Women in Medicine and PM&R

Marked Progress, but Significant Challenges

At the recent Association of Academic Physiatrists (AAP) Annual Meeting, I attended the 'Women in Academic Physiatry: Pearls in Career Development' half-day session organized by Anne Felicia Ambrose, MD, MS and Mooyeon Oh-Park, MD, MS. This session raised the broader issue of the role of women in medicine and their progress. It addressed unique challenges and offered advice on developing and advancing a personal career track.

The 2013-14 Association of American Medical Colleges (AAMC) data indicates that although women comprise 46% of medical school applicants, 47% of matriculates and 46% of residents nationally, only 38% of academic chairs (15%), and 30 have women program directors (33%)\(^2\). The specialty of Physical Medicine and Rehabilitation has 8,417 male and 4,221 female certified physiatrists, and 799 men compared to 532 women in residency training. There was no available gender data with respect to clinical fellows.

The AAP recognizes this issue as a concern to its membership and has appointed a task force chaired by Sara Cuccurullo, MD and Julie Silver, MD to investigate the matter.

The AAP Board and its committees have steadily increased female representation, and currently have an average prevalence of 38% of women in its committees\(^2\). However, this representation has not translated to upward organizational mobility; only 2 out the past 29 AAP Presidents have been women. The AAP’s training programs, PAL and RMSTP have had 30 women out of 92 candidates and 13 women out of 38 candidates, respectively\(^2\).

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There is no available data on the gender breakdown in traditional tenure track (TTT) and clinical-educator track (CET). Promotion rates in the CET, where women predominate, seem to lag behind those in the TTT. Academic advancement is often a prerequisite for leadership positions both within the institute and on national professional organizations. Women faculty consistently earn less than men. According to studies published in the past 2 years, female physicians earn an average $50,000 less than men, even when adjusted for seniority and rank as well as scholarly and clinical productivity. This gender difference extends into research funding, especially start-up funding for junior faculty. Women continue to deal with competing pressures with professional, family care, and talents in women in academic physiatry.

We challenge the AAP to develop an ongoing annual database with respect to academic faculty and leadership positions and career advancement in all areas other than the TTT. Women continue to deal with competing pressures with professional and family care. Women disproportionately continue to bear primary responsibility for caregiving and home maintenance. Another issue with respect to women in academic medicine is the ‘lesk’ pipeline where individuals start but drop out of academic positions. We could not find comparisons between males and females.

We are privileged to match with Dr. DeLisa’s program. During my training, Steve Kirshblum, MD, the 2017 recipient of the AAP Distinguished Academician Award, also had a profound impact on my clinical, academic, and administrative training. During my senior year, I was honored to serve as co-chief residents with Gerard Francisco, MD and the late Scott Nader, DO. In 1994, Dr. DeLisa ‘required’ the three of us to attend our first AAP meeting in Albuquerque, NM, and we started another journey. This time, it was with an Association that raised us to become academicians with a charge to change the world.

I am honored to begin my term as your president and to deliver my first ‘Message from the President.’ The Association is riding high as we celebrated our 50th Anniversary at the 2017 Annual Meeting in Las Vegas with Gerald Francisco, MD, my close friend and colleague, at the helm. With record Annual Meeting attendance of 1,241 and record membership of over 1,600 and climbing, I’m pleased to share with you that the State of the Association is strong! The mission of the AAP is ‘Creating the future of academic physiatry through mentorship, leadership, and discovery.’ I am pleased to devote my first message to ‘mentorship.’

Thirty years ago, I was a second year student at NJ Medical School. That year, my school appointed a new chairman for an obscure department called ‘PM&R.’ The department was of no consequence to me except for the fact that the chairman, someone named Joel DeLisa, MD, was promised mandatory two week rotations for all seniors. We already had many required ‘senior year rotations and were not happy!’

I attended a protest meeting where Dr. DeLisa was summoned to answer for his crimes against the class of 1990. Little did I know that Dr. DeLisa was the editor-in-chief of the field’s premier text book and a future inductee of the National Academy of Medicine (NAM). I actually don’t recall much of what Dr. DeLisa said except, ‘PM&R is therapeutic neurology and nonsurgical orthopedics!’ As a biomedical engineer who was intrigued by the engineering marvel of the human nervous and musculoskeletal systems, I was hooked. Of course, our specialty is far more than these, but these initial words from Dr. DeLisa began my journey into this wonderful specialty of ours called ‘PM&R.’

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I was privileged to be a member of the very first class of the Rehabilitation Medicine Scientist Training Program (RMSTP), a NIH funded program formulated by the early thought leaders of the AAP to train young physiatrists to become independent investigators. Now led by Michael Boninger, MD and John Whyte, MD, PhD, both past presidents and NAM members, the RMSTP continues to have a profound impact on the scientific capacity of our field. It was also through the AAP that I met Gary Clark, MD, AAP President at the time, who eventually became my chair at Case Western Reserve University (Case). My involvement in the AAP deepened during his presidency as he continued to mentor me as a faculty member and leader. Finally, there was Walter Frontera, MD, PhD, a NAM member, who fielded many questions as I transitioned to chair of PM&R at Case.

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Hello Colleagues,

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The 2017 AAP Annual Meeting welcomed over 1,200 attendees and featured 55 educational sessions, 4 outstanding plenary talks, preconference hands-on workshops, many networking receptions, and industry sponsored demonstrations and exhibit hall.

Thank you to the AAP Program Committee, course directors, speakers, and all attendees for your outstanding contributions to the success of the 2017 AAP Annual Meeting in Las Vegas.

The wildly popular ‘Women in Academic Physiatry: Pearls in Career Development’ Workshop consisted of round table discussions, panels, presentations, and a resume editing exercise.

Plenary Speaker Chad Bouton presented ‘Neural Bridging: Reconnecting Mind and Body’ and provided an overview on how biotechnology advances may affect PM&R practice and patients.

The AAP Annual Meeting continues to be a huge success year after year but wouldn’t be possible without all of our attendees, speakers, and sponsors who take time out of their busy weeks to attend. Mark your calendars for Physiatry ‘18, February 13-17 in Atlanta, Georgia!
Running for a Resident Fellow Council (RFC) Position Enhanced My Annual Meeting Experience Exponentially
By Laurie Dabaghian, MD

AAP Annual Meetings are consistently surrounded by an excitement and eagerness to learn the newest topics in the world of physiatry, to meet colleagues from around the nation, and to spend time gathering clinical knowledge to take back home and apply to daily clinical practice. At AAP 2017 Las Vegas I felt a greater thrill—one that had nothing to do with the grandiose shows, delicious food, or endless slot machines. After searching for a way to get further involved in the field and in AAP, with hopes of working towards the advancement of physiatry, to meet colleagues from around the nation, and to spend time gathering new projects! Fellow Bootcamp were an ideal platform to network with other residents and fellows.

At the RFC Elections, which had a larger attendance than expected, I delivered a short speech portraying my passion for the field we are so lucky to be a part of. Each applicant running for positions on the council came from an impressive background and training, and every speech showed their commitment to the field of physiatry. I was inspired and invigorated by the multitude of talented individuals drawn to the field, that I am lucky to call my colleagues.

As the new RFC Advancement Representative, I look forward to spreading AAP awareness, creating new and exciting opportunities for residents and fellows, and delving deeper into the advancement of the field. I believe this will be a great year, and cannot wait to continue the work of past councils and get started on many new projects!

The newly elected Resident/Fellow Council (RFC) gathered with past RFC leadership for a quick photo at the 2017 AAP Annual Meeting in Las Vegas.

CONGRATULATIONS TO ALL ELECTED RESIDENT FELLOW COUNCIL MEMBERS

Kunj Patel, MD
Chair

Allison Bean, MD, PhD
Vice Chair

Melissa Kirk, MD
Secretary

Brittany Snider, DO
Medical Student Affairs Representative

Carrie Gould, MD, MBA
Technology Representative

Laurie Dabaghian, MD
Advancement Representative

Reza Ehsanian, MD, PhD
Research Representative

Gary Panagiotakis, DO
Social Media Ambassador

Andrew Collins, MD
Fellow Representative

Charles Odenkor, MD, MA
Past Chair

RFPD MEETING RECAP

Association of Academic Physiatrists (AAP) turned 50 years old at the 2017 AAP Annual Meeting in Las Vegas. 1,241 of our closest friends and colleagues gathered together to celebrate this historic milestone. AAP 2017 welcomed 157 program coordinators, fellowship directors, and program directors. AAP 2017 Las Vegas sessions were informative for all in attendance—nothing to do with the grandiose shows, delicious food, or endless slot machines.

PM&R Milestones Report with Stanley Hamstra, PhD, of the ACGME reviewed data currently collected from the milestones surrounding ACGME measurement and reports from PM&R Programs. The ACGME continues to measure and report outcomes through milestones data so that Residency and Fellowship Program Directors can review what is useful in developing our residents as individuals in training.

Self-Study and Site Visits with Caroline Fisher, MBA, also from the ACGME, reviewed self-study, summarized key dimensions of the self-study that reports program aims, highlighted elements of the environmental assessment, and analyzed various findings from pilot studies.

ABPMR Update from the ABPMR President, Anthony Chioli, MD, included historical data to enhance his presentation. Attendees gained a better understanding of the Board’s purpose and how it aims to serve the public.

Developing PM&R Entrustable Professional Activities (EPA) / Observable Practice Activities (OPA) with Drs. Heather Baer and Michael Malloy looked at transitional evaluations, EPAs such as managing the patient with spasticity, and OPAs such as giving botulism toxin injection to the patient with spasticity.

Resident/Fellow Recruitment Professional Development, and leadership skills, faculty compensation plans, running PEC and CCC, innovation in PM&R residency training, and EPA/OPA. AAP 2017 Attendees will have summaries from all table discussions distributed to them soon.

Other presentations of note were ‘Remediation and Problem Residents and Fellowship’ with Adina Kaler, MD, MPH and ‘Residency Review Committee (RRC) Update’ with Gerard Fracisco, MD. He reviewed the areas of citations and noted areas for improvement which included board pass rate, evaluations, and incomplete or inaccurate data when programs are reviewed.

Planning for the 2018 AAP Annual Meeting, Physiatry ‘18, is underway! Contact the RFPD Council at rfpd@physiatry.org with any topic or session suggestions.
BUDGET & APPROPRIATIONS UPDATE

FY 2017 budgets are currently frozen at 2016 levels through the end of April under a continuing resolution (CR) that Congress passed at the end of last year. The CR will expire on April 28 and another spending bill(s) will be required to fund the government through the end of the fiscal year. House Republicans would like to try and pass the 11 spending bills needed to fund the government before current funding runs out in April, but that seems unlikely considering that Congress will be in recess for three of those weeks and the Senate is still bogged down with confirming appointees for the Trump Administration. The likely outcome is that appropriators will consolidate several of the spending bills into an omnibus package in order to streamline the process. House and Senate leaders are currently in negotiations to talk about what that omnibus appropriations package would look like.

Running concurrent to the need to finalize FY 2017 appropriations is the need to start the FY 2018 budget process. It is an important year because full sequestration returns in FY 2018, when the two-year relief provided by the Bipartisan Budget Act of 2015 expires. This would trigger across-the-board spending cuts to all government programs unless Congress agrees to waive the sequester. President Trump’s budget will be first step in the process. He has already released a top line budget outline which would increase defense, VA, and border security spending, while cutting other spending. The overall limit on discretionary spending, set at $1.064 trillion for fiscal year 2018, would still be maintained. A detailed budget which would outline individual program requests is not expected until mid-March.

CMS DELAYS CARDIAC REHABILITATION INCENTIVE PAYMENT MODEL

In response to President Trump’s “Regulatory Freeze Pending Review” CMS issued a delay on February 17th of the effective date of the Cardiac Rehabilitation Incentive Payment Model, among other pending rules. This action delays for 60 days from the date of the memorandum the effective date of the rule. That rule implements three new Medicare Parts A and B episode payment models and a Cardiac Rehabilitation (CR) Incentive Payment Model, and implements changes to the existing Comprehensive Care for Joint Replacement Model. Under the three new episode payment models, acute care hospitals in certain selected geographic areas will participate in retrospective episode payment models targeting care for Medicare fee-for-service beneficiaries receiving services during acute myocardial infarction, coronary artery bypass graft surgery, and surgical hip/股 fracture treatment episodes. Hospitals will receive retrospective incentive payments for beneficiary utilization of cardiac rehabilitation/intensive cardiac rehabilitation services during the 90 days following discharge from a hospitalization treatment of an acute myocardial infarction or coronary artery bypass graft surgery. The rule was scheduled to take effect February 18, 2017, but will now take effect March 21, 2017.

LEGISLATION TO REPEAL CAP ON REHABILITATION SERVICES INTRODUCED

Under the Balanced Budget Act (BBA) of 1997 Congress placed an annual cap on rehabilitation services under Medicare. Since enacting the BBA, Congress has routinely stepped in to repeal the cap. In order to implement a permanent solution to the cap, Senators Ben Cardin (D-MD), Susan Collins (R-ME), Bob Casey (D-PA), and Dean Heller (R-NV) have re-introduced the Medicare Access to Rehabilitation Services Act, which would protect Medicare beneficiaries from the limits on outpatient physical therapy, occupational therapy, and speech-language pathology services that are often needed to recover from debilitating illnesses, such as stroke, or support the effective management of conditions including multiple sclerosis and arthritis.

LEGISLATION TO IMPROVE ACCESS TO COMPLEX REHABILITATION TECHNOLOGY INTRODUCED

H.R.730, the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2017 has been introduced by Reps. Joe Crowley (D-NY) and Jim Sensenbrenner (R-WI) for the 115th Congress. This legislation helps ensure patients with disabilities or severe medical conditions are able to access the highly specialized medical equipment that meets their needs and helps improve their day-to-day lives. The bill establishes a distinct Medicare benefit category for complex rehabilitation technology products (CRT), such as specialized power wheelchairs and adaptive seating systems. This would streamline access to individually configured products so that people living with significant disabilities can remain independent and address their medical needs.
Thank you to the many AAP members who volunteered in the last year. Your time and efforts were an integral part of a successful 2016 and we look forward to working with you again in 2017. The following volunteers participated in abstracts for the 2017 AAP Annual Meeting; and others participated in Research and Education Committee projects.

The Administrative Directors Council (ADC) recently enjoyed a very successful conference as part of the 2017 AAP Annual Meeting in Las Vegas. An array of selected speakers and topics specific to the business of rehabilitation medicine were offered to those in attendance. For the first time, attendees were offered a full day of presentations specific to business administration, i.e. preparing for career/role changes in healthcare, Affordable Care Act (ACA) changes, MACRA, top 10 trends for 2017, funding the academic mission, roles in driving value based medicine, and preparing residents for the workforce.

At the ADC Business Meeting, sincere appreciation was shared for out-going Chair, John Behzad. New changes in the by-laws were proposed and warmly received, including making the Treasurer-Secretary next in line for the ADC Chair position behind the Chair Elect. Next year’s committees were also discussed, as were topics and speakers for next year’s annual meeting. There was extensive discussion regarding the interest in an exclusive track throughout the 2018 AAP Annual Meeting for Administrative Directors - and anyone else interested in attending. New ADC leadership was voted on and will consist of the following for the next two years:

Chair: Kirk Roden, MBA
Chair Elect: Monica Tietzworth, MBA
Treasurer-Secretary: Nadine Knight, MBA
Education/Sponsorship Chairs: Linda Gosch and John Behzad
Data Benchmarking Chair: Cameron Gilbertson, MBA
Membership/Social Media/Web Content Chair: Jonathan Radin, MBA

There was also discussion around a mid-year mini retreat sponsored by one of the ADC members at their institution. It would consist of 1 ½ days of speakers, panel discussions, networking activities, tours of the rehabilitation medicine facilities, and local sight-seeing and networking.

We are looking forward to Kirk Roden’s leadership and continued membership expansion throughout 2017.
AAP CALL FOR ABSTRACTS
Submissions accepted May 4, 2017 – August 15, 2017

Present Your Scientific Papers & Posters at Physiatry ’18
Submit your important research studies and unique case reports for presentation at Physiatry ’18 in Atlanta, Georgia. Your science will be seen by leading physiatrists and researchers - the heart of a community dedicated to mentorship, leadership, and discovery in academic physiatry.

Visibility During and After the Annual Meeting
Presenting your research at Physiatry ’18 is a powerful way to make useful connections, gain widespread recognition for your work, and gather valuable feedback. Accepted abstracts will be published as a supplement of the American Journal of Physical Medicine & Rehabilitation.

www.Physiatry.org/Abstracts