EMR Guide for Complex Care: Opioids

Background

There is currently an opioid crisis in Alberta. In 2018, two Albertans died each day as a result of opioids, and this is impacting communities across the province.[1] As many as one in five Albertan's over 25 are experiencing chronic pain.[2] Survey results indicated that one-third of patients, or another member of their household, had spoken to a physician within the past year about using an opioid to manage their pain.[3] Opioids are powerful medications that require careful monitoring. Physicians and team members are part of the solution by engaging in conversations about opioid use, identifying patients at risk, optimizing patient care management and prescribing, supporting patients to initiate & maintain opioid agonist therapy and coordinating care with other parts of the system to support patient needs.

This EMR guide will provide recommendations about how to utilize the EMR to coordinate care management for this complex and vulnerable population. These actions are important steps on the journey of creating a patient medical home. There are additional options to explore within the features and functionality of the EMR to accomplish the recommended steps outlined in this section of the guide. EMR specific guides are available online at:
http://www.topalbertadoctors.org/tools--resources/emrsupports/#vendor

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 Guiding Principles to Effective Use of EMR for Patient's Medical Home Work 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.

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[1] Alberta Health, Analytics and Performance Reporting Branch. Alberta opioid response surveillance report: 2018 Q4 [Internet]. Edmonton, AB: Alberta Government; 2019 Mar. Available from: https://open.alberta.ca/dataset/f4b74c38-88cb-41ed-aa6f-32db93c7c391/resource/0654bbdd-f26e-4add-9ffd-b7146fd25554/download/opioid-response-surveillance-report-2018-q4.pdf

[2] Reitsma ML, Tranmer JE, Buchanan DM, VanDenKerkhof EG. The epidemiology of chronic pain in Canadian men and women between 1994 and 2007: Results from the longitudinal component of the National Population Health Survey. Pain Res Manag. 2012;17(3):166–72..

[3] Alberta Medical Association, ThinkHQ Public Affairs Inc. Exploratory research: Opioid incidence among Alberta patients [Internet]. Edmonton, AB: Alberta Patients; 2018 May. Available from: https://thinkhq.ca/albertapatients-ca-exploratory-research-prescription-opioid-use-among-alberta-patients/

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).

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/patient profile using the Bulk Actions features.

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 term 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)
-Gender
- Date of birth (or age)
- Last visit date

TIP: Other sub-populations that may be of interest include:

- concurrent opioid & benzodiazepine use
- multiple opioids
- long-term opioid use
- over age 70 & using an opioid
- opioid use for chronic pain

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 Rules, Reminders and Triggers.** 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:

- Billing codes: Search diagnostic codes 304 (Opioid Dependence), 305 (Opioid Abuse), or 970.1 Opioid Agonist Therapy.
- Clinical tools: Search a list of patients who have a Prescription Opioid Misuse Index (POMI) score of 2 or more.
- Medications: Suboxone® or methadone prescription documented in the EMR, triplicate pad or other sources.
- Problem Lists: Review list of patients where 'Opioid Use' or other terms that have been recorded in the problem list/patient profile.

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. 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: Virtually 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 the Creating Medication Favorites section of EMR 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 keyword to enable search functionality. A list of common assessments/templates are found in Appendix.

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 materials related to Patients Collaborating with Teams (PaCT) for guidance and tools to support this process.

5. **Complete a POMI assessment**
   Patients using an opioid medications should be periodically screened for opioid use disorder. Enter the POMI score as a manual lab entry or using EMR specific unique features 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.

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.

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**
   Global visit reminders 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

Global reminders to offer OAT for all OUD patients every 3 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 lab entry function. For some EMR's, once configured in advance, a provider can select from drop down menus for quick entry. It is important to use 2 different configured manual lab 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
- 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.

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
- Number of patients assessed with a standardized tool (i.e., POMI tool)
- Number of patients with a documented opioid checklist
- Number of patients with at least one assessment completed (any tool that assesses pain, function, mental health, etc.
- Number of patients offered OAT (using manual labs to track offers)
- Number of patients with a documented care plan
- Number of patients with an overdue reassessment

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.

Appendix:

Assessments and Templates to Support Complex Care: Opioids

Recommended tools and templates

Opioid Risk Tool
- Administered to patients prior to initiating opioid therapy. The Opioid Risk tool is a segment of the larger and more comprehensive Opioid Manager Risk Tool.

Prescription Opioid Misuse Index (POMI) Tool
- Screening tool for Opioid Use Disorder diagnosis

Care Planning Template (NEW PaCT Version)
- Used to support care planning by the team with patient involvement.

Other commonly used tools and templates

The Opioid Patient/ Provider Conversation Checklist
- This is a conversation tool to clarify roles & responsibilities for patients and physicians when using opioids

Brief Pain Inventory (BPI)
- Used to assess the severity of pain and the impact of pain on daily functions

Clinical Opiate Withdrawal Scale (COWS)
- Administered by clinicians to determine the stage or severity of opioid withdrawal

Subjective Opiate Withdrawal Scale (SOWS)

A self-administered scale for grading opioid withdrawal symptoms

Opioid Manager Risk Tool
- A point of care tool for providers to support patients taking an opioid
- This tool has been created as a template for Accuro, Healthquest and PS Suite.

As the clinic begins developing processes that support the opioid population, most templates will be manually completed and scanned into patient records and searched when standardized keyword is used. If EMR expertise exists, all above templates can be created as fillable forms and templates in the EMR. Contact your vendor if training on creating forms and templates is desired.