

SCG6 Outcome of High Risk Pain Medications Prescribed in Last 6 Months

Percentage of patients aged 18 years and older prescribed and actively taking one or more high risk medications in the last 6 months meeting the following criteria:

- Evaluation of polypharmacy AND
- Reduction to the high risk medication where clinically appropriate (i.e. change pain medication, number of medications, dosage and/or frequency prescribed)

2018 OPTIONS FOR INDIVIDUAL MEASURES:

SCG HEALTH QCDR ONLY

NATIONAL QUALITY STRATEGY DOMAIN: Patient Safety

MEASURE TYPE: Outcome

INSTRUCTIONS:

This measure is to be reported a minimum of once per performance period for patients prescribed a high risk pain medication in the last 6 months and seen during the performance period. An accurate and complete medication list must be on file for each of the encounter date(s) of service. The most recent quality-data submitted will be used for performance calculation. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:

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 allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submission; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

Denominator Criteria (Eligible Cases):

Patients 18 age and older on date of encounter

AND

Patient encounter during the performance period (CPT): 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96118, 96150, 96151, 97001, 97002, 97003, 97004, 97532, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, D7140, D7210, G0101, G0402, G0438, G0439

AND NOT

Trauma cases

OR

Patient admitted to hospice

NUMERATOR:

Patients prescribed and actively taking high risk pain medications in the last 6 months

Numerator Instructions: All components should be completed once per procedure per patient and should be documented in the medical record as having been performed during the measurement period.

Definition:

High risk pain medications: Patients prescribed certain drugs in the last 6 months including:

Opiates: oxycodone, morphine, oxymorphone, hydrocodone, fentanyl, codeine, tramadol;

Enzodiazepines: diazepam, alprazolam, clonazepam;

Anti-spastics: carisoprodol, baclofen, metaxolone, methocarbamol; and

NSAIDs: indomethacin; ketorolac

Numerator Options:

Performance Met:

Patient evaluated for polypharmacy resulting in a clinically appropriate reduction in the number of medications used in treatment

AND/OR

Performance Met:

Patient evaluated for polypharmacy resulting in the patient prescribed a different pain management medication

AND/OR

Performance Met:

Patient evaluated for polypharmacy resulting in a clinically appropriate change in dosage and/or frequency of the high risk pain medication

OR

Performance Exclusion:

Patient not prescribed a high risk pain medication.

OR

Performance Not Met:

Patient evaluated for polypharmacy resulting in no change in patient's pharmacologic treatment regimen

OR

Performance Not Met:

Patient not evaluated for polypharmacy, reason not given

WHAT DATA SOURCES ARE USED FOR THE MEASURE? Administrative clinical data, Claims, Paper medical record, Prescription Drug Event Data Elements, Record review, Other health information exchanges and Surescript pharmacy feeds

STEWARD: SCG Health

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:** Yes, by age, chronic conditions such as OA and hospice admission**RATIONALE:**

The United States is facing an opioid use crisis. A 2010 trend study estimates that 20 percent of U.S. patients presenting to physician offices with noncancer pain symptoms or pain-related diagnoses (including acute and chronic pain) receive an opioid prescription (Daubresse et al. 2013). These prescriptions have flooded the American household so much so that every adult in the United States could have a bottle of opiates with 259 million prescriptions for opioid pain medication written in 2012 (Paulozzi et al. 2014). Prescribing rates are only increasing and are more than ever being prescribed by primary care professionals. Between 2007 and 2012 opioid prescriptions per capita increased 7.3 percent (Levy et al. 2015). Like other aspects of healthcare, there is significant prescribing variation across the country demonstrating the lack of consensus and/or education on how to appropriately prescribe and control opioid pain medication (Paulozzi et al. 2014).

CLINICAL RECOMMENDATION STATEMENTS:

This measure is based upon recommendations from Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 (Dowell, et al. 2016).

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