



A Novel Strategy for Electronic Enrollment in Opioid Therapy for Chronic Pain (OTCP)



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Background

Once used almost entirely for palliative care and cancer pain, the prevalence of Opioid Therapy for Chronic Pain (OTCP) is increasing. Prescriptions for long-acting Opioid are expected to double every four years. While the benefits of OTCP are significant, so are the risks including substance abuse and diversion. A best-practice to mitigate these risks is to obtain formal consent and agreement to participate in OTCP. An electronic approach to that enrollment process offers significant benefits.

AIM Statement

Increase the use of an automated system to complete and store Agreements for the Prescription of Chronic Opioid Therapy documents within the electronic health record in a two-year period across two large medical centers.

Measure 1

- Utilize audit functions within the Automated Informed Consent Application (AICA)
- Determine utilization of the Agreement for Prescription of Chronic Opioid Therapy (prepared and saved to the Electronic Health Record (EHR))

Consents Saved to the EHR

		1Q	2Q	3Q*	4Q	Subtotal	Total
2007	Tampa	178	269	214	156	817	817
	Orlando						
2008	Tampa	143	180	187	261	771	771
	Orlando						
2009	Tampa	316	381	299	350	1,346	1,581
	Orlando				235	235	
2010	Tampa	291	263	238	221	941	3,546
	Orlando	328	793	756	658	2,605	
2011	Tampa	223	224	257	704	4,069	4,069 **
	Orlando	612	891	747	2250	2250	

Until the fourth quarter of 2009, data for the Tampa and Orlando facilities was combined. In late 2009 Orlando implemented its own server allowing for visibility of each individual facility.
* 2011 data through September 22, 2011
** Annualized Total for 2011

Measure 2

- Chart audits to determine if Providers are only using the Agreement for the Prescription of Chronic Opioid Therapy via the AICA and not utilizing their own personal form
- Determine if multiple consents are being documented on same patient without discharge from a Chronic Narcotics Program

Changes

- Orlando separated from James A Haley Medical Center (Tampa) in 2009
- Orlando implemented its own server to support AICA
- Created business rules in Vista, to disallow use of title through the Notes tab within the Computerized Patient Record System (CPRS). This forces provider to only utilize the AICA for documenting consent
- Linked local consent form, Agreement for the Prescription of Chronic Opioid Therapy to standard Note Title, Opioid Pain Management Agreement

Consent Process

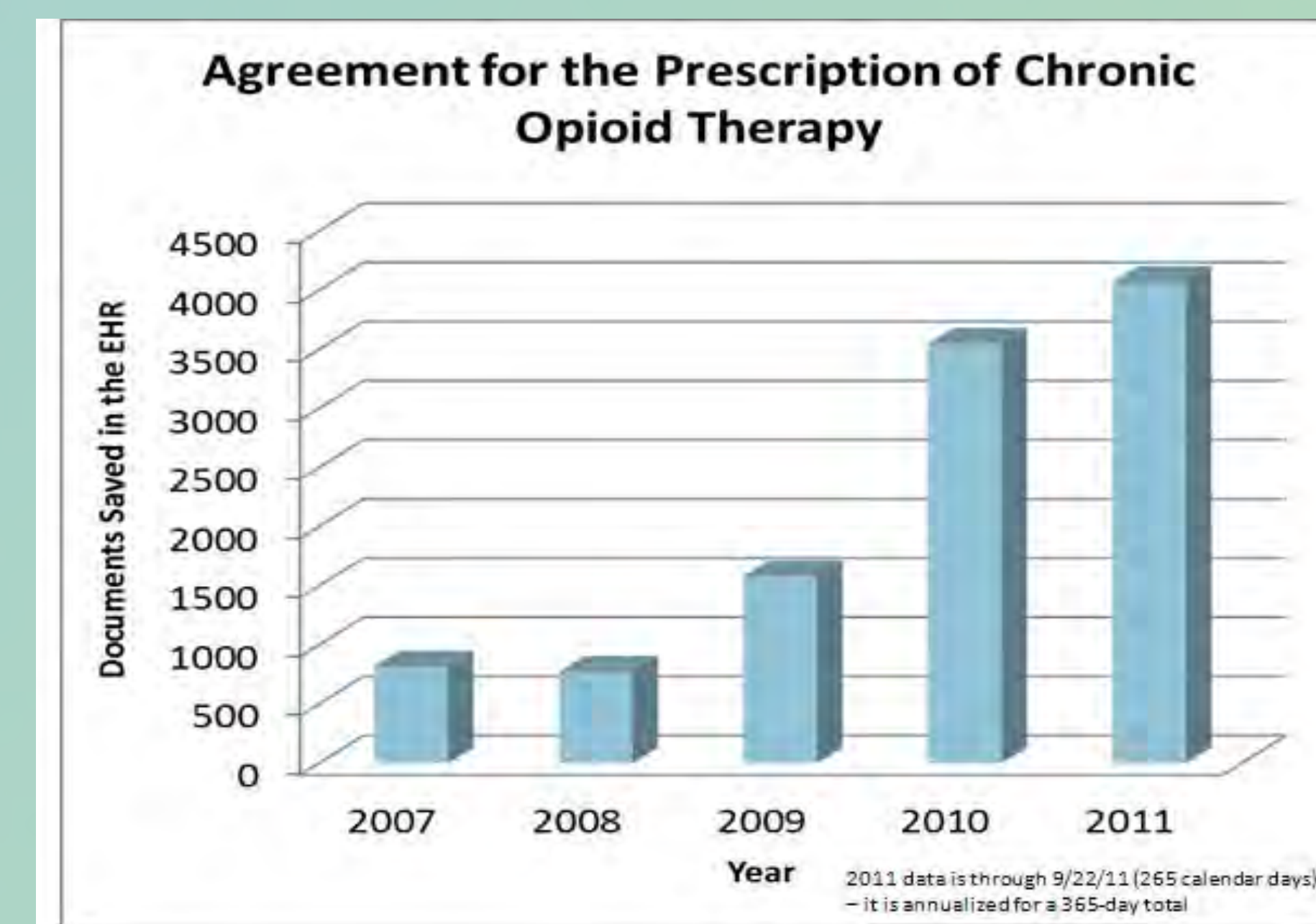
The screenshot shows the 'Orlando - Consent and Agreement for the Prescription of Chronic Opioid Therapy' form. It includes a patient selection dropdown, a list of clinic locations (PM&R Pain Clinic, Primary Care Clinic, Primary Care Opioid Pain Management Program), and a section for the provider ordering the treatment (Jones Alicia M (CLINICAL APPLICATION COORD)).

Consent Process Continued..

This screenshot shows the bottom portion of the consent form, including the patient's signature, the date and time (11/14/2011 9:53:16 AM), and the provider's signature (Alicia Jones) and name (JONES, ALICIA M).

Summary of Results

- An increase in the completion, accurate documentation of ease of retrieval of the Agreement for the Prescription of Chronic Opioid Therapy documents was achieved
- Availability of the electronic document increased 350% in 3 years since initiation of the project
- Execution of an Agreement for the Prescription of Chronic Opioid Therapy puts patients, their families, and providers all on the "same page" relative to expectations and responsibilities
- Compliance with obtaining/maintaining contractual agreements for All patients participating in Opioid Therapy has greatly improved



Lessons Learned

- Coordination between the Clinical Informatics Departments and the Medical Center is essential
- The original Clinical Warning/Posting for the Agreements caused confusion to the provider when viewing the coversheet within CPRS
- Locking down the title associated with the consent form ensured the only way the provider could enter a document was via the AICA

Lessons Learned

- It's imperative that Therapy Teams and Primary Care Providers are aware of the availability of the electronic version of the Agreement
- Availability of the signed Agreement is beneficial for continuum of care by all providers involved in the patients care
- The Clinical Warning/Posting displayed ALL Agreement for the Prescription of Chronic Opioid Therapy documents causing the providers to have to individually select each one to determine most current

Future Focus

Enhancing the Clinical Warning/Posting for the Agreement utilizing Info Clinical Reminders in CPRS:

- **INFO: Opioid Agreement Active
- **INFO: Opioid Agreement Missing
- **INFO: Opioid Agreement Rescinded

The screenshot shows the CPRS interface for patient ZZZBELL, TINKER. It displays active problems like 'Malignant Neoplasm Of The Prostate' and 'Major Depression, Recurrent'. Under 'Allergies / Adverse Reactions', it lists 'Contrast Media', 'Triazolone', 'Milk', 'Penicillin', 'Amiodipine', and 'Wheat'. The 'Clinical Reminders' section shows 'INFO: Opioid Agreement Rescinded' with a 'DUE NOW' status.

A diagram with a red box stating 'Only 1 Opioid Reminder will display at a given time'. Arrows point from this box to two yellow boxes: 'Clinical Reminders INFO: Opioid Agreement Active' and 'Clinical Reminders INFO: Opioid Agreement Rescinded'.

Future Focus

The screenshot shows a 'Reminder Resolution: Opioid Agreement Missing' dialog box. It explains that the reminder looks for a note titled 'Opioid Pain Management Agreement' and provides instructions on how to resolve the missing agreement.

The reminder will appear if patient has received Opiates at least twice in the past 6 months but does not have an Agreement signed through AICA