

SCG2 Outcome Assessment for Patients Prescribed Ankle Orthosis for Ambulation and Functional Improvement

Percentage of patients 18 years and older who had at least two medical visits during the performance period, and for whom an ankle orthosis was prescribed to assist with ambulation AND report a significant improvement in ambulation and function with the orthosis using a standardized tool within the performance period

2019 OPTIONS FOR INDIVIDUAL MEASURES:

SCG Health, U.S. Wound Registry

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver Centered Experience and Outcomes

MEASURE TYPE: Outcome

HIGH PRIORITY STATUS: High Priority

SPECIALTY RECOMMENDATION: Foot/Ankle Care

MEANINGFUL MEASURE AREA: Patient Reported Functional Outcomes

NOF NUMBER: Not applicable

PERFORMANCE NOTES: Traditional (not inverse), single (1) proportional performance calculation

RISK ADJUSTMENT: Yes

INSTRUCTIONS:

This measure is to be reported a minimum of **once per performance period** for patients prescribed an ankle orthosis during the performance period ending November 30. This measure may be associated with an amputation of part of the foot, ankle or toes. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:

Denominator criteria (Eligible Cases): All patients aged 18 years and older on the date of ankle orthotic dispensing who had at least two medical visits during the performance period

AND

Patient prescribed during the performance period (HCPCS): L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4361, L4386, L4387, L4396, L4397, L4631

AND

Two or more visits during the performance period: 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, 99281, 99282, 99283, 99284, 99285, 99385, 99386, 99387, 99395, 99396, 99397, G0101, G0108, G0270, G0402, G0438, G0439

NUMERATOR:

Percentage of patients with an initial functional assessment using a standardized tool before the prescription of the orthotic and with the orthotic whose functional improvement score improved

Definitions:

Date of dispensing - The date of the patient encounter episode begins with the date that the ankle orthotic is dispensed to the patient

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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.

Standardized Tool - An assessment tool that has been appropriately normed and validated for the population in which it is used. Examples of tools for evaluating ambulation, gait and ankle function that may be used in combination with one another are: Activity-specific Balance Confidence Scale (ABC); American Academy of Orthopedic Surgeons Lower Limb Outcomes Assessment: Foot and Ankle Module (AAOS-FAM); Bristol Foot Score (BFS); Revised Foot Function Index (FFI-R); Foot Health Status Questionnaire (FHSQ); Functional Gait Assessment (FGA); Manchester Foot Pain and Disability Index (MFPDI); Podiatric Health Questionnaire (PHQ); Rowan Foot Pain Assessment (ROFPAQ); the six-minute walk test (6MWT), the ten-meter walk test (10mWT), single-limb hopping test, figure-of-8 hop test, side-hop test, single-limb hurdle test, square hop test and the single hop test.

Significant Improvement - Patient response documented in two or more functional outcome assessments taken 30 days or more apart between initial and final assessment demonstrating greater than or equal to 30% reduction in ankle and/or foot pain; and/or greater than or equal to 30% improvement in ankle and/or foot function; greater than or equal to 30% improvement in general ankle and/or foot health and/or greater than or equal to 30% improvement in balance confidence and gait.

Numerator Instructions: All components should be completed once per patient and should be documented in the medical record as having been performed during the performance period.

NOTE: The two assessments must be separated by at least 30 days. It is expected that the functional outcome assessment score or ranking will stay the same or improve in order for this measure to be successfully completed.

Numerator Options:

Performance met: Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment documents significant improvement in ambulation and/or ankle function

OR

Performance Met: Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment documents significant improvement of 30% or more in ambulation and/or ankle function

OR

Performance Met: Initial functional outcome assessment documented as negative; no functional deficiencies identified

OR

Performance Not Met: Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment did not document significant improvement in ambulation and/or ankle function – 15% to 29% improvement

OR

Performance Not Met: Initial functional outcome assessment documented as positive using a standardized tool AND subsequent assessment did not document significant improvement in ambulation and/or ankle function – 1% to 14% improvement

OR

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Performance Not Met: Functional outcome assessment using a standardized tool not documented, reason not given

RATIONALE:

The ankle sprain is the most common injury in sport and accounts for more time lost from participation than any other injury. Almost half the patients who suffer a significant ligamentous injury to the ankle continue to suffer the long-term, serious disability known as chronic ankle instability. This suggests that we do not treat ankle sprains properly as our treatment protocols are failing at least 50% of the time.

CLINICAL RECOMMENDATION STATEMENTS:

Lin C-WC, Hiller CE, de Bie RA. Evidence-based treatment for ankle injuries: a clinical perspective. The Journal of Manual & Manipulative Therapy. 2010;18(1):22-28.
doi:10.1179/106698110X12595770849524

WORKS CITED:

Richie DH Jr. A closer look at foot orthoses for chronic ankle instability. Podiatry Today 2013;26(5). Retrieved from <http://www.podiatrytoday.com/closer-look-foot-orthoses-chronic-ankle-instability>
Accessed January 6, 2017.

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