

EDGE Taskforce Meeting
February 16, 2007
Minutes

Members attending: Suzanne Campbell, Tony Delitto, Julie Fritz, Susan Herdman, Gail Jensen, Pam Levangie, Barb Norton, Shirley Sahrman, Carolee Winstein. APTA staff: Ken Harwood

I. APTA initiatives related to outcome measures

A. CONNECT and OPTIMAL. Ken updated the members on the status of CONNECT and OPTIMAL. He reported that CMS has found OPTIMAL to be compliant with CSM requirements for testing function.

B. Quality indicator group: Ken reported that under Medicare, clinicians meeting the quality indicator (a minimum standard) have Medicare reimbursement rate increased by 1.4%. The quality indicators were designed by MDs and it was not clear that PTs would be included. APTA is lobbying to make physical therapy part of the consortium with voting rights. Currently, *Falls Prevention Screening* and *Urinary Incontinence Screening* are the only two quality indicators for which physical therapists are eligible for this increased reimbursement. Now considering eligibility for *Low Back Pain, Standardized Functional Assessment, and Education*.

II. Other initiatives related to outcome measures: Members reported on the following...

A. NIA has funded a project at UIC for Toolbox for Neurologic Clients

B. C. Computer Adaptive Testing (CAT). It was noted that the 2007 Michels Forum will address CAT. There was discussion that while computer-based testing is gaining increased use, not all PTs have access to computers/internet and that problems remain with the "black box" of computerized tests

C. NIH roadmap (Patient Reported Outcomes Measurement Information System -- PROMIS) battery of items for existing "patient reported" instruments, website.

III. Review of the test/outcome measure appraisal form.

Members reviewed the form, which had been revised according to recommendations made at the June 2006 meeting. There was agreement that in addition to the information contained in the form, that it would be important that reference sources for the information be documented as part of the process of completing the form.

IV. Consignment of test/measure appraisal to stakeholder groups.

The members agreed that the task of appraising test/measures is best assigned to groups with expertise and a vested interest in tests/measures specific to their areas of practice.

A. Identifying stakeholder groups: Members discussed stakeholder groups that would be suited to the task of evaluating tests/measures. The groups identified were: Section research committees, clinical specialty councils, clinical residents. It was decided that it would be advantageous to begin by involving the Section research chairs to gain participation of their respective groups in evaluating tests/outcome measures in their practice areas.

B. Involving Section research chairs: chairs will be asked to identify workgroups in their respective content areas to rate commonly-used tests/measures within their practice areas using the test/outcome measure appraisal form as a guide. Stakeholder workgroups will be invited to participate in a SOR forum at CSM '08 to present their results. To make the presentation interesting for attendees, workgroups will be asked to structure their presentations around the following information:

1. Name of test
2. Purpose of test/measure
3. Domain measured (body structure/function, activity, participation)
4. Test administration (patient- or PT administered)

5. Scoring of test/measure (number of questions, scale)
6. Interpretation of score (range of scores, meaning of high vs low score)
7. Advantages
8. Disadvantages / Limitations
9. Comments
10. Test/measure rating: Use Supported, Use Not Supported, Unknown/insufficient information.

C. Resources for workgroups: The *Catalog of Tests and Measures* from *The Guide to Physical Therapist Practice* will serve as the primary recommended pool from which tests/measures will be drawn. The *Physical Rehabilitation Outcome Measures* (Finch et al) will serve as a valuable reference resource.

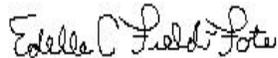
D. Ideas to motive stakeholder participation: Provide copies of *Physical Rehabilitation Outcome Measures* to participating stakeholder groups (projected cost: \$2,000). Provide honoraria to one member from each stakeholder group to present at CSM 2008 (projected cost \$2,500).

IV. Selection of "preferred" tests/measures: The process of selecting the tests/measures will require the official sanction of governing bodies (Section BODs, APTA) and therefore must be separate from the appraisal process. It is envisioned that panels consisting of faculty, clinical specialists and residents will be convened (with input from stakeholder groups involved in the test/measure appraisal) to select measures (<5) they would recommend for a specific practice area. This step will likely require APTA sanction/financial support.

IV. Other matters requiring attention in order to advance the test/measure selection effort.

- A. HOE Clinical Scenarios should recommend standardized tests and measures
- B. At some future time an SOR Retreat based on outcomes assessment may be planned
- C. Standardization of methods/conditions for test/measure administration will be needed.
- D. Dissemination efforts include presentations, printed briefings, web-based information.

Respectfully submitted,



Edelle C. Field-Fote
Chair, EDGE Taskforce