

Curricula for training advanced practice providers as part of the physiatrist-led team

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INTRODUCTION

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) believes that all patients should have access to quality, timely care that results in optimal function and quality of life. Across settings, team-based care is at the core of physiatric practice. Physiatrists are leaders of multidisciplinary teams that increasingly include advanced practice providers (APPs) who are non-physicians, including nurse practitioners (NPs) and physician assistants (PAs). According to a 2017 PM&R Compensation Survey, 70% of AAPM&R members at that time worked with APPs in practice. In an AAPM&R member needs assessment survey conducted in 2023, 76% of respondents indicated that they work with APPs.

AAPM&R has heard clearly from members that they could use support in onboarding and training their APPs in basic rehabilitation principles so that they can more effectively support physiatrists and their team, thereby allowing physiatrists to practice at the top of their training and reducing burnout. Currently there is no standardized approach to education and training for APPs or resources that a physiatrist can reference that outline the knowledge and skills needed to be the leader of a physiatry-led team. Because of this, the Academy convened a workgroup to develop

curricula to support the training and onboarding of APPs. This resulted in the development of two curricula, *Curriculum for Training Advanced Practice Providers as Part of the Physiatrist-led Team* and *Curriculum for Physiatrists Leading Teams that Include Advanced Practice Providers*. Each curriculum serves a specific role for training and onboarding APPs, and although they are two different documents, they were developed to complement each other and are available online (curricula.aapmr.org).

SCOPE

The intended audience of the *Curriculum for Training Advanced Practice Providers as Part of the Physiatrist-led Team* is physiatrists who lead APPs and are interested in their training needs. It is not intended to expand the role of APPs or to replace the role of physiatrists. It is intended to help physiatrists train their APPs and define the boundaries of what APPs should *not* be doing as a member of the team. In 2019, AAPM&R released the *Optimizing the Role of the Advanced Practice Provider in Physiatry-led, Patient-Centered, Team-Based Care* position statement, which strongly states the Academy's ongoing position that APPs should *not* practice independently, but instead

work under the supervision of a PM&R physician within a rehabilitation team.

In line with this position, the curriculum is designed to help foster relationships between the physiatrist and APP. It outlines the current competencies that are essential to ensure that APPs have the foundation required to be successful in optimizing patient care under the guidance of a physiatrist. The document is aspirational, and the authors recognize that APPs are not likely to be utilized across all included content domains. In addition, this curriculum does not recommend any specific model for collaboration and teamwork. How physiatrists use this document will depend on their individual setting and assessment of their APPs' knowledge, skills, and attitudes. It is intended to focus on the core competencies across settings and functions, and is, therefore, based very broadly on the outline of PM&R Knowledge NOW, AAPM&R's comprehensive resource across the specialty of PM&R. This document intentionally does not include competencies related to procedures, independent interpretation of test results, and other functions thought to be the sole purview of physiatrists, which includes, but is not limited to, radiologic, laboratory, and electromyographic studies.

The *Curriculum for Physiatrists Leading Teams that Include Advanced Practice Providers* was developed as a companion document intended for physiatrists who lead APPs and who need resources for how to recruit, integrate, and support physiatrists as part of their team. This curriculum focuses on competencies for physiatrists who lead multi-disciplinary teams with APPs and was developed in conjunction with the *Curriculum for Training Advanced Practice Providers as Part of the Physiatrist-led Team*.

METHODS

Both curricula were written by AAPM&R's APP Curriculum Workgroup, overseen by AAPM&R's Medical Education Committee (MEC). The workgroup consisted of eight physiatrist members who work with APPs in diverse settings and clinical areas. Both curricula were developed in accordance with AAPM&R's approach and process for curricula in specialized topics, but with modifications. Although other curriculum documents typically have both "Core" and "Specialized" competencies, only Core competencies were included in these documents as is appropriate for APP scope of practice on a physiatrist-led team. In addition, the process for development of these documents includes a Call for Comment from members to ensure transparency and invite feedback.

For each curriculum, the Workgroup followed an established peer-review process including virtual and in-person meetings over 6 months to accomplish the following:

- Review the process that the Academy uses for developing curricula, including the structure, terms, and template;
- Define the parameters and assumptions for the curricula including the target audience, scope of content, and the organization of the documents;
- Develop the knowledge, skills, and attitudes (KSAs) that define the competencies;
- Discuss and vet the competencies and their level of difficulty through an in-person peer-review process;
- Collect input from AAPM&R Members to ensure the information within the curricula is representative of physiatrists across the specialty; and
- Finalize the content and submit for review by AAPM&R's Medical Education Committee, with final approval by AAPM&R's Board of Governors.

STRUCTURE

The *Curriculum for Training Advanced Practice Providers as Part of the Physiatrist-led Team* is broken down into eight content areas as outlined below, with competencies in each section defined by specific KSAs.

- Fundamentals of Physiatric Principles
- Medical Rehabilitation
- Musculoskeletal
- Neurorehabilitation
- Spine
- Pediatrics
- Practice Management
- Physician Curriculum

The *Curriculum for Physiatrists Leading Teams that Include Advanced Practice Providers* is broken down into six content areas as outlined below, with competencies in each section defined by specific KSAs.

- Recruitment
- Onboarding and Training
- Supervision
- Billing and Reimbursement
- Periodic Performance Review and Compensation
- Planning/Credentialing

As the field of PM&R continues to grow, and as more APPs join physiatry-led teams, it is important to ensure that PM&R physicians are provided with the tools needed to train APPs and incorporate them into their practice. Both curricula are expected to be living documents and will be updated accordingly.

ADVANCED PRACTICE PROVIDERS WORKGROUP

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DISCLOSURES

Dr Smith is Sr VP, Clinical Care for Medrina (paid) and VP, Clinical Care LightYear Health.

You can access this curriculum and the other curricula in this series at curricula.aapmr.org.

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Curriculum for Physiatrists Leading Teams that include Advanced Practice Providers

CURRICULUM FOR PHYSIATRISTS LEADING TEAMS THAT INCLUDE ADVANCED PRACTICE PROVIDERS				CORE		
				1	2	3
	Knowledge	Skill	Attitude	Basic	Intermediate	Advanced
RECRUITMENT						
Perform needs assessment and financial pro-forma for APP recruitment.	X			X		
Explain the difference in training background among APPs: nurse practitioner vs physician assistant.	X			X		
Review APP training programs and distinctions in prescriptive authority, supervisory requirements, and rules for written protocols, to determine competency as they pertain to your practice.	X			X		
Create relationships with APP training site.	X			X		
Identify the requirements for supervision between APPs and other training, including resident physicians.	X			X		
Summarize compensation and supervision models for team-based care.	X			X		
Recognize APP professional societies and social networks (American Association of Nurse Practitioners [AANP], American Academy of Physician Associates [AAPA], Facebook).	X			X		
Identify online job boards, recruiting fairs, and venues.	X			X		
Describe internal human resource (HR) processes for APP onboarding.	X			X		
Be aware of loan repayment options if available.	X			X		
Develop electronic health record (EHR)-based templates and service codes for APP workflows.		X		X		
Conduct background and reference checks.		X		X		
Procure National Provider Identifier (NPI), Drug Enforcement Administration (DEA), and state licenses.		X		X		
Contact medical liability carrier and determine medical malpractice requirements.		X		X		
Consider employment structure (contractor, 1099, at-will, direct).	X				X	
ONBOARDING AND TRAINING						
Introduce and educate staff and team members about APP scope, role, and function.		X		X		
Provide documentation and coding training to new providers.	X			X		
Communicate and provide clinical mentorship to develop the APP to become a strong provider.		X			X	
Develop standard orientation materials.		X		X		
Develop clear tools to assist with patient scheduling and billing.		X		X		
Announce and communicate arrival of APP.		X		X		
Introduce APP to patients and referral network.		X		X		
Educate staff about state laws regarding written protocols and filing requirements with regulatory boards.	X			X		
Draft and execute required collaborative agreements that govern the supervisory relationship.		X			X	
Review and execute payer specific credentialing requirements.		X			X	
Develop standard orientation materials.		X		X		
Consider AAPM&R membership.	X			X		

Curriculum for Physiatrists Leading Teams that include Advanced Practice Providers

CURRICULUM FOR PHYSIATRISTS LEADING TEAMS THAT INCLUDE ADVANCED PRACTICE PROVIDERS				CORE		
				1	2	3
	Knowledge	Skill	Attitude	Basic	Intermediate	Advanced
SUPERVISION						
Establish protocols for how physicians will render face-to-face care to the same patient on the same day.		X		X		
Define physician-supervision requirements, and evaluate how they will be met from an operational perspective.	X			X		
Facilitate shared decision-making and participation of the patient and family in health care decisions to provide patient-centered, comprehensive, quality care.	X			X		
Once the structure, policies, and procedures for the APP utilization design are established, develop appropriate controls and monitors, and educate the team to minimize issues.		X				
Implement EHR documentation templates and service codes.		X		X		
Establish policies and protocols for periodic review of APP charts and reporting to licensure board.		X		X		
BILLING AND REIMBURSEMENT						
Develop written protocols for "incident-to" billing.		X		X		
Create clinic scheduling templates so that service revenue is optimized for APP activity and supervising physician.		X		X		
Develop and optimize policies and procedures for shared visits in the inpatient setting that recognize combined service time for patient care.		X			X	
Conduct periodic documentation and claim audits to ensure APP services are documented and billed according to the appropriate guidelines.		X			X	
PERIODIC PERFORMANCE REVIEW AND COMPENSATION						
Establish policies and procedures for periodic performance reviews.		X			X	
Engage in professional goal setting and professional development planning.		X				X
Benchmark APP productivity and compensation with established regional and specialty-specific surveys.		X				X
Establish policy and procedures for incentivising productivity of work.		X			X	
PLANNING/CREDENTIALING						
Determine when and how physicians will render face-to-face care to the same patient on the same day.		X		X		
APPs may provide services within their scope of practice per a written protocol and under the supervision required by state law without regard to "incident to" service rules.		X			X	
Medicare services can be billed under the APP, and such independent services may include evaluation for new conditions and new patients. These services should be billed under the APP's Medicare billing number, and Medicare will pay 85% of the physician's fee schedule.		X				X
Critical care services may not be billed as shared visits. These services should be rendered, documented, and billed by one provider based on the documentation of the billing provider. When multiple physicians and APPs provide critical care services on the same date of service and are part of the same group practice, the physicians' service time should be aggregated, and the service billed under one physician's NPI.		X			X	
Understand physician-supervision requirements, and evaluate how they will be met from an operational perspective.		X				X
Facilitate shared decision-making and participation of the patient and family in healthcare decisions to provide patient-centered, comprehensive, quality care.		X				X