

2025 Measure Set Review (MSR): 00473-01-C-MIPS Preliminary Assessment

I. Measure Overview¹

CMIT ID	Title
Link to CMIT measure record: 00473-01-C-MIPS	Oncology: Medical and Radiation - Plan of Care for Pain
Measure Steward	CMS Program
American Society of Clinical Oncology (ASCO)	Merit-based Incentive Payment System Link: Quality Payment Program Overview

CBE Endorsement Status	CBE Endorsement History
Endorsed	<ul style="list-style-type: none"> Endorsed, Advanced Illness and Post-Acute Care, Fall 2023 Initial Endorsement, 2008 Link to endorsement measure record: Oncology: Medical and Radiation – Plan of Care for Pain

Measure Overview
<p>Rationale for Use: Pain is one of the most common symptoms associated with cancer. Pain is defined by the International Association for the Study of Pain as an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage. Cancer pain or cancer-related pain distinguishes pain experienced by patients with cancer from that experienced by patients without malignancies.</p> <p>A meta-analysis revealed that pain was reported in 59% of patients undergoing cancer treatment, in 64% of patients with advanced disease, and in 33% of patients after curative treatment. In addition, pain is one of the symptoms patients fear most. Unrelieved pain denies patients comfort and greatly affects their activities, motivation, interactions with family and friends, and overall quality of life. There is mounting evidence in oncology that quality of life and survival are linked to early and effective palliative care, including pain management. Although improvements have been observed, undertreatment of pain remains an issue in a significant subset of patients with cancer and this issue may be exacerbated by the inappropriate application of recommendations against the use of opioids to patients with cancer in the setting of the United States opioid epidemic.</p> <p>CMS-Provided Rationale for Use in Program: While MIPS Measure 474 focuses on quantifying pain intensity, MIPS Measure 473 specifically addresses the documented plan of care to address that pain. Quantifying pain is a crucial first step, but without a subsequent, documented plan, the information gathered may not translate into effective patient care. Retaining MIPS Measure 473 emphasizes the necessity of developing and implementing strategies to manage pain, rather than just assessing it.</p>

¹ The information in this PA is sourced from the [CMS Measures Inventory Tool \(CMIT\)](#) and the [PQM Submission Tool and Repository \(STAR\) Measure Database](#). This document reflects the content available as of September 2025. Version 1.0 | September 2025 | *The analyses upon which this publication (or document) is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

Measure Overview	
Description: Percentage of visits for patients, regardless of 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.	
Numerator: Patient visits that included a documented plan of care to address pain.	
Exclusions: None	
Denominator: Submission Criteria 1: All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy who report having pain. Submission Criteria 2: All visits for patients, regardless of age, with a diagnosis of cancer currently receiving radiation therapy who report having pain.	
Exclusions: None	
CMS Program History: In Merit-based Incentive Payment System (MIPS) since 2017.	Cascade of Meaningful Measures Priority: Person-Centered Care
Measure Type: Process	Is the Measure Digital or an Electronic Clinical Quality Measure (eCQM)? Yes, digital measure.
Level(s) of Analysis/Measured Entity: Clinician: Group/Practice	Care Setting(s): Ambulatory: Office-Based Care; Hospital: Outpatient Department (HOD); and Other
Does the Measure Fill a Statutorily Required Category for the Program? No	Is the Measure Included in Upcoming Rulemaking? Yes – in PY2026, CMS is proposing a change to update the denominator criteria to include patients on oral chemotherapy to align with the eCQM version of MIPS 474.

II. Measure Performance in Program

For this measure, the MSR evaluation and analysis team reviewed the publicly available datasets:

- The 2024 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2022 in this assessment).
- The file 2023 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2021 in this assessment).
- The file 2022 MIPS Historical Quality Benchmarks.xlsx in [2022 Quality Benchmarks.zip](#) (for data referred to as PY2020 in this assessment).

Measure score statistics were obtained for Measure ID 144 from the benchmark files.

About Table 1: Table 1 illustrates the distribution of scores for performance years 2020-2022. The number of providers and the denominators (number of visits) are not available in the benchmark files, limiting possible interpretations of these results. The analyses presented in table 1 were shaped by the availability of data and in alignment with program guidance. All values shown are drawn directly from the published historical benchmark files.

For this measure, Decile 1 represents a grouping of organizations who have the lowest measure scores and Decile 10 shows those with the highest measure scores. The arrow denotes improving performance on the measure.

Table 1. Importance (Decile by Measure Score, PY2020-PY2022)

<div> <div>Lowest Performers</div> <div>→</div> <div>Highest Performers</div> </div>											
Year	Mean	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
2020	80.5	--	--	64.6-79.6	79.6-87.5	87.5-93.5	93.6-97.1	97.1-99.2	99.2-100	100	100
2021	74.6	4.0-18.4	18.4-44.6	44.6-68.2	68.2-80.9	80.9-90.4	90.4-94.6	94.6-97.6	97.6-99.7	99.7-100	100
2022	87.0	7.9-56.7	56.7-83.8	83.8-90.5	90.5-94.6	94.6-97.1	97.1-98.9	98.9-99.8	99.8-100	100	100

Table 1 Interpretation: The average performance score decreased from 80.5 to 74.6 from PY2020 to PY2021 and increased to 87.0 in PY2022.

III. Evaluation Criteria

Meaningfulness

Importance
<p>Guiding Questions: Does the evidence show that the focus of the measure is linked to meaningful outcomes for patients and health care entities? Do the data demonstrate that using this measure within the quality program results in benefits that outweigh any associated burdens or costs?</p>
<p>Recent data cited in the rationale show that undertreatment of pain remains an issue in patients with cancer and may be exacerbated by misapplication of recommendations regarding use of opioids for patients with cancer. A metaanalysis showed that a majority of patients with advanced disease or undergoing cancer treatment reported pain, and early palliative care for patients with cancer, including pain control, is linked with improved quality of life and survivability. During the Fall 2023 Endorsement & Maintenance (E&M) review, a patient representative on the Advanced Illness and Post-Acute Care Committee emphasized the importance of these measures. A 2022 study exploring patient and caregiver perspectives on cancer-related quality measures identified pain management plans and improvement in pain among the top five priorities for health system implementation. The study highlighted strong support for routine pain screening, management, and follow-up as essential components of quality cancer care.²</p> <p>MIPS allows clinicians to voluntarily select and report measures, which introduces the potential for self-selection bias. High-performing providers are more likely to report on measures for which they will perform well, meaning reported data may reflect a motivated subset rather than the broader provider population.</p> <p>Performance during the 3 years assessed demonstrates overall high performance on this measure, with an average score of 87 in PY2022. These data show that, while most entities reporting on this measure have acceptable performance, there is still room for improvement on the measure target.</p> <p>Committee Member Considerations: Based on professional and personal experiences, committee members should consider the balance of implementation costs or burdens with the benefit of measure use within MIPS. Committee members will have a chance to share these thoughts with the broader committee via Pre-Meeting Initial Evaluation (PIE) Forms and group discussion.</p>
<p>Staff Rating: Met</p>

Conformance
<p>Guiding Question: Do measure components and specifications align with the measure intent and target population?</p>
<p>The intent of this measure is to enhance quality of life for patients with cancer who are receiving treatment by ensuring that those who report pain have a plan of care for addressing that pain. This measure is reported for each denominator-eligible visit. Additional numerator instructions provided to clinicians elaborates that a documented plan of care may include: use of opioids, nonopioid analgesics, psychological support, patient and/or family education, referral to a pain clinic, or reassessment of pain</p>

² O'Hanlon, C. E., Giannitrapani, K. F., Lindvall, C., Gamboa, R. C., Canning, M., Asch, S. M., Garrido, M. M., ImPACS Patient and Caregiver Panel, Walling, A. M., & Lorenz, K. A. (2022). Patient and Caregiver Prioritization of Palliative and End-of-Life Cancer Care Quality Measures. *Journal of general internal medicine*, 37(6), 1429–1435. <https://doi.org/10.1007/s11606-021-07041-8>

Conformance
<p>at an appropriate time interval. A documented plan of care for pain should be performed at the time of the actual face-to-face or telehealth encounter during the series of treatments to meet the intent of the numerator criteria. The intent of this measure aligns with two MIPS objectives: to improve care for Medicare beneficiaries and to educate, engage, and empower patients as active members of their care team.</p> <p>Committee Member Considerations: Committee members should review the list of active measures within this CMS program in the appendix and consider this measure's alignment with the group. The appendix lists all active measures reported for relevant MIPS specialty sets.</p>
Staff Rating: Met

Feasibility
<p>Guiding Question: Are the tools, processes, and people necessary to implement and report on the measure reasonably available for measured entities in the CMS program?</p>
<p>The measure relies on data elements that may not exist in defined fields in electronic health records (EHRs) and may require manual chart abstraction. While feasible, this process increases staff workload and may impact reporting timeliness.</p> <p>Committee Member Considerations: Committee members with experience implementing this or similar measures in outpatient settings should reflect on potential challenges to feasibility of data collection and reporting.</p>
Rating: Met

Validity
<p>Guiding Question: Do the data and/or logic support the idea that the measured entity can improve their performance on the measure?</p>
<p>While performance on this measure is high overall, there is still room for improvement among reporting entities.</p> <p>Committee Member Considerations: Committee members with experience implementing this or similar measures in outpatient settings should reflect on potential methods to improve pain management in patients with cancer, particularly if needs for pain treatment remain unmet even when most providers are performing at or near the maximum for this measure.</p>
Staff Rating: Met

Reliability

Data are insufficient to estimate the reliability of this measure. Reliability cannot be calculated without denominators, and QPP data do not include denominators.

Reliability
<p>Guiding Question: Does the evidence show that changes in measure performance are due to improvements in quality of care? In other words, do the data demonstrate that variation in measure performance is linked to changes made to processes or behaviors to improve care?</p>
Data are insufficient to independently estimate the reliability of this measure within the performance

Reliability

period assessed. During the 2023 E&M review, subject matter experts reviewed submitted reliability testing data and concluded the following: based on the available data, individual clinicians and practices, even those with a minimal sample size, display reliability coefficients that exceed 0.80. This result indicates that the measure is highly reliable, both at individual clinician and practice levels. Therefore, the performance scores provide a true reflection of the quality of care. More information on this measure's reliability testing submitted for the prior endorsement cycle can be found in the [PQM STAR database](#).

Rating: Insufficient Information Available

Usability

Guiding Questions: Are there any known barriers or facilitators that determine whether the person or entity could improve on the measure focus? Are these barriers addressable?

This measure is reported annually to the MIPS reporting program and is a value-based measure. Based on the limited information available, the measure appears to be integrated into existing reporting processes and is generally understood by participating entities. No significant barriers to use or improvement have been identified, although unreported challenges may exist.

Annual reporting may delay feedback and limit timely recognition of improvement efforts. While this could reduce the measure's usefulness for rapid change, the information currently available is insufficient to fully assess the impact of this barrier.

A review of information provided in CMIT and STAR did not identify additional barriers or facilitators to measure use within MIPS.

Committee Member Considerations: Based on professional/personal experiences, committee members should consider any barriers to using this measure for certain measured entities as well as any potential facilitators that might promote usability within MIPS.

Rating: Met

Data Stream Parsimony

Data Stream Parsimony

Guiding Question: Does the data flow required for the measure promote non-burdensome data collection and reporting?

Based on available information, whether the data flow for this measure is fully non-burdensome is unclear. Further assessment of data collection and reporting processes is needed to determine the impact on staff workload.

Committee Member Considerations: Based on professional/personal experiences, committee members should reflect on any additional barriers to the clinical data flow that collection may add, as well as potential mitigation strategies.

Patient Journey

Patient Health Journey
<p>Guiding Question: Does the measure address the appropriate aspects of care to align with the patient health care journey?</p>
<p>The measure emphasizes regular assessment of whether patients have a plan of care for pain, which may reduce undertreatment of pain. Adequate treatment for pain is essential for managing symptoms and quality of life over time for patients with cancer. This approach aligns with the patient’s need for continuous, coordinated care throughout their health journey.</p> <p>Committee Member Considerations: Based on professional/personal experiences, committee members should consider if the measure identifies an appropriate and critical time to assess whether a plan of care for pain is adequately documented. Reflect on if this timepoint is meaningful to patients and any potential barriers or burdens associated with this timepoint in the care journey.</p>

Appendix: Active Measures in the Merit-based Incentive Payment System

Use in MIPS
<p>This measure is in the following traditional MIPS specialty sets:</p> <ul style="list-style-type: none"> • Oncology • Radiation Oncology <p>This measure is in the following MIPS Value Pathways:</p> <ul style="list-style-type: none"> • Advancing Cancer Care. View this pathway at Explore MIPS Value Pathways (MVPs) - M0001 - QPP

Measures in the MIPS Oncology Specialty Set	
CMIT ID	Measure Title
01608-01-C-MIPS	Adult COVID-19 Vaccination Status
00026-01-C-MIPS	Adult Immunization Status
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients Experience of Feeling Heard and Understood
01794-01-C-MIPS	Appropriate Germline Testing for Ovarian Cancer Patients
01651-01-C-MIPS	Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors
00073-01-C-MIPS	Appropriate Treatment for Patients with Stage I (T1c) - III HER2 Positive Breast Cancer
00091-02-E-MIPS	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy
00158-01-C-MIPS	CAHPS for MIPS Clinician/Group Survey
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
01803-01-C-MIPS	Connection to Community Service Provider
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00474-01-C-MIPS	Oncology: Medical and Radiation - Pain Intensity Quantified
00473-01-C-MIPS	<i>Oncology: Medical and Radiation - Plan of Care for Pain</i>
00541-01-C-MIPS	Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score - better)
00543-01-C-MIPS	Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score better)
01792-01-C-MIPS	Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Measures in the MIPS Oncology Specialty Set	
CMIT ID	Measure Title
00672-07-E-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
00595-01-C-MIPS	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
00596-10-C-MIPS	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
00614-01-C-MIPS	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
00623-01-C-MIPS	Radical Prostatectomy Pathology Reporting
00628-01-C-MIPS	RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy
01664-01-C-MIPS	Screening for Social Drivers of Health
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Radiation Oncology Specialty Set	
CMIT ID	Measure Title
00474-01-C-MIPS	Oncology: Medical and Radiation - Pain Intensity Quantified
00473-01-C-MIPS	<i>Oncology: Medical and Radiation - Plan of Care for Pain</i>
00596-10-C-MIPS	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
00614-01-C-MIPS	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients