



EDGE Taskforce Meeting  
February 9, 2012, 10:30 – 12:30  
Minutes

Members: Susan Duff, Mia Erickson, Laura Gilchrist, Jay Irrgang, Kristin Kroschell, Pam Levangie, KMac McCulloch, Kate Mangione, Barb Norton, Sue Scherer, Tracy Spitznagle, Jane Sullivan, Carole Tucker, Christy Wilson, Carolee Winstein

Guests: Larry Cahalin, Ellen Hillegas, Jenni Moore

Staff: Mary Fran Deluane, Judy Deutsch/Jan Reynolds

Chair: Edee Field-Fote

I. Intro

- A. What began as a taskforce to drive interest in use of standardized outcome measures (OMs) has morphed into a forum for those who have undertaken the process of standardization.
- B. Provides a venue to learn what other sections/groups are doing
- C. Offers opportunities for collaboration and exchange

II. Welcome to new members and guests

- A. CVP Section reps: Susan Scherer and Christine Wilson
- B. Women's Health Section rep: Tracy Spitznagle
  1. The WH Section is interested in knowing what the other Sections are doing regarding identification of a standardized set of OMs in their practice areas
- C. Rehabilitation Measures Database group, Rehab Institute of Chicago, ([www.rehabmeasures.org](http://www.rehabmeasures.org)): Jenni Moore
  1. Supported by NIDRR grant PI: Allen Heineman. Funded startup of database, and addition of instruments that measures individuals with SCI, TBI and CVA. Recently acquired funding from Retirement Research Foundation for measures related to geriatric population
  2. Has a small group of staff members.
  3. Will provide free/low-cost trainings and webinars on the principles of measurement.
  4. Now collaborating with Neurology Section
    - a. Rehab Measures lacks the recommendations piece, and the Neurology Section collaboration can provide this.
    - b. Neurology section is also providing peer review of instruments and writing new instrument summaries.
  5. Ran a pilot project with UIC to review instruments and add new populations.

- a. Seeking more collaborations with Universities to continue to update and add new populations to instruments.
  - 6. Seeking funding to improve website
  - 7. PubMed sends alert for new instruments, a decision then is made regarding whether it should be added to the database immediately or reviewed first.
  - 8. Website gets 600 – 700 hits per day, from the US and international.
- D. Taskforce on Oxygen Guidelines: Ellen Hillegass & Larry Cahalin
  - 1. Ellen Hillegass: Task Force on guidelines for O<sub>2</sub> consumption with support from the APTA Practice Department.
    - a. Developed tech summary, clinical summary, algorithm.
    - b. Not yet sufficient evidence to develop guidelines.

### III. Update on Section efforts

- A. Ortho: Jay Irrgang
  - 1. Joe Godges has been leading efforts to develop ortho clinical practice guidelines (CPGs)
  - 2. Seven CPGs have been published in JOSPT
  - 3. Most are available on the AHRQ website
  - 4. Ortho Section Strat Plan will emphasize development of Orthopedic National Outcomes Database
    - a. Beginning data collection with patients with neck pain
    - b. Clinician participants will collect data on minimum of 10 patients over 6 months
    - c. Standardized data collection forms – no patient identifiers
    - d. Participants will be given feedback regarding
      - i. Accuracy of classification
      - ii. Adherence to guidelines
      - iii. Comparison of outcomes
- B. Neuro: Jane Sullivan & KMac McCulloch
  - 1. A 2-day con ed course has been offered for years, still highly attended
  - 2. Collaborated with Working Knowledge to develop online presentation
    - a. Features a decision tree – algorithm for selection of OMs using stroke as the model
    - b. Will be available via the APTA Learning Center
  - 3. Stroke and MS recommendations are completed
    - a. Stroke recommendations (scale score) may differ by: site of care, acuity, utility in entry-level education or advanced education, and utility in research.
    - b. MS group added category related to need for additional research

4. New groups: TBI, SCI
  5. Coming up: Vestibular and PD
- C. Oncology: Laura Gilchrist & Pam Levangie
1. Taskforce to identify outcomes and constructs
  2. Pilot group in place to address shoulder dysfunction arising from oncological intervention
  3. Adapted the EDGE review form for their needs
  4. OMs included in Oncology Strat Plan
  5. Interested in collaborating with CVP section on common measures
- D. Hand Rehab: Susan Duff & Mia Erickson
1. American Society of Hand Therapists is developing guidelines
  2. Many Hand Rehab Section members are contributing authors
- E. Geriatric: Kathleen Mangione
1. Geriatric Section has organized a taskforce
  2. Will pull heavily from the work of other groups
- F. Pediatric: Kristin Kroschell
1. Working toward including standardized use of OMs in their strategic plan
  2. There are currently some CPGs available:
    - a. Ortho, serial casting, upper limb fractures
- IV. Update on International Stroke Network: Carolee Winstein
- A. Efforts were started at the ACNR/ACRM meeting in Montreal 2010, headed by Steve Wolf and Mark Bayley.
- B. Purpose: Setting International Standards for Arm Rehabilitation Post Stroke to Maximize Recovery of Arm Function
- C. Goals:
1. Review international guidelines to select those that were internationally relevant
  2. Select some measures of rehabilitation process to monitor access and health system performance in rehabilitation
  3. Select some OMs that might be used universally
  4. Establish an international network of researchers and clinicians that would continue to evolve the guidelines as new evidence arise
- D. Plans for a consensus conference
- E. Noted that StrokEngine is an excellent model of updating – updated weekly
- V. Progress on National Outcomes Database: Mary Fran Deluane
- A. *Outcomes, Inc* does a lot of work with AHRQ
- B. Contracted with *Outcomes, Inc* to develop registries
- C. Goal is to
1. Develop a core set of OMs that will be a part of all registries

- 2. Need to develop a data dictionary that will allow data from these common OMs to be merged into any registry
  - D. Having a quality benchmark is of primary interest
  - E. Collecting intervention data is a challenge
    - 1. Without intervention data it is not possible to know why one patient got better faster than another
  - F. APTA has funding to support Sections in their development of...
    - 1. Clinical practice guidelines
    - 2. Clinical practice appraisals – if there are good CPGs, the guidelines are evaluated in the light of current research and fills in evidence
- VI. Update on Catalog of Tests and Measures: Mary Fran
  - A. The revised Catalog will reside on the PTNow Portal
    - 1. Hyperlink to the instrument
  - B. Need to know what information is needed for the Catalog
- VII. PT Now Portal: Judy Deutsch
  - A. Knowledge translation effort to support synthesis and application of evidence
  - B. Portal designed to make it easier for clinicians to use evidence in practice
  - C. Now in beta test mode
  - D. Web-based
    - 1. Structural organization models the patient-client model
      - a. Organized in a way that can easily be searched
      - b. Based on ICF model
      - c. Examination
        - i. psychometrics
        - ii. Instructions
        - iii. video
      - d. Outcomes
    - 2. Links to existing resources
- VIII. Diagnosis Dialog (Barb Norton)
  - A. Goals
    - 1. Describe terminology used to name dx of patients we treat
    - 2. Labels based on movement
  - B. Collaborate with Sections
    - 1. Four sections are presenting here at CSM on dx related to their content areas
- IX. Next steps
  - A. SOR website (discussion)
    - 1. Can post the modified EDGE review forms as adapted by each group

2. Edee will send out a query to EDGE members with the Minutes to request...
    - a. Adapted form
    - b. An overview paragraph describing how the measures were categorized
  3. EDGE is difficult to find on the SOR website – Pam and Edee will follow up
    - a. Follow-up note: The SOR pages are now located under RESOURCES on the SOR website
- B. Revisit the original EDGE form in light of the modifications made by those Sections that have use the form.
  - C. Create a subgroup to review the OMs recommended by the Sections to identify whether there are common measures that have been identified (table this until a few more groups have identified recommended measures)
  - D. Create recommendations about how to move the process forward based on how what sections have found works well
  - E. Identify common data elements (CDEs) for outcomes for clinical and research needs, and research
  - F. Our profession is defining its unique outcomes that span the ICF framework rather being defined by the medical profession and the NIH toolbox which is heavily weighted on the impairment/body system/body structure level
  - G. Invite reps from Acute Care Section