Impact of an Electronic Pain and Risk Assessment on Documentation and Clinical Workflow

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Background

The Beta version of the Pain Assessment Interview Network—Clinical Advisory System™ (painCAS™ Beta) is an electronic clinical tool that standardizes pain assessments, tracks pain patients over time, and allows for data analysis and outcome measurement. painCAS Beta includes the Borsier and Opioid Assessment for Patients with Pain (SOAPP®) and the Current Opioid Misuse Measure (COMM®) which can provide guidance for monitoring patients on chronic opioid therapy safely and effectively. Highly graphical reports are provided for clinical review of pertinent positive information from the patient assessment.

OBJECTIVES

1. Increase the frequency of opioid risk assessment administration and documentation
2. Improve clinical workflow with respect to use of opioid risk assessments

Methods

• painCAS Beta was implemented at two clinical settings for a 5 month period to understand the tool’s impact on risk assessment documentation and clinical workflow
• Chart reviews and participant interviews were conducted at baseline or “practice-as-usual” and post-intervention or after introduction of the painCAS Beta instead of paper-pencil versions of the SOAPP and COMM
• During the intervention phase, patients received painCAS Beta assessments and reports were integrated into the medical record
• Chart reviews were conducted at baseline and post-intervention to measure change in risk assessment documentation
• Perceptions of the impact of painCAS Beta on clinical processes were collected from clinical (N=7) and administrative staff (N=8) interviews at baseline and post-intervention
• Clinical staff (N=7) and administrative staff (N=8) were also interviewed at baseline and post-intervention regarding workflow impact

RESULTS

In total, 105 charts were included in the baseline and post-intervention chart reviews. 66 charts were reviewed at baseline and 39 charts were reviewed at post-intervention. The presence or absence of the risk assessment documentation, including the painCAS Beta reports at the post-intervention time points was collected in the chart reviews.

INTERVIEWS

Perceptions of the clinical processes and impact of painCAS Beta were collected from clinical (N=7) and administrative staff (N=8) interviews at baseline and post-intervention time points.

INTERVENTION

• The painCAS Beta was implemented at each site for 5 months following baseline interviews and chart reviews
• Administrative staff sent by email painCAS Beta initial/ follow-up assessments to all patients from the consented clinicians
• If painCAS Beta was not completed prior to the appointment, it was available to be administered in the clinic
• A highly graphical clinical report was generated by the painCAS Beta system for each assessment completed by the patient
• Administrative staff downloaded painCAS Beta clinical reports for completed assessments and saved it in the medical record
• Clinicians accessed and reviewed the reports prior to or during the patient’s clinical visit

Conclusions

• painCAS Beta significantly increased the likelihood that an opioid risk assessment was performed and included in the medical record, providing a means for potentially enhancing standardization of the treatment of pain and improving quality of care
• Clinic administrators expressed ambivalence about workflow impact
  • Many acknowledged the benefits of such a program
  • Implementation details continue to be a challenge
• Despite difficulties obtaining universal compliance by patients, administrators, and providers, the implementation achieved yielded improved documentation, suggesting a significant clinical impact
• We continue to refine the functionality and features of the painCAS and to work with clinic staff and patients to ensure facilitate integration into ongoing clinical practice

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