

The Power of Community is Shaping the Future of Physiatry

As PM&R's primary specialty society, we want to continue to be here for you, tirelessly working to ensure that physical medicine and rehabilitation is part of the national conversation about health care by advocating for the federal support, legislation, regulatory relief, and resources that are critical to you and your patients.

From individual physiatrists to the collective efforts of the Academy, advocacy must take place at all levels of the specialty. It begins with AAPM&R members being informed and engaged; stepping up to take action against legislation and proposals that are detrimental to the specialty, your practice and your patients.

And nowhere was that more evident than our recent efforts to oppose CMS' Non-Physician Practitioner Proposal in the FY 2021 IRF Proposed Rule. Read on to see how the collective voices of members can make a difference in the future of health care by positioning PM&R physicians as leaders in medicine.



Thank You for Taking a Stand Against the 2021 IRF Proposed Rule

Amidst everything happening in our world, your Academy stayed focused and committed to an issue that, left unchecked, could have a significant negative impact on our specialty and the care that we provide to our patients.

AAPM&R led a coordinated effort to unite all physiatrists, other medical specialties, patient coalition organizations, hospitals, and additional key stakeholders to oppose a proposal in the 2021 IRF Proposed Rule, which sought to amend the IRF coverage requirements to allow non-physician practitioners (NPPs) to perform certain duties that are currently required to be performed by a rehabilitation physician.

Thanks to your efforts, Team Physiatry succeeded in raising a unified voice to CMS before the comment period for this proposal closed on June 15. Together, 123 groups signed on to AAPM&R's stakeholder letter; 97 of your patients wrote to CMS, detailing the critical role PM&R physicians played in their care; and 2,377 physicians submitted letters to voice their opposition to this dangerous proposal.

123
GROUPS
97
PATIENTS
2,377
PHYSICIANS

In addition to this robust campaign, Academy leaders, joined by Brain Injury Association of America leadership and staff, held meetings with CMS and White House Office of Management Budget officials. The Academy is also leading a Hill strategy to encourage Congressional Representatives to oppose the NPP proposal.

We would also like to shine a spotlight on a few Academy leaders and volunteers who have gone above and beyond to assist us with this important effort: Peter Esselman, MD, FAAPMR, AAPM&R Past President; Darryl Kaelin, MD, FAAPMR, AAPM&R Past President; Thiru Annaswamy, MD, MA, FAAPMR, Quality, Practice, Policy, and Research Committee Chair; Michelle Gittler, MD, FAAPMR, AAPM&R President as well as the members of the AAPM&R Future of Inpatient Rehabilitation Workgroup.

In addition to opposing the NPP proposal, your Academy also commented on two additional proposals put forth by CMS in the IRF regulation. The first was a proposal to remove the post-admission

physician evaluation (PAPE). CMS cited that the PAPE and pre-admission screening are redundant. This is a major win, as AAPM&R has long advocated for streamlining burdensome and redundant documentation requirements in IRFs. The second proposal was to codify the elements of the pre-admission screening. Our comments note that AAPM&R opposes codification of the pre-admission screening, but supports maintenance of this documentation, particularly in the absence of the PAPE, and maintains that a rehabilitation physician must have final approval of the screening.

At the time of print for this issue, the CMS final rule has yet to be released. However, we are not waiting for the final rule before continuing with efforts to advance the impact of physiatry throughout health care. AAPM&R is actively engaging our Future of Inpatient Rehabilitation Workgroup and other stakeholders to implement an action plan to better define the inpatient rehabilitation physician role.

Stay tuned to your Academy communications for more information about the outcome of our efforts to defeat the NPP proposal. In the meantime, we urge you to take the next step in our fight to protect the future of the specialty. **Please contact your Congressional Representative, asking them to urge CMS not to finalize this dangerous proposal.** The call should only take a few minutes to complete. Not sure what to say? Talking points are available in our Advocacy Action Center.

Team Physiatry's advocacy is driven by you. Thank you for being a #PMRAAdvocate and getting involved! We couldn't do it without you. ❖

#AAPMR20 is going virtual for Team Physiatry. Turn to page 4 to learn more about our game plan.



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The Fujiwhara Effect



Michelle S. Gittler
MD, FAAPMR

Greetings from the west side of Chicago, where the sun continues to rise in the East and set in the West, where Spring is in its full green glory, but nothing feels right. There are no street fairs scheduled, no concerts in Grant Park, and the lakefront is still closed. June 1 is the official start of the hurricane season in the United States. Just as many of us feel protected from hurricanes because of where we live, so too have many people felt protected from COVID, assuming it would not affect them. Sadly, the same is true regarding issues of violence and racism. Many people feel protected or unaffected by racism because of where they live or what they look like. At the same time, many more people feel vulnerable and afraid. And in the waning days of May, as our country was cautiously (and in some places not very cautiously) reopening, the public murder of yet another man of color ignited a simmering rage, perhaps creating a “perfect storm.” This storm is the collision of two pandemics that disproportionately affect communities of color: COVID-19 has magnified and exacerbated food and housing insecurities created by the pandemic of structural racism and systemic violence.

When two hurricanes collide, the phenomenon is called the Fujiwhara effect. If two hurricanes pass within 900 miles of each other, they can start to orbit. If the two storms get to within 190 miles of each other, they’ll collide or merge. This can turn two smaller storms into one giant one. Right now it feels like we are squarely in the path of one huge storm. I feel like my windshield wipers cannot go fast enough to give me a clear vision of what is in front of me.

Many of you know that’s just an analogy, because I ride my bike, and I really don’t have windshield wipers on my bicycle. And yes, I have been riding my bike to work. How can I not ride my bike to work through the communities that I serve when we ask people to live in those communities?

What do we say? How do we even start the conversation? What do we really want to know? What are we willing to hear?

HOW are you? How ARE you? How are YOU?

I want to know how your children are. I want to know how you hide your anger so well, or is it that I don’t get to see your anger because of who I am and what I look like. I want to know what your solutions are, which interventions we should prioritize, and which interventions clearly aren’t working.

I know people are eager to get back to “normal,” but whose normal? We cannot go back to normal if what that means is that Black men can be murdered in public with impunity. I don’t want to go back to normal if that means that we just pretend that everything is OK. I don’t want to go back to normal if that means that my nephew, an 11-year-old Black boy cannot go jogging, ride his bike or go to the store without the constant worry of getting hurt or stopped or killed just because of how he looks.

You might say that as president of the Academy, this is not my lane. That I should stick with being a doctor, and not worry about these political issues. We often say physicians should maintain political and social neutrality. I vigorously disagree.

As doctors, when we make medical decisions, we want to prevent further illness, prevent secondary complications, and maybe even fix the problem in front of us. Rudolph Virchow (yes! of Virchow’s triad) was not only the father of modern pathology, but is also thought of as the founder of social medicine. He said, “Medicine is social science, and politics is nothing else but medicine on the large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution. The politicians then must find the means for the actual solution.” He described ... “that social problems fall to large extent, within our jurisdiction.”

As physicians, if we really want to have an impact on health, we need to do more than treat or “fix” those who are sick or harmed by preventable disease. We need to push for changes that will positively impact the health of individuals, and also the communities in which they work, live and play. We have a fundamental obligation to not only acknowledge institutionalized racism, but insist that recovery from the COVID-19 pandemic does not mean a return to “normal,” but a conscious rebuilding of a Society in which we truly believe all persons “are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness” (the Declaration of Independence).

I look forward to rebuilding together. ❖

Warmest regards,
Michelle

JULY

14

A Critical Conversation on Equity, Access, and Inclusion in PM&R, Health Care, and Society

You are invited to our critical conversation on Tuesday, July 14 at 8 pm ET/7 pm CT. Hosted by the AAPM&R Board of Governors, we will be holding a thoughtful discussion on racial equity to create space for these often-difficult conversations. We want to listen and understand how current events have impacted African American members in our PM&R community. Let’s come together and hear your stories and experiences. This is your opportunity to share your concerns and questions so that we may continue to create a welcoming environment for all members. Questions may be submitted in advance to boardofgovernors@aapmr.org.

We look forward to this open conversation and hope you can join us! Register now at www.aapmr.org/calendar.

Leadership



Elliot J. Roth
MD, FAAPMR

Successfully addressing a crisis requires a sizable number and diversity of personal traits and qualities, and principal among them is effective leadership. And, in the handling of our current situation, we have had the opportunity to see many examples of both favorable and suboptimal leadership qualities. However, leadership exerts an impact on considerably more than only on how we deal with emergency situations alone; we see evidence of the importance of effective leadership in our activities and interactions every day.

Leadership as a construct is distinct from, and involves more than, management, although there is considerable overlap. The concept of “management” generally involves using the more “technical” skills and knowledge that enable an organization or group of individuals to be successful. A non-all-inclusive list of examples of the formal knowledge “topics” required by an individual to serve as a “manager” within an organization can include: finance and quantitative analysis, human resources management, space management, legal issues, marketing and external communications, and awareness of external influences on the organization.

But all of us acknowledge that if an individual had proficiency in most or even all of those domains, that by itself clearly would NOT qualify that person to be considered a good “leader.”

A good leader has the ability to *inspire others*, to motivate them to do what is needed for the good of the larger group or organization. The leader is responsible for establishing a vision, declaring it, communicating it broadly, and ensuring that it gets implemented. A leader must do both pushing and pulling — enabling, or facilitating, or persuading, or sometimes forcing, the organization or group to advance.

Engagement is key. Execution is important also, and the leader’s role is also to ensure that implementation happens. I have long been a fan of the Japanese proverb, “Vision without action is a daydream. Action without vision is a nightmare.”

There is a great deal about leadership that involves “people skills,” i.e., interacting, communicating, motivating, persuading, co-opting, cheerleading, etc. (Much of this sounds similar to our roles as rehabilitation physicians, doesn’t it?) And the ability to develop a considerable amount of these people skills requires understanding and acknowledging the emotions of others. Sensitivity to the hopes, loves, dreams, desires, fears, emotional triggers, and stresses in other individuals is an important quality of leadership. Also essential is the ability of the leader to self-regulate. Many of these traits are incorporated into the concept of “Emotional Intelligence,” which is defined as “the capacity to be aware of, control, and express one’s emotions, and to handle interpersonal relationships judiciously and empathetically.” In his book on Emotional Intelligence, author Daniel Goleman says that the five components of emotional intelligence include: Self-awareness, Self-regulation, Motivation, Empathy, and Social Skills. I think that all of us would acknowledge the value of each of these qualities in our leaders.

Similarly, there are numerous books, journal articles, essays, websites, seminars, and workshops on the topic of leadership. Many of these sources provide lists of “qualities that make great leaders.” These lists often include qualities like: integrity, empathy, humility, resilience, positivity, confidence, responsibility, patience, diplomacy, trust, communication skills, ability to develop and convey vision, ability to influence others, ability to delegate, ability to collaborate, problem

solving ability, and ability to inspire others. This is only a partial list; there are many other qualities as well.

Can these qualities and skills be learned or are they innate? The “nature vs. nurture” debate certainly has relevance when considering the development of leadership qualities. Most definitely, it is important to acknowledge the importance of the individual’s interest, demeanor, and personality in the establishment of leadership qualities. However, it is generally accepted that these leadership qualities are learnable, and that they can be developed in individuals who have the necessary drive, when they are provided with the appropriate training and environment. I subscribe to the concept that appropriate professional growth for the development of effective leaders, just like the training experience that creates good physicians, requires “seed, soil, and sun”—i.e., the individual, the environment, and the formal training.

On a daily basis, AAPM&R members have the experiences of serving as, responding to, and observing, leaders in our own practices, laboratories, work groups, institutions, or organizations.

To its credit, and to our collective benefit, AAPM&R has established a robust portfolio of opportunities to build leadership capacity among members and to facilitate professional growth of individuals. These programs are unique and potentially impactful for all of us, and taking advantage of one or several of these offerings is likely to be highly worthwhile.

Perhaps the most prominent among these programs is the Future Leaders Program (formerly the Academy Leadership Program). Launched in 2013, this highly selective two-year long training program’s purpose is to “identify and develop a limited number of early-career physiatrists to prepare them to engage in Academy volunteerism and assume future leadership positions.”

But wait, there is more! The AAPM&R Leadership Institute, directed by Drs. Kathy Bell and Bill Adair, was recently initiated to provide “multiple pathways to develop psychiatry-focused leadership skills for all experience levels...by providing comprehensive PM&R-focused training that includes personal readiness, communication skills, business management/administration, and environment/politics.” Specific offerings include the Business and Administration Program (provided in partnership with the Northwestern University Kellogg School of Management), online training modules (in partnership with the American Association for Physician Leadership), and, coming in 2021, the STEP PM&R Leadership Certificate program.

But of course, experience is still the best teacher. So, serving on Academy committees or panels, and assuming roles as officers of the organization, are other avenues to provide outstanding training in leadership experiences. Since the inception of the “Volunteer Opportunities” section of the Academy website, I have long appreciated its presence and have urged fellow members to sign up.

All of these novel training programs and opportunities constitute exciting and potentially valuable professional development experiences for our members. They facilitate our own professional growth, optimize our collective contribution to the specialty, and enable us to have the maximum benefit to our communities. ❖

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#AAPMR20 is Going Virtual for Team Physiatry!

Each year, AAPM&R brings the physiatric community together at the Annual Assembly. As the premier physiatry-focused event, our members (and other attendees) connect, learn, and expand their professional expertise. However, it became clear that we would not be able to have a gathering of thousands of attendees in San Diego this year.

We're thrilled to announce that we're bringing the energy, spirit, and collaboration of a face-to-face gathering to the virtual event of the year! We're transforming #AAPMR20 into a world-class, digital event jam-packed with the top-notch education that you've come to expect from the Academy—from your home, office, institution—or couch (we won't judge)! A virtual Assembly allows us to offer an event that doesn't pose a risk to personal or public health and ensures that everyone can attend regardless of personal, travel, or financial restrictions. We'll also be offering a significant registration discount to help our members deal with the unique circumstances they're facing this year.

Join Team Physiatry as we meet online for 4+ days to share best practices, reflect on lessons learned, continue supporting each other as we navigate a "new normal"—and most importantly, have fun as a specialty! We can't wait to feel the energy, spirit, and PM&R pride you'll bring to #AAPMR20.

OUR VIRTUAL GAME PLAN FOR #AAPMR20

We've made an investment in a robust virtual platform that will allow us to simulate as much of the live experience as possible in an innovative, immersive online format. This won't be your typical virtual meeting (we've all attended too many of those). You're in for a virtual event unlike anything you've seen before!

Our Program Planning Committee is hard at work, curating an informative and inspiring 4+ days of customized learning and collaboration, and developing the tools and resources to host our first-ever virtual Assembly. We're transforming the Assembly to offer you a whole new experience with creative learning opportunities, entertaining networking events, cutting-edge research, and so much more! Our program will include both real-time and on-demand presentations, exhibits, research posters, the popular Job and Fellowship Fair, medical student program, Assembly-wide games, social media, and other exciting ways to participate.

While we finalize our game plan, please mark your calendars for November 12-15, with additional events leading up to it beginning November 8. Join Team Physiatry as we learn, connect, and grow together. Watch your email and social media for information on how to register (scheduled to open in July), and more details—coming soon. You're in for some fun surprises as we roll this out—we promise!

If you haven't attended an Assembly in a while, this is a unique opportunity for you to connect with your PM&R community. If you are a loyal attendee, we hope you can join us again for another fun event!

We look forward to connecting with all of you virtually.

Join me on Team Physiatry and attend #AAPMR20! ❖

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

VIRTUAL
AAPM&R
ANNUAL ASSEMBLY
NOVEMBER 12-15, 2020



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AAPM&R Registry Announces New Pilot Sites

AAPM&R's Registry is thrilled to announce their first 3 sites for the Ischemic Stroke and Low Back Pain data collection pilot program.

BROOKS
Rehabilitation

CAROLINA
NeuroSurgery & Spine
ASSOCIATES

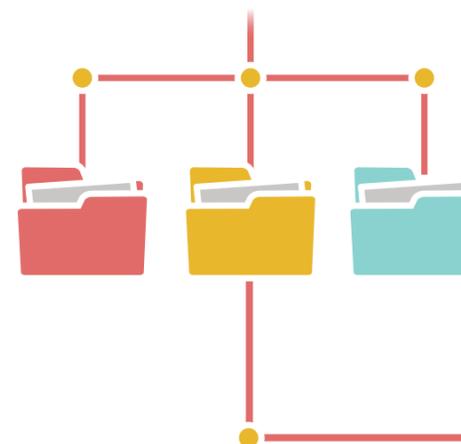
Shirley Ryan
Abilitylab®

AAPM&R's Registry is a single repository of rehabilitation data which will harness the combined power in numbers of the Physical Medicine and Rehabilitation specialty. This mass of data can then aid the specialty and others by guiding efforts to reduce burnout, defend scope of practice and demonstrate the value of rehabilitation care. AAPM&R's Registry will also provide data to improve care by tracking success on a national scale, gaining insights from Patient Reported Data and studying the most effective treatments for patients. As more data is collected, rehabilitation will become stronger, together.

With AAPM&R's Registry, participants can compare their patient outcomes, professional performance and care processes against other physicians across the country. The Registry will be able to measure the continuum of care from initial patient contact, through intervention and follow up.

Data to Demonstrate Your Value and Improve Your Care:

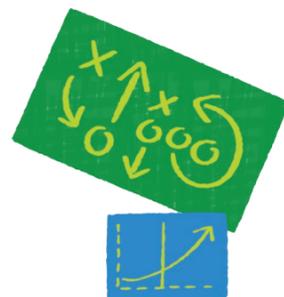
- **Benchmark your practice** – Identify practice strengths and weaknesses using AAPM&R's Registry clinical data from other practices to compare against the performance and outcomes data of your practice. Run quality reports on demand, providing clinician- and practice-level results, plus national results and patient-level detail for AAPM&R Registry measures.
- **Enhance quality and practice efficiency** – Use AAPM&R's Registry data to analyze practice processes and procedures, and as a source for fact-based decision-making. Because AAPM&R's Registry will capture data over time at the individual and practice level, it will help practices efficiently manage patient care and optimize practice resources.
- **Improve patient care** – Monitor patient interactions, track interventions, identify and address gaps in quality of care, and measure quality outcomes.
- **Manage patient populations** – Proactively manage clinical conditions for entire patient populations by running reports on specific care criteria.
- **Join a community of quality improvement** – Become a member of a like-minded community of quality-driven professionals striving to continuously improve patient care. Interact with your peers to create opportunities for sharing quality improvement strategies and broaden your professional network.



Currently recruiting! AAPM&R's Registry is currently recruiting institutions and practices who are committed to quality improvement to serve as pilot sites for ischemic stroke and low-back pain. **If you are interested in learning more about our pilot programs, please contact registry@aapmr.org.** ❖

Submit Soon: Late-Breaking Research

Do you have research that you weren't able to submit for our Call for Abstracts in March? In July, we're offering you an opportunity to submit your brand-new, original research abstracts for the 2020 Annual Assembly. Start preparing now and stay tuned for more information!



ACADEMY IN ACTION

Raising Physiatry's Voice: Your Academy Responds to Support its Members

- On April 24, 2020, your Clinical Practice Guideline (CPG) Committee submitted comments to the North American Spine Society (NASS) regarding the Draft Coverage Policy Recommendations for Sacroiliac Joint Injections & Radiofrequency Ablation.
- On May 15, your Academy met with the Centers for Medicare and Medicaid Services (CMS) to discuss rehabilitation priorities during the COVID-19 pandemic. Your Academy spoke to CMS about the unique position physiatry is in to help recovering COVID-19 patients, continued expansion of regulatory flexibilities such as expanded telemedicine access and reimbursement, and waivers of the IRF 60% and three-hour rules, and the financial hardship faced by physiatry practices. CMS was receptive to the Academy's needs during the pandemic and invited the Academy to continue holding regular touch base calls with the Agency.

The Value of the Foundation for PM&R



Bruce E. Becker, MD, MS

President, Foundation for Physical Medicine and Rehabilitation

Asking “what is the value of the Foundation for PM&R?” is very much like asking what a physiatrist does. Saying “we fund physiatric research” certainly gets to the heart of it but is by no means any more comprehensive than saying physiatrists focus on function. It might be more accurate to say that the Foundation,

under the guidance of a Board of Directors made up of leaders from all aspects of the field, carefully assesses the environment and seeks voids where small investments that are not easily obtainable elsewhere can build the foundation for the future by providing start-up funding to those who are advancing physiatric research and patient care, and elevating the status and visibility of the field.

Our research grants and awards program is the primary focus of our efforts, and it impacts the field in multiple ways. Young investigator grants attract bright young researchers, challenge them to learn effective grant-writing and study design skills, and provide the opportunity to build mentoring relationships with established physiatric investigators—setting the groundwork for the future of physiatric research. Providing pilot support to established investigators sows the seeds for multimillion dollar NIH-funded projects and launches multiple new lines of investigation that span decades. Funding research also brings physiatry into the national (and sometimes international) spotlight when Foundation-funded research is published in peer-reviewed journals. Our grants program has built bridges with other organizations by supporting our common commitment to advancing patient care, and the Foundation’s requirement that a physiatrist be involved as a co-investigator ensures representation on multidisciplinary rehabilitation research teams.

The Foundation has provided start-up money to other efforts that benefit the field in different ways. Following the 2005 Rehabilitation Research Capacity Summit meeting (that the Foundation co-sponsored), we gave support to start the onsite research capacity building consultant team that has since become self-sufficient and is managed by the Association of Academic Physiatrists. Our support for Allen Heinemann’s early work in assembling a compendium of outcomes measures resulted in the Rehabilitation Measures Database (www.sralab.org/rehabilitation-measures), a go-to resource for benchmarks and outcomes. In 2018, we joined with the Academy in covering the costs for a representative at the American College of Medicine’s roundtable to update the recommendations for exercise in cancer patients. That investment has paid off in a number of white papers and revised guidelines that are used by cancer treatment programs around the world. The Foundation also supported a study by Sean Smith et al that involved six medical centers and pushed forward research that evaluates how function is measured in cancer patients. It has the potential to forge a key role for physiatrists in the care of more than 43 million cancer patients.

The Foundation directly benefits AAPM&R in a number of ways. We fund the annual PM&R (purple journal) Best Research Paper Award and raised money for the Registry. The Rehab 5k Run/Walk & Roll took over and expanded on the informal run that was popular at Academy meetings in the 1990s. And we have been good stewards of both the PMR-ERF funds that were entrusted to the Academy and the Nadler PASSOR funds, growing the corpus while simultaneously making hundreds of thousands of dollars in grant awards.

In looking back over the many years of the Foundation’s role in our field, it is gratifying to see the many projects that have made differences both small and large in physiatry. What the Foundation does and has done is to carefully invest start-up funds in efforts that move the needle from different directions. In elevating and advancing the field of physiatry, we are proud of our achievements. Please considering joining our team of contributors today. ❖

SNF Think Tank Recap



Jonathan Whiteson, MD, FAAPMR and Ian Ramdeen, Health Policy and Payment Coordinator

On May 1, 2020, AAPM&R convened a group of physiatrists led by Dr. Jonathan Whiteson for a full-day virtual meeting to discuss the future of physiatry within Skilled Nursing Facilities (SNFs). The SNF Think Tank was assembled to advance the PM&R BOLD Rehabilitation Care Continuum strategic plan. Under the BOLD envisioned

future, “we see the physiatrist as the recognized leader across the acute and post-acute care continuum with expertise in managing utilization of resources to achieve maximal patient outcome.” The SNF setting is a key component of the rehabilitation care continuum and a space in which the physiatrist’s role can be further explored and developed.

The following physiatrist leaders participated in the meeting:

- Jonathan Whiteson, MD, FAAPMR, Think Tank Chair
- Edward Burnetta, MD, FAAPMR
- Jeffrey Fine, MD, FAAPMR
- Jason Gruss, MD, FAAPMR
- Patrick Kortebein, MD, FAAPMR
- Lisa Pascual, MD, FAAPMR
- Charlotte Smith, MD, FAAPMR
- Azlan Tariq, DO, FAAPMR
- Dominique Vinh, MD, FAAPMR, MBA
- Stuart Weinstein, MD, FAAPMR, Chair, PM&R BOLD Steering Committee

Reflecting on the meeting, Dr. Whiteson noted: “There are tremendous opportunities for physiatrists to work in the SNF environment. The SNF Think Tank was formulated to identify those opportunities and suggest potential pathways whereby physiatrists could enter this field of practice optimizing patient care and practice potential. The Think Tank delivered comments on innovative and aspirational opportunities for the AAPM&R Board to formulate strategy and pathways for expanding and guiding the physiatrist as the ideal physician to manage the rehabilitation needs of patients receiving rehabilitation care at SNFs.”

The SNF Think Tank considered current guidance offered by the Academy, specifically the Academy’s position statement on the Physiatrist’s Role in Skilled Nursing Facilities; and discussed ways to update the statement to assert the value of physiatry in this space. The group reflected on whether the Academy should define the role of a rehabilitation medical director in the SNF setting. Further, the idea of defining a co-management model as well as researching the impact of this model on patient care was considered. The Think Tank members also addressed the role of medical education and training to ensure physiatrists are introduced to SNF practice. They discussed techniques for positive exposure to the SNF during training. In summary of the conversation, Dr. Charlotte Smith noted: “To make the SNF field a viable and attractive setting for PM&R, physiatrists should serve as rehabilitation medical directors in SNFs. It is incredibly important that physiatrists serving as rehabilitation medical directors



in SNFs do it with excellence. This helps to optimally support the facility and promotes the role of physiatrists as essential leaders in the subacute level of care.”

When discussing current and future opportunities for physiatrists practicing in SNFs, the Think Tank members considered the short- and long-term impacts of COVID-19 as well as potential reimbursement, regulatory, and legislative barriers, workforce challenges, and research/data needs. Given the timing of the meeting, COVID-19 was top-of-mind for the Think Tank members. They shared insights into how the lack of a consistent role for physiatry in SNFs has created new challenges for accessing patients during the COVID-19 public health emergency. With respect to reimbursement, the group discussed the impacts of the recently implemented Patient Driven Payment Model (PDPM), which Medicare uses to determine payment for SNF stays. In describing the opportunities under this new model, Dr. Vinh noted: “Under PDPM, the preferential reimbursement rate tilts toward patients with moderate functional independence where PT and OT utilization will be highest, as their functional outcomes are expected to be the most impactful. PDPM enhances PM&R expertise to allocate diminishing therapy resources. Physiatrists are empowered to identify and advocate for low-functional patients who will require a much more intensive rehabilitative level than anticipated at the SNF environment.” With respect to all issues impacting SNFs, the Think Tank members highlighted the importance of ongoing collaboration with other physicians working in the SNF space including family practice physicians, geriatricians, and internists.

The meeting concluded with a discussion of initiatives AAPM&R can potentially address that will enable PM&R physicians to fulfill their ideal role in SNFs. “The Think Tank members enthusiastically endorsed the effort to advance physiatric practice in the SNF setting. We embrace the opportunities of collaboration with SNF medical directors and national organizations that are represented in the SNF arena. And through open discussion and strategic planning coordinated through our AAPM&R leadership believe we will serve individuals with disabilities in the SNF to the best of our abilities,” said Dr. Whiteson. Recommendations from the SNF Think Tank will be summarized and shared with the Board of Governors and the PM&R BOLD Steering Committee. Your Academy appreciates the time and efforts of the SNF Think Tank volunteers to prepare for this meeting and to provide valuable input on the physiatrist’s role in SNFs. ❖

ACADEMY IN ACTION

Raising Physiatry’s Voice: Your Academy Responds to Support its Members

- On May 19, your Academy’s Health Policy & Legislation (HP&L) Committee met to discuss advocacy for ongoing COVID-19 priorities such as access to PPE for physiatrists and inpatient rehabilitation facilities (IRF), medical liability waivers, expanded telemedicine access, student loan relief for physicians and other front line health care workers, and rehabilitation research funds to investigate COVID-19’s disparate impact on people with disabilities. Additionally, HP&L discussed ongoing advocacy on scope of practice issues with the goal of ensuring that the COVID-19 pandemic will not have a lasting effect on scope of practice. HP&L also worked on planning the Academy’s 2020 Virtual Day on Capitol Hill.
- On May 29, AAPM&R in collaboration with the Association of Rehabilitation Nurses (ARN), submitted a joint letter to Congressional leaders requesting greater medical liability protections for health care workers providing care during the current public health emergency.
- Throughout May, your Academy continued supporting legislative efforts to ensure people with disabilities are not disproportionately impacted by COVID-19 based purely on their disability status, are provided access to health care during the COVID-19 pandemic, and that data on the COVID-19 pandemic includes disaggregated data for people with disabilities.
- On June 1, your Academy submitted comments to the Centers for Medicare and Medicaid Services (CMS) first Interim Final Rule responding to the COVID-19 pandemic. Comments included expressions of gratitude for the flexibilities CMS provided during the Public Health Emergency (PHE). Additionally, the Academy provided input on physiatry needs that apply during the PHE and that will continue after the PHE ends, but COVID-19 recovery continues.
- On July 10, 2020, your Academy submitted comments in response to the CY 2021 Inpatient Prospective Payment System (IPPS) proposed rule. The rule includes proposed payment policy changes for both acute care and long-term care hospitals. Proposed changes to quality programs for hospitals are also included in the rule.

AAPM&R Board of Governors Meets Virtually to Strategize for 2020 and Beyond

The AAPM&R Board of Governors held its annual Spring meeting April 17-18. While board meetings are traditionally in-person sessions, the Board was able to make productive use of the virtual format. The focus of the Spring meeting is generally reserved for strategic planning while the Fall meeting focuses on budget and resource allocation. Board meeting content at every meeting is held up against the Academy's mission, vision, and the needs of Academy members. For the 2020 Spring meeting, the Board of Governors convened online to consider together the short- and long-term impact of COVID-19 on Academy members and on major Academy initiatives. The Board recognized that while the Academy's core purpose—to lead the advancement of psychiatry's impact throughout health care—is as strong as ever, member needs have been greatly affected by the pandemic.

Board members reviewed the resources gathered and the adjustments already made—with the help of the Academy's dedicated volunteer force—to educational products and advocacy services in order to appropriately and nimbly react to crisis. COVID-19 webinars, PhysForum channels, and resources linked on the AAPM&R website were early and effective Academy initiatives that responded quickly to the crisis in a way that members embraced. The Board confirmed their commitment to strategies designed to support and to proactively lead the Academy, its members, and the specialty through this extraordinarily challenging time. The Board's COVID-19-related assessments and decisions throughout the Spring meeting were inspired by member insight and feedback gathered from heartfelt and expert member-to-member PhysForum discussions, from the Academy's well-attended member-facilitated COVID-19 webinars, and from the robust response to the AAPM&R COVID-19 member survey.

Save-the-Date for 2021 Business Administration Program Courses

AAPM&R is happy announce the 2021 dates for the Business Administration Program Courses—April 23-25 and June 11-13. You may remember, these courses had to be rescheduled due to COVID-19 concerns.

The Business Administration Program—designed for psychiatrists by psychiatrists—is perfect for those looking to improve their business administration and management skills to pursue leadership roles, such as medical director or CEO of a health system, without the cost and time of pursuing a traditional MBA.

A Variety of PPE is Available for You

Personal protective equipment (PPE) plays a vital role in helping you safely care for your patients during these critical times. AAPM&R members brought to our attention a few suppliers to help get PPE delivered to you quickly.

As a benefit of Academy membership, you can order supplies from a couple of collaborators who will handle the payment and shipping your orders(s)*:

- Action PPE (actionppe.org/3/aapmr)
- Foresight Group (aapmr.myprintdesk.net)

New products will be added as they become available—please check these website frequently. Thank you to our Private Practice Workgroup for their efforts in bringing these resources to members!

The Spring meeting always calls upon the Board of Governors to address “regular” Academy business and the Board pressed on with a review of the Academy audit and finances, with discussions of potential inter-organizational collaborations, and with site selection of a future Annual Assembly. The Board reviewed policies, meeting minutes, and the Academy's Bylaws. They reviewed and discussed reports from Academy committee chairs and liaisons. They heard from the Nominating Committee about the committee's connection with the Academy's Diversity & Inclusion Committee to improve the nomination process through enhanced transparency and intentional inclusion.

What the AAPM&R Board of Governors would like to convey most about the Spring meeting is the awe and appreciation they felt for the way in which Academy members have come together on PhysForum and in webinars to support and engage with each other during this time of crisis. This unity of spirit and purpose through connection is something Academy members should be very proud of!

The Board of Governors took time to reflect on this unity that connects such a diverse specialty. They urge members to do the same. Stay connected with your community! ❖

The program includes 2 intensive and interactive weekend courses held at the James L. Allen Center on Northwestern University's Evanston, IL campus. Attendance is limited to 40 participants who will complete the program as a cohort to maximize networking and mentoring from Leadership Institute Program Directors William A. Adair, III, MD, FAAPMR and Kathleen R. Bell, MD, FAAPMR.

Registration is now open. Learn more at www.aapmr.org/bap. ❖

Other PPE Options to Explore:

- Amazon Business (business.amazon.com)

The following U.S. health care organizations can purchase PPE with a free Amazon Business account: hospitals, emergency medical services, senior care facilities, home health care, physician practices and ambulatory care centers. Check with your purchasing department or those responsible for buying on behalf of your organization to confirm if you already have an account. To start purchasing, visit the Amazon's User Guide (amazonbusiness.my.salesforce.com/sfc/p).

Do you have another PPE option to share with members? Let us know at covidresponse@aapmr.org or 847-737-6000 and we will collect and share with members. ❖

AAPM&R PHiT Board Supports In-Training Members with Informational Webinars



Charles D. Kenyon, DO, MS
PHiT Board President

During these times of uncertainty, we have all felt the strains of physical distancing and rapidly adapted to our new ‘virtual’ academic environment. Through these challenges, the Psychiatrist in Training (PHiT) Board produced a series of webinars to support our in-training members as we work navigate these transitions as a community.

We are committed to supporting our in-training members from the first day of internship through residency, fellowship, early career transitions, and beyond. The events highlighted below were well-attended with an engaged audience. We continue to strive to provide a space for in-training psychiatrists to come together and grow from our shared experiences.

April 24 Event: Wellness and Resiliency

On behalf of the Academy and PHiT, I had the pleasure to host Kevin Alschuler, PhD, rehabilitation psychologist from the University of Washington for a discussion on ‘Coping with Uncertainty and Leveraging Resilience During COVID-19.’ His insights were valuable to both in-training and practicing members as we seek to ‘control the controllables’ and face both the acute and long-term stressors of the pandemic.

May 20 Event: PHiT Ambassador Town Hall

The PHiT Council Ambassador Program consists of PGY-2 representatives from PM&R residencies across the country. Each ambassador serves as a liaison from their program to AAPM&R. As Academy volunteers, ambassadors enhance communication with our in-training members and promote Academy resources to colleagues at their home institutions.

During this town hall, ambassadors communicated resident concerns to facilitate a detailed overview of resources available to support their peers, with a particular focus on resources to navigate best practices as we care for patients affected by COVID-19.

June 2 Event: Essential Advice for PGY-1s and Medical Students

Our panel of rising leaders came together to provide insights for incoming PGY-1s as they navigate the valuable, but challenging intern year experience. We are proud to support our new class of psychiatrists through this transition.

The panel for this event included:

- Krupali Chokshi, MD, current PGY-1 at Mount Sinai West/St. Luke's
- Aubree Fairfull, MD, current PGY-1 at University of Washington
- Alexandra Fogarty, MD, current PGY-2 at Washington University in St. Louis
- Chris Ha, DO, current PGY-1 at Mayo Clinic

We are grateful for their time and knowledge. You can find the recording of this event at <https://www.aapmr.org/career-center/residency-resources/advice/pgy1-advice-from-pm-r-residents>.

June 8 Event: PHiT: Incoming/Outgoing Chief Residents Collaborative Town Hall

The final event, facilitated by PHiT Vice President Sharlene Su, MD, current Chief Resident, Stanford University PM&R Program, included an open dialogue on the challenges as PM&R programs transition to a new set of chiefs. Issues discussed ranged from the integration of telehealth, the long-term impacts of COVID-19, virtual recruitment, and identifying strategies for diversity and inclusion so that we can continue to grow as a field.

By establishing a strong and connected chief resident community, we will continue to advocate for the needs of in-training psychiatrists throughout the year.

The series allowed us to connect with more in-training members while we work to understand and meet their needs. We hope to continue this dialogue, and we welcome all interested future leaders to apply for a position on the PHiT Board. If you have any questions or would like to share your ideas, email the PHiT Board at phitliason@aapmr.org. ❖

Join Our Psychiatrist in Training (PHiT) Board

The PHiT Board Nominating Committee is seeking nominations for 2020-2021 Executive Committee (officer) candidates and committee/liaison appointments. Any interested residents and fellows in-training, who are also AAPM&R members, may apply today!



“It has been a gratifying experience representing PM&R trainees at a national level and working directly with leaders in our field. Most importantly, I have met the most incredible and inspirational psychiatrists through being a member of the PHiT Board and look forward to continue being part of such a great organization.”

— Bonny Su Wong, MD, PHiT Board Liaison to AAPM&R's Membership Committee



Apply now! Nominations for Executive Committee (officer) positions will be accepted through August 2, 2020. Nominations for committee/liaison positions will be accepted through August 9, 2020. Learn more at www.aapmr.org/phit.

Looking to Fill an Open Position?

Post on the Job and Fellowship Board.

jobboard.aapmr.org



Orthopedic Associates of Hartford (OAH) is seeking a fellowship-trained Interventional Physiatrist who is Board-Certified/Eligible in Pain Management. OAH consists of 32 fellowship-trained physicians encompassing all of the major sub-specialties of Orthopedics to include Hand, Sports, Spine, Joint Replacement Surgery as well as Interventional Pain. OAH has 9 offices throughout the greater Hartford area, and service-line agreements with the Bone and Joint Institute at Hartford Hospital as well as the Connecticut Joint Replacement Institute at Saint Francis Hospital. It has ownership in four

Ambulatory Surgical Centers, to include one that is 100% physician-owned, as well as ancillary services such as MRI and Physical Therapy. See our website at www.oahct.com to learn more about our highly respected Practice.

The candidate would be joining two other Interventional Physiatrists in a fast-paced, high-volume practice focused primarily on non-operative management of acute spine pain, with an opportunity for sports medicine and team coverage. This is a 100% outpatient-only position, with no call responsibilities and no chronic pain management. The candidate would be performing image-guided spinal injections in one of the surgical centers, in-office injections, and EMGs. There is a three-year path to full, equal partnership. Opportunities for research are available. Please send CV and cover letter to: Richard Collins, Human Resources manager: rcollins@oahctmd.com.



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.

Requirements: Must handle pain management patients, EMG, Cervical/Lumbar injections, Discograms, must work closely with Spine Surgeons.

To apply, please send CV to:
Connie Dixon at
dixonc@centerforspineandortho.com

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Are you preparing for the **American Board of Physical Medicine and Rehabilitation (ABPMR) Part I exam** on August 3, 2020? AAPM&R's Certification Qbank* is here to help!

- ✓ Available as a complete set or 12 individual themed modules
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*The Certification Qbank is not endorsed by ABPMR nor was ABPMR involved in the creation of this study tool.



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Join These Organizations That Support AAPM&R and the Specialty Through Participation in the Institution Partners Council

IPC members receive maximum, year-round exposure among their peers and other institutions. Participants also receive significant exposure at AAPM&R's Annual Assembly. Join now, and increase awareness of your program by reaching both Academy members and non-members.

TIER 1



TIER 2



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