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

2018 OPTIONS FOR INDIVIDUAL MEASURES:
SCG Health, US Wound Registry, APMA Registry

NATIONAL QUALITY STRATEGY DOMAIN: Person and Caregiver-Centered Experience and Outcomes
MEASURE TYPE: Outcome

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

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 stayed the same or 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

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 > 30 percent reduction in ankle and/or foot pain; and/or > 30 percent improvement in ankle and/or foot function; general ankle and/or foot health and/or 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 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
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
OR	
Performance Not Met:	Functional outcome assessment using a standardized tool not documented, reason not given

WHAT DATA SOURCES ARE USED FOR THE MEASURE? Administrative clinical data, Claims, Paper medical record, Prescription Drug Event Data Elements, Record review

STEWARD: SCG Health

 # OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML: 1
Indicate an Overall Performance Rate if more than 1 performance rate is to be submitted: NA

INVERSE MEASURE: No

PROPORTION MEASURE SCORING OR CONTINUOUS MEASURE SCORING

RISK ADJUSTED: Yes, by age and chronic conditions such as diabetes

RATIONALE:
Acute injuries of the ankle are one of the most common musculoskeletal injuries (Boruta, et al. 1990). It has been estimated that about one ankle sprain occurs per 10,000 people each day in Western countries (Brooks, et al. 1981; McCulloch, et al. 1985; Kannus, et al. 1991). For ankle injuries, soft tissue injuries are the most common and 85 percent of sprained ankles involve the lateral ligament complex (Ferran, etl al. 2006; Garrick. 1977). Ankle injuries significantly affect an individual's life and work activities (Brooks, et al. 1981).

Ankle sprains are the most common injury among athletes; accounting for more than half of sports injuries. Patients with a history of ankle sprains are also at risk for chronic issues like pain and muscle weakness. Diabetic patients are also at a high risk for lower extremity amputation from ankle and foot/ankle ulcers. Peripheral sensory neuropathy in the absence of perceived trauma is the primary factor leading to diabetic ankle ulcerations. Approximately 45-60 percent of all diabetic ulcerations are purely neuropathic. In people with diabetes, 22.8 percent have ankle problems – such as amputations and numbness – compared with 10 percent of non-diabetics. Over the age of 40 years old, 30 percent of people with diabetes have loss of sensation in their feet.

Musculotendinous injuries occur that affect activities of daily living. The more common issue is Posterior Tibial Tendon Dysfunction. The posterior tibial tendon helps hold up the arch and provides support as one steps off when walking. If this tendon becomes inflamed, overstretched or torn, patients often experience pain on the shin, inside of the ankle and gradually lose the inner arch on the bottom of the foot, leading to a debilitating flatfoot (Richie 2001). Several risk factors, include: obesity; diabetes; hypertension; previous surgery or trauma, such as an ankle fracture on the inner side of the foot; local steroid injections; inflammatory diseases such as Reiter's syndrome; rheumatoid arthritis; spondylosing arthropathy and psoriasis; and athletes who are involved in sports such as basketball, tennis, soccer or hockey may tear the posterior tibial tendon. The tendon may also become inflamed if excessive force is placed on the foot, such as when running on a banked track or road (American Orthopaedic Foot & Ankle Society; Kohls-Gatzoulis, et al. 2004).

CLINICAL RECOMMENDATION STATEMENTS:
Ankle-foot orthosis (AFOs) are the recommended treatment for ankle sprains, foot and ankle deformities, and foot and ankle dysfunction (Allen). Ankle Fractures can be treated non surgically with AFO's to stabilize and enable healing of the affected part(s) (Lin et al. 2010).

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