Oncology Care Model Measure Specifications

OCM-4b NQF 0383 Oncology: Medical and Radiation – Plan of Care for Pain

The Composite measure OCM-4 consists of two measures: OCM-4a (MIPS 143 and NQF 0384) and OCM-4b (NQF 0383).

Note: This version of the OCM-4b Measure Specifications is to be used for reporting for the measurement period beginning 01/01/2022 and future measurement periods. If an updated version of this document is released, this version will be used for reporting until the effective date of the new version.

Disclaimer: Please note that this measure was adapted from an NQF-endorsed measure; the measure specifications were changed for use in the Oncology Care Model. NQF has not reviewed or approved the revised measure specifications.

SUMMARY OF CHANGES FROM NQF 0383 SPECIFICATIONS

- Updated codes used for the qualifying provider encounter and chemotherapy (see "OCM Tech Spec Value Set" for specific codes).
- Updated to align with NQF 0383 due to the following significant changes in MIPS 144:
  - MIPS 144 has been updated from reporting on every eligible encounter to reporting on every eligible episode
  - MIPS 144 has been updated from reporting on all pain quantified in OCM-4a to only report on moderate to severe pain. As a result, Data Element codes will not be aligned for the 'Pain Intensity Quantified' and 'Plan of Care for Pain'

Important Note: Please refer to the OCM Quality Measures Guide sections 2.1 and 3.3.2 for additional OCM-specific reporting requirements applicable to the OCM encounter-based measures.

Description

Percentage of visits for patients, regardless of 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

Measure Scoring

Proportion

Measure Type

Process

Improvement Notation

Higher score indicates better quality

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Definitions

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

Guidance

This measure is to be reported once per qualifying provider encounter for qualifying patients.

It is anticipated that clinicians providing care for patients with cancer will submit this measure.

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

Initial Population

Not Applicable

Denominator

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

All eligible instances when pain severity quantified; pain present **(1125F)** is reported in the numerator for OCM-4a MIPS 143

DENOMINATOR NOTES:

- *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

- *For the reporting purposes for this measure, in instances where CPT codes 77427, 77431 and 77435 are reported, the billing date, which may or may not be the same date as the face-to-face or telehealth encounter with the physician, should be used to pull the appropriate patient population into the denominator. It is expected, though, that the numerator criteria would be performed at the time of the actual face-to-face or telehealth encounter during the series of treatments. A lookback (retrospective) period of 7 days, including the billing date, may be used to identify the actual **face-to-face or telehealth encounter**, which is required to assess the numerator.*

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Step(s)	Instructions	Data Element(s)	OCM Code Set(s)
Step 1	Active diagnosis of cancer during the qualifying provider encounter	• Cancer Diagnosis • Cancer Diagnosis Start Date • Cancer Diagnosis End Date • Encounter Date	• OCM 4b Cancer Diagnosis
Step 2	Qualifying radiation treatment management encounter for radiation therapy during the measurement period OR Qualifying provider encounter during the measurement period AND Chemotherapy administration starts < = 30 days before the end of the qualifying provider encounter AND starts < = 30 days after the end of the qualifying provider encounter	• Radiation Treatment Management Encounter • Radiation Treatment Management Encounter Date • Encounter • Encounter Date • Chemotherapy • Chemotherapy Date • Measurement Period Start Date • Measurement Period End Date	• OCM Radiation Treatment Management Encounter • OCM Encounter • OCM 4 Chemotherapy
Step 3	Patients with pain present during the qualifying provider encounter (pain present reported in numerator for OCM-4a MIPS 143)	• Pain Intensity Quantified Pain Present • Pain Intensity Quantified Pain Present Date • Radiation Treatment Management Encounter • Radiation Treatment Management Encounter Date • Encounter • Encounter Date	• OCM Pain Intensity Quantified Pain Present • OCM Radiation Treatment Management Encounter • OCM Encounter

Denominator Exclusions

None

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Numerator

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

Step(s)	Instructions	Data Element(s)	OCM Code Set(s)
Step 1	Patients with a documented plan of care to address pain during the qualifying provider encounter	• Plan Of Care For Pain • Plan Of Care For Pain Date • Radiation Treatment Management Encounter • Radiation Treatment Management Encounter Date • Encounter • Encounter Date	• OCM Plan of Care For Pain • OCM Radiation Treatment Management Encounter • OCM Encounter

Denominator Exceptions

None

Numerator Exclusions

Not Applicable

Risk Adjustment

None

Rationale

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

Clinical Recommendation Statements

If the Pain Rating Scale score is above 0, a comprehensive pain assessment is initiated. (NCCN, 2011)

For management of cancer related pain in adults, the algorithm distinguishes three levels of pain intensity, based on a 0-10 numerical value obtained using numerical or the pictorial rating scale (with 0 being no pain to 10 being the worst pain). The three levels of pain intensity listed in the algorithm are mild pain (1-3); moderate pain (4-6); and severe pain (7-10). (NCCN, 2011)

The [NCCN] guidelines acknowledge the range of complex decisions faced in caring for these patients. As a result, they provide dosing guidelines for opioids, non-opioid analgesics, and adjuvant analgesics. They also provide specific suggestions for titrating and rotating opioids, escalation of opioid dosage, management of opioid adverse effects, and when and how to proceed to other techniques/interventions for the management of cancer pain. (NCCN, 2011)

Treatment must be individualized based on clinical circumstances and patient wishes, with the goal of maximizing function and quality of life. (NCCN, 2011)

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Clinicians must respond to pain reports in a manner appropriate to the type of pain (eg, acute vs. chronic) and setting (eg, inpatient vs. outpatient). Appropriate responses may not always include more opioids but rather more detailed assessments, use of nonopioid analgesics or techniques, or non-pharmacologic interventions (eg, education, relaxation, and use of heat or cold). (APS, 2005)

References

American Cancer Society. Cancer Facts & Figures 2011. Atlanta, GA: American Cancer Society; 2011.

Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2008, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011.

National Comprehensive Cancer Network (NCCN). Clinical Practice Guidelines in Oncology: Adult Cancer Pain. Version 2, 2011. Available at: http://www.nccn.org.
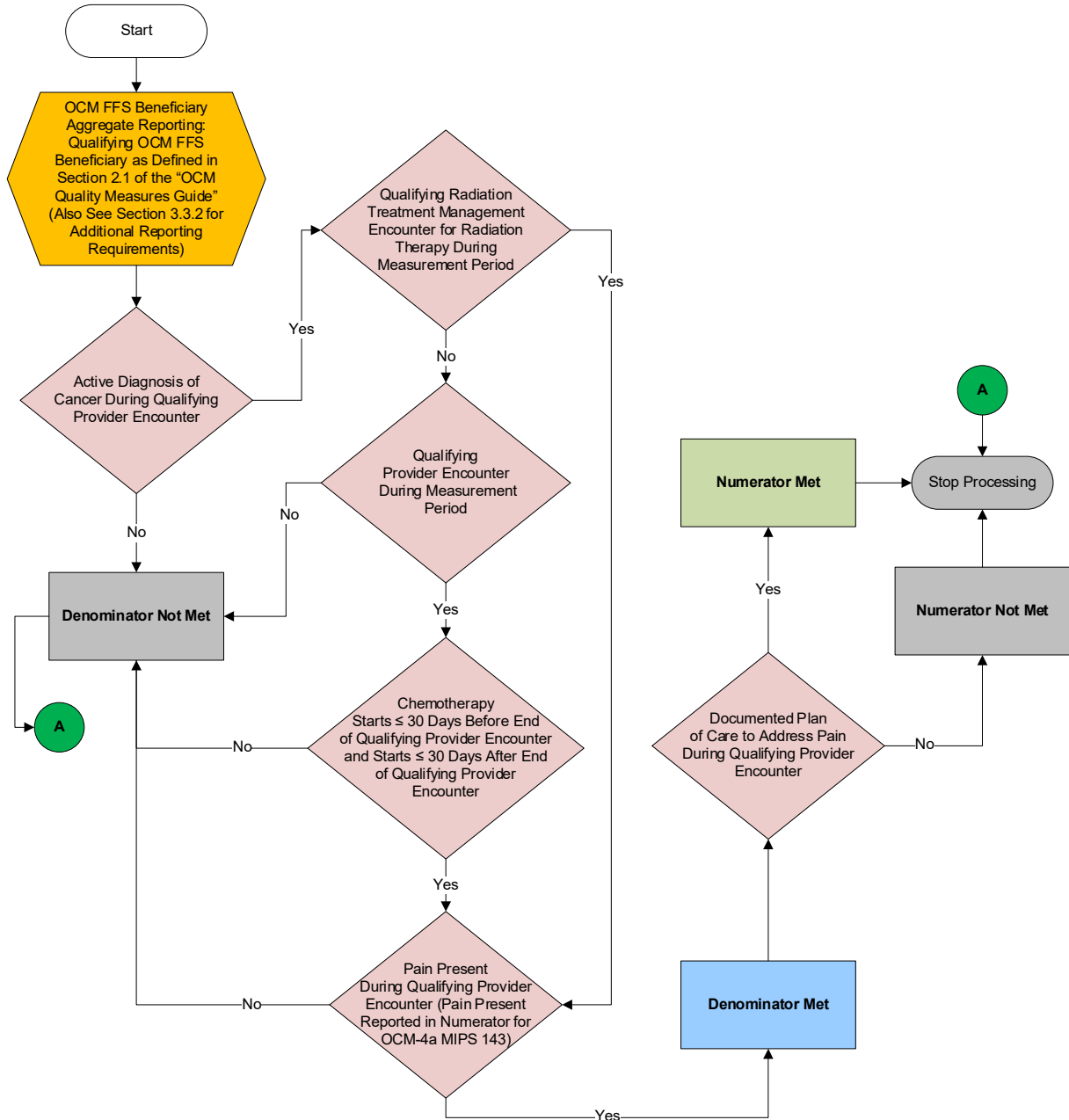
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Note: This version of the OCM-4b Measure Flow is to be used for reporting for the measurement period beginning 01/01/2022 and future measurement periods. If an updated version of this document is released, this version will be used for reporting until the effective date of the new version.

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Please refer to the OCM Measure Specification to identify the data elements and OCM code sets to be used for reporting this measure.

1. For OCM FFS Beneficiary Aggregate Reporting:

   a. If patient is a Qualifying OCM FFS Beneficiary as Defined in Section 2.1 of the "OCM Quality Measures Guide," and meets the additional OCM-specific reporting requirements applicable to the OCM encounter-based measures as described in Section 3.3.2, include the patient in aggregate results that are reported in the OCM Data Registry. Proceed to check Patient Diagnosis of Cancer.

   b. If patient is not a Qualifying OCM FFS Beneficiary as Defined in Section 2.1 of the "OCM Quality Measures Guide," stop processing. Patient does not qualify as an OCM FFS Beneficiary and should not be included in aggregate results that are reported to the OCM Data Registry.

2. Check Patient Diagnosis of Cancer:

   a. If Active Diagnosis of Cancer During Qualifying Provider Encounter equals No, do not include in Denominator. Stop processing.

   b. If Active Diagnosis of Cancer During Qualifying Provider Encounter equals Yes, proceed to check Qualifying Radiation Treatment Management Encounter.

3. Check Qualifying Radiation Treatment Management Encounter:

   a. If Qualifying Radiation Treatment Management Encounter for Radiation Therapy During Measurement Period equals Yes, check Pain Present During Encounter.

   b. If Qualifying Radiation Treatment Management Encounter for Radiation Therapy During Measurement Period equals No, check Qualifying Provider Encounter.

4. Check Qualifying Provider Encounter:

   a. If Qualifying Provider Encounter During Measurement Period equals No, do not include in Denominator. Stop processing.

   b. If Qualifying Provider During Measurement Period equals Yes, check Chemotherapy.

5. Check Chemotherapy:

   a. If Chemotherapy Starts <= 30 Days Before End of Qualifying Provider Encounter and Starts <= 30 Days After End of Qualifying Provider Encounter equals No, do not include in Denominator. Stop processing.

    b. If Chemotherapy Starts <= 30 Days Before End of Qualifying Provider Encounter and Starts <= 30 Days After End of Qualifying Provider Encounter equals Yes, check Pain Present During Encounter.

6. Check Pain Present During Encounter:

    a. If Pain Present During Qualifying Provider Encounter (Pain Present Reported in Numerator for OCM-4a MIPS 143) equals No, do not include in Denominator. Stop processing.

    b. If Pain Present During Qualifying Provider Encounter (Pain Present Reported in Numerator for OCM-4a MIPS 143) equals Yes, include in Denominator. Proceed to check Documented Plan of Care.

7. Check Documented Plan of Care:

    a. If Documented Plan of Care to Address Pain During Qualifying Provider Encounter equals Yes, include in Numerator. Stop processing.

    b. If Documented Plan of Care to Address Pain During Qualifying Provider Encounter equals No, do not include in Numerator. Stop processing.