

aapm&r is **DEFINING, DEFENDING** and **PROMOTING** the PM&R Specialty

AAPM&R is leading the advancement of physiatry's impact throughout healthcare as aligned with YOUR vision for the specialty. We are focused on **BOLDLY** advancing the future of PM&R by positioning the specialty, and individual PM&R physicians, to thrive in the evolving healthcare environment. With the help of our dedicated volunteers, we have been hard at work defining, defending and promoting the specialty through various initiatives.

Physiatrists are the **essential** medical experts in value-based evaluation, diagnosis and management of neuromusculoskeletal and disabling conditions.

Physiatrists are **indispensable** leaders in directing rehabilitation and recovery, and in preventing injury and disease.

Physiatrists are **vital** in optimizing outcomes and function early and throughout the continuum of patient care.

"Physiatrists are essential, vital and indispensable in healthcare. PM&R BOLD is our Academy's vision to ensure physiatry thrives going forward. PM&R isn't a luxury, it's a necessity if the Triple Aim of Medicine is to be fully achieved. While my commitment to you, our members, is to advance the BOLD initiative over my term as President and well into the future, the Academy needs your voice and advocacy as well. Your efforts in championing the undeniable value physiatrists contribute to healthcare is essential to the success of BOLD, PM&R and medicine in general."

— Steven Flanagan, MD, FAAPMR
AAPM&R President



22 TAKEAWAYS FROM 2022

DEFINING THE SPECIALTY

- Created the **cancer rehabilitation medicine core services** to promote the value of PM&R-led oncological rehabilitation.
- Developed and published the comprehensive **Musculoskeletal Care and Cancer Rehabilitation Medicine Curricula** to augment the role program/fellowship directors and faculty play in the training of physiatrists. In 2023, we will focus on developing a biologics curriculum.
- Provided data to demonstrate your value and improve patient care through the **AAPM&R Registry**, which is a single repository of data that will track "real-world" care nationally to define rehabilitation practice, move rehabilitation forward and improve patient outcomes. Our participation continues to grow with more institutions joining us!
- Developed a **position statement and job description** that outlines PM&R's role and impact in skilled nursing facilities (SNFs).
- In 2022, our Evidence, Quality and Performance Committee and technical expert panel began development of a **spasticity guidance statement** to support PM&R's value and expertise. In 2023, we will begin developing a new guidance statement on biologics/osteoarthritis of the knee.
- Published the **PM&R BOLD rehabilitation care continuum** paper in the *PM&R Journal* to explain how physiatrists are practicing in ways that are exciting and align with the evolving healthcare environment and how AAPM&R is supporting physiatrists.
- Our paper on musculoskeletal care was published in 2021 and we will be releasing a paper on pain management and spine rehabilitation toward the end of 2023.
- Our Inclusion and Engagement Committee worked to create a **strategic plan for 2023** that focuses on ensuring a welcoming, inclusive and engaging environment for all Academy members.
- Explored innovative ways of using telehealth to support our workforce.

Learn more about each of these on pages 4-5.

DEFENDING THE SPECIALTY

- Leading PM&R Reimbursement Advocacy Efforts**
 - Urged Congress to **mitigate the conversion factor payment cuts** scheduled to take effect January 1, 2023. Comprehensive Medicare physician payment reform remains a key area of advocacy for AAPM&R in 2023.
 - Published **AAPM&R's Principles for Alternative Payment Models**, which will be used to help guide essential advocacy and knowledge building for members and as a tool when demonstrating how PM&R can successfully contribute to value-based care initiatives.
- Alleviating Administrative Burden**
 - Advocated for the *Improving Seniors' Timely Access to Care Act (S. 3018/H.R. 3173)*, which would **help protect patients from unnecessary delays in care** by streamlining and standardizing prior authorization under the Medicare Advantage program, providing much-needed oversight and transparency of health insurance for America's seniors.
 - Joined the Regulatory Relief Coalition (RRC)** in 2022 and made great strides to advance the Prior Authorization legislation throughout the year. We will work with the RRC to reintroduce this legislation in 2023.
 - Advocated for the *Access to Inpatient Rehabilitation Therapy Act of 2022*, which would **restore physician judgment in inpatient rehabilitation facility care** and preserve expanded access to skilled rehabilitation therapies for Medicare patients.
 - We are currently participating in a tri-organizational workgroup to help identify and inform the development of interventions to **reduce burnout and improve professional fulfillment among Academy members**.

Fighting Scope of Practice Concerns

- Published a **position statement opposing direct access to physical therapy**. For patients to receive the most thorough and appropriately designed treatment plan, a physician's diagnosis should be required before patients receive physical therapy.
- Developing consensus standards** for the qualifications of rehabilitation physicians and medical directors in IRFs.
- Released call to action campaigns for members** to oppose state legislation seeking to inappropriately expand the scope of practice for nurse practitioners and physician assistants.

Learn more about each of these on pages 6-9.



PROMOTING THE SPECIALTY

- Secured media coverage for our PM&R physician members to **build awareness and demonstrate the value of PM&R physicians** – the Academy and our members have been highlighted in 90+ major national and healthcare media outlets!
- These news outlets include *ABC News, WebMD, Politico, Axios, Consumer Reports, MedPage Today, Wall Street Journal, Medscape* and much more.
- To help members explain their value, we are creating a **grassroots communications toolkit** (coming soon!) as well as providing **media training opportunities** to members on key messages they can deliver when speaking with health system CEOs and primary care physicians.
- Advanced Long COVID efforts** including publishing six guidance statements (three in 2022), organizing our multidisciplinary PASC Collaborative, promoting a nationally-cited Long COVID Dashboard and leading several related legislative efforts.

Learn more about each of these on pages 10-11.



DEFINING the Specialty

AAPM&R is THE organization working to define the PM&R specialty. As healthcare is changing, it is vital that we show our value through evidence—evidence that is real, collected across the country and encompasses a host of conditions.

AAPM&R's Registry is a single repository of data that will track "real-world" care nationally to:

- ✓ Define rehabilitation practice
- ✓ Manage patient populations
- ✓ Benchmark your practice
- ✓ Improve patient outcomes

Through our Registry we are currently capturing clinical and patient-reported outcomes data for low back pain and ischemic stroke. Our Registry is the first for PM&R.

Why is the Registry Essential?

- ✓ *For patients:* They can begin to better understand how their treatment plan translates to their everyday life.
- ✓ *For members:* They can explore their patient populations and start benchmarking themselves with their peers and the Registry's aggregate data to improve patient care.
- ✓ *For the specialty:* PM&R can document its impact on outcomes and commit to quality improvement.

"All of our institutions want to be the best, and we believe measuring data and subsequent benchmarking in a registry is essential to achieving that goal. Creating a registry is certainly an ambitious effort that I am thrilled AAPM&R is investing in. It is imperative that we get started and continue to build on our efforts with the understanding we will continually learn and improve. As Winston Churchill said, 'perfection is the enemy of progress.' So given that, let's make this happen for the benefit of all."



— D.J. Kennedy, MD, FAAPMR,
AAPM&R President-Elect and Registry Participant

Thank you to these organizations who are participating in our Registry:



Your institution can get involved with us. Contact registry@aapmr.org or learn more at aapmr.org/registry.



DEFINING BOLD PRACTICE AREAS

Cancer Rehabilitation Medicine Core Services

Cancer Rehabilitation Medicine (CRM) is a unique and rapidly-growing field. PM&R physicians offer so much to the world of oncological care and the ability to greatly improve the quality-of-life for patients before, during and after cancer treatments. Outlining the CRM core services is a way to define this growing subspecialty and can be used as a basis to promote the value of PM&R-led oncological rehabilitation.

Musculoskeletal Care and Cancer Rehabilitation Medicine Curricula

Similarly, we led the creation of curricula in musculoskeletal care and cancer rehabilitation medicine. The curricula were developed as an overview of competencies currently favored for the performance and training of PM&R and to serve as a guide to published references and educational resources available to physiatrists. By providing information about training benchmarks, we hope to improve the teaching and performance of physiatrists and address any new educational needs identified for future models of care. Learn more at curricula.aapmr.org.

Opportunities for Physiatrists in the Rehabilitation Care Continuum, Pain Management and Spine Rehabilitation and Pediatric Rehabilitation Medicine

In fall 2022, we published our paper on the PM&R BOLD rehabilitation care continuum in the *PM&R Journal* to explain how physiatrists are practicing in ways that are exciting and align with the evolving healthcare environment and how AAPM&R is supporting physiatrists. This is our second paper in this series, with our paper on musculoskeletal care published in 2021. Toward the end of 2023, we plan to release another paper on pain management and spine rehabilitation. Visit pmrjournal.org to learn more. Additionally, we are exploring opportunities to expand the pediatric rehabilitation medicine physician workforce.

PM&R'S VALUE

Defining PM&R's Value in SNFs

To better outline PM&R's role and impact in skilled nursing facilities (SNFs), the Academy assembled a workgroup to develop an official position statement and job description. We also submitted a letter to the Medicare Payment Advisory Commission explaining the important role that PM&R physicians play in serving the needs of patients in SNF settings. Visit aapmr.org/positionstatements to learn more.

Clinical Guidance Statements

In 2022, our Evidence, Quality and Performance Committee and technical expert panel began developing a spasticity guidance statement to support PM&R's value and expertise. Look for its publication in early 2023. After the spasticity guidance is published, the Committee will begin developing a new guidance statement for biologics/osteoarthritis of the knee.

Telehealth Innovations to Advance PM&R

We have been exploring innovative ways of using telehealth to support our workforce. In 2023, our Telehealth Innovation Workgroup will be hosting a technology summit to identify opportunities where technology can address current gaps in PM&R care for patients transitioning to home or community care settings.

INCLUSION AND ENGAGEMENT

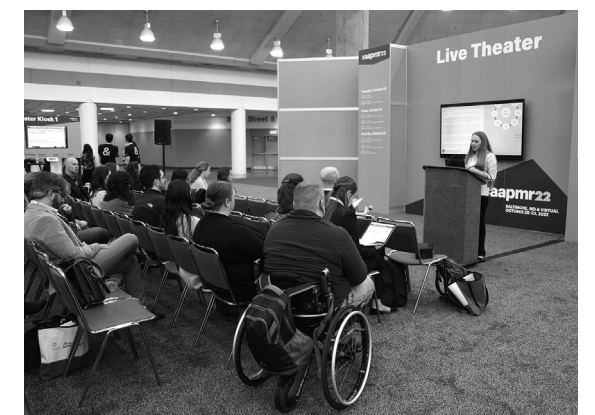
Throughout 2022, our Inclusion and Engagement Committee has diligently worked to create a strategic plan for 2023 that focuses on ensuring a welcoming, inclusive and engaging environment for all Academy members. We will focus on:

- ✓ Engaging members and fostering an increasingly inclusive environment
- ✓ Supporting our members in their practice environments
- ✓ Supporting the Academy's diversity and inclusion strategic plan as developed by the Board of Governors
- ✓ Continuing to implement our Principles of Inclusion and Engagement
- ✓ And more

We continue to work collaboratively through our participation with *Equity Matters™*, on a joint initiative of the Accreditation Council for Graduate Medical Education and the Council of Medical Specialty Societies. We are working to drive measurable improvements in equity by increasing physician workforce diversity and creating clinical and learning environments that are safe, inclusive and equitable.

Thank you to the volunteers involved in creating these resources, including the PM&R BOLD Steering Committee, Cancer Rehabilitation Medicine workgroup, Musculoskeletal Care workgroup, Graduate Medical Education Committee and the Medical Education Committee!

In 2023, we will be developing a biologics curriculum.



DEFENDING the Specialty

AAPM&R is THE organization working to defend the PM&R specialty. In 2022, the Academy has been diligently working to advocate on behalf of PM&R physicians and their patients. It's been a non-stop year of advocacy efforts to continue positioning PM&R physicians as essential leaders across the healthcare continuum and defending against threats to psychiatry practices. Thank you to all of our volunteers who contribute to these initiatives – we can't do this without you!

LEADING PM&R REIMBURSEMENT ADVOCACY EFFORTS

In 2022, the Academy has remained committed to pursuing fair reimbursement for physician-led care in the ever-changing healthcare environment. We recognize psychiatrists have gone too long without positive payment updates or adjustments for inflation and rising practice costs. Medicare physician payment reform is a top priority for the Academy as we continue to advocate for high-quality, high-value care and sustainable updates to the Medicare Physician Fee Schedule.

Taking Action on Payment Reform

- ✓ In 2022, we worked with national medical societies to urge Congress to mitigate the conversion factor payment cuts scheduled to take effect January 1, 2023. We continue to express concerns to Congress and CMS about the annual threat of cuts to physician payment and the lack of increases to payment commensurate with inflation and increased costs of running a medical practice. This issue was also highly emphasized during our April and September Hill Days. *Comprehensive Medicare physician payment reform remains a key area of advocacy for AAPM&R in 2023.*
- ✓ In the proposed 2022 Medicare Physician Fee Schedule, CMS announced that it would change its split or shared services policy effective 2023 to define the substantive portion of the visit as relating to the provider who spends the most time with the patient. This policy disregards the critical nature of physician medical decision making, negatively impacting physicians who may spend less time with the patient but shoulder more of the cognitive workload. AAPM&R successfully advocated to delay this policy for one year. Our advocacy in 2023 will focus on engaging with CMS to develop a permanent split or shared services policy that recognizes medical decision making.

Value-Based Payment

- ✓ While the traditional fee-for-service structure remains the leading model for healthcare payment, and the primary model our members are currently operating under, there is a drive to progress toward an extensive deployment of value-based care delivery models that seek to support outcomes of highest priority to patients, families and caregivers.
- ✓ In response to the shift toward a value-based payment system, we published AAPM&R's Principles for Alternative Payment Models (APMs). The principles will be used to help guide essential advocacy and knowledge building for our members and as a tool when demonstrating to stakeholders including payers, hospital administrators and lawmakers how PM&R can successfully contribute to value-based care initiatives.



Advocating for Expanded Telehealth Access

- ✓ During the COVID-19 Public Health Emergency (PHE), psychiatrists have relied on several key flexibilities such as the elimination of geographic restrictions based on patient location, payment parity for telehealth services and coverage of audio-only services when providing necessary telehealth services to patients. Employers and health plans have also been able to provide pre-deductible coverage of telehealth services for individuals with High-Deductible Health Plans with Health Savings Accounts (HDHP-HSA).
- ✓ Throughout the year, we joined several organizations in advocating for Congress to keep these widely supported telehealth waivers in place through the end of 2024. We are thrilled to share this two-year extension was packaged in the \$1.7 trillion omnibus spending bill recently signed into law.
- ✓ We continue to advocate for permanent telehealth reform and comprehensive coverage. We recognize the two-year extension as being a positive first step in this direction.

ALLEVIATING ADMINISTRATIVE BURDEN

Physician burnout is a major challenge for PM&R physicians across all practice areas and settings. For years AAPM&R has worked to reduce psychiatrist burden by advocating for reforms to prior authorization hassles and onerous insurance coverage criteria and excessive paperwork, as well as partnering with organizations to make our impact stronger. Major successes in the past include removal of the Post-Admission Physician Evaluation (PAPE) documentation requirement for IRF patients, and we have multiple initiatives underway to further alleviate administrative burden.

Prior Authorization Efforts

AAPM&R has been working to reform prior authorization for several years due to the burden it puts on PM&R physicians and the barriers to rehabilitation care it creates.

What does AAPM&R prioritize in prior authorization reform?

- ✓ The lack of transparency with plans using proprietary guidelines
- ✓ The flaws of the "peer-to-peer" system
- ✓ Decreasing lengthy response times from plans conducting authorizations

What is AAPM&R doing to advocate for prior authorization reform?

- ✓ We have advocated for the *Improving Seniors' Timely Access to Care Act (S. 3018/H.R. 3173)*, since before its original introduction in 2019. This legislation would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage (MA) program, providing much-needed oversight and transparency of health insurance for America's seniors. AAPM&R joined the Regulatory Relief Coalition (RRC) in 2022 and made great strides in advancing this legislation throughout the year. We will work with the RRC to reintroduce this legislation in 2023 and we are optimistic that the strong momentum gained in 2022 will lead to broad support in Congress.
- ✓ In December, we were thrilled to share that CMS released a proposed rule in response to our input that outlines significant improvements to prior authorization processes for MA plans. If this rule is adopted, it will require MA plans to adopt electronic prior authorization, improve response times and simplify their processes. We were also happy to announce that the proposed rule was consistent with the *Improving Seniors' Timely Access to Care Act* legislation.

Restoring Physician Judgment in Inpatient Rehabilitation Facility Care

- ✓ As the author and long-time advocate for this bill, we were thrilled to share that the *Access to Inpatient Rehabilitation Therapy Act of 2022*, which would restore physician judgment in inpatient rehabilitation facility (IRF) care and preserve expanded access to skilled rehabilitation therapies for Medicare patients after the expiration of the public health emergency, was introduced in August.

- ✓ CMS requires that Medicare beneficiaries need a "relatively intense" course of rehabilitation treatment to qualify for an IRF stay. CMS defines "relatively intense" as three hours of skilled therapy per day, five days per week, the so-called, "three-hour rule."
- ✓ Many years ago, CMS revised the IRF regulations and narrowed the three-hour rule so that only physical therapy, occupational therapy, speech therapy, and/or orthotics and prosthetics count toward the three-hour rule requirement. Other skilled therapies are no longer counted, limiting their availability in many rehabilitation hospitals.

- ✓ In 2023, we are working to re-introduce the legislation and expand the flexibility of the IRF three-hour rule to allow physician discretion to individualize inpatient rehabilitative and medical care.

Reducing Burnout

- ✓ We are currently participating in a tri-organizational workgroup with the American Board of Physical Medicine and Rehabilitation and the Association of Academic Psychiatrists. Our goal is to help identify and inform the development of interventions to reduce burnout and improve professional fulfillment among Academy members.
- ✓ Following the Office of the Inspector General's (OIG's) 2018 IRF audit report, AAPM&R has engaged with the American Medical Rehabilitation Providers Association and the Federation of American Hospitals to dispute the OIG's findings and recommendations. As a direct result of this communication with the OIG, our three organizations will engage with the OIG during their next IRF audit, which began in late 2022. While OIG is bound to remain independent in conducting this audit, it will accept data and substantive input from our three organizations throughout the course of the audit. The goal of this project is to help identify any specific areas that might require clarification in the regulations and make meaningful recommendations to decrease the IRF error rate and have a positive impact on the Medicare IRF benefit. This will remain a priority for AAPM&R in 2023.

"AAPM&R Hill Day was an amazing experience! It was enlightening to learn about the Academy's historical and current efforts in advocating for our diverse specialty as well as for the patients we serve. I now have a much better understanding of what advocacy entails and all of the effort that the Academy puts forth on an ongoing basis to help change and improve the system we work in. This experience has definitely energized me to be a part of the solution to help advocate for policy changes that will result in improved patient access and care."

— Amit Sinha, MD, FAAPMR,
2019-2022 AAPM&R Future Leaders Class Participant



DEFENDING the Specialty

FIGHTING SCOPE OF PRACTICE CONCERNS

As the specialty society for PM&R, we believe that PM&R physicians are the most qualified to lead the team of medical specialists, therapists and practitioners involved in a patient's rehabilitative care. Patient-centered, team-based care is the best approach to providing optimized rehabilitation care for patients. This approach ensures the health and safety of patients and maintains the high quality of care standard set by PM&R physicians. For years, AAPM&R has been fighting national and local scope of practice expansion battles to protect and preserve the role of physiatrists on the healthcare team.

National Issues

- ✓ In early 2022, we **published a position statement opposing direct access to physical therapy**. Direct access to physical therapy allows for an individual with a health issue to self-refer or directly access a licensed physical therapist for treatment. As mandated by individual state laws, direct access removes the requirement that a physician first evaluate, diagnose and refer a patient to physical therapy service for treatment. AAPM&R believes that physical therapy, like other medically-prescribed treatments, is usually one component of a comprehensive treatment plan. When prescribed by a physician, physical therapy can be a vital aspect of a patient's care. However, for patients to receive the most thorough and appropriately designed treatment plan, a physician's diagnosis should be required before patients receive physical therapy.
- ✓ PM&R's leadership within rehabilitation hospitals isn't only about scope of practice. It's about patient care and ensuring quality, comprehensive care that leads to high patient satisfaction and low readmission rates. Backed by the expertise of volunteer committee members, AAPM&R is focused on systematic issues that are leading to non-PM&R physicians (and even non-physicians) taking leadership positions within rehabilitation hospitals. In 2022, we convened a workgroup of external IRF stakeholders including PM&R physicians, neurologists, patients/caregivers and rehabilitation hospitals to **develop consensus standards for the qualifications of rehabilitation physicians and medical directors in IRFs**. Among our next steps will be publishing and disseminating the consensus standards.
- ✓ During the 2022 AAPM&R Annual Assembly, the Academy learned that the National Basketball Association (NBA) made updates to their Team Health and Performance Personnel policy. This new policy placed unique and unwarranted restrictions on physiatrists' capacities to serve as sports medicine team physicians in the NBA. We contacted the NBA quickly after learning about this policy change and hosted a town hall for members at the end of November. In 2023, we will continue **working to protect and preserve the opportunity and ability for sports medicine-trained physiatrists to practice at the highest-level settings**.

"I applaud AAPM&R for their advocacy that has helped keep current telehealth waivers in place and pass permanent telehealth legislation for reimbursement parity with in-person healthcare, so that PM&R physicians like me can provide continued and timely healthcare for our most vulnerable patients - persons with chronic disabilities.



AAPM&R's advocacy has been instrumental in getting CMS to delay its split/shared visits policy for one year. This has allowed us to deliver effective and efficient team-based care in our inpatient rehab facilities with the help of our valued APP partners.

Other AAPM&R efforts such as expanding the flexibility of the IRF three-hour rule to allow physician discretion, improvements to prior authorization processes for Medicare Advantage plans and working to preserve the ability for our sports medicine-trained PM&R colleagues to practice at the highest-level settings are all critical for PM&R physicians like me to continue to provide valuable and effective care to the patients we serve."

— Thiru Annaswamy, MD, MA, FAAPMR, AAPM&R's Quality, Practice, Policy and Research Committee Chair



Local Issues

- ✓ In the spring, a Louisiana House Bill was introduced that proposed to only allow physicians who have completed a residency in orthopedic surgery or neurosurgery to perform certain procedures of the spine. We quickly advocated to the Louisiana Health and Welfare Committee in opposition of this bill, explaining that **PM&R physicians can safely and effectively perform interventional diagnostic and therapeutic pain and minimally-invasive spinal procedures**. We also stated that physician credentialing to determine the appropriate education and training needed to perform minimally-invasive procedures for spine conditions should remain in the purview of the individual hospital or facility where a physician seeks to practice. We're proud to share that we successfully defeated this bill and we will continue monitoring for new legislation that may impact members.
- ✓ Over the summer the *Improving Access to Workers' Compensation for Injured Federal Workers Act* was released which would allow nurse practitioners and physician assistants to diagnose, prescribe and treat an injury for the purposes of compensating federal workers under the Federal Employees' Compensation Act. Not only did this legislation threaten patients' health and safety, but its dangerous approach has been shown to increase healthcare costs while doing little to expand access. Through the Academy's advocacy action center, we released call to action campaigns for members in various states to oppose this legislation. Thanks to these members, bills were successfully defeated in Kentucky, South Dakota and Wisconsin.



AAPM&R ADVOCACY BY THE NUMBERS



2,000+ letters sent to Congress with 21 total advocacy campaigns launched



70+ virtual visits to key Congressional Offices during Hill Day and Future Leaders Hill Day



50+ comment letters submitted from AAPM&R



Facilitated the appointments for **40** Academy leaders on national technical expert panels, writing groups and quality measure and guideline development panels.

Find More Annual Report Content Online

To read additional updates from 2022 and what we have planned for 2023, visit aapmr.org/2022report. You'll find:

- ✓ 2021-2022 AAPM&R President Dr. Deborah Venesy's Presidential Address
- ✓ The Report of the Executive Director and Chief Executive Officer
- ✓ Our 2022 AAPM&R Award Recipients
- ✓ And more!
- ✓ The 2022 Business Meeting Recording



PROMOTING the Specialty

AAPM&R is THE organization working to promote the PM&R specialty and the value physiatrists bring to the healthcare environment. Throughout 2022, we have been committed to providing opportunities for members to demonstrate their value, mainly through news media outlets.

We are proud to share that we have been securing media coverage for our PM&R physician members to build awareness and demonstrate the value of physiatrists. The Academy and our members have been highlighted in 90+ major national and healthcare media outlets!



In 2023, we will continue to lead these efforts and connect with the media and our other key stakeholders to show the value that physiatrists bring to healthcare.

Patient Care*

Sean Smith, MD: We are the ultimate team-based specialty, and often coordinate care for cancer survivors. This means working with primary care to ensure mitigation of late effects of cancer (eg, avoiding a sedentary lifestyle and clearing patients who received anthracycline chemotherapy for exercise). We are a resource for primary care for this often complex population. We also frequently work with our colleagues in plastic surgery, orthopedic surgery, radiation oncology, neurosurgery, medical oncology, nutrition, and others.



“We are a very team-oriented specialty,” **Deborah Venesy, MD** says. Physiatrists work with orthopedists, neurologists, neurosurgeons, and primary care physicians (family practice and internal medicine doctors).



Experts at the American Academy of Physical Medicine and Rehabilitation said they hope the guidance will help other doctors leverage their experience with patients to help address and mitigate their symptoms.

“When we recognized that long COVID, this new problem was developing due to the pandemic, we really felt an obligation to come forth and try to address it as best as we could,” **Steven Flanagan, MD**, American Academy of Physical Medicine and Rehabilitation president-elect said at a reporter roundtable Tuesday ahead of the guidance release. “We recognized two years ago, this is a problem.”



Their work is urgent. In the U.S. alone, as many as 29 million people have long COVID, according to estimates from the American Academy of Physical Medicine and Rehabilitation.

“Patients with long COVID have on average at least 14 different symptoms involving nine or more different organ systems, so a holistic approach to treatment is essential,” says **Janna Friedly, MD**, executive director of the Post-COVID Rehabilitation and Recovery Clinic at the University of Washington in Seattle.



“We’re using a lot of experience, anecdotal evidence and related evidence with other conditions,” said **Benjamin Abramoff, MD** director of the Post-COVID Assessment and Recovery Clinic at Penn Medicine. “A lot of the things we do have not gone through trials.”

Many rehab experts have been meeting at CDC-funded monthly webinars to pool the expertise they are gaining and come up with guidance published by the American Academy of Rehabilitation and Physical Medicine.

GRASSROOTS TOOLS FOR MEMBERS

Our Specialty Brand Expansion (SBE) Committee has also been hard at work in creating resources to help members explain their value to key stakeholders. Together, we are creating a grassroots communications toolkit (coming soon!) that will provide members with language and supporting references to position themselves early and throughout the care continuum as aligned with the vision for the specialty and practice area envisioned futures. We’re also providing media training opportunities to members on key messages they can deliver when speaking with health system CEOs and primary care physicians. Additionally, our Innovative Payment & Practice Models Committee is creating toolkits on promoting yourself and conversations with leadership about value-based care in the areas of post stroke rehabilitation and spine care, so look for those in early 2023 as well.

ADVANCING LONG COVID EFFORTS

Guidance Statements

Our Multi-Disciplinary PASC Collaborative of experts has continued to diligently work to develop new guidance statements. Our collaborative consists of 40+ Long COVID clinics from across the country, which includes practitioners from multiple medical specialties and healthcare disciplines, as well as federal representation and patient organization representation. In 2022, we released three new guidance statements that are intended to help physicians make clinical decisions concerning treatment of Long COVID/PASC. These included cardiovascular complications, pediatrics and autonomic symptoms. These new guidance statements joined our three existing statements published in 2021 on fatigue, cognitive symptoms and breathing discomfort. New guidance is planned to be released in 2023 on mental health and neurology, plus a compendium of all our guidance statements.

Educational Efforts

There are many learnings within the guidance statements we are publishing, so to help share the knowledge and expertise of our PM&R physicians, we were invited to present at the Centers for Disease Control and Prevention (CDC) Clinician Outreach and Communication Activity (COCA) calls. During those webinars, our members, who were authors of the guidance statements, shared their expertise where 1,000-2,000+ participants attended. We will likely be presenting at additional CDC COCA calls in 2023. Additionally, we presented a variety of Long COVID sessions at the 2022 Annual Assembly and so many of you joined us in Baltimore or online to learn about the latest findings and research from the collaborative.

Legislative Efforts

In 2022, we were thrilled to announce huge successes in our call to action for the Administration and Congress to create a comprehensive plan to address the needs of individuals suffering from Long COVID:

- ✔ In the spring, the White House National COVID-19 Preparedness Plan was released, which included a Presidential Memorandum directing the Secretary of Health and Human Services to coordinate a new effort across the federal government to develop and issue the first-ever interagency national research action plan on Long COVID, among numerous other high-level proposals to address the Long COVID crisis.
- ✔ The *CARE for Long COVID (S 3726) Act* was introduced by Senator Tim Kaine whose office worked with the Academy on incorporating our recommendations. This bill included centralizing data and educating Long COVID patients and medical providers.
- ✔ The *TREAT Long COVID (HR 7482/S 4015) Act* was introduced by Congresswoman Ayanna Pressley, alongside Senator Tammy Duckworth, Representatives Don Beyer and Lisa Blunt Rochester and Senators Tim Kaine and Edward J. Markey. The Academy led the drafting of this legislation with Congresswoman Pressley’s office and the bill included \$2M in award grants for Long COVID clinics.
- ✔ Members of Congress and the media have also continuously cited our Long COVID dashboard in support of their legislation and actions. Visit pascdashboard.aapmr.org to learn more.

“PM&R physicians have worked hand in gloved hand with other specialties to care for people with Long COVID throughout the healthcare continuum. Through support from AAPM&R’s PASC Collaborative, we have collaborated to publish consensus guidance statements and found support, camaraderie and a platform to share ideas and treatments.”



— Monica Verduzco-Gutierrez, MD, FAAPMR, AAPM&R’s PASC Collaborative Member

The Academy’s call to action that we released in March 2021 included components that were all included in the White House plan!

LEADING THE WAY at Our 2022 Annual Assembly

The Annual Assembly is psychiatry's premier educational and networking event, where PM&R physicians come together to improve their clinical and practice skills, participate in hands-on training, present research and reconnect with colleagues old and new! After three years away, we met in-person in Baltimore for 4+ days of education, networking and fun. For those who couldn't travel, we offered a virtual participation option and many of you joined online!

Together, you united with your PM&R community to connect, learn and grow. Your energy, spirit and collaboration were on full display as we advanced the specialty together throughout October.

3,000+ TOTAL ATTENDEES	400+ FACULTY	450+ RESEARCH POSTERS
80+ CLINICAL/ PRACTICE SYMPOSIA (20 LIVE-STREAMED)	130+ EXHIBITORS	150+ CME CREDITS
150+ HOURS OF RECORDED CONTENT TO VIEW AND EARN CME FOR THE NEXT YEAR	10 SKILLS LABS	8 "BEST OF" RESEARCH SPOTLIGHT SESSIONS
	11 LEARNING CENTER SESSIONS	25+ VIRTUAL COMMUNITY SESSIONS
		4 PLENARY SESSIONS (ALL LIVE-STREAMED)

KEEP THE EXCEPTIONAL EDUCATION COMING!

#AAPMR22 attendees (both in-person and virtual) will continue to have access to all program content for the next year, including the ability to view all 156 hours of great content and claim your CME. The content is available via our virtual platform until February 1, 2023 and can then be accessed automatically through AA Rewind on the Academy's Online Learning Portal for no additional charge. Non-registrants can purchase AA 2022 Rewind in early February by visiting onlinelearning.aapmr.org.

"Our highly anticipated 2022 Annual Assembly allowed our participants to connect in more ways than ever before, featuring both in-person and virtual registration options, and live-streamed/on-demand sessions for all registrants. Between the numerous networking receptions, inspiring plenary sessions, expert-led educational sessions, research presentations, valuable hands-on demonstrations, PHiT Fest and so much more, there really is something for everyone to enjoy at the Annual Assembly! As the new chair of our Program Planning Committee, I'm excited to start this new chapter and work with our amazing committee who works incredibly hard to make the Assembly so valuable for attendees!"



— Sarah Hwang, MD, FAAPMR, AAPMR's Program Planning Committee Chair

ONLINE LEARNING PORTAL

As part of your AAPMR membership, you can access our Online Learning Portal, which has complimentary and deeply-discounted PM&R education to advance your career and position yourself for success in today's ever-changing healthcare landscape.

- ✔ **Online Education Subscription:** When you add an education subscription to your annual membership, you'll receive non-stop access to 130+ products housed in our Online Learning Portal, offering 85+ CME, including instructional videos, podcasts, case studies, webinar recordings and more!
 - ✔ New products are released each quarter across a range of topics and formats (50+ new products were launched in 2022 alone!)
 - ✔ All products are easily accessed through our AAPMR Learn mobile app
 - ✔ There are more than 2,000 current subscribers!
 - ✔ Purchase a subscription when renewing your 2023 membership

EDUCATION TO ADVANCE YOUR CAREER

As a PM&R physician, you need continuous access to high-quality education to advance your career. AAPMR offers a variety of educational opportunities and resources throughout the year to maximize your learning potential. Take a look at what we rolled out in 2022 and keep reading to find key dates for 2023.

- ✔ **National Grand Rounds:** In 2022, hundreds of members joined us for our webinars on arts and medicine, lifestyle medicine, surprise billing and key skills for difficult discussions. We are looking forward to a new slate of sessions in 2023, beginning with an interview with Dr. Stan Herring in January! All sessions are also recorded and available for CME.
- ✔ **STEP Programs:** Our Skills, Training, Evaluation and Performance (STEP) Certificate Programs offer participants the opportunity to gain expertise and become certified in important PM&R skills through multi-tiered programs using a progressive, competency-based curriculum. In 2022, we returned to our in-person STEP courses in ultrasound and spasticity. Look for these programs again in 2023 as well as a new program on concussion.
- ✔ **Early-Career Course:** Held in April 2022, more than 220 members joined us for our virtual course where we discussed resume-building strategies, contract negotiation, managing personal finances, starting a private practice, marketing and social media ideas and more. Our 2023 course will be held April 15 and is included as a benefit of membership for residents and early-career members!
- ✔ **Medical Student Program and Residency Fair:** Held in August 2022, about 300 medical student members joined us to learn more about the PM&R specialty and received the opportunity to speak with 50 residency programs at our virtual residency fair.
- ✔ **Department Chairs Programming:** We hosted several virtual invite-only sessions for PM&R department chairs in 2022. An in-person summit is currently being planned for May 2023.

Download AAPMR Learn on iOS and Android!

Explore our mobile app to access the Online Learning Portal on-the-go. Visit aapmr.org/onlinelearningportal.



"During this past year the Medical Education Committee (MEC) has focused on providing accessible and diverse educational offerings to our members. Some of our programs are new and some have expanded or have been retooled. National Grand Rounds is a chance for all of us to come together monthly to participate in a variety of topics. The STEP courses continue to grow and offer practical and hands-on learning. Early-career education is a primary focus for MEC and we are also actively trying to appeal to medical students through our Residency Fair and our Annual Assembly Medical Student Program. Ultimately we would like to build broad curricula to guide life-long learning and provide mentorship at all levels."



— John Cianca, MD, FAAPMR, AAPMR's Medical Education Committee Chair

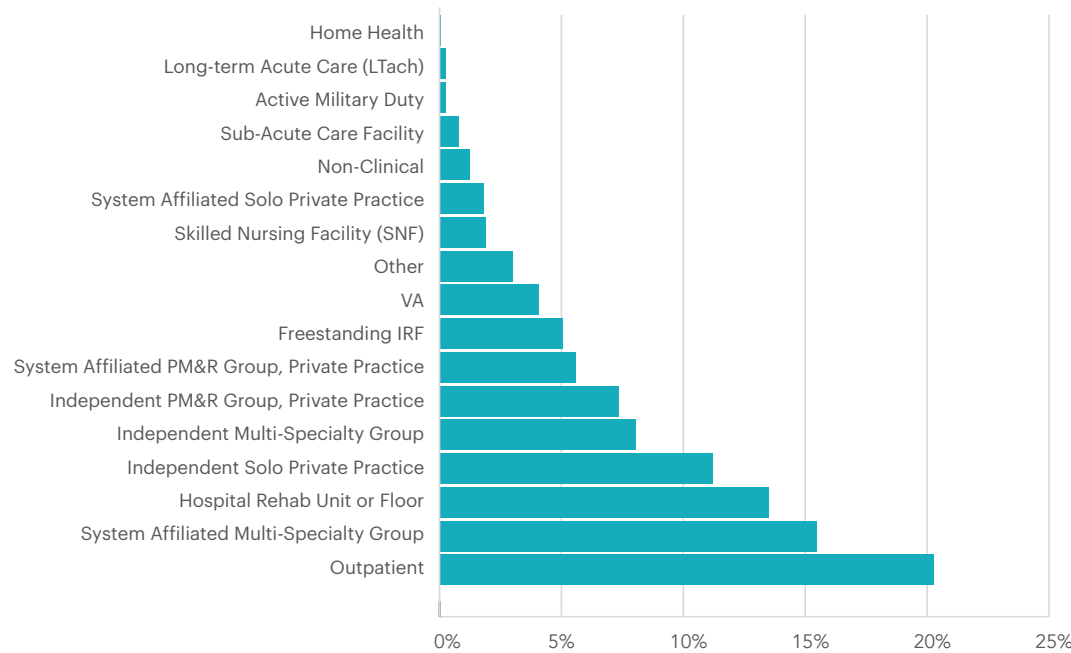


Member INSIGHTS

Our Inclusion and Engagement Committee is committed to understanding members better and fostering an inclusive environment. Below is a summary offering insights into AAPM&R membership data as of December 2022.

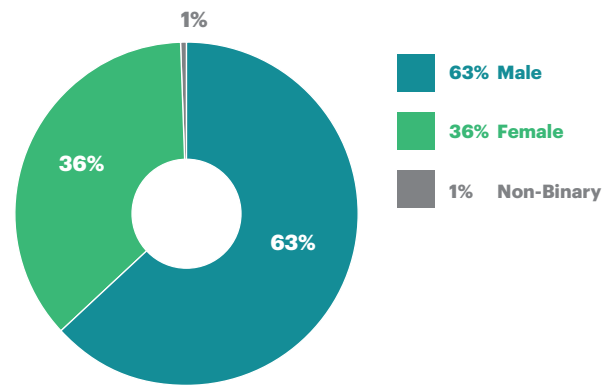
Primary Practice Setting

Of members who reported.



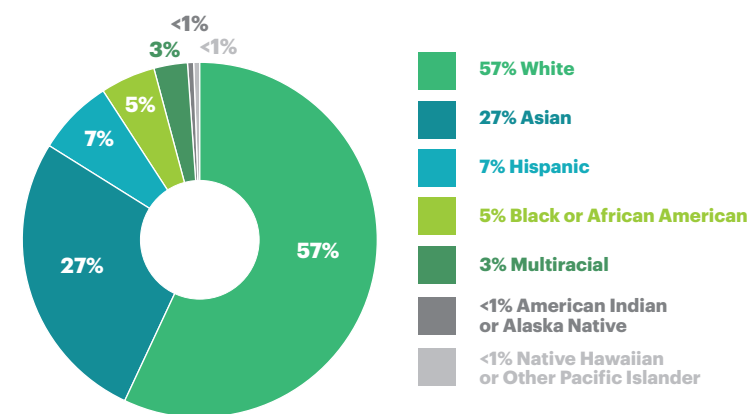
Gender Identity

Of members who reported.



Race & Ethnicity

Of members who reported at least one race/ethnicity value. Members may select as many categories that apply.



TEAMWORK IS WHAT WE DO!



AAPM&R is a community of 9,000+ PM&R physicians coming together under the umbrella of shared ideals and practices to represent a place of belonging for its members and a unified front to healthcare. It's the place for residents, young physiatrists starting their careers, mid-career and experienced physiatrists—leaders and future leaders. Our community is making a difference in PM&R's bright future and advancing members' careers and the specialty in so many ways.



Feeling inspired by the power of volunteerism?
Visit aapmr.org/volunteer to explore all that's available.



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Connect With Us on Social Media



AAPM&R Offers 45+ Member Communities for Interactive Networking and Education

Our Member Communities allow you to connect with your peers across the country! They are:

- ✔ Clinically focused (i.e., Central Nervous System, Sports Medicine, etc.)
- ✔ Practice focused (i.e., Inpatient Rehabilitation, Private Practice, etc.)
- ✔ Identity focused (i.e., African American Physiatrists, LatinX in Physiatry, Women Physiatrists, etc.)

They offer online discussion groups on PhyzForum, virtual meetings and networking throughout the year as well as targeted education during our new “Member May” month. You can join as many communities as you wish – and you can even create your own. Learn more at aapmr.org/membercommunities.

