ICSI
Institute for Clinical
Systems Improvement

The Aims and Measures section is intended to provide protocol users with a menu of measures for multiple purposes that may include the following:

- population health improvement measures,

- quality improvement measures for delivery systems,

- measures from regulatory organizations such as Joint Commission,

- measures that are currently required for public reporting,

- measures that are part of Center for Medicare Services Physician Quality Reporting initiative, and

- other measures from local and national organizations aimed at measuring population health and improvement of care delivery.

This section provides resources, strategies and measurement for use in closing the gap between current clinical practice and the recommendations set forth in the guideline.

The subdivisions of this section are:

- Aims and Measures

- Implementation Recommendations

- Implementation Tools and Resources

- Implementation Tools and Resources Table

Aims and Measures

1. Increase the percentage of patients with clinic visits for pain who have documentation of pain status and functional assessments at the visits. *(Annotation #1)*

    Measure for accomplishing this aim:

    a. Percentage of patients with visits for pain who have documentation of the following at the visits *(all or none measure):*

        -   Pain status assessment

        -   Functional assessment

2. Increase the percentage of patients with a chronic pain diagnosis who are undergoing physical therapy and have a reassessment of their functional status within 12 weeks of initiating physical therapy. *(Annotation #10)*

    Measure for accomplishing this aim:

    a. Percentage of patients with chronic pain diagnosis who are undergoing physical therapy and have a reassessment of their functional status within 12 weeks of initiating physical therapy.

3. Increase the percentage of chronic pain patients with an opioid prescription who receive appropriate care. *(Annotation #13.8)*

    Measure for accomplishing this aim:

    a. Percentage of patients with chronic pain diagnosis who are prescribed opioids with documentation of the following:

        -   Patient-provider agreement

        -   Urine drug testing once in the past 12 months

        -   Risk assessment

        -   Patient education on the risks, side effects and disposal of opioids

        -   PMP check twice in the past 12 months since the last visit

        -   Follow-up visits at least once a quarter

        -   MME dose/day documentation

            -   If opioid prescription, < 100 MME/day

            -   If concurrent benzodiazepines prescription, < 50 MME/day

        -   Taper or discontinuation of opioids at intervals of six months

        -   Naloxone prescription offered or on file

4. Increase the percentage of patients with a new opioid prescription who are prescribed opioids appropriately. *(Annotation #13.5)*

    Measure for accomplishing this aim:

    a. Percentage of patients with a new opioid prescription (no opioid prescription for at least 90 days) that is ≤ 20 pills or three days supply of short-acting opioid, whichever is less.

5. Increase the percentage of chronic pain patients with a long-acting opioid prescription formulation where criteria for prescribing were met. *(Annotation #13.4)*

    Measures for accomplishing this aim:

    a. Percentage of long-acting formulations where following criteria for prescribing were met:

    - History of tolerance is checked

    - Medication adherence is verified

6. Increase the percentage of patients with new opioid prescriptions in dental, ED and urgent care setting where PMP is checked prior to prescribing. *(Annotation #13.8)*

    Measure for accomplishing this aim:

    a. Percentage of new opioid prescriptions in dental, ED and urgent care settings where PMP is checked prior to prescribing.

Measurement Specifications

Measurement #1a

Percentage of patients with visits for pain who have documentation of the following at the visits (all or none measure):

- Pain status assessment

- Functional assessment

Population Definition

Patients with visits for pain. Excluding migraines, active cancer and those receiving palliative or hospice care.

Data of Interest

of patients with the documentation of pain and functional status assessments at the visit

# of patients with visits for pain

Numerator and Denominator Definitions

Numerator: Number of patients who have documentation of the following at the visits: pain status assessment and functional assessment.

Denominator: Number of patients with visits for pain.

Method/Source of Data Collection

Query the EMR for the number of patients with office visits for pain. Out of that number, determine the number of patients who had documentation that pain status and functional status assessments that were done at the visit.

Time Frame Pertaining to Data Collection

Monthly.

Notes

This is an all or none process measure, and improvement is noted as an increase in the rate.

Measurement #2a

Percentage of patients with a chronic pain diagnosis who are undergoing physical therapy and have a reassessment of their functional status within 12 weeks of initiating physical therapy.

Population Definition

Patients with chronic pain diagnosis, undergoing physical therapy. Excluding migraines, active cancer and those receiving palliative or hospice care.

Data of Interest

$$\frac{\text{\# of patients who have a reassessment of their functional status within 12 weeks of initiating physical therapy}}{\text{\# of patients with chronic pain diagnosis, undergoing physical therapy}}$$

Numerator and Denominator Definitions

Numerator: Number of patients who have a reassessment of their functional status within 12 weeks of initiating physical therapy.

Denominator: Number of patients with chronic pain diagnosis, undergoing physical therapy.

Method/Source of Data Collection

Query the EMR for the number of patients with chronic pain diagnosis who are undergoing physical therapy. Out of that number, determine the number of patients who had a reassessment of their functional status within 12 weeks of initiating physical therapy.

Time Frame Pertaining to Data Collection

Quarterly.

Notes

This is a process measure, and improvement is noted as an increase in the rate.

Measurement #3a

This measure is designed to help a health care system determine whether the policies they have put in place are being followed regarding the management of a patient with chronic pain who is prescribed opioids long term. The health care system may choose to use these components as a bundle of all or none, or select only the components of opioid management that they wish to measure and improve.

Percentage of patients with chronic pain diagnosis who are prescribed opioids with documentation of the following:

- Patient-provider agreement
- Urine drug testing once in the past 12 months
- Risk assessment
- Patient education on the risks, side effects and disposal of opioids
- PMP check twice in the past 12 months since the last visit
- Follow-up visits at least once a quarter
- Opioid MME dose/day documentation
  - If opioid prescription, < 100 MME/day
  - If concurrent benzodiazepines prescription, < 50 MME/day
- Taper or discontinuation of opioids at intervals of six months
- Naloxone prescription offered or on file

Population Definition

Patients with pain diagnosis who are prescribed opioids. Excluding migraines, active cancer and those receiving palliative or hospice care.

Data of Interest

of patients with documentation of the following as specified in the numerator

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# of patients with chronic pain diagnosis who are prescribed opioids

Numerator and Denominator Definitions

Numerator: Number of patients with documentation of the following:

- Patient provider agreement
- Urine drug testing once in the past 12 months
- Risk assessment
- Patient education on the risks, side effects, and disposal of opioids
- PMP check twice in the past 12 months since the last visit
- Follow-up visits at least once a quarter
- Opioid MME dose/d documentation
  - If opioid prescription, < 100 MME/d
  - If concurrent benzodiazepines prescription, < 50 MME/d
- Taper or discontinuation of opioids at intervals of six months
- Naloxone prescription offered or on file

Denominator: Number of patients with chronic pain diagnosis who are prescribed opioids.

Method/Source of Data Collection

Query the EMR for the number of patients with chronic pain diagnosis who are prescribed opioids. Excluding migraines, active cancer and those receiving palliative or hospice care. Out of that number, determine the number of patients who had documentation of the components specified in the numerator.

Time Frame Pertaining to Data Collection

Monthly.

Notes

This is a process measure, and improvement is noted as an increase in the rate.

Measurement #4a

Percentage of patients with a new opioid prescription (no opioid prescription from your institution for at least 90 days) that is ≤ 20 pills or three days supply of short-acting opioid, whichever is less.

Population Definition

Patients with pain diagnosis with a new opioid prescription (no opioid prescription for at least 90 days). Excluding migraines, active cancer and those receiving palliative or hospice care.

Data of Interest

of patients with new opioid prescriptions that are ≤ 20 pills or three days supply of short-acting opioid (no opioid prescription for at least 90 days), whichever is less

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# of patients with chronic pain diagnosis with a new opioid prescription

Numerator and Denominator Definitions

Numerator: Number of patients with new opioid prescriptions that are <= 20 pills or three days supply of short-acting opioid.

Denominator: Number of patients with chronic pain diagnosis with a new opioid prescription (no opioid prescription for at least 90 days). Exclude patients with an opioid prescription for cancer, migraine and end-of-life care.

Method/Source of Data Collection

Query the EMR for the number of patients with chronic pain diagnosis with a new opioid prescription (no opioid prescription for at least 90 days). Exclude patients with an opioid prescription for cancer, migraine, and end-of-life care. Out of that number, determine the number of patients with new opioid prescriptions that are ≤ 20 pills or three days supply of short-acting opioid.

Time Frame Pertaining to Data Collection

Monthly.

Notes

This is a process measure, and improvement is noted as an increase in the rate.

Measurement #5a

Percentage of long-acting formulations where the following criteria for prescribing were met:

- History of tolerance is checked

- Medication adherence is verified

Population Definition

Patients with chronic pain diagnosis with an opioid prescription with a long-acting formulation. Excluding migraines, active cancer and those receiving palliative or hospice care.

Data of Interest

of patients with an opioid prescription that is long-acting with the criteria for prescribing met
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# of patients with chronic pain diagnosis with an opioid prescription, with a long-acting formulation

Numerator and Denominator Definitions

Numerator: Number of patients with an opioid prescription that is long-acting where the following criteria for prescribing were met:

- History of tolerance is checked

- Medication adherence is verified

Denominator: Number of patients with chronic pain diagnosis with an opioid prescription with a long-acting formulation. Exclude patients with an opioid prescription for cancer, migraine and end-of-life care.

Method/Source of Data Collection

Query the EMR for the number of patients with chronic pain diagnosis with an opioid prescription with a long-acting formulation. Exclude patients with an opioid prescription for cancer, migraine and end-of-life care. Out of that number, determine the number of patients with an opioid prescription that is long-acting formulation where the following criteria for prescribing were met:

- History of tolerance is checked

- Medication adherence is verified

Time Frame Pertaining to Data Collection

Monthly.

Notes

This is a process measure, and improvement is noted as an increase in the rate.

Measurement #6a

Percentage of new opioid prescriptions in dental, ED and urgent care settings where PMP is checked prior to prescribing.

Population Definition

Patients with new opioid prescriptions in dental, ED and urgent care settings. Excluding migraines, active cancer and those receiving palliative or hospice care.

Data of Interest

$$\frac{\text{\# of patients with new opioid prescriptions where PMP is checked prior to prescribing}}{\text{\# of patients with new opioid prescriptions in dental, ED and urgent care settings}}$$

Numerator and Denominator Definitions

Numerator: Number of patients with new opioid prescriptions where PMP is checked prior to prescribing.

Denominator: Number of patients with new opioid prescriptions in dental, ED and urgent care settings. Exclude patients with an opioid prescription for cancer, migraine and end-of-life care.

Method/Source of Data Collection

This measure requires the use of a structured data field in the EMR to document PMP check. Query the EMR for the number of patients with new opioid prescriptions in dental, ED and urgent care settings. Exclude patients with an opioid prescription for cancer, migraine and end-of-life care. Out of that number, determine the number of patients with new opioid prescriptions where PMP is checked prior to prescribing.

Time Frame Pertaining to Data Collection

Monthly.

Notes

This is a process measure, and improvement is noted as an increase in the rate.