

MEX2 Heel Pain Treatment Outcomes for Pediatric Patients Outcome Measure Decrease in Heel Pain Level

Percentage of patients aged 6 to 18 years with a diagnosis of heel pain who experience a decrease in heel pain.

2018 OPTIONS FOR INDIVIDUAL MEASURES:

MedXpress, SCG Health

NATIONAL QUALITY STRATEGY DOMAIN: Communication and Care Coordination

MEASURE TYPE: Outcome

INSTRUCTIONS:

This measure is to be reported each visit for patients in the cohort with heel pain seen during the reporting period. Documentation of pain level in patients with heel pain to evaluate change in reported heel pain over time with treatment of heel pain. The Pain Scale should be reported using the standard 1-10 Pain Scale.

DENOMINATOR:

Denominator criteria (Eligible Cases):

Patients aged 6 to 18 on the date of initial encounter

AND

Diagnosis for heel pain (ICD-10-CM):

M77.31, M77.32, M72.2, Q66.0, Q66.1, Q66.21, Q66.22, Q66.3, Q66.4, Q66.7, Q66.50, Q66.51, Q66.81, Q66.82, M92.61, M92.62

AND NOT

Clinician documented that patient was not an eligible candidate for evaluation of heel pain. For example, a patient has condition that would not allow them to accurately respond to a pain level exam or the patient has previously documented peripheral neuropathy with loss of protective sensation

NUMERATOR:

Patients who had a visit with heel pain as a diagnosis within the past 12 months

Definition:

Heel Pain Evaluation – Consists of a documented evaluation of patient reported pain level utilizing a standardized pain scale

Numerator Options:

Performance Met:

Heel Pain Decreased Mildly (**MX010**)

Performance Met:

Heel Pain Decreased Moderately
(**MX011**)

<i>Performance Met</i>	Heel Pain Decreased Significantly (MX012)
OR	
<i>Performance Not Met</i>	Heel Pain Level Not Documented (MX013)
<i>Performance Not Met</i>	Heel Pain Not Decreased (MX014)

WHAT DATA SOURCES ARE USED FOR THE MEASURE? Administrative clinical data, Claims, Paper medical record, Prescription Drug Event Data Elements, Record review

STEWARD: MedXpress

OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML: 1

Indicate an Overall Performance Rate if more than 1 performance rate is to be submitted: NA

INVERSE MEASURE: No

PROPORTION MEASURE SCORING OR CONTINUOUS MEASURE SCORING

RISK ADJUSTED: No

RATIONALE:

The nature and etiology of heel pain in children and adolescents is vastly different from that of the adult population. The physical activity and the growth patterns of this cohort result in the need for different evaluations and different treatments than that of an older population. There is no literature available for review on the evaluation and treatment of this group of patients for heel pain. The goal of this measure is to identify patients between the ages of 6 and 18 who present with heel pain and allow for identification of patient groups who may be at greater risk of heel pain. The results of this measure are intended to identify treatment plans that will be the most effective in alleviating heel pain in the adolescent population.

CLINICAL RECOMMENDATION STATEMENTS:

Heel pain can result in temporary gait abnormalities which can result in compensatory injuries and significant discomfort for individuals and that there is very limited information available to determine which treatment options are the most effective therapies to alleviate heel pain. The compensatory changes in gait due to heel pain can be damaging to the growing tissues and bones of a pediatric or adolescent patient. This measure has been developed to document heel pain level and treatment modalities to evaluate the various modalities associated with the treatment of heel pain and to standardize the documentation of heel pain levels.

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