Quality ID #477: Multimodal Pain Management
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Abuse Disorders

<u>**2020 COLLECTION TYPE:**</u>
MIPS CLINICAL QUALITY MEASURES (CQMS)

<u>**MEASURE TYPE:**</u>
Process – High Priority

<u>**DESCRIPTION:**</u>
Percentage of patients, aged 18 years and older, undergoing selected surgical procedures that were managed with multimodal pain medicine

<u>**INSTRUCTIONS:**</u>
This measure is to be reported **each time a patient undergoes a selected surgical procedure during the reporting period**. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible anesthesia providers and clinicians who provide denominator-eligible services will submit this measure.

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.

<u>**DENOMINATOR:**</u>
Patients, aged 18 years and older, who undergo selected surgical procedures

> *DENOMINATOR NOTE: Selected surgical procedures include both elective and urgent open and laparoscopic intraabdominal, spinal, pelvic, thoracic, breast, joint, head, neck, orthopedic and fracture repair surgeries.*

> <u>**Denominator Criteria (Eligible Cases):**</u>
> Patients aged 18 years and older on date of encounter
> <u>**AND**</u>
> **Patient procedures during reporting period (CPT):** 00102, 00120, 00160, 00162, 00172, 00174, 00190, 00222, 00300, 00320, 00402, 00404, 00406, 00450, 00470, 00472, 00500, 00528, 00529, 00539, 00540, 00541, 00542, 00546, 00548, 00600, 00620, 00625, 00626, 00630, 00670, 00700, 00730, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00797, 00800, 00820, 00830, 00832, 00840, 00844, 00846, 00848, 00860, 00862, 00864, 00865, 00866, 00870, 00872, 00873, 00880, 00902, 00906, 00910, 00912, 00914, 00916, 00918, 00920, 00940, 00942, 00948, 01120, 01160, 01170, 01173, 01210, 01214, 01215, 01220, 01230, 01360, 01392, 01400, 01402, 01480, 01482, 01484, 01486, 01630, 01634, 01636, 01638, 01740, 01742, 01744, 01760, 01830, 01832, 01961
> <u>**AND NOT**</u>
> <u>**DENOMINATOR EXCLUSION:**</u>
> **Emergent cases:** M1142

NUMERATOR:

Patients for whom multimodal pain management is administered in the perioperative period from 6 hours prior to anesthesia start time until discharged from the post-anesthesia care unit

Definition:

Multimodal pain management is defined as the use of two or more drugs and/or interventions, NOT including systemic opioids, that act by different mechanisms for providing analgesia. These drugs and/or interventions can be administered via the same route or by different routes. Opioids may be administered for pain relief when indicated but will not count toward this measure.

NUMERATOR NOTE: Documentation of qualifying medications or interventions provided from six hours prior to anesthesia start time through post-anesthesia care unit discharge count toward meeting the numerator.

Numerator Options:

Performance Met: Multimodal pain management was used **(G2148)**

OR

Denominator Exception: Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s)) **(G2149)**

OR

Performance Not Met: Multimodal pain management was not used **(G2150)**

RATIONALE:

Besides providing anesthesia care in the operating room, anesthesiologists are dedicated to providing the best perioperative pain management in order to improve patients' function and facilitate rehabilitation after surgery. In the past, pain management was limited to the use of opioids (also called narcotics). Opioids provide analgesia primarily through a unitary mechanism, and just adding more opioids does not usually lead to better pain control or improve outcomes. In fact, opioids are responsible for a host of side effects that can be a threat to life, and increasing rates of complications after surgery can be attributed to the overuse and abuse of opioids. In 2012, the American Society of Anesthesiologists (ASA) published its guidelines for acute pain management in the perioperative setting (1), and ASA along with the American Society of Regional Anesthesia and Pain Medicine (ASRA) and American Pain Society collaborated on the 2016 clinical practice guidelines for the management of postoperative pain (2). These documents endorse the routine use of "multimodal analgesia" which means employing multiple classes of pain medications or therapies, working with different mechanisms of action, in the treatment of acute pain instead of relying on opioids alone.

While opioids may continue to be important pain medications, they must be combined with other classes of medications known to prevent and help relieve postoperative pain unless contraindicated. The list includes but is not limited to:

- **Non-steroidal anti-inflammatory drugs (NSAIDs):** Examples include ibuprofen, diclofenac, ketorolac, celecoxib, nabumetone. NSAIDs act on the prostaglandin system peripherally and work to decrease inflammation.
- **NMDA antagonists:** When administered in low dose, ketamine, magnesium, and other NMDA antagonists act on the N-methyl-D-aspartate receptors in the central nerve system to decrease acute pain and hyperalgesia.
- **Acetaminophen**: Acetaminophen acts on central prostaglandin synthesis and provides pain relief through multiple mechanisms.
- **Gabapentinoids:** Examples include gabapentin and pregabalin. These medications are membrane stabilizers that essentially decrease nerve firing.
- **Regional block:** The ASA and ASRA also strongly recommend the use of target-specific local anesthetic applications in the form of regional analgesic techniques as part of the multimodal analgesic protocol whenever indicated.

- **Steroids:** Dexamathasone during surgery has been shown to decrease pain and opioid requirements.
- **Local anesthetics:** Injection of local anesthetic in or around the surgical site by the surgeon is an example. Systemic lidocaine administered intravenously represents an alternative to regional analgesic techniques.

CLINICAL RECOMMENDATION STATEMENTS:
2012 ASA Practice Guidelines for Acute Pain Management in the Perioperative Setting

"Multimodal techniques for pain management include the administration of two or more drugs that act by different mechanisms for providing analgesia. These drugs may be administered via the same route or by different routes."

"Whenever possible, anesthesiologists should use multimodal pain management therapy. Central regional blockade with local anesthetics should be considered. Unless contraindicated, patients should receive an around-the-clock regimen of COXIBs, NSAIDs, or acetaminophen. Dosing regimens should be administered to optimize efficacy while minimizing the risk of adverse events. The choice of medication, dose, route, and duration of therapy should be individualized."

2016 ASRA Guidelines on the Management of Postoperative Pain

"The panel recommends that clinicians offer multi-modal analgesia, or the use of a variety of analgesic medications and techniques combined with non-pharmacological interventions, for the treatment of postoperative pain in children and adults (strong recommendation, high-quality evidence)"

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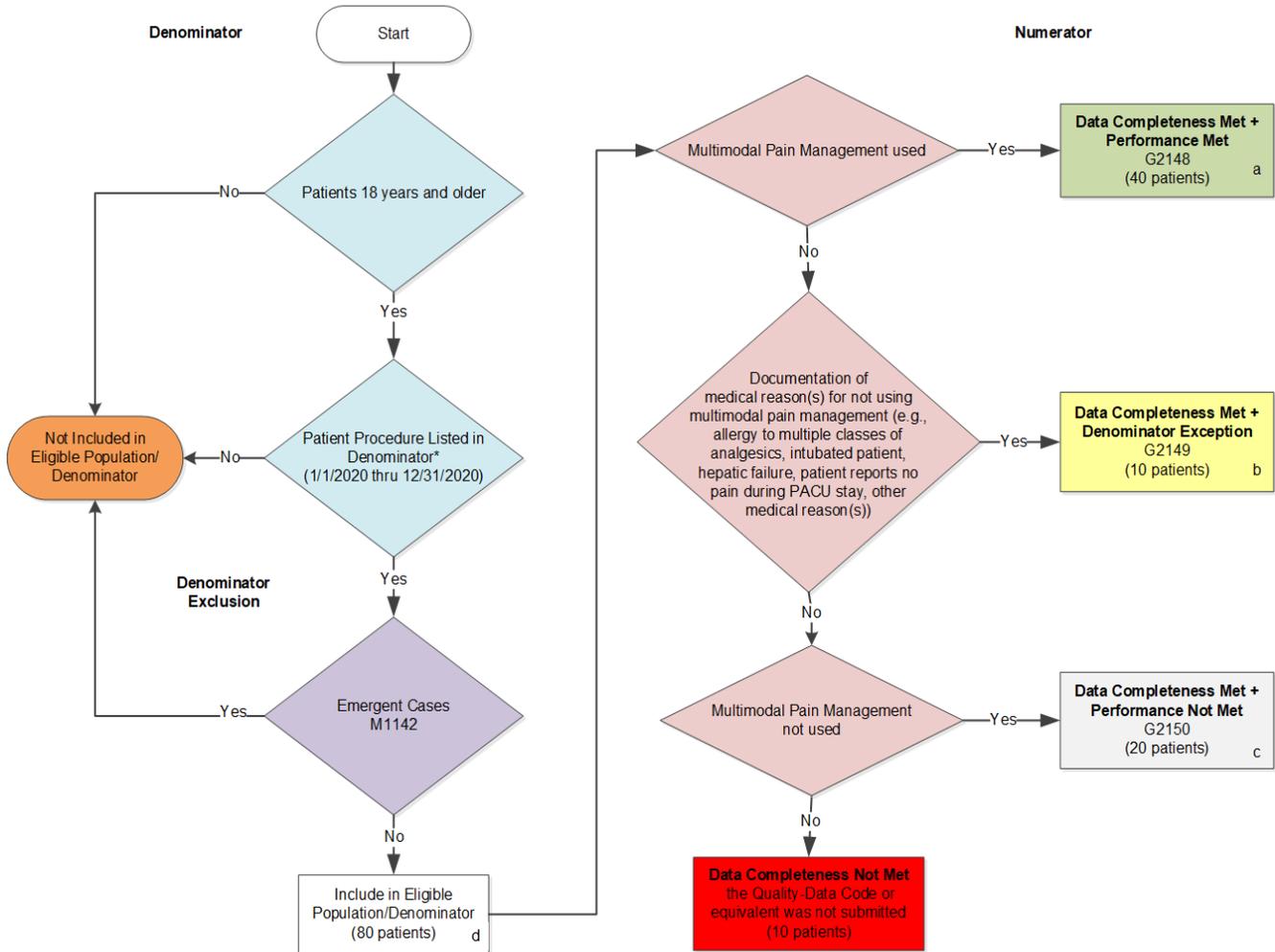
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2020 Clinical Quality Measure Flow for Quality ID #477

Multimodal Pain Management

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

Denominator

Numerator

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Start
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Patients 18 years and older

— No →

Patient Procedure Listed in Denominator* (1/1/2020 thru 12/31/2020)

— No → Not Included in Eligible Population/ Denominator

Denominator Exclusion

Emergent Cases M1142 — Yes → Not Included in Eligible Population/ Denominator

— No ↓

Include in Eligible Population/Denominator (80 patients) d

Multimodal Pain Management used — Yes → **Data Completeness Met + Performance Met** G2148 (40 patients) a

— No ↓

Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s)) — Yes → **Data Completeness Met + Denominator Exception** G2149 (10 patients) b

— No ↓

Multimodal Pain Management not used — Yes → **Data Completeness Met + Performance Not Met** G2150 (20 patients) c

— No ↓

Data Completeness Not Met the Quality-Data Code or equivalent was not submitted (10 patients)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

NOTE: Submission Frequency: Patient-Process

2020 Clinical Quality Measure Flow Narrative for Quality ID #477:
Multimodal Pain Management

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

1. Start with Denominator

2. Check Patient Age

    a. If Patients 18 years and older equals No during the reporting period, do not include in Eligible Population. Stop Processing.

    b. If Patients 18 years and older equals Yes during the reporting period, proceed to Check Patient Encounter Listed in Denominator.

3. Check Patient Procedure Listed in Denominator

    a. If Procedure Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

    b. If Procedure Listed in the Denominator equals Yes, proceed to check Emergent Cases.

4. Check Emergent Cases

    a. If Emergent Cases equals Yes, do not include in Eligible Population. Stop Processing.

    b. If Emergent Cases equals No, include in Eligible Population/Denominator.

5. 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.

6. Start Numerator

7. Check Multimodal Pain Management used

    a. If Multimodal Pain Management used 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 Multimodal Pain Management used equals No, proceed to Check Documentation of Medical Reason.

8. Check Documentation of Medical Reason

    a. If Documentation of Medical Reason equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.

    c.   If Documentation for Medical Reason equals No, proceed to Check Multimodal Pain Management Not Used.

9.   Check Multimodal Pain Management Not Used

    a.   If Multimodal Pain Management Not Used 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 20 patients in the Sample Calculation.

    c.   If Multimodal Pain Management Not Used equals No, Check Data Completeness Not Met.

10. 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 Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$