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.

### Results

<table>
<thead>
<tr>
<th></th>
<th>AVERAGE</th>
<th>STDEV</th>
<th>95% CI</th>
<th>LOWER BOUND</th>
<th>UPPER BOUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;1 year UDS</td>
<td>1.81</td>
<td>0.40</td>
<td>1.80 – 2.61</td>
<td>1.00</td>
<td>2.61</td>
</tr>
<tr>
<td>Functional Capacity?</td>
<td>1.62</td>
<td>0.50</td>
<td>1.00 – 2.61</td>
<td>0.62</td>
<td>2.61</td>
</tr>
<tr>
<td>Medication Dosing?</td>
<td>1.57</td>
<td>0.51</td>
<td>1.01 – 2.59</td>
<td>0.56</td>
<td>2.59</td>
</tr>
<tr>
<td>Pain Severity?</td>
<td>1.52</td>
<td>0.51</td>
<td>1.02 – 2.53</td>
<td>0.50</td>
<td>2.53</td>
</tr>
<tr>
<td>Non-opiate Modality?</td>
<td>1.76</td>
<td>0.44</td>
<td>0.87 – 1.86</td>
<td>0.89</td>
<td>1.86</td>
</tr>
<tr>
<td>Opiates on Problem List?</td>
<td>1.14</td>
<td>0.36</td>
<td>0.72 – 1.57</td>
<td>0.43</td>
<td>1.57</td>
</tr>
</tbody>
</table>

Conclusions:
- It was not clear if most patients are receiving appropriate drug testing.
- It was not clear if most patients are having their functional status addressed routinely.
- It was not clear if most patients have the dosing of their pain meds addressed frequently.
- It was not clear if most patients have the severity of their chronic pain addressed often enough.
- It was not clear if most patients are asked if they would like to try non-opiate modalities for pain control.
- Overall, most patients do have long-term opiate use on their problem list.

### 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.

### 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.