Project 2.6 Target Population

* 2.6.2 - Assessment and management of chronic pain
* 2.6.3 - Patients with chronic pain on long term opioid therapy checked in PDMPs
* 2.6.5 - Treatment of Chronic Non-Malignant Pain with Multi-Modal Therapy

# Project 2.6 – Target Population

**Eligible Population**

**Encounter Codes**

The following metrics have particular encounter codes specified for denominator inclusion:

* 2.6.4 - NQF 0418: Screening for Clinical Depression and follow-up
* 2.6.1 - Alcohol and Drug Misuse (SBIRT)

For any given metric, to determine the metric denominator the PRIME Entity should identify the PRIME Eligible population, further refined by the Project Target Population.

For the denominator, the PRIME Entity will limit the Project Target population to individuals meeting the metric spec encounter codes criteria. Next, individuals from the PRIME Project Target Population who have received GPP Non-Traditional Services\* are added to the denominator (some of these will already be included based on the metric encounter codes).

Business Logic: (see Section IV of the PRIME General Guidance section for business logic graphic)

1. Initial Population = PRIME Eligible Population
2. AND: Project Target Population

AND: ≥ 1 or more of the following

1. OR: Metric Denominator Encounter Code
2. OR: Project Target Population Individuals in receipt of GPP Non-Traditional Service

**PRIME Eligible Population for Designated Public Hospitals (DPHs) only:**

The **PRIME Eligible Population** includes the combination of both Population #1 and Population #2. An individual does not have to meet criteria of both Population #1 and Population #2. Any individual who meets either PRIME Eligible Population #1 criteria or PRIME Eligible Population #2 criteria must be included in the PRIME Eligible Population.

Population #1:

Individuals of all ages with at least 2 encounters with the PRIME Entity Primary Care team during the measurement period.

* A Primary Care team encounter is counted if occurred with a member of the Primary Care Team from Family Medicine, Internal Medicine, or Pediatrics.  The PRIME Entity may choose to include populations who are seen for primary care in a specialty clinic (e.g. HIV)
* Encounters include either a face-to-face visit with a primary care provider OR any encounter included in the list of eligible non-traditional service types described in the Global Payment Program102 (for PRIME, encounters not limited to uninsured individuals.)
* Only encounters with the Primary Care team in the ambulatory setting will be counted toward the above 2 encounter requirement. Encounters with primary care team members in the inpatient setting do not count toward the two primary care encounter requirement. [This does not impact the expansion of the PRIME Eligible Population to include inpatient or acute care utilization as specified by the Project Target Population criteria e.g. in Domain 3]

OR

Population #2

Individuals of all ages who are in Medi-Cal Managed Care with 12 months of continuous assignment to the PRIME Entity during the Measurement Period.

* No more than one gap in enrollment or assignment with the PRIME Entity of up to 45 days during the Measurement Period.
* Individual must be enrolled in the primary plan and assigned to the PRIME Entity on the final day of the Measurement Period.

**PRIME Eligible Population for District Municipal Hospitals (DMPHs) only:**

The **PRIME Eligible Population** is all individuals with at least two encounters during the measurement period with the participating PRIME entity among Medi-Cal Beneficiaries.

\*Non-traditional service encounters as listed in California’s MediCal 2020 Special Terms and Conditions [Attachment FF:](http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/MC2020AttFF.pdf) Global Payment Program Valuation Protocol, Table 5: Categories of Service and Point Values, Non-Traditional

**Tenure Criteria for DPH PRIME Eligible Population Encountered Lives (DPH Population #1)**

1. The first of the two required primary care encounters (DPH) must occur during the first 6 months of the measurement period
2. The second required (primary care) encounter may occur at any point during the measurement period.
3. The two (primary care) encounters during the measurement period fulfilling the PRIME Eligible Population eligibility criteria cannot occur on the same day.

**Tenure Criteria for DMPH PRIME Eligible Population Encountered Lives**

1. The first of the two required Medi-Cal encounters (DMPH) must occur during the first 6 months of the measurement period.
2. The second required Medi-Cal encounter may occur at any point during the measurement period.
3. The two Medi-Cal encounters during the measurement period fulfilling the PRIME Eligible Population eligibility criteria cannot occur on the same day.

**Exclusion Criteria for DPH/DMPH PRIME Eligible Population**

Exclusion for patients no longer the responsibility of the PRIME Entity at the end of the measurement period:

1. Any patient meeting the PRIME Eligible Population Encountered Lives criteria in a given measurement period who then experiences any of the following scenarios, will be removed from the PRIME Eligible Population for that measurement period, to the extent that the PRIME entity has readily available documentation to demonstrate that before the end of the measurement period:
2. The patient has died.
3. The patient has changed their care to a PCP in a health system that is not the PRIME Entity.
4. The patient has had a total time of incarceration during the measurement period that exceeded 45 days, regardless of the number of times the individual was incarcerated during the measurement period.

**Project 2.6 Target Population**

1. PRIME Eligible Population AND
2. Have a diagnosis of moderate to severe pain that has lasted at least 90 days and that exists as of the last day of the measurement period..
3. AND do not have cancer during the measurement period.
4. AND are not enrolled in hospice during the measurement period.

A diagnosis of moderate to severe chronic pain can be identified using any of the following:

* ICD-10 codes signifying chronic pain, such as: R52.1, R52.2, G89.21, G89.22, G89.28, G89.29, or G89.4
* Presence on a chronic pain registry

It is not recommended that PRIME Entities use anatomically specific pain codes, e.g. low back pain, knee pain, etc. because they are often used to denote more mild pain and possibly acute pain. If health systems are confident that their providers are using specific local pain ICD10 codes to describe chronic pain, then those health systems can use those specific codes to generate a chronic pain registry.

**Cancer/Hospice exclusions are identified as follows:**

* Cancer: PQA ICD Code Value Sets, Cancer Exclusions.  The download link for “Project 2.6 PQA ICD Code Value Sets for Cancer Exclusions” is posted below where the *PRIME DY14 Year End Reporting Manual* is officially posted. For DMPH, the value set will be provided with the PRIME Reporting Manual.
* Individuals “Enrolled in Hospice” may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data (Hospice Value Set)
* HEDIS specs and value sets can be obtained at the [NCQA Store](https://urldefense.proofpoint.com/v2/url?u=http-3A__store.ncqa.org_index.php_performance-2Dmeasurement_hedis-2Dpublications-2Doutline.html&d=DQMFAg&c=mw0DGsIRSWeeIwTtOgLlUYBaj_ULHm47-3qeImycAG0&r=J5cJUwCDEMX875BkPYijYq6Rd_OGqOewbhsz-vQdFf8&m=FUva6M6tSRROsH5FfIHgROEPVatUwCfVgfOxzr4vUtY&s=BtaJBmOyc5Zhfi-5woBCRt_E83v8VGHVeZDK4UmEQjk&e=).  Refer to the Technical Specifications for Health Plans.
* Organizations should attempt to remove these individuals prior to determining a measure’s eligible population and drawing the sample (if using sampling instead of total population measurement). If an individual is found to be in hospice or using hospice services during medical record review for sample methodology, the individual is removed as a valid data error from the sample and replaced by an individual from the oversample.

**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
  + - Replaced all language describing “90 days of continuous opioid therapy” with:“as defined by three 3 or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.”
  + “Data for “long-term opioid therapy” may be sourced may be sourced from…”
    - Replaced “Medication lists in the medical record” with “ePrescribing or other prescription history in the medical chart”
    - Added: Electronic medication history (i.e., electronic fill data)
  + Merged the two existing Denominator Notes into one
* Added Reporting Business Logic:
  + Initial patient population = Project 2.6 Target Population
  + Denominator =
    - AND: Initial patient population
    - AND: "Medication, Active: Long term use of opiate analgesic”
  + Numerator =
    - AND: Occurrence of Patient provider agreement during “measurement period”
    - AND: Presence of Toxicology testing results during “measurement period”
* Definitions
  + Removed “Opioid Therapy is Active”
  + Added “Medication, Active: Long term use of opiate analgesic and “Long Term Opioid Therapy:
    - “Three or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.
      * Mid-Year: September 3, 2019 through December 31, 2019
      * Year End: March 3, 2020 through June 30, 2020”
* Method/Source of Data Collection, removed as duplicative or existing specifications.
  + Migraines as an exclusion is incorrect.

Time Frame Pertaining to Data Collection, removed as non-relevant information.

**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 3 or more opioid prescriptions in a 120 day period 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 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 as defined by three or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.)Data for “long-term opioid therapy” may be sourced from any of the following:

* + - * ePrescribing or other prescription history in the medical chart
      * Electronic medication history (i.e., electronic fill data)
      * 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.

***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***

* Initial patient population = Project 2.6 Target Population
* Denominator =
  + AND: Initial patient population
  + AND: "Medication, Active: Long term use of opiate analgesic”
* Numerator =
  + AND: Occurrence of Patient provider agreement during “measurement period”
  + AND: Presence of Toxicology testing results during “measurement period”

***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.

"**Medication, Active: Long term use of opiate analgesic**” and “**Long Term Opioid Therapy”**

* Three or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.”
  + Mid-Year: September 3, 2019 through December 31, 2019
  + Year End: March 3, 2020 through June 30, 2020
* 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.

***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 DY14 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 prior to the last date of the measurement period” to “PDMP was reviewed during the measurement period.”.
  + 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
  + Replaced all language describing “90 days of continuous opioid therapy” with:
    - “as defined by three 3 or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.”
  + Added “Data for “long-term opioid therapy” may be sourced from any of the following:
    - ePrescribing or other prescription history in the medical chart
    - Electronic medication history (i.e., electronic fill data)
    - Pharmacy claims/fill data
    - ICD-10 codes: Z79.891”
  + 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 list (“PQA OHD Opioid NDC code set”) and the same denominator for both of these metrics.
* Reporting Business Logic
  + Initial Population simplified to “= Project 2.6 Target Population”
    - Removed all other Initial Population criteria
  + Denominator changed from “= AND: Initial patient population”
    - To:
      * AND: Initial patient population
      * AND: "Medication, Active: Long term use of opiate analgesic” during measurement period.
* Definitions
  + Changed from “Medication, Active: Long term use of opioid analgesic
    - “active opioid prescriptions for ≥ 90 days”
  + Changed to "Medication, Active: Long term use of opiate analgesic” and “Long Term Opioid Therapy”
    - Three or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.”
      * Mid-Year: September 3, 2019 through December 31, 2019
      * Year End: March 3, 2020 through June 30, 2020”
* Removed: “opioid therapy is active” and “Medication, Active: Opiate analgesic”
* 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 during 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 as defined by three or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.

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

* + - * ~~Medication Lists in the medical chart~~
      * ePrescribing or other prescription history in the medical chart
      * Electronic medication history (i.e., electronic fill data)
      * 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 list (“PQA OHD Opioid NDC code set”) and the same denominator for both of these metrics.

***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:"Medication, Active: Long term use of opiate analgesic” occurrence during “measurement period”
* Numerator =
  + AND: PDMP review date during “measurement period”

***Definitions as applicable***

“**Medication, Active: Long term use of opioid analgesic”** and “**Long Term Opioid Therapy”**

* Three or more prescriptions for opioid therapy during the final 120 days of the measurement period, regardless of the quantity of medication associated with each prescription.”
  + Mid-Year: September 3, 2019 through December 31, 2019
  + Year End: March 3, 2020 through June 30, 2020

***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”

**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.