



EDGE Taskforce Meeting
February 5, 2014, 10:00 – 12:00

Minutes

- I. Greetings
- II. Update on efforts by related groups
 - A. Diagnosis Dialog group (Barb Norton)
 1. Met at CSM – several new members
 2. Suggestions made to PTNow
 3. Initiatives to get Movement System concepts embedded in all aspects of APTA publications
 - B. PT Now (Jan Reynolds)
 1. Continuing to build Test and Measures page
 2. Makes use of available EDGE documents
 - C. Rehab Measures (Jenni Moore)
 1. Working with journals to obtain brief psychometric reviews
 2. Received 1-year no cost extension to NIDRR funding
 3. RIC will continue to fund
 4. Moving to Wiki platform
 - a. Will connect measures with interventions
 - D. International Stroke Network (Steve Wolf)
 1. Working to develop an algorithm for UE stroke rehab
 2. Algorithm will be presented at WCPT
- III. Brief Updates from Section reps on OM-related efforts
 - A. Acute Care Section (Glenn Irion/Richard Bohannon)
 1. Richard is involved with Geriatric group and applying to Acute care
 - B. Cardiovascular& Pulmonary Section (Chris Wells/Susan Scherer)
 - C. Clinical Electrophysiology & Wound Management (Harriett Loehne/Jaimee Haan)
 1. Two initiatives
 2. Diabetic foot ulcers has received funding
 3. Venous leg ulcers
 4. White paper coming out
 5. Used tools developed based on EDGE OMs
 6. Functional outcomes will be published on PTNow/ G-codes
 - a. Need both functional and wound healing OMs
 - b. Recommending to CMS that % impairment be based on both
 - D. Geriatric Section (Stacy Fritz/Michelle Lusardi)

1. Geriatric group has been made a permanent member of the subcommittee
 2. Wrapping up falls risk systematic review – submitting to PTJ
 - a. Focuses on functional measures and Dx tools for falls risk
 3. Hip fractures – collaborating with Otho on hip fx guidelines
 4. GeriEdge will be working with both groups to support these efforts
- E. Hand Rehab Section (Susan Duff/Clara Cleary)
1. Developing CPGs carpal tunnel, distal radius fracture, elbow epicondylitis
 2. Interested in developing non-ortho CPGs
 3. CPGs include OMs across the ICF
- F. Neurology Section (Jane Sullivan/KMac McCulloch)
1. Reorganization with new director of practice
 - a. Committee to guide development of evidence-based documents
 2. Several CPGs in process: locomotion, concussion, peripheral vestibular, core measures
 3. Preparing to revisit early Neuro Edge co
- G. Oncology Section (Laura Gilchrist/Pam Levangie)
1. Forming an evidence-based documents steering committee
 2. Breast CA, head/neck, lung, prostate
 - a. Working to identify issues specific to each Ca type
 - b. Identifying general measures common to multiple Ca
- H. Orthopedics Section (Joe Godges/Jay Irrgang)
- I. Pediatric Section (Carole Tucker/Kristin Kroschell)
1. Identifying general measures, and those that are more condition specific
 2. There is a CPG on torticollis
 3. May target muscle diseases next
 4. Involved in PedsNet and efforts to standardize.
- J. Women's Health Section (Tracy Spitznagle/Ruth Maher)
1. Recently relaunched website
 2. Has a PTNow taskforce for functional outcome measures
 - a. Colorectal function, prostatitis,
 - b. General measures
 - c. Two growth areas in CPGs
 - i. Peripartum (almost ready)
 - ii. Postpartum

iii. Preparing for consumer feedback

IV. APTA Initiatives (Matt Elrod)

1. CPG development process
 - a. APTA has an endorsement process
 - i. Uses the AGREE2 tool
2. Physical Therapy Outcome registry
 - a. Ultimately Information from the registry helps inform and shape the development of the CPGs
 - b. Pilot year – limited number of contributors allowed to enter data
 - c. Core data set including global outcome measurement – tools need to be non-proprietary
 - i. PROMIS
 - ii. OPTIMAL
 - iii. A 3rd measure as yet unnamed
 - iv. Functional limitation reporting
 - d. Health condition is a module
 - i. Allows more specificity
 - e. Identifying Scientific Director and scientific advisory board of the Registry
 - i. Will establish the process for evaluating and gaining access to the data
3. Goals is ability to capture not only data required to meet regulatory requirements now, but also data that will be needed for the future
4. Outpatient settings have incentive as it allows monitoring of performance
5. Contributors are asked to enter all data, not just data related CMS patients

V. Open Discussions

- A. Clinical utility vs compatibility with reimbursement needs (Julie Fritz)
 1. Need to be mindful of whether tools are relevant for reimbursement issues
 2. Clinical utility may not be compatible with reimbursement needs
 3. There may need to be a different reimbursement system for OP
 - a. Example: in acute care evaluating fall risk is a priority (Matt)
 4. Does giving PTs data about the function outcomes of their patients change the care they deliver (Andrew Guccione)
 - a. Value is measured in terms of decreased utilization
 - b. What is the value of standardized OMs to improving value of service and outcomes

B. Expanding the workgroup

1. Enlisting fellowship & residency sites

- a. Tracy Spitnagle: directs residency on women's health at Wash U
 - i. Case example of scale not reflecting change in performance of activities
 - ii. 36-hours per week commitment, 4 hours of mentoring
- b. Jane Sullivan: clinicians are motivated by being able to get patients access to care, so a tool that would be able to justify care would be motivating to PTs
- c. Pam Levangie: limited time is a barrier as they have a productivity
- d. Susan Duff: tie this to a project
- e. Andrew Guccione: what is the data upon which decisions related to care are being provided
 - i. The way data is synthesized is not well understood
- f. New residency accreditation criteria: residencies need to show that OMs are being used to track change in patient status
- g. Matt: if you have identified top 5 of what each program will track, can there be agreement about what to use for a specific health condition
- h. Tracy: there are regional variations in what OMs are used, that make standardization difficult
 - i. Simplicity of taking patient report makes it attractive, and impairment level data is of value (eg, numeric rating pain scale)
- i. Pam: CMS has given us a stick to work with facilities to identify what would work as a measurement
- j. Use of data in clinical decision-making, which type of outcome measure needed, there may be one ICF domain that would be of greater relevance and it varies among health conditions impairment (pain) vs activity
- k. Barb: name OM is problematic as it implies that its only taken at end
 - i. There may be differences in neuro vs ortho in terms of clinical utility of measures
- l. Kristen: each clinic may have a set of measures that they use
- m. ABPTRF accredits residencies – open dialog about the new criteria related to OMs

VI. Tools for OM Evaluation

- A. COSMET initiative (distributed in advance of meeting)
- B. COSMIN checklist (distributed in advance of meeting)

VII. Next steps

- A. Approach SOR for funding for 2-day strat planning workshop at APTA
- B. Engage Heather Smith for insights regarding reimbursement

EDGE Taskforce Members

Core members	Edelle Field-Fote (Chair)	edelle_field-fote@shepherd.org
	Rebecca Craik	craik@arcadia.edu
	Julie Fritz	julie.fritz@hsc.utah.edu
	Andrew Guccione	andrewguccione@cox.net
	Gail Jensen	gjensen@creighton.edu
	Pamela Levangie	pklevangie@mghihp.edu
	Barbara Norton (Dx Dialog)	nortonb@wustl.edu
	David Scalzetti	scalzitt@gwu.edu
	Linda Van Dillen	vandillenl@wustl.edu
	Carolee Winstein (Internat'l Stroke Network)	winstein@usc.edu
	Steven Wolf (Internat'l Stroke Network)	swolf@emory.edu
Section Representatives (date joining)		
Acute Care Section (2013)	Glenn Irion	girion@jaguar1.usouthal.edu
	Richard Bohannon	ptconsultant@comcast.net
Cardiovascular& Pulmonary (2012)	Chris Wells	cwells@som.umaryland.edu
	Susan Scherer	sscherer@regis.edu
Clinical Electrophysiology & Wound Management (2013)	Harriett Loehne	hloehne@earthlink.net
	Jaimee Haan	JHaan@iuhealth.org
Geriatric Section (2011)	Michelle Lusardi	lusardim@sacredheart.edu
	Stacy Fritz	SFritz@mailbox.sc.edu
Hand Rehab Section (2010)	Susan Duff	susan.duff@jefferson.edu
	Carla Cleary	ckcleary@hotmail.com
Neurology Section (2008)	Jane Sullivan	j-sullivan@northwestern.edu
	Karen (KMac) McCulloch	kmac@med.unc.edu
Oncology Section (2009)	Laura Gilchrist	lsgilchrist@stkate.edu
	Pam Levangie	pklevangie@mghihp.edu
Orthopedics Section (2008)	Jay Irrgang	irrgangjj@upmc.edu
	Joe Godges	jgodges@gmail.com
Pediatric Section (2011)	Carole Tucker	caroletucker@comcast.net
	Kristin Kroschell	k-kroschell@northwestern.edu
Women's Health Section (2012)	Tracy Spitznagle	spitznaglet@wustl.edu
	Ruth Maher	rmmaher@northgeorgia.edu
PT Now (2011)		
PT Now (2011)	Jane Sullivan	j-sullivan@northwestern.edu
RIC's Center for Rehabilitation Outcomes Research (2012)		
RIC's Center for Rehabilitation Outcomes Research (2012)	Jennifer Moore	jmoore@ric.org
APTA staff liaisons		
APTA staff liaisons	Matt Elrod	mattelrod@apta.org