

### **AOTA Recruiting OT Private Practice Testing Sites for Quality Program**

AOTA is currently seeking volunteer OT private practices willing to participate in a Medicare project to develop quality measures applicable to the occupational therapy profession. We are seeking to identify 10 – 15 private practices that treat Medicare patients nationally. This project is being run by a Medicare contractor called Quality Insights of Pennsylvania (QIP).

Volunteer practices will receive a Web training on quality measure testing by QIP, be asked to test four occupational therapy measures in the clinical setting over a 2-3 week period and participate in an exit interview with QIP staff. Detailed instructions for this process and assistance will be provided to participating practices. Your participation in this project will help to assure that occupational therapists have quality measures available to report on under the Medicare Physician Quality Reporting Initiative (PQRI) program and expand the participation of occupational therapy in ongoing quality initiatives and critical research endeavors. The four measures that are being tested include:

- Re-evaluation of ADLs/IADLs
- Re-evaluation of Home Program
- Objective Edema Evaluation
- Demonstration of Preventive Techniques (Prevention of re-injury and secondary complications)

Please email [cwillmarth@aota.org](mailto:cwillmarth@aota.org) if you are interested in participating.

### **Quick Facts on Beta Testing**

**Purpose of Beta Testing:** In this step of measure development, the measure developer is testing usability of the measures as well as feasibility of the measure. Feasibility is defined as the data required for the measure can be obtained by physicians, health care organizations or health care systems with reasonable effort and within the period allowed for data collection. The cost of data collection and reporting is justified by the potential improvements in care and outcomes that result from the act of measurement. The measure should not be susceptible to cultural or other barriers that might make data collection infeasible.

The overall question being asked in this criterion section is: Can this measure be collected as it intended to be? The decision elements included in this section examine aspects of this question:

- ❑ Are the specifications defined well enough for someone to collect the measure?
- ❑ Is the work of collecting the information worth the effort?
- ❑ Will the specification work as intended, or is it possible that misleading results could be obtained either through intentional means or unintentionally.

### **Time and effort involvement:**

- ◆ Webex training, approx 1 hr.: This is an online training program to go over the measures and data collection tools to be used in this testing phase. It is an opportunity for clinicians to ask questions and clarify any issues they may have with the measures or tools.
- ◆ Testing duration 2 – 3 weeks (definitive time frames forthcoming): requirement is 30 observations for each measure or the timeframe of testing has elapsed.
- ◆ Exit interview, approx 15 – 30 minutes: approximately 10 questions are asked to ascertain the clinicians experience with the testing and gain further insight into ideas for improvement for measures. Some of the questions are similar to those listed under purpose. The exit interview is conducted over the phone and scheduled as best as possible for the clinician's convenience.
- ◆ HIPPA protections for records: Quality Insights of Pennsylvania handles the information as it does with chart reviews as part of the complaint process with Medicare. Again, there are strategies to further enhance protections on the chart with clinicians that can be reviewed on an individual basis such as use of a private key and removal of personal identifying information from the record section.