Quality ID #342 (NQF 0209): Pain Brought Under Control Within 48 Hours
– National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes
– Meaningful Measure Area: End of Life Care According to Preferences

2021 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Outcome – High Priority

DESCRIPTION:
Patients aged 18 and older who report being uncomfortable because of pain at the initial assessment (after admission to palliative care services) who report pain was brought to a comfortable level within 48 hours

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients admitted for palliative care services during the performance period. 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.

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

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:
Patients aged 18 and older admitted to palliative care services who communicated and self-reported that they were uncomfortable due to pain at the initial assessment (by responding "yes" when asked if they were uncomfortable because of pain)

Definition:
Palliative Care – Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.

Denominator Criteria (Eligible Cases):
Patients aged 18 and older
AND
Patient encounter during performance period (CPT): 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 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, 99490, 99495, 99496
AND
Patient admitted to palliative care services: M1017
AND
Patient able to Communicate and Understand the Language of the Person Asking

AND
Patient Self-Reported Uncomfortable due to Pain at the Initial Assessment

NUMERATOR:
Patients whose pain was brought to a comfortable level within 48 hours of initial assessment (after admission to palliative care services)

Definitions:
Comfortable Level – For the purpose of reporting this measure, achievement of comfort should be assessed as defined by the patient's response (of "yes" or "no" when asked if their pain was brought to a comfortable level within 48 hours after the initial assessment).
Within 48 Hours – The look-back window for the pain management measure question is 48 hours. The follow up measure question should be asked between 48 to 72 hours from the initial evaluation. The follow up question should not be asked prior to 48 hours.

Numerator Options:

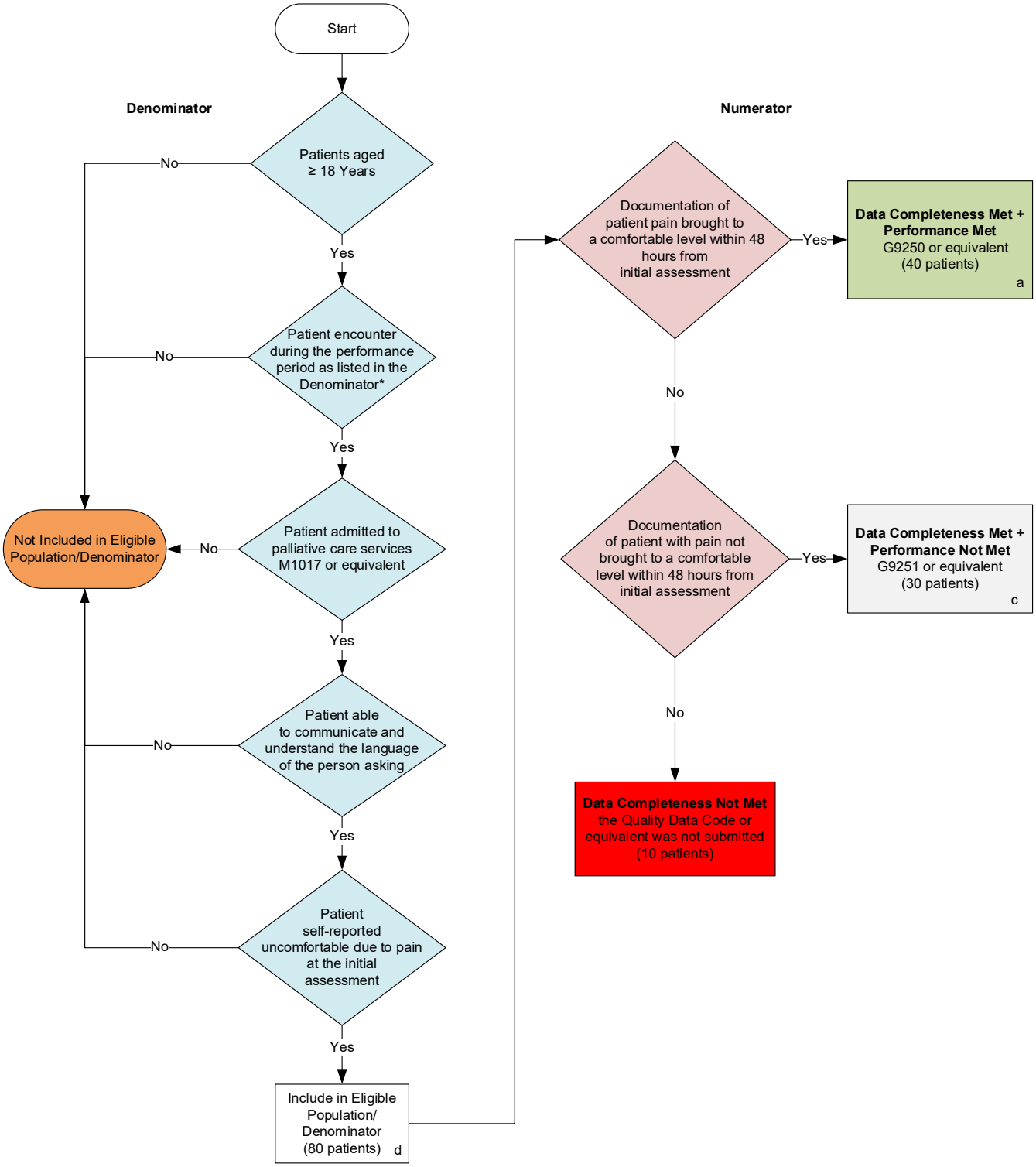
Performance Met:	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment **(G9250)**
OR	
Performance Not Met:	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment **(G9251)**

RATIONALE:
Poorly controlled pain diminishes patient quality of life and functional status, and causes suffering for patients and family caregivers. Pain is highly prevalent in the palliative care population, so the timely evaluation and treatment of pain at the start of palliative services is a priority. This measure is particularly important because it ensures integration of patient choice for desired level of treatment with the care process by incorporating the patient's own pain goals and perception of his or her own degree of comfort. If pain is an individual experience with an individual response, then the decision of what is comfortable should be left up to the individual, not determined arbitrarily by a clinician. It's more consistent with patient-centered care to ask the patient to decide how comfortable he/she wants to be, rather than aim for a specific numeric pain intensity rating, even if that rating can be linked to functionality. The Comfortable Dying measure also allows for a broader conceptualization of pain than use of a measure that relies solely on a numeric intensity rating.

CLINICAL RECOMMENDATION STATEMENTS:
This measure is designed to evaluate the effectiveness and timeliness of initial pain management after the start of palliative care services. Pain control may be immediate but pain management occurs over time. Therefore, the look-back window for follow-up after the initial pain assessment is 48 hours. The clinician should contact the patient the number of times and at intervals as clinically appropriate for good pain management practice. But the patient should not be asked the follow-up question for the purpose of data collection to inform the measure numerator until at least 48 hours after the initial assessment.

2021 Clinical Quality Measure Flow for Quality ID #342 (NQF 0209): Pain Brought Under Control Within 48 Hours

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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 (70 patients) = 70 patients

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

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2021 Clinical Quality Measure Flow Narrative for Quality ID #342 (NQF 0209): Pain Brought Under Control Within 48 Hours

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years of age*:
    a. If *Patients aged greater than or equal to 18 years of age* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years of age* equals Yes, proceed to check *Patient encounter during the performance period as listed in the Denominator**.
3. Check *Patient encounter during the performance period as listed in the Denominator**:
    a. If *Patient encounter during the performance period as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in the Denominator** equals Yes, proceed to check *Patient admitted to palliative care services*.
4. Check *Patient admitted to palliative care services*:
    a. If *Patient admitted to palliative care services* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient admitted to palliative care services* equals Yes, proceed to check *Patient able to communicate and understand the language of the person asking*.
5. Check *Patient able to communicate and understand the language of the person asking*:
    a. If *Patient able to communicate and understand the language of the person asking* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient able to communicate and understand the language of the person asking* equals Yes, proceed to check *Patient self-reported uncomfortable due to pain at the initial assessment*.
6. Check *Patient self-reported uncomfortable due to pain at the initial assessment*:
    a. If *Patient self-reported uncomfortable due to pain at the initial assessment* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient self-reported uncomfortable due to pain at the initial assessment* equals Yes, include in *Eligible Population/Denominator*.
7. Denominator Population
    - 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 *Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment*:
    a. If *Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment* equals Yes, include in *Data Completeness Met and Performance Met*.
        - *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.
    b. If *Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment* equals No, proceed to check *Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment*.
10. Check *Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment*:
    a. If *Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment* equals Yes, include in *Data Completeness Met and Performance Not Met*.
        - *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.
    b. If *Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment* 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 equals Performance Met (a equals 40 patients) plus Performance Not Met (c equals 30 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.