FOTO OUTCOMES MANAGER

CLINICAL ORIENTATION RESOURCE GUIDE

FOCUS ON® THERAPEUTIC OUTCOMES INC

OUTCOMES MANAGER

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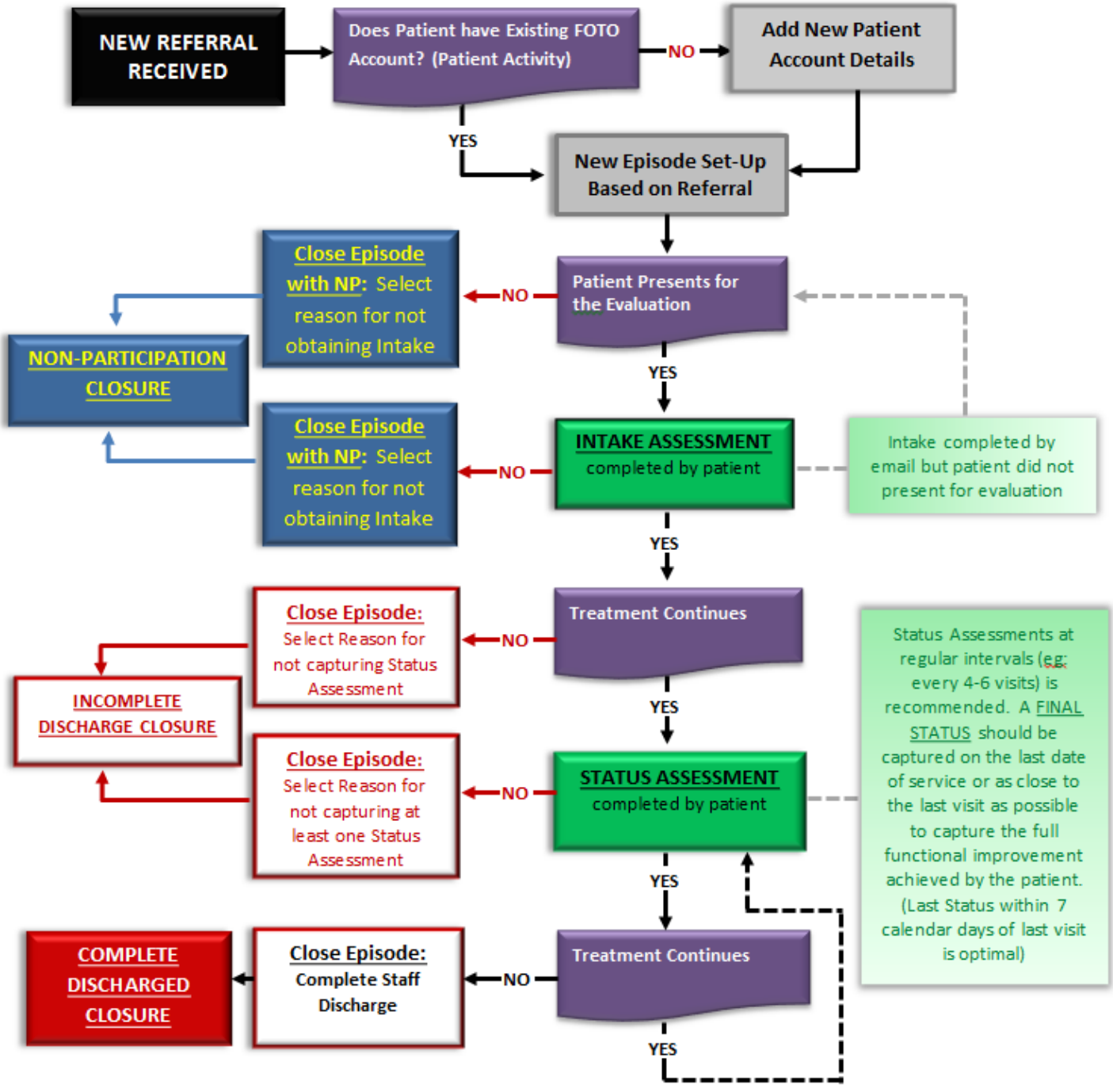

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STANDARDS FOR ADMINISTRATION OF FOTO MEASURES

ADMINISTRATION GUIDELINES:

I. Background – definition of administration, why important
II. Patient Instructions Prior to Answering Survey Questions
III. General Guidelines for Helping Patients Who Request Assistance
IV. Supplemental Instructions
V. How to Handle Common Scenarios
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Standardization helps insure that patients at different clinics and different settings are all responding to questions based on their own perspectives and experiences.

Standardization seeks to minimize coaching and other external influences on patient responses.

I. Background

- **What does Administration mean?**

The term "administration" in this context refers to the manner in which each FOTO Intake and Status assessment is presented to the patient.

- **Why is this important?**

Adhering to standards for administering FOTO measures promotes validity, reliability and responsiveness. These properties are critical to clinicians and others who expect consistency and accuracy in measurement of outcomes. Using standard procedures for survey administration allows for more accurate benchmarking of performance across clinics.

At least as importantly, patients deserve evidence-based care informed by the highest caliber of research, and accurate outcomes measurement is a critical component of evidence-based practice. Researchers, scholars, and policymakers similarly desire measurement that produces the most meaningful & precise results.

Insuring that all patients receive the same instructions prior to answering survey questions preserves the integrity of the assessment. It is also important that guidelines are consistently followed when patients have questions or need help in responding. Standardization seeks to minimize coaching and other external influences on patient responses. When interacting with a patient who is completing FOTO measures, clinicians and others who have the best of intentions can inadvertently bias reporting just by what they say or how they act.

Standardization helps insure that patients at different clinics and in different settings are all responding to questions based on their own perspectives and experiences. Scores that are obtained under standardized conditions are more trustworthy and the subsequent interpretations more sound.

II. Patient Instructions Prior to Answering Survey Questions

- **INTAKE-** These instructions will be displayed for the patient at the start of the survey. The survey administrator is advised to state or paraphrase these instructions verbally. Keep in mind the importance of tone of voice and body language, and deliver the verbal patient instructions in a manner that communicates that the assessments are valuable.

> The following assessment will ask you about difficulties you may have with certain activities.
>
> It's an important part of your evaluation. It will help us:
> - understand how your condition is affecting your activities, and
> - develop treatment goals with you.
>
> Please answer the questions with respect to the problem for which we are seeing you.
>
> Respond based on how you have been over the past few days.

- **STATUS** – The guidelines are the same as for Intake.

> Please answer these questions to help us assess your progress since starting therapy.
>
> Remember:
> - Answer the questions with respect to the problem for which we are seeing you.
> - Respond based on how you have been over the past few days.

III. General Guidelines for Helping Patients Who Request Assistance

- Keep in mind that **patient self-report measures are intended to assess <u>the patient's perception.</u>**

DO	DO NOT
• Follow the standardized instructions • Re-read • Re-emphasize • Objectively re-state	• Interpret the question for the patient • Tell the patient how to answer

- **Illustration of General Guidelines using the Fear Avoidance Beliefs question(s).**

  - Re-read the instructions on the computer screen (okay to paraphrase): "It's asking you to rate how strongly you agree or disagree with this statement, 'I should not do physical activities which might make my pain worse.'"
  - Re-emphasize: "….'I **should not do** physical activities which (might) make my pain worse.'"

- Objectively re-state: "Mr. Smith, how strongly do you agree or disagree with this statement: "I **should not do** physical activities which (might) make my pain worse?'"

IV. Supplemental Instructions

- In response to patient questions or other special circumstances, the following are supplemental instructions that may be delivered verbally to the patient, in addition to the Intake and Status instructions. Remember to remind the patient of key points from the Intake and Status instructions when applicable.

  - "There are no wrong answers. We want to know what YOU think."
  - "If you are asked about something you haven't done recently, estimate how hard it would be if you tried to do it now."
  - "Keep in mind that the assessment does not know who you are. These are standardized questions. If a question does not seem to apply to you, choose the response closest to the right answer for you…or…select the 'best fit' answer."
  - "The computer is assessing your abilities. In order to find out what you can do, it has to find out what you cannot do."
  - "Your clinician is interested in learning more about how your condition **may or may not be** affecting you **either** physically **and/or** emotionally."
  - "You also will have the opportunity to respond regarding your satisfaction with your experience at this facility." (for Status if Satisfaction not turned off.)
  - "The information you give is a part of your medical record, and subject to regulations that protect health care information."
  - "This assessment usually takes about 5-10 minutes." (Okay to say longer if you feel that will be the case. The point here is that you give the patient a time estimate.)

V. Common Scenarios

This section applies the general guidelines and other standardized wording for common scenarios.

- **A patient's function may be limited due to medical contraindications, such as post-operative rotator cuff repair:**

  - Do not tell the patient which response to choose. Re-state the instructions and/or the question and/or the patient's perception. For example,

    Patient: "I'm not supposed to raise my arm because my doctor told me not to yet. How should I answer this question about reaching a shelf at shoulder height?"

    Response: "Remember that the instructions for this questionnaire said that you are supposed to answer based on how you are presently. You said that you are not supposed to raise your arm; how do you think that applies to this question about reaching up to a shelf at shoulder height? There are no wrong answers; choose what you feel is the best-fit response."

- Let's say the patient decides that even though they aren't supposed to reach to shoulder height, that they could do it if they tried and thus they select "moderate difficulty" rather than "Unable;" that would be the correct response because it is the patient's perception!

- Notice that the response above only takes into account what the patient said or knows, that their doctor said they are not to raise their arm. Thus, either a clinical or non-clinical staff member can do this.

- **A patient feels that certain questions are inappropriate, such as an older adult being asked about running or hopping:**
  - For example,

    Patient: "I'm 80 years old, so why am I being asked if I can run?"

    Response: "The computer is assessing your abilities. In order to find out what you can do, it has to find out what you cannot do."

- **Administering optional questionnaires about psychosocial topics contain questions some patients may consider sensitive**.
  - For example,

    Patient: "Why is this asking about things that are not my problem??"

    Response: "Keep in mind that the assessment does not know who you are. These are standardized questions. If a question does not seem to apply to you, choose the response closest to the right answer for you…or…select the 'best fit' answer."

    Patient: "Why is it asking me about worry and distress? My problem is physical. Do you guys think I am faking it?!"

    Response: "Your clinician is interested in learning more about how your condition **may or may not be** affecting you **either** physically **and/or** emotionally."

- **A patient asks if they should respond based on their function with or without their assistive device:**

  - Instruct the patient to respond based on what the patient feels would be normal function for them. For example,

    - Someone who has used a walker for several years might consider that their normal function means how they can walk using a walker,…or they might not!

    - Someone who is using an assistive device short-term due to the injury/condition might consider that their normal function means how they could perform without the device.

  - Always default to affirming to the patient that their perception is correct.

- **A patient is uncertain whether to respond based on their function using the affected extremity relative to the unaffected extremity**

  - Re-state for the patient any relevant Intake or Status instructions with emphasis on the key words within the questionnaire being taken. For example,

Response: "I can see that on the question you are being asked it says, 'Using your affected arm how much difficulty do you have…?' How much difficulty do you feel you have because of your affected arm? Remember, there are no wrong answers; however you interpret that is correct."

- Instruct the patient to respond based on what the patient feels would be normal function for them.

VI. Non-verbal Communication

- Keep in mind the importance of tone of voice and body language, and deliver the verbal patient instructions in a manner that communicates that the assessments are valuable. The patient's responses may be more thoughtful and accurate if the patient understands the assessment process is an important component of their care episode.

VII. Paraphrasing Standardized Patient Instructions

- It is generally acceptable to paraphrase or restate the sentences. Remain true to the message and be objective. Often it is best to start by using the scripted sentences verbatim, and as you become more comfortable with remembering the responses, you might evolve into putting things in your own words.

VIII. When to Administer FOTO Assessments

- It is recommended that patients complete their FOTO assessments prior to the evaluation with the clinician. Completing the assessment post-evaluation is the preferred option only if the alternative would be not getting the assessment at all.

IX. How Much Assistance Is Too Much?

- After delivering the Intake or Status instructions verbally, the survey administrator may wish to remain with the patient until the first functional question in order to make sure the patient is comfortable navigating the survey. Once survey setup is complete and the patient has started answering the functional survey, DO step away and let the patient know that you are available if the patient needs help.

If the patient asks for help, follow the guidelines provided above under Supplemental Instructions and Common Scenarios. For patients who seem to need the close presence or guidance of another, see FOTO guidelines for Proxy and Recorder survey administration options.

CLINICAL RESOURCE

CARE TYPE DESCRIPTIONS

The following list gives examples of the typical types of diagnoses that would be included within a Care Type to assist with the selection of the appropriate care type for your patient episodes.

ORTHOPEDIC

- Arthropathies
- Spine Pathology
- Muscle, Tendon & Soft Tissue Disorders
- Osteo, Chondropathies & Acquired Musculoskeletal deformities
- Fractures / Dislocations
- Sprains / Strains
- Wounds and Traumatic Amputation
- Contusions
- Crushing Injuries
- Burns
- Post-surgical procedures: Musculoskeletal system
- NOC*-Musculoskeletal disorders

ORTHOPEDIC BODY PART
Shoulder
Pelvis
Hip
Upper Leg
Knee
Lower Leg (w/o Knee)
Ankle
Foot
Craniofacial
Neck
Ribs – Trunk
Thoracic spine
Lumbar spine
Upper Arm
Elbow
Forearm
Wrist
Hand

PELVIC FLOOR DYSFUNCTION

- Urinary Incontinence
- Failure to store – Bowel
- Failure to empty – Urinary Retention
- Failure to empty – bowel constipation
- Other Urinary or Bowel Dysfunctions
- Pelvic Floor Pain
- Supportive Dysfunction

CARDIOVASCULAR & PULMONARY

- Rheumatic and Heart Disease
- Diseases of Arteriel System
- Diseases of Veins and Lymphatics
- Lung Disease

NEUROLOGICAL

- Cerebrovascular Disorders
- Endocrine, Metabolic, Immunity Disorders
- Psychotic Conditions
- Neurotic, Personality & Other Non-Psychotic Disorders
- Inflammatory Diseases of the Nervous System
- Degenerative CNS disorders
- Multiple Sclerosis
- Non Traumatic CNS Dysfunction
- Quadriplegic Syndromes
- Paraplegic Syndromes
- Other Paralytic Syndromes
- Peripheral nervous system disorders
- Congenital anomalies
- Brain Injury
- Vertigo
- Post-surgical procedures: Nervous system
- NOC*-Neuromuscular disorders

INDUSTRIAL

- Select only if patient is being treated in a Work Hardening or Work Conditioning Program

PAIN MANAGEMENT

- Select only if patient is being treated in a Multidisciplinary Pain Management Program

** NOC-Not Otherwise Classified*

Orthopedic Care Type is classified with a **Body Part** (cervical, thoracic, lumbar, knee, wrist, hand, shoulder, etc.) and Impairment.

The exception to this is when the patient has a diagnosis that does not localize to one area of the body – a fibromyalgia patient, general deconditioning, etc. for example. These patients can be set up in the Orthopedic Care Type **without a body part selection**, as long as an Impairment is selected in lieu of the body part.

Patients in the **Neurological, Cardiovascular and Pelvic Floor Care Types** DO NOT REQUIRE A BODY PART SELECTION – only the impairment is needed to assure comparison with analogous episodes nationally.

Industrial and Pain Management Care types require the Body Part and Impairment as listed shown under Orthopedic Care Type.

CLINICAL RESOURCE

COMPUTER ADAPTIVE TESTING (CAT)

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FOTO's PI™ software reduces the number of functional questions that patients have to answer with **CAT – Computer Adaptive Testing**. The goal of each CAT measure is ***to provide an estimate of functional status that is efficient and precise***. CAT begins by accessing the appropriate Intake Assessment for the patient based on their body part/impairment established during the set-up process. The CAT logic engine begins by selecting questions from an item list relevant to the particular patient. The patient's response to functional questions is given a value. The CAT logic engine submits questions only until it is satisfied the measure of the patient's functional ability is precise.

Computer Adaptive Testing

- Utilizes Item Response Theory Mathematics (IRT)
- Individual /different CATs for each body part/impairment
- Questions tailored to patient's ability
- Efficient
- Precise
- FOTO's Functional Status Measures endorsed by NQF

Which part of the FOTO Assessment process involves the CAT?

- Only the portion of the assessment with the functional questions.

What is CAT and how does it work?

- Item Bank
  - A set of questions that assess functional status over a range of low to high abilities.
  - The item bank has to be calibrated.

- Item Response Theory (IRT)
  - IRT math is what is used to calibrate the questions within an item bank
  - This results in each question having its own assigned place on the metric from low to high functioning.

- The Entry Level question
  - At the beginning, the CAT does not know anything about the patient, so it starts by assuming that the patient is of average ability.
  - Each item bank has a specific average ability question that has been pre-assigned as the ***entry level question*** For example, in the Shoulder CAT, the entry level question asks about the ability to reach a shelf at shoulder height.
  - Once the patient has answered the entry level question, the CAT starts to get information about the patient's ability and calculates an ***initial estimate of the patient's functional status (FS).***

- Selection of Subsequent Questions in the CAT
  - The IRT math uses the information gained from the patient's response to the entry level question to select the next question.
  - After each question, the estimate of FS is re-calculated and another question selected based on the information gained from all of the patient's responses to that point.

- Stopping Rules
  - The CAT continues to ask questions until 1 or more of the stopping rules are satisfied. The rules are:
    1) No change in FS estimate over a certain number of consecutive question responses (usually 3).
    2) Pre-determined level of low standard error has been calculated.
  - In this way, the stopped rules insure that the FS estimate is ***precise***.
  - Because the patient only has to answer enough questions to achieve the precise FS estimate, the number of questions is typically less than what a patient would answer with a traditional paper-pencil questionnaire (***efficient***).

- Scoring
  - FOTO CAT measures are typically reported on a scale of 0-100 where a higher score indicates higher function.
  - Notice that 0 and 100 do not mean anything specific; 100 does not necessarily mean perfect or normal, and 0 does not mean death or coma.

CLINICAL RESOURCE

RISK-ADJUSTMENT VARIABLES

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FOTO is committed to providing the most accurate benchmarked comparisons available in today's sophisticated healthcare arena. Accurate comparisons take patient differences into account, and risk adjustment plays a key role in FOTO's ability to do this.

Risk-Adjustment uses sophisticated modern mathematical techniques to account for different patient characteristics, or variables, that commonly influence outcomes. Using the risk-adjustment model, the influence of each patient variable is accounted for by "adjusting" (adding or subtracting) the influence of each of the variables.

It really makes good clinical sense – every patient is unique. When you care for an older adult patient with a chronic knee condition, do you want the patient's outcome compared to that of someone else's 25 year old patient who sprained her knee yesterday in a basketball game? Equalizing for these differences is what risk-adjustment does.

By risk-adjusting, FOTO is able to compare your patients to analogous episodes nationally. FOTO provides risk-adjusted:

- Benchmarked comparison of aggregated outcomes
- Predictions for functional status change for each individual patient

Levels of Classification

1. Care Type
2. Impairment

RISK ADJUSTMENT VARIABLES

3. Intake Score (Continuous Variable)
4. Gender (2 Variables)
5. Age (Continuous Variable)
6. Acuity (7 Variables)
7. Surgical history (4 variables)
8. Exercise History (3 variables)
9. Medication Use for Condition (2 Variables)
10. Number of comorbidities (up to 30 Variables)
11. Payer type (16 Variables)
12. Previous Treatment for Condition (2 Variables)
13. Post Surgical Type (3-8 Variables for each condition)

*The sample below demonstrates 2 different patient episodes. Both are **Orthopedic**, **Shoulder** & are **Post-surgical** Impairments. Notice however how the risk-adjustments affect the Risk-Adjusted Statistical FS FOTO comparison score as well as the Predicted Points of FS change, visits, duration, etc. for the episodes.*

Patient:	**RISK, SAMPLE**
ID#	SampleRisk
Date of Birth:	8/2/1952
Initial DOS:	9/21/2017
Body Part:	Shoulder
Impairment:	Post-surgical procedures: Muscul...
Surgery Type:	Rotator cuff Repair – > 3 cm tear ●
Surgery Date:	09/01/2017

Risk-Adjustment Criteria

Care Type:	Orthopedic	**Body Part:**	Shoulder
Severity:	Very Severe (Intake FS: 29)	**Gender:**	Female
Payer:	Medicare B	**Age:**	65
Acuity:	15 - 21 days	**Specific Surgical Code**	●
Surgeries:	2	**Prev Exercise:**	Seldom or never
Medication:	Yes	**Prev Treatment:**	No

Specific Comorbidities *Arthritis, high blood pressure, back pain listed on page 2 of intake BMI also above 30 so added as additional comorbidity*

Functional Status Measures:	Intake Score
Patient's Physical FS Primary Measure	29
Risk Adjusted Statistical FOTO*	23

Rehabilitation Resource Predictor*	Predicted Value
Points of Physical FS Change	34
Discharge FS Score	63
Visits per Episode	21
Duration of Episodes in Days	85

Patient:	**RISK, SAMPLE**
ID#	SampleRis2
Date of Birth:	8/2/1985
Initial DOS:	9/21/2017
Body Part:	Shoulder
Impairment:	Post-surgical procedures: Muscul...
Surgery Type:	SAD ●
Surgery Date:	09/01/2017

Risk-Adjustment Criteria

Care Type:	Orthopedic	**Body Part:**	Shoulder
Severity:	Very Severe (Intake FS: 32)	**Gender:**	Male
Payer:	Preferred Provider	**Age:**	32
Acuity:	15 - 21 days	**Specific Surgical Code**	●
Surgeries:	1	**Prev Exercise:**	Once or twice a week
Medication:	Yes	**Prev Treatment:**	No

Specific Comorbidities *Only previous accidents reported (shown on page 2 of Intake)*

Functional Status Measures:	Intake Score
Patient's Physical FS Primary Measure	32
Risk Adjusted Statistical FOTO*	37

Rehabilitation Resource Predictor*	Predicted Value
Points of Physical FS Change	43
Discharge FS Score	75
Visits per Episode	18
Duration of Episodes in Days	73

CLINICAL RESOURCE

MCII and MDC

Definition:

- **Minimal detectable change (MDC)** is defined as the minimal change that falls outside the measurement error of an instrument.

- **Minimal clinically important improvement (MCII)** [sometimes referred to minimal clinically important change (MCIC) or difference (MCID)] is defined as the minimal change in the score that may be meaningful to the patient.

Scores provide the clinician with a working knowledge of reference points to identify if true change is occurring in a patient's functional status to determine if alterations in treatment interventions may be indicated to ensure quality focused rehabilitation.

Cut points:

- Different Functional Status Intake scores are associated with different MDC and MCII values.

- MCII points of change is variable based on the presenting body part to be treated compared against the Intake Functional Status (FS) score of the patient at the time of the evaluation: 0-40, 41-50, 51-60, and 61-100.

- MDC 95% confidence interval based on FS Score range is fixed, regardless of presenting body part, based on 10 cut points from 0-100.

Difference Between the MDC, MCII and the FOTO Predicted Points of FS Change

- The FOTO Predicted Points of Functional Status (FS) change represents the average points of functional improvement achieved by risk-adjusted analogous patient episodes nationally at the time of discharge from clinical care. While the MDC and MCII provide the MINIMAL change which is significant during the initial treatment period, the FOTO Predicted FS change identifies the points of change needed to attain the functional improvement achieved nationally at the end of care.

- The MDC and MCII provide a reference for the clinician to identify whether a minimal criterion for points of positive change has been made in the functional level of the patient. If the minimum change (MDC / MCII) is not achieved this may influence clinical decision-making, for example alterations in treatment may be indicated.

CLINICAL RESOURCE

FUNCTIONAL STAGING

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- **What does a certain score mean?**
- **How can I use the score to assist in care planning?**

Functional Staging models provide clinicians with yet another tool for clinical interpretation of an individual patient's functional status (FS) score. Functional Staging provides a visual display of a clinically logical classification system based on Item Response Theory mathematics (Refer to CAT reference, page 10) used to identify cut-scores in FS continuum.

Clinician can compare a patient's functional status score with the functional stages to better interpret the patient's score. The expected responses to each question in the CAT measure's item bank can be obtained by drawing a vertical line over an FS score (see examples illustrations below). By doing so, the clinician can see all of the expected responses to all of the questions even when the patient did not answer the questions during administration of the CAT measure. (This is because of how the IRT math has calibrated each question in the item bank – see CAT, page 10).

If a clinician has a patient's FS score from 2 or more points in time (Status Assessments), the patient's progress may be tracked by drawing additional vertical lines and examining the overall functional status change.

This information is also useful when a clinician would like to understand a patient's likely response to a specific question that was asked by the CAT at Intake that was not asked at the time of the Status Assessment.

Functional Staging models have been developed for the following Computer Adaptive Testing (CAT) Measures:

- Shoulder
- Lumbar
- Hip
- Knee
- Ankle/Foot

Details on the research development behind the models is available at:

http://www.fotoinc.com/science-of-foto

Or our Resource Page at:
http://www.fotoinc.com/customers/science-behind-foto

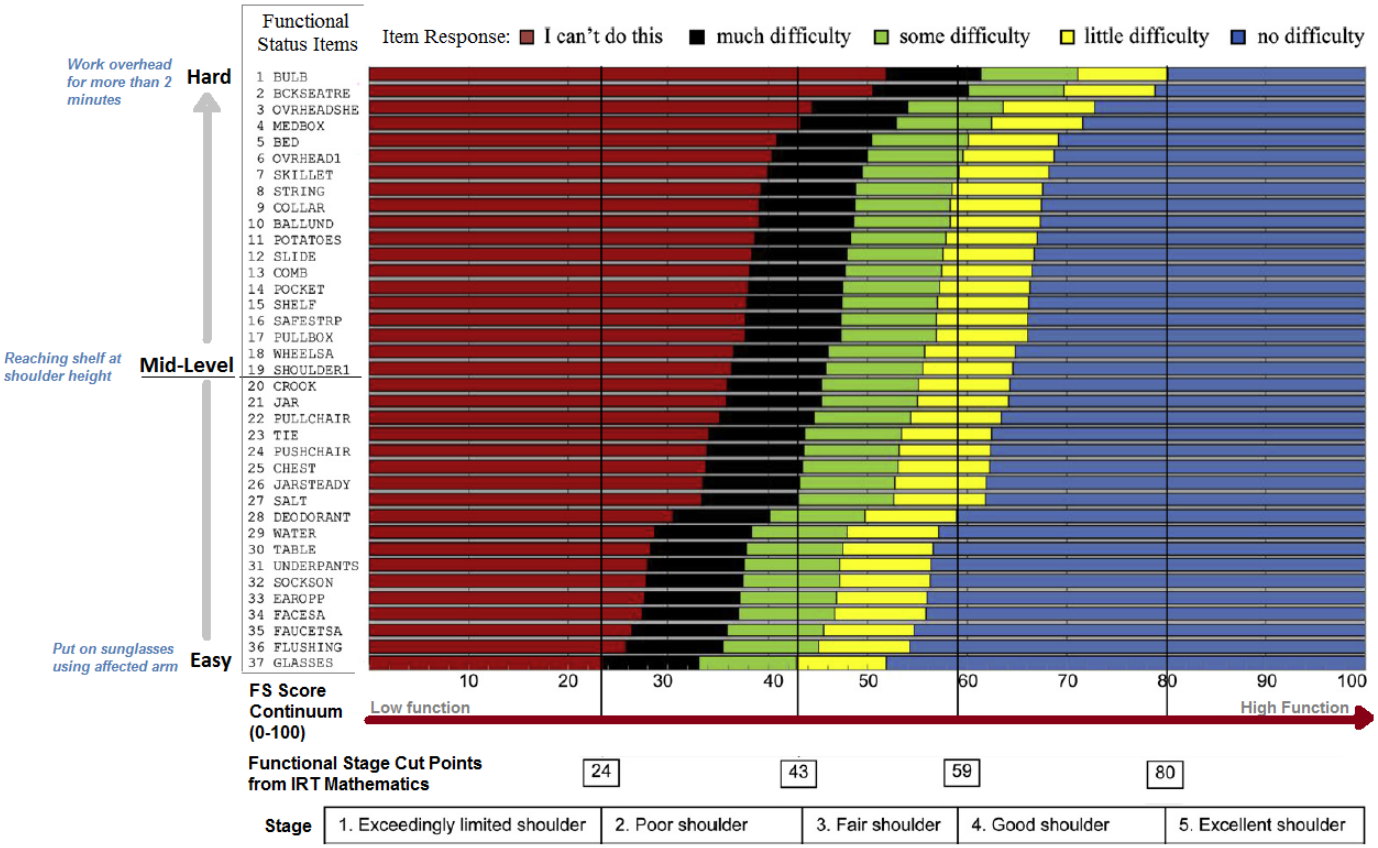
Let's first look at a sample functional staging grid visual. Our example is for a **Shoulder** impairment.

Illustration 1

- Functional items in condition specific question bank (CAT) are plotted in the grid from easy (bottom of grid) to hard (top of grid).
- Linear bar graph identifies patient's item response selections to each given functional activity in the item bank
- Surfaces the FS Score Continuum (0-100) ranging from low function to high function
- Surfaces staging cut points from Item Response Theory (IRT) mathematics
- Surfaces functional staging levels associated with the FS score/functional responses

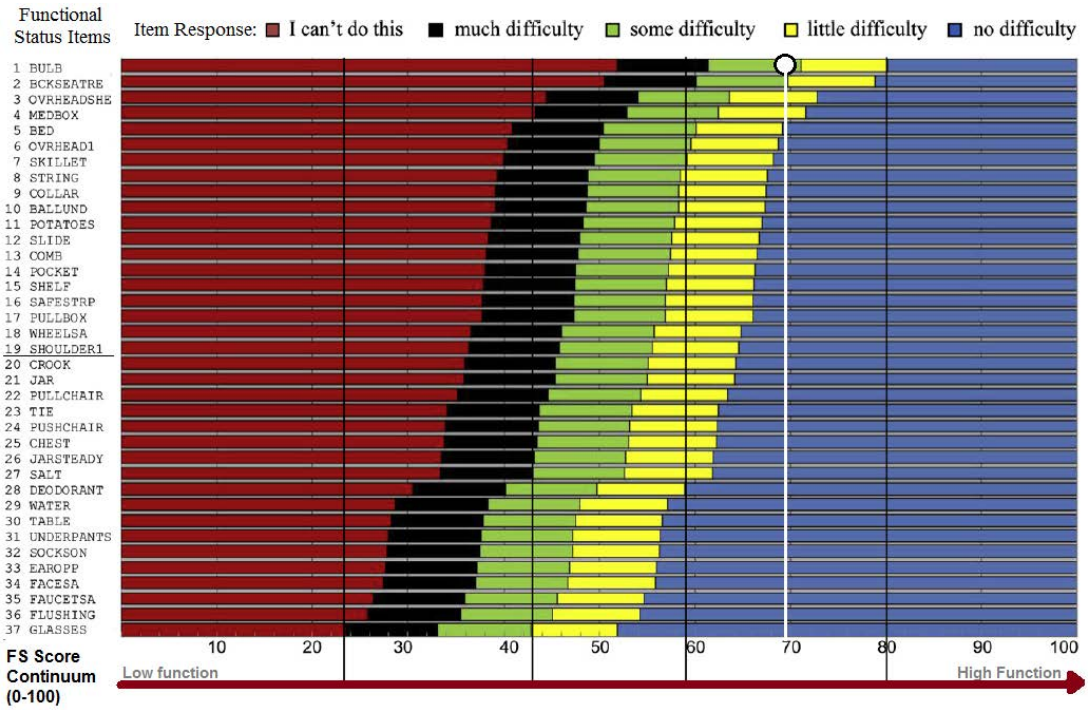
Illustration 1

Functional Staging: Shoulder Classification System



Functional Staging clinically assists you in identifying the likely response of the patient with other functional activities based on their response. In Illustration 2, the patient responded only some difficulty with the most difficult activity in the item bank. Because of this response, it is predicted that, for example, the patient would be able to perform activity item #2 with some to little difficulty, item 6 with little or no difficulty, item 13 with no difficulty, etc.

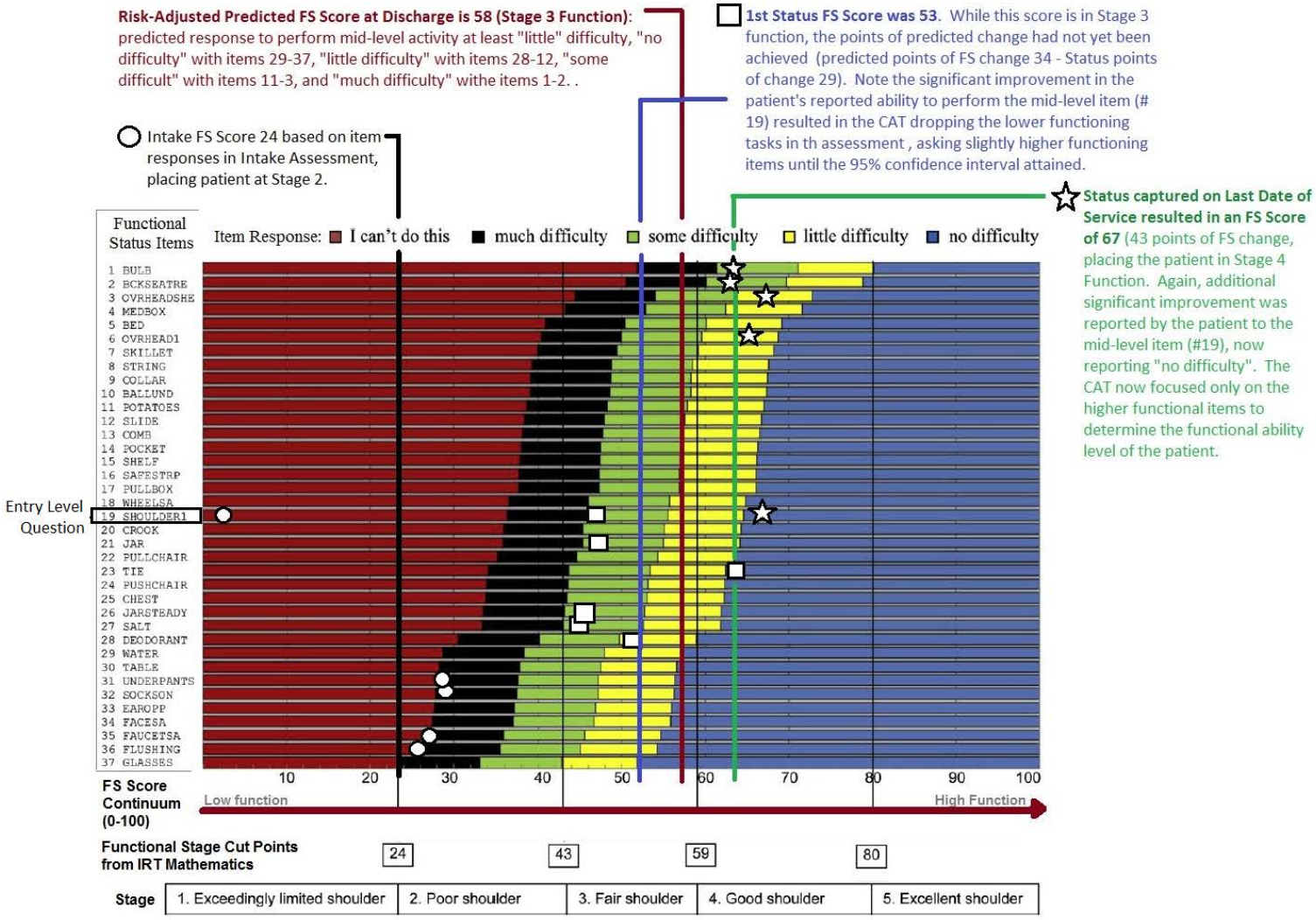
Illustration 2



In Illustration 3, a sample shoulder episode of care was graphed on the Shoulder Functional Staging Grid, showing:

- Intake patient responses and the score
- Risk-Adjusted Predicted FS score at discharge, showing the anticipated responses to CAT questions if the patient achieves the predicted points of change
- Status 1 patient responses and score
- Status 2 patient responses and score

Illustration 3



CLINICAL RESOURCE
USING THE

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PATIENT SPECIFIC FUNCTIONAL REPORTS (PSFR)

Using the Patient Specific Functional Reports (PSFRs) during the evaluation (Intake) and throughout the treatment episode (Status) is important as these can provide the clinician with valuable information related to the functional abilities and progression of the patient. For example:

▶ INTAKE ASSESSMENT PSFR:

On all Reports: **FS = Functional Status**

1. Use of the Intake demonstrates to the patient the value the clinician places on the information the patient has provided

2. Assists in the evaluation:
   - Risk-adjusted comparison of patient's current functional status (FS) score compared with analogous episodes in database at intake.
   - What clinical limitations are present that are preventing patient's increase in function

3. Assists clinician in development of Plan of Care (POC):
   - Provides predictor information to assist in the development of discharge planning
   - Risk-adjusted prediction of:
     - Visits
     - Duration
     - Points of (FS) Functional Status Change

4. Functional limitations can be used in the development of clinical short and long term goals
   - To meet the "tied to function" criteria of goal setting: Goal = measureable + functional
   - Consider using the FS score as one of your objective findings in POC.
     - *Example*: *"Patient's Knee functional status score was 35 as compared with national risk-adjusted score of 48")*
   - Use anticipated FS change score as a long-term goal.
     - *Example: "Increase patient's Knee functional status (FS) score by 27 points."*
     - *Example: "Improve patient's Knee Functional Stage from Stage 3 Independent Household Ambulator to Stage 5 Independent Community Ambulator."*

5. Opens communications with the clinician and patient to more fully engage the patient as a part of the rehab team:
   - Involves the patient in the goal setting process to establish realistic patient expectations regarding the treatment episode.
   - Increases compliance with attendance and home program completion
   - Helps establish a common language between patient and clinician
   - Can reduces cancellation rates
   - Results in improved satisfaction

▶ STATUS ASSESSMENT PSFR:

1. On-going functional status improvement identified and compared to intake and predictor data.

2. Achievement toward MDC and MCII

3. FS change score, coupled with clinical treatment documentation can be used to substantiate treatment plan decisions.
   - Clinically, you have achieved all your short term goals:
     - How have these clinical goals affected the patient's function?

4. Immediate satisfaction detail

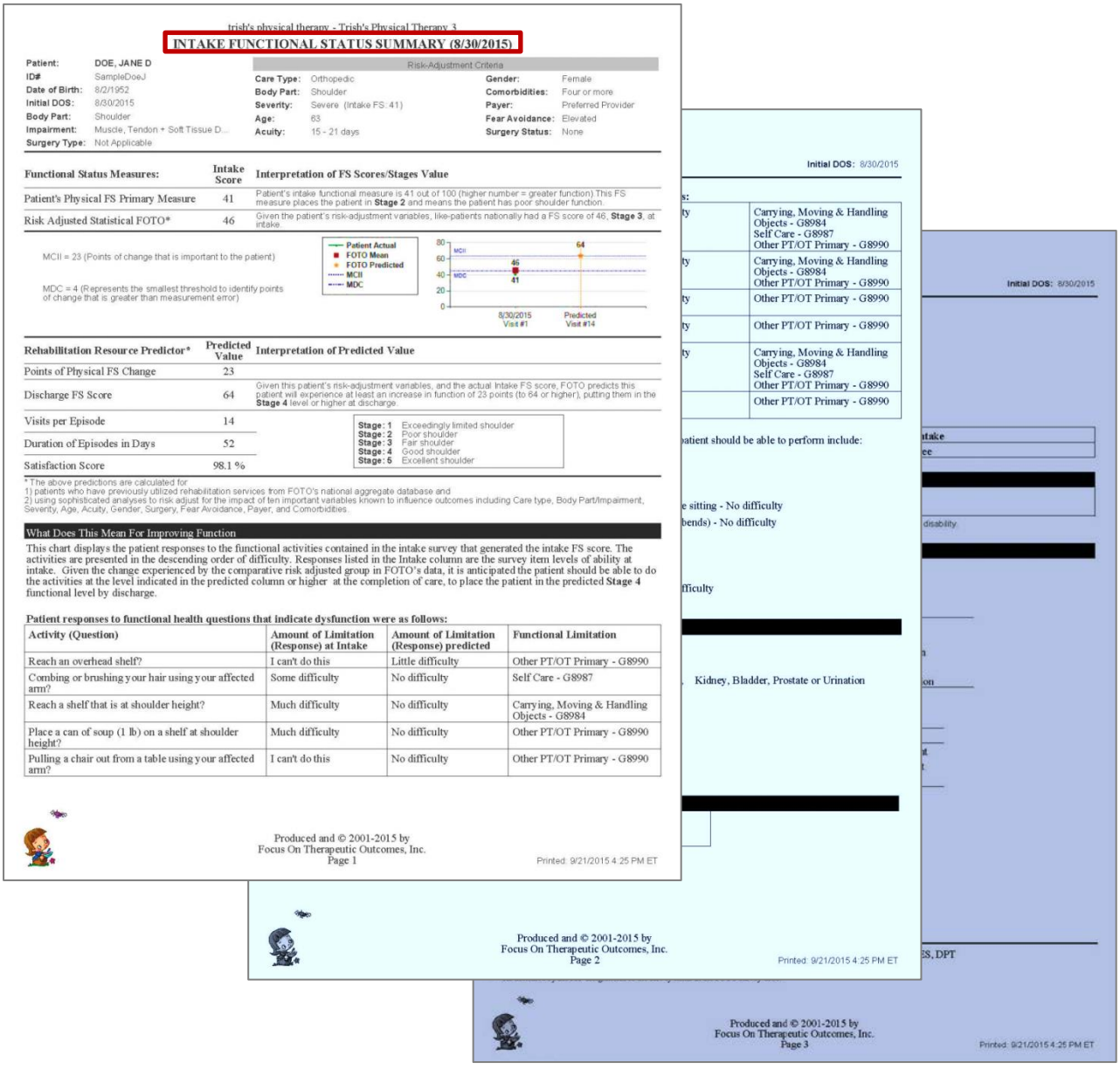
▶ DISCHARGE PSFR: Outlines the clinical aspect of episode:

1. Minimum:
   - Date Range
     - Interruption days (if any)
   - Duration (compared with risk-adjusted predicted)
   - Visits (compared with risk-adjusted predicted)
   - Points of FS Improvement (compared with risk-adjusted predicted)

2. Other:
   - Any other discharge data field information set by default by your Practice FOTO Administrator such as:
     - Clinician comments
     - ICD9/ICD10 codes
     - Exercises, Procedures, Modalities provided during the episode
     - Compliance
     - Global Rating of Change
     - Who Discharged
     - Etc.

INTAKE PSFR

The following provides an orientation on the basic information included on an Intake Assessment, looking at the information contained in each section of our sample PSFR.



trish's physical therapy - Trish's Physical Therapy 3

INTAKE FUNCTIONAL STATUS SUMMARY (8/30/2015)

Patient:	DOE, JANE D	Risk-Adjustment Criteria			
ID#	SampleDoeJ	**Care Type:**	Orthopedic	**Gender:**	Female
Date of Birth:	8/2/1952	**Body Part:**	Shoulder	**Comorbidities:**	Four or more
Initial DOS:	8/30/2015	**Severity:**	Severe (Intake FS: 41)	**Payer:**	Preferred Provider
Body Part:	Shoulder	**Age:**	63	**Fear Avoidance:**	Elevated
Impairment:	Muscle, Tendon + Soft Tissue D...	**Acuity:**	15 - 21 days	**Surgery Status:**	None
Surgery Type:	Not Applicable				

Functional Status Measures:	Intake Score	Interpretation of FS Scores/Stages Value
Patient's Physical FS Primary Measure	41	Patient's intake functional measure is 41 out of 100 (higher number = greater function).This FS measure places the patient in **Stage 2** and means the patient has poor shoulder function.
Risk Adjusted Statistical FOTO*	46	Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 46, **Stage 3**, at intake.

MCII = 23 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)

Rehabilitation Resource Predictor*	Predicted Value	Interpretation of Predicted Value
Points of Physical FS Change	23	
Discharge FS Score	64	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 23 points (to 64 or higher), putting them in the **Stage 4** level or higher at discharge.
Visits per Episode	14	
Duration of Episodes in Days	52	
Satisfaction Score	98.1 %	

Stage: 1 Exceedingly limited shoulder
Stage: 2 Poor shoulder
Stage: 3 Fair shoulder
Stage: 4 Good shoulder
Stage: 5 Excellent shoulder

* The above predictions are calculated for
1) patients who have previously utilized rehabilitation services from FOTO's national aggregate database and
2) using sophisticated analyses to risk adjust for the impact of ten important variables known to influence outcomes including Care type, Body Part/Impairment, Severity, Age, Acuity, Gender, Surgery, Fear Avoidance, Payer, and Comorbidities.

What Does This Mean For Improving Function

This chart displays the patient responses to the functional activities contained in the intake survey that generated the intake FS score. The activities are presented in the descending order of difficulty. Responses listed in the Intake column are the survey item levels of ability at intake. Given the change experienced by the comparative risk adjusted group in FOTO's data, it is anticipated the patient should be able to do the activities at the level indicated in the predicted column or higher at the completion of care, to place the patient in the predicted **Stage 4** functional level by discharge.

Patient responses to functional health questions that indicate dysfunction were as follows:

Activity (Question)	Amount of Limitation (Response) at Intake	Amount of Limitation (Response) predicted	Functional Limitation
Reach an overhead shelf?	I can't do this	Little difficulty	Other PT/OT Primary - G8990
Combing or brushing your hair using your affected arm?	Some difficulty	No difficulty	Self Care - G8987
Reach a shelf that is at shoulder height?	Much difficulty	No difficulty	Carrying, Moving & Handling Objects - G8984
Place a can of soup (1 lb) on a shelf at shoulder height?	Much difficulty	No difficulty	Other PT/OT Primary - G8990
Pulling a chair out from a table using your affected arm?	I can't do this	No difficulty	Other PT/OT Primary - G8990

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Initial DOS: 8/30/2015

Carrying, Moving & Handling Objects - G8984
Self Care - G8987
Other PT/OT Primary - G8990

Carrying, Moving & Handling Objects - G8984
Other PT/OT Primary - G8990

Other PT/OT Primary - G8990

Other PT/OT Primary - G8990

Carrying, Moving & Handling Objects - G8984
Self Care - G8987
Other PT/OT Primary - G8990

Other PT/OT Primary - G8990

atient should be able to perform include:

e sitting - No difficulty

bends) - No difficulty

fficulty

Kidney, Bladder, Prostate or Urination

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Initial DOS: 8/30/2015

ES, DPT

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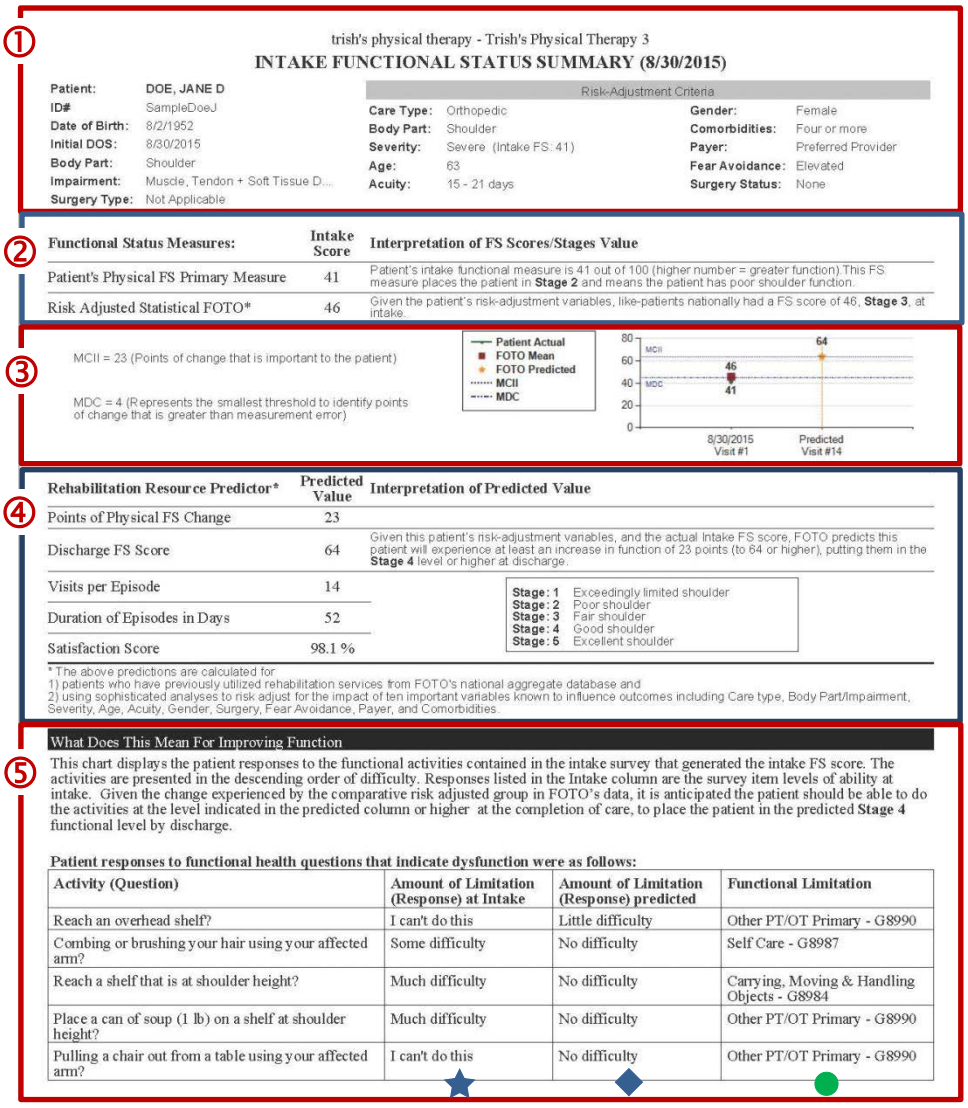
(Note: If optional surveys have been added to the episode, this information will also surface on the Intake Report. Please refer to the Optional Survey resource document available in the Resource Center to see the questions and scoring associated with each optional survey.)



trish's physical therapy - Trish's Physical Therapy 3

INTAKE FUNCTIONAL STATUS SUMMARY (8/30/2015)

		Risk-Adjustment Criteria			
Patient:	DOE, JANE D	Care Type:	Orthopedic	Gender:	Female
ID#	SampleDoeJ	Body Part:	Shoulder	Comorbidities:	Four or more
Date of Birth:	8/2/1952	Severity:	Severe (Intake FS: 41)	Payer:	Preferred Provider
Initial DOS:	8/30/2015	Age:	63	Fear Avoidance:	Elevated
Body Part:	Shoulder	Acuity:	15 - 21 days	Surgery Status:	None
Impairment:	Muscle, Tendon + Soft Tissue D...				
Surgery Type:	Not Applicable				

Functional Status Measures:	Intake Score	Interpretation of FS Scores/Stages Value
Patient's Physical FS Primary Measure	41	Patient's intake functional measure is 41 out of 100 (higher number = greater function).This FS measure places the patient in **Stage 2** and means the patient has poor shoulder function.
Risk Adjusted Statistical FOTO*	46	Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 46, **Stage 3**, at intake.

MCII = 23 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)

Rehabilitation Resource Predictor*	Predicted Value	Interpretation of Predicted Value
Points of Physical FS Change	23	
Discharge FS Score	64	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 23 points (to 64 or higher), putting them in the **Stage 4** level or higher at discharge.
Visits per Episode	14	
Duration of Episodes in Days	52	
Satisfaction Score	98.1 %	

Stage: 1 Exceedingly limited shoulder
Stage: 2 Poor shoulder
Stage: 3 Fair shoulder
Stage: 4 Good shoulder
Stage: 5 Excellent shoulder

* The above predictions are calculated for
1) patients who have previously utilized rehabilitation services from FOTO's national aggregate database and
2) using sophisticated analyses to risk adjust for the impact of ten important variables known to influence outcomes including Care type, Body Part/Impairment, Severity, Age, Acuity, Gender, Surgery, Fear Avoidance, Payer, and Comorbidities.

What Does This Mean For Improving Function

This chart displays the patient responses to the functional activities contained in the intake survey that generated the intake FS score. The activities are presented in the descending order of difficulty. Responses listed in the Intake column are the survey item levels of ability at intake. Given the change experienced by the comparative risk adjusted group in FOTO's data, it is anticipated the patient should be able to do the activities at the level indicated in the predicted column or higher at the completion of care, to place the patient in the predicted **Stage 4** functional level by discharge.

Patient responses to functional health questions that indicate dysfunction were as follows:

Activity (Question)	Amount of Limitation (Response) at Intake	Amount of Limitation (Response) predicted	Functional Limitation
Reach an overhead shelf?	I can't do this	Little difficulty	Other PT/OT Primary - G8990
Combing or brushing your hair using your affected arm?	Some difficulty	No difficulty	Self Care - G8987
Reach a shelf that is at shoulder height?	Much difficulty	No difficulty	Carrying, Moving & Handling Objects - G8984
Place a can of soup (1 lb) on a shelf at shoulder height?	Much difficulty	No difficulty	Other PT/OT Primary - G8990
Pulling a chair out from a table using your affected arm?	I can't do this	No difficulty	Other PT/OT Primary - G8990

① **Header** contains name of the organization, Intake title & date, and:

- Demographic information identifying the patient episode
- Risk—Adjustments variables for the episode.

② Surfaces:

- **Patient's FS Score at Intake** (based on responses to the condition specific questions asked in the CAT assessment). High FS score = more function.
- Provides the **Risk Adjusted Statistical FOTO FS Score** of analogous episodes nationally at Intake for comparison to the patient's Intake FS score.
- Provides a written interpretation of the FS score and references corresponding **Functional Stage** where staging is available.

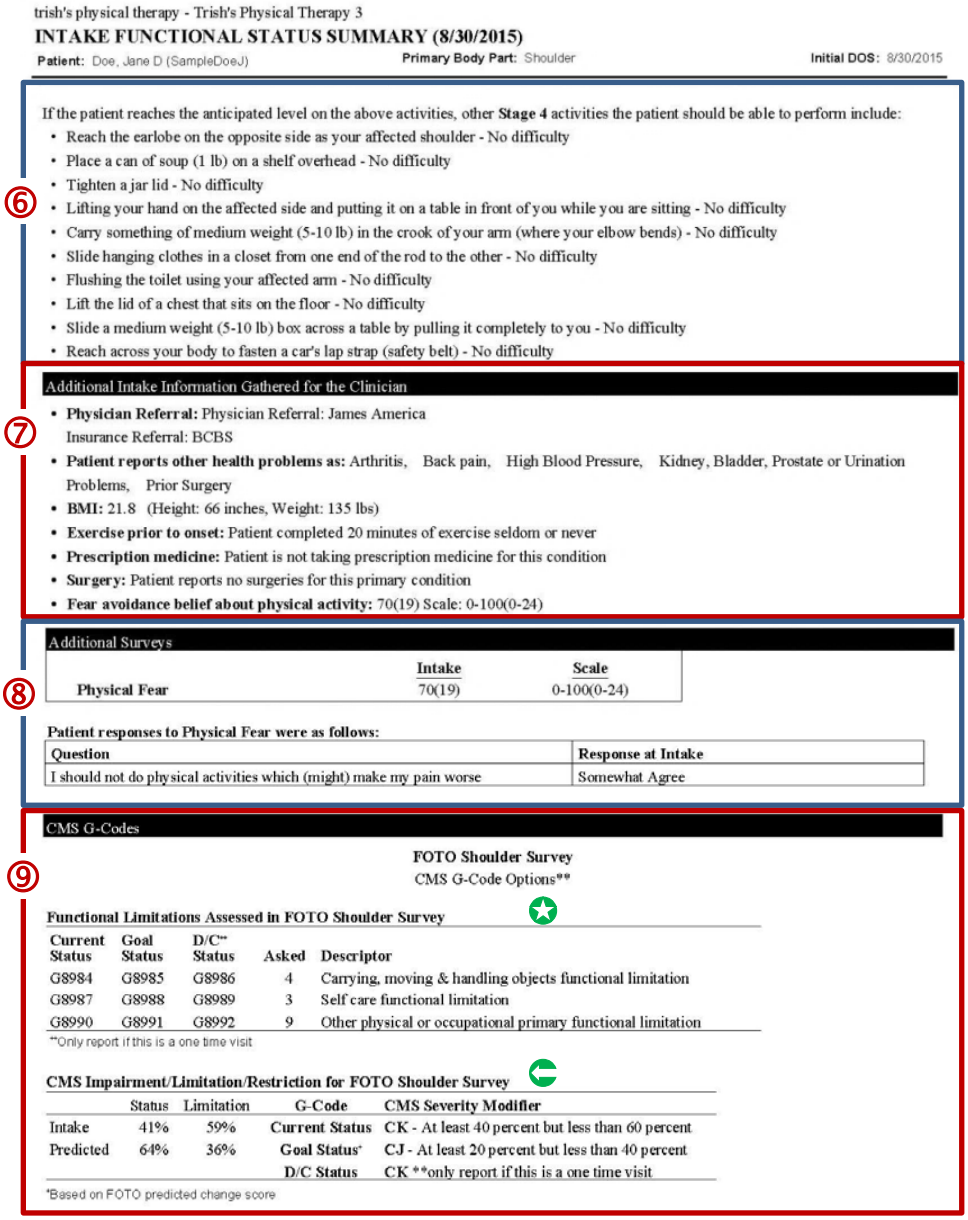
③ **Graphs** the patient's Intake FS, the Risk-Adjusted Statistical FOTO Intake FS, the predicted Discharge FS score (based on the predicted points of FS change) with visit prediction, satisfaction, as well as the MCII and MDC.

④ The **Predicted** Points of FS Change for the episode, Discharge FS Score (the patient's Intake FS score + the predicted points of FS change), predicted visits, duration, and satisfaction information is surfaced. In addition, the predicted Functional Stage this Discharge FS score represents, if the patient achieves the points of predicted FS change, is provided.

⑤ The patient's response to their current level of ability to perform the condition specific **functional activities** included in the CAT is provided. These responses ★ generated the Intake FS Intake score.

The patient's **anticipated ability** ◆ to perform the activities at discharge if the patient achieves the points of FS change predicted to reach the anticipated Stage level (based on change experience by the comparative risk adjusted group in the National database).

As a reference, FOTO **crosswalks** the motion required to complete the functional body-part specific activities asked of the patient with the ICF (International Classification of Function) ● to establish the applicable G-code sets that are available for the episode.



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INTAKE FUNCTIONAL STATUS SUMMARY (8/30/2015)

Patient: Doe, Jane D (SampleDoeJ) **Primary Body Part:** Shoulder **Initial DOS:** 8/30/2015

If the patient reaches the anticipated level on the above activities, other **Stage 4** activities the patient should be able to perform include:

- Reach the earlobe on the opposite side as your affected shoulder - No difficulty
- Place a can of soup (1 lb) on a shelf overhead - No difficulty
- Tighten a jar lid - No difficulty
- Lifting your hand on the affected side and putting it on a table in front of you while you are sitting - No difficulty
- Carry something of medium weight (5-10 lb) in the crook of your arm (where your elbow bends) - No difficulty
- Slide hanging clothes in a closet from one end of the rod to the other - No difficulty
- Flushing the toilet using your affected arm - No difficulty
- Lift the lid of a chest that sits on the floor - No difficulty
- Slide a medium weight (5-10 lb) box across a table by pulling it completely to you - No difficulty
- Reach across your body to fasten a car's lap strap (safety belt) - No difficulty

Additional Intake Information Gathered for the Clinician

- **Physician Referral:** Physician Referral: James America
  Insurance Referral: BCBS
- **Patient reports other health problems as:** Arthritis, Back pain, High Blood Pressure, Kidney, Bladder, Prostate or Urination Problems, Prior Surgery
- **BMI:** 21.8 (Height: 66 inches, Weight: 135 lbs)
- **Exercise prior to onset:** Patient completed 20 minutes of exercise seldom or never
- **Prescription medicine:** Patient is not taking prescription medicine for this condition
- **Surgery:** Patient reports no surgeries for this primary condition
- **Fear avoidance belief about physical activity:** 70(19) Scale: 0-100(0-24)

Additional Surveys

	Intake	Scale
Physical Fear	70(19)	0-100(0-24)

Patient responses to Physical Fear were as follows:

Question	Response at Intake
I should not do physical activities which (might) make my pain worse	Somewhat Agree

CMS G-Codes

FOTO Shoulder Survey
CMS G-Code Options**

Functional Limitations Assessed in FOTO Shoulder Survey

Current Status	Goal Status	D/C** Status	Asked	Descriptor
G8984	G8985	G8986	4	Carrying, moving & handling objects functional limitation
G8987	G8988	G8989	3	Self care functional limitation
G8990	G8991	G8992	9	Other physical or occupational primary functional limitation

**Only report if this is a one time visit

CMS Impairment/Limitation/Restriction for FOTO Shoulder Survey

	Status	Limitation	G-Code	CMS Severity Modifier
Intake	41%	59%	Current Status	CK - At least 40 percent but less than 60 percent
Predicted	64%	36%	Goal Status*	CJ - At least 20 percent but less than 40 percent
			D/C Status	CK **only report if this is a one time visit

*Based on FOTO predicted change score

⑥ **Other listed functional activities** anticipated the patient able to perform with little or no difficulty at the Predicted Discharge Functional Stage level, that can help the clinician draw the patient into the goal setting process.

⑦ Surfaces other factors significant to the episode such as:

- **Comorbidities** reported by the patient included in the Risk-Adjustment variable.
- **BMI Score** Note: If the patient has a significant BMI score, BMI will automatically be included in he Comorbidity list.
- **Exercise** History
- **Prescription** medications
- Previous **Surgery**
- **Fear Avoidance** score

⑧ **Additional Assessment** (Optional survey) scores will surface in the next section.

- Depending on your Administrative set-up, this may only surface scores but can be set to surface the score and the patient's responses to each question included in the optional survey.

⑨ The Functional Limitation Reporting (FLR) G-Codes & Severity Modifier section will automatically surface in all PSRs if the patient is set up as a Medicare subscriber in the Pay Source field. Administrators have the option to show this section for all episodes, regardless of pay source, as well.

The G-Code sets appropriate for selection for the episode are listed first ✪. The clinician may use this section to select the G-Code set that:

- Is most clinically relevant to a successful outcome for the beneficiary – the focus of the treatment POC;
- Will yield the quickest and/or greatest functional progress; or
- Is the greatest priority for the beneficiary (patient).

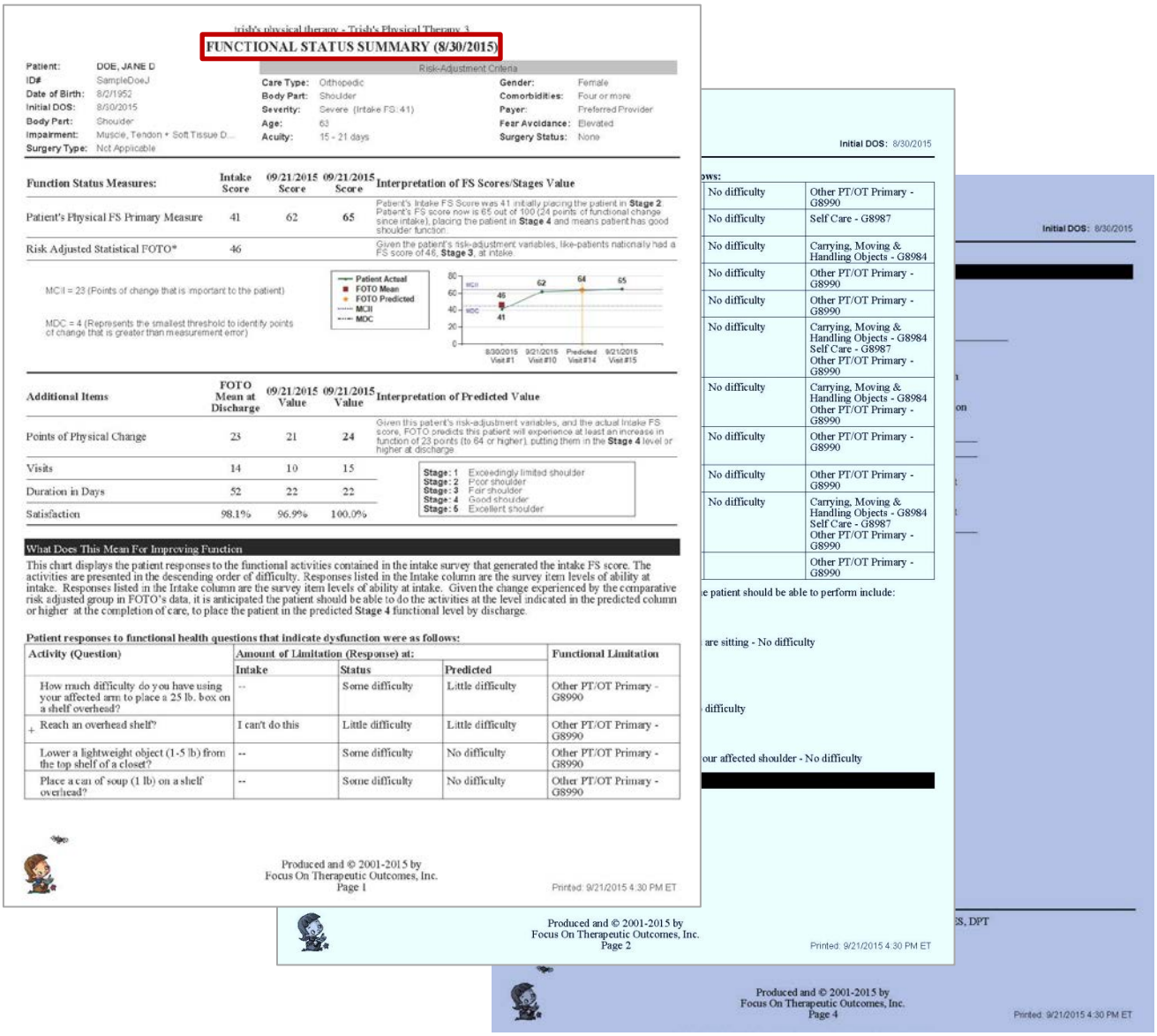
The Severity Modifier listing appears next in the section ⇐. Current Status & Goal status modifiers are based on the patient's Intake FS Score and the Predicted FS Score at Discharge.

Please refer to the detailed information provided in the "Using FOTO for FLR Reporting" section (page 31).

STATUS PSFR

The following provides an orientation on the basic information included on the Status Assessment PSFR, looking at the information contained in each section of our sample.

(In this sample, the patient has completed two status assessments.)



FUNCTIONAL STATUS SUMMARY (8/30/2015)

Patient: DOE, JANE D
ID#: SampleDoeJ
Date of Birth: 8/2/1952
Initial DOS: 8/30/2015
Body Part: Shoulder
Impairment: Muscle, Tendon + Soft Tissue D...
Surgery Type: Not Applicable

Risk-Adjustment Criteria
Care Type: Orthopedic
Body Part: Shoulder
Severity: Severe (Intake FS: 41)
Age: 63
Acuity: 15 - 21 days
Gender: Female
Comorbidities: Four or more
Payer: Preferred Provider
Fear Avoidance: Elevated
Surgery Status: None

Function Status Measures:	Intake Score	09/21/2015 Score	09/21/2015 Score	Interpretation of FS Scores/Stages Value
Patient's Physical FS Primary Measure	41	62	65	Patient's Intake FS Score was 41 initially placing the patient in **Stage 2**. Patient's FS score now is 65 out of 100 (24 points of functional change since intake), placing the patient in **Stage 4** and means patient has good shoulder function.
Risk Adjusted Statistical FOTO*	46			Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 46, **Stage 3**, at intake.

MCII = 23 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)

Patient Actual
FOTO Mean
FOTO Predicted
MCII
MDC

8/30/2015 Visit #1 | 9/21/2015 Visit #10 | Predicted Visit #14 | 9/21/2015 Visit #15

Additional Items	FOTO Mean at Discharge	09/21/2015 Value	09/21/2015 Value	Interpretation of Predicted Value
Points of Physical Change	23	21	24	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 23 points (to 64 or higher), putting them in the **Stage 4** level or higher at discharge.
Visits	14	10	15	
Duration in Days	52	22	22	
Satisfaction	98.1%	96.9%	100.0%	

Stage: 1 Exceedingly limited shoulder
Stage: 2 Poor shoulder
Stage: 3 Fair shoulder
Stage: 4 Good shoulder
Stage: 5 Excellent shoulder

What Does This Mean For Improving Function

This chart displays the patient responses to the functional activities contained in the intake survey that generated the intake FS score. The activities are presented in the descending order of difficulty. Responses listed in the Intake column are the survey item levels of ability at intake. Responses listed in the Intake column are the survey item levels of ability at intake. Given the change experienced by the comparative risk adjusted group in FOTO's data, it is anticipated the patient should be able to do the activities at the level indicated in the predicted column or higher at the completion of care, to place the patient in the predicted **Stage 4** functional level by discharge.

Patient responses to functional health questions that indicate dysfunction were as follows:

Activity (Question)	Amount of Limitation (Response) at:			Functional Limitation
	Intake	Status	Predicted	
How much difficulty do you have using your affected arm to place a 25 lb. box on a shelf overhead?	--	Some difficulty	Little difficulty	Other PT/OT Primary - G8990
Reach an overhead shelf?	I can't do this	Little difficulty	Little difficulty	Other PT/OT Primary - G8990
Lower a lightweight object (1-5 lb) from the top shelf of a closet?	--	Some difficulty	No difficulty	Other PT/OT Primary - G8990
Place a can of soup (1 lb) on a shelf overhead?	--	Some difficulty	No difficulty	Other PT/OT Primary - G8990

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Initial DOS: 8/30/2015

No difficulty	Other PT/OT Primary - G8990
No difficulty	Self Care - G8987
No difficulty	Carrying, Moving & Handling Objects - G8984
No difficulty	Other PT/OT Primary - G8990
No difficulty	Other PT/OT Primary - G8990
No difficulty	Carrying, Moving & Handling Objects - G8984 Self Care - G8987 Other PT/OT Primary - G8990
No difficulty	Carrying, Moving & Handling Objects - G8984 Other PT/OT Primary - G8990
No difficulty	Other PT/OT Primary - G8990
No difficulty	Other PT/OT Primary - G8990
No difficulty	Carrying, Moving & Handling Objects - G8984 Self Care - G8987 Other PT/OT Primary - G8990
	Other PT/OT Primary - G8990

e patient should be able to perform include:

are sitting - No difficulty

difficulty

our affected shoulder - No difficulty

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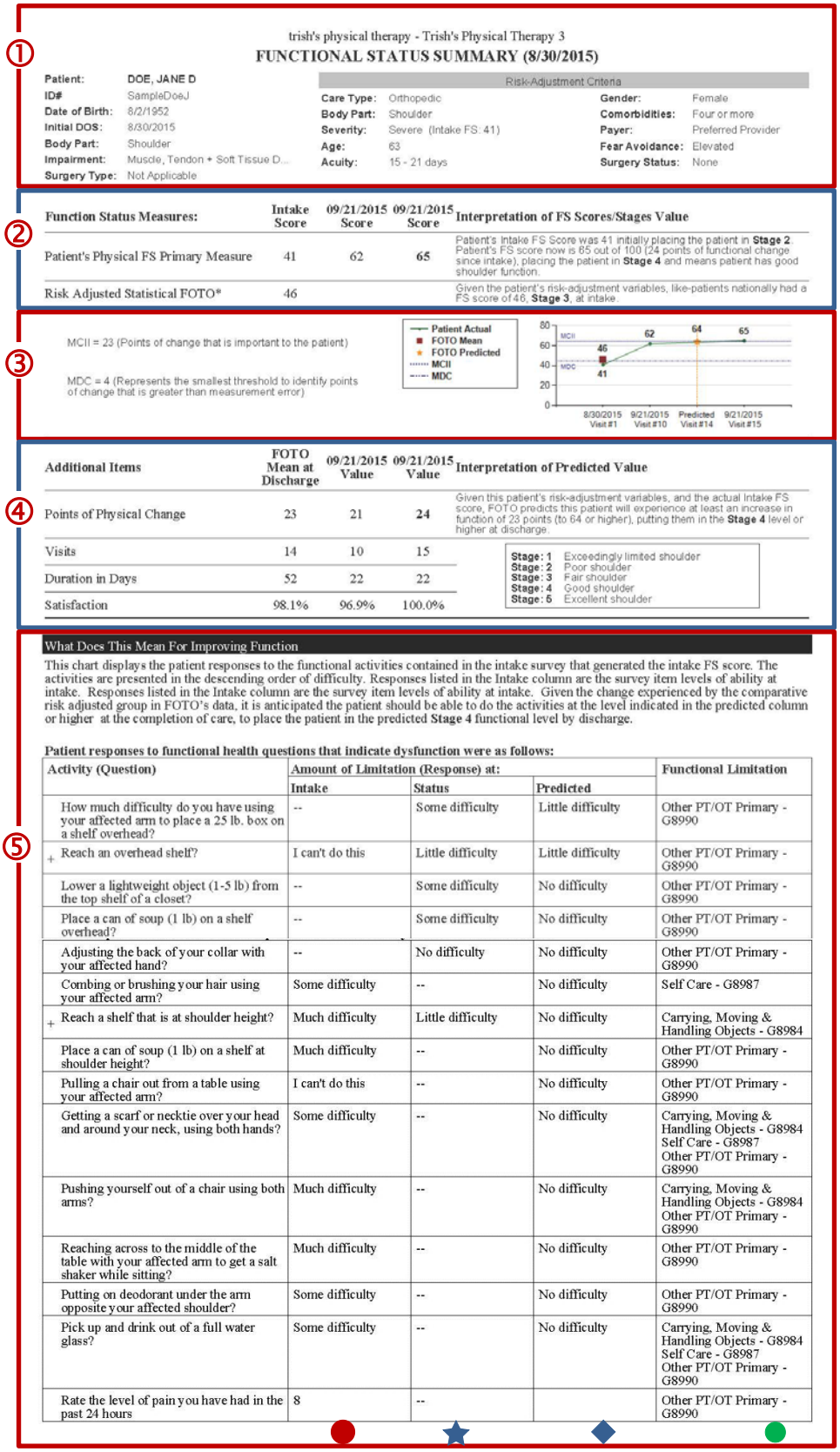
(Note: Again, if optional surveys have been added to the episode, this information will also surface on the Status and compare Intake Score to Status Score on the Report. Please refer to the Optional Survey resource document available in the Resource Center to see the questions and scoring associated with each optional survey.)



trish's physical therapy - Trish's Physical Therapy 3

FUNCTIONAL STATUS SUMMARY (8/30/2015)

		Risk-Adjustment Criteria			
Patient:	DOE, JANE D	Care Type:	Orthopedic	Gender:	Female
ID#	SampleDoeJ	Body Part:	Shoulder	Comorbidities:	Four or more
Date of Birth:	8/2/1952	Severity:	Severe (Intake FS: 41)	Payer:	Preferred Provider
Initial DOS:	8/30/2015	Age:	63	Fear Avoidance:	Elevated
Body Part:	Shoulder	Acuity:	15 - 21 days	Surgery Status:	None
Impairment:	Muscle, Tendon + Soft Tissue D...				
Surgery Type:	Not Applicable				

Function Status Measures:	Intake Score	09/21/2015 Score	09/21/2015 Score	Interpretation of FS Scores/Stages Value
Patient's Physical FS Primary Measure	41	62	65	Patient's Intake FS Score was 41 initially placing the patient in **Stage 2**. Patient's FS score now is 65 out of 100 (24 points of functional change since intake), placing the patient in **Stage 4** and means patient has good shoulder function.
Risk Adjusted Statistical FOTO*	46			Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 46, **Stage 3**, at intake.

MCII = 23 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)

Patient Actual
FOTO Mean
FOTO Predicted
MCII
MDC

Additional Items	FOTO Mean at Discharge	09/21/2015 Value	09/21/2015 Value	Interpretation of Predicted Value
Points of Physical Change	23	21	24	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 23 points (to 64 or higher), putting them in the **Stage 4** level or higher at discharge.
Visits	14	10	15	
Duration in Days	52	22	22	
Satisfaction	98.1%	96.9%	100.0%	

Stage: 1 Exceedingly limited shoulder
Stage: 2 Poor shoulder
Stage: 3 Fair shoulder
Stage: 4 Good shoulder
Stage: 5 Excellent shoulder

What Does This Mean For Improving Function

This chart displays the patient responses to the functional activities contained in the intake survey that generated the intake FS score. The activities are presented in the descending order of difficulty. Responses listed in the Intake column are the survey item levels of ability at intake. Responses listed in the Intake column are the survey item levels of ability at intake. Given the change experienced by the comparative risk adjusted group in FOTO's data, it is anticipated the patient should be able to do the activities at the level indicated in the predicted column or higher at the completion of care, to place the patient in the predicted **Stage 4** functional level by discharge.

Patient responses to functional health questions that indicate dysfunction were as follows:

Activity (Question)	Amount of Limitation (Response) at:			Functional Limitation
	Intake	Status	Predicted	
How much difficulty do you have using your affected arm to place a 25 lb. box on a shelf overhead?	--	Some difficulty	Little difficulty	Other PT/OT Primary - G8990
+ Reach an overhead shelf?	I can't do this	Little difficulty	Little difficulty	Other PT/OT Primary - G8990
Lower a lightweight object (1-5 lb) from the top shelf of a closet?	--	Some difficulty	No difficulty	Other PT/OT Primary - G8990
Place a can of soup (1 lb) on a shelf overhead?	--	Some difficulty	No difficulty	Other PT/OT Primary - G8990
Adjusting the back of your collar with your affected hand?	--	No difficulty	No difficulty	Other PT/OT Primary - G8990
Combing or brushing your hair using your affected arm?	Some difficulty	--	No difficulty	Self Care - G8987
+ Reach a shelf that is at shoulder height?	Much difficulty	Little difficulty	No difficulty	Carrying, Moving & Handling Objects - G8984
Place a can of soup (1 lb) on a shelf at shoulder height?	Much difficulty	--	No difficulty	Other PT/OT Primary - G8990
Pulling a chair out from a table using your affected arm?	I can't do this	--	No difficulty	Other PT/OT Primary - G8990
Getting a scarf or necktie over your head and around your neck, using both hands?	Some difficulty	--	No difficulty	Carrying, Moving & Handling Objects - G8984 Self Care - G8987 Other PT/OT Primary - G8990
Pushing yourself out of a chair using both arms?	Much difficulty	--	No difficulty	Carrying, Moving & Handling Objects - G8984 Other PT/OT Primary - G8990
Reaching across to the middle of the table with your affected arm to get a salt shaker while sitting?	Much difficulty	--	No difficulty	Other PT/OT Primary - G8990
Putting on deodorant under the arm opposite your affected shoulder?	Some difficulty	--	No difficulty	Other PT/OT Primary - G8990
Pick up and drink out of a full water glass?	Some difficulty	--	No difficulty	Carrying, Moving & Handling Objects - G8984 Self Care - G8987 Other PT/OT Primary - G8990
Rate the level of pain you have had in the past 24 hours	8	--		Other PT/OT Primary - G8990

① **Header** contains name of the organization, Status title and static:

- Demographic information identifying the patient episode
- Risk—Adjustments variables for the episode.

② Surfaces:

- Patient's FS Score at Intake **compared to the FS Score on the Status Assessment date(s).** High FS score = more function.
- Provides the **Risk Adjusted Statistical FOTO FS Score of analogous episodes nationally** at Intake for reference.
- Provides a written interpretation of the FS score and references corresponding **Functional Stage** where staging is available based on the most recent Status Assessment captured.

③ **Graphs** the patient's Intake FS, the Risk-Adjusted Statistical FOTO Intake FS, the anticipated Discharge FS score (based on the predicted points of FS change) with visit prediction, as well as the MCII and MDC, *AND…*

- FS Score on the Status Assessment(s) and date of the assessment
- Visit # associated with each Status captured.

④ The Intake Predicted Points of FS Change for the episode, predicted visits, duration, and satisfaction information is surfaced. In addition, surfaces the **change captured on the Status Assessment(s)** including:

- Points of FS Change on the Status Assessment(s) and date of the assessment
- Visits to date in the episode (tied to each Status Assessment)
- Duration of episode to-date
- Patient Satisfaction

⑤ The patient's response to the condition specific **functional activities at Intake** ● included in the table for comparison.

Patient response to the functional activity questions at the time of the **most recent Status Assessment** . These responses ★ generated the most current Status FS score.

- Statistically significant improvement in the ability of the patient to perform an activity is marked in the table with a **+** symbol.

+	Reach a shelf that is at shoulder height?	Much difficulty	Little difficulty	No difficulty

- When the patient takes another survey via CAT, and statistically significant improvement has been achieved in the performance of an activity, the PI software asks questions close to their new, higher ability, compared to the initial evaluation.

  - Therefore, the questions at intake and status may be different. Because all questions come from the same item bank ranked from easy to hard, different questions can be asked at different times while allowing change in function to be tracked in a precise manner.

  - After each patient response, the CAT logic engine estimates a level of ability along with the associated measurement error. When the level of error is small enough, meaning the level of precision is high enough (95% Confidence Interval), the PI software stops asking questions and reports the measure of ability.

The patient's **anticipated ability** ◆ to perform the activities at discharge if the patient achieves the points of FS change predicted to reach the anticipated Stage level (based on change experience by the comparative risk adjusted group in the National database).

As a reference, FOTO **crosswalks** the motion required to complete the functional body-part specific activities asked of the patient with the ICF (International Classification of Function) ● to establish the applicable G-code sets that are available for the episode.

⑥

- Reach the earlobe on the opposite side as your affected shoulder - No difficulty
- Tighten a jar lid - No difficulty
- Lifting your hand on the affected side and putting it on a table in front of you while you are sitting - No difficulty
- Slide hanging clothes in a closet from one end of the rod to the other - No difficulty
- Lift the lid of a chest that sits on the floor - No difficulty
- Flushing the toilet using your affected arm - No difficulty
- Slide a medium weight (5-10 lb) box across a table by pulling it completely to you - No difficulty
- Reach across your body to fasten a car's lap strap (safety belt) - No difficulty
- Stir a large bowl of thick food such as mashed potatoes - No difficulty
- Using your hand on the affected arm to wash the side of your face on the same side as your affected shoulder - No difficulty

⑦

Additional Surveys

	Intake	09/21/2015	09/21/2015	Scale
+ Physical Fear	70(19)	26(8)	19(5)	0-100(0-24)

Physical Fear

Physical Fear Results:

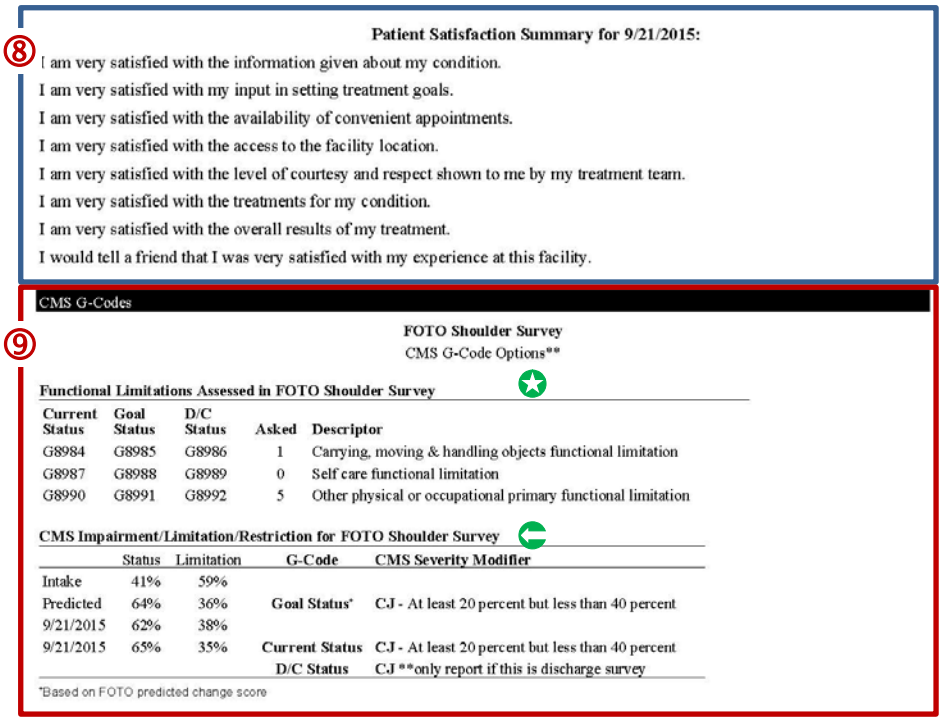
	Fear Avd Belief About Phys Activ
Intake	70(19)
9/21/2015	26(8)
9/21/2015	19(5)

Patient responses to Physical Fear were as follows:

Question	Response at:	
	Intake	Status
+ I should not do physical activities which (might) make my pain worse	Somewhat Agree	Completely Disagree

⑥ **Other listed functional activities** anticipated the patient able to perform with little or no difficulty at the Predicted Discharge Functional Stage level.

⑦ **Additional Assessment** (Optional survey) Intake scores will surface in the next section with comparisons to the Status scores for these assessments.



Patient Satisfaction Summary for 9/21/2015:

I am very satisfied with the information given about my condition.
I am very satisfied with my input in setting treatment goals.
I am very satisfied with the availability of convenient appointments.
I am very satisfied with the access to the facility location.
I am very satisfied with the level of courtesy and respect shown to me by my treatment team.
I am very satisfied with the treatments for my condition.
I am very satisfied with the overall results of my treatment.
I would tell a friend that I was very satisfied with my experience at this facility.

CMS G-Codes

FOTO Shoulder Survey
CMS G-Code Options**

Functional Limitations Assessed in FOTO Shoulder Survey

Current Status	Goal Status	D/C Status	Asked	Descriptor
G8984	G8985	G8986	1	Carrying, moving & handling objects functional limitation
G8987	G8988	G8989	0	Self care functional limitation
G8990	G8991	G8992	5	Other physical or occupational primary functional limitation

CMS Impairment/Limitation/Restriction for FOTO Shoulder Survey

	Status	Limitation	G-Code	CMS Severity Modifier
Intake	41%	59%		
Predicted	64%	36%	**Goal Status***	CJ - At least 20 percent but less than 40 percent
9/21/2015	62%	38%		
9/21/2015	65%	35%	**Current Status**	CJ - At least 20 percent but less than 40 percent
			D/C Status	CJ **only report if this is discharge survey

*Based on FOTO predicted change score

⑧ Responses to the eight (8) **Patient Satisfaction** questions.

⑨ **The Functional Limitation Reporting (FLR) G-Codes & Severity Modifier section** will automatically surface in all PSFRs if the patient is set up as a Medicare subscriber in the Pay Source field. Administrators have the option to show this section for all episodes, regardless of pay source, as well

- The same G-Code set selected for reporting at Intake should be used at the time of the Status unless the initial problem has been discharged and a new focus of treatment has been initiated..

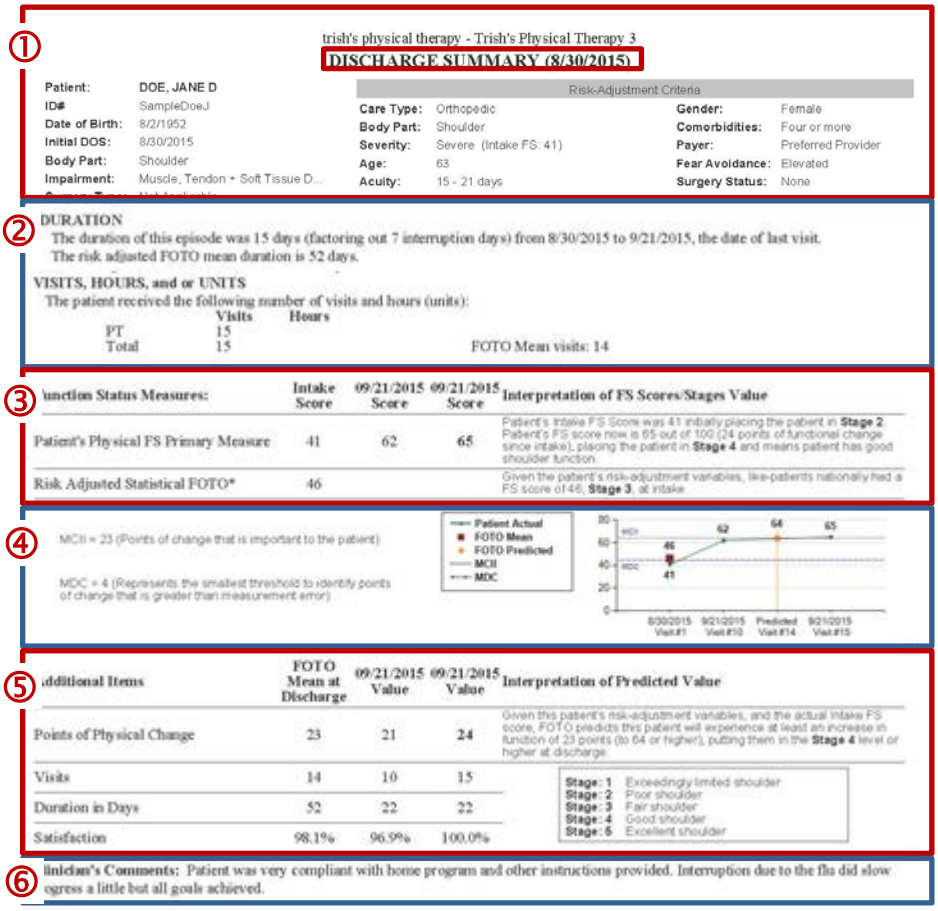
- The Severity Modifier listing appears next in the section .
  - The Intake limitation percentage is shown again in the table for comparison (based on Intake FS Score).
  - The Current Status Modifier now is calculated using the Status Assessment FS Score.
  - The Goal Modifier is still based on the Predicted FS score at Discharge.

Please refer to the detailed information provided in the "Using FOTO for FLR Reporting" section (page 31).

CLINICAL RESOURCE

DISCHARGE REPORT

The following provides an orientation on the basic information included on the Discharge Report, looking at the information contained in each section of our sample.



trish's physical therapy - Trish's Physical Therapy 3

DISCHARGE SUMMARY (8/30/2015)

Patient:	DOE, JANE D	Risk-Adjustment Criteria	
ID#	SampleDoeJ	Care Type:	Orthopedic
Date of Birth:	8/2/1952	Body Part:	Shoulder
Initial DOS:	8/30/2015	Severity:	Severe (Intake FS: 41)
Body Part:	Shoulder	Age:	63
Impairment:	Muscle, Tendon + Soft Tissue D...	Acuity:	15 - 21 days
		Gender:	Female
		Comorbidities:	Four or more
		Payer:	Preferred Provider
		Fear Avoidance:	Elevated
		Surgery Status:	None

DURATION

The duration of this episode was 15 days (factoring out 7 interruption days) from 8/30/2015 to 9/21/2015, the date of last visit.
The risk adjusted FOTO mean duration is 52 days.

VISITS, HOURS, and or UNITS

The patient received the following number of visits and hours (units):

	Visits	Hours
PT	15	
Total	15	

FOTO Mean visits: 14

unction Status Measures:	Intake Score	09/21/2015 Score	09/21/2015 Score	Interpretation of FS Scores/Stages Value
Patient's Physical FS Primary Measure	41	62	65	Patient's Intake FS Score was 41 initially placing the patient in **Stage 2**. Patient's FS score now is 65 out of 100 (24 points of functional change since intake), placing the patient in **Stage 4** and means patient has good shoulder function.
Risk Adjusted Statistical FOTO*	46			Given the patient's risk-adjustment variables, like-patients nationally had a FS score of 46, **Stage 3**, at intake.

MCII = 23 (Points of change that is important to the patient)

MDC = 4 (Represents the smallest threshold to identify points of change that is greater than measurement error)

Patient Actual
FOTO Mean
FOTO Predicted
MCII
MDC

dditional Items	FOTO Mean at Discharge	09/21/2015 Value	09/21/2015 Value	Interpretation of Predicted Value
Points of Physical Change	23	21	24	Given this patient's risk-adjustment variables, and the actual Intake FS score, FOTO predicts this patient will experience at least an increase in function of 23 points (to 64 or higher), putting them in the **Stage 4** level or higher at discharge.
Visits	14	10	15	
Duration in Days	52	22	22	
Satisfaction	98.1%	96.9%	100.0%	

Stage: 1 Exceedingly limited shoulder
Stage: 2 Poor shoulder
Stage: 3 Fair shoulder
Stage: 4 Good shoulder
Stage: 5 Excellent shoulder

linician's Comments: Patient was very compliant with home program and other instructions provided. Interruption due to the flu did slow ogress a little but all goals achieved.

① **Header** contains name of the organization, Discharge title and static demographic information identifying the patient episode and Risk—Adjustments variables for the episode.

② Surfaces:

- **Duration of episode in calendar days**
  - Date range of the epiodes
  - Interruption Days (if applicable)
  - Predicted duration for comparison
- **Visit Summary**
  - Actual visits patient received treatment
  - Predicted visits for comparison

③ Surfaces:

- Patient's FS Score at Intake **compared to the FS Score on the Status Assessment date(s).** High FS score = more function.
- Provides the **Risk Adjusted Statistical FOTO FS Score** of analogous episodes nationally at Intake for reference.
- Provides a written interpretation of the FS score and references corresponding **Functional Stage** where staging is available based on the most recent Status Assessment captured.

④ **Graphs** the patient's Intake FS, the Risk-Adjusted Statistical FOTO Intake FS, the anticipated Discharge FS score (based on the predicted points of FS change) with visit prediction, as well as the MCII and MDC, *AND…*

- FS Score on the Status Assessment(s) and date of the assessment
- Visit # associated with each Status captured.

⑤ The Intake Predicted Points of FS Change for the episode, predicted visits, duration, and satisfaction information is surfaced. In addition, surfaces the **change captured on the Status Assessment(s)** including:

- Points of FS Change on the Status Assessment(s) and date of the assessment
- Visits to date in the episode (tied to each Status Assessment)
- Duration of episode to-date
- Patient Satisfaction

⑥ Clinician Comments (if data field used in the staff discharge screen)

Please Note:

Any other discharge data field information set by default by your Practice FOTO Administrator will also print on the Discharge Report if activated such as:

- ICD9/ICD10 codes
- Exercises, Procedures, Modalities provided
- Compliance
- Global Rating of Change
- Who Discharged
- Referral source
- Insurance company
- Employer
- PQRS Measure Attestations
- Global Rating of Change

CLINICAL RESOURCE

FEAR AVOIDANCE (FABQ-PA) PHYSICAL

FOCUS ON® THERAPEUTIC OUTCOMES INC

Description:

The Physical Activity subscale of the Fear Avoidance Beliefs Questionnaire (FABQ-PA) assesses a patient's fear avoidance beliefs about physical activity. A *single-item screening* assessment was developed to provide clinicians with an efficient screening process to identify patients who may be at risk for poor outcomes and who may benefit from specific clinical management strategies.

Using sophisticated mathematical methods, the most informative question in the FABQ-PA was identified and selected for use in the single item screening. When elevated Fear is detected using the screening item, the patient then receives the rest of the FABQ-PA questions to refine the measure of Fear.

Research evidence suggests that targeted interventions may be effective in reducing the level of fear avoidance beliefs and improving outcomes.

Small modifications were made to the original FABQ-PA to omit references specific to the low back and to provide additional word descriptors with the response options.

What will be reported:

The original 0-24 scoring for the FABQ-PA has been translated to a 0-100 scale with a higher score indicating higher Fear. The score from the 0-24 scale is provided in parentheses ( ).

Using the 0-100 scale, a useful cut point for clinical management is 44 for Physical Fear. When a patient has high Fear (i.e. =>44), consider adjusting evaluation and intervention strategies.

Physical:	<44	Low Fear
	=>44	Elevated Fear

Questions - FABQ-PA:

This is a statement other patients have made. Please rate your level of agreement.

1. "I should not do physical activities which (might) make my pain worse."
2. "I cannot do physical activities which (might) make my pain worse."
3. "Physical activity might harm me."

Patient Responses Selections for all questions:

- Completely disagree
- Somewhat disagree
- Unsure
- Somewhat agree
- Completely disagree

CLINICAL RESOURCE

UNDERSTANDING THE FABQ

The following are some points to consider when administering the FABQ and/or interpreting and using the FABQ scores.

What should I say when a patient asks for help on this question?

- "However you interpret the question is correct. There are no wrong answers....Don't over-think it…Any response you give will be helpful to me…."
- Re-read/re-state the question for the patient without interpreting it: "Mr. Smith, how strongly do you agree or disagree with this statement, 'I *should not do* physical activities which might make my pain worse.'" (verbal emphasis on the words "should not do.")
- It is NOT okay to interpret the question(s) for the patient. Re-read, re-state, but do not interpret.

Remember: What you value, so shall your patient.

The more you learn in your reading or continuing education about the importance of psychosocial factors, like fear avoidance, the easier this will become.

What is Fear Avoidance?

- Fear Avoidance is defined as the avoidance of movements or physical activities because of the patient's fear that the activity will make them worse.
- That is, fear is the main reason the patient avoids certain activities. Thus, if the patient avoids an activity because they tried it recently and found that it hurts, then fear is not necessarily the reason for the avoidance.

Is elevated fear avoidance sometimes appropriate?

Yes. For example, avoiding certain physical activities during an acute episode may be appropriate.

How important is the Fear Avoidance score in my clinical evaluation process?

It is up to the clinician to interpret the score in light of other findings that may or may not suggest pain-related fears.

Why do we measure Fear Avoidance? Research suggests…

- Patients with elevated fear avoidance scores tend to have poorer outcomes in rehabilitation therapy
- When fear avoidance issues are addressed with specific therapeutic approaches, outcomes often improve. (I.e., psychologically-informed physical therapy – see PT journal May 2011 edition)
- Fear avoidance score that does not improve (or worsens) over time may be one factor in deciding whether to discontinue treatment sooner than later.

Other Points:

- Remember to differentiate between the role of Fear Avoidance assessment in outcomes/risk-adjustment vs. clinical decision-making using the fear score(s)
- "The wording of the question is weird, sounds wrong. I'm afraid my patient will answer it wrong."
    - The wording of the question is an important part of what helps to detect whether the patient has fearful emotions about the topic.
    - There are no wrong answers. Even if there were, no aspect of these questions can cause harm to your outcomes. It helps with a very small portion of risk adjustment, but one of the reasons we have so many risk adjustment factors is so that one particular variable doesn't unfairly influence the risk adjustment.
    - Becoming more familiar with the wording of the question will help you become more comfortable in encouraging your patients to answer it.

References:

George et al. Spine 2003,
Sieben et al. Eur J Pain 2004,
Wernecke and Hart Phys Ther 2004
Physical Therapy journal, May 2011 edition – multiple articles
Other research by Werneke and Hart…

CLINICAL RESOURCE

FLR G-CODES & SEVERITY MODIFIERS

FOTO is an efficient tool to utilize in complying with Medicare Functional Limitation Reporting (FLR) G-Codes/Severity Modifiers. It is based on patient report to establish the perceived functional status and limitation of the patient and has been validated by refereed research. Additionally, FOTO completes the scoring for the clinician as well provides all the applicable G-codes that are pertinent to the functional limitation presented by the patient. This data is already risk-adjusted based on a database of over 5 million patient episodes nationally, which allows an accurate prediction of the Goal and DC Status Functional Score for the clinician to consider.

FOTO is one of the recommended approved tools to capture FLR data *(Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 220.C3)*

Capturing the FLR G-Codes/Modifiers with FOTO

- Select Medicare B as the 'pay source' when setting up a new patient in FOTO. FOTO's FS Measures will do the rest and will automatically produce the codes/modifiers for you.
- If collecting your data through electronic assessments, you have a wide variety of Optional Surveys that will also produce G-Code sets that will add an additional level of accuracy to your code selection, including the ADL module, NeuroQOL surveys, ABC Scale, to name a few. A list of the surveys in the FOTO program that will generate G-Codes and Severity modifiers can be found in the appendix of this section.

Selecting the G-Code at Intake

MEDICARE PARAMETERS:

Only one functional limitation can be reported at a time[1]. Consequently, the clinician must select the G-code set for the functional limitation that:

- Is most clinically relevant to a successful outcome for the beneficiary;
- Will yield the quickest and/or greatest functional progress; or
- Is the greatest priority for the beneficiary (patient).

In all cases, this primary functional limitation should reflect the predominant limitation that the furnished therapy services are intended to address.

The "Other PT/OT" functional G-code set is reported when one of the primary four PT/OT categorical code sets does not describe the patient's functional limitation, as follows:

- Patient's functional limitation is not defined by one of the four categories for PT/OT;
- Patient whose therapy services are not intended to treat a specific functional limitation (e.g. lymphedema, wound care); or
- The clinician will focus treatment on multiple areas of functional limitation and does not clearly represent a focus on a specific category code during the episode of care.

[1] *Exception to the ruling regarding only one G-Code Set*: If a patient is being treated 1) for the same body part by multiple disciplines (PT/OT/SP) or 2) a PT/OT/SP are treating the patient at one time but different body parts/different

disciplines and an evaluation for each discipline is submitted, each discipline can report the focus of their treatment utilizing separate G-Codes/Severity modifiers.

FOTO SELECTION:

The FOTO Patient Specific Intake and Status Reports will surface the information needed for selection of G-Code sets and Severity Modifiers:

For Example: At Intake, the FOTO Intake Report Surfaces the following Information*: (Sample is a Hip Patient)*

Patient responses to functional health questions that indicate dysfunction were as follows:

Activity (Question)	Amount of Limitation (Response) at Intake	Functional Limitation
Getting up or down 10 stairs (about 1 flight of stairs)?	Extreme difficulty or unable to perform	Mobility - G8978
Walking between rooms?	Quite a bit of difficulty	Mobility - G8978
Putting on your shoes or socks?	Quite a bit of difficulty	Self Care - G8987
Getting into or out of the bath?	Quite a bit of difficulty	Changing & Maintaining Body Position - G8981
Performing light activities around your home?	Moderate difficulty	Other PT/OT Primary - G8990
Getting into or out of a car?	Moderate difficulty	Changing & Maintaining Body Position - G8981

As a reference, FOTO crosswalks the motion required to complete the functional body-part specific questions asked of the patient with the ICF to establish the applicable G-code sets that are appropriate for the episode.

FOTO then surfaces all applicable G-Code sets appropriate for the body-part specific episode for clinician selection based on the focus of treatment, providing the corresponding Current Status & Goal Status G-Codes.

FOTO Hip Survey
CMS G-Code Options**

Functional Limitations Assessed in Hip Survey

Current Status	Goal Status	Asked	Descriptor	
G8978	G8979	2	Mobility: walking & moving around functional limitation	✓
G8981	G8982	2	Changing & maintaining body position functional limitation	
G8984	G8985	0	Carrying, moving & handling objects functional limitation	
G8987	G8988	1	Self care functional limitation	
G8990	G8991	1	Other physical or occupational primary functional limitation	

Note: The # of questions relating to each G-Code set does not imply the focus of treatment. This is only surfaced as a reference. The G-Code determination is meant to be clinically driven.

The clinician makes the decision what G-Code set to report based on the focus of treatment following the previously outlined selection parameters.

Determining the Appropriate Severity Modifier: PATIENT SPECIFIC INTAKE REPORT

MEDICARE PARAMETERS:
Medicare Guidelines outline the severity modifier reflects the patient's percentage of functional impairment as determined by the clinician furnishing the therapy services for each functional status: Current, goal, or Discharge. In selecting the Severity modifier, the clinician:

Modifier	Impairment Limitation Restriction
CH	0 percent impaired, limited or restricted
CI	At least 1 % but < 20 percent impaired, limited or restricted
CJ	At least 20 % but < 40 percent impaired, limited or restricted
CK	At least 40 % but < 60 percent impaired, limited or restricted
CL	At least 60 % but < 80 percent impaired, limited or restricted
CM	At least 80 % but < 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted

- Uses the severity modifier that reflects the score from a functional assessment tool or other performance measurement instrument, as appropriate. (**Note**: FOTO's FS measures may be used to assist in establishing the Severity and Goal for any of the movement G-Codes (8978 Mobility, 8981 Changing Position, 8984 Carry& Moving), the self-care G-Codes (8987) or the other G-Code (8990).
- Uses his/her clinical judgment to combine the results of multiple measurement tools used during the evaluative process to determine a functional limitation percentage.
- Uses his/her clinical judgment in the assignment of the appropriate modifier.

- Uses the CH modifier to reflect a zero percent impairment when the therapy services being furnished are not intended to treat (or address) a functional limitation (*clinician has selected the Other PT/OT G-Code set*).

Further consideration should be given when establishing the Severity Modifier to other considerations including comorbidities, age, cognition, prognosis, acuity, etc.

FOTO SELECTION:

FOTO reports provide you with an objective score of the impairment severity which is risk-adjusted by multi-dimensional risk-adjustment factors specific to the individual patient.

FOTO Risk Adjustment Factors include:

Functional Intake Summary

Patient Id #:	FLRSample
Patient:	PATIENT, SAMPLE
Date of Birth:	10/10/1940
Previous Episodes:	No
Primary Body Part:	Hip
Initial Date of Service:	2/19/2013
Referrals:	None

Risk Adjustment Criteria

Gender:	Male
Age:	72
Surgery:	1 or more
Care Type:	Orthopedic
Impairment:	Post-surgical procedures: Musc...
Acuity:	22 - 90 days
Payer Source:	Medicare B
Co morbidities:	One
Fear:	Elevated
Severity:	Very Severe

The Severity Modifiers are provided on the Intake for:

Intake Current Status, and
Predicted Goal Status

CMS Impairment/Limitation/Restriction for FOTO Hip Survey

	Status	Limitation	G-Code	CMS Severity Modifier
Intake	31%	69%	Current Status	CL - At least 60 percent but less than 80 percent
Predicted	48%	52%	Goal Status*	CK - At least 40 percent but less than 60 percent
			D/C Status	CL **only report if this is a one time visit

*Based on FOTO predicted change score

The Current Status modifier is calculated based on the patient's intake functional status score at the time of the evaluation based on their responses to the body-part specific questions. Our sample patient's Intake Functional Status (FS) score was a 31 (on a 0-100 scale) which represents 31% function. The inverse of this is a 69% functional limitation which falls into the CL modifier.

The Goal Status modifier is based on the risk-adjusted predictions. In our sample it is expected the patient will achieve 17 points of functional improvement during the episode of care, so the predicted function (FS Score) of the patient would be 48% in this sample (31 at intake + 17 points of change = 48), which represents a 52% functional limitation which falls into the CK modifier.

The clinician makes the decision to 1) utilize the modifiers established by the FOTO risk-adjusted scores /or/ 2) establishes other modifiers using his/her clinical judgment. If the clinician opts to establish a different Goal Status modifier, then additional documentation will be needed to outline how this was determined.

Note: The FOTO Severity Modifier does not reset during the course of an episode of care. If the clinician determines that the goal of care (G-Code set) for a single body part impairment will change during the episode, selecting the Other OT/PT G-Code set at intake is recommended.

FOTO Hip Survey
CMS G-Code Options**

Functional Limitations Assessed in FOTO Hip Survey

Current Status	Goal Status	D/C** Status	Asked	Descriptor
G8978	G8979	G8980	2	Mobility: walking & moving around functional limitation
G8981	G8982	G8983	2	Changing & maintaining body position functional limitation
G8984	G8985	G8986	0	Carrying, moving & handling objects functional limitation
G8987	G8988	G8989	1	Self care functional limitation
G8990	G8991	G8992	1	Other physical or occupational primary functional limitation

**Only report if this is a one time visit

CMS Impairment/Limitation/Restriction for FOTO Hip Survey

	Status	Limitation	G-Code	CMS Severity Modifier
Intake	31%	69%	Current Status	CL - At least 60 percent but less than 80 percent
Predicted	48%	52%	Goal Status*	CK - At least 40 percent but less than 60 percent
			D/C Status	CL **only report if this is a one time visit

*Based on FOTO predicted change score

Reporting the Intake G-Code Set/Severity Modifier:

At the time of the evaluation the claim must include the selected G-Code Set and the corresponding modifiers. For example, with our sample patient, the clinician makes a decision based on the patient's responses to the body-part specific questions and the clinical evaluation, that the focus on treatment will be

on Mobility. Therefore the Mobility Current Status Code G8978 will be reported with Current Status Modifier CL as well as the Mobility Goal Status Code of G8979 with the Goal Status Modifier CK.

The Exception to this is a patient who attends for a *one time only visit*. In these cases, you will report the Current Status G-Code+modifier, the Goal Status code+modifier AND the DC Status code+modifier.

Reporting the Appropriate Severity Modifier: PATIENT SPECIFIC STATUS REPORT

Status information must be reported on claims at a minimum of every 10th visit and on the patient's last date of service /and/ at any time that a re-evaluation is submitted on Medicare claims. This is a minimum requirement. If you capture a Status from your patient on the 6th visit, the next Status will be required by the 16th visit, etc. A final Status should be obtained on the patient's last date of service as well.

The FOTO Status Report that generates following completion of the Status Assessment will, again, automatically calculate the Current Status and the DC Status G-Codes for all of the applicable code sets for the episode. The **same G-Code** set must be reported at the time of the Status as selected as focus of treatment at Intake.

If the Status is NOT the patient's last date of service, the G-Code set for Current Status + the Current Status modifier and the Goal Status +the Goal Status modifier will be reported on the claim.

If the Status is captured on the patient's last date of service, the G-Code set selected for the episode will be reported using the DC Status code+modifier and the Goal Status code+modifier.

Sample of how the codes will surface on a Status Report.

Functional Limitations Assessed in FOTO Hip Survey

Current Status	Goal Status	D/C Status	Asked	Descriptor
G8978	G8979	G8980	2	Mobility: walking & moving around functional limitation
G8981	G8982	G8983	1	Changing & maintaining body position functional limitation
G8984	G8985	G8986	1	Carrying, moving & handling objects functional limitation
G8987	G8988	G8989	0	Self care functional limitation
G8990	G8991	G8992	1	Other physical or occupational primary functional limitation

CMS Impairment/Limitation/Restriction for FOTO Hip Survey

	Status	Limitation	G-Code	CMS Severity Modifier
Intake	31%	69%		
Predicted	48%	52%	Goal Status*	CK - At least 40 percent but less than 60 percent
5/31/2013	49%	51%	Current Status	CK - At least 40 percent but less than 60 percent
			D/C Status	CK **only report if this is discharge survey

*Based on FOTO predicted change score

When & How to report a change in G-Code FLR

In situations where treatment continues after the treatment goal is achieved for the primary functional limitation or progress towards the goal is maximized, reporting should close the primary functional limitation as follows.

Utilizing FOTO, if treatment for a patient will be addressing functional limitations for more than one body part impairment by a single discipline provider,

- The clinician selects a primary functional limitation for one body part initially and follows this through until the patient has met the goal.
- The clinician will then report on the claim for the date of service when treatment is finished, the Goal Status Code+modifier and the DC Status Code+modifier for the goal set selected as the focus of treatment for the initial problem.

- On the next visit, the clinician may report a new focus of treatment by reporting a new G-Code set Current Status code+modifier and new Goal Status+modifier for the second body part now being the focus of treatment.
- Two FOTO intakes will be on file for the patient's episode – one for each body part (as well as separate Status Reports to report progression).

If the Other PT/OT code set was used for the initial focus of treatment, the "Other PT/OT Subsequent Functional Limitation" code set will be utilized.

How to manage G-code Reporting if the patient does not return (self-discharges)

DC Status reporting is required except in cases where therapy services are discontinued by the patient prior to the planned discharge visit.

Documentation Requirements

Medicare Requirements:

- The clinician who furnishes the services must not only report the functional information on the therapy claim, but, must also track and document the G-codes and severity modifiers used for this reporting in the beneficiary's medical record of therapy services.
- Therapists will need to document in the medical record how they made the modifier selection so that the same process can be followed at succeeding assessment intervals. Additionally, therapists must report the G-code and modifiers for the current status, projected goal, and discharge status on the date of service that they are reported with the severity determination documentation.
- The G-code descriptor and related modifier is required to be documented in the medical record. In cases where the therapist uses other information in addition to certain measurement tools in order to assess functional impairment, documentation of the relevant information used to determine the overall percentage of functional limitation to select the severity modifier should also be included in the record.
- The functional impairments identified and expressed in the long term treatment goals must be consistent with those used in the claims-based functional reporting

Using FOTO streamlines your documentation. If FOTO is selected to report FLR, the clinician simply checkmarks / highlights the G-Code selected on the Patient Specific Intake Report to document the focus of treatment. The Intake Report becomes a part of the Medical Record. This documents the focus of treatment, the risk-adjustments, and the modifier calculation rationale.

Additionally, the patient responses to the body-part specific questions can be easily incorporated into the long-term goals as the functional component to the clinical goals (objective/measureable/tied to function).

The FOTO Patient Specific Status Reports documents the Current Status G-Code/Modifier as well as the Goal Status Codes/Modifiers and the DC Status Code/Modifier. This also becomes a part of the Medical Record.

Documentation References

For additional details please see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 220.3, subsection F - MCTRJCA-required Functional Reporting. For coverage rules related to MCTRJCA and therapy goals, refer to Pub. 100-02: a) for outpatient therapy services, see chapter 15, section 220.1.2 B and b) for instructions specific to PT, OT, and SLP services in the CORF, see chapter 12, section 10.

Appendix: Surveys

	Discipline	Collection Mechanism		FLR Codes Included	
		Clinician Report	Patient Report	Applicable G-Code Sets & Current Status Modifiers	Goal Severity Modifier*
FOTO Orthopedic FS Assessments	PT / OT		✓	✓	✓
FOTO Neuro FS Assessments	PT / OT		✓	✓	✓
FOTO General FS Assessments	PT / OT		✓	✓	✓
FOTO Pelvic Floor FS Assessment	PT / OT		✓	✓	
Optional Surveys					
ADL Module (Domains/SubDomains[1])	PT / OT / SP	✓		✓	✓
ABC Scale	PT / OT		✓	✓	
Dizziness Handicap Inventory	PT / OT		✓	✓	
NeuroQOL-UE	PT / OT		✓	✓	
NeuroQOL-LE	PT / OT		✓	✓	
NeuroQOL-Ability to Participate in Social Role & Activities	PT / OT / SP		✓	✓	
NeuroQOL-Communication	SP		✓	✓	
NeuroQOL-Fatigue	PT / OT		✓	✓	
Incapacity Scale	PT / OT		✓	✓	
Stroke Impact Scale: Communication	SP		✓	✓	
Stroke Impact Scale: Memory	SP		✓	✓	
Stroke Impact Scale: Mood/Emotions	PT / OT / SP		✓	✓	
Stroke Impact Scale: Hand Function	PT / OT		✓	✓	
Stroke Impact Scale: Mobility	PT / OT		✓	✓	
Stroke Impact Scale: Strength	PT / OT		✓	✓	
Stroke Impact Scale: Participation	PT / OT / SP		✓	✓	

Dizziness Handicap Inventory (DHI) is not yet completed for G-Codes but will be in the very near future.

Please refer to the Optional Survey Reference Document from the Resource Link in the Web Navigation Bar for detailed information on the questions included in the optional surveys and the scoring information.

*For surveys that currently do not generate a Goal severity modifier - the clinician will need to assign a Severity Modifier based on the information returned by the survey + clinical judgment at this time. As soon as sufficient data is collected in the FOTO database for these surveys, severity modifiers can be produced.

[1]ADL Module Includes the following:

Self-Care Domain:
- Eating and drinking
- Personal Grooming
- Personal Hygiene
- Dressing

Motor Domain:
- Mobility and Transfers
- Locomotion
- Arm/Hand Use
- Critical Motor Function

Communication Domain:
- Verbal Comprehension
- Reading Comprehension
- Verbal Expression
- Written Expression

Cognition Domain:
- Memory
- Executive
- Attention

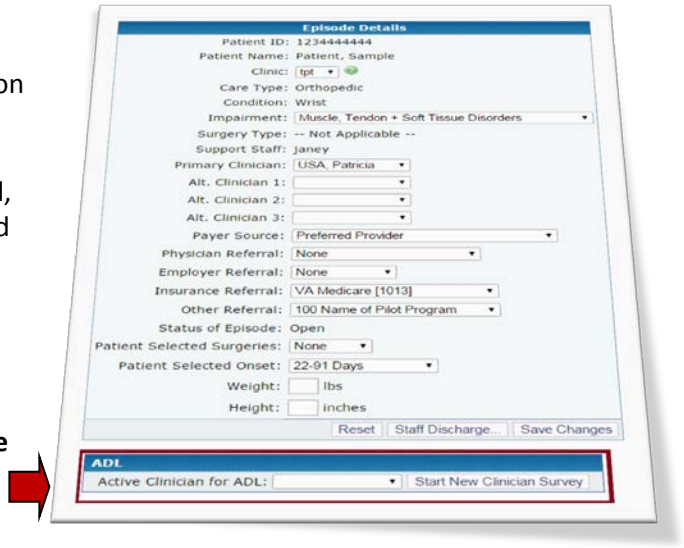
Socialization Domain:
- Telephone Skills
- Money Management
- Household Management
- Transportation

ADL MODULE (Optional)

Optional **Clinician-Driven ADL Assessments** can be activated on a patient specific level. This module asks therapist to rate pertinent activities of daily living for their patients. ADLs in five domains can be tracked, including self-care, motor, communication, cognition and socialization. This survey can be used to monitor the therapist's opinion of patient progress towards pertinent rehabilitation goals.

What will be reported: The initial ADL ratings and goals are reported, and therapist's perception of patient improvement for each identified ADL is reported on status reports. The subsequent ratings compared with goals at the time of status report will also be reflected on the Patient Specific Status Survey Report with a comparison to the intake ratings.

Following patient set-up, the ADL module is access from the Episode Detail Screen.

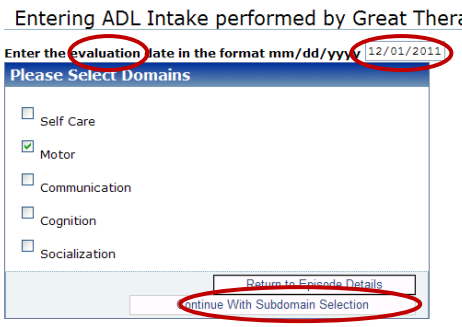


To initiate an ADL **Intake** Evaluation Survey, you will select the Clinician for the ADL survey, then click on Start New Clinician Survey.

The date the ADL **evaluation was performed** is entered in the evaluation date field.

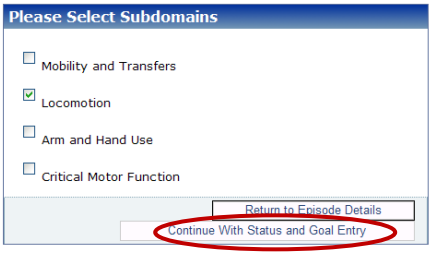
- Select the Domain(s).
- Then click on *Continue With Subdomain Selection*.

Entering ADL Intake performed by Great Therapist



- Select the Subdomain(s).
- Then click on *Continue With Status and Goal Entry*.

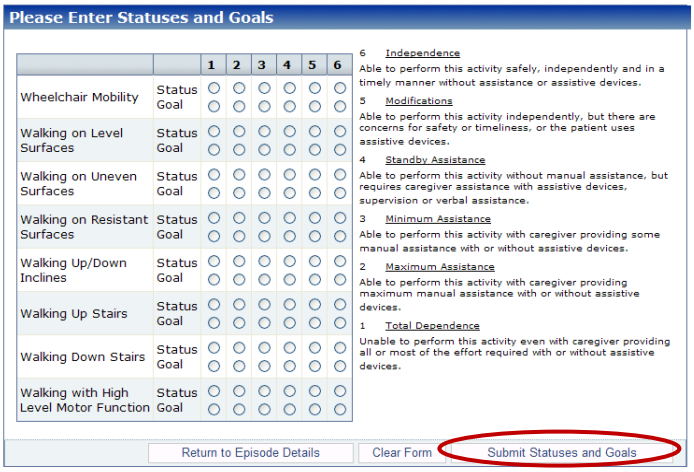
Entering ADL Intake performed by Great Therapist



Click on the radial buttons to document the client's status on the ADL activity and the goal level set for the client.

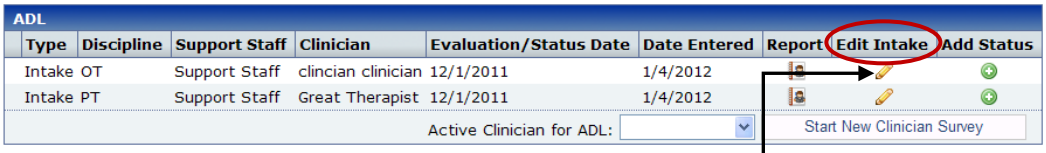
- When finished, click on *Submit Statuses and Goals*.

Entering ADL Intake performed by Great Therapist



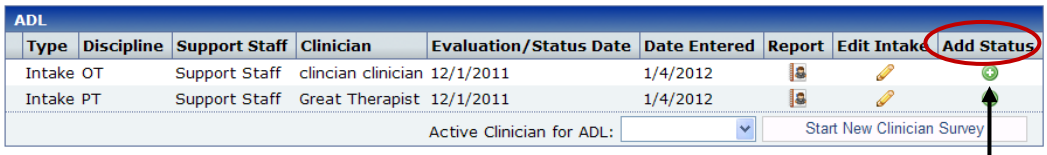
The ADL Intake Reports will be reflected in the **ADL window** as before with the following enhancements.

Two columns surface in this window to **Edit the Intake** and to **Add a Status**.



- An **Intake ADL can be edited** by simply clicking on the pencil icon ( ) in the Edit Intake column, which will open the ADL intake for revision. Once the revisions are completed, submit the report.

- To add a **Status to an ADL** Intake survey, simply click on the ***Add Status*** icon.



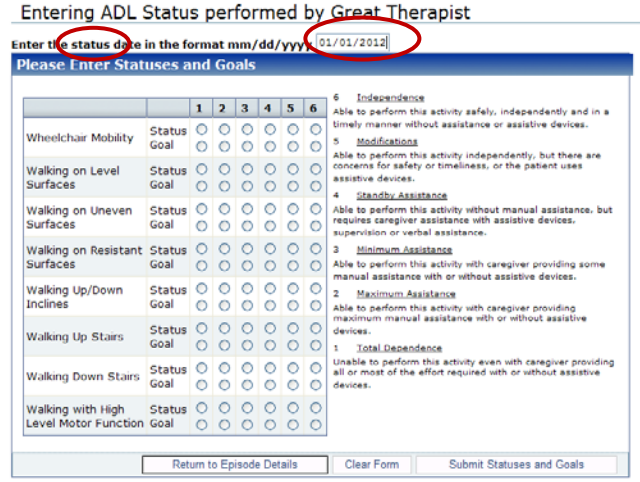
Note: The only time that you will need to select the Active Clinician for ADL or Start New Clinician Survey at this time will be if a clinician is beginning a new domain eval that was not selected initially /or edited for inclusion in the intake ADL survey

The Status Screen opens.

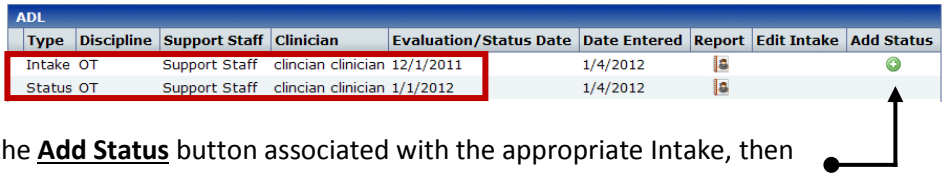
- Please enter the date that the status was performed in the date field, and then finish the status responses.

- When finished, click on the Submit button in the bottom right hand corner of the screen.

Entering ADL Status performed by Great Therapist

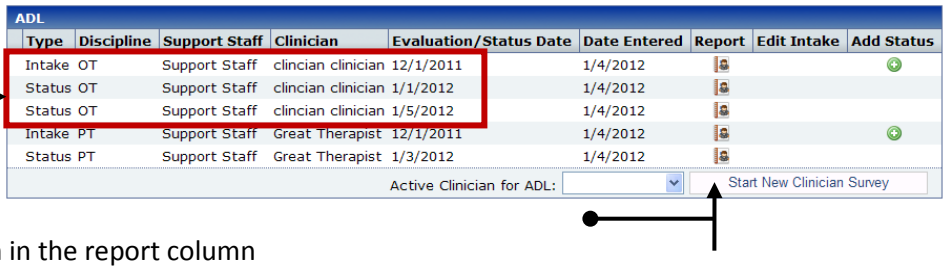


- The Status Report will appear under the Discipline Specific Intake.



To add **additional Status reports**, click on the **Add Status** button associated with the appropriate Intake, then complete the status and submit.

Each subsequent status survey will be listed in the ADL report window.



Reports are accessed for viewing/printing by clicking on the icon in the report column

Note: Once a Status Report has been entered, the intake can no longer be edited & the Edit Intake Icon will no longer be available for selection.

Refer to attached sample of an ADL Report (Intake and Status completed) which shows the:

- Domains and Subdomains selected
- Intake Score
- Status Score
- Goal
- Functional Limitation Reporting G-Code set by sub-domain
- Severity Modifiers by sub-domain associated with the ADL score

Sample ADL Status Report:

trish's physical therapy - trish's physical therapy

ADL Status SUMMARY (3/1/2015)

Patient:	**PATIENT, SAMPLE**
ID#	1234444444
Date of Birth:	8/2/1952
Initial DOS:	3/1/2015
Body Part:	Wrist
Impairment:	Muscle, Tendon + Soft Tissue D...
Surgery Type:	Not Applicable

Risk-Adjustment Criteria

Care Type:	Orthopedic	**Gender:**	Female
Body Part:	Wrist	**Comorbidities:**	None
Severity:	Very Severe (Intake FS: 0)	**Payer:**	Preferred Provider
Age:	62	**Fear Avoidance:**	Elevated
Acuity:	22 - 90 days	**Surgery Status:**	None

Motor

	03/01/15 Intake	03/15/15 Status	Goal	Functional Limitation
Reaching and Grasping Objects	3	4	5	
Lifting and Carrying Objects	2	3	4	
Throwing and Catching a Ball	1	2	3	
Drawing/Writing	3	4	5	
Arm and Hand Use	**2**	**3**	**4**	**Carrying, Moving & Handling Objects - G8984**
Mobility in a Bed	3	5	5	
Transfers to/from a Bed	2	4	5	
Transfers to/from a Chair/Wheelchair	2	3	4	
Transfers to/from a Toilet	2	3	4	
Transfers to/from a Tub/Shower	2	3	3	
Transfers to/from a Car	2	3	3	
Raising From the Floor to Standing/Wheelchair	1	2	3	
Mobility and Transfers	**2**	**3**	**3**	**Mobility - G8978**
	2	**3**	**4**	

SelfCare

	03/01/15 Intake	03/15/15 Status	Goal	Functional Limitation
Dressing Upper Body	2	4	5	
Dressing Lower Body	1	3	4	
Putting On/Taking Off Shoes and Socks	1	3	4	
Fastening/Unfastening Fasteners	2	4	4	
Dressing	**1**	**3**	**4**	**Self Care - G8987**
	1	**3**	**4**	

ADL Status SUMMARY (7/1/2014)

Patient: Patient, Sample (1234444444) **Primary Body Part:** Wrist **Initial DOS:** 7/1/2014

ADL Survey

CMS G-Code Options**

Mobility (7 items scored)

	Status	Limitation		G-Code	CMS Severity Modifier
Intake	33%	67%			
Goal	64%	36%	**Goal Status**	**G8979**	**CJ** - At least 20 percent but less than 40 percent
03/15/15	55%	45%	**Current Status**	**G8978**	**CK** - At least 40 percent but less than 60 percent
			D/C Status	**G8980**	**CK** **only report if this is discharge survey

Carrying, Moving & Handling Objects (4 items scored)

	Status	Limitation		G-Code	CMS Severity Modifier
Intake	38%	62%			
Goal	71%	29%	**Goal Status**	**G8985**	**CJ** - At least 20 percent but less than 40 percent
03/15/15	54%	46%	**Current Status**	**G8984**	**CK** - At least 40 percent but less than 60 percent
			D/C Status	**G8986**	**CK** **only report if this is discharge survey

Self Care (4 items scored)

	Status	Limitation		G-Code	CMS Severity Modifier
Intake	25%	75%			
Goal	71%	29%	**Goal Status**	**G8988**	**CJ** - At least 20 percent but less than 40 percent
03/15/15	58%	42%	**Current Status**	**G8987**	**CK** - At least 40 percent but less than 60 percent
			D/C Status	**G8989**	**CK** **only report if this is discharge survey

✖

Clinician: HOOVER, BUBBA

* Mean, Risk Adjusted, Intake Composite FS measures from FOTO aggregate database.
** As indicated by the ICF assignments to the survey items in the FOTO survey used.

Printed: 4/7/2015 8:30 AM ET

FAQ's

How much time will this take?

The Intake survey takes an average of 5-10 minutes to complete. The Status Surveys take an average of 5-7 minutes to complete. The Staff Discharge can be completed in only 1 minute.

How do I schedule time for patients to complete these surveys when they already have so much paperwork to fill out?

We recommend allotting this time prior to the appointment time with the clinician. For example, if the time to see the clinician is 10:30, why not confirm the appointment time with your patient for 10:15. Or suggest they arrive early. Even if you have sent out the survey for them to complete by email, this allows time should they have not completed it prior to their arrival.

How do I explain / introduce this process to patients?

We recommend use of the scripting in **"**STANDARDS FOR ADMINISTRATION OF ASSESSMENTS**"**. *See page 4 of this Clinician Resource Guide.*

How is the Patient Satisfaction Score calculated?

The Satisfaction Score represents the average level of satisfaction reported on each of the 8 questions related to patient satisfaction. Each satisfaction 0-5 response has a percent value:

- Very Satisfied =100%,
- Somewhat Satisfied =75%
- Neither Satisfied of Dissatisfied = 50%
- Somewhat Dissatisfied = 25%
- Very Dissatisfied = 0%

Why is it necessary for the patient to answer the satisfaction questions on each Status – can't we just ask them to by-pass the satisfaction questions until the final Status is completed?

You most certainly can opt to instruct the patient to by-pass the satisfactions questions on the Status Assessment. However, FOTO encourages you to promote completion of the satisfaction questions on each Status completed by the patient for the following reasons:

- If satisfaction is captured only on the last date of service, you no longer have the ability to address any satisfaction concerns with the patient before treatment is completed so that you can affect a change in the satisfaction responses before discharge.
- If the patient self-discharges, you have lost the ability to capture satisfaction information for the episode. The reason the patient self-discharged may be a satisfaction issue.

Why should I include patients in FOTO who will only be seen only once?

1x visit only patients are not excluded from the outcome process and Intakes for these episodes is encouraged. Many times the data captured in the Intake assessment, even if for a 1x only episode can be very valuable in the evaluation and relevant to the rationale for not establishing a Plan of Care for the patient. If a patient is seen, for example, for a consult only, the FS data and limitations reported by the patient on the intake when coupled with the clinical evaluation findings forms the "big picture" of the patient's status. You can still close the episode by immediately completing the Staff Discharge following the Status Incomplete Discharge process, selecting the appropriate 1x only reason.

If you make an internal decision to exclude these patients from the outcome process, you most certainly may do so. However, you will lose the ability to track the outcome state of these episodes for management purposes.

Why is getting the last Status on the patient's last date of service so important?

It is very important that the final status survey be taken as close to the date of the last appointment to assure you are capturing the full amount of functional improvement achieved by the patient during the episode of care. If you only have a mid-treatment Status, you will only be capturing the mid-level improvement of the patient. Ideally the survey is taken either at check-in or check-out the day of the last appointment or no more than 7 calendar days prior to the last visit date.

Often, a patient will self-discharge, so you may not know when the actual last visit is. That is why we recommend you get the patient to complete a status survey, for example every 5th visit so you can still get an accurate outcome from patients who self-discharge.

Why is Fear Avoidance automatically included in the surveys and risk-adjustments? Patients always have questions about how to respond.

There are numerous published articles that demonstrate how managing patients in the clinical treatment environment utilizing fear avoidance is beneficial and results in a positive outcome. Dr. Mark Werneke has a great article on this. You might want to check that out. The link to this abstract is: http://www.ncbi.nlm.nih.gov/pubmed/19406296

Please refer to the FABQ Education Points in this orientation guide, page 29.

Why is the system asking my 82 year old patient if they can run on uneven ground?

This is a question that is raised frequently. The FOTO FS (Functional Status) assessments were developed to capture the overall functional level of the patient – to determine how the presenting condition affects the patient's ability to perform functional activities. This is based on functional staging research and addresses very low level activities to the highest functional activities by body part impairment.

In order to find out what the patient can do, it has to find out what the patient cannot do. Do keep in mind that all patient data is risk-adjusted and compared to the same risk adjusted population nationally. Because all FOTO assessments are risk-adjusted, for example, patients who are 75 years of age will most likely respond that they cannot run a mile, or hop on one foot, etc. and this would be an anticipated/predictable response. However, there are some 75 year olds who run and hop. If the FOTO CAT dropped higher level activities simply due to age, you would be unable to capture an accurate FS level of a patient who truly may be at a very high functional level.

The system is asking my post-surgical knee patients if they can run, hop. Why?

Regardless of a surgical intervention, a knee patient is a knee patient and the functional activities in CAT will still build from the lowest to the highest functional activity – the key to remember is we are not asking the patient to respond to a single static question but rather their overall function based on the body part impairment. We want to see them move upward in functional abilities. A post-surgical Total Knee replacement patient would likely respond that they cannot perform the higher functioning activities of hopping on one leg or running a mile (as would other TKR patients nationally).

I already use similar surveys so why repeat?

FOTO has many of the surveys that you may be using available as Optional Surveys in the FOTO system. Since the patient is able to complete the surveys electronically, this automatically scores the optional tool and prints the score on the FOTO Surveys. This not only saves valuable time, but is more efficient since all of your information is now on one report.

How will this information be helpful to me clinically? What if my patient does not achieve the predicted points of functional status change?

Value in Predicted Outcomes per Patient

Immediately after the initial survey, but before your patient begins treatment, we know not only the functional status measure, but also, based on a very large data sample, we know

- A risk-adjusted, predicted change in function, and
- The average number of visits required to achieve that predicted outcome.

On a case-by-case basis, the predicted change and visits help set expectations and reasonable goals with your patient and contributes to improved compliance during the course of treatment. Of course, each case and patient will be different. Some will exceed the predicted outcome, some will not for various reasons. However, as the FOTO Outcomes Measurement System is adopted into the workflow of your practice, data accumulates and patterns begin to emerge. **Here begins the payoff.**

I don't want to be judged?

Areas where you may not be performing as well as the mean are revealed – these areas represent opportunities to manage and improve. "Bright spots" are easily identified – where you are doing better than the mean – and prove you have something you can market to referral sources and payers. One clinician in your organization may be doing well with back patients but not as well with knee patients. Another clinician may be doing well with knee patients but not as well with neck patients. Each report or scorecard is an opportunity to improve, or market, your clinic or organization.

Regarding FLR codes, do I need to end reporting of the current primary functional limitation when a new functional limitation develops, e.g. a new condition, before reporting on the second functional limitation? functional limitation develops, e.g. a new condition, before reporting on the second functional limitation?

You need to end reporting on the first functional limitation by reporting the appropriate goal and discharge status codes before reporting on a second functional limitation can begin. Discharge reporting applies in all situations, except when the patient unexpectedly does not return to therapy and discharge information is not available.

How do I report the functional information when I provide an evaluation only and determine that the patient does not need further therapy services?

For one-time visits, you report all three G-codes for the functional limitation being evaluated, along with the corresponding severity modifiers for each.

Is the FOTO system approved by Medicare to produce FLR?

Yes.

Should I report the "other" PT/OT G-codes when using a functional assessment tool that yields a "composite" score?

A PT/OT categorical G-code set should be reported when it best describes the functional limitation being treated – even though the assessment tool used surveyed the beneficiary's overall functional abilities, such as the ability to carry out his/her daily routine and other quality of life measures.

There may be times, however, that the "other" PT/OT G-code sets will be appropriate, especially when the beneficiary's functional limitation is not described by one of the four (4) categories of functional limitations or the beneficiary is not being treated for a functional limitation.

Do I have to use the G-Code sets and Severity Modifiers provided in the FOTO reports to report to Medicare?

No. Medicare is quite clear that it is a clinician decision process. So the clinician can opt to 1) utilize the G-Code sets and Modifiers established by the FOTO risk-adjusted scores /or/ 2) establish G-Codes/Modifiers using another tool and his/her clinical judgment.

If the clinician opts to establish a different G-Code Set and/or Severity Modifier, then additional documentation will be needed to outline how this was determined/supported in the medical record.

If FOTO is selected to report FLR, the clinician simply checkmarks / highlights the G-Code selected on the Patient Specific Intake Report to document the focus of treatment. The Intake Report becomes a part of the Medical Record. This documents the focus of treatment, the risk-adjustments, and supports the modifier calculation rationale submitted to Medicare.

Should I include all my patients in the outcome process with FOTO – or should I just identify participants by pay source or diagnosis?

You can include any/all of your patients in your outcome processes. Actually, FOTO encourages practices to include as many of their patients as possible for two reasons.

- First, if the process is a part of the day-to-day operations and is initiated with all new patients – it helps with assuring completion of episodes with status surveys and staff discharges. It becomes as standard as asking for an insurance card, etc. and alleviates the need to remember who is in the process and who is not to make follow up more simplified.
- Second, by doing so, you will have a significant number of patients in your database and the quarterly profile report information will be more heavily weighted and reduces the 95% confidence interval significantly. This can be a real advantage when using the information in marketing your practice. To say to a physician, case manager, payer, employer, etc. 'we have great shoulder outcomes' and the FS score represents 150 patients for a rolling 12 months is more significant than if it is based only on 20 patient episodes, etc.

What happens if a patient is D/C'd by the clinician and then the patient completes an updated status report (let's say from home via e-mail). Will this register or does the updated status need to be completed prior to the Clinician's D/C?

If a patient completes the final Status Survey after the clinician completes the Staff Discharge (by email or mail), it links to the episode if returned within 30 days of discharge and will produce an FS change score for the episode and is considered a complete discharged episode for inclusion in the quarterly profile report data.

What do we do with patients that were set up but never actually came in for their initial evaluation?

It is recommended that the Non-Participation Audit be completed to document the reason an intake was not completed. In this case "Patient not registered" would be an appropriate reason.

Since the ADL Module is available in the Episode Detail Screen, am I required to use this optional tool in the FOTO episode?

No. This is not required.

Is the clinician required to sign off on the printed Patient Specific Functional Reports?

This is an administrative decision within your group. However, FOTO encourages signatures on the PSFRs to verify the clinician has viewed the data. If your organization prefers not to include the signature line, your organization's FOTO Administrator can deactivate the signature line in the company default screen.

FOTO Contact Information

Please contact FOTO Provider staff at any time for assistance, as follows:

	800 • 482 • 3686	Email
Judy Holder **Director of Account Development**	Extension 238	judyholder@fotoinc.com
Provider Relations Staff		
Trish Hayes **Director of Provider Relations**	Extension 223	thayes@fotoinc.com
Cynthia Stancil U.S. Provider Representative	Extension 235	cynthiastancil@fotoinc.com
Kimberly Jones U.S. Provider Representative	Extension 232	kimberlyjones@fotoinc.com
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