

▲ Measure #144: Oncology: Medical and Radiation – Plan of Care for Pain

2010 PQRI REPORTING OPTIONS FOR INDIVIDUAL MEASURES: REGISTRY ONLY

This is a two-part measure which is paired with Measure #143: Oncology: Medical and Radiation: Pain Intensity Quantified. This measure *should* be reported if patient reports pain for Measure #143.

DESCRIPTION:

Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain

INSTRUCTIONS:

This measure is to be reported at each visit occurring during the reporting period for patients with a diagnosis of cancer and in which pain is present who are seen during the reporting period. It is anticipated that clinicians providing care for patients with cancer will submit this measure.

Measure Reporting via Registry:

All eligible instances when patient reports pain for Measure #143 make up the denominator for this measure. The listed numerator options are used to report the numerator of the measure. The quality-data codes have been provided for registry only measures for use by registries that utilize claims data. It is not necessary to submit these codes for registry-based submissions. There are no allowable performance exclusions for this measure. Do not report this measure via claims.

NUMERATOR:

Patient visits that included a documented plan of care to address pain

Numerator Instructions: A documented plan of care may include: use of opioids, non-opioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.

Numerator Options:

Plan of care to address pain documented (0521F)

OR

Plan of care for pain not documented, reason not otherwise specified (0521F *with* 8P)

DENOMINATOR:

All patient visits, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain

Denominator Criteria (Eligible Cases):

All eligible instances when pain severity quantified; pain present (1125F) is reported in the numerator for Measure #143

RATIONALE:

Inadequate cancer pain management is widely prevalent, harmful to the patient, and costly.

CLINICAL RECOMMENDATION STATEMENTS:

All patients with cancer should be screened during the initial evaluation, at regular intervals, and whenever new therapy is initiated. The standard means for determining how much pain a patient is experiencing relies on a patient's self-report. Severity should be quantified using a 0-10 numerical rating scale, a categorical scale, or the pictorial scale (Wong-Baker Faces Pain Rating Scale). Faces can be used with patients who have difficulty with the above scales, eg, children, the elderly, and patients with language or cultural differences or other communication barriers (Category 2A). (NCCN)

Pain intensity must be quantified, as the algorithm bases therapeutic decisions on a numerical value assigned to the severity of pain. Opioid naïve patients experiencing severe or increasing pain should receive rapid escalating doses of short-acting opioids, a bowel regimen, and Nonopioid analgesics as indicated. Psychosocial support is needed to ensure that patients encountering common barriers to appropriate pain control (eg, fear of addiction or side effects, inability to purchase opioids) or needing additional assistance (eg, depression, rapidly declining functional status) receive appropriate aid. Although pain intensity ratings will be obtained frequently to judge opioid dose increases, a formal reassessment is mandated in 24 hours for severe pain (Category 2A). (NCCN)

For patients whose pain is less than 7 at presentation, the pathways are similar. The main differences include the option to perform the formal pain intensity reassessment less frequently (24-48 hours) and to consider beginning with slower titration of short-acting opioids for patients with moderate pain intensity rating 4-6 or with NSAID or acetaminophen if the patient has mild pain intensity rating from 1 to 0 and is opioid and NSAID-naïve (Category 2A). (NCCN)

Regular, on-going assessment of pain, non-pain symptoms (including but not limited to shortness of breath, nausea, fatigue and weakness, anorexia, insomnia, anxiety, depression, confusion, and constipation), treatment side effects, and functional capacities are documented. Validated instruments, where available, should be used. (NCP)

All patients should be routinely screened for pain, and when it is present, pain intensity should be recorded in highly visible ways that facilitate regular review by health care providers. A standard for pain assessment and documentation should be established in each setting to ensure that pain is recognized, documented, and treated promptly. (APS)