**2.6.2 -** **Assessment and management of chronic pain: percentage of patients diagnosed with chronic pain who are prescribed an opioid who have an opioid agreement form and an annual toxicology screen documented in the medical record.**

**Summary of Changes from DY14 Year End Reporting Manual**

* Numerator Codes
  + Deleted retired codes for Presumptive Drug Testing: G4077-G4079 and Definitive Drug Testing: G4080-G4083
  + Added Presumptive Drug Testing codes: 0007U, 80305, 80306, 80307
  + Added “*Numerator Code note: As these codes include testing for both legal and illicit substances, these codes must be validated at the system level as being used specifically to identify illicit substances*”
* Denominator updated to match the Denominator language in 2.6.3
  + Merged the two existing Denominator Notes into one
* Added “Reporting Business Logic: Please refer to the Reporting Business Logic in Metric 2.6.3”

**Modification from Native Specification**

Specification Source: PRIME Innovative Measure Stewards (San Francisco Health Network, Alameda Health Systems, UC San Diego)

Metric Steward: San Francisco Health Network, Alameda Health Systems, UC San Diego

* + - * None. Innovative Measure

**Value Sets for this metric:**

* + - * The Pharmacy Quality Alliance “PQA OHD Opioid NDC code set” can be accessed through the download link posted below the *PRIME DY13 Year End Reporting Manual*. For DMPH, the value set will be provided with the PRIME reporting Manual
      * All other codes are included in this metric.

***Description***

This metric is designed to help a health care system determine whether the policies they have put in place are being followed regarding the management of a patient with chronic pain who is prescribed opioids long term.

Percentage of patients diagnosed with chronic pain who are prescribed opioids for greater than 90 consecutive days with documentation of the following:

* + - * Patient provider agreement
      * Toxicology testing once in the past 12 months

***Numerator***

Number of patients with documentation of the following:

* + - * Patient provider agreement at least once during the measurement period.
      * Toxicology testing at least once once during the measurement period.

*\* Urine drug testing is the preferred method for toxicology testing. However there may be extenuating circumstances in which serum or salivary testing may be more appropriate and will qualify as numerator compliant.*

***Numerator Codes***

* + - * Presumptive Drug Testing: CPT 0007U, 80305, 80306, 80307

Numerator Codes note: As these codes include testing for both legal and illicit substances, these codes must be validated at the system level as being used specifically to identify illicit substances

***Denominator***

Individuals from the Project 2.6 Target Population on long-term opioid therapy (patients with active prescriptions of opioid-containing medication for greater than 90 consecutive days). The 90 consecutive days criteria may be met by patients prescribed 1 or more opioid-containing medications, as long as there is no gap in opioid therapy during the 90 days and the 90 day opioid therapy is active as of the last day of the measurement period.

Data for “long-term opioid therapy” may be sourced from any of the following:

* + - * Medication Lists in the medical chart
      * Pharmacy claims/fill data
      * ICD-10 codes: Z79.891

*Denominator Note:*

* + - * As the denominator criteria for metrics 2.6.2 and 2.6.3 are exactly the same, PRIME Entities should be using the same opioid lists and the same denominator for both of these metrics.
      * Each overlapping days of medications are counted as only one day.

***Denominator Code(s)***

* "Medication, Active: Long term use of opiate analgesic”
  + ICD-10 code: Z79.891
* PQA OHD Opioid NDC code set can be accessed through the download link posted below the PRIME DY14 Year End Reporting Manual. For DMPH, the value set will be provided with the PRIME reporting Manual

***Denominator Exclusion***

None

***Reporting Business Logic***

Please refer to the Reporting Business Logic in Metric 2.6.3

***Definitions***

**Chronic Pain:** “Chronic pain is pain that persists beyond the normal time expected for healing and is associated with the onset of pathophysiologic changes in the central nervous system that adversely affect the individual's emotional and physical well-being. While duration of pain required to meet this definition varies, most professional associations involved in pain management accept pain that persists for longer than three months as chronic.”

**Toxicology** **Testing**

* + - * In office screening, at a minimum, should assess for the presence of the following substance: opioids as a class, oxycodone, methadone (these latter two are often listed separately from opioids), benzodiazepines and illicit drugs. Unexpected results are required to be sent to the lab for confirmation.
      * Body fluid that is collected in the office and send to the lab should undergo comprehensive testing. A standard policy/procedure should be established between the clinic and the lab.

**“Opioid Therapy is Active”**

* Prescription for opioid therapy includes sufficient doses to last until the last day of the measurement period or dispensing of opioid therapy continues through the last day of the measurement period.

***Method/Source of Data Collection***

Query the EMR for the number of patients with chronic pain diagnosis who are prescribed opioids. Excluding migraines, active cancer and those receiving palliative or hospice care. Out of that number, determine the number of patients who had documentation of the components specified in the numerator.

***Time Frame Pertaining to Data Collection***

Monthly.

***Notes***

This is a process metric, and improvement is noted as an increase in the rate.

The following system changes were identified by the guideline work group as key strategies for health care systems to incorporate in support of the implementation of this guideline.

Communicate a clear and consistent message that clarifies:

* + - * Pain is a normal part of life, all pain is legitimate, and the goals are to improve quality-of-life, function and comfort.
      * Opioids are to be used cautiously, and the benefits must outweigh the risk for each patient.
      * Chronic pain should be managed proactively like any other chronic condition.
      * Develop a process to allow the patient to see a dedicated care team that has interest or expertise in chronic pain.
      * Develop relationships in the community and appropriate referral sources to create an interdisciplinary pain management team.
      * Develop protocols/work flows that guide clinicians to ensure consistent management of pain.

# 2.6.3 - Patients with chronic pain on long term opioid therapy checked in PDMPs

**Summary of Changes from DY13 Year End Reporting Manual**

* Metric Description, added note:

**NOTE:** While this metric measures prescribers checking a statewide PDMP at least annually for every patient with chronic pain on long term opioid therapy, it does not supersede any state or federal legal requirements, or absolve or preclude entities and providers from following all applicable legal requirements, including but not limited to California Health and Safety Code  § 11165 (which requires that prescribers check California’s PDMP, CURES 2.0, in a variety of circumstances).

More information on CURES can be found at the following links:

<https://oag.ca.gov/cures>

<http://www.mbc.ca.gov/Licensees/Prescribing/CURES/>

* Metric Numerator, changed “PDMP was reviewed < 1 year…” to “PDMP was reviewed <12 calendar months…”.
  + Added “*Numerator Note: Tracking may be achieved through local coding by PRIME entity, manual chart review, registry report, EHR keyword search (e.g, for “PDMP” or “Prescription Drug Monitoring Program” or “CURES Report”) followed by confirmation that PDMP was checked, or other locally determined mechanism.”*
* Numerator Codes changed to “None”. Prior language moved into Numerator Note.
* Metric Denominator
  + Updated to match language in 2.6.2
    - Added “Denominator Note:
      * As the denominator criteria for metrics 2.6.2 and 2.6.3 are exactly the same, PRIME Entities should be using the same opioid lists and the same denominator for both of these metrics.
      * Each overlapping days of medications are counted as only one day.”
* Reporting Business Logic, changed
  + From:
    - OR: "Medication, Active: Long term use of opiate analgesic” occurrence during “measurement period”
  + To:
    - OR:
      * AND: "Medication, Active: Long term use of opiate analgesic” occurrence during “measurement period”
      * AND: "Medication, Active: Long term use of opiate analgesic” overlaps the last day of the measurement period.
* Definitions, “Medication, Active: Long term use of opioid analgesic” corrected “>90 days” to be “≥90 days”
* Definitions, “opioid therapy is active”, removed “or dispensing of opioid therapy continues through the last day of the measurement period”
* Definitions, “Medication, Active: Opiate analgesic”, changed:
  + From “Any Opioid containing medication in medication list and/or ePrescribing documentation using PQA OHD Opioid NDC code set which can be accessed through the download link posted below the PRIME DY13 Year End Reporting Manual.”
  + To “Any medication from the PQA OHD Opioid NDC code set which, during the measurement period, is present in the patient’s medication list or in ePrescribing documentation.
* Other Notes as applicable, removed as duplicative of Numerator Note, “Every health system may track PDMP differently (log, check box in template in EHR, EHR keyword search, scan PDF, list as lab)”

**Modification from Native Specification**

Specification Source: PRIME Innovative Measure Steward (AHRQ/San Francisco Health Network, Alameda Health Systems, UC San Diego)

Metric Steward: AHRQ/San Francisco Health Network, Alameda Health Systems, UC San Diego

* + - * N/A

**Value Sets for this metric:**

* Refer to Project 2.6 Target Population for links to the Cancer and Hospice values sets
* The Pharmacy Quality Alliance “PQA OHD Opioid NDC code set” can be accessed through the download link posted below the PRIME DY13 Year End Reporting Manual.
* All other codes are included in this metric.

***Metric Description***

In order to minimize the risk of opioid prescribing by multiple prescribers, a statewide Prescription Drug Monitoring Program (PDMP) should be checked at least annually for every patient with chronic pain on long term opioid therapy.

**NOTE:** While this metric measures prescribers checking a statewide PDMP at least annually for every patient with chronic pain on long term opioid therapy, it does not supersede any state or federal legal requirements, or absolve or preclude entities and providers from following all applicable legal requirements, including but not limited to California Health and Safety Code § 11165 (which requires that prescribers check California’s PDMP, CURES 2.0, in a variety of circumstances).

More information on CURES can be found at the following links:

<https://oag.ca.gov/cures>

<http://www.mbc.ca.gov/Licensees/Prescribing/CURES/>

***Metric Numerator***

Patients who have notation in the medical record that PDMP was reviewed < 12 calendar months prior to the last date of the measurement period.

*Numerator Note: Tracking may be achieved through local coding by PRIME entity, manual chart review, registry report, EHR keyword search (e.g, for “PDMP” or “Prescription Drug Monitoring Program” or “CURES Report”) followed by confirmation that PDMP was checked, or other locally determined mechanism.*

***Numerator Code/s (CPT, ICD10, other)***

None

***Metric Denominator***

Individuals from the Project 2.6 Target Population on long-term opioid therapy (patients with active prescriptions of opioid-containing medication for greater than 90 consecutive days). The 90 consecutive days criteria may be met by patients prescribed 1 or more opioid-containing medications, as long as there is no gap in opioid therapy during the 90 days and the 90 day opioid therapy is active as of the last day of the measurement period.

Data for “long-term opioid therapy” may be sourced from any of the following:

* + - * Medication Lists in the medical chart
      * Pharmacy claims/fill data
      * ICD-10 codes: Z79.891

*Denominator Note:*

* + - * As the denominator criteria for metrics 2.6.2 and 2.6.3 are exactly the same, PRIME Entities should be using the same opioid lists and the same denominator for both of these metrics.
      * Each overlapping days of medications are counted as only one day.

***Denominator Code/s (CPT, ICD10, other)***

* "Medication, Active: Long term use of opiate analgesic”
  + ICD-10 code: Z79.891
* “PQA OHD Opioid NDC code set” can be accessed through the download link posted below the PRIME DY14 Year End Reporting Manual.

***Denominator Exclusion/s***

None

***Reporting Business Logic***

* Initial patient population =
  + AND: Project 2.6 Target Population
  + AND:
    - OR:
      * AND: "Medication, Active: Long term use of opiate analgesic” occurrence during “measurement period”
      * AND: "Medication, Active: Long term use of opiate analgesic” overlaps the last day of the measurement period.
    - OR:
      * AND: “Medication, Active: Opiate analgesic” occurrence during “measurement period”
      * AND: (most recent prescription date) – (first prescription date during the measurement period) = > 90 days
* Denominator =
  + AND: Initial patient population
* Numerator =
  + AND: PDMP review date during “measurement period”

***Definitions as applicable***

**Medication, Active: Long term use of opioid analgesic**

* “active opioid prescriptions for ≥ 90 days”

**“opioid therapy is active”**

* Prescription for opioid therapy includes sufficient doses to last until the last day of the measurement period.

**Medication, Active: Opiate analgesic**

* Any medication from the PQA OHD Opioid NDC code set which, during the measurement period, is present in the patient’s medication list or in ePrescribing documentation.

***Other Notes as applicable***

A higher rate indicates better quality.

# 2.6.5 - Treatment of Chronic Non-Malignant Pain with Multi-Modal Therapy

**Summary of Changes from DY14 Year End Reporting Manual**

* Other Notes as Applicable, first line change;
  + From “Patients in the numerator include all patients who have been provided resources to promote non-opioid pain management, including prescriptions, referrals, or education.”
  + To “Patients in the numerator include all patients who have documentation that non-opioid approaches to chronic pain have been discussed and/or documentation that resources to promote non-opioid pain management, including prescriptions, referrals, or education have been provided.“
* Reporting Business Logic, Numerator, added:
  + - OR: Procedure, performed “hyaluronate knee injection”
    - OR: Procedure, performed “chemodenervation”
    - OR: Procedure, performed “radiofrequency lesioning”
    - OR “Recommended Cannabis or cannabinoid therapy”
* Definitions as Applicable,
  + Under Pharmacologic Options, added “Cannabis or cannabinoid therapy”
  + Under Procedures, added: “Hyaluronate knee injections, chemodenervation, Radiofrequency lesioning”

**Summary of Changes from DY13 Year End Reporting Manual**

* None

**Modification from Native Specification**

Specification Source: PRIME Innovative Measure Steward (San Francisco Health Network, Alameda Health Systems, UC San Diego)

Metric Steward: San Francisco Health Network, Alameda Health Systems, UC San Diego

* + - * N/A

**Value Sets for this metric:**

* Refer to Project 2.6 Target Population for links to the Cancer and Hospice values sets
* Codes applicable to this metric from OptumLabs’ Non-Pharmacologic Therapy Code Set are included within these specifications.

**Metric Description**

Percentage of patients diagnosed with moderate to severe chronic pain who are provided non-opioid pain management strategies. Non-opioid pain management strategies can include prescriptions for non-opioid medications for pain, referrals to physical/occupational therapy, referrals to psychosocial counseling, education about self-management of pain, provision of pain management procedures or surgeries, or any of the other pain management modalities listed in the “definitions” section below.

**Metric Numerator**

Individuals from the denominator who have received a recommendation, education about, prescription for, or referral to, non-opioid pain management in the outpatient setting. This recommendation, referral, or prescription can come at any point during the measurement period and from any member of the healthcare team.

**Numerator Code/s (CPT, ICD10, other)**

“Occurrence of Encounter Performed: Non-Pharmacologic Therapy” using “Non-Pharmacologic Therapy Code Set” as delineated in Table.

**Table: Non-Pharmacologic Therapy Code Set (to be used only for PRIME under SNI’s approval for use by OptumLabs)**

|  |  |  |
| --- | --- | --- |
| **Code Type** | **Code** | **Intervention** |
| CPT | 97810, 97811 | Acupuncture |
| HCPC | L3000 – L3999 | Insoles/splints |
| HPCP | E0100, E0105 | Cane (walking stick) |
| HPPC | E0720, E0730, E0731, A4557, A4595 | TENS devices |
| CPT | 97110 | Exercise |
| CPT | 97535 | Self-management and education |
| CPT | 99401, 99402, G0447 | Weight management |
| CPT | 97124, 97140, 9892x, 98940, 98941, 98942, 94943; | Manual Therapy (eg, massage, manipulation including chiropractic) |
| CPT | 29520 –29550 | Taping (eg, patella, kinesio) |
| CPT | 96152 | Cognitive behavioral therapy (CBT) |
| CPT | 97010 | Hot or cold pack application |
| CPT | 97014, 97032 | Electrical stimulation |
| CPT | 97035 | Ultrasound (non-diagnostic) |
| CPT | 97012 | Mechanical Traction |
| CPT | 97026 | Infrared treatment |
| CPT | 97018 | Paraffin bath |
| CPT | 97022 | Whirlpool |
| ICD10 | Z45.42 | Fitting of Neurostim device |

Above codes must be used in conjunction with diagnosis code(s) for Chronic Pain.

Non-pharmacologic therapies provided to the denominator population that are not listed in the above code set must be identified as per local tracking by PRIME Entity

**Metric Denominator**

All individuals from the Project 2.6 Target Population.

**Denominator Code/s (CPT, ICD10, other)**

Refer to Project 2.6 Target Population criteria

**Exclusion/s**

None.

**Reporting Business Logic**

* Initial patient population=
  + AND: PRIME Project 2.6 Target Population
* Denominator=
  + AND: “Initial Patient Population”
* Numerator=
  + AND: Any of the following during the measurement period:
    - OR “Occurrence of Encounter Performed: Non-Pharmacologic Therapy”
    - OR “Referred to physical therapy”
    - OR “Referred to occupational therapy”
    - OR “Referred to surgery”
    - OR “Referred to interventional pain clinic”
    - OR “Referred to behavioral medicine”
    - OR “Referred to chronic pain group”
    - OR “Referred to aquatic therapy”
    - OR “Referred to exercise class”
    - OR “Referred to yoga class”
    - OR “Referred to Tai Chi class”
    - OR “Referred to Qi Gong class”
    - OR “Referred to online pain management resource”
    - OR: “Prescribed”
      * OR: Carbamazepine
      * OR: Gabapentin
      * OR: Lamotrigine
      * OR: Oxcarbazepine
      * OR: Pregabalin
      * OR: Topiramate
      * OR: Venlafaxine
      * OR: Duloxetine
      * OR: Amitriptyline
      * OR: Desipramine
      * OR: Dozepine
      * OR: Imipramine
      * OR: Nortriptyline
      * OR: Clomipramine
      * OR: Maprotilinne
      * OR: Trimipramine
      * OR: Protriptyline
      * OR: Acetaminophen
      * OR: Aspirin
      * OR: Celecoxib
      * OR: Diclofenac
      * OR: Etodolac
      * OR: Ibuprofen
      * OR: Indomethacin
      * OR: Ketoprofen
      * OR: Ketorolac
      * OR: Nabumetone
      * OR: Naproxen
      * OR: Oxaprozin
      * OR: Piroxicam
      * OR: Salsalate
      * OR: Sulindac
      * OR: Tolmetin
      * OR: Lidocaine gel or patch
      * OR: Capsaicin cream
      * OR: Diclofenac cream
      * OR: TENS unit
      * OR: Compression device
    - OR: Procedure, performed “Steroid injection”
    - OR: Procedure, performed “hyaluronate knee injection”
    - OR: Procedure, performed “Trigger point injection”
    - OR: Procedure, performed “chemodenervation”
    - OR: Procedure, performed “radiofrequency lesioning”
    - OR: Education provided
      * OR: Heat and Ice for pain
      * OR: Exercise
      * OR: Pacing strategies for pain management
      * OR: Neuroscience education
      * OR: Deep breathing
      * OR: Progressive muscle relaxation
      * OR: Body Scan
      * OR: Guided imagery
    - OR “Referred to biofeedback”
    - OR “Referred to hypnosis”
    - OR “Referred to online mind-body resources”
    - OR “Referred to Mindfulness meditation class”
    - OR “Referred to Mindfulness Based Stress Reduction class”
    - OR “Referred to acupuncture”
    - OR “Referred to massage”
    - OR “Recommended Herbal therapy or supplement”
    - OR “Recommended Cannabis or cannabinoid therapy”

**Definitions as applicable**

Non-opioid approaches to chronic pain include:

* Medication Options
  + Anti-epileptic medications (Examples: Carbamazepine, Gabapentin, Lamotrigine, Oxcarbazepine, Pregabalin, Topiramate)
  + SNRI antidepressants (Examples: Venlafaxine, Duloxetine)
  + Tricyclic antidepressants (Examples: Amitriptyline, Desipramine, Dozepine, Imipramine, Nortriptyline, Clomipramine, Maprotilinne, Trimipramine, Protriptyline)
  + NSAIDs and Acetaminophen (Examples: Acetaminophen, Aspirin, Celecoxib, Diclofenac, Etodolac, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac, Nabumetone, Naproxen, Oxaprozin, Piroxicam, Salsalate, Sulindac, Tolmetin)
  + Topical treatments (Examples: Lidocaine gel or patch, Capsaicin cream, Diclofenac cream)
  + Intrathecal drug delivery
  + Cannabis or cannabinoid therapy
* Non-Pharmacologic Options
  + Procedures (Examples: Steroid injection (joint, epidural), hyaluronate knee injections, Trigger point injection, Surgical intervention, Nerve blocks and nerve ablation, chemodenervation, Nerve stimulation, including TENS and central stimulation techniques, Radiofrequency lesioning)
  + Self-Care (Examples: Ice, Heat, Compression, Exercise, Pacing strategies (time based or pain based pacing education))
  + Movement based (Examples: Physical therapy, Occupational therapy, Aquatic therapy, Supervised physical activity, Yoga, Tai Chi, Qi Gong)
  + Behavioral and Psychological (Examples: Individual psychotherapy (CBT based, ACT base, psychodynamic, family, or other models), Group therapy (including self-management education, cognitive behavioral therapy, acceptance and commitment therapy, or others), Neuroscience education, Support groups, Participation in online therapy for pain management, Deep Breathing, Biofeedback, Progressive muscle relaxation/body scans, Hypnosis, Guided imagery/guided meditation, Online relaxation resources or apps for meditation, guided imagery, breathing, etc.)
* Complementary and Alternative (Examples: Acupuncture, Massage, Mindfulness, meditation/Mindfulness Based Stress Reduction, Herbal therapies or supplements)

**Other Notes as applicable**

Patients in the numerator include all patients who have documentation that non-opioid approaches to chronic pain have been discussed and/or documentation that. resources to promote non-opioid pain management, including prescriptions, referrals, or education have been provided. It is not required that patients take up the referral, prescription, or self-management practice. This metric can be monitored by directly searching for referrals, prescriptions, and documentation of education. Alternatively, clinics may choose to create an electronic checklist in their chronic pain template that allows providers to check off non-opioid therapies that they have tried with a patient, allowing for simple tracking of this metric in an EMR.

**Rationale for Metric**

One of the causes of the opioid overuse and overdose epidemic has been the overprescribing of opioids by healthcare providers (Kolodny 2015). To a large extend, this has been caused by the tendency to use opioid as a first line therapy for chronic pain and by the underutilization of non-opioid approaches to pain management. A multi-modal, multidisciplinary approach to pain management is superior to a purely pharmacologic approach to pain management (Institute of Medicine, 2011) As the healthcare field decreases its use of opioids for pain management, it is essential, for the sake of patients with chronic pain that we adequately treat chronic pain through other means.