Healthquest EMR Guide for Complex Care: Opioids

Reviewed in 2020

Accelerating Change Transformation Team

Panel Segmentation & Marking the Record

Achieving an accurate panel is a critical step to leveraging the EMR for managing patient care. Please refer to the Panel Identification and Panel Maintenance sections of Healthquest EMR Guide for Patient's Medical Home as needed.

Managing a patient panel to reduce harms associated with opioid use begins with identification of patients that are using opioids as well as those patients experiencing problematic opioid use. The process of identifying a sub-group of patients within the panel is panel segmentation. Marking the patient record, identifies the panel segment, by using a standardized term to facilitate the use of searches and applicable point-of-care reminders.

There are 2 panel segments of interest for this population:
1. **All patients using opioids**: includes prescribed opioids and illicit use
2. **Patients diagnosed with Opioid Use Disorder (OUD)**: a clinical diagnosis characterized by a pattern of problematic opioid use (E.g. cravings, social or interpersonal problems, tolerance, withdrawal) linked to a clinically significant impairment in function. Commonly includes patients prescribed Suboxone or Methadone.

Identifying and maintaining a list of patients using opioid medication requires an active review to ensure accuracy of information. However there are several methods to facilitate the development of panel segment patient list.

a) Panel Segment: patients using an opioid medication

Recommended method: Using the below table of common opioid medications, generate a search that will identify patient records with an active prescription. Incorporate into the search, medications either by trade names, generic names or by class, such as:

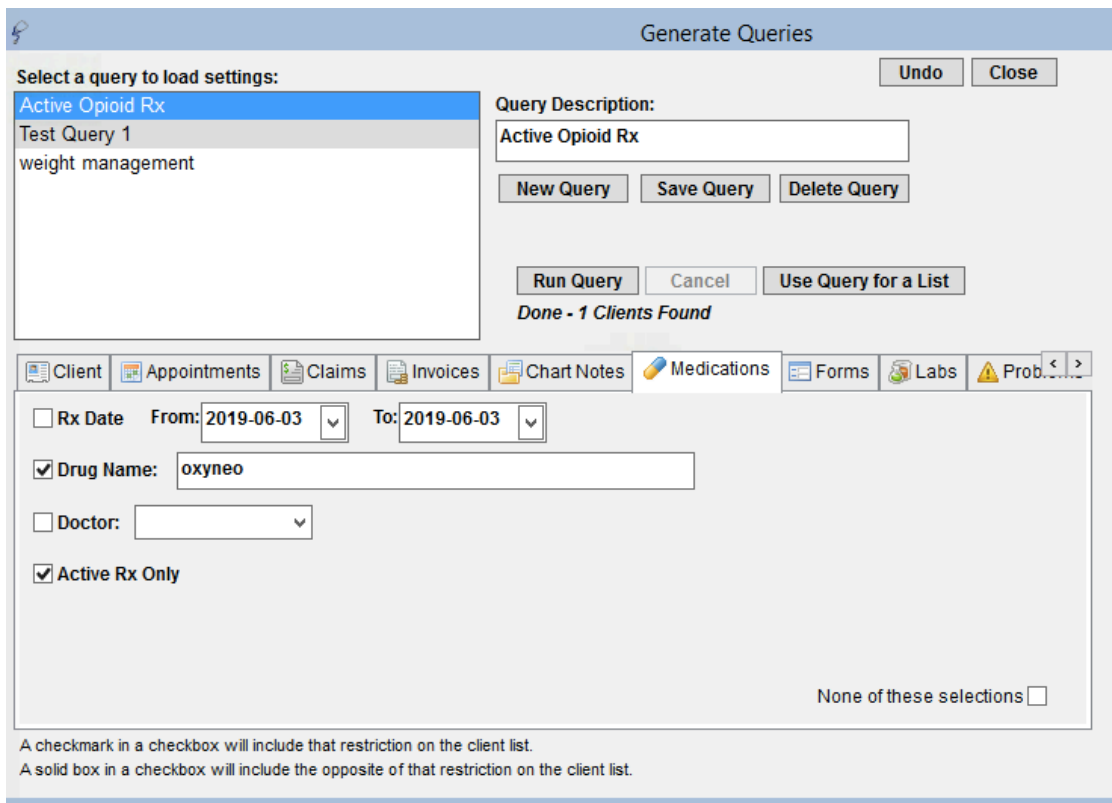| Generic Name	Trade Names
Morphine	STATEX, M-ESLON, KADIAN, MS-CONTIN
Hydromorphone	DILAUDID, HYDROMORPH CONTIN, JURNISTA
Oxycodone	OXYNEO, PERCOCET, TARGIN
Tramadol	ULTRAM, ZYTRAM XL, TRIDURAL, RALIVIA, TRAMACET, DURELA
Codeine	CODEINE CONTIN, TYLENOL #1, TYLENOL #2, TYLENOL #3, TYLENOL #4
Tapentadol	NUCYNTA
Buprenorphine	BELBUCA, BUTRANS
Fentanyl	DURAGESIC

If the list of patients is too long, break the search into manageable sizes (e.g. run a separate search for codeine and Tylenol medications).

First Option:

One option in Healthquest is to use the Query feature in Client List Manager / Worklists to generate a list of patients with an active prescription by medication. It can only search one medication at a time but the lists can be combined into a single list and managed in Worklists.

To create a list:
1) Go to Reports > Statistics > **Client List Manager**
2) Create New List – give the list a title
3) Click Queries
4) Pick the search criteria on the Medication tab and the Client tab if desired
   - See the example below to identify patients with a current active Rx for Oxyneo
5) Click Run Query and then Use Query for a List to see the list of patients.

Second Option:

To create a query in Healthquest, a second option is to use the **CDS Query Setup** feature. This feature will allow the search of the EMR for patients actively prescribed an opioid.

> **TIP:** If new to creating queries, practice some basics in using the CDS query feature by using the following resources:
>
> 1) Clinical Decision Support – Introduction (in the Microquest help videos)
>
> 2) Clinical Decision Support – CDS – Creating a Query (in the Microquest help videos)
>
> 3) Healthquest User Manual – page 310 (Clinical Decision Support)

To get to the CDS query setup feature choose:

1) Setup > Charting Setup > CDS Query Setup
2) Select "New" > write a title for your query
   Select an appropriate description for the query. If the provider(s) choose to Notify on Chart or Notify on Appointments as part of the clinic's opioid workflow the message should be meaningful to team members using it. Consider, "Active Rx for Opioid" or "Active Rx OPD"
3) Click Edit Query

Choose to make a single combined query of the patients in the clinic or on a panel of a given provider that have a current active prescription of an opioid. The following is an example query:
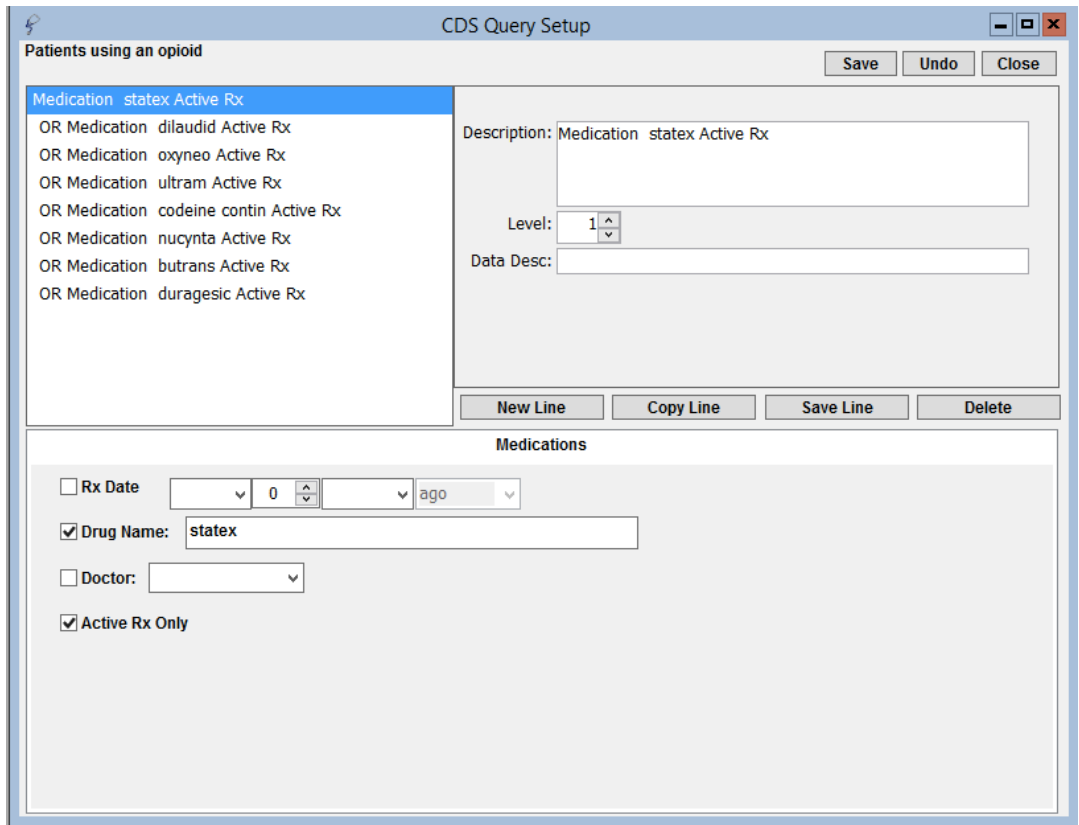
By choosing "Notify on Chart" and/or "Notify on Appointments" it will alert team members to patients that have a current active opioid prescription and satisfy the criteria to mark the chart. Building <u>many</u> queries with "Notify on Chart" and/or "Notify on Appointments" checked off it WILL SLOW YOUR EMR. Building many CDS queries without checking the boxes, there will NOT be an impact on EMR speed.

Option 3:

Another option on Healthquest to mark the chart of patients that the physician chooses is using the **Expanded Notes** feature. This must be entered individually on each patient's chart. To learn more about the Expanded Notes feature, in which coloured squares inform the clinic team that part of the patient record, see "Expanded Notes" in your help files or the Healthquest Guide for Patient's Medical Home. Expanded Notes is not a searchable feature but is useful for drawing the attention to important information.

Marking the Problem List

Once the medication lists are current and the list is reviewed by the provider, mark the patient record with the term 'Opioid Use' in the problem list. If there is a large list, contact Microquest and enquire about adding the problem in a bulk way from the list you produce.

If marking the individual chart Problems with Opioid use:

1) On a patient's chart choose the Problems tab
2) Click New
3) Write "Opioid Use" in the Problem line (when free-typing for the first patient, spell carefully)
4) Click OK
5) Fill in the rest of the fields appropriately, including the Notes field where additional information may be helpful.
6) Click Save

When the patient is no longer using opioids, change the status to "Resolved"

Additional methods to improve accuracy of list:

- Use the CPSA MD Snapshot (with physician permission) to identify patients prescribed an opioid by this physician. Patients included in this report may not be panelled patients so it's important to confirm attachment prior to adding.
- Use the providers triplicate pad to identify patients prescribed an opioid.
- Consider existing physician documentation practice and the ability to generate searches from those locations (i.e. EMR fields such as: History, Profile, Risks).
- If the physician is not using the medication module to record prescriptions, recommend a standardized process is implemented to record opioid medications in the EMR:
  - Triplicate prescriptions can be scanned into patient records and searched when standardized index word (Scanned Image Types) is used.

> **TIP:** When asking a physician to verify the EMR-generated list of patient using opioids consider including the following fields:
>
> -Name (first, last)   - Date of birth (or age)
> -Gender   - Last visit date

> **TIP:** Other sub-populations that may be of interest include:
>
> - concurrent opioid & benzodiazepine use   - over age 70 & using an opioid
> - multiple opioids   - opioid use for chronic pain
> - long-term opioid use   - Concurrent prescribed and illicit drug use

Example CDS Query to identify a patient prescribed an opioid and a benzodiazepine.

Important Note: A clinic EMR administrator can manage the words in the Scanned Image Types. Best practice is for all team members to use words in the drop down list and never to free-type words for scanned images. Free-typing leads to different words used to identify the same item and then it becomes unsearchable.

Documentation of Illicit drug use

The opioid crisis is driven by both prescription and illicit drug use. Providers caring for patients with complexities and multiple co-existing conditions can benefit from having accurate and complete information at their fingertips. Recording illicit drug use in a standardized way will enable this information to be searchable and more accessible to the health care team. With an accurate prescribed medication list and documented illicit drug use in the patient chart, this can potentially enhance clinical decision-making, ongoing management and clearer communication. Documentation of illicit drug use may also be beneficial when considering treatment options, referral to community resources or identifying higher risk patients. Consider documenting illicit drug use either at the beginning of the implementation of opioid processes or incorporate this into existing processes at the clinic.

Healthquest does not have a specific field where illicit drugs can be documented. The prescriber can record these entries like any other prescribed drug. Additionally an illicit drug can be entered as a medication favorite to help standardize the data entry. Ensure standardization to enable accurate searches. Two options are possible: a) Create an entry for each type of illicit drug. This option allows for more detail in the searches, b) create one medication favorite called 'illicit drugs' to support standardized search. Details can then be captured in the chart notes.

b) Panel Segment: patients diagnosed with opioid use disorder

Recommended method: Physician records 'Opioid Use Disorder' to the problem list/patient profile at the time of diagnosis. 'Opioid Use Disorder' criteria is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). **Once a patient has been diagnosed with 'Opioid Use Disorder', remove 'Opioid Use' from the Problem List/ Patient Profile. Each problem list entry will have an associated set of CDS Queries.** This is important for ensuring the appropriate EMR activity prompts appear.

The following searches may help generate an initial list for physician to review for potential diagnosis of 'Opioid Use Disorder' however some initial work may be required to populate the data fields:

1) Billing codes: Search diagnostic codes 304 (Opioid Dependence), 305 (Opioid Abuse), or 970.1 Opioid Agonist Therapy.

o One of the easiest ways to search diagnostic codes in Healthquest is to use the Diagnostic Summary Report. Go to

1) Reports > Statistics > Diagnosis Summary

2) This window appears:
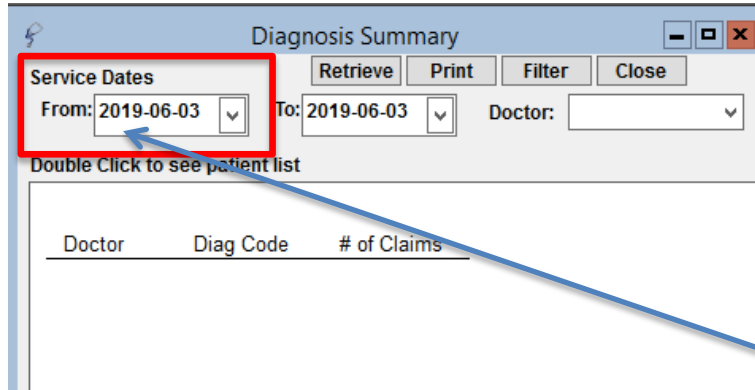
3) Change the "Service Dates From" field. Go back up to 3 years (change 2019 to 2016).

4) A list of diagnosis codes appears by provider. Look for 304, 305 or 970.1. Click on a code

Double Click to see patient list

Diagnosis Summary for Jun 04, 2000 to Jun 04, 2019

Doctor	Diag Code	# of Claims
BONNER		
	194	1
	216.2	1
	225.0	1
	354	3
	562	1
	611	1
	686	2
	710	1
	727	6
	727.4	1
	780	17
	789	1
	909	3
	Total Claims:	39
COOPER		
	435	1
	464	1
	611	1
	727	1
	814	2
	897	1
	909	2
	Total Claims:	9

5) The list of patients who were given that code appear:

(This is not a real list but from a test database)

BONNER Diagnosis Summary 780 For 2000-06-03 to 2019-06-03

Chart #	PHN	Name	Gender	Dob	Age	Home	Work	First Act.	Last Visit
1015	386704130	Justice, Elva	F	1925-04-02	94	(780) 472-2313	(780) 413-7438	2002-07-17	
1014	805082720	Patient, Baby	M	2016-08-15	2	(780) 427-6919	(780) 467-9893	2003-05-14	2009-05-11
1010	579222450	Patient, Male2	M	1922-04-10	97	(780) 475-3926	(780) 478-9341	2002-08-23	2009-09-15
1071	378078660	Phelps, Marlene	F	1937-02-13	82	(780) 465-7666	(780) 489-9871	2002-07-07	
1013	287417160	Ramos, Gregory	M	1990-10-10	28	(780) 484-9739	(780) 455-7416	2002-11-17	2004-07-05
1235	419563960	Smith, Hung	M	1919-09-14	99	(780) 426-3353	(780) 455-5595	2003-05-21	2003-11-05
1023	309688410	Spence, Eric	M	1988-11-28	30	(780) 453-1698	(780) 467-1878	2002-10-03	2009-05-11
1119	521323938	Spencer, Jacquelyn	F	1991-01-05	28	( ) -	(780) 449-9371	2002-12-24	2003-12-17
1025	149648800	Stephens, Kris	M	1944-02-18	75	(780) 439-9997	(780) 445-4459	2003-06-17	

From here, **click on an individual name and will launch to the patient's client card**. Then open the chart and add a problem such "Opioid Use Disorder" and/or enter in the Expanded Notes field.

6) Repeat the Diagnosis Summary search for the codes.

2) Clinical tools: Search a list of patients who have a Prescription Opioid Misuse Index (POMI) score of 2 or more.

In Healthquest, search for patient's that have had a POMI form completed.
Find the POMI form in the Forms tab by searching "Prescription Opioid"


Once used, the completed form will be saved in the forms tab. To record the POMI score as a searchable result that can also be graphed, use the Manual Entry feature.

3) Medications: Suboxone® or methadone prescription documented in the EMR, triplicate pad or other sources.
4) Problem Lists: Review list of patients where 'Opioid Use' or other terms that have been recorded in the problem list/patient profile.

To search for patients with any problem entered containing the word opioid use the **Client List Manager** query feature.
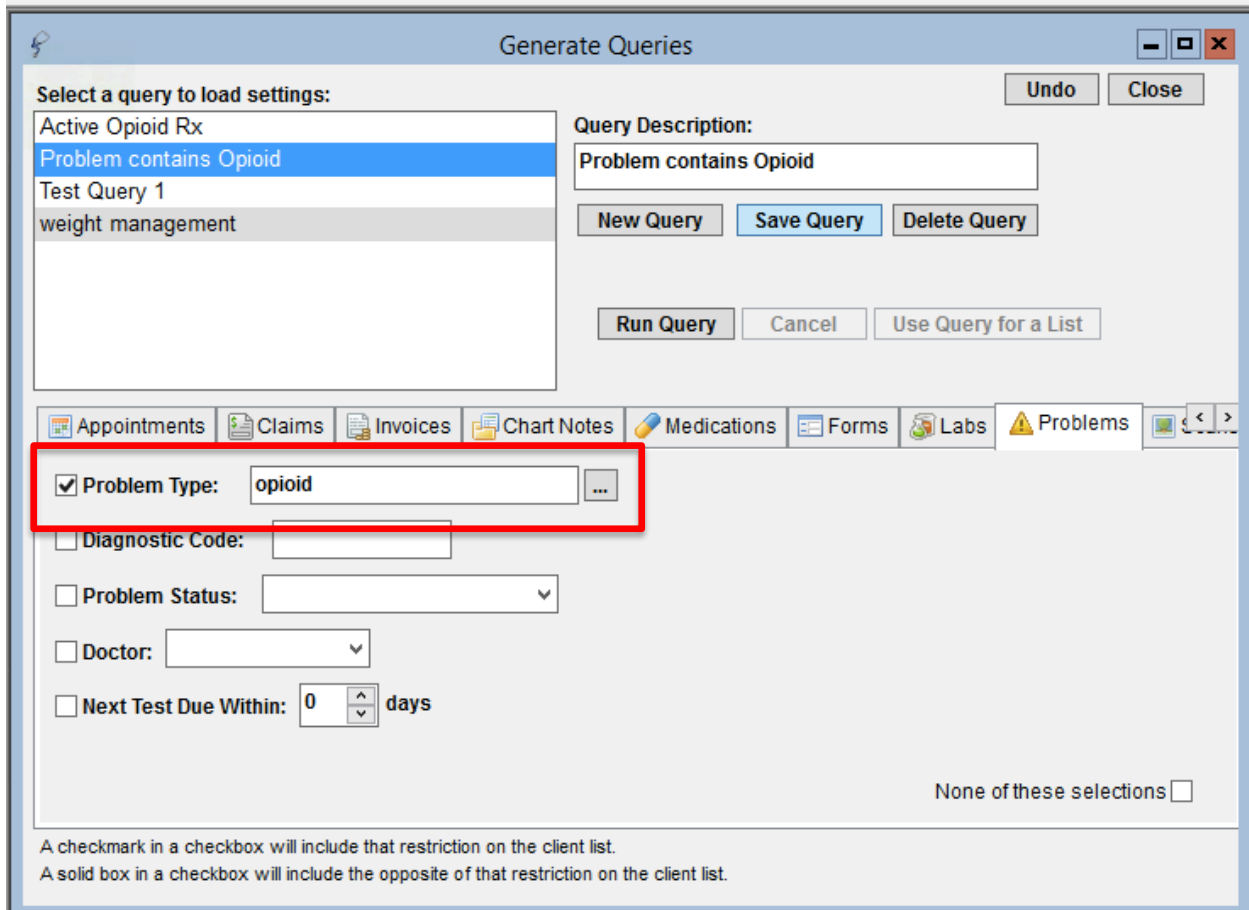
Depending on the provider documentation of problems be specific to the terms that they use. This example simply used the word "Opioid".

To see the list, click 'Run Query' and then 'Use Query' for a list.

Care Management

The following section outlines some EMR point-of-care reminders that can be enabled but this does not replace clinical judgement or consideration of individual patient circumstances. It is intended to provide a 'safety net' to alert the physician and care team to considerations in managing patients using opioids.

a) Managing Panel Segment: patients using opioid medication

Establishing point of care reminders for these care management activities can support the care team by identifying tasks that may be appropriate to be completed at the encounter or a recommendation to conduct outreach to a patient.

The six care activities recommended for 'Opioid Use' are:

1. **Review Alberta Netcare at every encounter**.

   Prior to prescribing an opioid, the Alberta Netcare medication profile should be reviewed for each patient. Many physicians find it helpful to have a team member print the medication list from Netcare before the patient visit if they do not launch from the patient record to Alberta Netcare to view it directly. The care team member assigned this task, must be able to view the problem list/patient profile section of the record.

2. **Advise patient about risks of opioid use and offer Naloxone kit**.
   Prior to prescribing an opioid the physician discusses risks and benefits of opioid therapy. It can be helpful include a 'SIG' instruction to opioid prescriptions which can be used to instruct patients to inquire about a naloxone kits to reinforce messaging. Sample SIG instruction:
   "*An opioid overdose can result in death. Ask if a naloxone kit is recommended*."

   > **TIP**: Every EMR is capable of creating provider specific medication favorites. To make data entry more efficient, this feature can be useful to save several commonly used opioid prescriptions. For more information please refer to **Making a Prescription Favorite** in the Healthquest User Guide

3. **Complete relevant assessments for pain and function**
   Ongoing work to have common assessments and templates available in all EMRs is under development. However, some providers may choose to use paper based tools to record patient assessments. Consider scanning relevant documents into the EMR with a standardized Index word to enable search functionality. A list of common assessments/templates are found the AMA website in the Opioid Resource Centre.

4. **Document, share or receive patient care plan (with permission) with patients care team members.**
Providing and coordinating care for patients diagnosed with Opioid Use Disorder may be supported by a more formalized care planning process. Review the Healthquest EMR Guide for Patient's Medical Home section: Panel Management for guidance and tools to support this process.

5. **Complete a POMI assessment (Prescription Opioid Management Index)**
Patients using an opioid medications should be periodically screened for opioid use disorder. Enter the POMI score as a manual lab entry to enable searches and point of care reminders. A POMI score of 2 or more suggests further assessment is needed and may indicate a diagnosis of opioid use disorder may be warranted. The POMI is found in Forms in Healthquest.

6. **Establish appropriate reminders for following up on opioid management at every encounter.**
Global Visit Reminders – Global reminders for patient recall/outreach for 12 weeks after any visit creates a 'safety net' for follow up on opioid treatment goal or an opportunity to remove 'Opioid Use' from problem list/patient profile.
Individualized Tasks - Opioid therapy reassessment is very important, and the College of Physicians and Surgeons of Alberta has established suggestions based on dosing stage (see table below). Developing an individualized recall notice that matches this schedule should enhance patient care.

In Healthquest this may be supported by the following features:
1) CDS Notifications – based on patients with an active opioid prescription. The CDS Notification would indicate to provider and team that a patient has an active prescription and they would have to monitor the visit frequency.
2) Client Worklists – use the Client Worklists feature to monitor and reach out to patients to ensure the appropriate visit frequency. From the patient record launch to Client Worklists and create a reminder to book the next visit with the patient.

Dosing Stage	Recommended Visit Frequency
Dose Taper	Weekly
Dose Adjustment	4 Weeks
Stable Dose	12 Weeks

b) Managing Panel Segment: patients with opioid use disorder

Patients with 'Opioid use disorder' will require care activities 1-4 as outlined in the 'Opioid Use' section. These patients will not require a POMI tool to be completed because the diagnosis of OUD has already been made.

Additional care activities for 'Opioid Use Disorder' include:

1. **Establish reminders for follow-up**
   Use Worklists for patient recall/outreach for 12 weeks after any visit creates a 'safety net' for follow up on opioid treatment goal.

2. **Opioid Agonist Therapy (OAT).**

   a. **Offer of OAT Reminders**
   CDS Notifications to offer OAT for all OUD patients every 3 months.

   > **TIP**: Create a CDS Notification based on the active problem of Opioid Use Disorder to offer opioid agonist therapy (OAT) every three months.

   b. **Documented offers of care**
   Documenting the offer of care for OAT is an important step as it demonstrates due diligence in the provision of quality care and as it is expected to take multiple offers of care to build patient readiness to address Opioid Use Disorder.

   The recommended approach for documenting offers of OAT is to use the Manual Entry feature of Healthquest. After the first entry, a provider can select from drop down menus for quick entry. It is important to use 2 different configured manual entry options for the different outcomes of the offer of OAT to support documentation of all offers of care and future offers of care reminders.

   - **Offered/ Accepted** – Select this option if a patient has accepted the offer of OAT to be provided in the medical home or a referral to an OAT prescriber has been completed

Documenting an offer of OAT:

How the offer appears in the lab results in the patient chart:

- **Offered/ Declined** – Select this option if the patient was offered OAT but declined. Patients may receive many offers before they accept. At the patient level a provider could track how offers were made before OAT was accepted.

> **TIP**: If a clinic team is using the Expanded Notes feature this may be second option to record this information. Manual Entry would be searchable/measurable and a team could easily see a history of offers that would require a history of entry in Expanded Notes.
>
> For a QI project it is recommended to use Manual Entry.

Quality Improvement and Measurement

Quality improvement (QI) is a systematic approach to monitoring practice efforts, review and reflect on the current state and to look for opportunities of improvement. Measurement can be a way to monitor clinic operations and monitor improvement. How and why the team uses measurement may require a discussion with the team and the improvement facilitator. Consider the reason for measurement; is it a spot check or long term monitoring? A team can benefit from reflecting on data produced from the EMR to help inform next steps, focused follow-up or ongoing patient monitoring.

The following examples are searches that a team may wish to perform in their EMR for their patients who use opioids:

- **Number of active patients prescribed an opioid medication**
  See pages 2-4 for the example of how this query is created.

- **Number of patients assessed with a standardized tool (i.e., POMI tool)**
  This is a simple search in the Client List Manager Queries
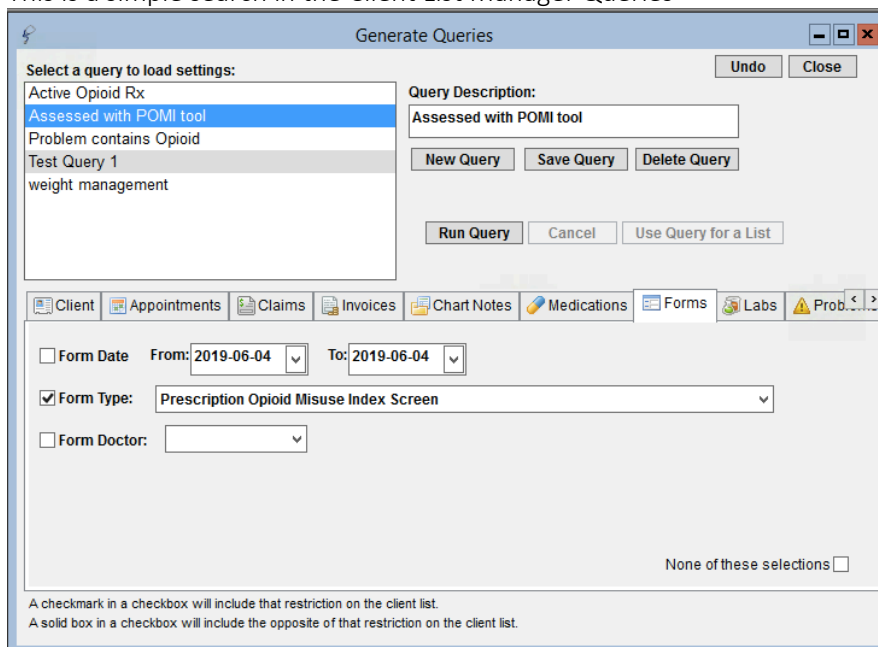
- **Number of patients with a documented opioid checklist**
  Once the form is added to Healthquest this could be searched similarly to the POMI tool use as shown in the example above.

- **Number of patients with at least one assessment completed (any tool that assesses pain, function, mental health, etc.**
  Once the form is added to Healthquest this is searched in the same way as the POMI or the opioid checklist.

- **Number of patients offered OAT (using manual labs to track offers)**
  Once the clinic has recorded at least one manual lab entry for an offer of OAT, they can be searched this way.

The offers may also be searched in Client List Manager > Queries

- **Number of patients with a documented care plan**
  Search the Form you are using for documenting care plans in Client List Manager > Queries using the Forms tab. You can also add the date period you are searching during which the form was used.

This example shows the Complex Care Plan (03.04J) Template.

- **Number of patients with an overdue reassessment**

Microquest has already created a search for patients due for a 03.04J. This search may be found in Reports > Client Lists > Complex Care Plan Eligible Patients. Note: Once the new care plan template is added to Forms, speak with Microquest about duplicating this search with the revised and improved template.

If Worklists are being used to manage individual assessment recalls and reminders, team members can use the features of Worklists to identify patients overdue.

The CDS search for an overdue assessment is more complex. The search would involve searching for a patient that has had the assessment used in the past but not within a recent period of time. This can be set up as a safety net to identify patients overdue.

Part 1 of the search: Identify patients that have had a Patient Agreement for Opioid Therapy in the past.

Options:
- include only patients with the past agreement in the past 2 or 3 years

Part 2 of the form identifies patients without the Patient Agreement for Opioid Therapy in the last year.

Decide what measures are meaningful to the team. Start simply, by choosing 1 or 2 measures and expand the work where desired.

TIP: Were some searches unable to be performed because the data was not standardized in the EMR? Discussing as a team what documentation/charting may need to change moving forward for the purpose of patient population monitoring and process improvement.