SCG3 Outcome Assessment for Patients Prescribed Foot Orthosis for Ambulation and Functional Improvement

Percentage of patients 18 years and older with a deformity of the foot or forefoot, who had at least two medical visits during the performance period, and for whom a foot 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 reporting period

2019 OPTIONS FOR INDIVIDUAL MEASURES:
SCG Health, U.S. Wound Registry

NATIONAL QUALITY STRATEGY DOMAIN: Effective Clinical Care

MEASURE TYPE: Patient Reported Outcome (PRO)
HIGH PRIORITY STATUS: High Priority
SPECIALTY RECOMMENDATION: Foot/Ankle Care
MEANINGFUL MEASURE AREA: Patient Reported Functional Outcomes
NQF 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 a foot orthosis during the performance period ending November 30. This measure is sometimes associated with an amputation of part of the foot 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 foot orthotic dispensing with a deformity of the foot or forefoot who had at least two medical visits during the performance period

AND

Patient prescribed during the performance period (HCPCS): L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L3040, L3050, L3060, L3070, L3080, L3090, L3100

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 prescribed foot orthosis(es)for ambulation improvement in the foot with an initial functional assessment using a standardized tool before the prescription of the orthotic and with the orthotic not less than 30 days following prescription

Definitions:

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

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 foot function 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); Foot & Ankle Rapid Health Indicator (FARHI-17), the six-minute walk test (6MWT); and the ten-meter walk test (10mWT).

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 foot pain; and/or greater than or equal to 30% improvement in foot function; greater than or equal to 30% improvement in general foot health and/or greater than or equal to30% 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 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 of 30% or more in ambulation and/or foot 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 foot 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 foot function – 1% to 14% improvement
OR	
Performance Not Met:	Functional outcome assessment using a standardized tool not documented, reason not given

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RATIONALE:
A comparison of the amount of pain relief experienced by 64 subjects (mean age 63 years) with different treatment regimens for osteoarthritis was made to determine the role orthoses played in helping to reduce or eliminate pain. One hundred percent of the subjects wearing orthoses only for relief of pain had a statistically significant longer period of pain relief than those on nonsteroidal anti-inflammatory drugs. Fifty-five percent of the subjects using orthoses and nonsteroidal anti-inflammatory drug therapy also had a statistically significant longer period of pain relief than those receiving nonsteroidal anti-inflammatory drug therapy only.

CLINICAL RECOMMENDATION STATEMENTS:
The American College of Foot and Ankle Surgeons in the Clinical Practice Guideline for the Diagnosis and Treatment of Forefoot Disorders affirms that non-surgical treatment is the initial treatment choice for the symptomatic digital deformity. A non-surgical treatment option endorsed by the College specifies that orthoses and/or shoe inserts may offer relief of many pathologies, including the highly prevalent excessive metatarsal head pressure. In the case of mechanical etiology of capsulitis, treatment includes offloading and management of any contributing biomechanical abnormality with padding and/or orthotic therapy (Thomas, et al. 2009).

WORKS CITED:
Thompson JA1, Jennings MB, Hodge W. Orthotic therapy in the management of osteoarthritis. J Am Podiatr Med Assoc. 1992 Mar;82(3):136-9.

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