TELUS Wolf EMR Guide for Complex Care: Opioids

Background

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

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

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

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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/

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

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

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

# a) Panel Segment: patients using an opioid medication

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

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

## Search by ACT Classification or Type

To identify all of a physician's patients who have a current opioid prescription the simplest search will search by Class. In Wolf, the database of medications will produce a list of patients by selecting the class shown below. This will include all patients prescribed one or more of the drugs classified as opioids, including those listed in the table above.

Note that it is important to check off "Search All Patients" above the search. This will ensure that the search includes all patients registered in the EMR. It is also important to check off "and still taking drug" in the "Show Patients Taking Medication" section of the search. This will ensure that only patients with a current opioid prescription are included in the results.
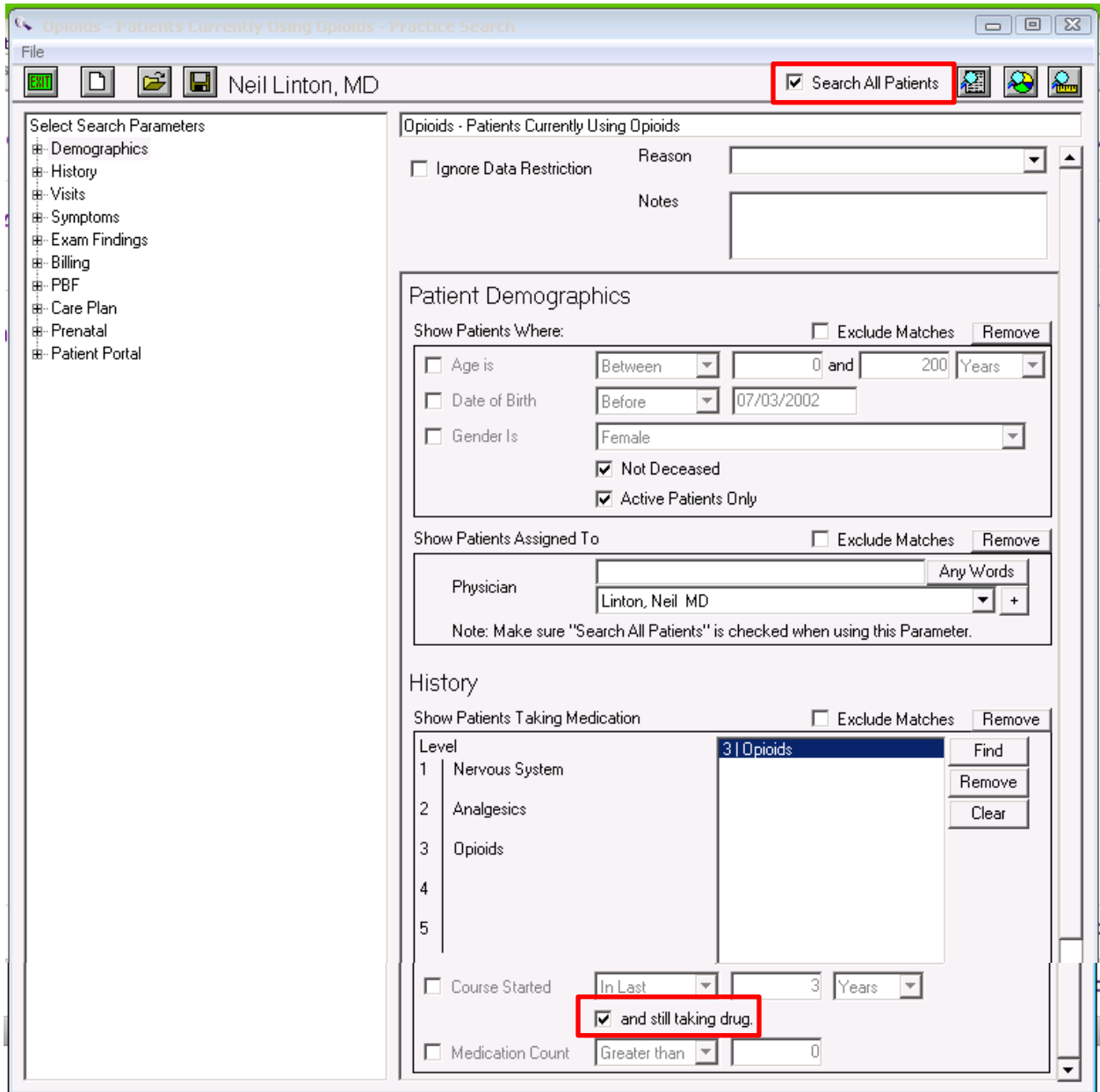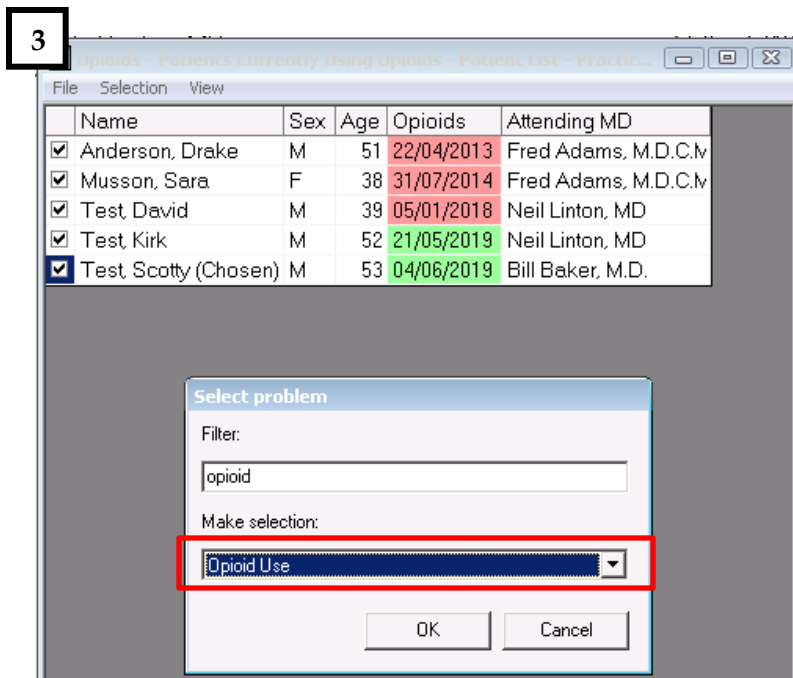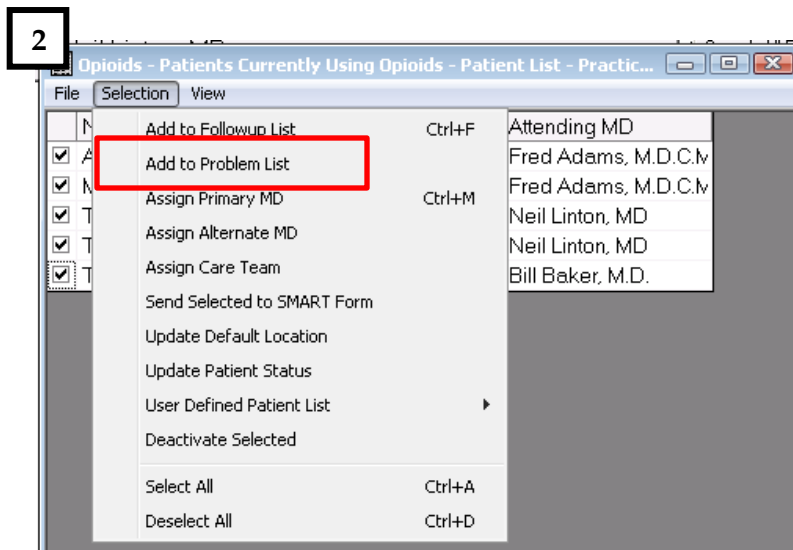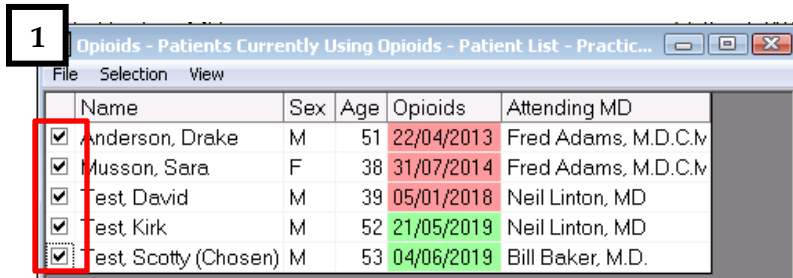
If the list of patients is too long, break the search into manageable sizes (e.g. by age or by individual medications most commonly prescribed).

For example, this search produces a list of patients assigned to Dr. Linton currently taking codeine, including Tylenol medications.
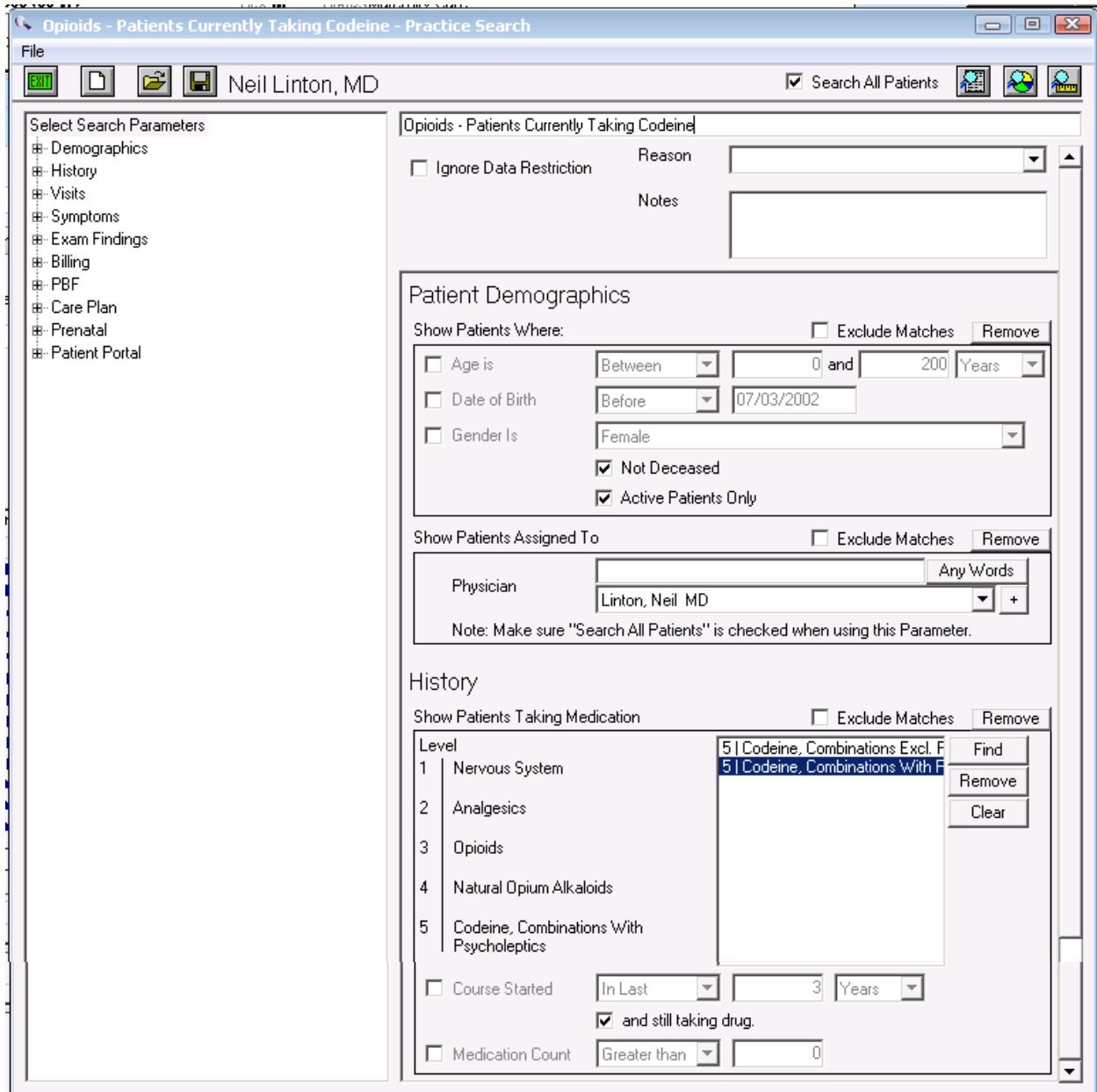
Once the medication lists are current and the list is reviewed by the provider, mark the patient record with the term 'Opioid Use' in the problem list/patient profile using the Bulk Add (video here) feature.

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	Name	Sex	Age	Opioids	Attending MD
☑	Anderson, Drake	M	51	22/04/2013	Fred Adams, M.D.C.M
☑	Musson, Sara	F	38	31/07/2014	Fred Adams, M.D.C.M
☑	Test, David	M	39	05/01/2018	Neil Linton, MD
☑	Test, Kirk	M	52	21/05/2019	Neil Linton, MD
☑	Test, Scotty (Chosen)	M	53	04/06/2019	Bill Baker, M.D.

Opioids - Patients Currently Using Opioids - Patient List - Practic...

2

Opioids - Patients Currently Using Opioids - Patient List - Practic...

File   Selection   View

	Attending MD
Add to Followup List	Ctrl+F	Fred Adams, M.D.C.M
Add to Problem List		Fred Adams, M.D.C.M
Assign Primary MD	Ctrl+M	Neil Linton, MD
Assign Alternate MD		Neil Linton, MD
Assign Care Team		Bill Baker, M.D.
Send Selected to SMART Form		
Update Default Location		
Update Patient Status		
User Defined Patient List	▶	
Deactivate Selected		
Select All	Ctrl+A	
Deselect All	Ctrl+D	

3

Opioids - Patients Currently Using Opioids - Patient List - Practic...

File   Selection   View

	Name	Sex	Age	Opioids	Attending MD
☑	Anderson, Drake	M	51	22/04/2013	Fred Adams, M.D.C.M
☑	Musson, Sara	F	38	31/07/2014	Fred Adams, M.D.C.M
☑	Test, David	M	39	05/01/2018	Neil Linton, MD
☑	Test, Kirk	M	52	21/05/2019	Neil Linton, MD
☑	Test, Scotty (Chosen)	M	53	04/06/2019	Bill Baker, M.D.

Select problem

Filter:

opioid

Make selection:

Opioid Use ▼

OK   Cancel

The problem list's database of diagnoses is tied to the ICD9 codes used for billing. There is no ICD9 code for 'Opioid Use' or 'Opioid Use Disorder'. As a result, a user with Wolf administrator privileges will need to add 'Opioid Use' and 'Opioid Use Disorder' to problem list database. See the following Wolf EMR Help File for instructions: Adding Medical Problems to Clinic Problem List

> **TIP:** If you are unsure which users in your clinic have Wolf administrator privileges, please view the following Wolf EMR help file: Administrator Authority

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

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

When configured, the search columns will look like this:

For additional instructions on how to configure patient list columns, please visit the following Wolf EMR Help File: Configuring Patient List Columns

> **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

Below is an example of a search to produce a list of patients prescribed concurrent opioids and benzodiazepines. Note that 'and still taking drug' is checked off for both prescriptions.

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 in the prescriber or in the Harmful Substances section. Select one of the drop-down menus under Harmful Substances and another box will open that expands that section. The bottom left of this screen is a blank list that can be customized. Below is an example of what this list can look like.
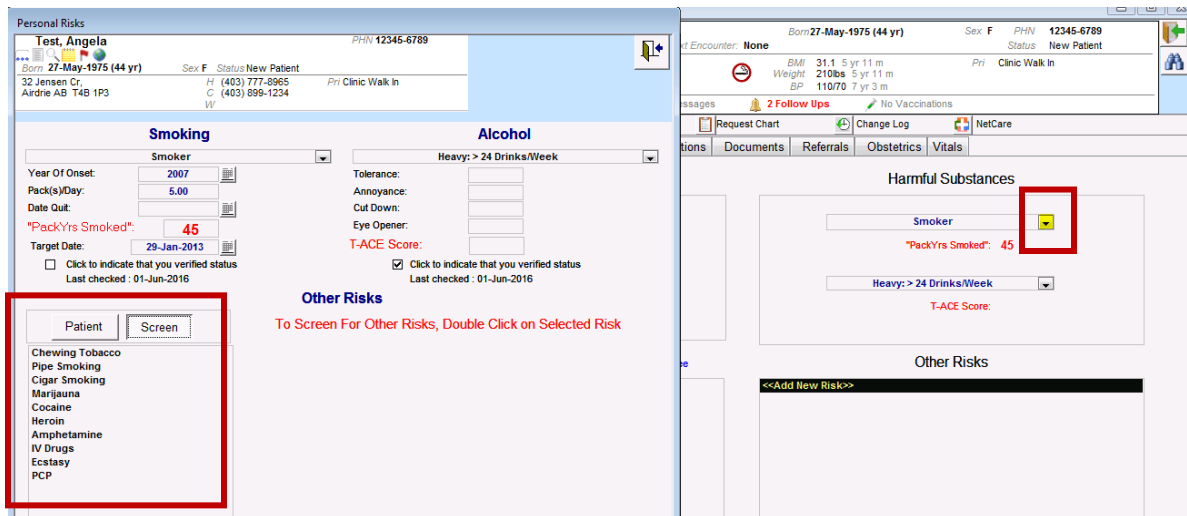
To customize the Harmful Substances list:

- Configuration
- View
- Patient Data Code
- Harmful Substance
- Type in the harmful substance you want added (e.g. Cocaine)
- Save and add as many as desired
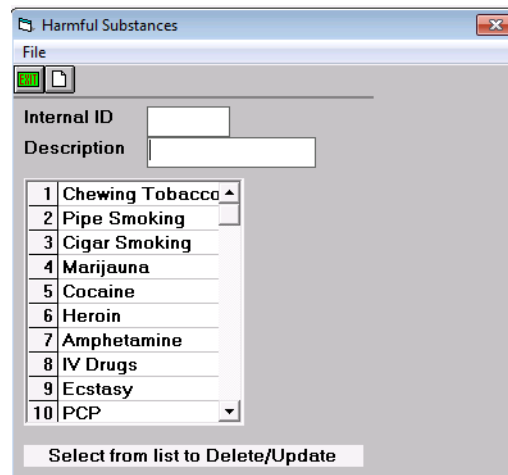
b) Panel Segment: patients diagnosed with opioid use disorder

Recommended method: Physician records 'Opioid Use Disorder' to the problem list/patient profile at the time of diagnosis. 'Opioid Use Disorder' criteria is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). **Once a patient has been diagnosed with 'Opioid Use Disorder', remove 'Opioid Use' from the Problem List/ Patient Profile. Each problem list entry will have an associated set of Rules.** See Care Management section of this guide for the recommended rules and activities. This is important for ensuring the appropriate EMR activity prompts appear.
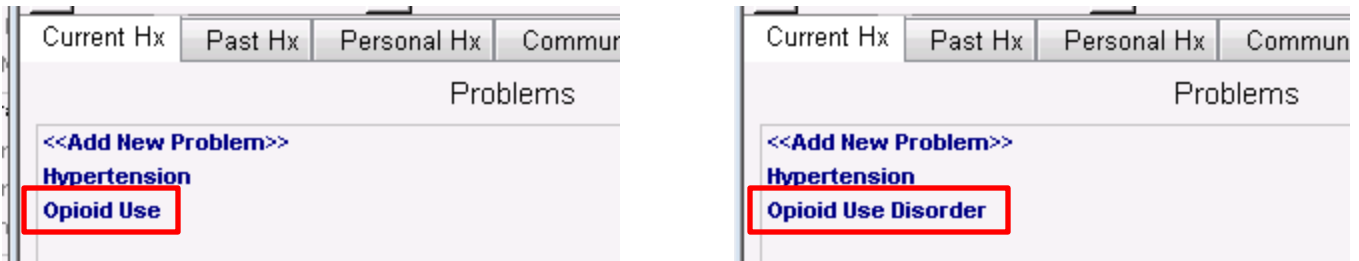
- See these useful resources for additional information on managing and using the problem list: TOP Online Resources:
    - Wolf EMR Guide for Patient's Medical Home - see "Registries (Cohorts)" on page 30
    - Using Problem List ICD9 as Favorites in Telus Wolf - video
    - Managing Master Problem List in Telus Wolf - video
- Wolf EMR Help Files:
    - Managing your Clinic Problem List

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. See this useful TOP Online Resource for additional information on searching for patients using billing codes:
    - Wolf EMR Guide for Patient's Medical Home - see "Billing code" on page 22 and "Beneficial Searches for Care Planning" on page 41

- Clinical tools: Search a list of patients who have a Prescription Opioid Misuse Index (POMI) score of 2 or more. POMI scores can be entered in Wolf using a manual lab entry. The manual lab entry must be configured first to appear as an option in the investigation types.

From the Medical Summary > Right-Click > New Manual Result

See these useful resources for additional information on configuring and entering manual lab results:
- o   TOP Online Resources:
  - ▪   Configuring Manual Results in Telus Wolf
  - ▪   Entering Manual Results in Telus Wolf
- o   Wolf EMR Help Files:
  - ▪   Configuring Investigations
  - ▪   Entering Lab Results Manually

- Medications: Suboxone® or methadone prescription documented in the EMR, triplicate pad or other sources. Search individually for Suboxone® and Methadone prescriptions.

Suboxone® is listed under category: Buprenorphine, Combinations
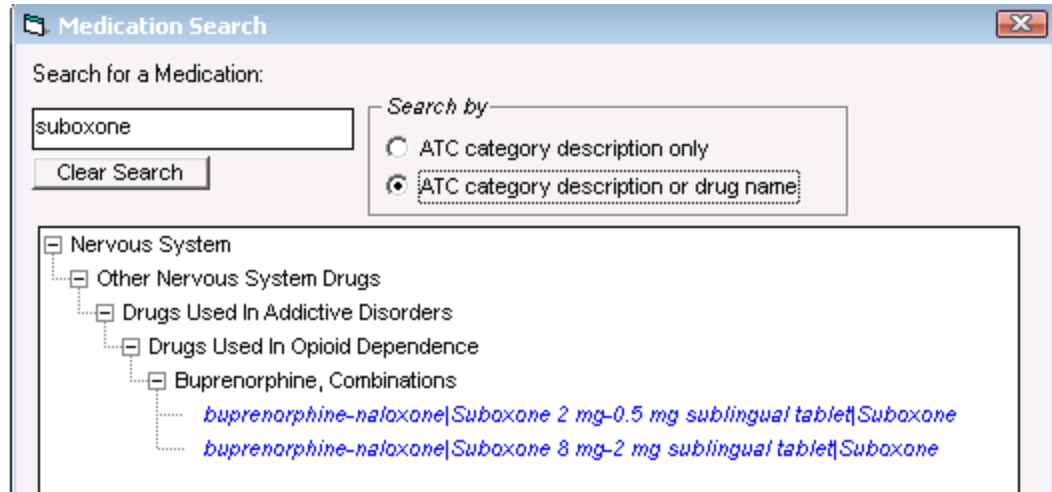
Methadone is listed under category: Drugs Used in Opioid Dependence > Methadone
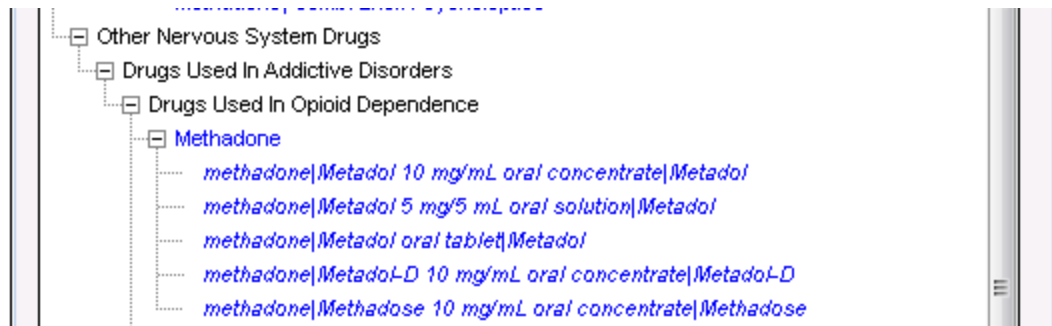
See the Wolf EMR Help file for additional information on using the new prescriber and creating medication favourites: Medications and Prescriptions (new prescriber)

> TIP: A non-physician user can be granted the permissions to queue medication prescriptions for physicians. Once a prescription is queued, the physician is notified and can then choose to approve, modify or reject the prescription. This can be particularly helpful for team members who are supporting the provider by updating the medication lists. See the following Wolf EMR Help File for additional information on using the queued prescription feature: Queueing Prescriptions for Providers (new prescriber)

- Problem Lists: Review list of patients where 'Opioid Use' or other terms that have been recorded in the problem list/patient profile. See these useful resources for additional information on searching using the problem list:
    - TOP Online Resource:
        - [Wolf EMR Guide for Patient's Medical Home](#) - see "Chronic Disease Management Searches - Examples" on page 71
    - Wolf EMR Help File:
        - [Performing Practice Searches](#)

> **TIP**: Problems in the problem list that are not attached to an ICD9 billing code need to be searched using the 'Problem (Specific)' field. See the example search below that searches for patients with 'Opioid Use' in the problem list.
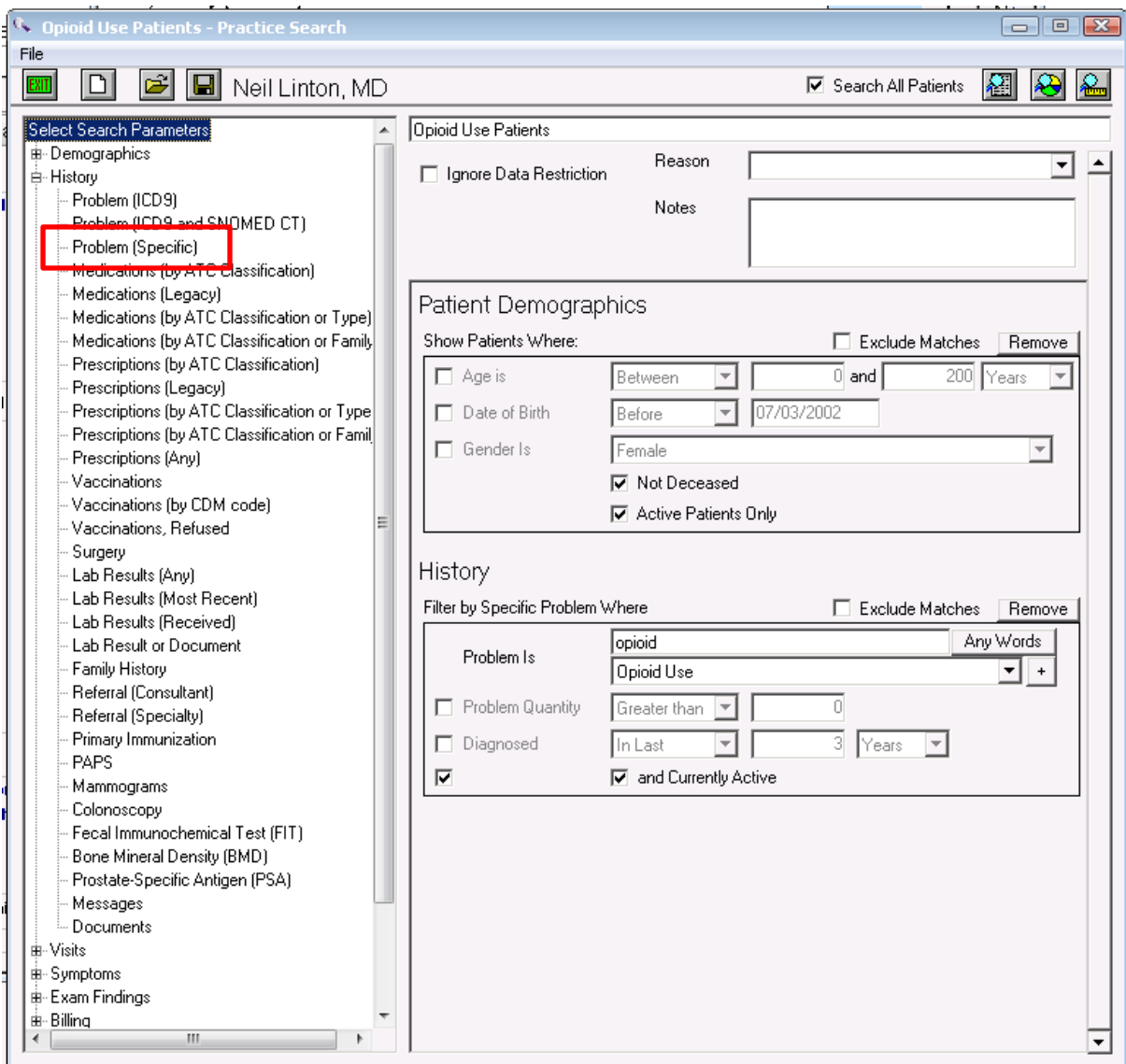
Care Management

The following section outlines some EMR point-of-care rules 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 'Rules ' 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. Refer to the Rules section of the main guide as well as the Wolf EMR Help File Practice Search Rules for additional information on building rules.

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

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

   Prior to prescribing an opioid, the Alberta Netcare medication profile should be reviewed for each patient. Many physicians find it helpful to have a team member print the medication list from Netcare before the patient visit. The care team member assigned this task, must be able to view the problem list/patient profile section of the record.

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

   > **TIP**: Virtually every EMR is capable of creating provider specific medication favorites. To make data entry more efficient, this feature can be useful to save several commonly used opioid prescriptions. For more information please refer to the "Medication Favourites (new prescriber)" section of EMR help file

   Wolf allows users to create individualized medication favourites. To make data entry more efficient, this feature can be useful to save several commonly used opioid prescriptions with associated SIG instructions. See example below of how this message will look. By default, prescription favorites are created and available to the provider. After they are created, they can be made available to all prescribers in the clinic.

3. **Complete relevant assessments for pain and function**

   Ongoing work to have common assessments and templates available in all EMRs is under development. However, some providers may choose to use paper based tools to record patient assessments. Consider scanning relevant documents into the EMR with a standardized keyword to enable search functionality. A list of common assessments/templates are found in Appendix.

4. **Document, share or receive patient care plan (with permission) with patients care team members.**

   Providing and coordinating care for patients diagnosed with Opioid Use Disorder may be supported by a more formalized care planning process. Review materials related to Patients Collaborating with Teams (PaCT) for guidance and tools to support this process.

5. Complete a POMI assessment

Patients using an opioid medications should be periodically screened for opioid use disorder. Enter the POMI score as a manual lab entry to enable searches and point of care rules. A POMI score of 2 or more suggests further assessment is needed and may indicate a diagnosis of opioid use disorder may be warranted.

Rule Text	Start	Action Taken	Priority	Role
DO A BLOOD PRESSURE today	02-Feb-2017		5	
Due for POMI Assessment	04-Jun-2019		5	
Lipid profile due	30-Jul-2016		5	
No FBS or A1c result recorded in the last 5 yrs	18-Jun-2016		5	

See these useful resources for additional information on configuring and entering manual lab results:
- o Online TOP resources:
  - ▪ [Configuring Manual Results in Telus Wolf](#)
  - ▪ [Entering Manual Results in Telus Wolf](#)
- o Wolf EMR Help Files:
  - ▪ [Configuring Investigations](#)
  - ▪ [Entering Lab Results Manually](#)

6. Establish appropriate reminders for following up on opioid management at every encounter.

Global Visit Reminders/ Rules– 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. See the [Practice Search Rules](#) section of the Wolf EMR Help Files for additional information on creating and managing rules.

Individualized Reminders/ 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. See the following Wolf EMR Help Files for additional information on creating and managing individual patient reminders:
- o [Viewing and Managing Patient Rule Matches](#)
- o [Adding Patient Notes and Alerts](#)
- o [Creating Special Patient Alerts](#)
- o [Messages and Tasks](#)

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. See these useful resources for additional information on creating global reminders:
     o TOP Online Resources:
       ▪ [Wolf EMR Guide for Patient's Medical Home](#) - see "Clinical Decision Support: Population-wide point-of-care reminders" on page 43
       ▪ [Proactive preventative screening care using rules and messages in Telus Wolf](#) - video
     o Wolf EMR Help File:
       ▪ [Creating Practice Search Rules](#)

   For example, the following rule will create a global reminder to recall/outreach all active patients with "Opioid Use Disorder" in their problems list whose last visit was more than 12 weeks ago.

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2. *Opioid Agonist Therapy (OAT).*

   a. **Offer of OAT Reminders**
   - Global rules to offer OAT for all OUD patients every 12 weeks. See these useful Wolf EMR Help Files for additional information on creating global rules:
     - Creating Practice Search Rules
     - Viewing and Managing Patient Rule Matches

   The following rule will create a global rule to recall/outreach all active patients with "Opioid Use Disorder" in their problems list whose last OAT offer was more than 12 weeks ago.

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. It is also expected to take multiple offers of care to build patient readiness to want to address their opioid use disorder.

The recommended approach for documenting offers of OAT is to use the manual lab entry function. In Wolf, 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 if a referral to an OAT prescriber has been completed

Observed	Status	Test	Flag	Result	Range	Facility	Result Note
04-Jun-2019	Final	OAT Offer Declined		-	(-)	Wolf	

- **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.

Observed	Status	Test	Flag	Result	Range	Facility	Result Note
04-Jun-2019	Final	OAT Offer Accepted		+	(-)	Wolf	

See these useful resources for additional information on configuring and entering manual lab results:
- TOP Online Resources:
  - Configuring Manual Results in Telus Wolf
  - Entering Manual Results in Telus Wolf
- Wolf EMR Help Files:
  - Configuring Investigations Entering Lab Results Manually

Quality Improvement and Measurement

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

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

- Number of active patients prescribed an opioid medication

- Number of patients assessed with a standardized tool (i.e., POMI tool).
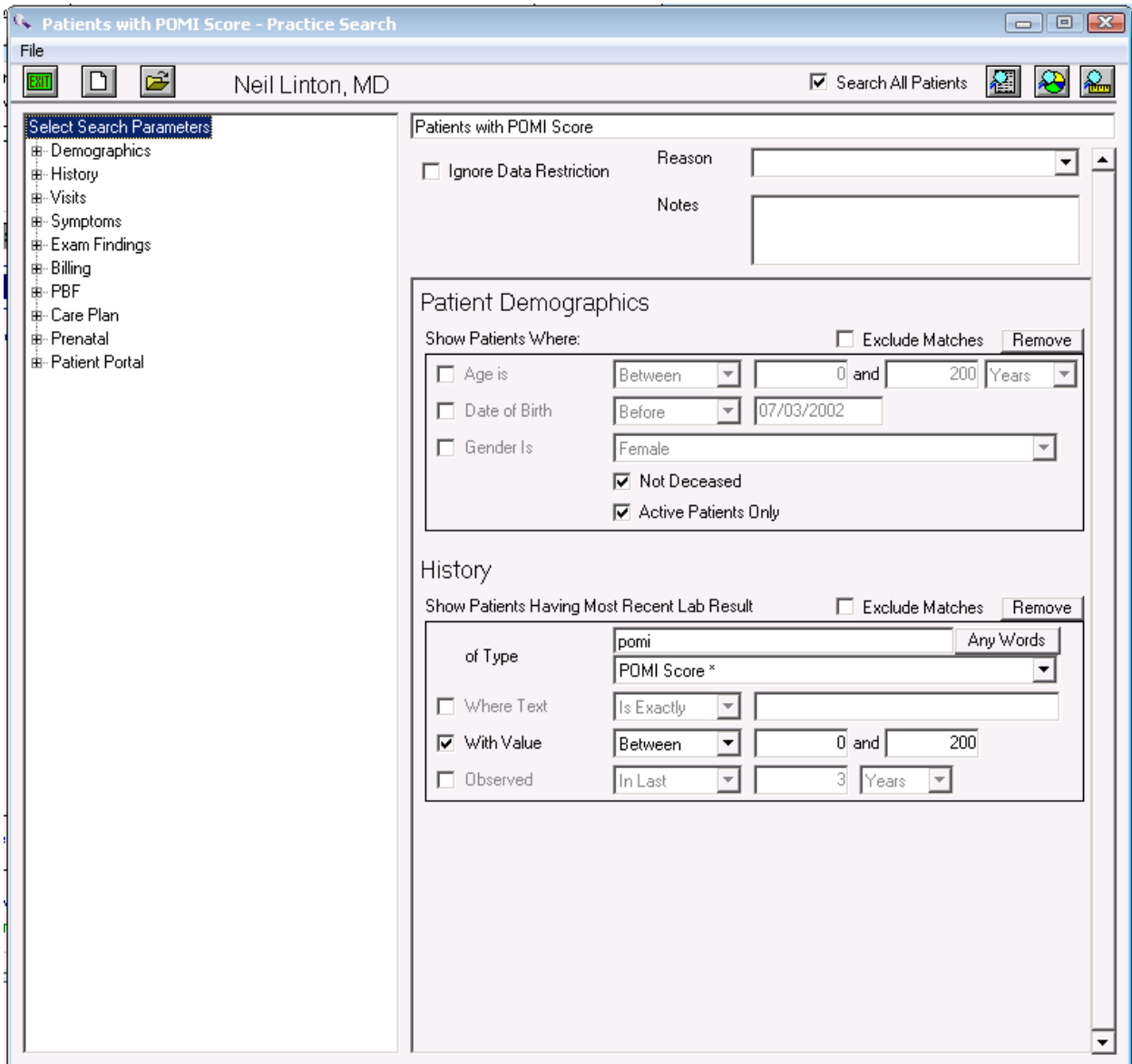
Note that, in Wolf, it is recommended that POMI scores be entered as a manual lab result. See these useful resources for additional information on configuring and entering manual lab results:
- TOP Online Resources:
    - Configuring Manual Results in Telus Wolf
    - Entering Manual Results in Telus Wolf
- Wolf EMR Help Files:
    - Configuring Investigations
    - Entering Lab Results Manually

- Number of patients with a documented opioid checklist

TIP: This search will provide a list of patients currently using opioids with a documented 'Opioid Checklist'. To create a list that also includes past opioid users, uncheck the box 'and currently active' in the 'Filter by Specific Problem Where' section of the search.

- Number of patients with at least one assessment completed (any tool that assesses pain, function, mental health, etc.). This example shows patients with a Brief Pain Inventory (BPI) score documented. Other searches could use the PHQ9, GAD7, Beck Score or other tools used for pain and function.

- Number of patients offered OAT (using manual labs 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 occurrence filter, export to excel and sum the columns.*

- Number of patients with a documented care plan

- Number of patients with an overdue reassessment (note that 'Exclude Matches' is checked off in the 'Show patients with documents where' section of the search)
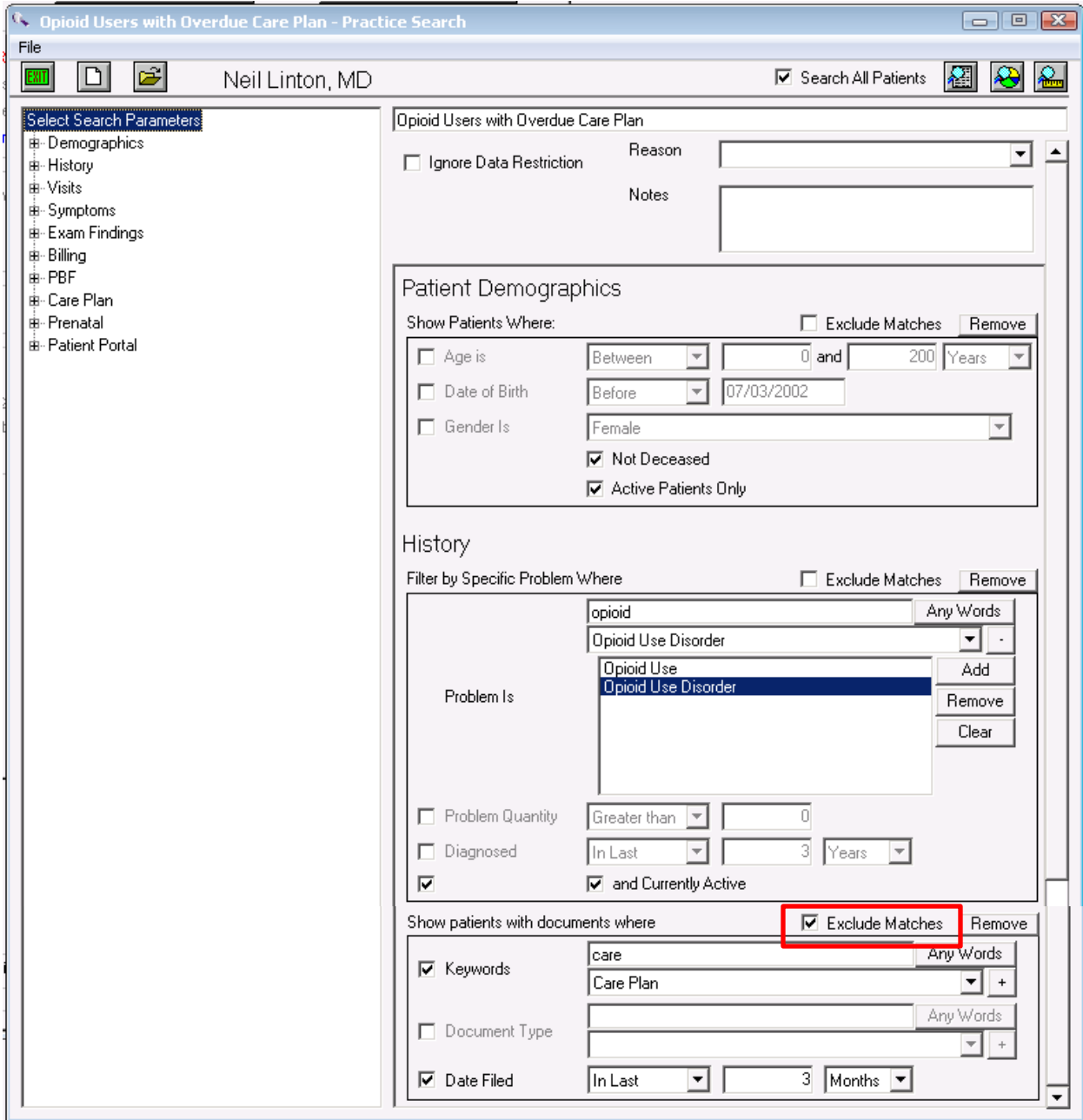
Decide what measures are meaningful to the team. Start simply, by choosing 1 or 2 measures and expand the work where desired.

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

Appendix:

Assessments and Templates to Support Complex Care: Opioids

Recommended tools and templates

- Opioid Risk Tool
  - 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, most templates will be manually completed and scanned into patient records and searched when standardized keyword is used. If EMR expertise exists, all above templates can be created as fillable forms and templates in the EMR. Contact your vendor if training on creating forms and templates is desired.