# Psychological interventions for chronic headache

<table>
<thead>
<tr>
<th>Measure Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients who have been counseled to seek psychological or bio-behavioral interventions for management of chronic headache</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure Components</th>
<th></th>
</tr>
</thead>
</table>
| **Numerator Statement** | Patients ≥ 8 years of age who have been counseled to seek a behavioral health evaluation or are referred for psychological or bio-behavioral interventions* to manage chronic headache^.

*Interventions include any of the following:
- Cognitive behavioral therapy, OR
- Relaxation, OR
- Biofeedback

^“Chronic headache” is defined as a headache occurring more than 15 days per month for more than 3 months |

| Denominator Statement | Patients ≥ 8 years of age diagnosed with chronic headache without severe or profound intellectual disability who is not currently under the care of a psychologist |

| Denominator Exceptions | Patient/caregiver refuse |

| Exception Justification | Active participation is essential in psychological therapy and cannot be enforced to patients and families who do refuse such treatment. Lack of support for such therapy from insurance companies will also be a barrier, and some patients and family may refuse as a result. |

| Supporting Guideline & Other References | The following statements are quoted verbatim from the referenced supporting articles:
- “Psychological treatments are effective in reducing pain intensity for children and adolescents (<18 years) with headache and benefits from therapy appear to be maintained.”¹
- “There is evidence that psychological treatments are effective in reducing pain intensity in children and adolescents with headache, and that therapies such as relaxation and cognitive behavioural therapy (CBT) may have lasting effect for improving mood and reducing pain for chronic headache; however, it is not possible to distinguish effectiveness for migraine versus other types of chronic headache.”²
- “Children and adolescents with CDH pose a significant problem because of their impairment and of the possible social costs of their headache. Drugs, both used as preventive medications or as pain-killers, are insufficient for the management of these patients; a more global approach should be warranted, involving also a psychological support.”³
- “Providers treating pediatric migraine should be routinely recommending CBT as an evidence-based treatment strategy for decreasing pain experience and improving quality of life.”⁴ |
• “It can be safety concluded that psychological treatments have proved their efficacy on the top level of evidence, which means that methodological well-designed randomized controlled studies exist, supporting efficacy, and meta-analyses confirm these results on a hierarchically higher level.”

• “CBT for children with headache is effective both in the short and long term. Especially when standardized treatment programs are used, group sessions are highly effective in terms of headache frequency, headache duration, or headache intensity.”

• “Biobehavioral management is an essential pillar of pediatric headache management, several principles of which can be integrated into clinical practice.”

• “There is strong evidence for the efficacy of cognitive behavioral therapy, relaxation treatment, and biofeedback in reducing headache pain.”

• “As in adults, psychological therapies should be discussed with families of all children with headache as an option or complementary to pharmacological management, especially in the following situations: patients with frequent headache; chronic daily headache with high risk factors for persistence; significant stressors; associated psychiatric disorders; overuse of medication, and intolerance to or lack of benefit from appropriate drugs.”

<table>
<thead>
<tr>
<th>Measure Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Desired Outcome</td>
</tr>
</tbody>
</table>

| Opportunity for Improvement | Several reviews have showed effectiveness of psychological therapies for children with headache. Despite this evidence, few patients receive this intervention. |

| National Quality Strategy Domains |
| Patient and Family Engagement |
| Patient Safety |
| Care Coordination |
| Population/Public Health |
| Efficient Use of Healthcare Resources |
| Clinical Process/Effectiveness |

| Harmonization with Existing Measures | N/A |

| Measure Designation |
### Measure

**Purpose**
- ☒ Quality improvement
- ☒ Accountability

**Type of Measure**
- ☒ Process
- □ Outcome
- □ Structure

**Level of Measurement**
- ☒ Individual Provider
- ☒ Practice
- □ System

**Care Setting**
- ☒ Outpatient
- ☒ Inpatient
- □ Emergency Departments and Urgent Care
- □ Residential (i.e., nursing facility, domiciliary, home care)

**Data Source**
- ☒ Electronic health record (EHR) data
- □ Administrative Data/Claims
- ☒ Patient Medical Record
- ☒ Registry

### References


### Denominator

**Eligible Population**

<table>
<thead>
<tr>
<th>Denominator</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>G43.7X migraine</td>
</tr>
<tr>
<td></td>
<td>R51.X headache</td>
</tr>
<tr>
<td></td>
<td>F72 severe intellectual disability</td>
</tr>
<tr>
<td>CPT E/M Service Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>99201, 99202, 99203, 99204, 99205</td>
<td>Office or other outpatient visit 10, 20, 30, 45, or 60 minutes for the evaluation and management of a new patient;</td>
</tr>
<tr>
<td>99211, 99212, 99213, 99214, 99215</td>
<td>Office or other outpatient visit 5, 10, 15, 25, or 40 minutes for the evaluation and management of an established patient</td>
</tr>
</tbody>
</table>