AHRQ CDS Connect - Pilot Site Training for the Clinical Decision Support (CDS) Pain Management Summary

Presented by the CAMH Federally Funded Research and Development Center, operated by MITRE
Training Agenda

- Brief background on the CDS Connect project
- Evidence-based guidelines related to opioid prescribing and chronic pain management
- Overview of the Pain Management Summary
- How to access and use the Pain Management Summary “app”
  - Demo of the app and its features
  - Demo of the app in Epic Release
- Engaging patients with the Summary to facilitate shared decision making
- Evaluation of the Summary app
- Reporting concerns and sharing feedback on the app
- Final questions and closing
CDS Connect Background Information
CDS Connect Mission and Activities

**Mission:** Demonstrate a system that supports new evidence-based standards of care, codifies Clinical Decision Support (CDS) artifacts based on those standards using an interoperable, international data standard, and shares the resulting CDS capabilities via an accessible, web-based tool.

**Activities:**
- **Repository:** Design and build an online software “repository” for hosting and sharing new CDS artifacts (https://cds.ahrq.gov/cdsconnect)
- **Authoring:** Build a public facing, web-based CDS Authoring tool geared toward non-technical users (https://cds.ahrq.gov/cdsconnect/authoring)
- **Artifacts:** Identify and codify new CDS artifacts for care, initially in the domain of cholesterol management and now in the domain of chronic, non-malignant pain
- **Pilot:** Pilot CDS artifacts in a live, clinical setting
- **Work Group:** Convene external discussions focused on accelerating evidence into practice through CDS

**Sponsor:** Agency for Healthcare Research and Quality
CDS Connect Pilot: Timeline

May
Integration, Testing, Quality Assurance

June
6/14: Clinical Champion Training
6/18: Go Live

July
7/9 or so: Clinician Touchpoint
8/10 or so: Focus Group Discussion

Aug
Live Pilot

Sept
8/13: Pilot Ends
CDC Guideline for Prescribing Opioids for Chronic Pain

- Non-pharmacologic & non-opioid therapies preferred
- Establish treatment goals with patients
- Assess and discuss risks and benefits
  - Prescribe naloxone if at high risk
- Prescribe immediate-release opioids
- Prescribe the lowest effective dose
- Monitor PDMP
  - ≤50 MME/day preferred
  - ≥90 MME/day is high risk
- Urine drug screening (prior to and annually)
- Avoid concurrent benzodiazepines
- Offer medication-assisted Tx (MAT) for OUD

https://www.cdc.gov/drugoverdose/prescribing/guideline.html
Pain Management Summary Clinical Decision Support (CDS)

Pertinent Medical History
- Conditions associated with chronic pain
- Risk factors for opioid-related harms

Pain Assessments
- Wong-Baker FACES Rating Scale
- PEG & STarT Back Screening Tools
- Patient’s goal for pain management

Historical treatments
- Opioid medications
- Non-opioid medications
- Non-pharmacologic treatments
- Stool softeners and laxatives

Risk Considerations
- MME amount
- Urine drug screen results
- Benzodiazepine medications
- Naloxone medications
- Risk screenings relevant to pain management
- PDMP access

Objectives:
- Display relevant data to inform pain management decisions
- Include concepts outlined in the CDC guideline
- Provide contextual notifications via flags
- Facilitate shared decision making

Be aware:
- The Summary does not display or provide notifications for all of the CDC recommendations
- The summary does not make treatment recommendations
- Clinicians are encouraged to use their medical knowledge and awareness of evidence-based guidelines to make the best decision for each patient
CDS Summary Section: Pertinent Medical History

- Conditions associated with chronic pain
- Risk factors for opioid-related harms
  - Depression
  - Anxiety
  - Sleep-disordered breathing
  - Renal dysfunction
  - Hepatic Dysfunction
  - Pregnancy
  - Age >=65
  - SUD*
  - Suicide attempt*

*Pulls any instance of SUD or suicide attempt (whether active or resolved) from Encounters or the Problem List

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Sample of included diagnoses

- 723 Cervical Spinal Stenosis
- 723.1 Cervicalgia
- 723.3 Cervicobrachial Syndrome
- 723.4 Brachial Neuritis NOS
- 723.5 Contracture Of Neck NOS
- 723.6 Panniculitis Affecting Neck
- 723.7 Ossification Cerv Lig
- 723.8 Cervical Syndrome NEC
- 723.9 Disorder Of Cervical Region NEC
- 724 Spinal Stenosis Nos
- 724.01 Spinal Stenosis Of Thoracic Region
- 724.02 Spinal Stenosis Of Lumbar Region
- 724.09 Spinal Stenosis NOS
- 724.1 Pain In Thoracic Spine
- 724.2 LBP [Low Back Pain]
- 724.3 Cotungo's Disease
- 724.4 Lumbosacral Neuritis NOS
- 724.5 Back Pain
- 724.6 Ankylosis Of Lumbosacral Joint
- 724.7 Disorder Of Coccyx NOS
- 724.79 Coccydynia
- 724.8 Ossification Of Posterior Longitudinal Ligament NOS
- 724.9 Ankylosis Of Spine NOS
- 729 Fibrositis NOS
- 729.1 Fibromyalgia
- 729.2 Neuralgia NOS
CDS Summary Section: Assessments and Treatments

Pain Assessments
- Pain intensity rating
  ▪ Wong Baker FACES scale: 0-5 rating
- Multi-dimensional assessments
  ▪ PEG - include responses to each question and the total score
  ▪ STarT Back Tool - include the total score only

Historical treatments
- Opioid medications - over the past 2 years
- Non-opioid medications - over the past 2 years
- Non-pharmacologic treatments - over the past 2 years
- Stool softeners and laxatives - over the past 6 months

Medications:
Pulls med orders and statements
- Non-opioids include: ASA, APAP, NSAIDS, anticonvulsants, antidepressants, muscle relaxants, topical analgesics

Non-pharmacologic treatments:
Pulls referrals
- Non-pharm treatments include: PT, acupuncture, electrotherapy, self-management
CDS Summary Section: Risk Factors and Assessments

- **MME amount** - most recent
- **Urine drug screen results** - all within the past 1 year
- **Benzodiazepine medications** - all within the past 2 years
- **Naloxone medications** - ever prescribed
- **Risk screenings relevant to pain management** - all within the past 1 year
  - Opioid Risk Tool, PHQ 2, PHQ 9, GAD-7, AUDIT, AUDIT-C, DAST-10
  - Alcohol one item screen
    - How many times in the past year have you had five or more drinks (men) or four or more drinks (women). 0=none, 1=1 or more
  - Drug one item screen
    - How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? 0=none, 1=1 or more
SMART on FHIR Interface
The Summary is intended for patients ≥ 18 yrs. old with:

- A condition associated with chronic pain
- An opioid medication entered in their record in the past 6 months
- An adjuvant analgesic entered in their record in the past 6 months

The Summary will display and populate for these patients.
Take Notice

Per the CDC Guideline for Prescribing Opioids for Chronic Pain, the Summary is not intended for patients:

- Receiving end of life care (e.g., palliative care, hospice care)
- Undergoing active cancer treatment

since they have unique needs that require special consideration and treatment.
Warning Message (when patient does not meet applicable criteria)

The Summary will NOT display or populate when the patient does not meet the outlined criteria.
Additional Information within the Summary Interface

- **Flags**
  - Are intended to draw the clinicians eye to an entry of potential concern, based on CDC guidelines

- **Tooltips**
  - Provide additional information about why the entry was flagged

- **Information icons**
  - Provide info on what data was pulled to populate the Summary and references, at times

- **URLs**
  - To guidelines and additional references
Demo of the Pain Management Summary App
Demo of App in Epic Release
Engaging Patients with the Summary Information

Premise: Transparency and knowledge is powerful. An activated patient will be more engaged in their care, improving their outcomes.

Level of patient engagement may depend upon:
- How much pain the patient is in
- Their relationship with the clinician
- Amount of time available

Value of sharing the summary information
- Provides a vehicle for discussion and shared decision making
- Provides an opportunity to identify errors in the patient record
- May shed new light on how assessment responses are being used

Reference: Pain Management Doesn’t have to be a Pain: Working and Communicating Effectively with Patients who have Chronic Pain (Whitten, CE, Evans, CM, and Cristobal, K)
Evaluation of the Pain Management Summary

- **Objective metrics**
  - Reports based on data availability to populate the Pain Management Summary App and App usage
  - Reported at pre-determined intervals (pre-pilot, during the pilot, and post-pilot)

- **Subjective feedback**
  - Midpoint touchpoint in mid July
  - Focus groups at the end of the pilot period (around August 10th)
  - Ad hoc touchpoints or email discussions are welcome at any time!
    - See contact info on the next slide
  - If interested, thoughts captured in a Word document or scratchpad are welcome also
Back Up Slides
List of Flags Implemented in the Summary Interface - Part 1

- **Risk Factors for Opioid-related Harms**
  - Elements: Depression, Anxiety, Substance use disorder, suicide attempt, sleep-disordered breathing, renal dysfunction, hepatic dysfunction, pregnancy, >=65 years old.
  - Always flag if present: “Factor that may place the patient at risk for an opioid-related harm.”

**Historical Pain-related Treatments**

- **Opioid Medications**
  - Elements: opioid medication statements and orders
  - Always flag if present: “Opioid medication”

- **Non-Opioid Medications**
  - Elements: non-opioid medication statements and orders
  - Flag if none are present: “Absence of non-opioid medications.”

- **Non-Pharmacologic Treatments**
  - Elements: non-pharmacologic procedures
  - Flag if none are present: “Absence of non-pharmacologic treatments.”

- **Stool Softeners and Laxatives**
  - Elements: Stool softeners/laxative medication statements and orders.
  - Flag if stool softeners are not present, but at least one opioid medication is present: “Absence of stool softener/laxative with presence of at least one opioid medication.”

No information is flagged in the following sections:
- Conditions associated with chronic pain
- Pain and Risk Assessments
List of Flags Implemented in the Summary Interface - Part 2

**Risk Considerations**

- **Most Recent MME**
  - Elements: Morphine Milligram Equivalent (MME)
  - Flag if result is greater than or equal to 50: “Most recent MME assessment is 50+ MME/day.”

- **Urine Drug Screens**
  - Elements: Urine drug screen
  - Flag if urine drug screen is *not* present and at least one opioid medication is present: “Absence of urine drug screen and at least one opioid medication.”

- **Benzodiazepine Medications**
  - Elements: Benzodiazepine medication statements and orders.
  - Flag if there is at least one benzodiazepine medication and at least one opioid medication: “Benzodiazepine medication and at least one opioid medication.”
  - Flag if there is at least one benzodiazepine medication: “Evidence of a benzodiazepine medication”

- **Naloxone Medications**
  - Elements: Naloxone medication statements and orders
  - Flag if naloxone medication is *not* present and most recent MME is greater than or equal to 50: “Absence of Naloxone medication and most recent MME assessment is 50+ MME/day.”
  - Flag if one or more naloxone medication is present: “Evidence of Naloxone medication.”