

**Measure #408: Opioid Therapy Follow-up Evaluation– National Quality Strategy Domain:
Effective Clinical Care**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY**

MEASURE TYPE:
Process

DESCRIPTION:

All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record

INSTRUCTIONS:

This measure is to be reported a minimum of **once per performance period** for all patients being prescribed opioids for duration longer than six weeks during the **performance period**. There is no diagnosis associated with this measure. 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.

*NOTE: Include only patients that have 6 weeks opioid use through **September 30** of the **performance period**. This will allow the follow-up evaluation of at least 90 days after opioid therapy within the reporting year.*

Measure Reporting:

The listed denominator criteria is 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 submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients 18 and older prescribed opiates for longer than six weeks duration

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the **performance period** (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 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

WITHOUT

Telehealth Modifier: GQ, GT

AND

Patients prescribed opiates for longer than six weeks: G9561

NUMERATOR:

Patients who had a follow-up evaluation conducted at least every three months during opioid therapy

Numerator Options:

Performance Met:

Patients who had a follow-up evaluation conducted at least every three months during opioid therapy (G9562)

OR

Performance Not Met:

Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy (G9563)

RATIONALE:

Clinicians should periodically reassess all patients on COT. Regular monitoring of patients once COT is initiated is critical because therapeutic risks and benefits do not remain static and can be affected by changes in the underlying pain condition, presence of coexisting disease, or changes in psychological or social circumstances. Monitoring is essential to identify patients who are benefiting from COT, those who might benefit more with restructuring of treatment or receiving additional services such as treatment for addiction, and those whose benefits from treatment are outweighed by harms.

CLINICAL RECOMMENDATION STATEMENTS:

Clinicians should reassess patients on COT periodically and as warranted by changing circumstances. Monitoring should include documentation of pain intensity and level of functioning, assessments of progress toward achieving therapeutic goals, presence of adverse events, and adherence to prescribed therapies (strong recommendation, low-quality evidence).

In patients on COT who are at high risk or who have engaged in aberrant drug-related behaviors, clinicians should periodically obtain urine drug screens or other information to confirm adherence to the COT plan of care (strong recommendation, low-quality evidence).

In patients on COT not at high risk and not known to have engaged in aberrant drug-related behaviors, clinicians should consider periodically obtaining urine drug screens or other information to confirm adherence to the COT plan of care (weak recommendation, low-quality evidence) (p. 118).

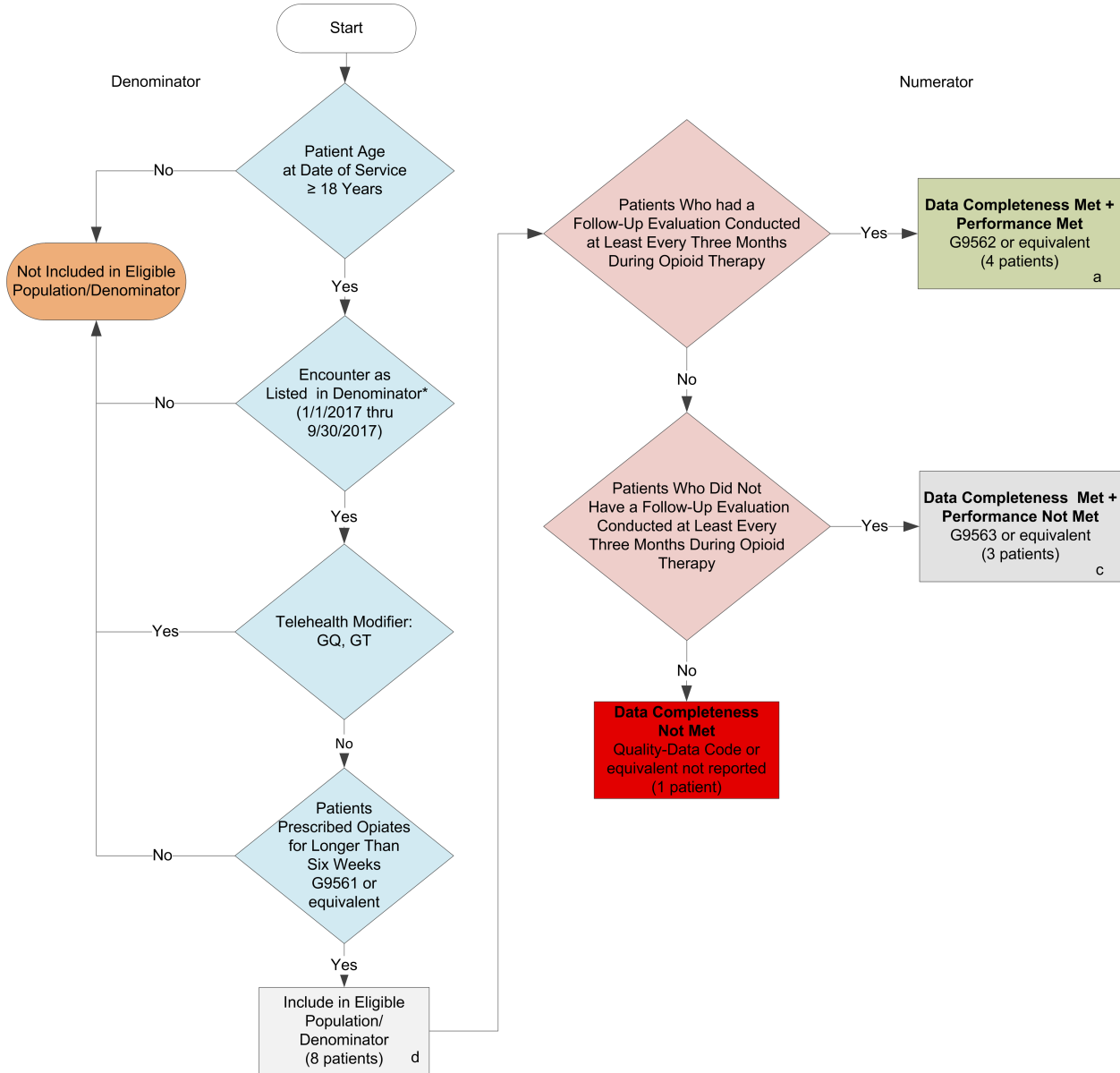
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2017 Registry Individual Measure Flow #408: Opioid Therapy Follow-up Evaluation



SAMPLE CALCULATIONS:

Data Completeness =

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients)}} = \frac{4 \text{ patients}}{7 \text{ patients}} = 57.14\%$$

* See the posted Measure Specification for specific coding and instructions to report this measure.
 NOTE: Reporting Frequency: Patient-process

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 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

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2017 Registry Individual Measure Flow #408: Opioid Therapy Follow-up Evaluation

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Encounter Performed
3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to Telehealth Modifier
4. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, proceed to Prescribed Opiates For Longer Than Six Weeks.
5. Check Patients Prescribed Opiates For Longer Than Six Weeks:
 - a. Patients Prescribed Opiates For Longer Than Six Weeks equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patients Prescribed Opiates For Longer Than Six Weeks equals Yes during the measurement period, include in the Eligible population.
6. 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 8 patients in the sample calculation.
7. Start Numerator
8. Check Patients who had a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy:
 - a. If Patients who had a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy 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 4 patients in Sample Calculation.

- c. If Patients who had a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy equals No, proceed to Patients Who Did Not Have a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy.
9. Check Patients Who Did Not Have a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy:
- a. If Patients Who Did Not Have a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy 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 3 patients in the Sample Calculation.
 - c. If Patients Who did not have a Follow-Up Evaluation Conducted at Least Every Three Months during Opioid Therapy equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness =

$$\frac{\text{Performance Met (a=4 patients) + Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients)}} = \frac{4 \text{ patients}}{7 \text{ patients}} = 57.14\%$$