

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

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:

<u>Generic Name</u>	<u>Trade Names</u>
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.

TIP: If you're new to Practice Management Reporting, practicing some basics using the following resources will probably be helpful:

- 1) Med-Access Help Files – Reports
- 2) [TOP EMR Support – Med-Access EMR Guide for Patient's Medical Home](#)
- 3) [TOP Videos – Practice Management Reporting In Med-Access](#)

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

The screenshot shows the 'Medications' search interface. The search criteria are as follows:

Drug Name	Operator	Condition	Generic
Morphine HCL	Contains	Generic Dr	X
or Morphine Sulfate	Contains	Generic Dr	X
or Buprenorphine HC	Contains	Generic Dr	X
or Hydromorphone H	Contains	Generic Dr	X
or Oxycodone HCL	Contains	Generic Dr	X
or Tramadol HCL	Contains	Generic Dr	X
or Tramadol HCL/Ace	Contains	Generic Dr	X
or Codeine Phosphat	Contains	Generic Dr	X
or Tapentadol HCL	Contains	Generic Dr	X
or Fentanyl	Contains	Generic Dr	X

Other search criteria shown:

- ATC Class: [Empty]
- Average Daily Dose: [Empty] mg
- Active Status: Active and Recently Active
- Drug Use: All
- PRN: [Empty]
- Start Date: 01-Jun-1999 to 06-Jun-2019
- End Date: dd-MMM-yyyy to dd-MMM-yyyy
- Indication: [Empty]
- Provider: All
- Signing Status: [Empty]
- Count: Equals

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.

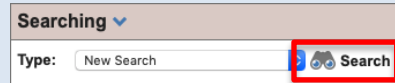
The date range here is very broad so no prescriptions are missed.

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).

TIPS:

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



- Test the query by doing a search and then checking a sample selection of charts to make sure that the query is capturing the correct patients.

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:

A screenshot of a 'Profile' form. The form has a header 'Profile' in a blue bar. Below the header are several sections:

- Category:** A dropdown menu with 'Medical' selected.
- Type:** A dropdown menu.
- Diagnosis:** A text input field containing 'Opioid Use'.
- Code:** A text input field.
- Onset Date:** A date picker with the format 'dd-MMM-yyyy'.
- Status:** A dropdown menu with 'Current' selected.
- Reported Date:** A date picker with the value '06-Jun-2019'.
- Confirmation Status:** A dropdown menu with 'Confirmed' selected.
- Severity:** A dropdown menu with 'Severe/Alert' selected.
- Persistence:** A dropdown menu with 'Chronic' selected.
- Risk Factor:** A checkbox that is checked.
- Confidential:** A checkbox that is unchecked.
- Notes:** A large text area containing the text 'Chronic Back Pain'.

At the bottom of the form is a 'Save' button and two other icons.

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:


The screenshot shows the 'Profile' form with the following fields and values:

- Category:** Medical
- Type:** (empty)
- Diagnosis:** (empty) with a red box around the binoculars icon.
- Onset Date:** dd-MMM-yyyy
- Status:** Current
- Reported Date:** 18-Jun-2019
- Confirmation Status:** Confirmed
- Severity:** (empty)
- Persistence:** (empty)
- Risk Factor:**
- Confidential:**
- Notes:** (empty text area)

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

The screenshot shows the 'Indications Management' window with the following details:

- Table:** Indications
- System:** ICD9
- Description:** Opioid Use (highlighted with a red box)
- Code:** OU01 (highlighted with a red box)
- Use Privilege:** Public
- Edit Privilege:** Public
- Message:** No results found using the specified criteria.

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

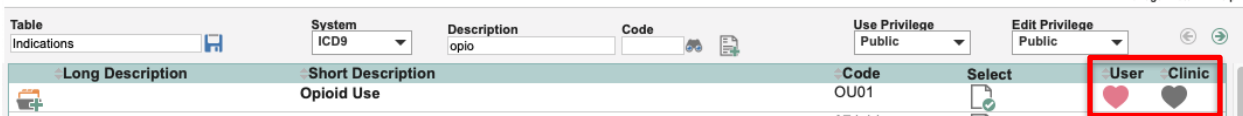


Table	System	Description	Code	Use Privilege	Edit Privilege	User	Clinic
Indications	ICD9	opio	OU01	Public	Public	♥	♥

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

The screenshot shows a query builder interface with two 'Medications' modules. The first module is for opioids, listing drugs like Morphine HCL, Buprenorphine HC, Oxycodone HCL, Tramadol HCL, Codeine Phosphat, Tapentadol HCL, and Fentanyl. The second module is for benzodiazepines, listing ATC Class codes: BENZODIAZEPINE DERIVA: N03AE, BENZODIAZEPINE DERIVA: N05BA, BENZODIAZEPINE DERIVA: N05CD, and BENZODIAZEPINE RELATE: N05CF. A red box highlights the plus sign in the top right of the second module, and another red box highlights the second module itself.

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 module 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, Oxygen 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.

The screenshot shows the 'Prescription' form with the 'Prescription Type' dropdown menu open. The menu options are: Simple Rx, Simple Rx, Non Drug Rx, External Rx, and Compound Rx. A red box highlights the dropdown menu. To the right, a red box highlights the 'Drug Allergies and Intolerances' section, which contains the text: 'Drug Allergies Review Not Done' and 'Drug Intolerances Review Not Done'. The form includes fields for Drug Name, Dosage, Frequency, PRN, Duration, Patient Instructions, Pharmacy Instructions, Quantity, Refills, Route, Ordering Provider, Start Date, and End Date. Buttons for 'Save', 'Approve', and 'Approve & Preview' are visible at the bottom.

The screenshot shows the 'Prescription' form with 'External Rx' selected in the 'Prescription Type' dropdown. A red box highlights the dropdown menu. The 'Drug Name' field contains the text 'Type drug or template'. The 'Recording Provider' is set to 'McCaffrey, Barbara' and the 'Start Date' is '30-Mar-2020'. Buttons for 'Save' and 'Approve' are visible at the bottom.

The screenshot shows the 'Prescription' form with 'Non Drug Rx' selected in the 'Prescription Type' dropdown. A red box highlights the dropdown menu. The 'Name' field is empty. The 'Ordering Provider' is set to 'McCaffrey, Barbara' and the 'Start Date' is '30-Mar-2020'. Buttons for 'Save', 'Approve', and 'Approve & Preview' are visible at the bottom.

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:

The screenshot shows a 'Profile' form with the following fields and values:

- Category:** Medical
- Type:** (empty)
- Diagnosis:** Opioid Use Disorder
- Code:** (empty)
- Onset Date:** 05-Jun-2019
- Status:** Current
- Reported Date:** 18-Jun-2019
- Confirmation Status:** Confirmed
- Severity:** Severe/Alert
- Persistence:** (empty)
- Risk Factor:**
- Confidential:**
- Notes:** POMI Score 4

At the bottom of the form, there is a 'Save' button and two icons: a folder icon and a play icon.

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.


Reports Type: Patients List

Field Filter: Select Template...

- 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

Observation Types Management

Name	Code	Select	User	Clinic
*		<input checked="" type="checkbox"/>		
**		<input checked="" type="checkbox"/>		
** Anti-HBs and HbsAG		<input checked="" type="checkbox"/>		
** aPDT		<input checked="" type="checkbox"/>		
** Assess day care and preschool needs		<input checked="" type="checkbox"/>		
** Assess day care need		<input checked="" type="checkbox"/>		
** Assess home visit need		<input checked="" type="checkbox"/>		
** Breast feeding (Vit D)		<input checked="" type="checkbox"/>		
** Car seat (infant)		<input checked="" type="checkbox"/>		

- 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

Observations

POMI Score

- Medications:** A Suboxone® or methadone prescription documented in the EMR, triplicate pad or other sources may indicate an opioid use disorder.
- 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:

Demographics

Status

Primary Provider

DOB to

Ethnic Origin

Profile

Category

Status

Diagnosis

Reported Date to

Onset Date to

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 Opi...	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:

Template Name: OUD Patients - No OAT Offer in 3 M

Copy Template: [Dropdown]

Type: CDS

Report: [Dropdown]

Trigger: Patient Load

Pop-up: None

Service: [Dropdown]

Task: [Dropdown]

Profile: [Dropdown]

Care Plan: [Dropdown]

CDS Match Message: Opioid Use Disorder - Offer OAT

CDS No Match Message: [Text]

Edit Privilege: Private

Use Privilege: Public

Date criteria type: Relative

Append additional criteria: -- Add --

Demographics

- Identifier [Text] Starts v [Dropdown]
- Gender [Text]
- Status + Active [Dropdown]
- Rostered [Text]
- Last Name [Text] Starts v [Dropdown]
- First Name [Text] Starts v [Dropdown]
- Middle Name [Text]
- Provider In Group [Text]
- Primary Provider Set Automatically [Text]
- Sec. Provider [Text]
- Referring Provider [Text]
- Family Provider [Text]
- Provider Group [Text]
- Address Group [Text]
- Address [Text] Starts v [Dropdown]
- City [Text] Starts v [Dropdown]
- Postal Code [Text] Starts v [Dropdown]
- Phone Number ([Text]) [Text] Starts v [Dropdown]
- Age Range [Text] to [Text] Starts v [Dropdown]
- DOB dd-MMM-yyyy [Calendar] to dd-MMM-yyyy [Calendar]
- Arrival in Canada dd-MMM-yyyy [Calendar]
- Country of Origin [Text]
- Ethnic Origin + [Text]
- Has User Account [Text]
- MedAccess Id [Text]
- Chart Updated Since dd-MMM-yyyy [Calendar]
- Validated Since dd-MMM-yyyy [Calendar]

Set demographic criteria

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” 
- Then click “Manage” 
- Type “Accepted and Declined” in the “Description” field and click “add” 

Managed Lists Management

[Return](#) [Help](#)

Table		Description	Use Privilege	Edit Privilege
Managed Lists		Accepted and Declined	Public	Public

Name	Active	Sort	User	Clinic
(0) - (3):20150126133800	<input checked="" type="checkbox"/>	0		
(0) - (4):20150126133759	<input checked="" type="checkbox"/>	0		
(1) to (5):20130327165819	<input checked="" type="checkbox"/>	0		
(1) to (5):20130530163842	<input checked="" type="checkbox"/>	0		
(1) to (5):20130611155715	<input checked="" type="checkbox"/>	0		
(1) to (5):20130617133059	<input checked="" type="checkbox"/>	0		
(1) to (5):20130703141746	<input checked="" type="checkbox"/>	0		
(1) to (5):20130717132917	<input checked="" type="checkbox"/>	0		
(1) to (5):20130806153026	<input checked="" type="checkbox"/>	0		

- Click "Return" [Return](#)
- Search for your new list by name and click Edit Managed List [Edit Managed List](#)

Template Management

[List](#) [New](#) [Export](#) [Help](#)

Demog	Visits	Tasks	Bills	Meds	Profile	Labs	Invest	Consults	Imm	Goals	Appt	CDS	Filter	Workflow	Dashboards	Obs
Managed Lists																
Name		Domain														
accept		Local Lists														
Managed List																
Accepted and Declined																

- Type "Accepted" in the "Description" field and click "Add" [Add](#). Repeat for "Declined"

Accepted and Declined Dropdown Management

[Return](#) [Help](#)

Table		Description	Code	Use Privilege	Edit Privilege
Accepted and Declined Dropdown				Public	Public

Name	Code	Active	Sort	User	Clinic
Accepted	939879	<input checked="" type="checkbox"/>	0		
Declined	939880	<input checked="" type="checkbox"/>	0		

Export options: [Excel](#) | [PDF](#) | [RTF](#)

- Click "Return" [Return](#)
- Click "Return to Observation Types" [Observation Types](#)
- Now create a new observation:

Observation Type

Observation Name: Offer of Opioid Agonist Therapy

Data Type: Radio Button

Managed List: [Dropdown]

Order: 0

Increment: [Field]

CDS Criteria [Field]

Instruction/Note [Field]

Question [Field]

Units/Format [Field]

Display Range [Field]

Lower Range [Field]

Upper Range [Field]

Drilldown Template [Field]

Default Graph Template [Field]

System [Field]

Code [Field]

Synonyms [Field]

Name Format (CSS)

Bold, Red, White Background, Black Border

Red, White Background, Black Border Scalable-10 Scalable-12

Scalable-14 Scalable-8 Bold Italics Underline Red 12pt

10pt 8pt Courier Arial Bold, Red Bold, Red, 12pt Normal

Scalable-16

Value Format (CSS)

Bold, Red, White Background, Black Border

Red, White Background, Black Border Scalable-10 Scalable-12

Scalable-14 Scalable-8 Bold Italics Underline Red 12pt

10pt 8pt Courier Arial Bold, Red Bold, Red, 12pt Normal

Scalable-16

Disable Comment

Hide Observation Label

Enable add-on usage

Auto Invoke Drilldown

Allow Overflow

Mapped Display Field [Field]

Allergy Classification [Field]

Calculation [Field]

Parent Flag & ID [Field]

Use Privilege: Public

Edit Privilege: Template admin

User Defined Calculation Expression [Field]

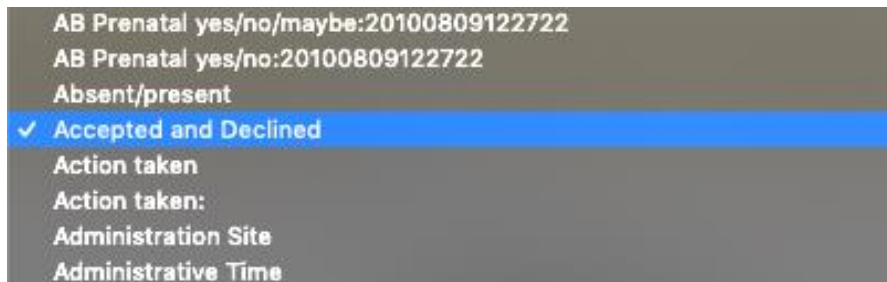
Update

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

Observation Name: Offer of Opioid Agonist Therapy

Data Type: Radio Button

Managed List: Accepted and Declined

Order: 0

Increment: 1

CDS Criteria

Instruction/Note

Question

Units/Format

Display Range

Lower Range

Upper Range

Drilldown Template

Default Graph Template

System

Code

Synonyms

Name Format (CSS)

Value Format (CSS)

Disable Comment

Hide Observation Label

Enable add-on usage

Auto Invoke Drilldown

Allow Overflow

Mapped Display Field

Allergy Classification

Calculation

Parent Flag & ID

Use Privilege

Edit Privilege

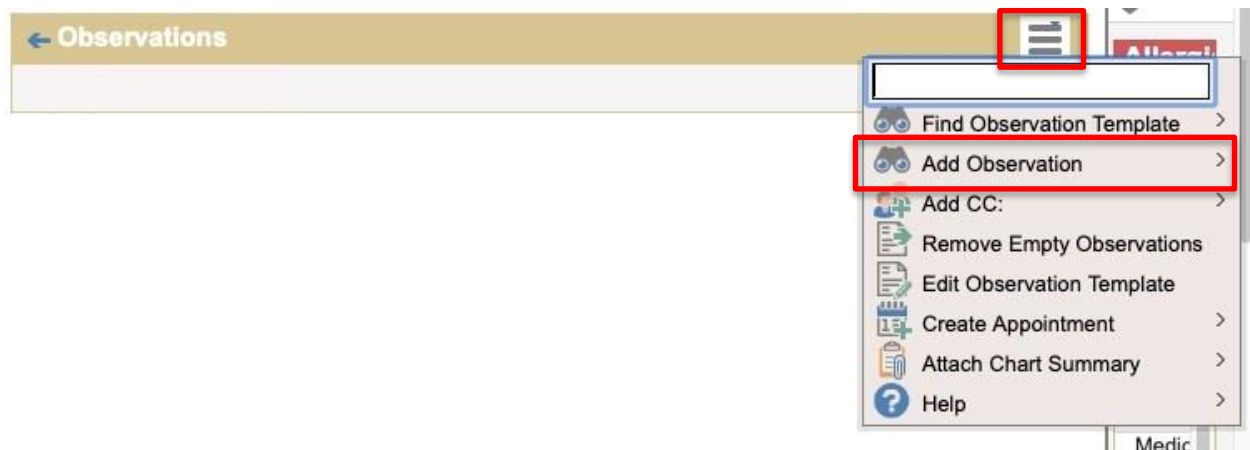
User Defined Calculation Expression

Update

“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

Observation Types Management

Manage Return Help

Name	Code	Select	User	Clinic
* offer of opioid agonist				
**				
** Anti-HBs and HbsAG				
** aPDT				
** Assess day care and preschool needs				
** Assess day care need				
** Assess home visit need				
** Breast feeding (Vit D)				
** Car seat (infant)				
** Car seat (toddler)				

- 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.

← Observations

Offer of Opioid Agonist Therapy: Accepted Declined

- 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:

The screenshot shows an EMR search interface titled "Medications". It features a list of drug names with "or" separators, each followed by a "Contains" dropdown menu and a "Generic Dr." dropdown menu. To the right of each row is a red "X" icon. Below the list are several filter sections: "ATC Class" with a dropdown, "Average Daily Dose" with a dropdown and "mg" unit, "Active Status" with a dropdown set to "Active and Recently Active", "Drug Use" with a dropdown set to "All", "PRN" with a dropdown, "Start Date" with a date range from "01-Jun-1999" to "06-Jun-2019", "End Date" with a date range from "dd-MMM-yyyy" to "dd-MMM-yyyy", "Indication" with a dropdown and a "Starts" dropdown, "Provider" with a dropdown set to "All", "Signing Status" with a dropdown, and "Count" with a dropdown set to "Equals".

- 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 + ✖ not

Category: All

User: []

Status: []

Observation Group: []

Order Type: All

Benchmark: []

Observation +

(last) Cont: POMI Score

Date: 07-Jun-2017 to 07-Jun-2019

Time: 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 + ✖ not

Category +: All

Type: All

Description +: [] Starts: []

Reason +: [] Starts: []

Abnormal: All

Order Type: All

Observation: []

Observation Value: Cont: []

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:

Demographics	
Status +	Active
Primary Provider	MD, Test
DOB	to dd-MMM-yyyy
Ethnic Origin +	
Profile	
Visits	
Task	
Category +	All
Description +	Opioid Checklist or POMI
Task Date	Back None Ahead None

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.

Demographics	
Status +	Active
Primary Provider	MD, Test
DOB	to dd-MMM-yyyy
Profile	
Visits	
Task	
Category +	All
Description +	phq-9 or bpi or brief pain inventory
Task Date	Back None Ahead None

- 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.*

Demographics ✖

Status +

Primary Provider

DOB to

Profile +

Visits +

Task +

Observation + ✖ not

Observation +

last

Date to

- Number of opioid patients with a documented care plan

Demographics ✖

Status +

Primary Provider

DOB to

Profile + ✖ not

Category +

Diagnosis +

Visits +

Task + ✖ not

Category +

Description +

Task Date Back Ahead

- Number of patients overdue for a reassessment

The screenshot shows a search filter interface with the following sections:

- Demographics:** Status (Active), Primary Provider (MD, Test).
- Profile:** Category (Medical), Status (Current (or Risk)), Diagnosis (opiod use or opiod use disorder). Each diagnosis has a 'Starts' dropdown and a red 'X' icon.
- Visits:** A green plus icon.
- Task:** Category (Visit), Observation Template (Opioid Manager - Maintenance), Task Date (Back 3 months Ahead None). A red box highlights the '+', 'X', and 'not' icons.

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](#)

- 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, 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

Template Name: Opioid 12 Week Reminder - Test

Copy Template: [Dropdown]

Type: CDS [Dropdown]

Report: [Dropdown]

Trigger: Patient Load [Dropdown]

Pop-up: None [Dropdown]

Service: [Dropdown]

Task: [Dropdown]

Profile: [Dropdown]

Care Plan: [Dropdown]

CDS Match Message: Due for 12 Week Opioid Visit [Dropdown]

CDS No Match Message: [Dropdown]

Edit Privilege: Template admin [Dropdown]

Use Privilege: Public [Dropdown]

Date criteria type: Relative [Dropdown]

Append additional criteria: -- Add -- [Dropdown]

Demographics

Identifier [Text] Starts v [Dropdown]

Gender [Dropdown]

Status + Active [Dropdown]

Rostered [Dropdown]

Last Name [Text] Starts v [Dropdown]

First Name [Text] Starts v [Dropdown]

Middle Name [Text]

Provider In Group [Dropdown]

Primary Provider MD, Test [Dropdown]

Sec. Provider [Dropdown]

Referring Provider [Text]

Family Provider [Text]

Provider Group [Dropdown]

Address Group [Dropdown]

Address [Text] Starts v [Dropdown]

City [Text] Starts v [Dropdown]

Postal Code [Text] Starts v [Dropdown]

Phone Number ([Text]) [Text] Starts v [Dropdown]

Age Range [Text] to [Text]

DOB dd-MMM-yyyy [Calendar] to dd-MMM-yyyy [Calendar]

Arrival in Canada dd-MMM-yyyy [Calendar]

Country of Origin [Dropdown]

Ethnic Origin + [Text]

Has User Account [Dropdown]

MedAccess Id [Text]

Chart Updated Since dd-MMM-yyyy [Calendar]

Validated Since dd-MMM-yyyy [Calendar]

Profile + ✖ not

Category + Medical

Type

Status Current (or Risk)

Confirmation Status All

Persistence All

Diagnosis +

opioid use Start: ✖

or drug dependence* 304 Start: ✖

or 304 Start: ✖

or opioid use disorder Start: ✖

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 +

Reason +

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