

2025 Quality ID PIMSH4: Oncology: Patient-reported pain improvement

--**High Priority Type:** Outcome

--**Measure Type:** Patient-Reported Outcome-based Performance Measure (PRO-PM)

2025 COLLECTION TYPE:

QCDR-- Practice Insights by McKesson in Collaboration with The US Oncology Network

DATA SOURCE USED FOR THE MEASURE:

Practice Insights by McKesson in Collaboration with The US Oncology Network - QCDR - EHR; Other: Medical record, including pain scale documentation.

DESCRIPTION:

Percentage of cancer patients currently receiving chemotherapy or radiation therapy who report significant pain improvement (high to moderate, moderate to low, or high to low) within 30 days.

DENOMINATOR:

All patients, regardless of patient age, with a cancer diagnosis currently receiving chemotherapy (all oncolytics except hormone therapy) or radiation therapy who report a pain level higher than 3 on a pain scale of 0-10 during a qualifying E/M visit.

DENOMINATOR EXCEPTION:

Patient refusal of pain management intervention.

DENOMINATOR EXCLUSION:

Patients who have died prior to 30-day follow up or hospice enrollment.

NUMERATOR:

Patients who report pain level improvement within 30 days (high to moderate, moderate to low, or high to low); High 7-10, moderate 4-6, low 3 and below on a 10-point pain scale.

NUMERATOR EXCLUSION:

None

TELEHEALTH:

Included

REPORTING OPTION:

Traditional MIPS

CLINICAL RECOMMENDATION STATEMENTS:

This measure is endorsed by The US Oncology Network Steering Committee. As stated by the 2019 World Health Organization (WHO) guidelines for pain management, the goal of optimum management of pain is to reduce

pain to levels which allow an acceptable quality of life. While as much as possible should be done clinically to relieve a patient’s pain from cancer, it may not be possible to eliminate pain completely in all patients. The goal of pain management, therefore, is to reduce pain to a level that allows for a quality of life that is acceptable to the patient. NCCN Guidelines assert that there is increasing evidence in oncology that survival is linked to symptom reporting and control. Pain assessment is a critical component of this, and pain management contributes significantly to improvements in quality of life.

References: 2019 WHO Guidelines for the Pharmacological and Radiotherapeutic Management of Cancer Pain in Adults and Adolescents

NCCN Guidelines for Pain Management

Paice J, et al. The management of cancer pain. *Ca Cancer J Clin* 2011; 61: 157-182.

QCDR MEASURE RATIONALE:

This is a Patient-Reported Outcome Measure and applies to the Meaningful Measure Area of functional outcomes. The 2022 CMS-established average performance rate is 43.29%, indicating significant opportunity for improvement in pain management. The World Health Organization (WHO) reports that pain is experienced by 55% of cancer patients undergoing treatment and by 66% of patients who have advanced, metastatic, or terminal disease. (WHO, 2019) It is important to regularly ask patients about their pain and modify treatment accordingly to reduce pain, avoid potential complications associated with pain, and help improve quality of life. A study by Fisch showed that pain management for cancer patients continues to be a challenge and that there is significant disparity in pain treatment adequacy with the odds of undertreatment twice as high for minority patients. (Fisch MJ, et al. 2012)

As stated by the 2019 World Health Organization (WHO) guidelines for pain management, the goal of optimum management of pain is to reduce pain to levels which allow an acceptable quality of life. While as much as possible should be done clinically to relieve a patient’s pain from cancer or side effects from cancer treatment, it may not be possible to eliminate pain completely in all patients. NCCN Guidelines assert that there is increasing evidence in oncology that survival is linked to symptom reporting and control. Pain assessment is a critical component of this, and pain management contributes significantly to improvements in quality of life. Moreover, lack of pain management not only impacts patient’s quality of life, but there is evidence that pain is a significant contributor to avoidable hospitalizations. Historic emphasis has been placed on documenting pain levels; however, it is imperative to address pain management and to help reduce pain to levels that allow for an acceptable level to achieve quality of life. Assessing pain improvement, or outcome, is critical to assess the patient experience in overall cancer care.

References: Delgado-Guay MO, et al. Avoidable and unavoidable visits to the emergency department among patients with advanced cancer receiving outpatient palliative care. *J Pain Symp Manage* 2015; 49: 497-504.
2019 WHO Guidelines for the Pharmacological and Radiotherapeutic Management of Cancer Pain in Adults and Adolescents Kwon JH, et al. Overcoming barriers in cancer pain management. *J Clin Oncology* 2014; 32: 1727-1733.

Fisch MJ, et al. Prospective, observational study of pain and analgesic prescribing in medical oncology outpatients with breast, colorectal, lung, or prostate cancer. *J Clin Oncol* 2012; 30 1980-1988.

van den Beuken-van Everdingen MH, et al. Prevalence of pain in patients with cancer: a systematic review of the past 40 years. *Ann Oncol* 2007; 18: 1437-1449.

Wagner-Johnson ND, et al. High outpatient pain intensity scores predict impending hospital admissions in patients with cancer. *J Pain Symptom Manage* 2010; 39: 180-185.

These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.

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