Accuro EMR Guide for Complex Care: Opioids

Reviewed in 2019

Accelerating Change Transformation Team

Panel Segmentation & Marking the Record

Establishing and maintaining 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 Accuro 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.
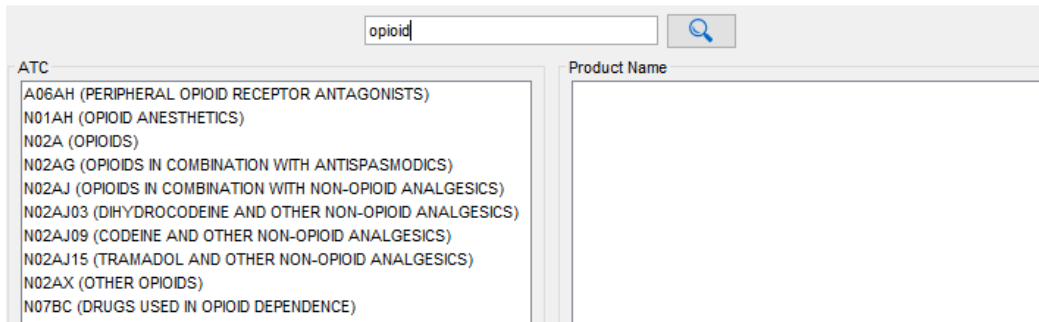
a) Panel Segmentation: patients using an opioid medication

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

To identify all patients currently prescribed an opioid the simplest search will search will be by Class. In Accuro, the ATC database of medications displays several options. Most prescribed opioids will be included under NO2A (Opioids). When running queries, the additional categories shown below may be needed to ensure that the list by class is accurate.

⊙ Classification Search

	opioid	🔍

ATC
A06AH (PERIPHERAL OPIOID RECEPTOR ANTAGONISTS)
N01AH (OPIOID ANESTHETICS)
N02A (OPIOIDS)
N02AG (OPIOIDS IN COMBINATION WITH ANTISPASMODICS)
N02AJ (OPIOIDS IN COMBINATION WITH NON-OPIOID ANALGESICS)
N02AJ03 (DIHYDROCODEINE AND OTHER NON-OPIOID ANALGESICS)
N02AJ09 (CODEINE AND OTHER NON-OPIOID ANALGESICS)
N02AJ15 (TRAMADOL AND OTHER NON-OPIOID ANALGESICS)
N02AX (OTHER OPIOIDS)
N07BC (DRUGS USED IN OPIOID DEPENDENCE)

Product Name

> **TIP:**
>
> - Some physicians may only prescribe a few types of opioids. Ask, and that will help limit the search.

Additional considerations to improve accuracy of medication 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 patients using opioids consider including the following fields:
>
> -Name (first, last)   - Date of birth (or age)
> -Gender   - Last visit date

Columns in Accuro queries are flexible; however, the list of available fields to display is not unlimited. Name, gender, DOB, PHN and other common columns appear by default. To add the last visit date column, add

the rule for Appointment Date, then Run Report. From there the column options will become visible to include and exclude.

For most clinics, searching by class 'Opioids' will capture most prescribed opioids. This search example below will not capture Suboxone or Methadone in the list. Note below, the logic specifies excluding of external prescriptions. Consider whether the patients receive their opioid prescriptions elsewhere. You may need to include external prescriptions as needed.

To search both opioids and buprenorphine (Suboxone) together the search will need to include both classes. (Note the name of this class as 'buprenorphine combinations')

If the list of patients is too long, break the search into manageable sizes (i.e., by age, one provider at a time, or search individual medications most commonly prescribed). Below is an example of a search for a specific medication.

Oxycontin Search

Current Rules

Prescription = 'oxycodone HCL 10 mg Oral Tablet, Extended Release 12 Hr' *AND* **Prescription Status** = 'Active' *AND* **Prescription External** = False

Once the medication lists are current and the list is reviewed by the provider, mark the patient record with the term 'Opioid Use' to the History of Problems in the medical history band.

Cohorts

See Accuro EMR Help File for Cohorts for additional learning material.

In addition to adding 'Opioid Use' to the history of problems, create a Cohort using the 'Cohort' feature. Once the search is displayed, select the action 'Create Patient Cohort' (if this is the initial list) or 'Assign to Patient Cohort' (if you are adding patients to the Cohort at a later time).


Once a cohort has been created, this population of patients can be managed with the help of that feature. They are provider specific and cohorts can be added to a query as either an inclusion or exclusion rule. Cohorts rule can be found under the demographics category in query builder.

Custom Diagnostic Codes

The database of diagnoses is tied to the ICD9 codes used for billing. There is no ICD9 code for 'Opioid Use' or 'Opioid Use Disorder'. Custom diagnostic codes are added easily in a patient chart. Consider creating these in a test patient's chart to avoid accidentally applying to a real patient chart. Select the green plus sign under History of Problems.

Click the green plus sign again when the diagnostic search box appears.
Choose a custom code and add the description 'Opioid Use'. Create another custom code for 'Opioid Use Disorder'. Now that the codes are in Accuro they can be applied quickly to any patient appropriately.
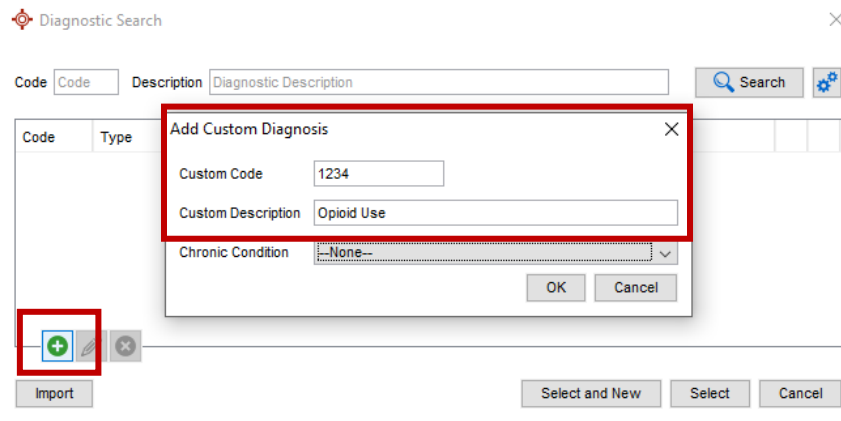
Codes can be made favorites to make them easy to find. Click the star beside the custom code and it will turn yellow. The next time a provider wants to add this to the history of problems, the custom codes will appear in the favorites list.
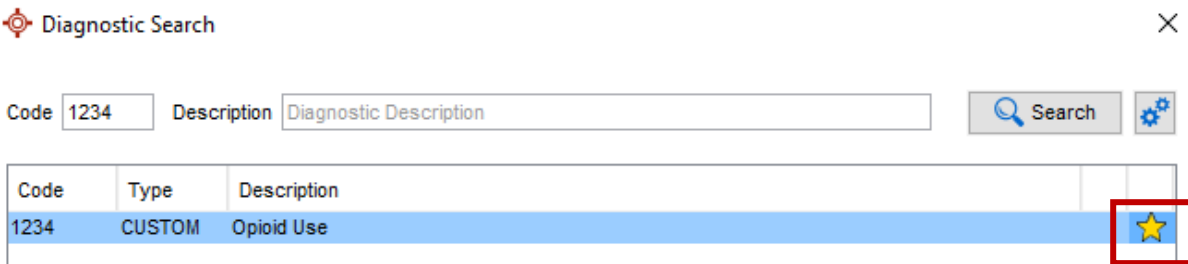
Documentation of Illicit drug use

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.

Illicit drugs can be documented as either an External Medication or in the Manage Alternative Health Products. External medications are for recording prescriptions that other providers outside of the clinic have prescribed to the patient, whereas alternative health products are for prescriptions that the providers in the clinic prescribe for non-drug items. Items entered in the Alternative Health Products show up in the medication searches when making a new prescription in the same way as regular drugs. Once a list has been created in the Alternative Health Products it will then appear in the Drug Search and can be selected in the regular Prescriber, the External Medications or the Alternative Health Products.
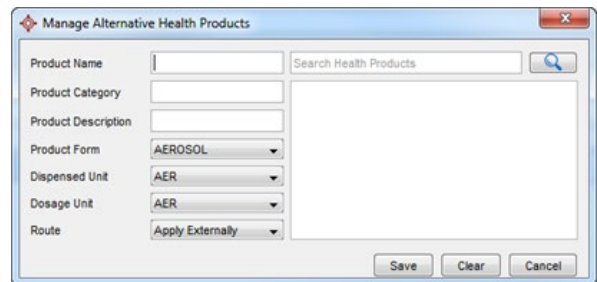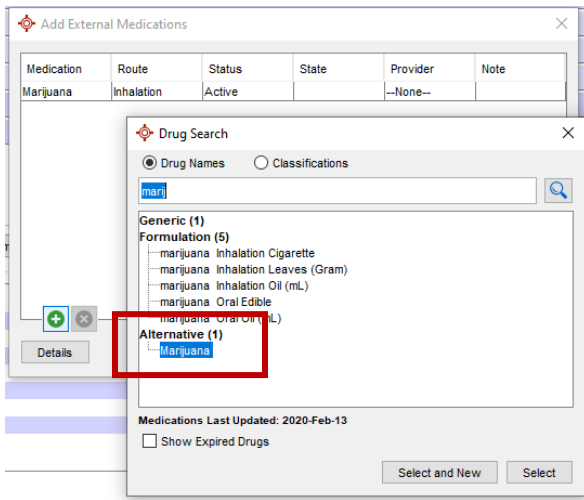
To customize the Manage Alternative Health products:

- Target
- Configuration
- Manage Alternative Health Products

> **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

The query shown below is an example of how to combine populations such as concurrent opioid and benzodiazepine use.


b) Panel Segment: patients diagnosed with opioid use disorder

Recommended method: Physician records 'Opioid Use Disorder' in 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 alerts.** This is important for ensuring the appropriate EMR activity prompts appear.
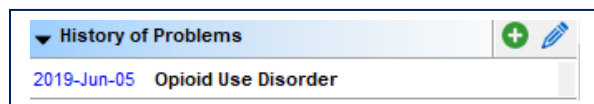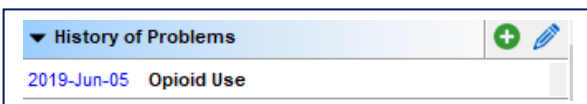
Alert definitions can be uploaded and downloaded. It is worth checking to see if another Accuro user has already uploaded a definition that may suit the provider's requirements. If there is one (or there is one that is close) it can be downloaded and updated to suit the clinic's requirements. Similarly, if the provider or staff have spent time creating a good alert definition, it can be uploaded it so it is available for other clinics to use. The Query Builder is used to run queries on the database to extract a subset of patients, such as 'Opioid Use'. The resulting subset of patients can be printed off as a report or have actions taken such as creating a task or alert for them. See Accuro EMR Help Files on Alert Definitions for additional learning material.

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. The Query Builder will create a list of patients like this, but there is a good pre-built query for this purpose. Select the **Target > Reports> Reports> Patients by Diagnostic Code**

- Clinical tools: Search a list of patients who have a Prescription Opioid Misuse Index (POMI) score of 2 or more. Recording the POMI score as a manual lab will make this easily searchable. Manual lab entry requires some configuration. See Accuro EMR Help file on Creating a Manual Form for more learning material.

- Medications: Suboxone® or methadone prescription documented in the EMR, triplicate pad or other sources. The same search shown earlier in this document is ideal for this data. Triplicate pads or data entered in other areas of the EMR may need a manual review.

- Problem Lists: Review list of patients where 'Opioid Use' or other terms that have been recorded in the History of Problems. The Query Builder will create a list of patients like this, but there is a good pre-built query for this purpose. Select the **Target > Reports> Reports> Patients with Medical History**

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/ alerts 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*."

Once a provider in the clinic has created some prescription favorites they can be shared with other providers.

Below is an example of a prescription written with the sig instructions for Naloxone. To add as a prescription favorite, click the yellow star at the bottom.

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

> **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 Prescription Favorites section of Accuro EMR guide.

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 using an opioid 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 medication should be periodically screened for opioid use disorder. Enter the POMI score as a manual lab entry to enable searches and alerts. 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 an 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. The workflow for global visit reminders will look more like individual visit reminders. Ideally set up a query for any patient who has not been seen in 12 weeks that can be run monthly. Then apply a task to those patients for follow up. A query of patients can be printed off as a report or have actions taken such as creating a task or alert for them.

   Once the task is applied, it will appear in the name banner of the chart.

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

   a. **Offer of OAT Reminders**

   Global reminders to offer OAT for all OUD patients every 12 weeks. Create a query of all patients in a cohort or using a custom diagnostic code who DOES NOT have an offer of OAT in the last 12 weeks. Select an action> create a task> (that will apply an alert to the chart).

   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. From the patient chart, add the offers of OAT from the labs.
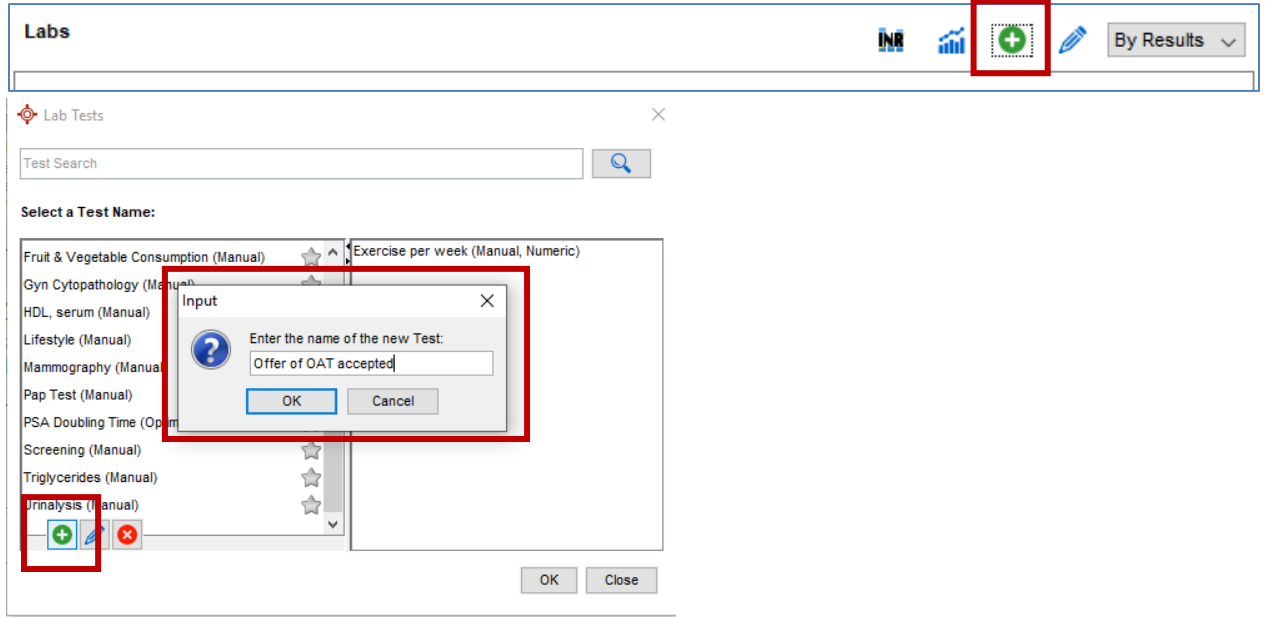

- **Offered/ Declined** – Select this option if the patient was offered OAT but declined. Patients may receive many offers before they accept. At the patient level a provider could track how offers were made before OAT was accepted. Create this similar entry for 'Offers of OAT Declined'.

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 queries that a team may wish to perform in their EMR for their patients who use opioids:

- Number of active patients prescribed an opioid medication
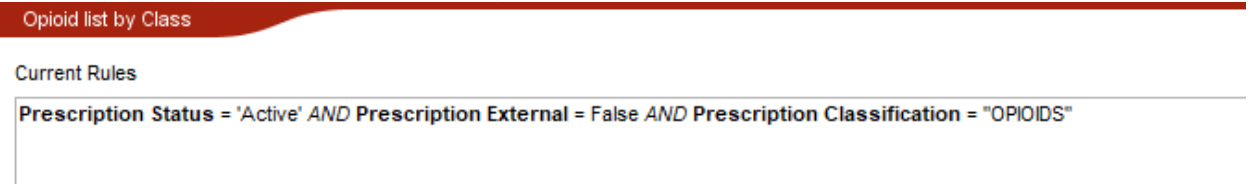
- Number of patients assessed with a standardized tool (i.e., POMI tool)

Patient requires a POMI Assessment

Current Rules

Form Date In the Last 3 Months *AND* Form = 'POMI Tool'

- Number of patients with a documented opioid checklist. This query uses the custom code created for Opioid Use (1234) and Opioid Use Disorder (1235).

Pts taking an opioid with an opioid checklist

Current Rules

Document Description Contains 'Opioid Checklist'
Diagnosis = '1234' *OR* = '1235'

- Number of patients with at least one assessment completed (any tool that assesses pain, function, mental health, etc. This example shows the Brief Pain Inventory. Other queries could use the PHQ9, GAD7 or other tools used for pain and function. Alternatively, the query can use a cohort or patients instead of the custom diagnosis codes.

Pts taking an opioid need Brief Pain Inventory

Current Rules

Diagnosis = '1234' *OR* = '1235'
Document Description Contains 'Brief Pain Inventory' *AND* **Document Received Date** In the Last 3 Months

- Number of patients offered OAT (using manual labs to track offers). This search relies on having the manual lab option configured with entries in the charts.

Offer of OAT Accepted

Current Rules

Lab Test Contains 'Offer of OAT Accepted' *AND* **Only Check Latest Result** *AND* **Include Reviewed Labs**

- Number of patients with a documented care plan. Options to alter this query: If the clinic has not created a cohort, the query can be done with diagnostic custom codes.

Pts taing an opioid with a documented care plan

Current Rules

Form = 'AB Care Planning Template'
Patient Cohort of Pts taking Opioids contains the patient.

- Number of patients with an overdue reassessment. This query searches any patient in the Opioid Cohort who have not had a care plan reassessed in the last 3 months. Options to alter this search are: replace another tool such as the POMI for reassessment or replace the cohort with patients that have the custom diagnostic code created for Opioid use or Opioid Use Disorder.

Pts taking an opioid need care plan reassessment

Current Rules

Form Date In the Last 3 Months *AND* Form = 'AB Care Planning Template'
Patient Cohort of Pts taking Opioids contains the patient.

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.