Outcomes Scoring: Measuring by Value

Several recent articles from our leading therapy organizations such as APTA, AOTA, and ASHA have been examining the importance of outcomes as the missing role to the value equation in therapy. As many organizations are moving away from fee-for-service models due to the rise of accountable care organizations, the focus is shifting from volume, to quality and cost of care. So how do we measure this type of model?

The APTA, AOTA, and ASHA in October 2014 released a "Consensus Statement on Clinical Judgment in Health Care Settings" as part of a combined effort to highlight the central role of the clinician in a health care landscape that increasingly looks to patient-centered outcomes as the true measure of quality. The focus becomes a triple aim to demonstrate value in our service looking at individual patient outcomes, improving the health of populations, and reducing costs.


So why are outcomes so important to demonstrate?

• Losses to the health care system due to fraud, abuse, and waste: $765 billion/year
• Percentage of improper payments by cause:
  • 51% medically unnecessary
  • 26% no/insufficient documentation
  • 21% incorrect coding
  • 1% other

By capturing outcomes, we can see the value that looks beyond just volume. We are able to demonstrate:

1. Enhanced patient care
2. Increased patient satisfaction
3. Improved clinical decision making
4. Support for quality improvement initiatives
5. Marketability of our services to a variety of payers and physicians
6. Increased referrals for quality
7. Improved efficiency and effectiveness of treatment
8. Identification of training and educational opportunities
Quality of care is important, but what is 'good quality'? Often therapists equate quality with the amount of 1-on-1 time with a single patient. Well, that may mean quality to some, but it may not translate to value in the patient's eyes. Being able to show a meaningful improvement in a patient’s function helps to demonstrate the success of therapy to the patient. Using standardized clinical outcome measures such as: National Outcomes Measurement System (NOMS), FIM, FOM, BERG Balance Assessment, Functional Reach, Oswestry Low Back Disability Questionnaire, Neck Disability Index, Quick DASH assessment, and the Lower Extremity Functional Scale, help to demonstrate meaningful quality to the patient, the physician, and the third party payers. These tests as well as many others have all been recognized for good internal reliability, as well as validity and responsiveness to demonstrate meaningful functional change.

Using these tests in addition to the other outcome scoring tools that may be required for an individual setting can bolster the evidence for the quality of care we provide our patients on a day in and day out basis.

In essence, our job is to ensure we are providing the “right care to the right patient at the right time.” We can demonstrate this success through the use of our outcome measures and providing those results to our patients, partners, and clients.

Helpful Links:

• G-Code “functional modifier” Conversion Calculator  
  http://www.mediware.com/rehabilitation/tools/item/g-code-conversion-calculator

• Rehabilitation Measures Database  