Pain Check In
Prescriber Guidebook – EMR version
March 2017 Release

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The Pain Check In is a structured approach to information gathering using pre-existing instruments that will give prescribers better information with which to assess the pain patient and engage in collaborative decision making. The tool helps to standardize some of the information collected during pain related visits and addresses a lack of consistency in how clinicians approach pain related visits. The Pain Check In allows the patient to provide the bulk of the information, which is collected via a tablet device in the waiting room prior to the visit, and automatically presented in the EMR. A paper based analogue is also available for use, but must be incorporated into paper charts or scanned and uploaded into EMRs. The physician can then review the information in order to facilitate sound decisions about pain management.

Requirements

The Pain Check In requires both Telus Practice Suite as an EMR, and CognisantMD Ocean tablet integration. The functional specifications can be used to develop the Pain Check In for other EMRs, and are available through

Installation

The Pain Check In is available through the CognisantMD Ocean Library and is installed similarly to any other Custom Ocean form. See the Ocean Website at https://www.cognisantmd.com/

Pre-visit

The Pain Check In can be used for any patient taking opioids, although it is meant for patients on longer term opioid therapy.

Patients that have active opioid prescriptions can be determined by prescriber's own knowledge of his or her practice, or by using various search functions in the EMR.

Patients that may benefit from the Pain Check In can then be selected at the discretion of the prescriber.

To apply the Pain Check In tool, open the selected patient's chart, add the Ocean toolbar, and then add the Pain Check In form. This is no different than adding other Ocean forms and can be performed at any time prior to the appointment, booked or not. Depending on your clinic processes, reception staff may need to be instructed to ensure the patient is given a tablet at their next appointment.

Appointment

Upon arrival, the tablet is activated by the reception staff, and the patient can sit in the waiting room to complete the Pain Check In.

The Pain Check In is a series of questions and instruments completed on the tablet:

- Confirmation of opioid and benzodiazepine prescriptions as noted in the EMR
- Question about side effects or problems related to medications
- POMI – Prescription Opioid Misuse Index
- BPI- Brief Pain Inventory
- PHQ9 – Patient Health Questionnaire (Depression, anxiety, coping)
- Question about visit to pain specialist
- Question about other comments from patient

The package takes approximately 10-12 minutes to complete. The patient returns the tablet to the receptionist when completed to wait for the appointment.

Information collected from the patient is formatted and presented in Telus PSS chart as a note once the patient has completed the forms and before physician encounter. Physicians can review this information prior to the visit to provide focus to the assessment, explore problematic or concerning answers, or to engage more collaboratively with the patient. This also provides the prescriber with a more structured and consistent approach to a pain related visit, allowing for longitudinal evaluation of pain management in individuals, but also assessments within practices and comparisons across practices.

Patients will also feel they have a stronger role in their own management by both self-assessment and by improving communication of their pain experience with their prescriber.

Sections of the Pain Check In

The Pain Check In is comprised of 7 sections, including 3 standardized instruments. Scoring of the standardized instruments is done automatically where possible.

Section 1 - Confirmation of opioid and benzodiazepine prescriptions as noted in the EMR

- This section will extract active opioid and benzodiazepine prescriptions from the EMR database, display them for the patient, and ask the patient to confirm whether or not they are being taken. This section provides the prescriber an opportunity to reconcile current opioid and benzodiazepines, and to review current medication usage.

Section 2 - Question about side effects or problems related to medications

- This section allows the patient to express any he or she has about problems that may be arising from the current pain management regimen.

Section 3 - POMI – Prescription Opioid Misuse Index

- This is a 6 question instrument that assesses a patient's risk of opioid misuse. A score of 2 or more (two or more YES answers) warrants further exploration of the risks.
- Resources:
  - The Prescription Opioid Misuse Index adapted from Knisely JS, Wunsch MJ, Cropsey KL, Campbell ED; Journal of Substance Abuse Treatment 35 (2008)
  - https://www.ncbi.nlm.nih.gov/pubmed/18657935

Section 4 - BPI- Brief Pain Inventory

- The BPI is a standardized and commonly used instrument to measure pain and function. The Pain Severity Section has a number of measures, but the worst/least/average score is commonly used and provides a picture of overall pain severity. The Pain Interference Section attempts to quantify how pain interferences with day to day activities. Commonly, the average of these measures provides a mean interference score. All of these scores can be tracked over time to assess improvement or deterioration in pain and function.
- Resources:
  - The Brief Pain Inventory adapted from Charles S. Cleeland, Pain Research Group, The University of Texas M. D. Anderson Cancer Center
  - https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=350835
  - http://www.physio-pedia.com/Brief_Pain_Inventory_-_Short_Form

Section 5 - PHQ9 – Patient Health Questionnaire (Depression, anxiety, coping)

- The PHQ9 is a widely used instrument used to assess the presence of depression and/or other mood disorders. It includes a question about how mood interferes with day to day function. These scores can also be tracked over time.
- There are a number of ways to score the PHQ9. Typically, the responses (not at all=0, several days=1, more than half the days=2, and nearly every day=3) are tallied to give a severity score that can be interpreted according to the table.

Score	Interpretation	Potential Interventions
0-4	Normal range or full remission	The patient may not need depression treatment
5-9	Minimal depressive symptoms	Support, educate, call if worse; return in 1 month.
10-14	Major depression, mild severity	Use clinical judgment about treatment, based on patient's duration of symptoms and functional impairment. Treat with antidepressant or psychotherapy.
15-19	Major depression, moderate severity	Warrants treatment for depression, using antidepressant, psychotherapy or a combination of treatment.
20 or	Major depression,	Warrants treatment with antidepressant and

higher	severe severity	psychotherapy, especially if not improved on monotherapy; follow frequently

- Resources:
  - The Patient Health Questionnaire 9 adapted from Spitzer RL, Williams JB, Kroenke K, and colleagues
  - http://www.ubcmood.ca/sad/PHQ-9.pdf
  - http://www.cqaimh.org/pdf/tool_phq9.pdf

Section 6 - Question about visit to pain specialist

- This question prompts discussion of the pain specialist visit, or prompts consideration of a referral if the clinical situation suggests it may be beneficial.

Section 7 - Question about other comments from patient

- This free text section allows patients to convey their own thoughts and experiences with pain. Ideally, reviewing this section will facilitate collaborative and well-informed decision making.

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Disclaimers:

The utmost care has been taken to ensure the accuracy of content and the appropriate function of the software tool at the time of development (May 2017). Nonetheless, any person seeking to apply or use the tool is expected to use independent judgement in the context of individual circumstances. ISMP Canada and other partners in the project make no representation or guarantee of any kind regarding the use or application of the tool. Medical knowledge is subject to continual change and users must be aware of current clinical standards that may supersede the content in this tool.