Pain Intensity Quantified (Measure 143) and Plan of Care for Pain (Measure 144)

Measure 143 (pain intensity quantified) is to be reported at **each** visit during the reporting period for all patients, regardless of age, with cancer receiving chemotherapy or radiation therapy. If patient reports pain, then paired measure 144 (plan of care for pain) should also be reported.

Measure description

Measure 143 (pain intensity quantified)

Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

Measure 144 (plan of care for pain)

Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain

What will you need to report for each visit for patients with cancer receiving chemotherapy or radiation therapy for these paired measures?

If you select measure 143 for reporting, you will report:

- Whether or not you quantified the patient's pain intensity using a standard instrument (such as a 0-10 numeric rating scale, a categorical scale, or the pictorial scale). Patients will fall into one of two categories described below:
 - Pain severity quantified; pain present
 - Pain severity quantified; no pain present

If pain is present, you will then need to report for measure 144:

■ Whether or not you documented a plan of care¹ to address the patient's pain

If no pain is present, you do not need to report measure 144 for this visit.

What if these processes or outcomes of care are not appropriate for your patient?

Some measures provide an opportunity for the physician or eligible health professional to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because these measures are applicable to most if not all patients, there are no allowable performance exclusions.

¹A documented plan of care may include: use of opioids, non-opioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain at an appropriate time interval.