Celebrating 50 Years of the Special Olympics: Why Physiatrists are Natural Advocates for Inclusive Health

This year marks the 50th anniversary of the Special Olympics, which was founded in 1968 by Eunice Kennedy Shriver in response to personal experiences with her sister, Rosemary Kennedy, who had an intellectual disability (ID). While progress has been made, people with ID still face significant health disparities. For example, people with ID die younger than the general population—on average, 13 years earlier for men and 20 years earlier for women. The majority of these premature deaths are due to preventable causes, such as difficulty in accessing adequate health care and prevention services. Thus, the lack of inclusion of people with ID in mainstream health care contributes to the health disparities we observe.

Specifically, the lack of physician training in caring for this population, particularly in caring for adult patients with ID, is an important determinant of the health disparities and poor health outcomes experienced by people with ID.

Additionally, the lack of inclusion of people with ID in mainstream health professional training programs contributes to the health disparities experienced by this population.

As a key health influencer in the areas of health education, services, and delivery, AAPM&R was awarded an Inclusive Health Innovation grant by Special Olympics International (SOI) with support from the Centers for Disease Control and Prevention (CDC) and the Golisano Foundation. Project activities demonstrate AAPM&R’s commitment to SOI’s Inclusive Health vision—by including people with ID in mainstream health policies, laws, programming, services, training programs, research, and funding streams, we can improve the health outcomes and reduce health care costs for people with ID.

On June 30, 2018, Dr. Chandan represented AAPM&R at the “Igniting Change” Inclusive Health Summit, where the Academy was recognized as an Inclusive Health Champion. Held in Seattle, Washington in conjunction with the 2018 Special Olympics USA Games, the Summit was a joint initiative of Special Olympics International and the American Academy of Developmental Medicine and Dentistry. Surgeon General Jerome M. Adams, MD, MPH delivered a keynote, putting his support behind this important issue of inclusive health. Dr. Chandan was invited to speak during a session about health disparities experienced by people with ID, sharing her perspective as a family member of someone with ID.

Dr. Chandan was also invited to attend the 2018 Special Olympics USA Games as an honored guest, representing the Academy at the Opening Ceremonies and Healthy Athletes screenings. From July 1-6, 2018, more than 4,000 athletes and coaches from all 50 states and the District of Columbia participated in 14 sports. As the official broadcaster for the USA Games, ESPN covered the opening ceremonies and provided nightly coverage, as athletes competed in hopes of qualifying for the Special Olympics World Summer Games in Abu Dhabi in March 2019.

This October, at AAPM&R’s Annual Assembly, Dr. Chandan will lead the session, Physiatrists’ Role in Inclusive Health: Caring for Patients with Intellectual Disability. Dr. Chandan will discuss health disparities experienced by people with ID and the Special Olympics’ Healthy Athletes initiative.

SOI is the single largest health care provider to patients with ID in the world. Attendees will learn how to participate in MedFest, a Special Olympics Healthy Athletes discipline that offers free preparticipation physical evaluations and provides physicians with specialized training and experience in the examination and assessment of people with ID. Dr. Chandan will discuss examples of how MedFest has been incorporated into PM&R residency programs, as a unique opportunity...
As reports of physician burnout increase, I have learned to develop a more balanced approach to my work. I am recertifying in both PM&R and pain medicine, and I will be taking the exams back-to-back within a few days. I’m not sure if it’s smart, in that I get both over with, or bad in that I will have to study for both exams concurrently.

Choosing to recertify this year has made me realize that the current system is dysfunctional. We all have a sense of what makes a competent high-quality physician, yet it’s hard for us to quantify those qualities. We are judged daily by our peers, patients, and payers for our bedside manner, patient satisfaction, adherence to evidence-based guidelines, cost effectiveness, peer-review process, treatment outcomes, and complications. We have felt the frustration of documenting “quality measures” that lack clinical relevance, quoting insurance policy guidelines that don’t apply to unique clinical situations, doing “peer-to-peer” phone calls with non-peers (non-physicians even!), and fighting negative online reviews. As ABPMR improves the MOC process, I urge it to continue to use clinical relevance as the most important factor.

I have seen a great deal of passion, emotion, and perhaps misdirected anger surrounding this topic. I have read threats to drop AAPM&R membership and/or ABPMR certification, seen anger directed toward “grandfathered” physiatrists, and distrust of our academic colleagues (since many of them sit on the boards of these organizations). These views are commonly expressed in online forums. This is disappointing and sad, since we are already a small specialty, even without the infighting and divisiveness.

Furthermore, dropping AAPM&R membership doesn’t “send a message” about MOC, since regardless of AAPM&R membership status, one would have to maintain board certification via ABPMR. It’s clear that AAPM&R leadership is listening to the feedback from its members and is in active discussions with ABPMR to influence their decision-making process, it has been for several years. AAPM&R’s position regarding MOC can be found on its website at www.aapmr.org/mocposition.

In 2015, the AAPM&R Board of Governors released a position statement regarding this issue. You can read it in the May 2015 issue of The Physiatrist on page 4—visit www.aapmr.org/theophysiatrist. We have also had the opportunity to complete surveys from the ABMS to voice our concerns. There has to be a reasonable way to promote continued learning and ensure a baseline standard of core knowledge without it being onerous. We need to unite to propose a sustainable method to maintain our certification and licensure, ensure quality, and improve our practices in a meaningful and relevant way.

The Academy’s Physiatry is More Than initiative celebrates the diversity in practice settings and patient populations served by PM&R. It is time that we include people with ID as one of the patient populations physiatrists serve in clinical care and in advocacy efforts. Will you #ChoosetoInclude patients with ID in your physiatry practice? Join the Inclusion Revolution!

Stay tuned to www.aapmr.org/news for updates on Dr. Chandan’s progress and visit www.specialolympics.org to learn more about the Special Olympics’ 50th anniversary.