

Measure ID: FOT05

Title of measure:

Functional Status Change in Balance Confidence

Measure Description:

This is a patient-reported outcome performance measure (PRO-PM) consisting of a patient-reported outcome measure (PROM) of risk-adjusted functional status (FS) change in balance confidence for patients aged 14+ with balance impairment. The change in FS is assessed using an item-response theory-based metric derived from the 16-item Activities-specific Balance Confidence (ABC) Scale, scored using the T-score metric (mean=50, SD=10), with higher scores representing higher balance confidence. In order to fairly measure performance between providers, the measure is risk-adjusted to patient characteristics known to be associated with FS outcomes and used as a performance measure (PM) at the patient and provider levels to assess quality.

Denominator description:

All patients aged 14 years and older with balance impairments who initiated and completed an episode of rehabilitation therapy or medical care (with a start of the episode of care as defined by the following CPT codes: 97161, 97162, 97163 for physical therapy or 97165, 97166, 97167 for occupational therapy or as otherwise documented in the medical record as the start of an episode of care)

Relevant ICD-10 codes may include:

- G11 Ataxia
- M62.5 Muscle wasting and atrophy, not elsewhere classified
- M62.81 Muscle weakness (generalized)
- R26.0 Ataxic gait
- R26.1 Paralytic gait
- R26.2 Difficulty in walking, not elsewhere classified
- R26.8 Other abnormalities of gait and mobility
- R26.9 Unspecified abnormalities of gait and mobility
- R27 Other lack of coordination
- R29.6 Repeated falls
- R53.1 Weakness
- R53.81 Other malaise
- R54 Age-related physical debility
- Z91.81 History of falling

The completion of an episode of care (Discharge) is indicated by documentation in the medical record and/or a Discharge Status G-Code (G=xxxx) identifying the close of the episode of care for the balance condition identified at the start of the episode of care (Initial Evaluation)."

Numerator description:

The numerator is the number of a provider's (clinic or clinician) patient care episodes that initiated and completed an episode of care and met or exceeded the risk-adjusted predicted Change Score. Thus, performance met is determined by a residual change score of zero or more.

The Residual Change Score is defined as the difference between the Actual and Predicted Change Scores where

- The Actual Score is the patient's Functional Status (FS) Score,
- The Actual Change Score is the change in the patient's FS score from Initial Evaluation to Discharge, and
- The Predicted Change Score is the risk-adjusted prediction of FS change.

Numerator Options are

- Performance Met (The Residual Change Score is equal to or greater than zero) and
- Performance Not Met (The Residual Change Score is less than zero or patient did not complete the measure and reason not given or reason does not match the exclusion or exception criteria.)

Performance may be calculated on the patient and provider levels:

1. Patient Level: For the individual patient episode, the patient's actual FS scores relative to the risk-adjusted predicted.
2. Provider Level: The average of the performance met rate for patient care episodes managed by a provider (clinic or clinician) over a 12-month time period.

Denominator exclusions:

- 1) Patients with diagnosis of a degenerative neurological condition such as ALS, MS, Parkinson's diagnosed at any time before or during the episode of care (F2007 )
- 2) Patient unable to complete the Balance Confidence PROM at Initial Evaluation or Discharge due to cognitive deficit, visual deficit, motor deficit, language barrier, or low reading level, and a suitable proxy/recorder is not available. (F2002)

Denominator exceptions:

- 1) Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record (F2005)
- 2) Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery (F2004 )
- 3) Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown)(F2003)
- 4) Patient refused to participate (F2001)"

Which Score is Risk Adjusted?

PROM score is the score that is risk-adjusted. Specifically, a risk-adjusted prediction of FS change, as described in the Numerator.

Proportional Measure: Yes

Performance Rate Description: Proportion of patient episodes that Met or Exceeded the Risk Adjusted Residual Change Score

Number of Performance Rates: 1

NQS Domain: Person and Caregiver Centered Experience and Outcomes

High Priority: Yes

High Priority Type: Outcome

Measure Type: Patient Reported Outcome (PRO)

Meaningful Measure Area: Functional Outcomes

Data Source:

The FOTO measurement system and database has existed since 1994 and consists of approximately 38 million patient assessments. FOTO provides web-based data collection and reporting for approximately 23,700 clinicians in 12,900 clinics across all 50 states. In the FOTO database, a large amount of balance-related data has been collected for patients aged 14 years+ on episodes of care that started mostly during 2017 to 2020 and that had been discharged by the time of our data extraction (July 2021). These include 14,018 episodes from 1870 clinicians working in 732 clinics from 44 states.

Care Setting:

Ambulatory, Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Hospital, Hospital Outpatient, Outpatient Services, Post-Acute Care (includes Telehealth)

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