

THE PHYSIATRIST

Physicians Adding Quality to Life®

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aapm&r

Find the COVID-19 support you need here.

www.aapmr.org/covid19



Hello from Chicago to my colleagues,

During this uncertain time, I wanted to reach out to all of you as we all attempt to navigate these unknowns. I want you to know that you are not alone. Your community of physiatrists is present (and appropriately socially distanced) for you. The ideas and questions from our community about care in the time of COVID-19 are pertinent, insightful and focused. Your Academy is and continues to actively

collaborate with other organizations across medicine to advocate and support PM&R's pressing needs during this crisis.

To help each other, we have created a new PhysForum community, **Care in the Time of COVID-19 Member Forum**, which can be accessed at www.phyzforum.org and then "My Communities." We have created this forum to support each other, exchange important dialogue, and share resources related to COVID-19.

As we navigate this unprecedented and ever-evolving pandemic, we know we don't have all the answers or a roadmap, but we do have each other. I speak for the Academy when I say we know that your concerns and needs are changing more quickly than anyone can imagine (even as we go to print for this publication), and we want to help you connect with each other to share your challenges and triumphs, your questions and quandaries, or just an "I'm thinking of you" message. To accomplish this, our Academy is realigning its resources with our new realities and priorities to best support you.

Here's How Your Academy is Responding

In addition to the above-mentioned Member Forum, we continue to share information on our **COVID-19 Physiatrist Member Support and Resource Center** at www.aapmr.org/covid19. This site has resources and support materials, including member-to-member generated content that you send into us as well as guidance on telemedicine, regulation relief, waivers, taking care of yourself and your patients, and more. Our Academy is updating the **COVID-19 Physiatrist Member Support and Resource Center** daily (if not more often as needed) to assist you with patient care and safety. In this resource center, we'll also update you on the latest efforts the Academy is taking to collaborate with other organizations across medicine to advocate for and assist PM&R during this crisis.

More than 100 discussions are happening in the Care in the Time of COVID-19 Member Forum - visit physforum.org to join in. Plus, explore the resources in our Physiatrist Member Support and Resource Center (updated daily) at www.aapmr.org/covid19.

AAPM&R is also developing timely educational resources to support you during this crisis. These resources, based on member feedback, will include webinars and slide lectures on topics such as lessons learned from other members, telemedicine, and more. Our Academy is working quickly to make these resources available (via the COVID-19 Physiatrist Member Support Resources Center) and when they are, they will alert you with information on how to access them.

Connect with Each Other

We implore you to connect with each other – some of you have already shared your questions, concerns, and member-generated guidance. Thank you. Let's continue to help each other by coming together, discussing our issues and solutions, and sharing guidance in the **Care in the Time of COVID-19 Member Forum** in a consolidated place, so that all physiatrist members can benefit. The Academy will actively support these conversations to connect members on the most critical topics facing you, your patients and your practices.

I realize that our schedules have been turned upside down, but you have a community of fellow physiatrists to lean on and learn from. We are always stronger and better when we work together. To keep you apprised of everything that will be shared in the **Care in the Time of COVID-19 Member Forum**, we have auto-enrolled you so you will receive one email per day with all of the posts. You are always welcome to adjust your profile settings to receive each post in real-time or opt-out of this specific forum (to opt out, visit physforum.org, go to the Care in the Time of COVID-19 forum, click on the orange "Settings" button and then click "Leave Community.")

During these challenging times where there is no roadmap to support us, we must be each other's guides. By collaborating, something we do best, we will get through this. I am committed to connecting with you regularly. You can always reach me via boardofgovernors@aapmr.org or contact the Academy at (847) 737-6000 for support.

Everyone, please stay safe and thank you for all that you are doing to support your patients, your peers, and your families. And don't forget to take a few moments for yourself. ♦

Warmly,

Michelle S. Gittler, MD, FAAPMR
AAPM&R President

Please note: In an attempt to bring some joy to an otherwise challenging time, we are celebrating volunteerism and power of the AAPM&R community in this issue. Truly, we are stronger and better when we work together. The articles in this month's publication (written prior to the COVID-19 crisis) are a testament to that; for only through shared collaboration can we make psychiatry stronger. For the foreseeable future, the cover of each issue will be dedicated to the COVID-19 efforts that the Academy is undertaking on behalf of its members. Please also visit the Physiatrist Member Support and Resource Center at www.aapmr.org/covid19 for the most up-to-date information.

IN THIS ISSUE...

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Coding for Imaging Guidance on **page 5**.

The Best Education and Training at #AAPMR20 on **page 8**.

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”
—Margaret Mead



Michelle S. Gittler, MD, FAAPMR
AAPM&R President

Hello again from the Westside of Chicago. You will be reading this in April, but it is a snowy day in February, and what I really want to be doing right now is to be curled up on the couch, watching a superhero movie and eating a grilled cheese sandwich and tomato soup. What makes any of us turn our back on the couch and spend time giving back? It is not just altruism. There’s more to volunteering. When we volunteer, we are working with others who share our passion for something. And when we do that, we can impact just about anything. Not to mention all the good things that come from volunteering. The selfish things. The friends, the new skills, the career advancement, and the overall sense of well-being.

We make friends when we volunteer. I cannot tell you how many friends I have made in my journey through the Academy, the American Board of Physical Medicine and Rehabilitation, the PM&R Residency Review Committee of ACGME and, in my own community. The friends I have met through volunteering in various aspects of societies are some of my closest. My most reliable friends. The ones least likely to judge me (I think). These are the people I can call when I doubt myself professionally. When I feel I have been wronged. When I need to share my anger about an injustice related to a patient. Or an injustice related to myself. Or when a resident does something that blows my mind, and I need to check in to make sure that I am not losing my mind. I cannot begin to name all of the people who have taken me under their wing, and given me opportunities to participate. Or all of the people who have let me share my frustrations, my joys, my accomplishments, my failures. Because these people are often not a part of my regular community, I can tell them stories in confidence that I know will not travel. I get straightforward feedback or commiseration, from people who know what I do without having to describe all of the challenges.

And most of all, I learn from these people. I learn how to be a better diagnostician, a better doctor, a better listener, a better friend. My absolute favorite things to do with my volunteer friends (after we do the volunteer work!) are to go for a walk, share a beer or a cocktail, and maybe share a meal. Sometimes we argue, sometimes we collaborate. Often, we laugh. Always, we have new ideas. We may not see each other for months, even years, we may not even communicate for very long periods of time. But that relationship is still present.

The shared volunteerism has created a ready-made foundation for reconnection. It is also created an appreciation for differences, not just differences in how and where we practice medicine, but, differences in our personal backgrounds... Religion! Politics! Pronouns! It is hard for me to say what I treasure most, the people I have met who share my values, or the people I have met who have different values, who have taught me how to listen and understand.

I have a face, a person I care for that has differing opinions, and I learn how to hold this and accept and discuss our differences. I would have never met this many people outside my bubble if I had not stepped up and said “yes” to a volunteer opportunity.

One does not have to always say yes. Sometimes it is just the wrong time. Sometimes it is better to say, “my plate is full” and not get stressed out about one more responsibility. But don’t make assumptions about how much time something takes. Ask if there is an alternative opportunity. Describe your availability or share your constraints. And do not doubt your qualifications. From time to time, organizations are looking for a very specific skills, but more often than not, your willingness to learn, share your ideas, and follow-through are all we really need!

For a specialty that ranks so highly in burnout, volunteering appears to be an obvious antidote! There is good evidence that volunteering counteracts stress, anger and anxiety. The social contact aspect of helping and working with others for a common goal can have a positive effect on your emotional well-being. People get a boost in their self-confidence, pride and identity when they give of themselves.

We are all busy. And yet, we cannot wait for somebody else to fix or improve upon the problems particularly that affect physiatrists. In the words of Dr. Seuss...

“Unless someone like you cares a whole awful lot, nothing is going to get better. It’s not.”

I look forward to hearing from you and hopefully meeting you. ❖

Warmly,
Michelle

My Volunteer Journey and the Mentors Who’ve Helped Me Succeed



This month, we are celebrating and promoting volunteerism within the AAPM&R community. I wanted to take the opportunity to highlight some of the volunteers who have shared their enthusiasm and experiences with me throughout the years. I was first introduced to the opportunities available within AAPM&R as a medical student. I rotated with **Dr. Michael Furman, MD, FAAPMR** who was on the Board of Governors at the time. He took the time during

my rotation to encourage me to get involved with the Academy, and in particular, the Resident Physicians Council (RPC). He also got his start as chair of the RPC, which is now known as PHiT (Physiatrists in Training). When asked why he volunteers, he states, “My volunteerism is what led me to eventually run courses for the Academy, stay involved with many committees, start a fellowship and do research. These 3 things co-mingle: volunteerism, research, and fellowship. I could not do any of them in isolation since they require the other two. I have completed many research projects and other publications (such as our atlas*), which I could never have done without my fellows’ assistance. I probably would not be asked to be on some committees if I did not have my research and fellowship experience. I would not attract high-level fellows without the reputation that research and volunteerism has produced. Hence they are all co-mingled.” (*Atlas of Image Guided Spinal Procedures, Elsevier Publishing.)

Dr. Elizabeth Sandel, MD was the president of the Board at the time I became involved and she took a special interest in taking me under her wing and helping guide me through the process of on-boarding onto the Board. She echoes many of Dr. Furman’s sentiments about how volunteering for the Academy has allowed her to diversify and pursue unique opportunities. She states, “My volunteerism has also let me travel down new career paths. I am now more focused on writing and publishing. As the Academy historian and feature editor for the *PM&R* history series, I am leading the effort to unearth the history of the specialty and AAPM&R. I am also educating the general public about brain injury and physiatry’s leadership in brain injury medicine. My book, *Shaken Brain: The Science, Care, and Treatment of Concussion*, was just published by Harvard University Press. I asked physiatrists I had met through AAPM&R activities to review chapters in my book, and so many graciously agreed.”

Volunteering for the Academy has also meant networking with like-minded people with common interests and concerns. One such person is **Dr. Annie Purcell, MD, FAAPMR** who is in a small private practice in California. She has been involved in various arenas relating to reimbursement and practice management issues. She made a good point about combating burnout in practice by getting involved with the Academy. She states, “I feel more empowered as part of the collective process, whereas I had felt more like a victim of the system when I was not involved. I have also been able to form a network with other like-minded societies who work together to defend our ability to offer common services. My patients benefit because I have another part of my career that I am passionate about having some time away from patient care to be a part of the larger picture in health care gives me more longevity in the patient care aspect of my career.”

Dr. Purcell was selected to participate in the Academy’s Future Leaders Program. She shares, “I would also say that the Future Leaders Program is a wonderful experience that I would encourage all early-career physiatrists to apply for. I applied for the program twice. I was not selected in the first round, but I applied again and was selected for the second class. Another great benefit of being involved in Academy volunteer activities is the chance to be

mentored by so many people that you would not normally have access to. When I was asked to be the chair of the Reimbursement and Policy Review Committee, I was not sure that I was ready, and I was a little intimidated to have my first experience as a chair be on a committee that had two past presidents sitting as members. But those two past presidents have encouraged me and mentored me along the way. I was able to learn so much from them in a short period of time. I figured if they had the confidence that I could do it, they must be right!” Many of the Past Presidents of AAPM&R have spent years volunteering in various capacities and I look forward to seeing them year after year at Annual Assemblies. Involvement in the Academy also stimulates leaders to be more global thinkers with thoughtful engagement. Not long ago, **Dr. Greg Worsowicz, MD, FAAPMR**, AAPM&R Past President, approached me about ways to mentor young female physiatrists into leadership roles. We now have a Member Community to advance and support women physiatrists.

Dr. Purcell’s comment about feeling intimidated particularly resonated with me – as I think many of us have an element of “imposter syndrome,” when we feel like we are not qualified or have a sense of self-doubt when we get asked to take on a leadership role. I was barely two years out in practice when I was asked to chair the Membership Committee and sit on the Board of Governors. Talk about imposter syndrome! But with the mentorship of many individuals – many of whom I have developed a wonderful relationship with to this day – I feel I was set up for success. **Dr. David Bagnall, MD, FAAPMR**, AAPM&R Past President was my predecessor as chair of Membership Committee and eventually served as president of the Board and he was one of the first to reach out and encourage me. It was surreal meeting renowned physiatrists such as **Dr. Steve Geiringer, MD, FAAPMR**, AAPM&R Past President whose EMG textbook I used during my residency, and **Dr. Jonathan Finnoff, DO, FAAPMR** who is Chief Medical Officer of the U.S. Olympic & Paralympic Committee.

There is genuine joy and openness that permeates our specialty, even among our most accomplished colleagues, and I truly experienced the culture of our field and felt proud to be a part of something so awesome.

Last year, I had the honor of sharing the stage with **Dr. Alberto Esquenazi, MD, FAAPMR**, AAPM&R Past President who was awarded the Frank H. Krusen, MD, Lifetime Achievement Award at the 2019 Annual Assembly and is one the most humble and genuine persons I have ever met. I could fill this whole newsletter listing all the friendships, mentorship, and support I have received from various AAPM&R volunteers throughout the years, not to mention the amazing staff, our executive director and chief executive officer **Tom Stautzenbach, MA, MBA, CAE** has put together to help advance our mission and vision. ❖

I hope all of you will consider becoming more involved in our Academy by volunteering your time. The Academy makes it easy to find opportunities with various levels of time commitment and travel. Please go to www.aapmr.org/volunteer and start your own volunteer journey today!

ACADEMY IN ACTION

#PMRAAdvocates: Academy Members Advocating for the Specialty

- On February 6-8, Academy advisors Annie Purcell, DO and Scott Horn, DO attended the American Medical Association (AMA) CPT Editorial Panel Meeting in San Francisco, CA. This was the first of three CPT meetings which will be held in 2020.
- In February, Academy representatives met twice with staff from the Center for Medicare & Medicaid Innovation (CMMI) to discuss bundled payment concepts for osteoarthritis and spine-related conditions. On February 18, Dr. Christopher Standaert and Academy staff met with CMMI in Washington, DC and on February 25, Drs. Stuart Glassman, Christopher Standaert and Academy staff met with CMMI in Baltimore, MD.
- Your Clinical Practice Guidelines (CPG) Committee endorsed the American Academy of Orthopaedic Surgeons (AAOS)/ Major Extremity Trauma and Rehabilitation Consortium (METRC) CPG for Evaluation of Psychosocial Factors Influencing Recovery from Orthopaedic Trauma. Academy members, Drs. Erik Ensrud and Saloni Sharma participated in the development of this guideline.

The Power of Community



Thomas E. Stautzenbach, MA, MBA, CAE
AAPM&R Executive Director and CEO

In 2011, a study published in the Transactions of the American Clinical and Climatological Association, predicted that by 2020 the body of medical knowledge would double every 73 days. The human brain can no longer absorb the astonishing advancements in science and medicine and that is one reason why augmented and artificial intelligence health care starts-ups are one of the hottest sectors of the venture capital landscape. Equally astonishing, and exhausting, is the similar pace of change and disruption in the practice models for care delivery. The practice space has been dominated by systemization of health care: joint ventures and private equity, corporatization, and retail clinics. And yes, we are also witnessing the emerging response and opportunity for concierge medicine.

More so today than ever in the past, the power of our AAPM&R PM&R community is a necessity for staying current on changes in health care and for gathering knowledge and insights to help you adapt those learnings into success. Peer-to-peer support and sharing is the core of what defines the Academy. It is what drives more than 600 physiatrists to volunteer their time and talents with

the Academy. It is what is propelling our community forward in the PM&R BOLD Learning Collaboratives and now the 39 member communities collectively consisting of 4,500 members.

The PM&R BOLD initiative is an ongoing Academy commitment to look into the foreseeable future and transform physiatry to assure PM&R thrives through these changes. The Academy has a wealth of information ranging from clinical educational resources as well as practice resources and insights to guide your career decisions. Although while we continue to develop an impressive and highly-regarded set of member resources (check out the article on the Leadership Business and Administration Program on page 9), we know that we don't, and that we won't have all the insights you will require. Health care is advancing too fast, with significant variation from community to community, to have a "one-size fits all" approach and resources. From the beginning we emphasized that a critical attribute of PM&R BOLD had to be the member-to-member engagement to learn from each other, share what you are experiencing, and piloting new ideas as we propel our specialty forward into the future.

That's why we need everyone – all perspectives, all sub-specialties, all demographics – to engage and strengthen the Academy network of knowledge with your experiences. Our strength is in our members, and our value is in the collective wisdom each of you bring to the table to support your peers and the specialty. ❖

FROM THE FOUNDATION

Foundation For PM&R: It Takes a Team



Bruce E. Becker, MD, MS
President, Foundation for Physical Medicine and Rehabilitation

April 19-25 is designated as "National Volunteer Week," but every day is Volunteer Day at the Foundation for PM&R. In order to direct more funds to grants and programs, we have only one employee – our Executive Director, Phyllis Anderson. She wears the hats of chief administrator, program manager, marketing director and development officer. But obviously, one person can't do it all alone, so we rely heavily on the time and talent of our volunteers.

The Foundation has 12 committees and subcommittees (in addition to the Board of Directors) that work with our Executive Director to plan and implement all our programs and manage our funds. The Awards and Grants Committee, chaired by Dr. Diana Cardenas, is responsible for continually refining our research grants program to bring the greatest value from the program, both for individual physiatric investigators and the field at large. The Review Subcommittee, co-chaired by Drs. Elliot Roth and Ross Zafonte, has a team of 30 expert reviewers who score the dozens of grant applications in our spring and fall cycles. Our Development Strategy Committee, under the expert guidance of Dr. Lynn Gerber, plans all of the Foundation's ongoing fundraising programs and has brought a healthy influx of support in the last two years. Dr. John

Melvin chairs the Friends of the Foundation, a group of top physiatric leaders who not only serve as advisors to the Board but also use their influence and connections to attract major gifts. We have several subcommittees that manage fundraising campaigns for our newer restricted funds (Cancer Rehabilitation Research, co-chaired by Drs. Gail Gamble and Michael Stubblefield, and Brain Injury Rehabilitation Research, chaired by Dr. Elizabeth Sandel.)

The Communications Strategy Committee, welcoming Dr. Thiru Annaswamy as its new chair, regularly touches base with donors to assure that you receive information that is of interest. The Committee also keeps our Facebook and Twitter feeds going to provide valuable updates on developments in the field, as well as coordinating our year-round outreach on grant availability, Foundation events and other news. Dr. Linda Krach, Foundation Treasurer, chairs our Finance Committee that meets quarterly with our investment advisor to ensure that Foundation funds are wisely managed, and also periodically updates our financial policies. There are four additional committees that manage specific operational issues.

Overall, nearly 100 committed individuals volunteer their time, expertise and effort to the Foundation for PM&R so that we can use our financial resources to elevate physiatry to serve others. Virtually all of these people are also Foundation donors, but you can count yourself as a volunteer with no time commitment, just by providing your donations! Thank you! ❖



ACADEMY IN ACTION

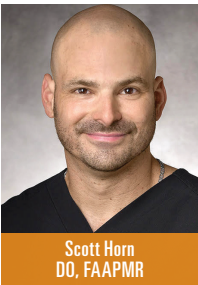
Raising Physiatry's Voice

- On March 3, Academy representatives met with Centers for Medicare and Medicaid Services (CMS) staff to discuss a letter your Academy submitted to CMS on February 4 regarding inpatient denials and residents' capabilities in Inpatient Rehabilitation Facilities (IRFs).

Coding for Imaging Guidance



Annie Purcell
DO, FAAPMR



Scott Horn
DO, FAAPMR



Carolyn Millett

Annie Purcell, DO, FAAPMR; Scott Horn, DO, FAAPMR; and Carolyn Millett, AAPM&R Senior Manager of Reimbursement and Regulatory Affairs

Imaging guidance, including ultrasound, fluoroscopy, CT and MRI, is used by multiple specialties for multiple procedures. In recent years, Medicare, AMA CPT, and RUC have taken steps to bundle imaging into procedure codes when imaging is typical (defined as being used more than 50% of the time the service is performed). This has impacted many codes typically used by physiatrists. This article will walk through various interventional procedures typically billed by physiatrists with or without image guidance and provide direction on how to bill appropriately when using imaging guidance.

It is important to remember that coverage policies and payment amounts are specific to the insurance carrier and specific to the setting in which the procedure is performed. Additionally, the existence of a code for a procedure does not guarantee reimbursement. Historically, the bundling of imaging guidance with a procedure has resulted in a lower total reimbursement than the previous reimbursement from the two separate codes.

Tendon and Trigger Point Injections

For tendon injections (20550-51) and trigger point injections (20552-53), imaging guidance is not typically used. However, if imaging guidance is necessary, it is separately billed.

Arthrocentesis, Aspiration and/or Injection of Joint or Bursa

The arthrocentesis, aspiration and/or injection of a joint or bursa code family (20600-11) was revised in 2015 to include new codes which bundle ultrasound guidance with the procedure. Each of the three base injection codes (20600, 20605 and 20610) is now followed in the CPT codebook by a companion code (20604, 20606, 20611) which includes ultrasound guidance in the code descriptor and the reimbursement. If a different type of imaging is used, such as fluoroscopy, CT or MRI, the base code should be billed in addition to the separate code for fluoroscopy, CT or MRI guidance as appropriate. Billing the base codes for these procedures with the code for ultrasound guidance would be considered unbundling, and therefore, incorrect coding.

Please Note: All specific references to CPT codes and descriptions are ©2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Accurate coding is the responsibility of the provider. This article is intended only as a resource to assist in the billing process. Your Academy recommends a thorough review of code descriptors and guidelines in the most current CPT codebook. We anticipate that in the future additional injection and destruction codes may be revised to include imaging as a bundled element of the service. Therefore, annual review of the codes and guidelines is encouraged.



ACADEMY IN ACTION

Raising Physiatry's Voice

- Throughout February, your Academy continued to meet with several House offices, including Rep. Tom Suozzi (D-NY), Rep. Pascrell (D-NJ), and Rep. Butterfield (D-NC), to discuss introducing the Access to Inpatient Rehabilitation Therapy Act of 2020, which focusses on adjusting the three-hour rule intensive therapy requirement in Inpatient Rehabilitation Facilities (IRFs). Your Academy has focused on meeting with the offices of House members who sit on the Ways and Means committee, which has jurisdiction over this issue.

Somatic Nerve Injections

For many of the somatic nerve injection codes, including codes 64400-64450, image guidance is not included and should be billed separately when performed. However, there are two new injection codes added to the CPT codebook in 2020 which are bundled with imaging guidance (fluoroscopy or CT).

Code 64451 for injection of the nerves innervating the sacroiliac joint includes fluoroscopy or CT when performed. Code 64454 for injection of the genicular nerve branches also includes imaging (fluoroscopy or CT) when performed. If either of these procedures are performed with ultrasound, the unlisted procedure code 64999 should be used. Separate billing of any imaging for this service would be considered unbundling and therefore incorrect coding. The 2020 edition of the CPT Coding Manual includes a detailed table on page 437 which lists all somatic nerve injection codes and describes whether imaging guidance is bundled or not.

Transforaminal Epidural Injections and Paravertebral Facet Injections

Transforaminal epidural injections (64479-84), and paravertebral facet injections (64490-95) always include imaging guidance (fluoroscopy or CT) when performed. If separate billing of imaging for these services is reported, it would be considered unbundling and therefore incorrect coding. If these interventions are performed using ultrasound guidance, the category III tracking "T" codes must be used (for example 0230T for lumbar transforaminal epidural with ultrasound guidance).

Destruction by Neurolytic Agent and Chemodenervation

There is variability across this code family with respect to whether imaging guidance is bundled. Two new destruction codes, added to the CPT codebook in 2020, do include imaging guidance when performed. These codes are 64624 for destruction by neurolytic agent of the genicular nerve branches and 64625 for radiofrequency ablation of the nerves innervating the sacroiliac joint. 64625 specified that fluoroscopy and CT are included. If ultrasound is used to guide radiofrequency ablation of the nerves innervating the sacroiliac joint, providers are directed to bill the unlisted procedure code 64999. Facet joint destruction codes, 64633-36 also include imaging guidance, specifically fluoroscopy or CT. However, for the facet joint destruction codes, imaging guidance (with fluoroscopy or CT) is a required element of the service. If imaging guidance isn't performed or the guidance is with ultrasound, providers are directed to bill an unlisted procedure code, 64999 to capture the destruction procedure. All other codes in this code family (64600-81) do not include imaging as a bundled element of the procedure. ❖

MEMBER VOLUNTEERISM

Do you volunteer in your community? Share your story with us. Send your story for consideration to: submissions@aapmr.org.



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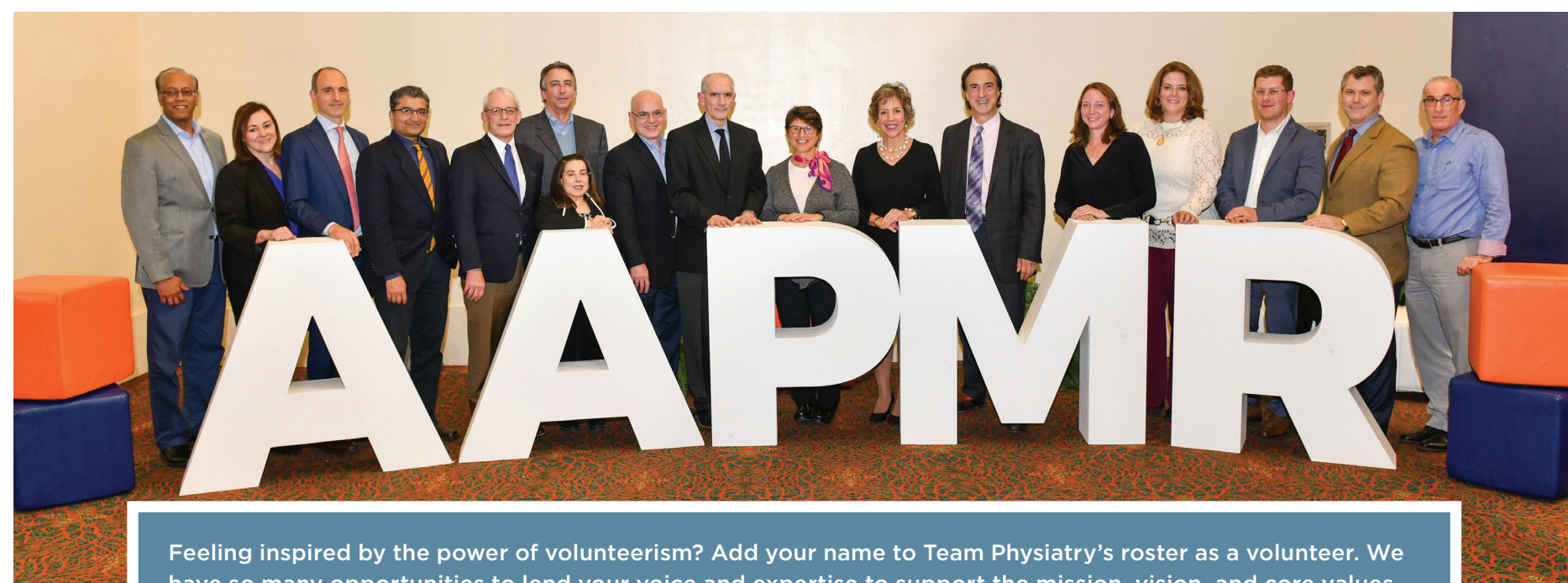
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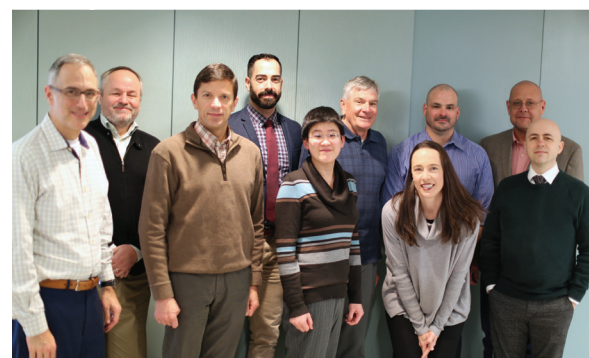
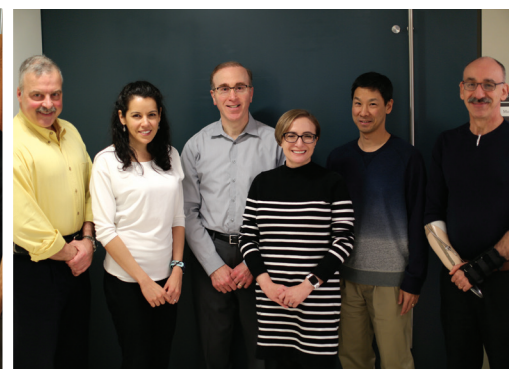
Happy Volunteer Week (April 19-25)

Celebrating the Faces and Voices of Academy Volunteerism

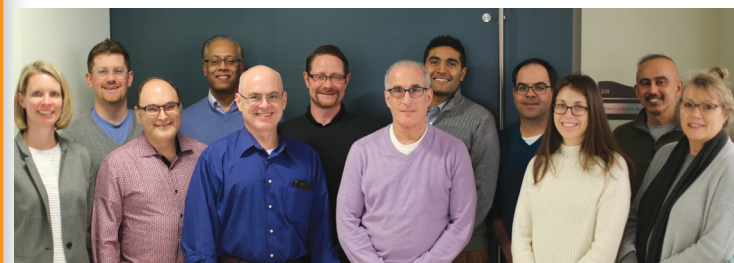
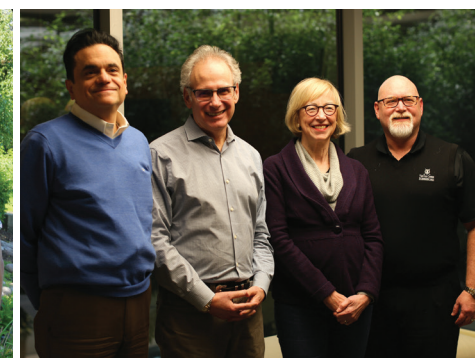
We celebrate their voices, ideas and accomplishments that advance the specialty and the patients they serve. From the individual physiatrist to the collaborative work of thousands of members, engagement must occur at every level for our specialty to advance—we must work together. When AAPM&R volunteers work TOGETHER, we make psychiatry STRONGER! **Thank you, AAPM&R volunteers!**




Feeling inspired by the power of volunteerism? Add your name to Team Psychiatry's roster as a volunteer. We have so many opportunities to lend your voice and expertise to support the mission, vision, and core values of the Academy. Visit www.aapmr.org/volunteer to explore all that's available.



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The Best PM&R Education and Training For You at #AAPMR20



Myria Stanley
AAPMR Education Manager

As the Program Planning Committee (PPC) continues to organize all the fun and exciting things that will be taking place during this year’s Annual Assembly, November 12-15 in San Diego, CA, we have a few highlights to share with you. Over the last couple of years, PPC continues to evolve the Assembly to ensure we’re meeting your needs. To help achieve this, we are doing the following:

- Expanding the number of community sessions offered. For 2020, more than 24 communities will participate in 19 sessions on Thursday morning.
- Increasing the breadth of the specialty with sessions on topics that affect physiatrists most often, which includes purposefully incorporating more diverse experts into the programming to offer different and wide-ranging perspectives.
- Comprehensively looking at the Assembly through the lens of Diversity & Inclusion. We continue to focus on creating an equitable and welcoming environment.
- Integrating team-based learning content for physiatrists and Advanced Practice Providers to effectively collaborate together across various practice settings.
- Increase the Assembly value for resident and early-career members, by adding more relevant content.

To help push some of these priorities forward, our #AAPMR20 theme is **Team Physiatry**, which PPC has fully embraced while developing the content for the meeting. You’ll see this throughout the meeting with many sessions focusing on working with multi-disciplinary faculty. Here are just a few:

- **Disparities in Health Care of Cancer Rehabilitation Patients**
In this session, the faculty will follow the continuum of cancer care, from prehabilitation through active cancer treatment and beyond into the lifespan of the cancer survivor and evaluate the disparities, challenges, and opportunities in leveraging evidence-based preventive, restorative, and supportive rehabilitation services to individuals with cancer.
- **Navigating and Creating Pathways to Leadership and Career Advancement Leadership and Career Development**
This session aims to explore and identify the best use of the APP’s role within the context of a variety of physical medicine and rehabilitation practices. A discussion panel consisting of physiatrists from various parts of the country will focus on describing the APP’s role within their setting, experience in working with APPs throughout their career, best use of their role, and future projections for the field and involvement of APPs.
- **Multi-Specialty Team Approach to Management of Lymphedema from Physiatry, Vascular, and Plastic Surgical Collaborative Perspective**
To effectively treat lymphedema, physiatrists must be familiar with conservative compression therapies, manual techniques, and partner with physician specialists in plastic/lymphatic reconstructive surgery and vascular surgery along with certified lymphedema therapists.
- **Prescribing Exercise in the 2020s: Novel Strategies for the Musculoskeletal Physiatrist**
The multi-disciplinary faculty (physiatrist, physical therapy, clinician-scientist) will present 4 novel strategies for developing exercise prescriptions.

Another valuable area is the Learning Center within the PM&R Pavilion. As part of your registration, the Learning Center sessions provide hands-on education, which will include:

- **Innovations in Pain Management: Technology and the Opioid Crisis**
Now more than ever, implementation of new treatments for pain management has the potential to revolutionize how we treat patients with a variety of pain conditions and diagnosis. Innovative technologies and treatments that elevate the standard of care for our patients, reduce the utilization of services, and decrease the financial burden of health care is the key to a viable long-term solution. In this session, the benefits, evidence, and implementation surrounding the use of some of these technologies including VR, AR, and wearable technology will be discussed.
- **Navigating Change in Healthcare: An Innovative Telehealth Initiative to Collaborate in Outpatient Musculoskeletal Care**
The advent of direct patient access to physical and occupational therapy is one development which many physiatrists fear will harm their practices, and more importantly safe, effective patient care. We have, however, used this development in our local health care market as an opportunity to reposition our outpatient musculoskeletal (MSK) physiatrists as the leader of the rehabilitation team. Using an innovative new teleconsultation initiative, we are seamlessly and efficiently connecting our outpatient therapists and MSK/sports physiatrists to collaborate in providing efficient and effective patient care.
- **Cultivating Value and Equity in Physiatry: Practical Lessons for Physiatrists from Contemporary Health Policy, Population Health, and Economic Trends**
Attendees will receive an overview of physiatry’s context within an evolving health care delivery landscape at the intersection health policy and economics and the role of various stakeholders including health systems, advocacy groups, payers, state and national regulatory bodies, pharmaceutical and device manufacturers, and health care accreditors. The session will include a panel discussion and also debate and share the faculty’s predictions for physiatry over the next 5-10 years and insights into specific opportunities and challenges for the field based on current economic trends and recent policy developments.

Stay tuned for more information coming soon! In the meantime, save-the-date for #AAPMR20, November 12-15 in San Diego, CA. Visit www.aapmr.org/2020 to learn more. See you there! ❖

#AAPMR20 Call for
PhyzTalks

Submit Your PhyzTalk Story by May 15

Styled after TED Talks®, PhyzTalks are 8-15 minute live presentations where physiatrists share their inspirational PM&R stories on Sunday during the Annual Assembly. Impactful stories might focus on:

- Philanthropic or social causes important to physiatry
- Unique patient stories or innovative approaches
- Innovative collaborations with other specialties, health systems, or internationally

Finalists will be invited to present at #AAPMR20—November 12-15 in San Diego, CA. The audience will vote on their favorite PhyzTalk and the winner will receive a complimentary 2021 Assembly registration. Visit www.aapmr.org/phyztalks to submit your story by May 15.

Imagining a BOLD Future for Pediatric Rehabilitation Medicine

Together, the specialty of PM&R BOLDLY discussed its future. AAPMR enlisted the assistance of Pediatric Rehabilitation Medicine (PRM) physiatrists to envision the future of PRM aligned with the vision for physiatry.

That vision states that in the future...we see the pediatric physiatrist recognized as the essential physician expert for children and youth with acquired and congenital disabilities with the main purpose to optimize function and life transitions across the care continuum and into the community.

- Pediatric physiatrists champion the transdisciplinary approach, providing evidence-based and goal-directed care across all environments focused on quality-of-life and optimizing function.
- PRM involvement early in care establishes family and care team relationships, which leads to the best care plan spanning prehabilitation through adulthood.
- PRM physicians extend beyond the medical system to partner with education, social, and community services.



Susan Apkon, MD, FAAPMR, a leader in the field of Pediatric Rehabilitation Medicine (PRM), who shared some insights on how her practice and experience aligns with the envisioned future

for PRM and how the Academy is advocating for and leading the effort to improve family-centered care in value-based medicine.

In January 2019, Dr. Apkon transitioned from Seattle Children’s Hospital to Children’s Hospital Colorado to accept the position as Chair of Pediatric Rehabilitation. “It’s been a fantastic new role for me. In my new position, I’m having an opportunity to look more broadly at the role that we (physiatrists) play within the hospital as well as in the community,” said Dr. Apkon.

Colorado does not have many long-term care programs for children—something Dr. Apkon and Children’s Colorado is working hard to understand. “Many children are staying in our hospital for long periods of time—either in the acute setting or rehab unit—or going home to family who are oftentimes ill-prepared to take on the 24/7 care that’s needed. There are limited resources in the community to help support these families. Our hospital is developing a

strategy to address this need and developing a post-acute care plan that will help provide care for those children and adolescences with complex medical needs including those with disabilities,” said Dr. Apkon.

And what better people to lead this effort, than physiatrists. “As rehabilitation physicians, one of our roles is helping to transition kids from the hospital back into the home and community setting, and I think we’re in a great position to really lead that charge. We understand functional impairment. We understand the needs of a family, in terms of how they need to set up their home and what equipment and services they may need to help support them,” stated Dr. Apkon.

In fact, this is a key tenet of physiatry’s care philosophy—restoring function and quality-of-life to patients with disabilities. “It’s our obligation, our responsibility to follow these children and their families long-term and provide them the supportive services that they need to maximize their function,” said Dr. Apkon.

But there is still much work to do, especially in settings where physiatric care isn’t fully understood or valued, and that’s where the work of AAPMR’s Advancing PM&R BOLD and physiatric leaders comes into play, as Dr. Apkon affirmed, especially being involved early in the patient’s treatment plan.

“We as physiatrists really have to step up to the table. We have to insert ourselves—at the hospital level, at the university level, within larger health care systems, and with the insurance industry nationally—to be strong advocates for PM&R and the patients we serve.”

And that means being involved early in the patient’s treatment plan. “You have to think about it across the care continuum. We need to initiate care for children with disabilities at the time of diagnosis, understand the impact the condition will have over the course of their life on function, and develop treatment plans to maximize their function while minimizing commodities,” said Dr. Apkon.

She goes on to say, “That’s why the Advancing PM&R BOLD initiative is exciting for me for a number of different reasons. One, I think that the Academy has identified some core areas to focus on; really important ones. As a pediatric rehab physician, I’m excited that pediatric rehabilitation is a focus for the BOLD initiative. But I think that for the entire specialty, the focus on positive outcomes is important as it is so core to who we are.”

“As we think about value-based medicine and health care, and the direction we need to go and are going; outcomes are so critical. Having the voice of the Academy and the members behind it will help to get this message out. As a small and sometimes quirky field (my words) we have always focused on maximizing function; other specialties haven’t historically had this focus, but fortunately they are now. It’s imperative for us as a large organization with a critical mass—the voice of all of us to speak to that—to lead this charge by providing value to our patients and their families.”

This is Your Future

Advancing PM&R BOLD continues to make great strides in advancing the vision for the specialty and is forward-focused to engage our membership to bring all 4 envisioned futures to fruition, including Pediatric Rehabilitation Medicine through the hard work and guidance of thought-leaders like Dr. Susan Apkon. Our future is a happy, optimistic one according to Dr. Apkon.

“As I think about the future of our field, I’m very optimistic. I’ve seen some incredible changes. I think as a whole, health care and our colleagues across all the different specialties within medicine agree that outcomes are really where we need to focus. I think having a strong advocate in AAPMR and taking ownership is critical to that success. I really want us to be leading that effort, and with the support of the Academy and we’ll be able to do that.”

To learn more about Advancing PM&R BOLD, additional practice areas, and how you can get involved, visit www.bold.aapmr.org. ❖

ADVANCING
PM&RBOLD
THROUGH GAME PLANS

GME Committee Prioritizing for 2020



Joseph E. Burris
MD, FAAPMR

On February 7-9, the Graduate Medical Education (GME) Committee met at AAPM&R headquarters for our in-person committee meeting to discuss our priorities for 2020. The GME Committee reports up to the Medical Education Committee (MEC) and oversees the strategic guidance and infrastructure to address GME issues and concerns that are critical to the future advancement of the specialty. The agenda for the February meeting included several strategic discussions, during which we were able to outline key priorities for 2020, including:

- The Committee is involved with identifying ways to re-align the content of GME training by setting aspirational standards for training that will advance the knowledge and skills of physiatrists to meet the needs of new the practice models coming out of Advancing PM&R BOLD and in alignment with the vision for the specialty's future..
 - » The GME Committee is overseeing the implementation of a process for developing a series of specialized curricula, with Musculoskeletal Care currently in development. Cancer Rehabilitation Medicine is in the process of forming its workgroup with the goal of starting the development process this spring. It is expected that the process will be refined and implemented for multiple specialized areas simultaneously.
 - » In addition to the specialized curricula, the Academy is working with the American Board of Physical Medicine and Rehabilitation (ABPMR) and the Association of Academic Physiatrists (AAP) to understand how physiatrists are currently practicing and are likely to practice in the future in order to develop recommendations that will help advance the specialty, which includes preparing physiatrists for the ongoing and anticipated specialty transformations.

- The Committee discussed the importance of how education is being delivered through enhancement such as, Microlearning, Gamification, Social Media, etc., and how it's impacting PM&R Training Programs. To support residency and fellowship programs through this evolution, the Committee is planning to deliver a series of educational content using some of these enhancements to help augment what programs are currently doing. Additionally, the Committee is considering educational content about resident and fellowship training during the GME Summit at #AA2020.
- The Committee had an in-depth conversation about the ACGME Procedural Requirements and is planning to research what hospitals currently require to be credentialed to see if these requirements are in line with ACGME's requirements. We feel there needs to be correlation between residency training requirements and local health system privilege requirements after formal training. Based on the findings, consideration for adjustments in ACGME requirements may be indicated.

The GME Committee is committed to working on these key priorities over the next year. However, as other items arise throughout the year, we will continue to do our best to engage the academic community on all GME issues and concerns. If there is something would like for this committee to get involved with, please contact Brian Thompson, Director of Education, at bthompson@aapmr.org. I also encourage you to visit the library of resources on the Academy's GME Corner (on.aapmr.org) to help with any issues you may be encountering. ❖

ADVANCING
PM&RBOLD
THROUGH TRAINING

EAST:

Maryland: All Star Pain Management and Regenerative Medicine is a well-established practice with two offices: in Annapolis and Glen Burnie, Maryland. We are looking for a fellowship-trained, BC/BE interventional pain physician, interested in joining the practice, with a partnership track. The position is a 100% outpatient. The practice is affiliated with 2 surgery centers with the opportunity for partnership at each. We offer comprehensive care for variety of orthopedic, spine conditions, sports injuries, and chronic pain problems. The practice was also the first in the area to offer regenerative medicine procedures. Training will be provided if necessary. There is a solid referral pattern from orthopedic and neurosurgical spine surgeons in the community and from primary care physicians in the area. Annapolis, Maryland is located between Baltimore, Maryland and Washington, DC, with each being about a 30- minute drive from Annapolis. With easy access to the Baltimore/Washington metro area, there is plenty of culture, events, activities and sights to be seen in and around this great small town. Annapolis is a desirable place to live and raise a family. Please send a CV to kristin@allstarpainmanagement.com.

Schenectady, NY: Sunnyview Rehabilitation Hospital, a member of St. Peters Health Partners, is recruiting for additional physiatrists for our expanding service line. We have opportunities for full- and part-time positions for inpatient neurorehabilitation, brain injury, consults, and outpatient-based care. Sunnyview, located in Upstate, NY is a CARF-accredited, 115-bed non-for-profit freestanding acute rehabilitation hospital with specialty areas in brain injury, stroke, amputee, spinal cord, cardiopulmonary, and orthopedic rehabilitation. Sunnyview provides comprehensive in and outpatient services to the region. Sunnyview physiatrists work closely with a team of advanced practice providers and have medical and surgical consultants readily available to assist with patient management. Additionally, a local internal medicine group takes overnight call. The hospital offers a competitive salary with an innovative bonus structure. This is an exciting opportunity to join a highly-respected and nationally-recognized team of caregivers at a state-of-the-art facility. Enjoy excellent colleagues, strong system practice support, and a physician-friendly environment. Please submit application materials, including CV and cover letter to providerrecruitment@sphp.com.

SOUTH:

Columbus, GA: River City Rehabilitation & Spine Specialists, PC is a well-respected interventional pain and regenerative medicine practice that is seeking a BC/BE PM&R fellowship-trained physician who can align themselves with our mission to provide the highest quality interventional and regenerative medicine care to the community we serve. The ideal candidate should be energetic and will have an interest in providing interventional and non-interventional pain management care to patients. We offer Regenexx's live stem cell and platelet orthobiologics as a treatment alternative for patients. Our practice setting allows for a healthy work, life, and family balance. If this is an opportunity that interests you, send your CV by email to dawsong@rcrss.com or visit www.rcrss.com.



An established Philadelphia area leader in pain management and spine care is seeking a qualified PM&R physician to facilitate its ongoing expansion. The ideal candidate will be a pain fellowship trained physiatrist that will provide high level, patient centered care in the area of Pain Management. Any qualified candidate must be board certified or board eligible in PM&R and be experienced in performing EMGs and interventional pain management. Added experience in spinal cord stimulation, intrathecal pumps and other spinal modalities is beneficial but not required. You will be working with board certified physicians and physician extenders to provide comprehensive multimodal pain management using the most up to date and sophisticated techniques available in well equipped medical offices and surgical centers. We offer a competitive base salary, productivity incentives and a comprehensive benefits package that includes medical, dental, vision, life insurance, paid time off and a pension/profit- sharing plan.

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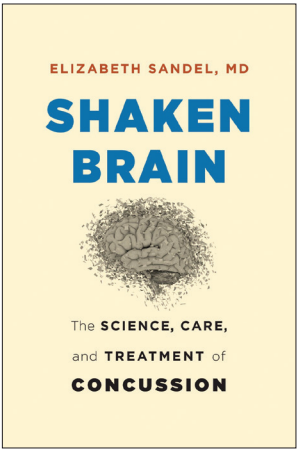
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Elizabeth Sandel, MD

"A fascinating page turner. Propelled by Dr. Sandel's exceptional storytelling and clinical expertise, *Shaken Brain* sheds light on the myths and misunderstandings surrounding concussions, and their consequential impact on so many lives."

—Marilyn Spivack, cofounder and past President, Brain Injury Association of America

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Physiatrist

VERY busy and well-respected spine & orthopedic practice is looking for a PM&R physician. We are seeking a candidate who has completed a Pain Management Fellowship for advanced PM&R practice and current ACLS certification for IV conscious sedation. Partnership and buy in to surgery center available.

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ACADEMY IN ACTION

Raising Physiatry's Voice

- On February 1, 2020, your Academy joined more than 60 state medical and national specialty associations in a letter to the Centers for Medicare & Medicaid Services (CMS) regarding the Medicaid Fiscal Accountability Regulation that would significantly reduce state Medicaid funding. The letter cites concern that the proposal would create substantial gaps in state Medicaid budgets, exacerbate Medicaid physician shortages, and undermine patient access to care. The full letter can be viewed on the AAPM&R website.
- The Quality, Practice, Policy, & Research (QPPR) Committee and Health Policy and Legislation (HP&L) Committee member, Dr. Jason Miller, developed a position statement regarding the inappropriate use of the term "Physical Medicine and Rehabilitation" and its derivatives. This statement aims to address the growing member concern regarding non-physician and non-PM&R physician practices improperly using the term "Physical Medicine and Rehabilitation" or its derivatives to describe themselves and their services. The position statement can be viewed on the AAPM&R website.

AAPM&R's Registry Gathers the Data to Demonstrate Your Value

The AAPM&R Registry Steering Committee is developing the architecture to collect the specific data points you need to seamlessly and effortlessly demonstrate your value as physiatrist.

By developing this framework, the AAPM&R Registry will be poised to efficiently capture the essential data, saving you time and effort to focus on what really matters: **your patients**.



Visit www.aapmr.org/registry to learn more and sign up to become an *AAPM&R Registry Insider*.