

Pain Check In  
Prescriber Guidebook – Paper version  
March 2017 Release

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## **Pain Check In – Prescriber Guide Book – Paper version March 2017 release**

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 complete a series of forms in the waiting room prior to the visit that can be placed in the paper chart, or scanned and uploaded to an EMR. The physician can then review the information in order to facilitate sound decisions about pain management. A version using Telus Practice Suite as an EMR with CognisantMD Ocean tablet integration is available through the CognisantMD website at [www.cognisantmd.com](http://www.cognisantmd.com).

### **Installation**

The paper based Pain Check In is available through [www.website.ca](http://www.website.ca)

### **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 an EMR.

Patients that may benefit from the Pain Check In can then be selected at the discretion of the prescriber. Clinic staff must be made aware to give the package to the patient upon checking in for an appointment.

### **Appointment**

Upon arrival, the Pain Check In paper package can be given to the patient to complete in the waiting room.

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 forms to the receptionist when completed to wait for the appointment.

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.

#### Section 1 - Listing of pain related medications

- Patients will be asked to list medications they are taking for pain. Some medications may be missed owing to lack of patient knowledge or familiarity with medicines, so further questioning may be indicated. This section provides the prescriber an opportunity to reconcile current pain medications, 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](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 higher	Major depression, severe severity	Warrants treatment with antidepressant and 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](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.

#### Acknowledgements:

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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.