AAPM Patient-Centered Quality Pain Care Initiative

Module I Materials

August 2012—January 2013

a Performance-Improvement activity of the AAPM Safe Opioid Prescribing Initiative
Reversing the Trend: A National Health Priority
Module I: Improving Performance of Risk Assessment and Evaluation

Overall Goals

- Improve use of tools to assess risk of abuse in all chronic opioid therapy candidates
- Improve risk assessment and stratification
- Improve identification of high-risk Patients
- Improve mental-health and psychosocial assessment
- Improve identification of opioid tolerant patients

Outcomes

- Qualified risk assessments and “patient-centered” evaluations are performed for each chronic opioid therapy patient
- The appropriate risk stratification plan is documented and implemented for each chronic opioid therapy patient

4 Recommended Practices: Risk Assessment and Evaluation

Please Note: Adherence to these recommendations does not guarantee a successful outcome. Conversely, non-adherence does not necessarily indicate inappropriate practice. The ultimate decision regarding the care of any particular patient must be made by the physician or other practitioner exercising his or her best judgment in light of the specific facts presented by the patient.

1. Perform a Patient-Centered evaluation for each patient being considered for Chronic Opioid Therapy.

   **Adjunct Professional Development:** This recommended practice is also an effective way to increase patient satisfaction (i.e., patient survey tool as a follow-up data collection point).

   a. **Focus on WHOLE Patient, including the psychosocial aspects of their lives, not just the pain.**

   b. **Use pain measurement scales appropriately** (i.e., pain history, location, character of pain, pain intensity and duration).

   **Provider Example:** Assess pain intensity and function. Function is assessed by asking how active the patient is; can they work in or out of the house; can they be involved in social events? Compare their level of function to when they first were injured and received opioids.
c. Pay close attention to what the patient is communicating verbally and behaviorally.

Provider Example: excessive grimacing during the exam, splinting behavior, reaction to light touch

d. Perform brief psychosocial evaluation

- Recommended Primary Care Psychosocial Evaluation Tool: PHQ-2

2. Use a Primary Care Risk Assessment Tool for every patient being evaluated for Chronic Opioid Therapy.

a. Recommended Tool A: ORT
   - Interpretation of the ORT Score
     - Low risk score: 0—3
     - Moderate risk score: 4—7
     - High risk score: 8 or greater

b. Recommended Tool B: Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R, 24 questions)
   - Interpretation of SOAPP-R Score
     - High risk score: 18 or greater

3. Document and Implement a Risk Stratification Plan appropriate to the results of the patient evaluation and the level of risk assessed.

Recommended Risk Stratification Plans (Using ORT or SOAPP-R scores):

a. Low Risk (ORT Score: 0—3)
   - Implement Universal Precautions
   - Make the Appropriate Documentation:
     - Document the 4 A’s
       - Analgesia: adequate pain relief
       - ADL: activity of daily living/psychosocial functioning (Quality of Life)
       - Adverse effects: side effects
       - Aberrant Behaviors: misuse, abuse, diversion
     - Document affect or mood such as a self-report of depression or anxiety
b. **Moderate Risk**  
*(ORT Score: 4—7)*  
- Implement Universal Precautions  
- Make the Appropriate Documentation:  
  - Document the 4 A’s  
    - Analgesia: adequate pain relief  
    - ADL: activity of daily living/psychosocial functioning (Quality of Life)  
    - Adverse effects: side effects  
    - Aberrant Behaviors: misuse, abuse, diversion  
  - Document affect or mood such as a self-report of depression or anxiety  
  - Document further assessment of stress, change in family dynamic, work, economic situation

c. **High Risk**  
*(ORT Score: 8 or greater; SOAPP-R Score: 18 or greater)*  
- **Recommended Risk Management Plan:** For all high risk patients, clinicians should try all other non-opioid pain management options first. If chronic opioid therapy is a necessary component of the comprehensive treatment plan, a pain specialist, along with an addiction specialist or psychiatrist, should treat the patient. *Phone consultations with a pain specialist are appropriate only if in-person consults cannot be coordinated due to the specialist’s great geographic distance from the patient or other significant barriers.*  
- **Appropriate Documentation**  
  - Document the 4 A’s  
    - Analgesia: adequate pain relief  
    - ADL: activity of daily living/psychosocial functioning (Quality of Life)  
    - Adverse effects: side effects  
    - Aberrant Behaviors: misuse, abuse, diversion  
  - Document affect or mood such as a self-report of depression or anxiety  
  - Document referral notes
4. Assess if patient is Opioid Tolerant

Assessment should be made using the FDA dosage levels listed below:

<table>
<thead>
<tr>
<th>Opioid-Tolerant Patients</th>
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<tbody>
<tr>
<td>Patients taking a minimum of the following for ≥1 week</td>
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<tr>
<td>Oral morphine, 60 mg daily</td>
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<tr>
<td>Transdermal fentanyl, 25 µg/h</td>
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<tr>
<td>Oxycodone, 30 mg daily</td>
</tr>
<tr>
<td>Oral hydromorphone, 8 mg daily</td>
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<tr>
<td>Equianalgesic daily dose of another opioid</td>
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FACULTY DISCLOSURES

Steve Passik, PhD
Professor of Psychiatry and Anesthesiology
Vanderbilt University School of Medicine
Nashville, TN
Ameritox (Honorarium-Consultant); Cephalon (Honorarium-Speaker/Consultant); Covidien (Research Funding-Speaker/Consultant); Endo (Honorarium-Consultant); Janssen (Honorarium-Speaker/Consultant); Millenium (Honorarium-Speaker/Consultant); Pfizer (Honorarium-Consultant); Pharmacofore (Honorarium-Consultant); Purdue Pharma (Honorarium-Consultant); Quest (Honorarium-Speaker/Consultant)

RECOMMENDED TOOLS
*The syllabus includes all tools—either links to those tools or full-text documents.*

1. Opioid Risk Tool (ORT)
2. Screener and Opioid Assessment for Patients in Pain—Revised (SOAPP-R)
   a. The Screener and Opioid Assessment for Patients with Pain – Revised (SOAPP®-R) is a paper and pencil self-assessment for clinicians to use as a tool to determine how much monitoring a patient on long-term opioid therapy may require. The tool is accessible by registering on the PainEDU.org website and linking to it. The direct link to registration is: [http://www.painedu.org/registration.asp?target=terms](http://www.painedu.org/registration.asp?target=terms)
3. Psychosocial Assessment: PHQ-2
4. 10 Steps of Universal Precautions

**RECOMMENDED PATIENT EDUCATION TOOLS**

1. Physician-Patient Opioid Therapy Agreement (Example)
2. Opioid Patient Consent Form (Example)

**RECOMMENDED JOURNAL READINGS**


4. Ebell MH. Point-of-Care Guides: Screening Instruments for Depression. Am Fam Physician. 2008 Jul 15; 8(2): 244-246. (Note: Reproduced with permission. All rights reserved.)

**LITERATURE REFERENCES**


13. Screening Tools for Abuse Risk
   a. SOAPP-R Tool © 2012 Inflexxion. All rights reserved.

