



EDGE Taskforce Meeting
February 7, 2008
Minutes

Members attending: Suzanne Campbell, Kathy Gill-Body, Pam Levangie, Barb Norton, Shirley Sahrman, Patty Scheets, Linda Van Dillen, Carolee Winstein, Steve Wolf
Chair: Edelle Field-Fote

I. Learning from Babel – discussion session

The group discussed strategies for conducting the Open Forum session following the Learning from Babel presentations:

- A. The members discussed the advantages that would be afforded by standardization of outcome measures. These included:
 1. Improve efficiency and
 2. effectiveness
 3. Improve quality
 4. Reduce unnecessary tests
 5. Improve consistency
 6. Improve accountability
 7. Allows comparison among different interventions based on the same outcome measures
 8. Facilitates reuse and duplication of an expert's knowledge and processes as novices could compare their outcomes to the experts if both use the same measures
 9. First step in construction of a database

- B. The group discussed ideas for participants to consider when potential barriers to standardization are raised
 1. Time restrictions in clinic
 - a. Clinicians save time as the outcome measures have been preselected
 - b. The use of self-report outcome measures can save time. Also, these measures can be used to capture data from pts who do not return to the clinic
 2. Fear of having individual outcomes compared to others: averaging outcomes over multiple patients will determine typical performance. However, an expert clinician may be assigned the more difficult clients, therefore outcomes are less positive – there needs to be a mechanism in place to resolve issues such as this.

- C. Approaches for putting standard outcomes into practice
 1. Standardizing test conditions: educational videos may be used to demonstrate the standardized testing conditions
 2. Examples of sites that use a core set of outcome measures: Kathy Gill-Body indicated that these are already in place her facility, and Rich Shield's PT Dept is also thought to have a standardized set of measure in place
 3. Entry-level PT education: the need for using standardized outcomes is a necessary component of entry-level education

II. Involving Research Chairs versus Practice Chairs

The members discussed whether targeting the component research chairs was the best group to disseminate the message regarding the need for standard outcome measures. Pam mentioned that in many cases the Research Chairs are only just learning about their roles and their tasks are often centered on reviewing abstract submissions for CSM. There was discussion that the component Practice Chairs might be a more appropriate target, as their role centers around issues related to practice.

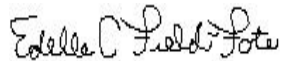
III. Involving APTA – FPT

There was discussion regarding how APTA and the FPT might be involved in initiatives to select core sets of standardized outcome measures. The group agreed that the APTA was likely a better target for this effort. There was discussion that the Guide will be revised beginning next year, and that it would be beneficial to piggyback the effort of identifying core outcome measures onto the efforts of revision of the Catalog of Tests and Measures that accompanies the Guide.

POSTNOTE: Edelle discussed this with Ken Harwood, he indicated that the current initiatives regarding the APTA Strategic Plan would be used to set priorities for the APTA. Therefore, it remains to be seen whether the issue of standardization is raised as a priority by the members who respond to the survey.

IV. Section initiatives: The Orthopedic Section has an initiative to develop ICF-based clinical practice guidelines. While this effort is directed at standardizing interventions, it provides support for efforts directed at standardization.

Respectfully submitted,



Edelle C. Field-Fote
Chair, EDGE Taskforce