

FOTO Research Data Request Document

Parts I-III must be completed; Parts IV-VII are optional. Only check the data elements which are relevant for your research project. Please make sure that all data elements requested below are adequately justified in FOTO's Research Project Proposal document.

PART I

Specific Data Request/Description: Indicate what type of data you are requesting.

Date Range: Last one year, Last two years, or Date specific date range (starting 2013): Begin: [Click here to enter a date.](#) End: [Click here to enter a date.](#)

Data Format: .csv .xlsx

Mode of Data Delivery

Scenario 1: You are requesting a fully blinded data set. Due to Net Health IT Security policies, the data will be delivered to you via Citrix Sharefile.

Scenario 2: You are a FOTO subscriber, have a signed Business agreement with FOTO, and are requesting your facility's data only. (Alternatively, you are a consultant or researcher affiliated with a major university or college working directly on behalf of a FOTO subscriber.) This kind of data can be delivered via the subscriber's secure FOTO Report Portal. Please specify the name and email address of the FOTO subscriber's representative who has access to their facility's Report Portal: The data delivered to the subscriber's FOTO Report portal will contain identified patient and provider information. As a FOTO subscriber requesting your own data, please attach a spreadsheet indicating the names and FOTO-designated IDs for each clinician and/or clinic that you would like to have included in the data pull.

PART II

FOTO's Primary Patient Reported Outcome Measures

The FOTO Outcomes Management system provides many primary patient-reported outcome measures (PROMs) assessing functional status (FS). The PROMs were typically developed using item-response theory (IRT) methods and are administered via computer-adaptive testing (CAT). All patients assessed in the FOTO system are administered at least one of these primary (mandatory) PROMs. The largest and most diverse sample sizes within the FOTO database are for patients with orthopedic conditions.

Please select the PROM of focus for your proposed study. All PROMs are IRT-based and CAT administered unless otherwise specified. You may consult <https://www.fotoinc.com/science-of-foto> to review published psychometric properties of each PROM to guide your selection and study design. Considering FOTO's very large database for each FOTO PROM condition and to keep the scope of your research feasible, *FOTO encourages the PI to limit selection to one care type and one PROM.* If adequately justified in FOTO's Research Project Proposal document, a maximum of 3 PROMs within one care type can be selected, however keep in mind that the FS scores from different measures should not be aggregated or directly compared as they represent different metrics.

Orthopedic care type. Please select one FS measure:

- FOTO Low Back FS PROM
- FOTO Neck FS PROM
- FOTO Shoulder FS PROM

- FOTO Elbow, wrist, hand FS PROM
- FOTO Hip FS PROM
- FOTO Knee FS PROM
- FOTO Ankle/Foot FS PROM
- The FOTO General Orthopedic FS Measure (includes craniofacial, thoracic spine, and rib body parts. The General Orthopedic FS Measure is also recommended for patients with complex pain conditions where the patient cannot identify the most problematic body part such as fibromyalgia).

Neurological care type. The FOTO General Physical Functioning PROM is administered for each of the following neurological conditions except for the two stroke categories which use the Stroke Upper Extremity PROM or Stroke Lower Extremity PROM

- Brain injury
- Cancer
- Stroke-Upper Extremity
- Stroke-Lower extremity
- Vertigo/Vestibular
- Non-Traumatic CNS Disorders
- Quadriplegic, Paraplegic, and Other Paralytic Syndromes
- Peripheral Nervous System Disorders/Injuries
- Injury to Nerves Other Than Spinal Cord
- Not Otherwise Classified Neuromuscular Disorders
- Cancer
- Multiple Sclerosis

Cardiovascular/Pulmonary care type. The FOTO General Physical Functioning PROM is administered for each of the following cardiovascular/pulmonary conditions except for Regional Swelling (lymphedema) for which either the Upper Extremity Regional Swelling PROM or Lower Extremity Regional Swelling PROM are administered:

- Regional Swelling (lymphedema) – Upper Extremity
- Regional Swelling – Lower Extremity
- Rheumatic and Heart Disease
- Diseases of Arterial System
- Lung Disease
- Cancer

Pelvic Floor care type

- The FOTO Urinary Problems PROM (includes patients with urinary leaking, retention, and frequency)
- The FOTO Fecal Constipation PROM
- The FOTO Fecal Incontinence PROM

Pain Management care type. This care type should be selected for the patients receiving treatment in a program that uses a multidisciplinary pain management clinical model. The same orthopedic body part FS PROM is administered depending on the body part selected within the Pain Management care type.

Industrial care type. This care type should be selected for the patients receiving treatment in a program that uses a multidisciplinary rehabilitation clinical model directed by the employer or providers who prescribe intensive return to work treatment programs that includes functional capacity evaluations, work conditioning/simulation and/or onsite workplace

ergonomic assessments/modifications/educational programs. The same orthopedic body part FS PROM is administered depending on the body part selected within the Industrial care type.

Part III.

FS score determined at the following time points.

For the primary FOTO measure checked above, please indicate the FS score(s) which are relevant to your research project:

- Initial evaluation FS PROM score
- Last status or discharge FS PROM score
- All status FS PROM scores if available

Part IV.

Optional secondary Patient Reported Outcome Measures (PROMs)

In addition to FOTO's primary FS PROMs described above, outcome data from secondary measures may be available. Secondary measures are optional for use in the FOTO system; *sample sizes may be limited*. In addition, *if more than 1 optional survey is selected, the sample size will most likely be markedly reduced*. If you need assistance selecting secondary measures for your research project, please contact mwerneke@fotoinc.com.

Secondary/Optional Measures⁺⁺: (score-level data will be provided)

- | | |
|--|--|
| <input type="checkbox"/> Abbreviated ABC Scale | <input type="checkbox"/> NeuroQOL – Communication |
| <input type="checkbox"/> ABC Scale | <input type="checkbox"/> NeuroQOL - Fatigue |
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> NeuroQOL - Lower Extremity |
| <input type="checkbox"/> Balance Confidence (BC) | <input type="checkbox"/> NeuroQOL - Pos Affect and Well-Being |
| <input type="checkbox"/> Depression Subscale (SCL BPPM) | <input type="checkbox"/> NeuroQOL - Upper Extremity |
| <input type="checkbox"/> Dizziness Handicap Inventory | <input type="checkbox"/> Neck Disability Index |
| <input type="checkbox"/> Employment Information | <input type="checkbox"/> Net Promoter Question |
| <input type="checkbox"/> FACIT Fatigue Scale | <input type="checkbox"/> Pain Catastrophizing Scale |
| <input type="checkbox"/> Fear (FABQ-Physical Activity) | <input type="checkbox"/> Pain Disability Index 7 |
| <input type="checkbox"/> Fear (FABQ-Work) | <input type="checkbox"/> Pain Module |
| <input type="checkbox"/> Global Rating of Change | <input type="checkbox"/> Intensity |
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Constancy |
| <input type="checkbox"/> Patient | <input type="checkbox"/> McGill |
| <input type="checkbox"/> HOOS, JR. | <input type="checkbox"/> Activities that Increase |
| <input type="checkbox"/> Jaw Functional Limitation Scale | <input type="checkbox"/> Activities that Reduce |
| <input type="checkbox"/> KOOS, JR. | <input type="checkbox"/> Pain at Night |
| <input type="checkbox"/> Level of Pain in Last 24 Hours | <input type="checkbox"/> Body Diagram |
| <input type="checkbox"/> Lower Extremity Functional Scale | <input type="checkbox"/> Patient Acceptable Symptom State (PASS) |
| <input type="checkbox"/> MIPS (PQRS) Measure 131 Pain Assessment | <input type="checkbox"/> Patient educational level |
| <input type="checkbox"/> MIPS (PQRS) Measure 154 Falls Risk Assessment | <input type="checkbox"/> Patient Specific Functional Scale |
| <input type="checkbox"/> Modified Fatigue Impact Scale Measure | <input type="checkbox"/> PHQ-2 (Patient Health Quest. (depression screen)) |
| <input type="checkbox"/> Modified Oswestry LBP Disability Ques | <input type="checkbox"/> PHQ-9 (Patient Health Questionnaire) |
| <input type="checkbox"/> OSPRO Review of Systems | <input type="checkbox"/> Pelvic Floor Distress Inventory |
| <input type="checkbox"/> Oswestry Disability Index 2.0 | |
| <input type="checkbox"/> NeuroQOL - Ability to Part in SRA | |

- ___ Pelvic Floor Impact Questionnaire
- ___ PF Prolapse/Urinary Incont. Sexual Function
- ___ PROMIS Global Health
- ___ Rivermead Post-Concussion Symptoms
- ___ Roland-Morris Low Back Disability
- ___ Self-Efficacy for Pain Management
- ___ Self-Efficacy for Coping with Symptoms

- ___ Self-Efficacy for Physical Function
- ___ Somatization Subscale (SCL BPPM)
- ___ Scoliosis Research Society-22
- ___ STaRT Back Screening Tool
- ___ Stroke Impact Scale
- ___ Traumatic Injuries Distress Scale

Part V.

Patient Characteristics

The following baseline patient characteristics are mandatory documented data entered into the FOTO system during the initial evaluation independent of care type: Care Type, Condition or Body Part, Intake FS Score, Gender, Age (when 89 or younger), Acuity, Surgical History, Exercise History, Medication Use for Condition, Number of Comorbidities, Specific Comorbidities, Payer Type, Previous Treatment for Condition, and Post-Surgical Type. All of these baseline patient characteristics are included in your requested dataset.

In addition to the above baseline patient characteristics, please select the following FOTO variable(s) which are relevant to your research project:

- Blinded Org Id
- Blinded Site Id
- Blinded Clinician Id
- Blinded Patient Id
- State
- Days after setup to Intake
- Days after setup to Status (Last Status)
- Days after setup to Staff Discharge
- Duration of episode as days from intake to last status
- Episode Setup Year
- Number of Visits
- Reason for No Intake (Non-Participation)
 - Reason for No Status (Incomplete Discharge)
- Language
 - English
 - Spanish

Part VI.

FOTO's Risk-adjusted Prediction Data

FOTO uses sophisticated mathematical model techniques to risk-adjust and control for the patients' baseline characteristics, listed above, which are known to influence outcomes. FOTO generates risk-adjusted models using linear ordinary least-square regressions to predict FS change and visits. In addition, FOTO provides risk adjusted classification of the clinician's outcome performance into 9 utilization categories to demonstrate quality of care and for utilization in a Pay for Performance (P4P) payer reimbursement programs. Based on risk-adjusted predicted FS change and visits, the clinician either exceeds (utilization categories #1-3), meets (utilization categories #4-6), or did not meet (utilization

categories #7-9) the risk-adjusted prediction. More information on FOTO's P4P or value-based programs are available (<https://www.fotoinc.com/press-releases/author/foto-team/page/1>).

FOTO's risk-adjusted prediction data are only available for the primary FOTO's FS PROMs. Please select the following risk-adjusted prediction data that are relevant to your research project:

- FOTO Predicted FS Change
- FOTO Predicted Visits
- FOTO Utilization Performance Categories (#1-9)

Part VII.

Optional FOTO variables

Please select the following optional variable(s) which are relevant to your research project: (sample sizes for optional variables except number of therapy visits may be limited)

Other Variables:

- | | |
|---|---|
| <input type="checkbox"/> BMI (body mass index) | <input type="checkbox"/> Patient Satisfaction score |
| <input type="checkbox"/> Clinical Practice Guideline-based Classification | <input type="checkbox"/> Patient Satisfaction responses |
| <input type="checkbox"/> Clinician credentials | <input type="checkbox"/> Practice Setting |
| <input type="checkbox"/> Number of U.S. states | <input type="checkbox"/> Proxy and Recorder Category |
| <input type="checkbox"/> Number of Physical Therapy Visits | <input type="checkbox"/> Referral Source Type |
| <input type="checkbox"/> Number of Occupational Therapy Visits | <input type="checkbox"/> Treatment Interruption Days |

Additional instructions regarding your FOTO data request if needed: