Oncology Care Model Measure Specifications

OCM-4a MIPS 143 (NQF 0384) Oncology: Medical and Radiation – Pain Intensity Quantified

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-4a Measure Specifications is to be used for reporting for the measurement period beginning 07/01/2021 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 MIPS 143 SPECIFICATIONS

- Remove **1125F *with* 8P.** This code is used in the MIPS program to support pay-for-reporting.
- Updated codes used for the qualifying provider encounter and chemotherapy (see "OCM Tech Spec Value Set" for specific codes).
- The Denominator and Numerator criteria were not divided into two sets of criteria-one for radiation and one for chemotherapy-as dividing them does not alter the calculations or measure results.

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 patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

Measure Scoring

Proportion

Measure Type

Process

Improvement Notation

Higher score indicates better quality

Oncology Care Model Measure Specifications

Definitions

None

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.

NOTE: *For patients receiving radiation therapy, pain intensity should be quantified at each radiation treatment management encounter, where the patient and physician have a face-to-face or telehealth encounter. Due to the nature of some applicable coding related to the radiation therapy (eg, delivered in multiple fractions), the billing date for certain codes may or may not be the same as the face-to-face or telehealth encounter date. For patients receiving chemotherapy, pain intensity should be quantified at each face-to-face encounter or telehealth encounter with the physician while the patient is currently receiving chemotherapy. For purposes of identifying eligible encounters, patients "currently receiving chemotherapy" refers to patients administered chemotherapy within 30 days prior to the encounter AND administered chemotherapy within 30 days after the date of the encounter.*

Numerator Instructions:
Pain intensity should be quantified using a standard instrument, such as a 0-10 numerical rating scale, visual analog scale, a categorical scale, or the pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI).

Initial Population

Not Applicable

Denominator

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

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.*

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 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

Denominator Exclusions

None

Numerator

Patient visits in which pain intensity is quantified

Step(s)	Instructions	Data Element(s)	OCM Code Set(s)
Step 1	Pain intensity quantified during qualifying provider encounter	• Pain Intensity Quantified Pain Present • Pain Intensity Quantified Pain Present Date • Pain Intensity Quantified No Pain • Pain Intensity Quantified No Pain Date • Radiation Treatment Management Encounter • Radiation Treatment Management Encounter Date • Encounter • Encounter Date	• OCM Pain Intensity Quantified Pain Present • OCM Pain Intensity Quantified No Pain • OCM Radiation Treatment Management Encounter • OCM Encounter

Denominator Exceptions

None

Numerator Exclusions

Not Applicable

Risk Adjustment

None

Rationale

An estimated 1.7 million new cases of cancer are diagnosed in the US each year (NIH, 2017). Pain is a commonly occurring symptom for cancer patients as 30% to 50% (510,000 to 850,000 each year based on current statistics) will experience moderate to severe pain (Wiffen, Wee, Derry, Bell, & Moore, 2017). Initial and ongoing pain assessments are essential to determine the pathophysiology of pain and ensure proper pain management. According to the National Comprehensive Cancer Network (NCCN), there is increasing evidence in oncology that survival is linked to symptom reporting and control and that pain management contributes to broad quality-of-life improvement (2018). Cancer patients have reported that pain interferes with their mood, work, relationships with other people, sleep and overall enjoyment of life (Moryl et al., 2018). To maximize patient outcomes, pain management is an essential part of oncologic management (NCCN, 2018).

A recent analysis of registry data for chronic pain cancer patients found average pain intensity reported as mild (24.6% of patients), moderate (41.5%), and severe (33.9%). The study also indicated that patient report of pain relief is inversely related to the average pain intensity reported (Moryl et al., 2018). These data suggest that assessing and managing a cancer patient's pain is critical and there remains significant room for improvement in assessing and mitigating cancer-related pain. A prospective study of changes in pain severity of cancer patients found that, at initial assessment, 47% of patients reported pain. At follow-up, the patients with pain at initial assessment reported reduced pain (32.2%), stable pain (48.2%) and worse pain (19.6%). Of the 53% of patients reporting no pain at initial assessment, 82.6% reported stable pain and 17.4% reported worse pain at follow-up assessment (Zhao et al., 2014). This study highlights the importance of initial and ongoing assessments of pain to identify gaps and ensure proper pain management.

Clinical Recommendation Statements

- Screen all patients for pain at each contact.
- Routinely quantify and document pain intensity and quality as characterized by the patient (whenever possible). Include patient reporting of breakthrough pain, treatments used and their impact on pain, adequacy of comfort, satisfaction with pain relief, provider assessment of impact on function, and any special issues for the patient relevant to pain treatment. If necessary, get additional information from caregiver regarding pain and impact on function.
- Perform comprehensive pain assessment if new or worsening pain is present, and regularly for persisting pain.
- Various methods and tools exist to assess pain severity. Intensity of pain should be quantified using a numerical rating scale (i.e., 0-10), visual analog scale, categorical scale, or pictorial

scale (e.g., The Faces Pain Rating Scale) (Category 2A) (National Comprehensive Cancer Network, 2019).

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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Oncology Care Model Measure Specifications

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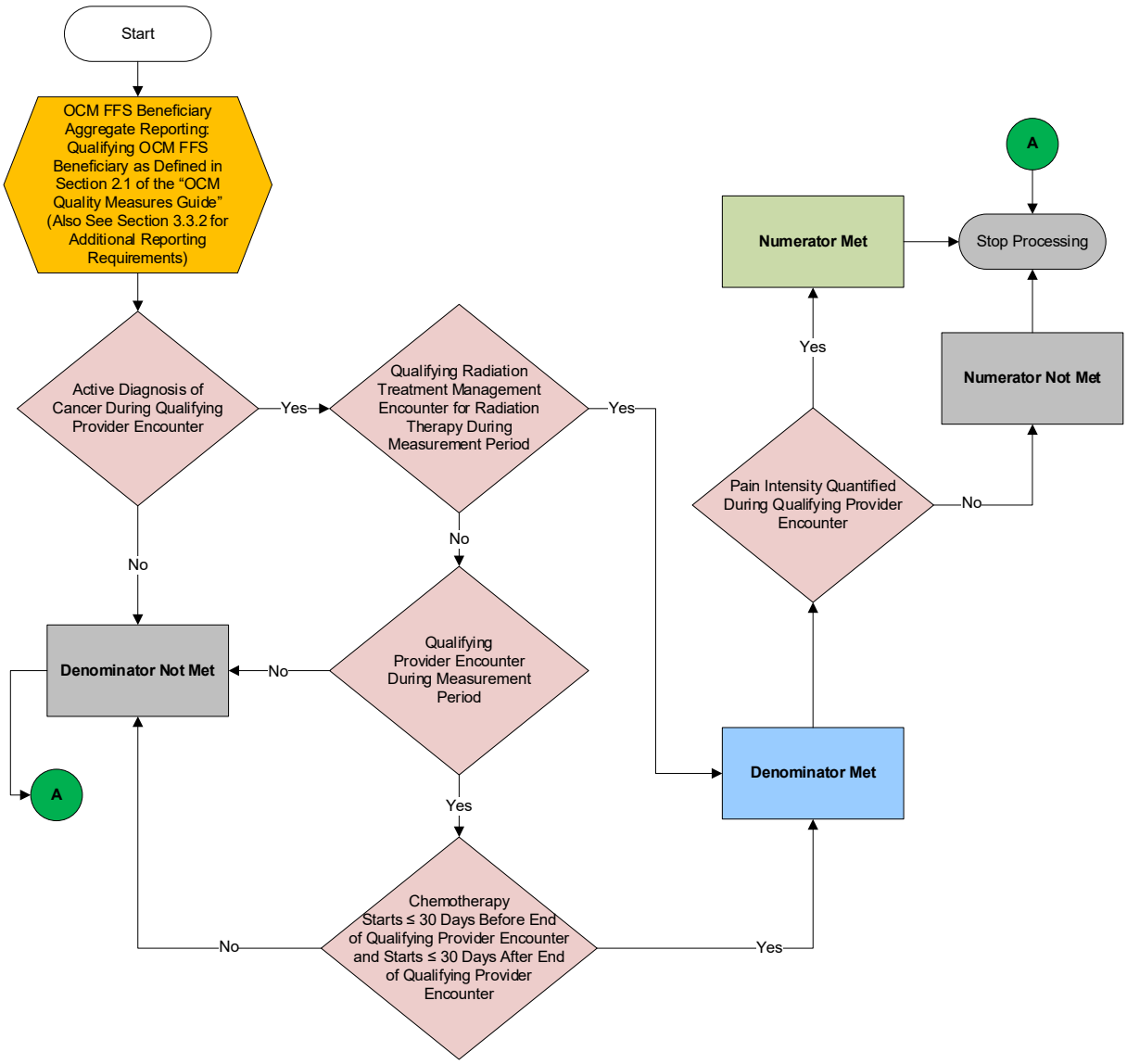

Oncology Care Model Measure Specifications

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, include in Denominator. Proceed to check Pain Intensity Quantified.

    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 Encounter 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, include in Denominator. Proceed to check Pain Intensity Quantified.

6. Check Pain Intensity Quantified:

   a. If Pain Intensity Quantified During Qualifying Provider Encounter equals Yes, include in Numerator. Stop processing.

   b. If Pain Intensity Quantified During Qualifying Provider Encounter equals No, do not include in Numerator. Stop processing.