Measure Title

AQI59: Multimodal Pain Management

Measure Description

Percentage of patients, regardless of age, undergoing selected elective surgical procedures that were managed with multimodal pain medicine.

NQS Domain

Effective Clinical Care

Measure Type

Process

High Priority Status

No

Inverse Measure

No

Instructions

This measure is to be reported each time a patient undergoes an elective surgical procedure during the reporting period. It is anticipated that qualified anesthesia providers and eligible clinicians who provide denominator-eligible services will submit this measure.

Measure Reporting via the Qualified Clinical Data Registry

G-codes and CPT codes are used to identify patients who are included in the measure denominator. Registry codes are used to report the numerator of the measure.

Denominator

Patients, regardless of age, who undergo selected elective surgical procedures

Denominator note: Selected surgical procedures include open and laparoscopic intraabdominal, spinal, pelvic, thoracic, breast, joint, and fracture repair surgeries.

Denominator Criteria (Eligible Cases):
All patients, regardless of age
AND
Elective Surgery: G9643
AND
Patient encounter during the reporting period (CPT):
00402, 00404, 00406, 00500, 00528, 00529, 00539, 00540, 00541, 00542, 00546, 00548, 00600, 00620, 00625, 00626, 00630, 00670, 00752, 00770, 00790, 00792, 00794, 00797, 00830, 00832, 00834, 00836, 00840, 00844, 00846, 00848, 00864, 00865, 00866, 00902, 01214, 01215, 01220, 01230, 01402, 01486, 01630, 01634, 01636, 01638, 01961

Denominator Exclusions

- None

Numerator

Patients for whom multimodal pain management is administered in the perioperative period from six hours prior to anesthesia start time until discharged from the postanesthesia care unit.

Numerator 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 towards this measure.

Numerator note: Documentation of qualifying medications or interventions provided from six hours prior to anesthesia start time through PACU discharge count toward meeting the numerator.

Numerator Quality-Data Coding Options for Reporting Satisfactorily

Performance Met:
10A89 Multimodal pain management was used

OR

Denominator Exception:
10A90 Documented allergy to multiple classes of analgesics

OR
Performance Not Met:
10A91 Multimodal pain management was not used

NQF Number: Not Applicable

eCQM: Not Applicable

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.
- Ketamine: When administered in low dose, ketamine acts 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.
- 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 analgesictechniques.

Clinical Recommendation Statements

2012 ASA Practice Guidelines for Acute Pain Management in the Perioperative Setting[i]

"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[ii]

"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)"

Data Source: Claims/Paper Medical Record, Registry

Measure Steward: American Society of Anesthesiologists (ASA)

Number of Multiple Performance Rates: Not Applicable

Proportion Measure Scoring: Yes

Continuous Measure Scoring: No

Risk Adjustment: No

References:

[i] American Society of Anesthesiologists Task Force on Acute Pain Management. Practice guidelines for acute pain management in the perioperative setting. An updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management. Anesthesiology.2012;116(2):248-273.

[ii] Chou R, Gordon DB, de Leon-Casasola O, et al. Management of postoperative pain: a clinical practice guideline from the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council. J Pain.2016;17(2):131-157.

Multimodal Pain Management
2018 QCDR Measure Flow