NATIONAL QUALITY FORUM

Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

Brief Measure Information

NQF #: 2624
Corresponding Measures:
De.2. **Measure Title:** Functional Outcome Assessment
Co.1.1. **Measure Steward:** Centers for Medicare & Medicaid Services
De.3. **Brief Description of Measure:** Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies
1b.1. **Developer Rationale:** Standardized outcome assessments, questionnaires or tools are a vital part of evidence-based practice. Despite the recognition of the importance of outcomes assessments, questionnaires and tools, recent evidence suggests their use in clinical practice is limited. Selecting the most appropriate outcomes assessment, questionnaire or tool enhances clinical practice by (1) identifying and quantifying body function and structure limitations; (2) formulating the evaluation, diagnosis, and prognosis; (3) informing the plan of care; and (4) helping to evaluate the success of physical therapy interventions (Potter et al., 2011). "The use of standardized tests and measures early in an episode of care establishes the baseline status of the patient/client, providing a means to quantify change in the patient´s/client´s functioning. Outcome measures, along with other standardized tests and measures used throughout the episode of care, as part of periodic reexamination, provide information about whether predicted outcomes are being realized" (American Physical Therapy Association (APTA), 2011).

Early in the intervention process, occupational therapists should select outcomes that are valid, reliable, sensitive to change; congruent with client goals and based on their actual or purported ability to predict future outcomes. Outcomes are applied to measure progress and adjust goals and interventions. Results are used to make decisions about future direction of intervention (American Occupational Therapy Association (AOTA), 2014).

Barriers to use of classification systems and outcome measures were lack of knowledge, too limiting and time. Classification systems are being used for decision-making in physical therapy practice for patients with lower back pain (LBP). Lack of knowledge and training seems to be the main barrier to the use of classification systems in practice. The Oswestry Disability Index and Numerical Pain Scale were the most commonly used outcome measures. The main barrier to their use was lack of time. Continuing education and reading the literature were identified as important tools to teach evidence-based practice to physical therapists in practice (Davies et al., 2014) (GRADE: Low). Outcome use in occupational therapy indicated that some therapists used both biomechanical and self assessment of function measures in their practice to measure outcomes, but the majority use biomechanical outcomes (Bohnen, 2011).

S.4. **Numerator Statement:** Patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan based on the identified functional outcome deficiencies
S.6. **Denominator Statement:** All visits for patients aged 18 years and older
S.8. **Denominator Exclusions:** A patient is not eligible or can be considered a denominator exception and excluded from the measure if one or more of the following reason(s) is documented at the time of the encounter:

Patient refuses to participate
Patient unable to complete questionnaire
Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status

De.1. **Measure Type:** Process

S.17. **Data Source:** Claims, Paper Medical Records, Registry Data
S.20. **Level of Analysis:** Clinician : Group/Practice, Clinician : Individual

IF Endorsement Maintenance – Original Endorsement Date: Jul 23, 2015 **Most Recent Endorsement Date:** Jul 23, 2015

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. **IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?** N/A

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. ***Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.***

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form
FOA_MeasSubm_Evidence_102114.docx
1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?
Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence.

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- Disparities in care across population groups.

1b.1. **Briefly explain the rationale for this measure** *(e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)*
If a COMPOSITE (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.
Standardized outcome assessments, questionnaires or tools are a vital part of evidence-based practice. Despite the recognition of the importance of outcomes assessments, questionnaires and tools, recent evidence suggests their use in clinical practice is limited. Selecting the most appropriate outcomes assessment, questionnaire or tool enhances clinical practice by (1) identifying and quantifying body function and structure limitations; (2) formulating the evaluation, diagnosis, and prognosis; (3) informing the plan of care; and (4) helping to evaluate the success of physical therapy interventions (Potter et al., 2011). "The use of standardized tests and measures early in an episode of care establishes the baseline status of the patient/client, providing a means to quantify change in the patient´s/client´s functioning. Outcome measures, along with other standardized tests and measures used throughout the episode of care, as part of periodic reexamination, provide information about whether predicted outcomes are being realized" (American Physical Therapy Association (APTA), 2011).

Early in the intervention process, occupational therapists should select outcomes that are valid, reliable, sensitive to change; congruent with client goals and based on their actual or purported ability to predict future outcomes. Outcomes are applied to measure progress and adjust goals and interventions. Results are used to make decisions about future direction of intervention (American Occupational Therapy Association (AOTA), 2014).

Barriers to use of classification systems and outcome measures were lack of knowledge, too limiting and time. Classification systems are being used for decision-making in physical therapy practice for patients with lower back pain (LBP). Lack of knowledge and training seems to be the main barrier to the use of classification systems in practice. The Oswestry Disability Index and Numerical Pain Scale were the most commonly used outcome measures. The main barrier to their use was lack of time. Continuing education and reading the literature were identified as important tools to teach evidence-based practice to physical therapists in practice (Davies et al., 2014) (GRADE: Low). Outcome use in occupational therapy indicated that some therapists used both biomechanical

and self assessment of function measures in their practice to measure outcomes, but the majority use biomechanical outcomes (Bohnen, 2011).

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. *(This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.*
This PQRS measure is designed to encourage and improve the documentation and reporting of standardized functional outcome assessments. It is scored as a simple count of valid submissions on payment claims in the time frame where Part B Medicare claims were available for analysis.

The measure is constructed so that a performance score can be easily derived by dividing the number of claims with codes indicating that the recommended processes were followed (or that the patient was ineligible) by the total number of G codes submitted.

Claims submitted 1/1/2012 through 3/31/2012:
Valid Denominator Criteria: 57,524
Performance Exclusion: 16,482 (28.7% of valid submissions)
Aggregate measure performance rate: 71.4%
Distribution of provider scores (by NPI): N=1,254 Mean = 76.0%, Median=100.0%, SD=.36 Range=100
10th percentile: 7.4%, 25th percentile: 51.8%; 50th percentile: 100.0%; 75th percentile 100.0%

Average Performance Rates by Year:
2009 – 85.0%
2010 – 76.6%
2011 – 78.7%
2012 – 80.9%

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.
N/A

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. *(This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.) For measures that show high levels of performance, i.e., "topped out", disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.*
Disparities in performance based on race/ethnicity, urban/rural status, gender and age were identified. Analysis of claims from 1/1/2012 through 3/31/2012 reveal statistically significant differences in measure performance between genders and age groups with larger differences observed between urban/rural providers and patient race/ethnic group.

Performance results by population groups (chi-sq probability):
Rural 67.0%, Urban 74.7% (chi-sq p <.0001)
Female 70.8%, Male 72.4% (chi-sq p = 0.0004)
White 70.8%, Non-white 90.1% (chi-sq p < .0001)
Asian, 92.9%, Black 89.7%, Hispanic 92.7%, Native 86.2%, White 70.8%, Other 67.2%, Unknown 80.9% (chi-sq p < .0001)
Age Under 50 years 77.3%, 50-64 years 72.3%, 65-69 years 70.7%, 70-74 years 71.4%, >=75 71.3% (chi sq p < .0001)

Refer to section III.B in attached "NQF Endorsement Measurement Submission Summary Materials" Document

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4
N/A

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. ***Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.***

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. **Subject/Topic Area** *(check all the areas that apply):*
Musculoskeletal

De.6. **Non-Condition Specific***(check all the areas that apply):*
Health and Functional Status : Change

De.7. **Target Population Category** *(Check all the populations for which the measure is specified and tested if any):*
Elderly

S.1. **Measure-specific Web Page** *(Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)*
https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html

S.2a. **If this is an eMeasure**, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)
This is not an eMeasure **Attachment:**

S.2b. **Data Dictionary, Code Table, or Value Sets** *(and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)*
Attachment **Attachment:** FOA_Code_Table_S.2b.xlsx

S.2c. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.
No, this is not an instrument-based measure **Attachment:**

S.2d. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.
Not an instrument-based measure

S.3.1. **For maintenance of endorsement:** Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.
Yes

S.3.2. **For maintenance of endorsement,** please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.
The following changes to the measure specifications were made as follows since the last NQF endorsement in 2015:
In 2016, the Rationale and Clinical Recommendation Statements were updated to align with evidence review and the NQF Number was added to the specification.
In 2017, the Numerator Definition (Not Eligible) and Numerator Instructions were updated to be more specific including "each denominator eligible visit" in the numerator instructions and adding "(Denominator Exception)" to the Not Eligible criteria.
Additionally the Rationale and Clinical Recommendation Statements were updated to align with evidence review and the following Denominator Codes were added: 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168 in replacement of the following Denominator Codes that were deleted: 97001, 97002, 97003, 97004

In 2018, the Definitions, Rationale, Clinical Recommendation Statements, were updated to align with evidence and the Copyright Statement was updated for code system updates and developer name change. Additionally, the following Denominator Coding was added: CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 to be more inclusive in those eligible to report the measure. Numerator Options: Denominator Exceptions G8540 and G9227 language was added to include timing the exception could occur, "at the time of the encounter."

S.4. Numerator Statement *(Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) DO NOT include the rationale for the measure.*
IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).
Patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan based on the identified functional outcome deficiencies

S.5. Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)*
IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).
Numerator Instructions: Documentation of a current functional outcome assessment must include identification of the standardized tool used.
Definitions:
Standardized Tool – A tool that has been normed and validated. Examples of tools for functional outcome assessment include, but are not limited to: Oswestry Disability Index (ODI), Roland Morris Disability/Activity Questionnaire (RM), Neck Disability Index (NDI), Patient-Reported Outcomes Measurement Information System (PROMIS), Disabilities of the Arm, Shoulder and Hand (DASH), and Knee Outcome Survey Activities of Daily Living Scale (KOS-ADL).
Note: A functional outcome assessment is multi-dimensional and quantifies pain and musculoskeletal/neuromusculoskeletal capacity; therefore the use of a standardized tool assessing pain alone, such as the visual analog scale (VAS), does not meet the criteria of a functional outcome assessment standardized tool.
Functional Outcome Assessment – Patient completed questionnaires designed to measure a patient´s physical limitations in performing the usual human tasks of living and to directly quantify functional and behavioral symptoms.

Current (Functional Outcome Assessment) – A patient having a documented functional outcome assessment utilizing a standardized tool and a care plan if indicated within the previous 30 days.

Functional Outcome Deficiencies – Impairment or loss of physical function related to musculoskeletal/neuromusculoskeletal capacity, may include but are not limited to: restricted flexion, extension and rotation, back pain, neck pain, pain in the joints of the arms or legs, and headaches.

Care Plan – A care plan is an ordered assembly of expected/planned activities or actionable elements based on identified deficiencies. These may include observations, goals, services, appointments and procedures, usually organized in phases or sessions, which have the objective of organizing and managing health care activity for the patient, often focused on one or more of the patient's health care problems. Care plans may also be known as a treatment plan.

Not Eligible (Denominator Exception) – A patient is not eligible if one or more of the following reason(s) is documented at the time of the encounter:
Patient refuses to participate
Patient unable to complete questionnaire
Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status
NUMERATOR NOTE: The intent of this measure is for a functional outcome assessment tool to be utilized at a minimum of every 30 days but submission is required at each visit due to coding limitations. Therefore, for visits occurring within 30 days of a previously documented functional outcome assessment, the numerator quality-data code G8942 should be used for submission purposes.

Numerator Quality-Data Coding Options:
Functional Outcome Assessment Documented as Positive AND Care Plan Documented
Performance Met: G8539: Functional outcome assessment documented as positive using a standardized tool AND a care plan based, on identified deficiencies on the date of the functional outcome assessment, is documented
OR
Functional Outcome Assessment Documented, No Functional Deficiencies Identified, Care Plan not Required Performance Met: G8542: Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required
OR
Functional Outcome Assessment Documented AND Care Plan Documented, if Indicated, Within the Previous 30 Days Performance Met: G8942: Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented
OR
Functional Outcome Assessment not Documented, Patient not Eligible
Denominator Exception: G8540: Functional outcome assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter
OR
Functional Outcome Assessment Documented, Care Plan not Documented, Patient not Eligible
Denominator Exception: G9227: Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter
OR
Functional Outcome Assessment not Documented, Reason not Given Performance Not Met: G8541: Functional outcome assessment using a standardized tool not documented, reason not given
OR
Functional Outcome Assessment Documented as Positive, Care Plan not Documented, Reason not Given Performance Not Met: G8543: Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given

S.6. **Denominator Statement** *(Brief, narrative description of the target population being measured)*
All visits for patients aged 18 years and older

S.7. **Denominator Details** *(All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)*
IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).
The following information is provided in the specification in order to identify and calculate the numerator criteria:

Denominator Criteria (Eligible Cases):
Patients aged = 18 years on date of encounter

AND

Patient encounter during the performance period (CPT): 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215

S.8. **Denominator Exclusions** *(Brief narrative description of exclusions from the target population)*
A patient is not eligible or can be considered a denominator exception and excluded from the measure if one or more of the following reason(s) is documented at the time of the encounter:

Patient refuses to participate
Patient unable to complete questionnaire
Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status

S.9. **Denominator Exclusion Details** *(All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)*
The information required to identify and calculate the measure exceptions follows:
Functional Outcome Assessment not Documented, Patient not Eligible G8540: Functional Outcome Assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter
OR
Functional Outcome Assessment Documented, Care Plan not Documented, Patient not Eligible G9227: Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter

S.10. **Stratification Information** *(Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.)*
No stratification.

S.11. **Risk Adjustment Type** (Select type. Provide specifications for risk stratification in measure testing attachment)
No risk adjustment or risk stratification
If other:

S.12. **Type of score:**
Rate/proportion
If other:

S.13. **Interpretation of Score** *(Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)*
Better quality = Higher score

S.14. **Calculation Algorithm/Measure Logic** (*Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.)*
To calculate provider performance, complete a fraction with the following measure components: Numerator (A), Performance Denominator (PD) and Denominator Exceptions (B).
Numerator (A): Number of patients meeting numerator criteria
Performance Denominator (PD): Number of patients meeting criteria for denominator inclusion
Denominator Exceptions (B): Number of patients with valid exceptions
1) Identify the patients who meet the eligibility criteria for the denominator (PD), which includes patients who are 18 years and older with appropriate encounters as defined by encounter codes during the performance period.
2) Identify which of those patients meet the numerator criteria (A), which includes patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan based on the identified functional outcome deficiencies.
3) For those patients who do not meet the numerator criteria, determine whether an appropriate exception applies (B) and subtract those patients from the denominator with the following calculation: Numerator (A)/ [Performance Denominator (PD) - Denominator Exceptions (B)].

S.15. **Sampling** *(If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)*
IF an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed.
N/A

S.16. **Survey/Patient-reported data** *(If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)*
Specify calculation of response rates to be reported with performance measure results.

N/A

S.17. **Data Source** *(Check ONLY the sources for which the measure is SPECIFIED AND TESTED).*
If other, please describe in S.18.
Claims, Paper Medical Records, Registry Data

S.18. **Data Source or Collection Instrument** *(Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)*
IF instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration.
The source is the medical record, which provides patient information for the encounter. Medicare Part B claims data is provided for test purposes.

S.19. **Data Source or Collection Instrument** *(available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)*
No data collection instrument provided

S.20. **Level of Analysis** *(Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)*
Clinician : Group/Practice, Clinician : Individual

S.21. **Care Setting** *(Check ONLY the settings for which the measure is SPECIFIED AND TESTED)*
Outpatient Services
If other:

S.22. **COMPOSITE Performance Measure** - Additional Specifications *(Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)*
N/A

2. Validity – See attached Measure Testing Submission Form
FOA_NQF_Testing_Attachment_7.1.docx

2.1 For maintenance of endorsement
Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.
Yes

2.2 For maintenance of endorsement
Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.
Yes

2.3 For maintenance of endorsement
Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy. You MUST use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.
No - This measure is not risk-adjusted

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. **Data Elements Generated as Byproduct of Care Processes.**

Generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score)

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. **To what extent are the specified data elements available electronically in defined fields** (*i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields*) Update this field for **maintenance of endorsement**.

No data elements are in defined fields in electronic sources

3b.2. **If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.** For **maintenance of endorsement**, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

At the time of this submission, this measure is not currently being considered as eMeasure.

3b.3. **If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.**

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. **Required for maintenance of endorsement. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.**

IF instrument-based, consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

As stated in the Scientific Acceptability section, the results of the testing of these claims demonstrated an opportunity to improve the specificity for the 2013 measure claims and registry specification. Modifications were made to the guidance section of the specification to include documentation of the actual Standardized Functional Outcome Assessment Tool used when performing a functional outcome assessment.

3c.2. **Describe any fees, licensing, or other requirements to use any aspect of the measure as specified** *(e.g., value/code set, risk model, programming code, algorithm)*.

None

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at

the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Specific Plan for Use	Current Use (for current use provide URL)
	Public Reporting Physician Quality Reporting System http://www.cms.gov/PQRS Payment Program Physician Quality Reporting System http://www.cms.gov/PQRS

4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting

Public Use: Physician Quality Reporting System is sponsored by Centers for Medicare and Medicaid Services; PQRS is a national reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs). The program provides an incentive payment to practices with EPs. EPs satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries.
Refer to the following link for additional information: http://www.cms.gov/PQRS

Provider and Patients Statistics for program year 2012 (from" 2012 Physician quality Reporting System Program Monitoring and Evaluation Report"):
Eligible EPs in 2009=47,529
Eligible EPs in 2012=98,125
% of Eligible EPs who report in 2009=0.3%
% of Eligible EPs who report in 2012=3.6%
Average Performance Rate in 2012=80.9%
Participating EPs Reporting Individually 2012 Only=3,082

4a1.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (*e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?*)
N/A

4a1.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (*Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.*)
N/A

4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.
How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.

4a2.1.2. **Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.**

4a2.2.1. **Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.**
Describe how feedback was obtained.

4a2.2.2. **Summarize the feedback obtained from those being measured.**

4a2.2.3. **Summarize the feedback obtained from other users**

4a2.3. **Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.**

Improvement
Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b1. **Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)**
If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.
N/A

4b2. Unintended Consequences
The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4b2.1. **Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.**
N/A

4b2.2. **Please explain any unexpected benefits from implementation of this measure.**

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures
Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.
Yes

5.1a. **List of related or competing measures (selected from NQF-endorsed measures)**

0050 : Osteoarthritis: Function and Pain Assessment
0112 : Bipolar Disorder: Level-of-function evaluation
0422 : Functional status change for patients with Knee impairments
0423 : Functional status change for patients with Hip impairments
0424 : Functional status change for patients with Foot and Ankle impairments
0425 : Functional Status Change for Patients with Low Back Impairments
0426 : Functional status change for patients with Shoulder impairments
0427 : Functional status change for patients with elbow, wrist and hand impairments
0428 : Functional status change for patients with General orthopaedic impairments

5.1b. **If related or competing measures are not NQF endorsed please indicate measure title and steward.**
0050 – Osteoarthritis: Function and Pain Assessment: American Medical Association-Physician Consortium for Performance Improvement (AMA-PCPI)

5a. Harmonization of Related Measures

The measure specifications are harmonized with related measures;
OR
The differences in specifications are justified

5a.1. **If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):**
Are the measure specifications harmonized to the extent possible?
No

5a.2. **If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.**
There are 9 partially related measures (having partial measure focus or partial target populations). The differences between the related measure and the submitted measure #2624 are listed below: 0422 - Functional status change for patients with knee impairments: the population in this measure has the same age criteria as #2624 (18 years and older), however, this measure only include target population with specific body part impairment to be assessed whereas #2624 includes a broader target population, not limited to a body part impairment. In addition, there is no requirement for a standardized assessment tool or a care plan based on deficiencies in 0422. In addition 0422 is an Outcome measure whereas #2624 is a Process measure.
0423 - Functional status change for patients with hip impairments: same differences as 0422. 0424 - Functional status change for patients with foot/ankle impairments: same differences as 0422. 0425 - Functional status change for patients with lumbar spine impairments: same differences as 0422. 0426 - Functional status change for patients with shoulder impairments: same differences as 0422. 0427- Functional status change for patients with elbow, wrist, or hand impairments: same differences as 0422. 0428 - Functional status change for patients with general orthopedic impairments: 0428 is an Outcome measure whereas #2624 is a Process measure. The population in #0428 has the same age criteria as #2624 (18 years and older), however, #0428 only include target population with general orthopedic impairments whereas #2624 includes a broader target population, not limited to patients with general orthopedic impairments. In 0428 there is no requirement for a standardized assessment tool or a care plan based on deficiencies.
0050 – Osteoarthritis: Function and Pain Assessment: This measure assesses for function in the 21 years and older population, whereas #2624 has an age criteria of 18 years and older. Also the target population of #0050 is patients with a diagnosis of osteoarthritis (OA), whereas #2624 targets a broader population, which is not limited to patients with osteoarthritis. In addition, #0050 assesses for pain. There is no requirement for a standardized assessment tool or a care plan based on deficiencies in #0050. Both #2624 and #0050 are process measures. 0112-Bipolar Disorder: Level-of-function evaluation: Both 0112 and 2624 are process measures. 0112 has a target population of patients 18 years and older with an initial or new episode of bipolar disorder, whereas 2624 targets a broader population, not limited to patients with bipolar disorder. #0112 also documents a level-of functioning monitoring tool, whereas #2624 documents use of a standardized functional assessment tool. However #0112 looks for an evaluation that is done at initial assessment and again 12 weeks of initiating treatment, however does not address a treatment/care plan, whereas #2624 does require a care plan based on the functional deficiencies.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);
OR
Multiple measures are justified.

5b.1. **If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):**
Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)
N/A

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.
Attachment **Attachment:** NQF_Endorsement_Measurement_Submission_Summary_Materials.docx

Contact Information

Co.1 **Measure Steward (Intellectual Property Owner):** Centers for Medicare & Medicaid Services
Co.2 **Point of Contact:** Helen, Dollar-Maples, Helen.Dollar-Maples@cms.hhs.gov, 410-786-7214-
Co.3 **Measure Developer if different from Measure Steward:** Centers for Medicare and Medicaid Services
Co.4 **Point of Contact:** Michael, Brea, Michael.Brea@cms.hhs.gov, 410-786-4961-

Additional Information

Ad.1 **Workgroup/Expert Panel involved in measure development**
Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.
Through a collaborative process, the Technical Expert Panel (TEP) reviewed the current 2014 measure specifications (description, numerator, denominator, definitions, clinical recommendation, and environmental scan); reviewed and considered the Beta Testing results, analysis, findings and recommendations based on testing.

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University of Pittsburgh
Associate Professor in Physical Therapy and Otolaryngology

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 **Year the measure was first released:** 2009

Ad.3 **Month and Year of most recent revision:** 09, 2014

Ad.4 **What is your frequency for review/update of this measure?** Yearly

Ad.5 **When is the next scheduled review/update for this measure?** 09, 2015

Ad.7 **Disclaimers:** This measure and specifications are provided "as is" without warranty of any kind. This measure does not represent a practice guideline.

Ad.8 **Additional Information/Comments:**