

Assessing Function & Medication Changes in Patients on Chronic Opioid Therapy



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Background

- In 2016, there were 214 million opioid prescriptions made in the US alone. This number has been decreasing over time due to stricter practices. In 2013, there were 247 million prescriptions per person.
- Opioids are used to control chronic pain in select groups. Ideal patients include cancer patients and patients on hospice, as the problem of dependence on these medications for life is not as significant. However, many patients without these characteristics are prescribed opioids.

Besides addiction, chronic opioid therapy has a number of side effects that should limit their use to only essential situations.

• Oftentimes, a key goal of opioid therapy is overlooked: overall function. This is because the focus is typically on pain, but one of the most impactful aspects of pain is a decrease in function.

The aim of this project was to analyze documentation of function-assessment in patients on chronic opioid therapy at the Kaiser Internal Medicine Clinic and, if needed, standardize this assessment.

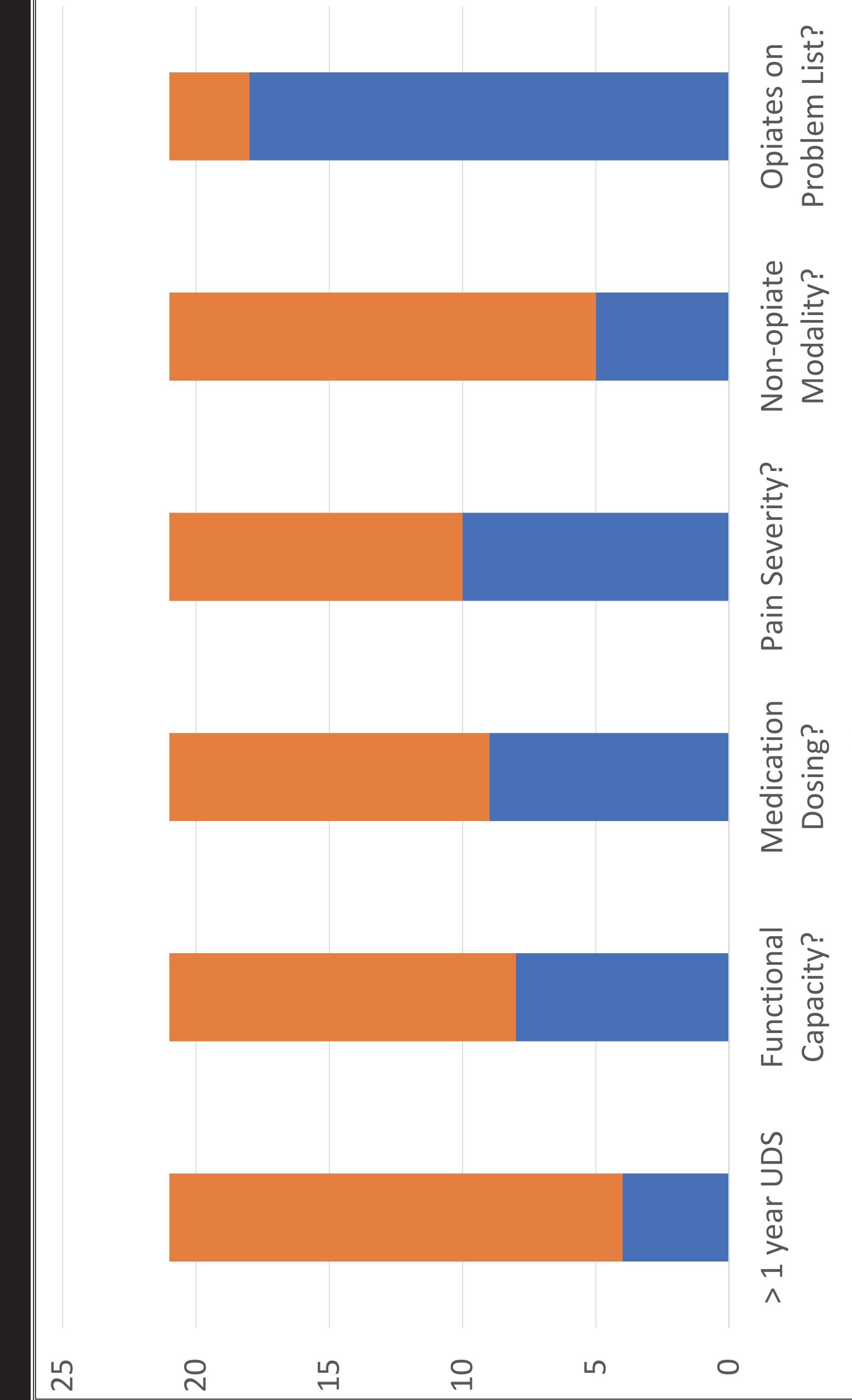
Objective

The aim of this project was to analyze documentation of function-assessment in patients on chronic opioid therapy at the Kaiser Internal Medicine Clinic and, if needed, standardize this assessment.

Methods

- Reviewed the charts of all patients receiving opioid therapy at the office, which included a total of 21 patients: 14 females, average age 68; and 61 males, average age 61. Either the most recent annual wellness visit or visit related specifically to their pain control was analyzed. Tracked the following questions related to the last visit:
 - Was functional capacity addressed?
 - Was the dosing of pain medications addressed?
 - Was the severity of pain addressed?
 - Was the patient asked if they would like to try a non-opiate pain control modality?
- Also tracked if the last UDS was performed in the last year and if long-term opiate use was an item on the problem list.

Results



- Treating each “yes” as a “1” and “no” as a “2,” the averages, standard deviation, and 95% confidence intervals for each category were calculated. Results are detailed below.

	AVERAGE	STDEV	95% CI LOWER	95% CI UPPER
AVERAGE	1.81	1.62	1.57	1.52
STDEV	0.40	0.50	0.51	0.44
95% CI LOWER	0.80	1.00	1.01	1.02
95% CI UPPER	1.00	0.62	0.56	0.50

Discussion

- Overall, the documentation of function assessment was not routinely documented. Additionally, routine questioning about dosing, pain level, drug screening, and alternative pain-control modalities were not adequately documented.
- Overall, the clinic did a good job of adding chronic opioid therapy to the problem list. This helps providers who have not seen a patient before rapidly add this important element to their own thought processes.
- There are some sources of bias. The population was mostly female, and also older, which may mean these results are not generalizable to other groups. Most importantly, the sample size was low. Additionally, these questions may have been asked, just not documented.
- These results led to the creation of a “dot phrase” in Epic to help standardize the assessment of function. This “dotphrase,” shown below, allows the provider to easily pull up a standard set of questions while in the patients room. The phrase also allows for easy documentation in the EHR.

1. Do you feel your pain is controlled at this time?
- YES/NO: 5386
2. Are you able to perform most daily tasks such as putting on clothing, getting out of bed, or walking short distances without significant problems due to pain
- YES, NO and ***
3. Out of the past week, how many days has pain interfered with or worsened your:
- Sleep: 0, 1, 2, 3, 4, 5, 6 and 7
- Mood: 0, 1, 2, 3, 4, 5, 6 and 7
- Stress: 0, 1, 2, 3, 4, 5, 6 and 7
- Usual Activity: 0, 1, 2, 3, 4, 5, 6 and 7
4. Over the past year, have these symptoms (sleep, stress etc.)
- Got better; stayed the same and gotten worse
5. Do you have a bowel movement in at least every-other-day?
- yes, no and ***
6. Are you happy with your current pain control?
- yes, no and ***
7. Would you be interested in transitioning to non-opiate therapies?
- yes, no and ***

PIMP reviewed at this visit

Future Directions

- Distribute the “dotphrase” to all the providers in the clinic and create a “job aide” that allows any new provider to easily interpret the phrase.
- Complete a subsequent analysis asking the same questions in 1 year to see if documentation is adequate for at least 80% of all patients on chronic-opioid therapy.

Reference

- CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *Recommendations and Reports* / March 18, 2016 / 65(1);1–49
- Department of Veterans Affairs, Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. 2010.