioners (NPs) and Physicians Assistants (PAs). According to the recent PM&R Compensation Survey, 70% of AAPM&R members currently work with APPs in practice.² As rehabilitation team leaders, no one is better positioned than Physiatrists to train and focus the efforts of team members to maximize value.

As Physiatrists pursue new opportunities to support the patient populations they serve, workforce limitations are a known barrier. Today, there are approximately 11,000 certified Physiatrists practicing in the United States.³ APPs offer the necessary support to advance innovative models of care and further the impact of Physiatry across medicine. APPs can have a measurable impact on clinical productivity⁴ and may reduce salary and overhead costs. In addition to improving efficiencies, they can also positively impact patient and physician satisfaction by providing continuity of care, assisting with patient education, documentation, and other follow-up, including phone calls.⁵ AAPM&R supports the services APPs offer in practice that are within the scope of each practitioner's professional license, as defined by state law. The involvement of the APP in initial assessment and implementation of treatment depends on the complexity and acuity of the patients' condition, which should be determined by the Physiatrist.

Rehabilitation-focused training among APPs varies, and it takes time and resources to onboard these professionals into Physiatric practice settings. To support the efforts of the rehabilitation care team, AAPM&R is developing educational resources for both Physiatrists and APPs regarding how APPs can be effectively integrated into the Physiatrist-led rehabilitation team. To further support this team approach, the Academy is proposing membership criteria for APPs. It is not the intent of the Academy to train or advocate for APPs independently of Physiatrists, but to bolster their skills to strengthen the core function of the rehabilitation team



as a whole. Other specialties are already actively recruiting, educating, and retaining these important members of the care team. In 2017, AAPM&R surveyed our peer groups and societies about their involvement with APPs. Nearly 75% have an APP membership category.⁶ In order to attract the best possible care team members, Physiatry must welcome and work collaboratively with APPs with mutual acknowledgement of, and respect for each other's contributions to patient care.

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 3. American Academy of Physical Medicine and Rehabilitation Membership Statistics. Analyzed in Q2 2018.
 4. DOI: 10.1200/JOP.777001 Journal of Oncology Practice 6, no. 4 (July 1 2010) 182-187.
<http://ascopubs.org/doi/full/10.1200/jop.777001>
 5. AAOS Now. Published December 2011. <http://www.aaos.org/news/aaosnow/dec11/managing2.asp>
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