What

A registry is a collection of records or lists of information maintained in an ordered fashion to allow efficient access to that information – similar to a database. **AAPM&R’s Registry** is a physiatry-owned, single repository of data which will harness the combined power in numbers of the entire specialty. This mass of data can then aid the specialty by guiding efforts to reduce burnout and defend our scope of practice.

Not only does **AAPM&R’s Registry** provide the data to demonstrate your value, it provides data to improve your care by tracking your success on a national scale and studying the most effective treatments for your patients. As more data is collected, the specialty will become stronger, together.

How

AAPM&R has partnered with ArborMetrix, an organization that delivers analytics, technology, and services for data-driven improvement across the health care ecosystem. **AAPM&R’s Registry** is built on ArborMetrix Registry®, which leverages health care interoperability standards to intake data and transform that data into real-world evidence through smart analytics and intuitive and flexible reports.

Where

You can participate directly from your office! From the moment a patient calls to make an appointment to the time they transition from your care, there is a story being told about your clinical care. It starts with the patient’s information being documented, and grows over time with more details, new findings, and patient-reported outcomes. Each time a patient sees their provider, data is recorded in their electronic health record (EHR), which is then reported to **AAPM&R’s Registry**. Key information from the provider’s EHR is sent in a secure and encrypted fashion to **AAPM&R’s Registry** for analysis.

Who

**AAPM&R’s Registry** is currently recruiting highly motivated sites/institutions into the pilot.

The strategic planning and development of **AAPM&R’s Registry** is overseen by a physiatrist-led steering committee.

- Michael Hatzakis, Jr., MD (Chair)
- John Lesher, MD (Chair, Low-Back Pain Pilot)
- Alan Novick, MD (Chair, Ischemic Stroke Pilot)
- Joseph Hornyak, MD, PhD
- Amy Houtrow, MD, PhD, MPH, AAPM&R Board of Governors, Member-at-Large
- Mark Huang, MD
- James Sliwa, DO
**Why**

Decision-making is no longer fueled by anecdotes or the benefit of the doubt. Decision-making demands data – factual evidence that your skills and services are deserving of a patient's patronage, an institution's referral, or a payer's reimbursement.

You need quantifiable proof of your value.

You can’t gather that proof on your own and the data an institution collects will not sufficiently focus on, or benefit physiatry. The accurate documentation of PM&R through data is an effort that will involve all of physiatry, together, and it starts with **aatPM&R’s Registry**.

**aatPM&R’s Registry** is essential for the specialty and its future as it aligns with the shift to a value-based health care system. Participating in **aatPM&R’s Registry** allows you to:

- **Benchmark your practice** – Identify practice strengths and weaknesses using **aatPM&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 all **aatPM&R’s Registry** measures.

- **Enhance quality and practice efficiency** – Use **aatPM&R’s Registry** data to analyze practice processes and procedures, and as a source for fact-based decision-making. Because **aatPM&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.

**aatPM&R’s Registry** is initially launching 2 pilot programs centered on ischemic stroke and low-back pain conditions and will expand to other PM&R clinical areas.

**aatPM&R’s Registry** will provide the two pilot programs with the research and analytics platform to study the relationship between care pathways and patient outcomes for ischemic stroke and low-back pain. With this platform, physiatry as a specialty can begin answering questions such as:

- What does a physiatrist do when a patient presents with ischemic stroke/low-back pain? (i.e., what assessments are done? what treatments are prescribed? etc.)

- What physiatric treatments lead to better patient-reported outcomes?

- What are the trends in care for ischemic stroke/low-back pain diagnoses?

- What care paths are most commonly used for ischemic stroke/low-back pain?

- How do different patient cohorts respond to different care pathways?

- What functional assessments are used to determine the rehabilitation needs of ischemic stroke/low-back pain patients?
Pilot Programs, Data Elements and Timelines

**aaPM&R's Registry** will collect high-quality, clinician and patient data across independent physician practices and larger institutions for use in generating insights to inform best practices, guide pioneering research, and improve patient care.

To help achieve these goals, **aaPM&R's Registry** is launching with two pilot programs centered on **ischemic stroke** and **low-back pain**, two clinical areas that most physiatrists treat. The Registry will expand data collection efforts to other clinical areas in the future.

**Data Elements**

**aaPM&R's Registry** is structured to capture all patients seen by a participating clinician. Follow-up data will only be captured from those that meet specific inclusion and exclusion criteria. By collecting cross-cutting data, our participants will be able to tell the full story of their patients’ care.

**Vision**

From policy makers to payers to hospital administrators, all stakeholders within health care are utilizing data to understand the outcomes of medical providers in the system. AAPM&R is focused on gathering data for the specialty, so that, in turn, we can use the data to conduct research and emphasize the value of PM&R.

In 2019, the infrastructure and technical enhancements were the priorities for **aaPM&R's Registry**. The Registry Steering Committee is prioritizing good data in, good data out with an initial focus on tracking function, complications and outcomes in patients treated with low-back pain and ischemic stroke. We are identifying pilot sites to help us test the infrastructure. Data collected from the initial pilots will then be used to conduct analysis to shape and define the work of physiatry.

In the long-term, **aaPM&R's Registry** will have a wealth of data to study the comparative effectiveness of various interventions within the purview of rehabilitation. By tracking large populations, further insights will be obtained to help physicians guide the treatment for an individual patient. In using a physiatry-owned registry, physiatrists will learn from each other what treatments are ideal and result in the best outcomes and provide a foundation to inform best practices for the specialty. It is also possible that **aaPM&R's Registry** will provide opportunities for new and more innovative methodologies for research never before possible.

**Pilot Program Benefits**

As an elite member of **aaPM&R's Registry** pilot program, your organization will test and improve the data infrastructure of the Registry to ensure it is ready for all physiatrists to use. During the pilot phase, the data your organization supplies will be aggregated with other pilot site data to test hypotheses, understand trends, and identify improvements for data capture and reporting. Your organization will help frame the value of physiatry through data. It’s a powerful opportunity with long-term impact!

Throughout the pilot program period, AAPM&R will highlight our participating sites via AAPM&R communication channels, including the monthly print issue of *The Physiatrist*, which is distributed to more than 10,000 members across the country. If you are looking for ways to distinguish your organization, its best practices, and the work of your physiatrists, **aaPM&R's Registry** pilot program is a fantastic opportunity!
Pilot 1: Ischemic Stroke

Below are the inclusion/exclusion criteria, follow-up protocols and data elements for the Ischemic Stroke pilot.

Baseline Data

Demographics
- Unique Patient ID
- First Name
- Middle Initial
- Last Name
- Date of Birth
- Gender
- Height
- Weight
- Ethnicity
- Race
- Referral Source

Characteristics
- Survey Responder (patient, guardian, caregiver, other)
- Medical Record Number
- Name of Physician
- Name of Institution/Practice
- ICD-10 Diagnosis (primary and secondary)
- Comorbidities
- Smoking Status
- Opioid Use
- Blood Thinner Medication Status
- Duration of Symptoms
- Level of Education
- Employment Status
- Unemployment Details (retired, homemaker, disability)
- Insurance/Payer Information
- Alcohol Use
- Marital Status
- Caregiver Status
- Recurrent Stroke

Patient-Reported Surveys
- PROMIS-29
- Numerical Rating Scale

Inclusion:
- New patients in IRF setting (place of service code 61 or 21 only)
- Age 18 and over
- Diagnosis of Ischemic Stroke

Exclusion:
- Length of stay < 4 calendar days
- Patient discharged to a place of service not an IRF

Ischemic Stroke Follow-Up Protocol

IRF-PAI standards for measuring functional progress (filled out by Provider)
- Within first 3 days of patient stay
- Within last 3 days of patient stay

In addition to PROMIS-29 and NRS, follow-up surveys will include:
- 30 days post discharge
- Complications
- Readmissions
- Place of Discharge
- Patient Satisfaction
- Medication Adherence

Registry Insights
- Personalized Dashboards
- Personalized Reports
- Aggregate Registry Data
- PRO Trends
- Research Opportunities
Pilot 2: Low-Back Pain

Below are the inclusion/exclusion criteria, follow-up protocols and domains for the Low-Back Pain pilot.

**Inclusion:**
- Complaint of low-back pain and/or leg pain
- Age 18 or older
- Back pain has existed for less than 6 months

**Exclusion:**
- Lumbar prior surgeries
- Actively being treated for cancer diagnosis
- Actively being treated for infection
- Active Worker’s Compensation case, including motor vehicle accident

**Baseline Data**

**Demographics**
- Unique Patient ID
- First Name
- Middle Initial
- Last Name
- Date of Birth
- Gender
- Height
- Weight
- BMI
- Ethnicity
- Race
- Referral Source

**Patient-Reported Surveys**
- PROMIS-29
- Numerical Rating Scale (NRS)

**Characteristics**
- Survey Responder (patient, guardian, caregiver, other)
- Medical Record Number
- Name of Physician/Physiatrist
- Name of Institution/Practice
- ICD-10 Diagnosis
- Comorbidities
- Smoking Status
- Opioid Use
- Blood Thinner Medication Status
- Duration of Symptoms
- History of Lumbar Surgery
- Level of Education
- Employment Status
- Unemployment Details (retired, homemaker, disability)
- Insurance/Payor Information

**Data Analysis**

**Follow-up Surveys**
- Will be automatically sent out to patients at:
  - 6 weeks, 3 months, 6 months, 12 months

In addition to PROMIS-29 and NRS, follow-up surveys will include:
- Patient Satisfaction
- Return-to-Work
- Complications
- Readmissions
- Patient Feels Treatment is Complete

**Registry Insights**
- Personalized Dashboards
- Personalized Reports
- Aggregate Registry Data
- PRO Trends
- Research Opportunities
Timeline and Expectations of Pilot Sites

**aaPM&R’s Registry** is currently recruiting institutions and practices who are committed to quality improvement to serve as pilot sites. We are looking for sites that are:

- Highly-motivated, QI-centric centers
- Are currently collecting and/or ready to begin collecting Patient-Reported Outcomes (PROs)
- Can participate in **aaPM&R’s Registry** committees to continuously evaluate and evolve the Registry.

Expectations of pilot sites include the ability to:

- Identify one executive champion
- Identify one technical lead for on-boarding (IT/EHR expert for data mapping/trouble-shooting)
- Participate in quarterly All-Pilot sites conference calls/webinars.

Below is a sample timeline for **aaPM&R’s Registry** data mapping and integration process. This is only an example; timelines are dependent on the site’s responsiveness throughout the entirety of the project.