

What's Happening with the AAPM&R Registry? An Update on Our Neuro-Rehabilitation Data Capture



Chair, AAPM&R Registry Neuro-Rehabilitation Workgroup

As Chair of the Academy's Registry Neuro-Rehabilitation Workgroup, I wanted to give you an update on our work. A few months ago, Michael Hatzakis, MD, FAAPMR, Chair of the Registry Steering Committee, wrote an article on the vision of the Registry—to be the vehicle to measure individually, regionally, and nationally that what we, as physiatrists, do is making a difference in our patients' lives. Dr. Hatzakis discussed the current data in the Registry, specific to the spine population. He also stated the goal to expand the Registry's ability to quantify the value of physiatry beyond spine. The Registry's Neuro-Rehabilitation Workgroup has been diligently discussing this question since early this year. Our focus has been on identifying the data elements needed to analyze care pathways and patient outcomes in the neurorehabilitation area.

The members of our dedicated workgroup (see sidebar) met via webinar bi-weekly for 8 weeks. Our purpose was to define and develop the first set of data to be captured in the neuro-rehabilitation setting across a few pilot settings. This will provide a foundation for scaling meaningful data capture across many sites and institutions and using the Academy's Registry as the vehicle for data collection. The evidence-based clinical quality measures developed by the Academy (see sidebar) via a multi-specialty technical expert panel served the foundation for defining the elements. The first hurdle was narrowing down the scope recommend for the Registry's data capture.

The cohort for this pilot phase is patients with ischemic stroke and to follow their outcomes in the inpatient rehabilitation facility setting (IRF). This cohort was chosen for several reasons. First, treating ischemic stroke in the IRF setting is generally an area where physiatry plays a central role. Second, we limited the diagnosis and setting to minimize technological issues in transmitting data into the registry (i.e., capturing

ICD-10 codes); a learning from our spine data capture. The purpose of a pilot is to assess technical and process feasibility. Future iterations of data capture will expand beyond the IRF setting and ischemic stroke (i.e., Skilled Nursing Facilities and other diagnoses), but the workgroup deemed it necessary to stay focused at first.

The goals of this pilot phase of neurorehabilitation are to address the following questions:

- What does a physiatrist do (what interventions are recommended for which types of patients) when a patient presents with ischemic stroke?
- What are physiatrists doing to demonstrate their value in treating the ischemic stroke population?
- What are the trends in care for ischemic stroke diagnoses?
- What care paths are most commonly used for ischemic stroke?
- How do different patient cohorts respond to different care pathways?
- What functional assessments are used to determine the rehabilitation needs of ischemic stroke patients?

Academy-developed Quality Measures:

- Assessment & Management of Muscle Spasticity in Inpatient Settings
- Assessment & Management of Muscle Spasticity in Outpatient Settings
- Functional Assessment to Determine Rehabilitation Needs
- Family Training–Inpatient Rehabilitation/Skilled Nursing Facility – Discharged to Home
- Post-Acute Brain Injury: Depression Screening and Follow-Up Plan of Care

Once the data collection efforts above are defined, they then need to be incorporated into the Registry vendor's platform, identify IRF sites willing to participate in the pilot, capture the data, analyze it, and make necessary tweaks before scaling to other institutions. Details on the timeline of the pilot and on-boarding will depend on the build-out with our technology vendor. Details on rollout will be shared via Academy communications this fall.

We continue to actively seek local champions at individual institutions who will be key to the success of this project. Please reach out and let us know if you are interested. It will require the leadership of our members to make this initiative successful. While we know much is being asked of you in terms of documentation, our goals are to capitalize on what you are already doing and to capture it in the least burdensome way(s) as possible (i.e., direct feeds from your EHR). It will be through the capture of data at the specialty level to prove physiatry's value that will keep us at the forefront of providing quality care to the individuals that need us the most. **Email us at registry@aapmr.org to get involved!**

Learn more at www.aapmr.org/registry. ❖

Workgroup members:

- Alan Novick, MD, FAAPMR; Memorial Rehabilitation Institute (Chair, Neuro-Rehab Sub-Committee)
- Michael Hatzakis, MD, FAAPMR; Overlake Medical Center (Chair, Registry Steering Committee)
- Richard Zorowitz, MD, FAAPMR; MedStar National Rehabilitation Network
- David Chen, MD, FAAPMR; Shirley Ryan AbilityLab
- Michael Lupinacci, MD, FAAPMR; U.S. Physiatry
- Elissa Charbonneau, DO, MS, FAAPMR; Encompass Health
- Allen Heinemann, PhD; Shirley Ryan AbilityLab

The Registry's Neuro-Rehabilitation Workgroup plan was based on the process developed for the Low Back Pain Technical Requirements and will be used in future iterations of Registry Technical Requirements to improve the efficiency of the process. The process starts on the left side of the ruler and moves to the right. Both the Low Back Pain and Neuro-Rehabilitation Workgroups are on the "Identify" step.



SMEs

Identify group of SMEs



Define

Define the questions to ask of the data



Document

Document technical data requirements



Identify

Identify sites willing to participate



Data

Sites register in the AAPM&R Registry and gather data



Analyze

Analyze data (ongoing)



Scale

Scale after pilot (if appropriate)



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The Orthopedic Institute of Western Kentucky, located in beautiful western Kentucky has an immediate opening for a highly motivated Interventional Pain Management Physician, to join existing and highly successful partner. 2 year partnership track with ownership opportunity for the practice and the real estate. Income potential after partnership is at the upper end of MGMA percentiles. The group is currently renovating the Pain Center facility to better accommodate the rapidly growing patient volume supported by 2 fellowship trained spine surgeon partners as well as 8 other orthopaedic partners representing all other sub specialties within Orthopaedics.



Please contact **Greg Thompson, CEO**
gthompson@sioc.com | 618.694.3647