

HEARING OF THE QUALITY
SUBCOMMITTEE OF THE NATIONAL
COMMITTEE ON VITAL AND HEALTH
STATISTICS:
USE OF FUNCTIONAL STATUS AND SELF
MANAGEMENT MEASURES

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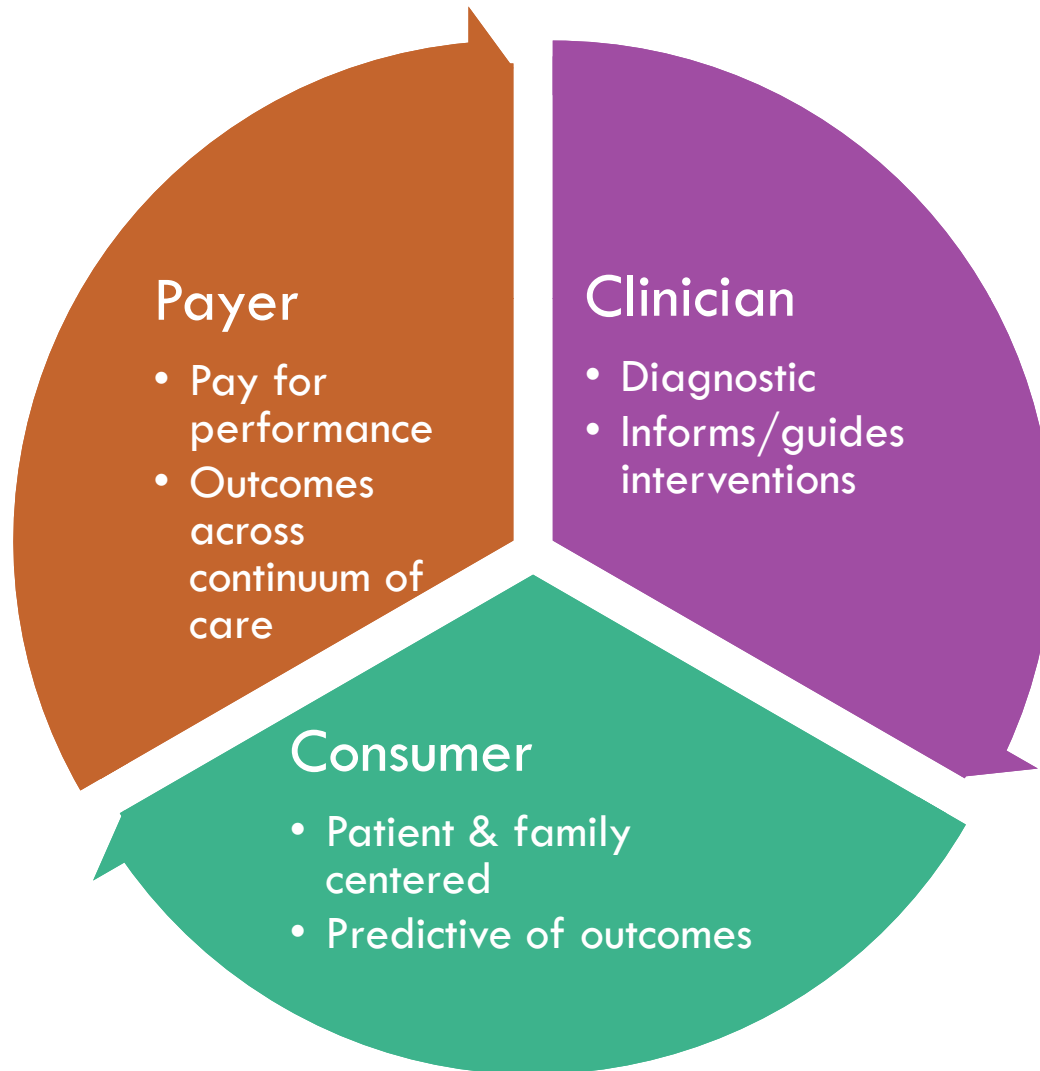
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- Professional organization for physical therapy
- Over 80,000 members including physical therapists, physical therapy assistants, and students of physical therapy



Ideal Quality Measurement

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Role of Physical Therapy

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Physical therapists perform evidenced-based screening, evaluations, and assessments for musculoskeletal, neuromuscular, cardiovascular, and integumentary conditions and provide interventions that focus on function and mobility to improve an individual's quality of life

Conditions Treated by Physical Therapists

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- Stroke
- Congestive heart failure
- Traumatic brain injury
- Cerebral palsy
- Low back pain
- Spinal cord injury
- Total knee replacement
- Ankle sprain
- Osteoarthritis
- Muscular Sclerosis

Pediatric

Adult

Geriatric

Treatment Settings for Physical Therapy

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Acute Care
Hospital

Inpatient
Rehabilitation

Skilled
Nursing
Facility

Home Health

School Based

Long Term
Care
Hospitals

Hospice

Outpatient

Post-acute versus Outpatient Settings

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Post-acute

- Long term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities, and home health
 - ▣ Variety of conditions
 - ▣ Higher severity of illness
 - ▣ Functional limitations are variable

Outpatient

- Ambulatory population
 - ▣ Variety of conditions
 - ▣ Severity of illness is variable
 - ▣ Functional limitations are variable

Functional Mobility Measures in the Medicare Program

Healthcare Setting	Functional Status	Mandatory Reporting
Inpatient (Acute Care Hospitals)	N/A	N/A
Long Term Care Hospitals (LTCH)	Continuity Assessment Record and Evaluation (CARE) tool	Yes Begin 2012
Inpatient Rehabilitation Facilities (IRF)	Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)	Yes Begin 2012
Skilled Nursing Facilities (SNF)	Minimum Data Set (MDS) 3.0	Yes
Home Health	Outcome and Assessment Information Set (OASIS)	Yes
Outpatient	Physician Quality Reporting System (PQRS)	Yes Begin 2013

Post-acute Care Functional Mobility

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Healthcare Setting	Assessment Tool	Example of Functional Mobility
Long Term Care Hospitals (LTCH)	CARE tool*	Functional status (6 point scale): <ul style="list-style-type: none">• Sit to stand• Walk 150 feet• 12 steps• Walk 50 feet with 2 turns
Inpatient Rehabilitation Facilities (IRF)	IRF-PAI	Functional Independence Measure (FIM) Level of assistance (7 point scale): <ul style="list-style-type: none">• Walk/wheelchair• Stairs

* Items from the acute hospital CARE tool

Post-acute Care Functional Mobility

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Healthcare Setting	Assessment Tool	Example of Functional Mobility
Skilled Nursing Facilities (SNF)	MDS 3.0	ADL's level of assistance (8 point scale): <ul style="list-style-type: none">•Bed mobility•Walking in facility Balance during transitions and walking: <ul style="list-style-type: none">•Moving from seated to standing•Turning around
Home Health	OASIS	ADL's: <ul style="list-style-type: none">•Transferring (6 point scale)•Ambulation/ Locomotion (7 point scale)

Functional Mobility Measures

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Global Measures

- General measures of functional mobility that can be used for a variety of patient populations

Impairment/ Condition Measures

- Measures that are focused on a specific condition or impairment

Body Region Measures

- Measures that are designed to evaluate a specific body region

Global Functional Mobility Measures

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- Applicability to a large number of patient conditions
- 3 self-report measures:
 - Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL)
 - Activity Measure for Post Acute Care (AM-PAC)
 - Focus on Therapeutic Outcomes (FOTO)

OPTIMAL

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- Developed and tested in the outpatient setting
- Administered via paper
- Medicare endorsed
- Includes global rating scale
- 2 domains:
 - Difficulty performing activity
 - Confidence performing activity

OPTIMAL

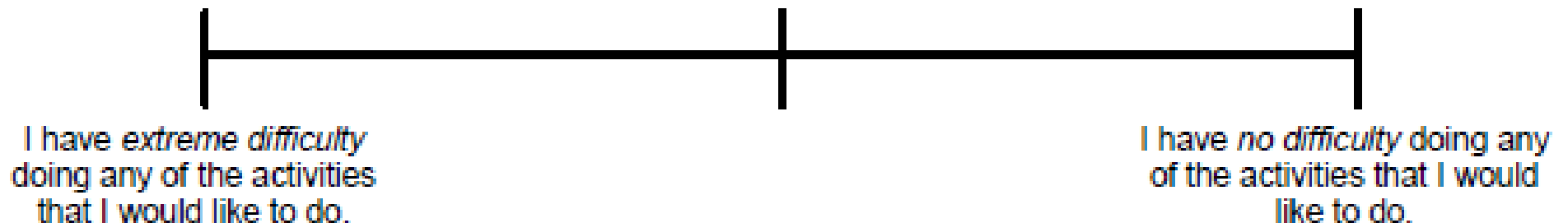
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- Examples of mobility items (5 point scale):
 - Lying flat
 - Sitting
 - Squatting
 - Balancing
 - Walking- long distance
 - Walking- outdoors
 - Pushing
 - Carrying

OPTIMAL

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Thinking about *all of the activities you would like to do*, please mark an “X” at the point on the line that best describes your overall level of difficulty with these activities today.



Activity Measure for Post Acute Care (AM-PAC)

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- Appropriate for a variety of post-acute care settings
- Computer adaptive testing with item response theory
- NQF endorsed
- Uses the ICF definition of activity limitation
- 3 domains:
 - ▣ Mobility
 - ▣ Activities of daily living
 - ▣ Life skills (applied cognitive)

Activity Measure for Post Acute Care (AM-PAC)

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Computer Adaptive Testing (CAT) uses a computer algorithm to pre-select the items that will be administered to a specific patient based on responses to previous items. **CAT**-based instruments have the following advantages:

- ▣ They reduce test burden while increasing test precision because test items are selected to match the patient's functional ability level
- ▣ Patients are not required to respond to irrelevant test items
- ▣ It only takes less time to complete each domain

Activity Measure for Post Acute Care (AM-PAC)

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- Examples of mobility items (4 point scale):
 - Bending over from a standing position to pick up a piece of clothing from the floor without holding onto anything
 - Walking several blocks
 - Standing up from a low, soft couch
 - Carrying something in both arms while climbing a flight of stairs (e.g., laundry basket)
 - Walking up and down steep unpaved inclines (e.g., steep gravel driveway)

Activity Measure for Post Acute Care (AM-PAC)

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Moving About Freely



Source: Phillips Lifeline

Focus on Therapeutic Outcomes (FOTO)

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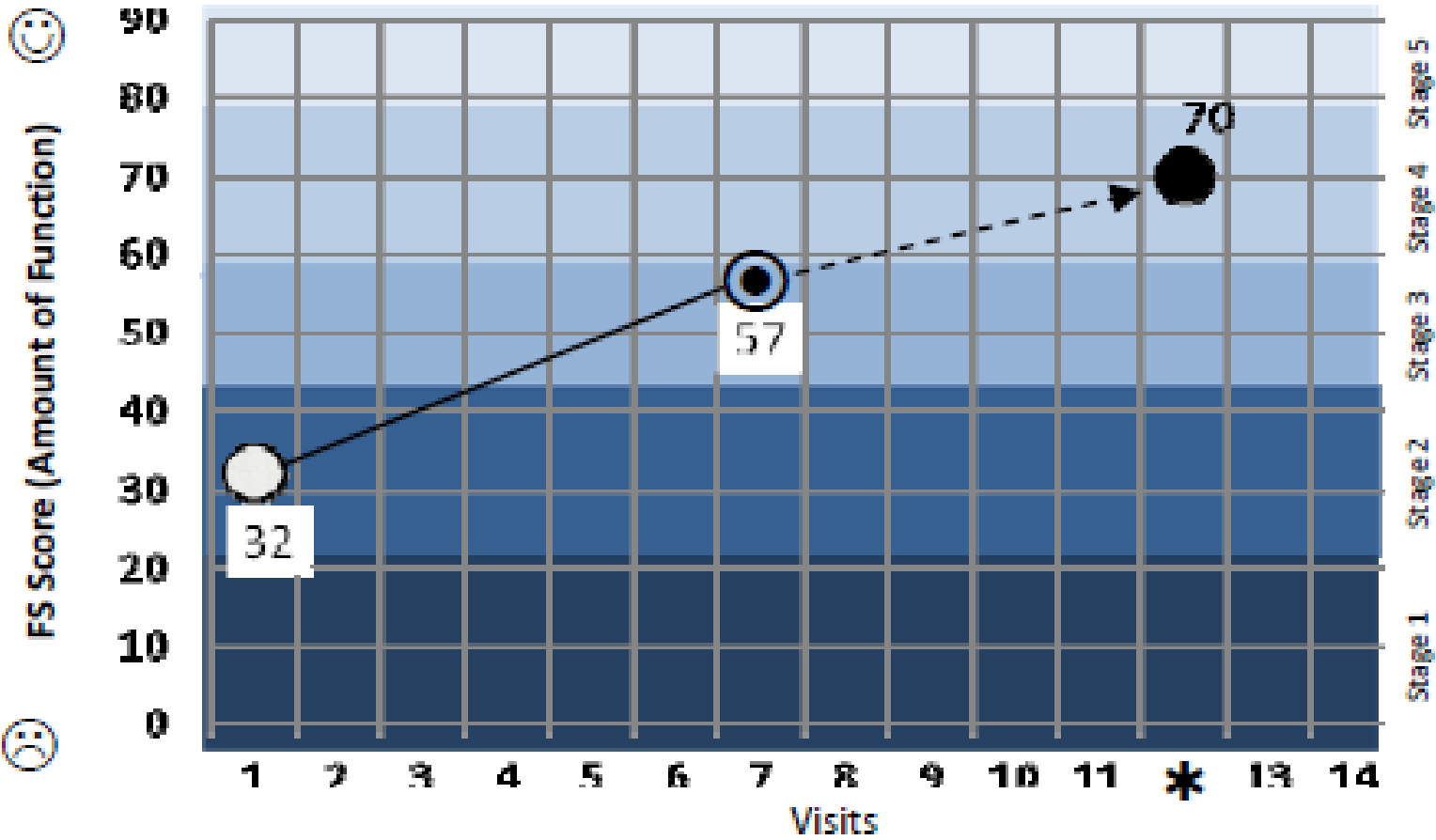
- Appropriate for the outpatient setting
- Computer adaptive testing with item response theory
- NQF Endorsed
- Risk adjustment with national benchmarking available
- Outcome domains includes
 - Orthopaedic
 - Neurologic
 - Other specialties including pelvic floor and lymphedema

Focus on Therapeutic Outcomes (FOTO)

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- Examples of mobility items (5 point scale):
 - Pulling 10# object from under bed
 - Reaching shoulder level shelf
 - Pulling on socks
 - Pulling an object out of back pocket
 - Moving a heavy skillet
 - Reaching across body to fasten safety belt
 - Stirring mashed potatoes
 - Putting a 1# can on an overhead shelf

Focus on Therapeutic Outcomes (FOTO)



Barriers to Implementation

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- Resistance to change
 - ▣ Practitioners have difficulty with change
 - ▣ Time to administer and interpret results
- Implementation barriers related to technology
 - ▣ Cost/ access
 - ▣ Proprietary methodology

Barriers to Implementation

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- Regulatory
 - ▣ Multiple tools exist in the post-acute care settings
- Attribution issues for measures: facility versus clinician
- Risk adjustment methodologies for measures in multiple care settings

Strategies to Drive Use

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- Consider utilizing a single functional mobility measures across post-acute care and outpatient settings
- Funding/ incentives for technology implementation in post-acute care and outpatient settings
- Educate clinicians about the benefits of using global functional mobility measures across the continuum

Conclusions

- The ideal for quality measurement continues to be an evolution in process
 - ▣ What is useful to the consumer?
- Several viable self-reported global functional mobility measures exist for consideration in post-acute and outpatient settings
- Barriers to implementation can be overcome with the realization of strategies
- Recognize the need for additional research in this important measurement area