

Eli's Rehab Report

Outcomes: Get the Insiders' Dish on 4 Outcomes Tools

Decide which tool(s) would be best for your facility

CMS has kept you quite busy this year, introducing new documentation requirements with four recommended outcomes tools.

In Transmittal 63 (www.cms.hhs.gov/transmittals/downloads/R63BP.pdf) released Dec. 29, 2006, CMS recommended these items to measure your patients' progress: Focus on Therapeutic Outcomes Inc.'s FOTO Patient Inquiry, the American Speech-Language Hearing Association's National Outcomes Measurement System (NOMS), the American Physical Therapy Association's Outpatient Physical Therapy Improvement in Movement Assessment Log (OPTIMAL), and the Activity Measure-Post Acute Care (AM-PAC) tool, developed by the Boston University Health and Disability Research Institute.

Important: CMS didn't require you to use any of these tools, but you should check them out. They could turn out to be your best benchmarking friend -- and you might need them down the road if CMS does decide to require them. Read on as TCI probes the makers of these tools for more details on how they work.

Get Benchmarking-Serious With FOTO

Who it's for: Mostly physical therapists turn to FOTO's Patient Inquiry because of its strong musculoskeletal focus, according to experts. But FOTO can also extend to occupational therapy and speech-language pathology because it addresses some neurological function, says **Al Amato, MBA, PT**, president of Focus On Therapeutic Outcomes Inc. As far as rehab settings best suited for using FOTO, Amato says that users span the entire continuum of care, including outpatient and inpatient settings.

How it works: FOTO is a questionnaire the patient -- not the therapist -- completes via an intuitive software program whose questions progressively change based on the patients' input to compute a classification score. The patient completes the questionnaire at admission and discharge, or at other intervals if the therapist sees a need.

Extra: If you want to benchmark your outcomes, FOTO links and compares your patient data to other rehab facilities nationwide that use FOTO. That's a database more than 14 years old and approaching 2 million cases, Amato says.

"The FOTO data is great evidence for us as a company when we speak with insurance companies," says **Mitchel Kaye**, director of quality assurance for PTPN, an independent physical therapy network that uses FOTO. "And each practice can get reports specific to body part, condition, referral, insurance company or by therapist in their office," Kaye says. PTPN also enjoys the option to add additional screens to the tool.

Cost: Your facility or practice would pay an annual \$450 fee for FOTO and then pay a usage fee of \$1.50 per patient billed monthly, Amato says. You can find out more about FOTO at www.fotoinc.com.

SLPs Can't Go Wrong With NOMS

Who it's for: NOMS is a tool designed specifically for speech-language pathologists across the continuum of care.

How it works: Unlike FOTO, which takes the patient's perspective, NOMS is for a clinician to complete. "This is largely due to the cognitive nature of speech-language disorders," says **Tobi Frymark**, associate director of ASHA's National Center of Evidence-Based Practice. "NOMS uses a series of seven-point rating scales known as 'functional communication

measures' in the most common areas that SLPs treat adults," Frymark says.

NOMS also lets you compare your cases to its national database. The clinician completes the tool at admission and again at discharge, including demographics and information such as frequency and intensity of services, and then submits the data to ASHA's national registry, Frymark says.

The database is well established too, dating back to 1998. "Currently, 1,400 facilities participate, and that includes 2,500 registered NOMS users," Frymark says.

Extra: NOMS has the bigwigs' endorsement. "A June 2006 MedPAC report and a July 2006 report contracted by CMS both noted that NOMS was the only outcomes tool capable of assessing patients with severe speech, swallowing, cognitive and communication disorders," Frymark says. "Some SLPs still use FOTO, but MedPAC recognizes that a patient self-assessment tool is not an appropriate way to go for patients who have decreased comprehension or impaired ability to communicate."

Cost: If you're an ASHA member, the tool is included under your member benefits. You can find out more about NOMS at www.asha.org/members/research/NOMS/default.htm.

Factor in a Confidence Scale With OPTIMAL

Who it's for: Promoted by APTA, OPTIMAL is designed specifically for physical therapists, both APTA members and non-members.

How it works: OPTIMAL is a patient questionnaire that measures performance of 21 different physical movements, such as squatting or reaching. One differentiator of OPTIMAL is that it measures these 21 activities on two scales: difficulty and self-confidence, says **Marc Goldstein**, director of research services for APTA.

"Knowing someone's confidence is important because even if the patient is able to do a certain movement, if he doesn't have the confidence, he's not going to make the attempt," he says.

Extra: OPTIMAL asks an additional question at the end for the patient to choose three items that he would most like to do without any difficulty. "That makes OPTIMAL a clinically relevant outcomes measurement tool -- the therapist can then get more information from the patient on difficulties with those particular activities," Goldstein says.

Cost: "Clinicians, educators and researchers can receive permission to use OPTIMAL for free," according to the APTA Web site. You can also obtain OPTIMAL for commercial use under certain licensing requirements. See www.apta.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=36879 for more information.

As for database and benchmarking capabilities, you will find those through a separate product called APTA Connect, a paid product that includes OPTIMAL. But OPTIMAL as a standalone product is free, Goldstein says.

Use AM-PAC for Postacute Settings

Who it's for: AM-PAC's name is pretty straightforward in that it's best suited for the postacute care patient. That includes inpatient rehabilitation, skilled nursing, home health and outpatient therapy settings that treat postacute patients, says **Alan Jette, PhD, MPH**, director of the Boston University Health and Disability Research Institute.

How it works: AM-PAC includes a comprehensive list of 240 functional activities that examine daily tasks an average adult would encounter. The instrument then organizes the tasks into three scales: basic mobility, daily activity, and applied cognition. "AM-PAC can be completed by the patient or the therapist, but it usually depends on the setting and the patient's cognitive status," Jette says. A facility may also choose between a paper-based AM-PAC and a freestanding Web-based Computer Adaptive Test (CAT).



Extra: CMS has mentioned AM-PAC in a report on the development of a Uniform Patient Assessment for Postacute Care and notes that companies such as Merck, HealthSouth, Kaiser Permanente of Northern California and SeniorMetrix use AM-PAC for their functional domains. For more information on AM-PAC, visit www.crecare.com/ampac.html.

Cost: Your facility can obtain a license for the paper-based form at \$250, while the CAT version of AM-PAC is \$600.

Note: See the February 2007 Physical Medicine & Rehab Coding Alert for more information on how to document should you choose not to use one of the above tools.