OVERVIEW

KEET OUTCOMES MEASURE DESCRIPTIONS

This paper describes the measures used by Keet Outcomes to provision, score, and report Quality performance data in support of the Merit-Based Incentive Payment System.

BACKGROUND

The Keet Outcomes system was developed and tested by clinical leaders and data scientists at Intermountain Healthcare; including Stephen Hunter, DPT and Gerard Brennan, PhD, PT; over the better part of two decades.

In 2019, "ROMS" was approved to meet the Quality Measurement component of the Merit-Based Incentive Payment System (MIPS). Physical therapists, occupational therapists, and speech language pathologists were eligible to participate in MIPS for the first time in 2019.

Keet Health then adopted ROMS as part of a strategy to support MIPS for our clients, called Keet Outcomes. Keet Outcomes automates Patient-Reported Outcome (PRO) provisioning, scoring and submission to CMS for MIPS.

WHY KEET OUTCOMES?

Using Keet Outcomes to automatically provision, score, and submit the patient reported outcomes data has several advantages:

- **Efficiency:** Using the automated Keet patient engagement system to provision the appropriate patient reported outcomes surveys and schedule repeat surveys eliminates the need to manually provision the surveys in the office and track survey completion.

- **Clinical Utility:** The patient reported outcomes surveys utilized by Keet have proven to be a reliable indicator of functional progress.

- **Healthcare Adoption:** The Keet Outcomes surveys are evidence based, non-proprietary, and utilized across a wide variety of health care providers. This allows PTs and OTs to have their outcomes data compared across the entire spectrum of providers for MIPS.

- **No EMR Dependence:** Since the Keet Outcomes survey data is provisioned and scored with the mobile patient engagement system developed by Keet Health, it can be deployed regardless of EMR used by your organization.

- **Higher Valued MIPS Scoring:** Outcomes measurements have higher weighting for MIPS scoring purposes than process-based measures.

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KEET OUTCOMES MEASURES

There are eleven CMS-approved quality measures supported by the Keet Outcomes QCDR. The set is comprised of six widely-used patient reported outcomes surveys, five of which are paired with a numerical pain rating scale (NPRS) for the measure. Each measurement calculates a Failure to Progress (FTP) based on a proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in the score. The MCID has been established for each measure based on clinical research.

In addition, the measurements are risk adjusted by the baseline outcomes score, baseline NPRS score, age, sex, payer type and symptom duration based on the time from surgery or injury to the baseline visit.

There are conditions for which patients may be excluded from the sample. Exclusion reasons include:

Keet Outcomes QCDR Measure (IROMS/KEET01) disqualification criteria:

- Patients that are non-English speaking and translation services are unavailable.
- Patients that have a mental or cognitive impairment that compromises their ability to accurately complete the MIPS PRO.
- Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.
- PT/OT can use their clinical judgment to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress.
- Ongoing care not indicated; patient seen only 1-2 visits.

DHI (HM7) disqualification criteria:

- Hospice services received by patient at any time during the performance period.
- Patient unable to complete a DHI or equivalent instrument at admission and discharge due to blindness, illiteracy, severe mental incapacity, or language incompatibility without the availability of an adequate proxy available.
- Patient received less than two face-to-face patient encounters for a treatment episode that began or ended during the performance period.

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The MCID for each survey is shown below. A failure to progress (FTP) rate is calculated for each measure that does not improve by the MCID. The FTP rate is then compared to a benchmark calculated annually:

SURVEY GROUP	IDENTIFIER	DESCRIPTION	SCORING	HIGHER SCORE INDICATES	MCID
Knee	IROMS 11	Knee Outcome Survey (KOS)	0-100%	Better function	10 points
	IROMS 12	Numeric Pain Rating Scale (NPRS) for the Knee	0-10	Worse pain	2 points
Hip, Leg, Ankle	IROMS 13	Lower Extremity Functional Scale	0-80	Better function	9 points
	IROMS 14	NPRS for the Lower Extremity	0-10	Worse pain	2 points
Neck	KEET 01	Neck Disability Index (NDI)	0-100%	Higher Disability	7.5 points
	IROMS 16	NPRS for Neck Pain	0-10	Worse pain	2 points
Low Back	IROMS 17	Modified Low Back Pain Disability Questionnaire (MDQ)	0-100%	Higher Disability	6 points
	IROMS 18	NPRS for Low Back Pain	0-10	Worse pain	2 points
Shoulder, Arm, Hand	IROMS 19	Quick Disability or Arm, Shoulder and Hand Score (QDASH)	0-100%	Higher Disability	8 points
	IROMS 20	NPRS for Upper Extremity Injuries	0-10	Worse pain	2 points
Neuro	HM7	Dizziness Handicap Index (DHI)	0-100	Higher Disability	18 points

For 2022, CMS will establish Performance benchmarks by comparing the FTP rate across all providers submitting data for the above outcomes measures for that year.

DISCLAIMER
The information provided herein is intended to be general in nature. Please contact the Centers for Medicare and Medicaid Services (CMS) for specific Medicare requirements – www.cms.gov.