Med-Access 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 use the Med-Access EMR to coordinate care management for this complex and vulnerable population. These actions are important steps on the journey to creating a patient medical home. There are additional options to explore within the features and functionality of Med-Access to accomplish the recommended steps outlined in this section of the guide. EMR specific guides are available online at:

https://actt.albertadoctors.org/EMR/Pages/default.aspx

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 Med-Access 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

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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: Alberta Opioid Response Surveillance Report

[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/

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 two 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

In Practice Management Reporting, create a search to generate a list of patients with an active prescription by medication.

Here is a sample search containing each of the drugs above:

You'll notice the search is looking for medications that "contain" the generic name of the drug. This is likely to deliver the most complete result. Searching by ATC class can be less accurate because not all of the applicable drugs fall within the N02A classification.

Searching for "Active and Recently Active" will include patients whose prescriptions have recently expired.

Using "All" will find both "continuous" and "short term" prescriptions.

The date range here is very broad so no prescriptions are missed.

The Medications module allows you to search by provider so you can search "All" or one at a time.

If the list of patients is too long, you can break the search into manageable chunks by limiting its parameters (i.e., by age, one provider at a time, or search individual medications most commonly prescribed).
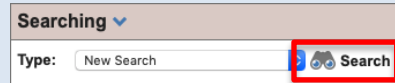
Marking the Profile for Opioid Use

Once the medication lists are current and the list is reviewed by the provider, create an "Opioid Use" entry in the patient's Profile. This can be a simple Medical category entry with "Opioid Use" in the diagnosis field:

1) In the patient's chart choose the Profile tab
2) Click New
3) Choose category "Medical"
4) Write "Opioid Use" in the Diagnosis line (when free-typing spell carefully) Note: there is no ICD9 code for opioid use, so for this profile entry the "Code" field remains blank
5) Make sure Status is "Current"
6) Fill in the rest of the fields appropriately, including the Notes field where additional information may be helpful.
7) Click Save

Your Profile entry may look something like this:

Custom Diagnostic Codes

The database of diagnoses is tied to the ICD9 codes used for billing. There are no ICD9 codes for 'Opioid Use' or 'Opioid Use Disorder'. Custom diagnostic codes can be easily added in Med-Access. If you decide you want to do so, consider creating them in a test patient's chart to avoid accidentally applying to a real patient chart. Once they are created they can be used in any patient's chart.

1. Start with a blank "Medical" profile entry and click the binoculars next to the "Diagnosis field:

2. In the Indications Management window that opens up type "Opioid Use" in the "Description" field and create a code for your new indication in the "Code" field

3. Click to add your new indication to the list

Codes can be made favorites to make them easy to find. Click the first heart beside the custom code to make it a personal favourite, and the second heart to make it a clinic favourite:
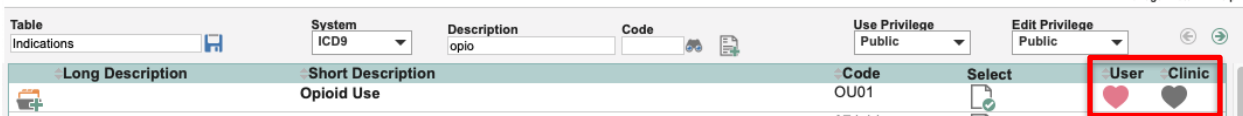
Indications Management

Long Description	Short Description		Code	Select	User	Clinic
	Opioid Use		OU01		♥	🖤

The next time a provider wants to add this to the history of problems, the custom codes will appear in the favorites list. When the patient is no longer using opioids, change the status to "Past"

> **TIP:** If you have a large list it might be worthwhile to create a Profile Template for 'Opioid Use' that can be applied to multiple charts at once using the **Services > Apply Profile** bulk update feature.
> - Information on creating templates can be found in the help files under: **Administration and Configuration > Template Management**
> - Information on using the bulk update feature can be found in the help files under: **Reports > Execute Service**
>
> *Note: Help files are accessed from within the EMR instance, therefore useable links cannot be provided. Where videos exist for additional learning material links have been provided in this document.*

Additional methods to improve the accuracy of your 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 naming conventions are used.

> **TIP:** When asking a physician to verify the EMR-generated list of patients using opioids use the "Patients List" print output so the patient's demographic information will be included in the report.

> **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:

Add a second "Medications" module by clicking in the plus sign. Adding a second module allows you to give your query an "and" command to search for patients who are taking a medication specified in the first nodule AND one specified in the second module.

Here we have used the drug class field instead of the name field since there are so many different names for benzodiazepine drugs.

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 a Simple Rx, and External Rx or a Non-Drug Rx. External prescriptions are ordered by other providers outside your clinic. Non-Drug Rx's as often used to prescribe things such as Massage, 0xygen therapy, etc. Any of these options can be used. When entering an external prescription, no information is mandatory. Standardize among physicians as well as the list of illicit drugs to enable searches.

b) Panel Segmentation: patients diagnosed with Opioid Use Disorder

Marking the Profile for Opioid Use Disorder

At the time of diagnosis, the physician records an 'Opioid Use Disorder' entry in the Patient profile. 'Opioid Use Disorder' criteria are listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This should be a Medical category entry:

1) In the patient's chart choose the Profile tab
2) Click New
3) Choose category "Medical"
4) Type Opioid Use Disorder into the "Diagnosis" field
5) Make sure Status is "Current"
6) Fill in the rest of the fields appropriately, including the Notes field where additional information may be helpful.
7) Click Save

Your Profile entry may look something like this:

Once the patient has been diagnosed with 'Opioid Use Disorder', remove the 'Opioid Use' Profile entry (if it exists). Opioid Use Profile entries and 'Opioid Use Disorder' entries may each have an associated set of CDS Triggers. See the Care Management section of this guide for the recommended reminders and activities. This is important for ensuring the appropriate clinical decision supports appear.

Searching for Patients who May Have Opioid Use Disorder

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) **Diagnostic codes**: Search diagnostic codes 304 (Opioid Dependence), 305 (Opioid Abuse), or 970.1 Opioid Agonist Therapy. One of the easiest ways to search diagnostic codes in Med-Access is to use the Visit module in Practice Management Reporting. Your search could look something like this:

Opening the Demographics module allows us to specify that we want active patients only, but limits us to searching by one provider at a time.

Ask your provider if they have another way of coding an opioid dependence diagnosis and include it here if possible

"Signed" is specified to ensure that only complete visits are included in the search.

From here view the list by clicking Search and then **click on an individual name and launch to the patient's chart** then add a Profile item. Click reports > Print Preview

 to export a list for the provider to review.

2) **Clinical tools**: Search a list of patients who have a Prescription Opioid Misuse Index (POMI) score of 2 or more.
    o Med-Access does not currently have any system supports for the POMI tool, but it is easy and quick to create a new POMI Score observation that can be added to visits, tasks or already existing templates:

- Users with administrative access can click "Templates" to go to the "Template Management" module

- From there click the "Observations" tab

- In the "Observation Templates" area click "Types" and then click "New"

The observation can be very simple with just a name and a data type.

- Now add this observation to any existing opioid templates, or use it on its own by adding it into visits or tasks
- Click on the three bars next to Observations and then click "Add Observation"

- Type POMI in the Description field and then click the binoculars

- Your new observation is now ready to use. It can be searched and will allow you to track your patient's history of POMI Scores

3) **Medications:** A Suboxone® or methadone prescription documented in the EMR, triplicate pad or other sources may indicate an opioid use disorder.
4) **Profile**: Review the list of patients where 'Opioid Use' or other indicative terms have been recorded in the profile.
   - To search for patients with any "Profile" item entered containing the word "opioid" use the "Profile" module of "Practice Management Reporting". The search may look something like this:

Active Patients of Dr. Test

Category is Medical and Status is Current

Diagnosis field contains "opioid"

> **TIP:** It is important to always discuss these searches with the providers before generating lists. Depending on how they document their Profile entries may dictate how to build the report in order to have success.

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 Segmentation: 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. CDS Triggers can be created for each of these activities if desired.

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 themselves. 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 your pharmacist if a naloxone kit is recommended."

> **TIP**: Med-Access is capable of creating provider specific medication favorite templates. To make data entry more efficient, this feature can be used to save several commonly used opioid prescriptions. For more information please refer to the Med-Access Help files: **Patient Chart > Meds > Create New Prescription > Create New Prescription (yes select this last option twice!).**

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 in Appendix A.

   Med-Access comes pre-loaded with helpful templates for Opioid Visits, Risk assessment and Opioid Switching:

Attachment		*Agreement Letter: Opioid Therapeutic D...	Opioid medication treatment agreement for patien...	system
Attachment		*Agreement Letter: Patient Agreement fo...	Purdue - Patient Agreement for Opioid Therapy (...	system
Attachment		*DIRE Opioid Risk Assessment	D.I.R.E. Score: Patient Selection for Chronic Opio...	system
Attachment		*Letter: Termination of Opioid Therapy	Termination of Opioid Therapy Form	system
Attachment		*Opioid Manager (CA)	Opioid Manager (CA)	system
Attachment		*Opioid Manager - Switching Opioids	Opioid Manager - Switching Opioid Form	system
Attachment		*Opioid Risk Tool	Categorical risk assessment for opioid use	system
Attachment		xOpioid Risk Tool - Female	A component of the *Opioid Risk Tool	system
Attachment		xOpioid Risk Tool - Male	A component of the *Opioid Risk Tool	system
Medical		*Opioids	Opioids monitoring, part of the PSP Pain Manage...	system
Visit		*Opioid Manager - Initiation Trial		system
Visit		*Opioid Manager - Maintenance & Monit...		system

   The highlighted templates are especially useful and should be made clinic favourites. They can be used as they come, or copied and then modified to suit clinical needs. Using the "Maintenance & Monitoring" template at every visit will enable easy creation of reminders for follow up (see #6).

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 Med-Access EMR Guide for Patient's Medical Home **Panel Management** section for guidance and tools to support this process.

5. **Complete a POMI assessment (Prescription Opioid Management Index)**
   Patients using an opioid medication should be periodically screened for opioid use disorder. A POMI score of 2 or more suggests further assessment is needed and may indicate that a diagnosis of opioid use disorder may be warranted. As indicated above, Med-Access does not currently have any supports for the POMI tool, but it is easy to create a new observation to record POMI scores in your EMR in such a way that the data can be searched and graphed. A link to more information about the POMI tool can be found in Appendix A.

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 Reminders - 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

In Med-Access these may be supported by Clinical Decision Support (CDS) triggers based on patients with an active opioid prescription and last date of use of an opioid Visit template. The CDS Trigger would indicate to provider and team that a patient has an active prescription and they should monitor the visit frequency according to the recommendations. Please see Appendix B for an example.

Review the following for guidance and tools to support this process:
- The Med-Access EMR Guide for Patient's Medical Home **Panel Management > Using Clinical Decision Support Triggers** section
- The Med-Access Help file **Administration and Configuration > Template Management > Clinical Decision Support**

b) Managing Panel Segmentation: patients with opioid use disorder

Patients with 'Opioid use disorder' (OUD) 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**

   Using Clinical Decision Support Triggers for patient recall/outreach for 12 weeks after any visit creates a 'safety net' for follow up on opioid treatment goals.

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

   a. **Offer of OAT Reminders**

   Use CDS triggers to remind team members to offer OAT for all OUD patients who have not had a recorded offer of OAT in the last three months. Your search criteria will look something like this:

Search for the Opioid Use Disorder profile entry

Specify that you are looking for patients who do not meet the criteria

Search for an Offer of Opioid Agonist Therapy observation within the last three months (see the next section on how to create this observation)

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 create a new observation similar to the one we created above for the POMI tool but with the ability to choose "Accepted" or "Declined" as a response. Start by creating a new managed list with the options "Accepted and Declined":

- In the Template Management module click "Lists" **Lists**

- Then click "Manage" **Manage**

- Type "Accepted and Declined" in the "Description" field and click "add"

17

Managed Lists Management

- Click "Return"

- Search for your new list by name and click Edit Managed List

Template Management

Managed Lists

- Type "Accepted" in the "Description" field and click "Add" . Repeat for "Declined"

Accepted and Declined Dropdown Management

- Click "Return"

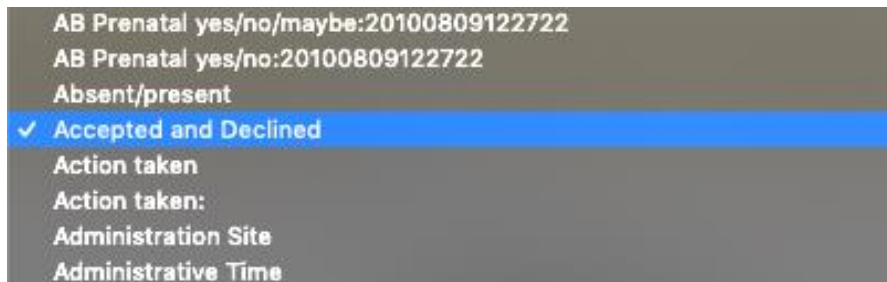- Click "Return to Observation Types"

- Now create a new observation:

Observation Name is "Offer of Opioid Agonist Therapy"

Data Type is "Radio Button"

Click on the "Managed List" dropdown to find your new list

- Click on "Accepted and Declined" to add your new list to your observation

- The "Managed List" field is now populated. Click "Update" to save your new observation

Template Management

Observation Type

		Managed List		
Observation Name	Data Type	Accepted and Declined	Order	Increment
Offer of Opioid Agonist Therapy:	Radio Button		0	

"Managed List" is now populated

Click "Update" to save your changes

- Now you can add this observation to any existing opioid templates, or use it on its own by adding it into visits or tasks
- Click on the three bars next to Observations and then click "Add Observation"
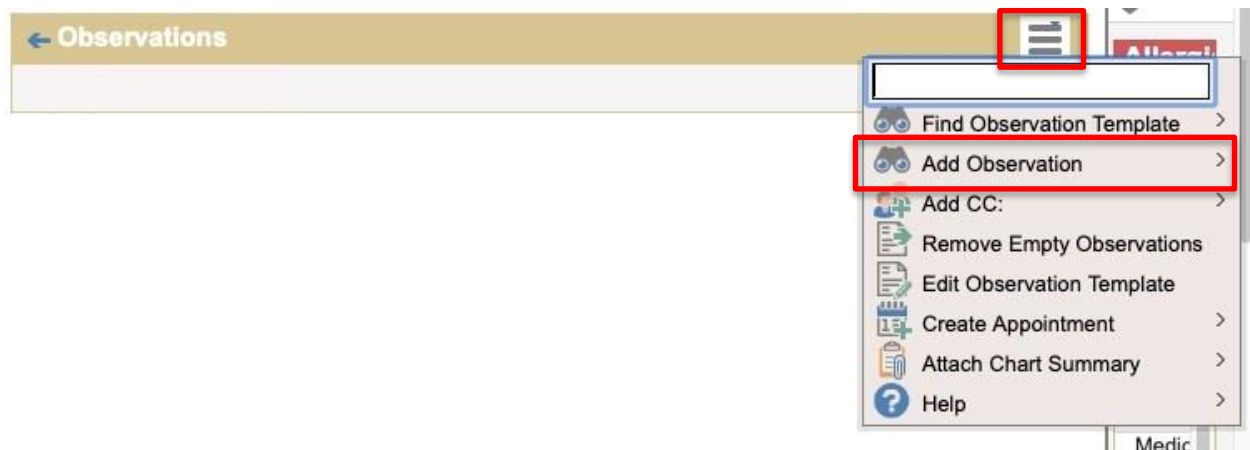
- Type "Offer of Opioid Agonist Therapy" into the "Description" field and click the binoculars

- Your new observation is now ready to use and will allow you to track your history of offers. Patients may receive many offers before they accept. At the patient level a provider could track how many offers were made before OAT was accepted.

- **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.

Quality Improvement and Measurement

Quality improvement (QI) is a systematic approach to monitor 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, focus on 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)
This example shows a search for patients assessed with the new POMI observation:

Observation

Category	All
User	
Status	
Observation Group	
Order Type	All
Benchmark	
Observation ⊕	

(☐last) | Conta ⌄ | POMI Score | | 🔍 | | ⌄

Date	07-Jun-2017 📅	to	07-Jun-2019 📅
Time hh:mm aa	hh:mm aa		
Count	Equals		

Use the search (binoculars) to find the specific observation you want to track

Appropriate date range

This might also be accomplished by searching for patients assessed with a specific observation template that contains a standardized tool:

Task

Category ⊕	All
Type	All
Description ⊕		Starts ⌄
Reason ⊕		🔍 Starts ⌄
Abnormal	All
Order Type	All
Observation	
Observation Value		Conta ⌄
Observation Template	opioid manager - switching opioid
Urgency	All
Observation Status	All
Group	All
Owner	All
Owner Role ⊕	All
Ordering Provider	All
Ordering Provider Role	All
Ordering Provider Id	All
Step	All
Service Provider	
Patient Class	All
Patient Location	All
Task Date	Back 📅 1 year ⌄ Ahead None ⌄
Not Updated Within	
Obs. Date	dd-MMM-yyyy 📅 to dd-MMM-yyyy 📅
Status ⊕	All
Cancel Reason	All
On Waitlist?	Yes and No
Disposition ⊕	All
Count	Equals

When using this search you must enter the exact name of the template

Appropriate date range

- Number of patients with a documented opioid checklist
  The intent of this search is to look for documents attached to a task:

Search for tasks with your standard descriptions for your scanned/attached documents

- Number of patients with at least one assessment completed (any tool that assesses pain, function, mental health, etc.) This example shows patients with a PHQ-9 or a Brief Pain Inventory (BPI) score documented. Other searches could use the GAD7, Beck Score or other tools used for pain and function.

- Number of patients offered OAT (using the OAT observation to track offers)
  *Note: Evidence suggests that patients may require more than one offer before OAT is accepted. Searches yield lists alphabetically by patient by default. This search will display how many **patients** received an offer of OAT. This search will not count how many total offers were made. To get total number of offers, use the "Observations List" print type, export to excel and sum the columns.*

- Number of opioid patients with a documented care plan

- Number of patients overdue for a reassessment

This search looks for patients that have not had a visit task that used a specific opioid template. Depending on the clinical workflow other things to search for might include: an EQ5D, a care plan or a visit with an opioid diagnosis.

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? Discuss as a team what documentation/charting may need to change moving forward for the purpose of patient population monitoring and process improvement.

Appendix: A

Assessments and Templates to Support Complex Care: Opioids

Recommended tools and templates

- Opioid Risk Tool
  - o 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
  - o Screening tool for Opioid Use Disorder diagnosis
- Care Planning Template (NEW PaCT Version)
  - o Used to support care planning by the team with patient involvement.

Other commonly used tools and templates

- The Opioid Patient/ Provider Conversation Checklist
  - o This is a conversation tool to clarify roles & responsibilities for patients and physicians when using opioids
- Brief Pain Inventory (BPI)
  - o Used to assess the severity of pain and the impact of pain on daily functions
- Clinical Opiate Withdrawal Scale (COWS)
  - o 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
  - o A point of care tool for providers to support patients taking an opioid
  - o 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, some templates may be manually completed and scanned into patient records. Be sure to use standardized index words so these documents can be searched.

Appendix: B

CDS Trigger Template Example – Opioid Patients Due for a 12 Week Visit

Profile

Category ⊕	☑ Medical
☐ **Type**	
☑ **Status**	Current (or Risk)
☐ **Confirmation Status**	All
☐ **Persistence**	All
Diagnosis ⊕	☑ opioid use — Starts ✖
	or ☑ drug dependence* 304 — Starts ✖
	or ☑ 304 — Starts ✖
	or ☑ opioid use disorder — Starts ✖
☐ **Reported Date**	dd-MMM-yyyy ☐ to dd-MMM-yyyy
☐ **Onset Date**	dd-MMM-yyyy ☐ to dd-MMM-yyyy
☐ **Count**	Equals

Task   ☑ not

Category ⊕	☑ Visit
Type ⊕	☐
Description ⊕	☐ Starts
Reason ⊕	☐ Starts
☐ **Abnormal**	All
☐ **Order Type**	All
☐ **Observation**	
☐ **Observation Value**	Conta
☑ **Observation Template**	*Opioid Manager - Maintenance
☐ **Urgency**	All
☐ **Observation Status**	All
☐ **Group**	All
☐ **Owner**	All
Owner Role ⊕	☐ All
☐ **Ordering Provider**	All
☐ **Ordering Provider Role**	All
☐ **Ordering Provider Id**	All
☐ **Step**	All
☐ **Service Provider**	
☐ **Patient Class**	All
☐ **Patient Location**	All
☑ **Task Date**	Back 3 months Ahead None
☐ **Not Updated Within**	
☐ **Obs. Date**	dd-MMM-yyyy ☐ to dd-MMM-yyyy
Status ⊕	☐ All
Cancel Reason	☐ All
☐ **Details**	None
☐ **On Waitlist?**	Yes and No
Disposition ⊕	☐ All
☐ **Count**	Equals