EDGE Taskforce Meeting
February 18, 2010
Minutes

Members Attending: Beck Craik, Julie Fritz, Andrew Guccione, Pam Levangie, KMac McCulloch, Jane Sullivan, Carolee Winstein, Steve Wolf
Chairing: Edee Field-Fote

I. Discussion of how EDGE objectives relate to other related efforts, members agreed that...
   a. The task of the EDGE Taskforce is to identify sets of measures that optimally assess treatment effectiveness
   b. Ultimate goal is to be able to identify tools to recommend for the Guide for PT Practice
   c. There was discussion about the place of these measures within the context of the larger sphere of practice; the following is a synopsis of that discussion
      i. Step 1: What does a PT need to know in order to classify the patient’s disorder? This is purview of Dx Dialog group – assessments/process to establish a PT Dx.
      ii. Step 2: Based on PT Dx what outcome or change is predicted given optimal intervention? This is purview of Sections/SIGs -- Clinical Practice Guidelines.
      iii. Step 3: What assessments are needed to capture this outcome/change and measure effectiveness of Rx? This is purview of EDGE Taskforce – assessments to measure change due to intervention.
   d. Discussion of characteristics that an assessment tool must possess in order to be valuable, members agreed that a valuable tool is one for which...
      i. The amount of change that is meaningful in the target population (e.g., MDC, MCID) is known
      ii. The language of the summary data is meaningful to both clinicians and to payors (e.g., MDC, MCID rather than p-values)
      iii. The set of tools captures information about functioning across the ICF domains (this will facilitate the identification of relationships across the ICF spectrum)

II. Based on the preceding discussion the summary ranking of the EDGE Outcome Measure Rating Form was reviewed. The members refined the rating form to reduce redundancy and added language for clarity, changes were made to the Instrument Properties section so that only the following items remain...
   a. validity for intended purpose (clarification that validity is not an inherent property of a tool but depends on its application)
   b. sensitivity to change (responsiveness, MCID, MDC)
   c. ceiling/ floor effects considerations
   d. reference values for interpretation in target population

III. Report of efforts by other component groups.
   a. Neurology Section’s Toolbox Taskforce:
i. Jane and KMac indicated that the preceding revisions to the EDGE rating form are consistent with the revisions made by the Neuro Toolbox Taskforce.

ii. In addition their group has categorized tools by practice setting (entry level, advanced practice, research) and considers accessibility of the tool in their rating

IV. EDGE Taskforce meeting at APTA
   a. Marc Goldstein obtained funding for the meeting in the Research Dept budget
   b. The group identified April 7th – 8th as the best dates
   c. It is likely that the Section on Research will be able to offer supplemental funds if those provided in the Research Dept budget are not adequate for all members to attend.

V. Edee will post all EDGE documents to the SOR website