

Measure Title:

MEDNAX56: Use of a “PEG Test” to Manage Patients Receiving Opioids

Measure Description

Percentage of patients in an outpatient setting, aged 18 and older, in whom a stable dose of opioids are prescribed for greater than 6 weeks for pain control, and the results of a “PEG Test” are correctly interpreted and applied to the management of their opioid prescriptions.

NQS Domain/Meaningful Measure Area

Effective Clinical Care/Medication Management

Instructions:

This measure is to be reported once each reporting period. The measure applies when a practitioner sees a patient in an outpatient setting who has been taking a stable dose of opioids for greater than 6 weeks. A stable dose of opioids is defined as the same medication, route of delivery, dose, and schedule for at least a one-week time period.

The PEG score is determined prior to the initiation of opioid therapy (Baseline PEG), and then after the patient has been on a stable dose of opioid therapy for greater than 6 weeks. These scores are recorded in the medical record. For those patients who are already on opioid therapy at the time the measure is applied, the “Baseline PEG” may also be determined after a washout period of opioids, or by asking the patient to answer the Baseline PEG questions like he would have prior to beginning opioid therapy. A 30% change in PEG score is considered a significant improvement.

Measure Reporting via the Qualified Clinical Data Registry

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. QCDR-established codes are used to report the numerator of the measure.

Denominator

All patients, aged 18 and older, receiving chronic opioid therapy for pain management in an outpatient setting, and who have been at a stable dose of opioids for greater than 6 weeks.

DENOMINATOR:

All patients aged 18 years and older, who have been prescribed a stable dose of opioids for greater than 6 weeks during the reporting year and are on a stable dose

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND taking a stable dose of opioid medications for greater than 6 weeks in an outpatient setting

AND At least one encounter during the one year performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245.

Denominator Exclusions:

Inpatients

OR Post-op surgical patients (defined as the period of time after surgery, not to exceed 6 weeks)

OR Patients in hospice or palliative care treatment programs

OR Patients in whom the opioid dose is still being adjusted and has not been consistent during the 6 weeks prior to the reporting period

Denominator Exception: Acute pain flare with elevated PEG that is assessed to be acutely transient and not warranting excessive opioid titration at this visit.

Numerator:

Numerator Definition: Use of PEG Test results to guide opioid prescribing.

Numerator Quality-Data Coding Options for Reporting Satisfactorily

Performance Met:

Mednax12A: At least once during the reporting year, clinician used the PEG Test results to correctly continue opioid prescribing, meaning the PEG score showed a reduction of 30% or greater from baseline, and the patient was continued on the opioid regimen.

OR

Mednax12B: At least once during the reporting year, clinician used the PEG Test result to correctly discontinue previous opioid regimen (PEG score was not reduced 30% or more from baseline), and then weaned the patient off opioids , adjusted the dose of opioid, or changed to a different opioid.

Performance Not Met:

Mednax 12C: At least once during the reporting year, clinician did not administer the PEG Test or administered the test and did not alter opioid prescribing appropriately.

Measure Type: Process

NQF Number: Not applicable

eCQM Number: Not applicable

Rationale

Inadequate pain assessment is a barrier to appropriate pain management, but single-item “pain screening” provides limited information about chronic pain. Multidimensional pain measures such as the *Brief Pain Inventory (BPI)* are widely used in pain specialty and research settings, but are impractical for primary care. The *Brief Pain Inventory (BPI)* includes two scales that assess pain intensity and pain-related functional impairment (physical and emotional). The *PEG score*, similar to the BPI, looks at multiple dimensions of pain management, including average pain intensity (P), interference with enjoyment of life (E), and interference with general activity (G). Because it is brief and straightforward, the PEG score will likely improve initial assessment and follow-up of chronic pain.”¹

The Center for Disease Control (CDC) recommends that a PEG test be administered to patients chronically on opioids to periodically reassess their functionality and pain control.² If a person does not have a 30% improvement in their PEG score (i.e. a reduction in the number) when on opioids, then it is interpreted that the opioids did not provide an adequate improvement in pain and function. In this situation, the opioid prescription should be weaned off. If the patient had a 30% improvement in pain and function, then opioids are continued. The chart below from Krebs et al¹ illustrates the scoring:

1. What number best describes your pain on average in the past week:										
0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine
2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?										
0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes
3. What number best describes how, during the past week, pain has interfered with your general activity?										
0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

References:

1. Krebs E, Lorenz K, Blaie M, et al. Development and Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. *J Gen Intern Med.* 2009 Jun; 24(6): 733–738.
2. https://www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf. Accessed August 3, 2017.

Data Source: Administrative Claims, Medical Record

Measure Steward: MEDNAX Services, Inc.

Number of Multiple Performance Rates: Not applicable

Inverse Measure: No

Proportion Measure Scoring: Yes

Continuous Measure Scoring: No

Risk Adjustment: No

High Priority Measure: Yes

High Priority Type: Opioid Related Measure

Image source: Gaillard F and Sair H. Radiopaedia: Alberta Stroke Program Early CT Score (ASPECTS). [Internet] [cited 14 September 2018]. Available from: <https://radiopaedia.org/articles/alberta-stroke-program-early-ct-score-aspects-1>