

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 Krahn 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

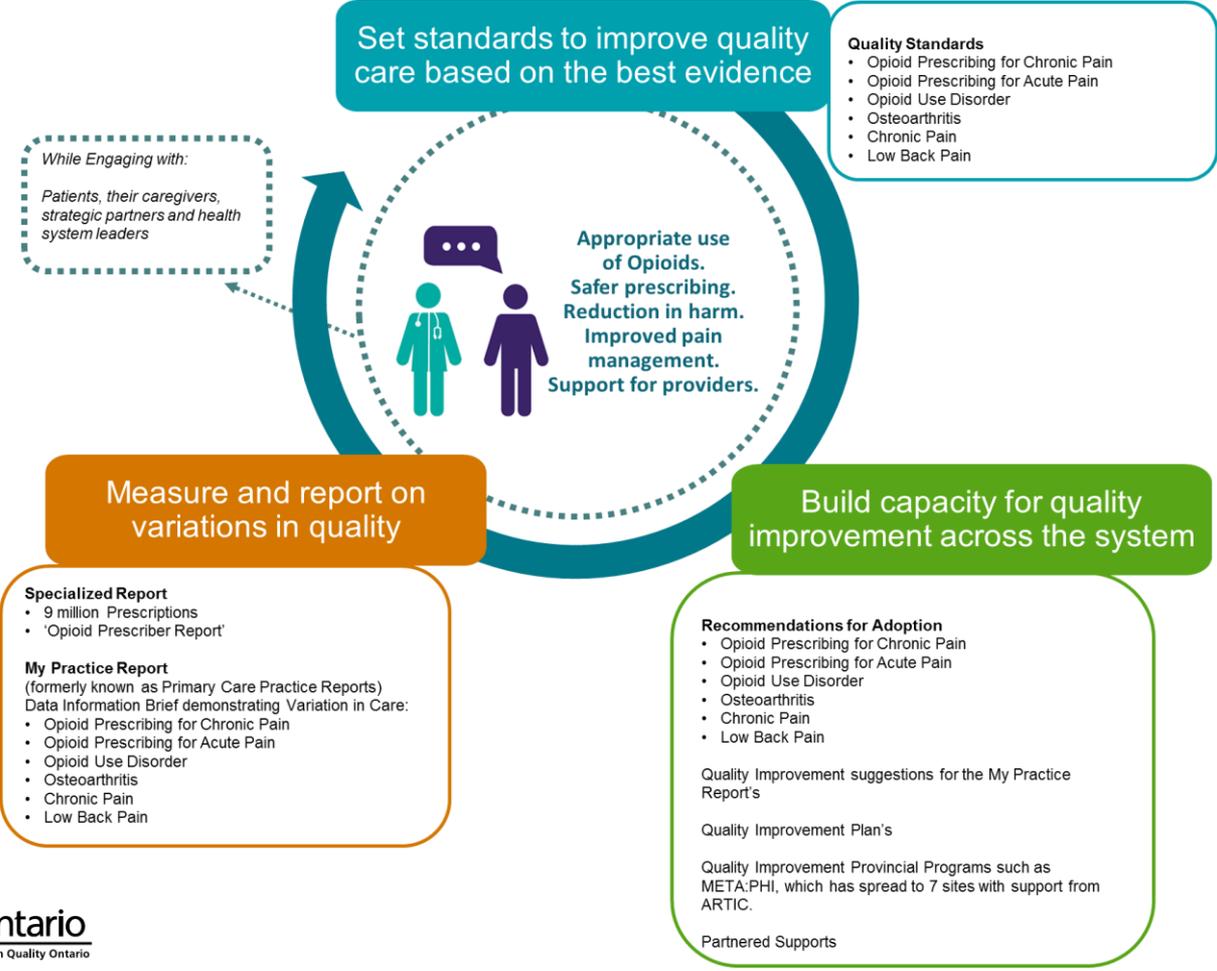


IMPROVING THE TREATMENT OF PAIN



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. 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**



Opioid Prescribing	# Patients Dispensed an Opioid	# Patients Newly Dispensed an Opioid	# Patients Dispensed a High Dose Opioid	# Patients Dispensed Concomitant Opioid-Benzodiazepine
	XX	XX	XX	XX
suppression				

	My Priority Indicators for Review (below 40 th percentile)	My Indicators Around Average (between 40 th - 75 th percentile)	My Indicators Above Average (above 75 th percentile)
Cancer Screening	<ul style="list-style-type: none"> XX 	<ul style="list-style-type: none"> Pap smear testing Mammogram testing Any Colorectal screening 	<ul style="list-style-type: none"> XX
suppression			
Diabetes Management	<ul style="list-style-type: none"> XX 	<ul style="list-style-type: none"> HbA1C testing Retinal Exam testing 	<ul style="list-style-type: none"> XX
suppression			

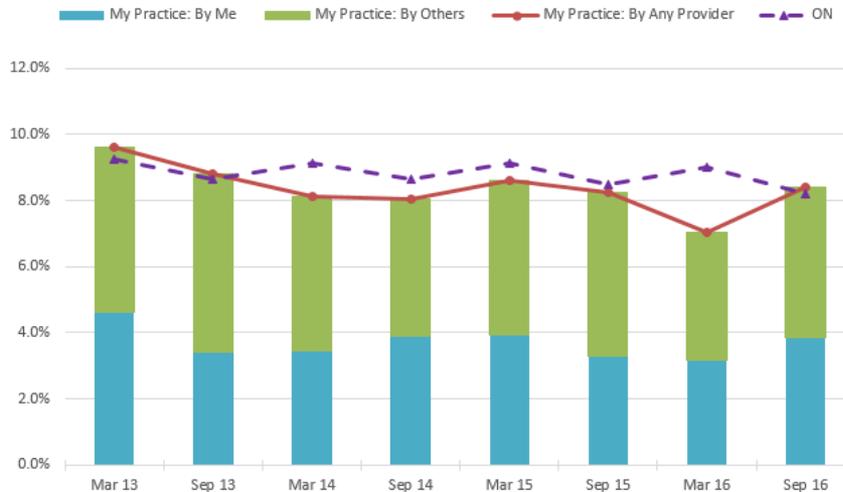
*Percentiles are based on physicians registered for the Primary Care Practice Report

Whom am I caring for?

# of patients	Age (mean)	% male	% rural
XX	XX	XX%	XX%

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/>

1 Health Quality Ontario
Let's make our health system healthier

Newsroom Blog Events Get Involved

What is Health Quality System Performance Evidence to Improve Care **Quality Improvement** Engaging Patients

What Is Quality Improvement? »
Quality Improvement at Health Quality Ontario »
QI Spotlight »
Connecting Quality in Ontario »
Quality Improvement Plans »
Our Programs »
Practice Reports »

2



PRIMARY CARE PRACTICE REPORTS
Providing customized data to physicians and Executive Directors in the primary care sector.

Sign up / Log in »

3 Primary Care Practice Report

Login
If you have already verified your consent or if you currently have a Health Quality Ontario account (e.g., Learning Community), log in to access your reports:

Email:

Sign up
If you do not have a Health Quality Ontario account and would like to register for a Practice Report, please click on the link to provide your consent:

CONSENT FORM

4 Sign up to participate in Primary Care Practice Reports

A key strategy for improving primary health care is measurement and feedback to primary health care practices engaged in improvement and innovation. This consent and information page is to inform you of how measurement of primary care processes and outcomes will be conducted through the Institute for Clinical Evaluative Sciences (ICES) and Health Quality Ontario (HOO) and to offer you an opportunity to participate.

If you would like to participate, please kindly fill in the required fields below and read the information and consent in the accompanying box. If you have any questions, please contact practicereport@hqontario.ca or by phone at 416-323-6868.

I am registering for a Primary Care Practice (PCP) report as a:

Primary Care Physician
 Family Health Team Executive Director
 Community Health Centre Executive Director

First Name:*

Last Name:*

College of Physicians and Surgeons of Ontario (CPSO) Number:*

Email Address:*

Verify Email Address:*

Phone Number:

Please read and scroll all of the way down the box below in order to agree to the terms by checking the box and clicking submit.



Centre for Effective Practice: CNCP Tool

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

Centre for Effective Practice Management of Chronic Non Cancer Pain

Introduction

This tool is designed to help family physicians and nurse practitioners (primary care providers) develop and implement a management plan for adult patients with Chronic Non Cancer Pain (CNCPP) in the primary care setting. CNCPP is defined as pain that typically persists or recurs for more than 3 months or past the time of normal tissue healing.^{1,2,3,4} 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 CNCPP. Primary care providers (PCPs) should use non-pharmacological options, with or without pharmacological options, to build a comprehensive and personalized plan that incorporates the patient's goals.⁵

This tool is not suitable for use in the management of acute pain and is not designed to assist in diagnosing various CNCPP conditions. (Please see Supporting Material and References for links to tools and guidelines to assist with diagnosis). Management of chronic pelvic pain is not within the scope of this tool.

The diagram illustrates a multi-modal approach to pain management. At the center is the 'PATIENT'. Above the patient is 'Assessment', which leads to 'Psychological Therapies'. To the left of the patient are 'Self-Management Programs'. To the right is 'Physical Activity'. Below the patient are 'Physical Therapies' and 'Pharmacological Options'. At the bottom, 'Specialist / Multidisciplinary Clinic Referral' is shown with arrows pointing towards the patient.

General Approach

Work with your patients to identify and understand the complex bio-psycho-social elements involved in their pain and emphasize the value of a multi-modal approach to manage their pain. Management is often a process of repeated trials to determine the effects of specific treatments and can take a few months or years to optimize. Once a treatment plan is identified, then initiate, adapt and evaluate how it improves daily function, pain, mood and quality of life, while assessing the risks/benefits for long-term use. It is also important to optimally manage any active underlying health issues related to a patient's pain (e.g., diabetes, inflammatory arthritis).

Step 1

Assessment

Start with a thorough baseline assessment, which may need to be completed over more than one visit.¹

- Begin to develop a rapport with the patient to encourage trust and information sharing.

Section 1: Baseline and Ongoing Assessment

Step 2

Management options

Select non-pharmacological and/or pharmacological therapies.

Based on the assessment, identify treatments that you and your patient feel comfortable starting.

- Section 2: Non-Pharmacological Therapies
- Section 3: Non-Opioid Medications
- Section 4: Opioid Medications

Step 3

Initiate, adapt & evaluate

Use the Patient Record and Treatment Plan to help initiate, adapt and evaluate treatments.

Details on individual therapies can be found in Sections 2-4 and in the Appendix

Step 4

Refer as appropriate

Consider referral to a specialist or multidisciplinary clinic.

Section 5: Intervention Management and Referral

March 2017 thewellhealth.ca/cncp Page 1 of 9

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 221

Profile

Initial/Baseline Visit last done: never done | PHQ-9: neve date: | BPI PSS: never date: | [Load Ocean forms](#) | [View Handout...](#) | [Open Lab req](#) | [eConsult](#)
 Follow up visit last done: never done | GAD-7: neve date: | BPI PIS: never (date:

[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](#) expand/collapse
- [Non-Opioid Medications](#) 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

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

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:

Notes: Musculoskeletal Examination Neurological Examination

Treatment Plan Review & Updates

Treatment Goals

Work with the patient to identify goals (evaluate 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 visits.

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

Let's make our health system healthier