Measure ID: FOTO5

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 impairments. The change in FS is assessed using the FOTO Balance Confidence, an item-response theory-based PROM derived from the 16-items of the Activities-specific Balance Confidence (ABC) Scale©, scored using the T-score metric (mean=50, SD=10), with higher scores representing higher balance confidence.

Patient responses to ABC Scale© items may be used to directly score Balance Confidence PROM, thus allowing clinicians flexibility of choice of PROM used in routine clinical care without adding to patient response burden. In order to fairly measure performance between providers, this quality measure is risk-adjusted to patient characteristics known to be associated with FS outcomes and used as a performance measure at the patient and provider levels to assess quality.

1.   © Dr. Anita M. Myers, University of Waterloo, Waterloo, Ontario, Canada.
2.   Powell LE & Myers AM. The Activities-specific Balance Confidence (ABC) Scale. J Gerontol Med Sci 1995; 50 (1):M28-34.
3.   Myers AM, Powell LE, Maki BE et al. Psychological indicators of balance confidence: Relationship to actual and perceived abilities. J Gerontol Med Sci 1996; 51A: M37-43.
4.   Myers AM, Fletcher PC, Myers AH & Sherk W. Discriminative and evaluative properties of the Activities-specific Balance Confidence (ABC) Scale. J Gerontol Med Sci 1998; 53A: M287-M294.

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
M62.81 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

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Z91.81 History of falling

* 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 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 Predicted FS Change Score. Thus, performance met is determined by a Residual Score of zero or greater.

Numerator Definitions:

• Functional Status (FS) Score – This is the Balance Confidence PROM score as described under Measure Description. (Note: Because Balance Confidence PROM items use the same wording as ABC Scale items, for scenarios in which clinicians might prefer to administer all 16 items from the traditional ABC Scale to patients, patient responses may be used to calculate the Balance Confidence PROM score without adding to patient burden.)

• FS Change Score – The FS Change Score is calculated by subtracting the FS Score at Initial Evaluation from the FS Score at Discharge.

• Predicted FS Change Score – The Predicted FS Change Score is calculated by accounting for the influence of multiple patient characteristics as designated by the risk adjustment model. For each patient completing the PROM at Initial Evaluation (Intake), the predictive model provides a risk-adjusted prediction of FS change at Discharge.

• Residual Score – The Residual Score is calculated by subtracting the Predicted FS Change Score from the FS Change Score (i.e., actual minus predicted). The Residual Score, which is in the same units as the FS Score, should be interpreted as the amount of FS Change that is different than amount of change that was predicted given the risk-adjustment variables of the patient being treated. Residual Scores of zero or greater (>=0) should be interpreted as FS Change scores that met or exceeded what was predicted. Residual Scores less than zero (< 0) should be interpreted as FS Change Scores that were less than predicted.

Numerator Options are

• Performance Met (The Residual Score is equal to or greater than zero) and

• Performance Not Met (The Residual 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 FS Change Score relative to the Predicted FS Change Score.

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 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)

High Priority: Yes

Measure Type: Patient Reported Outcome (PRO)

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

Telehealth: yes

Number of Performance Rates: 1

Traditional measure (not inverse)

Proportional Measure: Yes

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

Submission pathway: QCDR