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TO: National Quality Forum
FROM: Focus On Therapeutic Outcomes, Inc.
TOPIC: Field Testing Excluded Case Assessment of FOTO Functional Status Outcomes Surveys
DATE: 6/17/2010

This report contains the results of field testing of the FOTO Functional Status Outcomes Paper and Pencil Surveys.

Purpose: The purpose of the field testing was to provide the necessary research results required by the National Quality Forum to determine whether the outcomes measures that now have time-limited endorsement should receive full endorsement.

Executive Summary:

Since exclusion criteria are limited (i.e., inclusion criteria are all adult patients who have a measured functional deficit at rehabilitation intake and do not have a medical condition inappropriate for therapy), the purpose of this study was to describe patients who elected not to volunteer to complete the functional status paper and pencil short forms developed from the computerized adaptive testing item banks for each of our functional status measures.

Data were collected from 38 patients treated in 6 clinics in 5 states.

Although few patients did not complete surveys and there was no method to track those who refused to provide data when asked, data that were collected supported missing data were: (1) not associated with location of impairment; (2) more common with females patients; (3) more common in patients with chronic symptoms; and (4) associated with the following reasons, coming in for one visit, refused, late for appointment, language deficit and not interested in non-intervention paperwork. These results should be considered preliminary and used to develop stronger research designs to further analyze why functional status data are not provided by patients.

The FOTO NQF measures tested are:

Focus On Therapeutic Outcomes, Inc.			
NQF Measure #	Title	2010 Maintenance Quarter	Status
422	Functional status change for patients with knee impairments	3 rd Quarter	Time-Limited Review
423	Functional status change for patients with hip impairments	3 rd Quarter	Time-Limited Review
424	Functional status change for patients with foot/ankle impairments	3 rd Quarter	Time-Limited Review
425	Functional status change for patients with lumbar spine impairments	3 rd Quarter	Time-Limited Review
426	Functional status change for patients with shoulder impairments	3 rd Quarter	Time-Limited Review
427	Functional status change for patients with elbow, wrist or hand impairments	3 rd Quarter	Time-Limited Review
428	Functional status change for patients with general orthopedic impairments	3 rd Quarter	Time-Limited Review

As part of the Measure Evaluation Criteria, we described the characteristics of patients who elected not to complete the patient self-reported paper and pencil functional status (FS) surveys.

To collect the data, when a patient elected not to complete a survey at intake or discharge when asked, they were asked to volunteer to provide data about themselves. To our knowledge, no patient refused to provide the data once asked to participate in the missing case study, in spite of the fact that they did not elect to complete the FS survey in any other FOTO/NQF study.

The study was approved by the Focus On Therapeutic Outcomes, Inc. Institutional Review Board for the Protection of Human Subjects. Fourteen clinics, which were customers of FOTO, volunteered to participate. Of those clinics, three also submitted the proposed research to their respective IRBs, all of which also approved the study.

The following is the summary table displaying variables collected from patients.

Variable	Statistic
Survey	N=38
Intake	76
Discharge	24
Age	N=37, mean 58 yrs, 13 to 86, SD 15
Body part (%)	N=38
Shoulder	21
Wrist	3

Hip	13
Knee	24
Cervical spine	18
Lumbar spine	21
Symptom Acuity	N=38
Acute	12
Subacute	32
Chronic	55
Gender	N=38
Male	34
Female	66

SD=standard deviation

The missing data were merged with the data from the burden assessment for comparisons. Patients who were in the missing cases sample tended to be older (58 yrs) compared to patients in the burden assessment sample (49 yrs), but there were no differences in gender, symptom acuity or body part affected between the two samples.

It should be emphasized that collecting data from a person who demonstrated a lack of interest in providing data is difficult and fraught with limitations. However, the data demonstrate that we should expect some patients will refuse to provide or are not appropriate or are incapable of providing data. It should also be emphasized that not all clinics had patients who elected not to provide data. When discussing data collection with all clinics, some clinics simply had the approach that every patient would provide data because data collection was part of the therapy experience, used by the therapist and expected not to have any patients who elected not to provide data. Indeed, those clinics had no 'excluded cases'. Therefore, in the future, if there were a variable that quantified the 'attitude' towards data collection of the staff and therapists, it would be recommended to test to see if those clinics with clinicians or staff with different attitudes towards collecting outcomes data affected the proportion of excluded cases related to completing functional status surveys.