

# OntarioMD EMR: Every Step Conference (September 28, 2017)

## Concurrent Session – 9:15 am – 9:45 am

Profiling pain management:

Understanding the utility of administrative data and moving to discover what's in your EMR in order to improve quality

# Outline

- Describe the various HQO data sources available to primary care providers
  - David Zago/Maria Krahm from Health Quality Ontario
- Understand how clinic-based EMR reports can be coupled with clinical decision support tools to inform practice-level improvement activities
  - Amanda van Hal – Centre for Effective Practice
- Dialogue with peers and facilitators to share experiences with using data and clinical decision support tools to improve patient care
  - Dr. David Kaplan from Health Quality Ontario

# Faculty/Presenter Disclosure

- **Faculty:** Dr. David Kaplan, David Zago, Maria Krahn
- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** None

# Disclosure of Commercial Support

- No Commercial Support

## Mitigating Potential Bias

- No perceived potential bias

# Strategy to Prevent Opioid Addiction & Overdose by Enhancing Reporting System, Connecting Patients with High Quality Care

Ontario is implementing a comprehensive opioid strategy to prevent opioid addiction and overdose through:



**MODERNIZING OPIOID PRESCRIBING AND MONITORING**

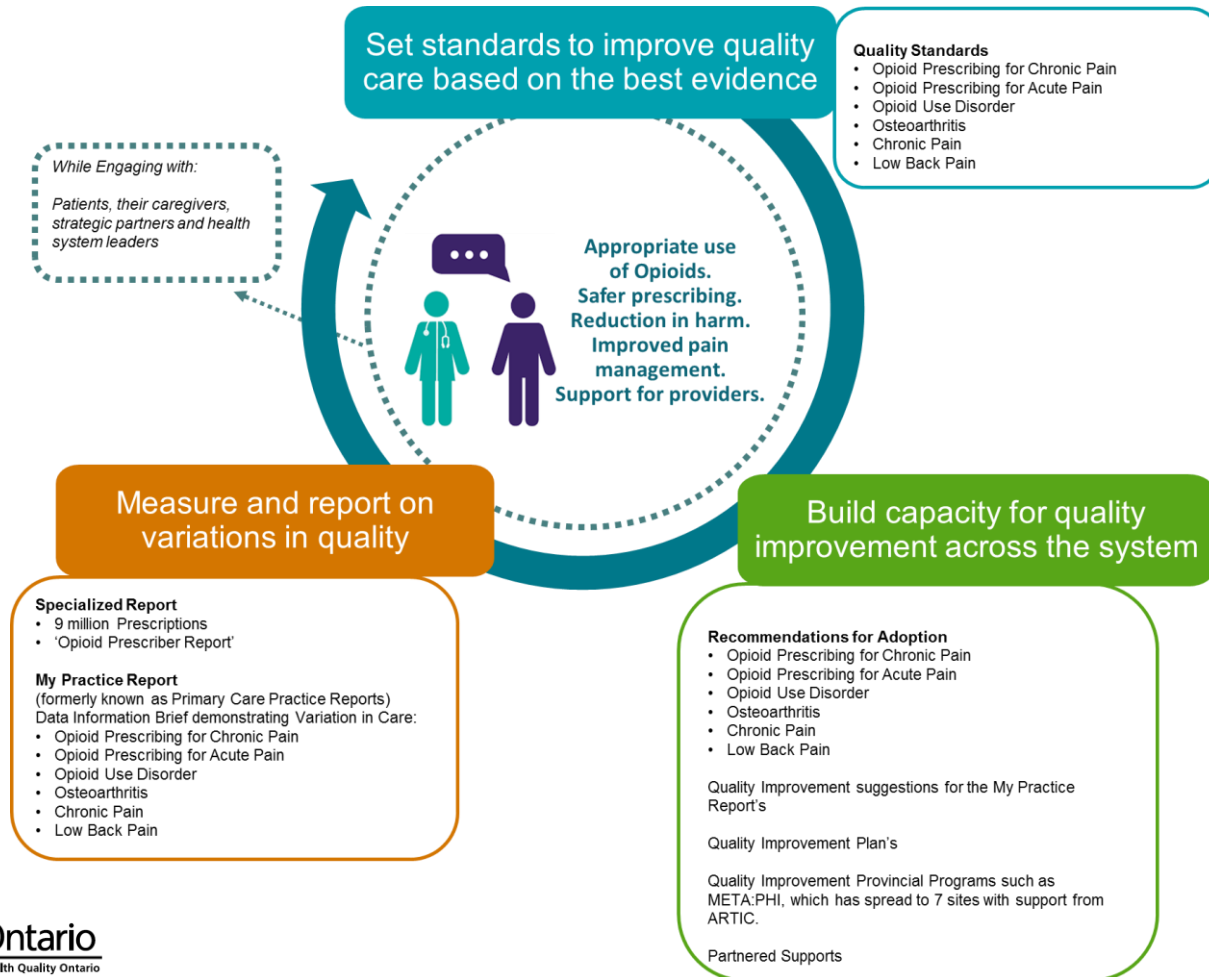


**IMPROVING THE TREATMENT OF PAIN**



**ENHANCING ADDICTION SUPPORTS & HARM REDUCTION**

# Collaboration to address the Opioid crisis



# Partnered Effort to Support Clinicians with Opioid Prescribing and Pain Management

Build capacity for quality improvement across the system

## *What supports are available now?*

- [Medical Mentoring for Addictions and Pain](#) (available through the Ontario College of Family Physicians)
- Digital tools like [eConsult](#) and [EMR dashboard](#) for optimizing the use of your EMR and the data in it to understand current patterns of care. Expert users of these tools are also available to help you through a [Peer Leader Program](#) (all available through OntarioMD)
- [Safer Opioid Prescribing](#) webinars and workshops (available through the University of Toronto Faculty of Medicine, Continuing Professional Development)
- Quality Improvement Decision Support Specialists (QIDSS) and analytic support for Family Health Teams (available through the [Association of Family Health Teams of Ontario](#))
- [Ontario's Narcotics Strategy](#), stemming from the National Narcotics Monitoring Network, lets you see whether a patient is obtaining drugs from multiple providers (available through the Ministry of Health and Long-Term Care)

# Partnered Effort to Support Clinicians with Opioid Prescribing and Pain Management

Build capacity for quality improvement across the system

## *What supports are coming?*

- A confidential report ([My Practice: Primary Care](#)) lets you see your own opioid prescribing patterns compared with the provincial average (available through Health Quality Ontario)
- [Quality Standards](#) outlining what quality care looks like for people with [acute](#) or [chronic](#) pain considering opioid therapy, and people with [opioid use disorder](#) (available through Health Quality Ontario; grounded in the [2017 Canadian Guideline for Opioids for Chronic Pain](#))
- One-on-one educational outreach visits ([Academic Detailing](#)) and access to clinical tools and supports focused on delivering providers with objective, balanced, evidence-informed information on best practice (available through the Centre for Effective Practice)
- Outreach to increase awareness of available supports and programs, and investments to increase access to addiction services (coordinated through the Local Health Integration Networks)



# MyPractice Report

Measure and report  
on variations in  
quality



## What's coming?

Family physicians will be able to confidentially see their individual opioid prescribing patterns in comparison to others through their *MyPractice* Report (formerly Primary Care Practice Reports).

## Key Measures will include:

*MyPractice* reports to include opioid section with measurement on:

- Opioid prevalence
- Opioid new starts
- Opioid- Benzodiazepines
- Opioid high dose

## Who is it for?

Primary Care physicians can access their private reports through registering at [hqontario.ca/mypractice](http://hqontario.ca/mypractice). New users must register by September 30 to receive a report in November 2017.

## When?

The first report in this series will be available to registered users late **November 2017**

## Primary Care Practice Report

Health Quality Ontario

Overall Performance in Quality Indicators **OPTION 1**

Data as of **MMM.YYYY**



### Opioid Prescribing

# Patients Dispensed an Opioid

XX

# Patients Newly Dispensed an Opioid

XX

# Patients Dispensed a High Dose Opioid

XX

# Patients Dispensed Concomitant Opioid-Benzodiazepine

XX

suppression

### Cancer Screening

My Priority Indicators for Review (below 40<sup>th</sup> percentile)

• XX

My Indicators Around Average (between 40<sup>th</sup> - 75<sup>th</sup> percentile)

- Pap smear testing
- Mammogram testing
- Any Colorectal screening

My Indicators Above Average (above 75<sup>th</sup> percentile)

• XX

suppression

### Diabetes Management

• XX

- HbA1C testing
- Retinal Exam testing

• XX

suppression

\*Percentiles are based on physicians registered for the Primary Care Practice Report

### Whom am I caring for?

# of patients

XX

Age (mean)

XX

% male

XX%

% rural

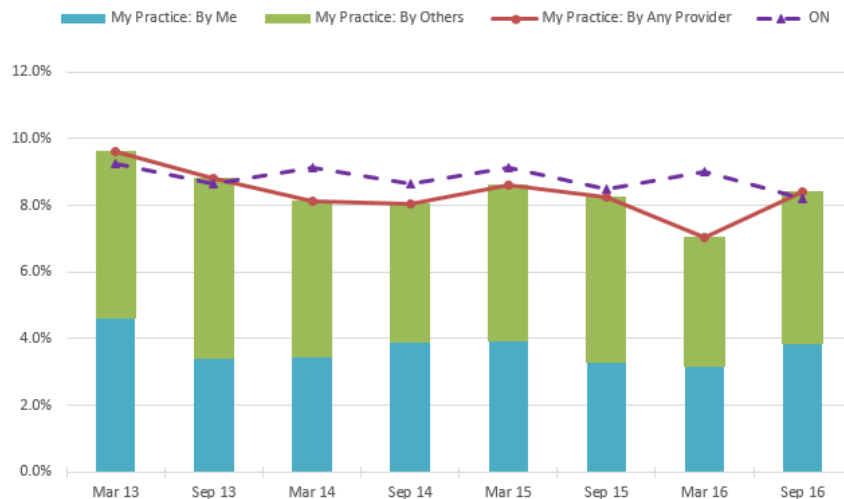
XX%

## Prevalence of Opioid Dispensing (OPTION 2)

Data as of MMM/YYYY

**What percentage of my non-palliative care patients have been dispensed an opioid within the last 6 months?**

- As of MMM DD YYYY, XX% of my patients have been dispensed an opioid, XX% of those opioids were prescribed by me and XX% were prescribed by other prescribers (e.g. other physicians, dentists).
- The percentage of my patients dispensed an opioid is **lower than/higher than/equal to** the provincial percentage of XX%.

**FOOTNOTE**

\*Excludes: drug A, B, C

**Number of my patients who have been dispensed an opioid**

By Me: XX  
By Other Providers: XX

**Your patients who have chronic non-malignant pain need you.**

Sometimes opioid prescriptions are appropriate. The data cannot weigh the benefits against harm, but it can point to practice patterns worthy of reflection.

How can I reflect on my opioid prescribing patterns in my practice? [\(page 9\)](#)

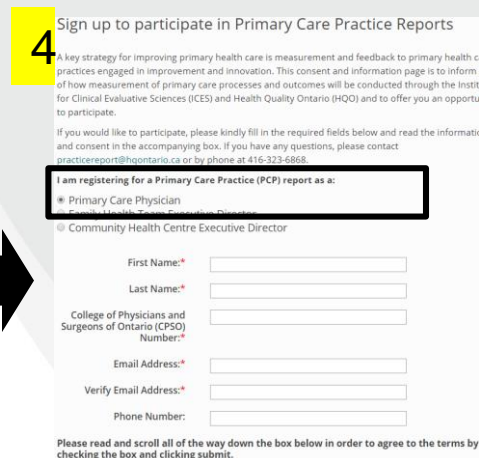
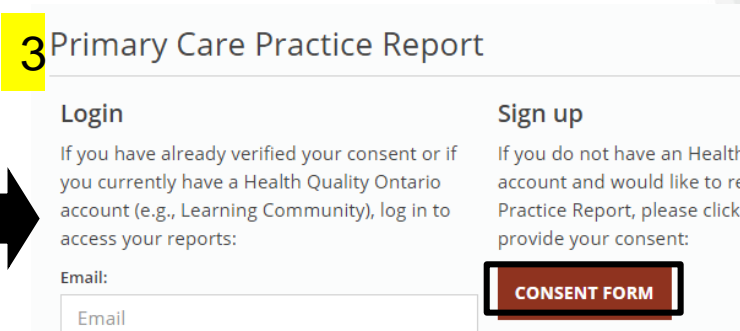
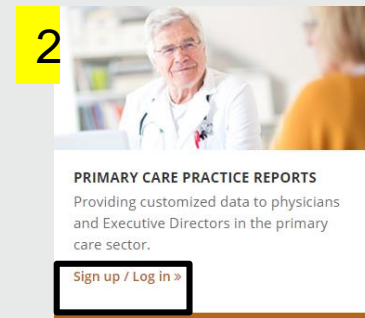
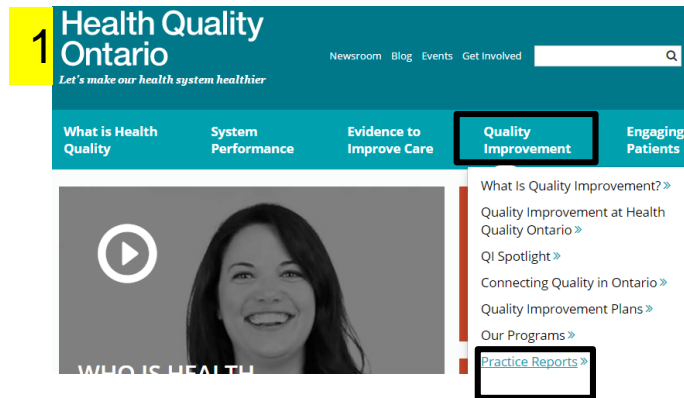
## List of indicators in the opioid section of the *MyPractice Report*

1. Percent of patients dispensed an opioid by any provider\*
2. Percent of patients dispensed a new opioid by any provider\*
3. Percent of patients dispensed an opioid and benzodiazepine by any provider\*
4. Percent of patients dispensed a high dose of opioid (>90mg daily MEQ) by any provider\*

\*all indicators will be broken down by “prescribed by assigned physician” and “prescribed by others”

# Sign-up for Practice Reports

START: <http://www.hqontario.ca/>





# Centre for Effective Practice: CNCP Tool

[www.effectivepractice.org](http://www.effectivepractice.org)

# Faculty/Presenter Disclosure

- **Amanda van Hal**
  - **No conflict**
- **Relationships with commercial interests:**
  - **The Knowledge Translation Primary care Initiative is funded by the MOHLTC**

# Disclosure of Commercial Support

- **No Commercial Support**



# Mitigating Potential Bias

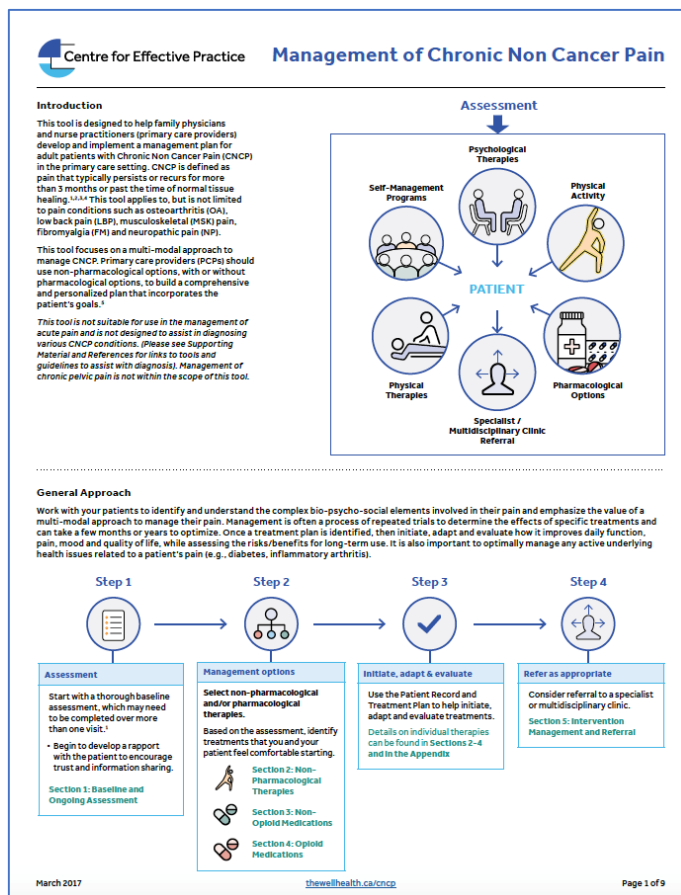
- Although funding is received from MOHLTC, they provided input at arms length
- Recommendations within the tool are from clinical practice guidelines, provider feedback and other expert input.

# CEP Overview

**CEP engages and responds to providers throughout the process**

**“By providers, for providers”**

**The Centre for Effective Practice (CEP) aims to close the gap between evidence and practice of health care providers. It gives providers what they need to deliver the best care to their patients by engaging them throughout its process to create evidence-based solutions that can be adapted into their local contexts. The CEP is a federally-incorporated, not-for-profit organization founded in 2004 by the University of Toronto’s Department of Family and Community Medicine**



Original paper tool that was used as the foundation for the EMR form.

# Practice Solutions – Baseline Assessment

▼ **Burgundy, Ron** next visit: not booked age 17 yr 22

▼ Profile

Initial/Baseline Visit last done: never done PHQ-9: never done BPI PSS: never done Load Ocean forms View Handout... Open Lab req eConsult  
Follow up visit last done: never done GAD-7: never done BPI PIS: never done

QBIC • CHF • CKD • COPD • Problem List EA • SOAP • WT • HT • BMI • View Labs • CMA Guidelines • LU codes • eConsult •

Please Update Smoking Status Update: ☐ never smoked ☐ current smoker ☐ ex-smoker

rga

Mar 10, 2017 QBIC CNCP CF test1 SCH

**Chronic Non Cancer Pain - Baseline Assessment**

**Assessment**

Pain Condition (+) (-)

Relevant Past Medical History expand/collapse

Functional & Social History expand/collapse

Mental Health expand/collapse

Substance Use Hx and Opioid Risk Tool expand/collapse

Physical Exam expand/collapse

**Management Plan**

Treatment Goals expand/collapse

Non-Pharmacological Therapy (i) expand/collapse

Non-Opioid Medications (i) expand/collapse

Plan

Objective is to ensure that a compressive pain assessment is completed for each patient.

# Practice Solutions – Follow Up Visit

Stephanie Chin - PSS remote.family-medicine.ca

File Edit Style Settings Patient View Data Letter

▼ Scripttest, One next visit: not booked age 56 yr 237

▼ Profile

Aug 1, 2017 Chronic Non Cancer Pain Management tool - Follow up visit QBIC CEP SCH

Management of Chronic Non Cancer Pain - Follow up Visit Date Baseline Completed (Click date to view form): Jul 7, 2017

Assessment/other name for this section(Evaluation/Measurement/Review)

**Pain Summary**

Established Pain Dx: Diagnosis details

☐ Headaches

☒ Osteoarthritis (OA) added notes

☐ Low Back Pain (LBP)

☒ Myofascial Pain

☐ Fibromyalgia (FM)

☐ Neuropathic Pain

☐ Other\*

Co-Morbidities

☒ Anxiety

☒ Depression

☐ Diabetes

☐ Inflammatory Arthritis

☐ PTSD

☐ Substance Use Disorder (SUD)

☐ Other

Metrics: Brief Pain Inventory (BPI), PHQ-9 & GAD-7

	Latest Value	Last Done	Jul 10 2015	Jul 5 2017
@PainSeverityScore	4.75	15 Jul	4.75	
@PainInterferenceScore	2.6	15 Jul	2.6	
@PHQ-9	10	Jul 5		10
@GAD-7	20	Jul 5		20

Update Open BPI tool Open PHQ-9 tool Open GAD-7 tool

**Pain Assessment**(i.e. function examples, social function, psych descriptions)

☐ Review Yellow Flags

☐ Review Substance Use Hx & OUD Risk Assessment

Physical Exam:

Vitals BP: HR: RR:

Insert Last Note Clear

Notes: <Musculoskeletal Examination>

<Neurological Examination>

**Treatment Plan Review & Updates**

**Treatment Goals**

Work with the patient to identify goals (towards which the patient would like to work to. Use the SMART framework help define goals

1. baseline notes

2.

3.

4.

TIP: SMART goals  
Specific  
Measurable  
Agreed-upon

providers to view changes to pain, mood and functionality over a series of visits to determine if there is

# OSCAR – Baseline Assessment

qa.oscartools.org:11201/oscar\_ece/eform/efmformadd\_data.jsp?fid=86&demographic\_no=1&appointment=

Save

## Management of Chronic Non-Cancer Pain - Baseline Assessment

This tool is designed to help primary care providers develop and implement a management plan for adult patients with Chronic Non-Cancer Pain (CNCP). CNCP is defined as pain that typically persists or recurs for more than 3 months or past the time of normal tissue healing. This tool applies to, but is not limited to pain conditions such as osteoarthritis (OA), low back pain (LBP), musculoskeletal (MSK) pain, fibromyalgia (FM) and neuropathic pain (NP). This tool focuses on a multi-modal approach to manage CNCP. Primary care providers should use non-pharmacological options, with or without pharmacological options, to build a comprehensive and personalized plan that incorporates the patient's goals and is not expected to be completed in one patient visit but rather over a series of visit.

### Assessment

- Pain Summary + -
- Patient History + -
- Substance Use Hx & OUD Risk Assessment + -
- Physical Exam + -

### Management Plan

- Treatment Goals + -
- Non-Pharmacological Therapy ⓘ + -
- Non-Opioid Medications + -
- Opioid Medications ⓘ + -

available in different EMRs platforms each form has been programed to function

**Place holder for Dr. David Kaplan's story**

# *Thank you.*

LET'S CONTINUE THE CONVERSATION:



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Health Quality Ontario

## Health Quality Ontario

*Let's make our health system healthier*