Quality ID #414: Evaluation or Interview for Risk of Opioid Misuse
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Use Disorders

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process- High Priority

DESCRIPTION:
All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at leastonce during Opioid Therapy in the medical record

INSTRUCTIONS:
This measure is to be submitted **once per performance period** for all patients being prescribed opioids for duration longer than six weeks during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
All patients 18 and older prescribed opiates for longer than six weeks duration

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the performance period (CPT):
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
AND
Patients prescribed opiates for longer than six weeks: G9583
AND NOT
DENOMINATOR EXCLUSION:
Patients who were in hospice at any time during the performance period: M1026

NUMERATOR:
Patients evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, Opioid Assessment for Patients with Pain, revised (SOAPP-R)) or patient interview at least once during opioid therapy

Numerator Options:

Performance Met:	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAPP-R) or patient interviewed at least once during opioid therapy **(G9584)**
OR	
Performance *Not Met:*	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAPP-R) or patient not interviewed at least once during opioid therapy **(G9585)**

RATIONALE:

A thorough history and physical examination, including an assessment of psychosocial factors and family history, is essential for adequate risk stratification. Implicit in the recommendation to conduct a comprehensive benefit-to-harm analysis is the recognition that an opioid trial may not be appropriate. Clinicians should obtain appropriate diagnostic tests to evaluate the underlying pain condition, and should consider whether the pain condition may be treated more effectively with nonopioid therapy rather than with COT.

CLINICAL RECOMMENDATION STATEMENTS:

Before initiating COT, clinicians should conduct a history, physical examination and appropriate testing, including an assessment of risk of substance abuse, misuse, or addiction (strong recommendation, low-quality evidence).

Clinicians may consider a trial of COT as an option if chronic noncancer pain (CNCP) is moderate or severe, pain is having an adverse impact on function or quality of life, and potential therapeutic benefits outweigh or are likely to outweigh potential harms (strong recommendation, low-quality evidence).

A benefit-to-harm evaluation including a history, physical examination, and appropriate diagnostic testing, should be performed and documented before and on an ongoing basis during COT (strong recommendation, low-quality evidence) (p. 115).

Tools that appear to have good content, face, and construct validity include the Screener and Opioid Assessment for Patients with Pain (SOAPP) Version 1, the revised SOAPP (SOAPP-R), the Opioid Risk Tool (ORT), and the Diagnosis, Intractability, Risk, Efficacy (DIRE) instrument (p.116).

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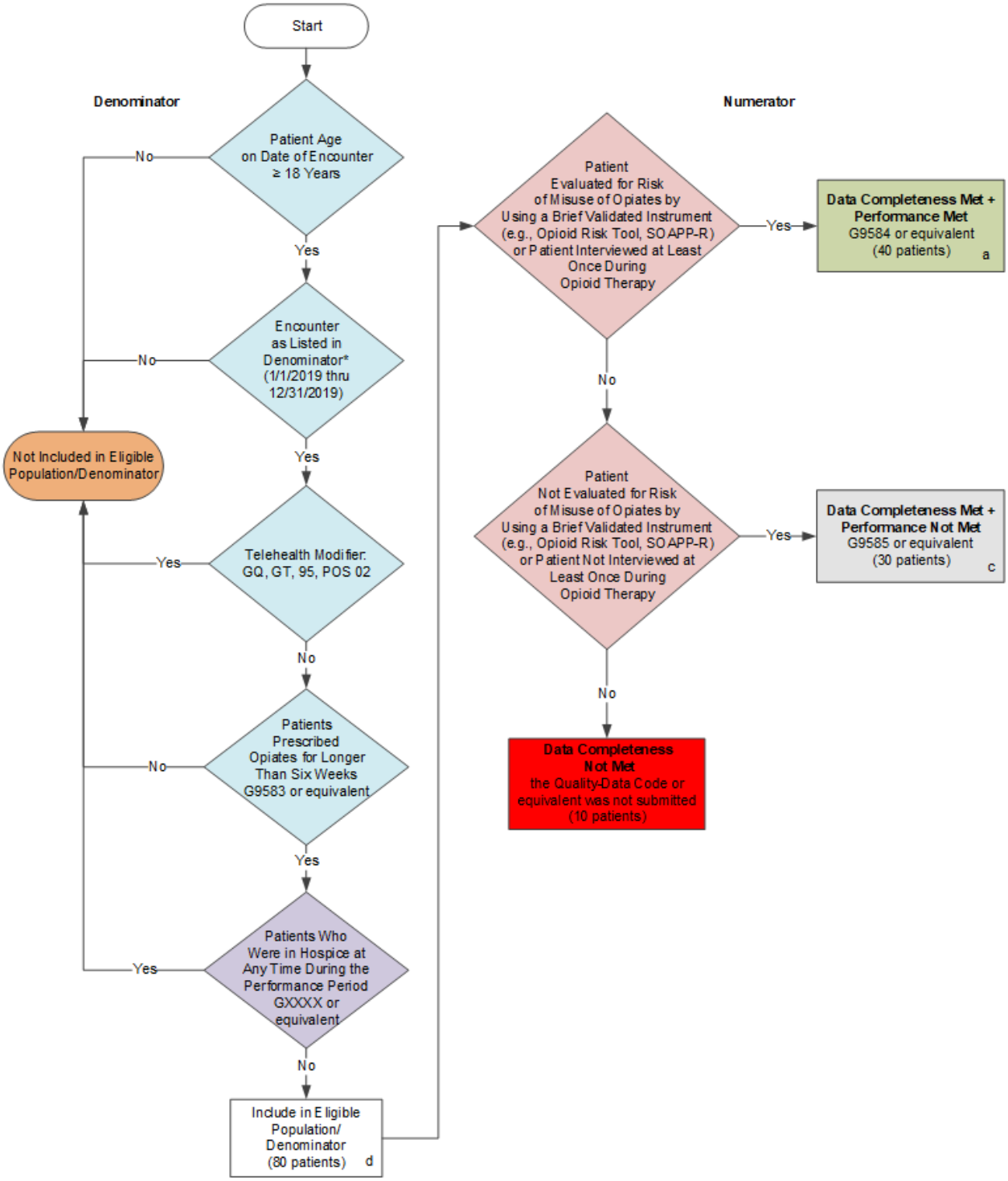
2019 Clinical Quality Measure Flow for Quality ID #414: Evaluation or Interview for Risk of Opioid Misuse



*See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE : Submission Frequency: Patient-process

v3

2019 Clinical Quality Measure Flow Narrative for Quality ID #414: Evaluation or Interview for Risk of Opioid Misuse

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years on Date of Encounter equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Encounter Performed:
    a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, proceed to check Patients Prescribed Opiates for Longer Than Six Weeks.
5. Check Patients Prescribed Opiates for Longer Than Six Weeks:
    a. If Patients Prescribed Opiates for Longer Than Six Weeks equals No, do not include in Eligible Population. Stop Processing.
    b. If Patients Prescribed Opiates for Longer Than Six Weeks equals Yes, proceed to check Patients Who Were in Hospice at Any Time During the Performance Period.
6. Check Patients Who Were in Hospice at Any Time During the Performance Period:
    a. If Patients Who Were in Hospice at Any Time During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Patients Who Were in Hospice at Any Time During the Performance Period equals No, include in Eligible Population.
7. Denominator Population:
    a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
8. Start Numerator
9. Check Patient Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument (e.g., Opioid Risk Tool, SOAPP-R) or Patient Interviewed at Least Once During Opioid Therapy:

a. If Patient Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument (e.g., Opioid Risk Tool, SOAPP-R) or Patient Interviewed at Least Once During Opioid Therapy equals Yes, include in Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

c. If Patient Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument (e.g., Opioid Risk Tool, SOAPP-R) or Patient Interviewed at Least Once During Opioid Therapy equals No, proceed to check Patient Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument (e.g., Opioid Risk Tool, SOAPP-R) or Patient Not Interviewed at Least Once During Opioid Therapy.

10. Check Patient Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument (e.g., Opioid Risk Tool, SOAPP-R) or Patient Not Interviewed at Least Once During Opioid Therapy:

    a. If Patient Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument (e.g., Opioid Risk Tool, SOAPP-R) or Patient Interviewed at Least Once During Opioid Therapy equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.

    c. If Patient Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument (e.g., Opioid Risk Tool, SOAPP-R) or Patient Not Interviewed at Least Once During Opioid Therapy equals No, proceed to check Data Completeness Not Met.

11. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=
Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**
Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
Performance Met (a=40 patients) = 40 patients = **57.14%**
Data Completeness Numerator (70patients) = 70 patients