

Back Pain Recognition Program (BPRP)



2007



Today

- **Why back pain?**
- **Program features**
- **Explanation of Clinical Measures**
- **Explanation of Structural Standards**
- **Selecting patients**
- **Data entry**

Why a Back Pain Recognition Program?

- **Second most frequent symptom-related reason for MD visits**
- **Accounts for \$50-100 billion/year**
- **High level of treatment variability, uncertainty about optimal treatment**
- **Overutilization of diagnostics and some treatment modalities**

Advisory Committee

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Program Objectives

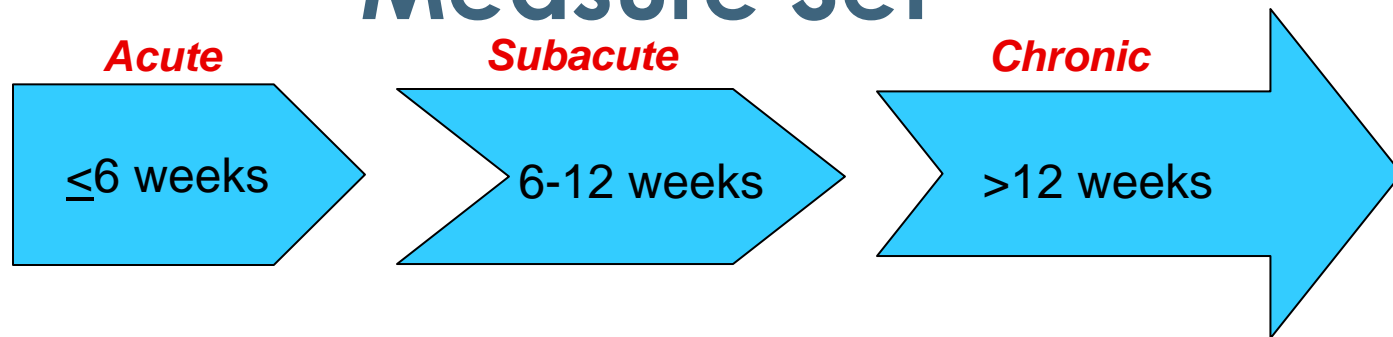
- Program for physicians and practices based on a set of evidence-based measures for low back pain
- Focus on treatment periods of at least 4 weeks; many episodes self-resolve 4-6 weeks from date of pain onset
- Open to *all* specialties

Overview of BPRP

Program Features

- **Focus on underuse, misuse and overuse**
- **BPRP Requirements address the broad spectrum of back pain**
- **Clinical Measures**
 - Patient-specific data abstracted from patient records
 - Must be documented in the medical record to receive credit
- **Structural Standards**
 - Processes that apply to all back pain patients in the practice
 - Can be scored with partial credit

Measure Set



Measures/Standards

Underuse

- Initial visit
- Physical exam
- Medical assistance with smoking cessation
- Advice for normal activity
- Patient education*
- Shared decision-making
- Patient re-assessment
- Evaluation of patient experience*

Overuse, Misuse

- Advice against bed rest
- Surgical timing
- Appropriate use of epidural steroid injections
- Post-surgical outcomes*
- Repeat imaging studies
- Appropriate imaging for acute low back pain

Measures/Standards

Underuse

- Initial exam/patient assessment
- Physical exam
- Medical assistance with smoking cessation
- Advice for normal activity
- Patient education*
- Shared decision-making
- Patient re-assessment
- Evaluation of patient experience*
- Mental health assessment
- Recommendation for exercise

Overuse, Misuse

- Advice against bed rest
- Surgical timing
- Appropriate use of epidural steroid injections
- Post-surgical outcomes*
- Repeat imaging studies

*structural standards

Scoring – Clinical Measures

Clinical Measures	Performance Threshold*	Points
CM 1 Initial Visit	≥ 50%	8.0
CM 2 Physical Exam	<i>Must Pass</i>	9.5
CM 3 Mental Health Assessment	≥ 72%	5.0
CM 4 Appropriate Imaging for Acute Back Pain (overuse)	≤ 50%	7.5
CM 5 Repeat Imaging Studies (overuse)	Not scored	0.0
CM 6 Medical Assistance with Smoking Cessation	≥ 76%	3.5
CM 7 Advice for Normal Activities	≥ 48%	8.5
CM 8 Advice Against Bed Rest	≥ 48%	7.5
CM 9 Recommendation for Exercise	≥ 71%	5.5
CM 10 Appropriate Use of Epidural Steroid Injections (overuse)	≤ 10%	6.5
CM 11 Surgical Timing (overuse)	≤ 10%	8.5
CM 12 Patient Reassessment	≥ 25%	5.0
CM 13 Shared Decision-Making	≥ 50%	6.5

*% of patients in sample

Scoring - Structural Standards

Structural Standards	Performance Threshold	Points
S 1 Patient Education	standard	6.5
S 2 Post-Surgical Outcomes <i>Must Pass for Surgeons</i>	standard	8.5
S 3 Evaluation of Patient Experience	standard	3.5
Total Clinical Measure Points		81.5
Total Structural Standards Points		18.5
TOTAL POINTS		100
POINTS NEEDED FOR RECOGNITION		40

Needed for Recognition

- **Submit data for eligible patients in 10 Requirements**
- **Score 40 points out of 100**
- **Must Pass**
 - **CM 2: Physical Exam (surgeons and non-surgeons)**
 - **S 2: Post-Surgical Outcomes (surgeons only)**

Each clinical measure must have at least 25 patients in the denominator.

BPRP Requirements:

Clinical Measures and Structural Standards

CM 1: Initial Visit

- **Documentation of *all* factors on initial visit with physician:**
 - Pain assessment
 - Functional status assessment
 - Patient history including red flags
 - Assessment of prior treatment and response
 - Evaluation of employment status
- **Data collection fields include**
 - Initial visit date
 - Pain assessment tool
 - Functional assessment tool
 - Presence or absence of red flags
 - Notation about prior treatment
 - Employment status tool

CM 2: Physical Exam

- **MUST PASS**
- **Documentation of a physical exam on initial visit that includes:**
 - Presence or absence of radicular symptoms
 - If radicular symptoms
 - Straight leg raise
 - Neurovascular exam
 - If no radicular symptoms
 - Straight leg raise or neurovascular exam *OR*
 - Notation of presence or absence of neurologic deficits
- **Data collection fields include:**
 - Radicular symptoms
 - Straight leg raise
 - Neurovascular exam
 - Neurologic deficits

CM 3: Mental Health Assessment

- **Documentation of mental health assessment needed:**
 - Prior to surgery or epidural steroid injection OR
 - Pain lasting more than 6 weeks
- **Data collection fields include:**
 - Assessment
 - Date of assessment
 - Assessment tool

CM 4: Appropriate Imaging for Acute Back Pain

- **Measure assesses appropriate and inappropriate imaging, i.e. no imaging within 6 weeks of pain onset unless there are red flags**
- **Overuse measure so lower rate (less imaging) is better**
- **Data collection fields include:**
 - Imaging type
 - Date of imaging
 - Red flags

CM 5: Repeat Imaging Studies

- **Measure assesses appropriate and inappropriate repeat imaging unless there are red flags or progressive symptoms**
- **Overuse measure so lower rate (less imaging) is better**
- **Data collection fields include:**
 - Imaging type
 - Date of imaging
 - Red flags, progressive symptoms or surgical complications
- **Data collection only**
 - Not scored
 - Measure will be reassessed in a year

CM 6: Medical Assistance with Smoking Cessation

- **Documentation that physician assessed smoking status *and* for smokers provided medical assistance**
- **Data collection fields include:**
 - Smoker status assessed
 - Smoker
 - Smoking assistance given

CM 7: Advice for Normal Activities

- **Documentation of advice**
 - During initial visit
 - To maintain or resume normal activities as early as possible
- **Data collection fields include:**
 - Date
 - Advice given

CM 8: Advice Against Bed Rest

- **Documentation of advice**
 - During initial visit
 - Against bed rest of four days or more
- **Data collection fields include:**
 - Date
 - Notation in medical record

CM 9: Recommendation for Exercise

- **For patients with back pain lasting longer than 12 weeks, documentation:**
 - Of physician advice for a supervised exercise program or
 - Patient instruction for therapeutic exercise and notation of physician follow-up
- **Data collection fields include:**
 - Exercise recommended

CM 10: Appropriate Use of Epidural Steroid Injections (ESI)

- **Measure assesses when ESI is not appropriate by documenting ESI *or referral* for ESI :**
 - Injection without radicular pain
 - Injection for radicular pain without image guidance
- **Overuse measure so lower rate is better**
- **Data collection fields include:**
 - Injection
 - Injection date
 - If injection, with guidance

CM 11: Surgical Timing

- **Surgeons only**
- **Documentation of surgical intervention to treat back pain within first six weeks of pain**
- **Overuse measure so lower score is better**
- **Data collection fields include:**
 - **Surgery performed during episode**
 - **Surgery date**
 - **Pain onset date**
 - **Exclude patients with documentation of red flags and neurologic deficits**

CM 12: Patient Reassessment

- **Documentation that physician reassessed pain *and* functional status within 4-6 weeks after initial visit or within 4-6 weeks after each surgery**
- **Reassessment only if pain and functional status assessments were done during initial visit**
- **Data collection fields include:**
 - Pain reassessment date
 - Pain tool
 - Function reassessment date
 - Function tool

CM 13: Shared Decision Making

- **Surgeons only**
- **Documentation that physician and patient discussed range of treatment options prior to surgery including:**
 - **Treatment choices (including alternatives to surgery)**
 - **Risks and benefits AND**
 - **Scientific evidence of effectiveness**
- **Data collection fields**
 - **Shared discussion**
 - **Shared discussion date**

S1: Patient Education

- **Documentation that practice site/physicians provide patients with educational material that include:**
 - Natural history of low back pain
 - Treatment options
 - Risks and benefits
 - Evidence base for different treatments
- **Attach supporting documents – once per practice**

S2: Post-Surgical Outcomes

- **MUST PASS FOR SURGEONS**
- **Documentation that practice site/physicians who perform surgery:**
 - Track complications of back surgery for at least 6-12 weeks after surgery (wound infection, wound dehiscence, hematoma, CSF leak, other)
 - Analyze data
 - Plan for improving outcomes
- **Attach supporting documents (without PHI) – once per practice**

S3: Evaluation of Patient Experience

- **Documentation that practice site/ physicians:**
 - **Collect patient experience data**
 - Patient access to care
 - Quality of physician communication
 - Patient confidence in self-care
 - Patient satisfaction with care
 - **Analyze data and**
 - **Plan for improving patient experience**
- **Attach supporting documents – once per practice**

Data Collection

Prepare for Data Collection

- **BPRP Requirements – Print and review**
- **BPRP Agreement - Print, review, sign and mail to NCQA**
- **Data Collection Tool (DCT) Instructions - Print and review**
- **DCT – Consider data entry into Web-based or printable DCT**
- **Printable DCT - Print if using for data collection**

Sample Size Requirements*

Number of Physicians in Group	Patient Sample Size
1	35
2	50
3	75
4	100
5	125
6	150
7	175
8	200
9	Alternative methodology available

*See BPRP Requirements, Appendix 2 for more information

Identify Eligible Patients

- **Identify potential patients and/or required data elements from**
 - Practice management system
 - Medical record documentation (electronic or paper)
 - Administrative data systems
 - Registries

Criteria for Selecting Eligible Patients

USE

Criterion 1

- 18 years – 80 years of age
- Back pain episode of 28 days or more
- At least two encounters with applicant
- Initial visit and most recent visit are at least 28 days apart
- Initial visit no more than 24 months before the index date
- No break in treatment of 180 days or more

OR

Criterion 2

- Applicant performed surgery at least six weeks prior to index date
- At least two encounters related to the surgical procedure
- Surgery was no longer than 24 months before index date

Dates to Identify Eligible Patients

- **Today's Date**
 - Date you begin working in DCT
- **Start Date**
 - Date to begin identifying patients
 - At least six weeks prior to Today's Date
 - Must be within last 24 months
- **Index Date**
 - Start Date or earlier date
 - Date of visit that triggers consideration for inclusion in sample
- **Initial Visit Date**
 - Date of patient's first encounter with the physician

Example:

Today's Date	Start Date	Index Date
April 1, 2007	February 17, 2007	February 15, 2007

Patient Selection Steps

STEP #1

BEGIN

- Use today's date – e.g. 4/1/07
- Date first enter DCT

STEP #2

SELECT START DATE – 2/17/07

- Date to begin identifying patients
- 6 weeks before today's date
- ≤ 24 months before today

STEP #3

IDENTIFY FIRST INDEX DATE - 2/15/07

- Begin selecting potentially eligible back pain patients
- Patients who visit on this date

STEP #4

GO BACKWARDS TO THE NEXT INDEX DATE - 2/14/07

- Choose low back pain patients who visit on this date
- Select potentially eligible patients

STEP #5

GO BACKWARDS TO THE NEXT INDEX DATE - 2/13/07
Select more potentially eligible patients

STEP #6

GO BACKWARDS FOR MORE INDEX DATES
Repeat until sample complete, e.g. 2/12, 2/11, 2/10

Example Eligible Patient

- **Episode: 28 days or more of back pain**
 - No break in treatment of 180 days or more when patient has no encounters associated with a principal or secondary diagnosis of back pain
 - Within two years from Index Date with no break in treatment or diagnosis

Example - Assumes no break in treatment

Today's Date	Start Date	Index Date	24-month period
April 1, 2007	February 17, 2007	February 15, 2007	February 15, 2005

BPRP Data Collection Tool

BPRP Data Collection Tool

The tool enables you to submit data required for the NCQA Back Pain Recognition Program.

Practice Site Information	Physician Information	Clinical Measures / Structural Standards	Preliminary Results	Submit Your Data To NCQA
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Practice Site Information

Please provide the following Identifying information and press the CONTINUE button. Please check the accuracy of the information as it will be used in our online Recognized Physicians directory and is licensed to others for inclusion in provider directories.

Your Practice Site Name:

Type of Recognition you are seeking: Recognition for individual physicians only Recognition for the Practice Site and its physicians
 Alternate scoring methodology available for practice sites with ≥ 9 physicians (see Appendix 3 of BPRP Requirements)

A Contact Person:

Contact Title:

Practice Telephone Number:
(nnn-xxx-xxxx)

Email:

Tips for Using the DCT

- **Refer to the DCT Instructions and BPRP Requirements for information and clarification**
- **Complete patient eligibility section for *all* selected patients before entering other data**
- **Select “physician” or “practice” for Recognition**
- **Attach supporting documents once per practice site for Structural Standards**

Review Data and Submit DCT

- **Submit Agreement and payment to NCQA before submitting DCT**
- **Review data entry, preliminary results and attachments**
- **Print DCT before submission to retain data**
 - **Data disappears from applicant’s DCT upon NCQA submission**
 - **Use Internet Explorer to print one regular print page in landscape per tab**
- **Submit DCT**
 - **Write in date Agreement sent to NCQA**
 - **Click “Confirm” checkbox that Agreement sent**
- **Receive from NCQA e-mail indicating successful DCT submission**

BPRP Contact Information

Mailing Address

NCQA
Back Pain Recognition Program
2000 L Street, NW, Suite 500
Washington, DC 20036

Contact NCQA Customer Support to:

- Order FREE Information/Application Packets
- Purchase DCT
- 1-888-275-7585
- Call to get discount – do not order DCT via NCQA's Web site

Visit NCQA Web Site to:

- View Frequently Asked Questions
- View Recognition Programs Training Schedule

Send questions and application information to:
bprp@ncqa.org