

Measure ID: FOTO6

Title of measure:

Functional Status Change in Dizziness Impact

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 dizziness impact from intake to discharge, for patients aged 14 years and older with vestibular impairments. The change in FS is assessed using the FOTO Dizziness Impact Positional (DIP) or Functional (DIF) PROM; these are item-response theory-based measures developed using items from the Dizziness Handicap Inventory, scored using the T-score metric (mean=50, SD=10), with higher scores representing higher dizziness impact (worse functional status). Modern measurement methods, using IRT, did not support use of one overall score for all 25 items from the Dizziness Handicap Inventory (DHI) due to not meeting the assumption of unidimensionality, which is an important psychometric limitation. IRT testing supported a positional domain as a separate and distinct construct for positional impacts of dizziness pertaining to changes in head position such as turning over in bed, looking up, or quick movements of the head whereas functional activities loaded on a separate domain. The DIP will be administered for patients with a DIP T-score of 45 or higher whereas the DIF will be administered for patients with a DIP T-score of less than 45 at initial evaluation. 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 level and provider levels to assess quality.

Denominator description:

All patients aged 14 years and older with vestibular impairments who initiated and completed an episode of 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)

The following ICD-10 codes* are provided to further clarify the target population:

A88.1 Epidemic vertigo

H81.1 Benign paroxysmal vertigo

H81.2 Vestibular neuronitis

H81.3 Aural vertigo

H81.4 Vertigo of central origin

H81.8 Other disorders of vestibular function

H81.9 Unspecified disorder of vestibular function

H82 Vertiginous syndromes in diseases classified elsewhere (*Requires the underlying disease to be coded first)

H83.0 Labyrinthitis

H83.2 Labyrinthine dysfunction

R42 Dizziness and giddiness

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T75.23 Vertigo from infrasound

* Codes with less than the number of characters required for billing are used to represent the inclusion of the more specific codes in that category. This was done to manage the number of codes.

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 vestibular 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. Since lower DIP and DIF scores represent lower dizziness impact (better functional status), exceeding the risk-adjusted predicted change scores would be in the negative score direction, i.e., negative residuals. Thus, performance met is determined by a residual change score of zero or less.

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 less than zero) and
- Performance Not Met (The Residual Change Score is greater 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 DIP and DIF PROMs 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 Patient Outcomes 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. During a recent 12-month period ending July 31, 2021, the FOTO database recorded 77,325 assessments for patients presenting for outpatient care for vestibular impairments.

Care Setting:

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

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