

# **Clinical Decision Support (CDS) Content and Health Level 7 (HL7)- Compliant Knowledge Artifacts (KNARTs)**

## **Mental Health: Opioids and Chronic Noncancer Pain Clinical Content White Paper**

Department of Veterans Affairs (VA)



**Knowledge Based Systems (KBS)  
Office of Informatics and Information Governance (OIIG)  
Clinical Decision Support (CDS)**

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# **Clinical Decision Support (CDS) Content and Health Level 7 (HL7)-Compliant Knowledge Artifacts (KNARTs): Mental Health: Opioids and Chronic Noncancer Pain Clinical Content White Paper**

by Department of Veterans Affairs (VA)

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**Contract: VA118-16-D-1008, Task Order (TO): VA-118-16-F-1008-0007**

**Table 1. Relevant KNART Information: Mental Health: Opioids and Chronic Noncancer Pain KNARTs**

<b>Mental Health KNART</b>	<b>Associated CLIN</b>
Opioids and Chronic Noncancer Pain OTRR/STORM Query – Documentation Template	CLIN0009BA
Chronic Noncancer Pain – Documentation Template	CLIN0009DA
Chronic Noncancer Pain – Order Set	CLIN0008BA

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# VA Subject Matter Expert (SME) Panel

**Table 2. VA Subject Matter Expert (SME) Panel**

Name	Title	Project Role
Ilene Robeck, MD	Physician Richmond VA Medical Center (VAMC) Richmond, VA	SME, Primary
Jodie Trafton, MD	Director, VA Program Evaluation and Resource Center VA Palo Alto Health Care System Menlo Park, CA	SME, Secondary
Friedhelm Sandbrink, MD	Acting Director of Pain Management Program Office Department of VA Washington, DC	SME, Secondary
Elizabeth Oliva, MD	VA National Opioid Overdose Education & Naloxone Distribution (OEND) Coordinator VA Palo Alto Health Care System Menlo Park, CA	SME
Eleanor Lewis, MD	Deputy Director, VA Program Evaluation and Resource Center VA Palo Alto Health Care System Menlo Park, CA	SME
Kendall Browne, MD	Clinical Psychologist Seattle Puget Sound Health Care System Seattle, WA	SME
Alicia Heapy, MD	Mental Health VA New England Healthcare System West Haven, CT	SME
Karen Drexler, MD	National Mental Health Program Director - Substance Use Disorders VA Central Office Atlanta, GA	SME

**VA Subject Matter Expert (SME)  
Panel**

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<b>Name</b>	<b>Title</b>	<b>Project Role</b>
Andrew Saxon, MD	Physician  Seattle Health Care System  Seattle, WA	SME
Henri Roca, MD	Co-Chair UAMS, Leadership and Education Program for Students in Integrative Medicine  Central Arkansas Veterans Healthcare  North Little Rock, AR	SME
Melissa Christopher, MD	National Director, Academic Detailing VACO Pharmacy Benefits Management (PBM)  Mission Valley Annex VISN 22  San Diego, CA	SME
Daina Wells	United States	SME
Lucille Burgo	Firm Chief, Primary Care  VA New England Healthcare System  West Haven, CT	SME
Julianne Himstreet	Pharmacist  Eugene, OR	SME

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# Introduction

The VA is committed to improving the ability of clinicians to provide care for patients while increasing quality, safety, and efficiency. Recognizing the importance of standardizing clinical knowledge in support of this goal, VA is implementing the Health Level 7 (HL7) Knowledge Artifact Specification for a wide range of VA clinical use cases. Knowledge Artifacts, referred to as (KNARTs), enable the structuring and encoding of clinical knowledge so the knowledge can be integrated with electronic health records to enable clinical decision support.

The purpose of this Clinical Content White Paper (CCWP) is to capture the clinical context and intent of KNART use cases in sufficient detail to provide the KNART authoring team with the clinical source material to construct the corresponding knowledge artifacts using the HL7 Knowledge Artifact Specification. This paper has been developed using material from a variety of sources: VA artifacts, clinical practice guidelines, evidence in the body of medical literature, and clinical expertise. After reviewing these sources, the material has been synthesized and harmonized under the guidance of VA subject matter experts to reflect clinical intent for this use case.

Unless otherwise noted, items within this white paper (e.g., documentation template fields, orderable items, etc.) are chosen to reflect the clinical intent at the time of creation. To provide an exhaustive list of all possible items and their variations is beyond the scope of this work.

---

# Conventions Used

Conventions used within the knowledge artifact descriptions include:

<obtain>: Indicates a prompt to obtain the information listed

- If possible, the requested information should be obtained from the underlying system(s). Otherwise, prompting the user for information may be required
- The technical and clinical notes associated with a section should be consulted for specific constraints on the information (e.g., time-frame, patient interview, etc.)
- Default Values: Unless otherwise noted, <obtain> indicates to obtain the most recent observation. It is recognized that this default time-frame value may be altered by future implementations

[...]: Square brackets enclose explanatory text that indicates some action on the part of the clinical user, or general guidance to the clinical or technical teams. Examples include, but are not limited to:

[Begin ...], [End ...]: Indicates the start and end of specific areas to clearly delineate them for technical purposes.

[Activate ...]: Initiates another knowledge artifact or knowledge artifact section.

[Section Prompt: ...]: If this section is applicable, then the following prompt should be displayed to the user.

[Section Selection Behavior: ...]: Indicates technical constraints or considerations for the selection of items within the section.

[Attach: ...]: Indicates that the specified item should be attached to the documentation template if available.

[Link: ...]: Indicates that rather than attaching an item, a link should be included in the documentation template.

[Clinical Comment: ...]: Indicates clinical rationale or guidance.

[Technical Note: ...]: Indicates technical considerations or notes.

[If ...]: Indicates the beginning of a conditional section.

[Else, ...]: Indicates the beginning of the alternative branch of a conditional section.

[End if ...]: Indicates the end of a conditional section.

□: Indicates items that should be selected based upon the section selection behavior.



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# **Chapter 1. Mental Health: Opioids and Noncancer Pain**

## **1.1. Clinical Context**

[Begin Clinical Context.]

Opioid use is widespread in the United States, with a prevalence that is increasingly described as epidemic. Opioid use and misuse are particularly prevalent among veterans, many of whom suffer from chronic pain secondary to service-related injuries and mental health problems, as well as opioid-related substance use disorders, with opioid-related morbidity and mortality that have increased in tandem with growing rates of prescriptions for opioid medications [VA/Department of Defense (DoD), 2017]. In addition to the addictive potential of opioids and the risk of overdose, the problem of widespread opioid use is further compounded by the limited benefit of opioids in managing chronic pain and the adverse events associated with long-term opioid use. The development and use of the Stratification Tool for Opioid Risk Mitigation (STORM) and the Opioid Therapy Risk Report (OTRR) have provided VA with instruments for predicting and managing risk associated with the use of opioids in the veteran population (STORM: Patient Detail Dashboard: Stratification Tool for Opioid Risk Mitigation; Opioid Therapy Risk Report patient details). Ongoing work within VA Pharmacy Benefits Management (PBM) Services has the potential to further support and advance efforts in this area by defining a standardized approach for documenting findings and planning information related to veterans' pain, function, and needs (PBM CPPO pain PhARMD template: frequently asked questions). Additional work is needed to structure this foundational documentation template for computability and to optimize it for use within primary care settings, with an emphasis on reducing rates of opioid prescription in favor of nonpharmacologic therapy and nonopioid medications, while seeking to identify and address opioid addiction in veterans in a supportive and nonjudgmental way.

**Table 1.1. Clinical Context Domains**

Target User	Primary Care Provider (PCP)
Patient	Adult
Priority	Routine unless otherwise identified
Specialty	Primary Care
Location	Outpatient

[End Clinical Context.]

## **1.2. Knowledge Artifacts**

[Begin Knowledge Artifacts.]

This section describes the CDS knowledge artifacts that are part of the Mental Health Opioids and Noncancer Pain group, and include:

Documentation Template: Mental Health: Opioids and Chronic Noncancer Pain OTRR/STORM Query KNART

- Documents the information required for input to a OTRR/STORM query

Documentation Template: Opioid and Noncancer Pain KNART

- Documents the information gathered in the screening, evaluation, and documentation of findings and decisions for chronic noncancer pain
- Includes logic for appropriate display of documentation sections

An Order Set: Mental Health: Chronic Noncancer Pain KNART

- Orders that support management of chronic noncancer pain
- Includes logic for appropriate display of the order set

[End Knowledge Artifacts.]

---

# **Chapter 2. Documentation Template: Mental Health - Opioids and Chronic Noncancer Pain OTTR/STORM Query**

[Begin Documentation Template: Opioids and Chronic Noncancer Pain OTRR/STORM Query.]

[Technical Note: This documentation template is part of a coordinated set of KNARTs that are intended to support risk screening, evaluation and documentation of findings and decisions, and initiation of appropriate clinical orders for veterans with chronic noncancer pain. All of the KNARTs in this coordinated set are intended for use by primary care providers, as well as mental health providers who are embedded in primary care practice settings, in caring for patients with chronic noncancer pain. As part of this coordinated set of KNARTs, this documentation template is intended to enable users to query the OTRR and the STORM systems using a structured format. VA-provided documentation regarding OTRR and STORM are the preferred sources informing the structure and contents of this KNART.]

[Technical Note: Throughout this documentation template, text boxes should be converted to drop-down menus where a set list of options can be specified.]

## **2.1. Knowledge Narrative**

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

## **2.2. Opioid Therapy Risk Report (OTTR) Query**

[Begin Opioid Therapy Risk Report (OTTR) Query.]

[Technical Note: This section should be made available for all clinical providers using this documentation template.]

<obtain> District – VA Integrated Service Network (VISN)

<obtain> Parent station

[Section Prompt: Provider Group]

[Section Selection Behavior: Select one or more. Required.]

- Mental Health
- Primary Care
- Last opioid prescriber
- Last benzodiazepine prescriber

<obtain> Team(s)

<obtain> Provider(s)

<obtain> Opioid group(s)

[Section Prompt: Patients' opioid use status]

Documentation Template: Mental  
Health - Opioids and Chronic  
Noncancer Pain OTTR/STORM  
Query

---

[Section Selection Behavior: Select one or more. Required.]

- Long-term opioid therapy (LTOT)
- Active opioid prescription
- Opioid prescription in past year

[Section Prompt: Opioid use category.]

[Section Selection Behavior: Select one. Required.]

- All opioids
- Exclude buprenorphine/naloxone only patients
- Exclude tramadol only patients
- Exclude tramadol and buprenorphine/naloxone only patients
- Buprenorphine/naloxone only patients
- Tramadol only patients

[End Opioid Therapy Risk Report (OTTR) Query.]

## **2.3. Stratification Tool for Opioid Risk Mitigation (STORM) Query**

[Begin Stratification Tool for Opioid Risk Mitigation (STORM) Query.]

- <obtain> Station
- <obtain> Prescriber
- <obtain> Risk group
- <obtain> Group type
- <obtain> Measures not met
- <obtain> STORM cohort
- <obtain> Social Security number (optional)

[End Stratification Tool for Opioid Risk Mitigation (STORM) Query.]

[End Documentation Template: Opioids and Chronic Noncancer Pain OTTR/STORM Query.]

---

# **Chapter 3. Documentation Template: Mental Health – Chronic Noncancer Pain**

[Begin Documentation Template: Chronic Noncancer Pain.]

[Technical Note: This documentation template is part of a coordinated set of KNARTs that are intended to support risk screening, evaluation and documentation of findings and decisions, and initiation of appropriate clinical orders for veterans with chronic noncancer pain. All of the KNARTs in this coordinated set are intended for use by primary care providers, as well as mental health providers who are embedded in primary care practice settings, in caring for patients with chronic noncancer pain. As part of this coordinated set of KNARTs, this documentation template is intended to support users in the screening, evaluation, and documentation of findings and decisions for chronic noncancer pain. Management of these patients is a constantly changing and complex process for health care providers. Follow-up visits frequently focus on patient progress or lack thereof, or on patient concerns. For follow-up visits, a menu is included that helps providers to highlight primary areas of concern and to ask questions that move the conversation in a positive direction: 1) Questions related to level of functioning since the last visit; 2) Questions related to goals outlined by the patient; 3) Questions related to nonpharmacologic therapies tried and being contemplated; and 4) Questions related to medications, including all issues related to opioid safety. The VA-provided document "PBM PhARMD Pain Documentation Template Version 1" (PhARMD Pain Mgmt Note Template\_Install Screenshots\_28AUG2017.pptx) is the preferred source informing the structure and contents of this KNART, with changes to the content of this VA document as specified by the VA SME team on November 29, 2017, and December 6, 2017.]

## **3.1. Knowledge Narrative**

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[End Knowledge Narrative.]

## **3.2. Visit Information**

[Begin Visit Information.]

[Section Prompt: Visit Information]

- Telehealth encounter; patient gave verbal consent for telehealth

[Technical Note: Autopopulate the Patient Name Object value, the Patient Age Object value, the Patient Race Object value, and the Patient Gender Object value in the form component below.]

<obtain> [Patient Name] is a [Patient Age] year-old [Patient Race] [Patient Gender] Veteran who is being evaluated for:

[Technical Note: Autopopulate the Subjective and Objective Active Medical Problems field and allow users to edit it.]

<obtain> Subjective and objective active medical problems

[Section Prompt: Initial or follow-up visit?]

[Section Selection Behavior: Select one. Required.]

- Initial visit

Follow-up visit

<obtain> Focus of follow-up

[Technical Note: Autopopulate the Pertinent Surgical History field and allow users to edit it.]

<obtain> Pertinent surgical history

[Technical Note: Autopopulate the Medications field and allow users to edit it.]

<obtain> Medications

[End Visit Information.]

### **3.3. Physical Exam**

[Begin Physical Exam.]

[Technical Note: Provide link (or links) to future physical exam KNART (or KNARTs). Information collected in the physical exam should be made available and editable for users completing this section.]

<obtain> Relevant findings

[End Physical Exam.]

### **3.4. Pain Description**

[Begin Pain Description.]

[Section prompt: Impact of pain on function]

[Technical Note: Provide link to future KNART for comprehensive functional assessment]

<obtain> Functional impact of pain

<obtain> Functional impact of treatment for pain (positive or negative impact)

[Section Prompt: Type of pain.]

[Section Selection Behavior: Select one or more. Required.]

Neuropathic pain

Somatic pain

Other

<obtain> Detail

[Section Prompt: Pain location.]

[Section Selection Behavior: Select one or more. Required.]

Back

[Section Selection Behavior: Select one or more. Required.]

Lower

Middle

Upper

Neck

Joints

[Section Selection Behavior: Select one or more. Required.]

Knee

Hip

Shoulder

Other

<obtain> Detail

Abdominal

Other

<obtain> Detail

[Section Prompt: Aggravating factors.]

[Section Selection Behavior: Select one or more. Required.]

Cold weather/climate change

Diabetes

Hormone imbalance

Infectious disease

Inflammatory process

Mental health-related problems

[Section Selection Behavior: Select one or more. Required.]

Anxiety

Depression

[Technical Note: If "Depression" is selected, link to Documentation Template: Mental Health - Consult Request: Consult for Depression.]

Military sexual trauma

[Technical Note: If "Military sexual trauma" is selected, link to Documentation Template: Mental Health - Military Sexual Trauma.]

Posttraumatic stress disorder

[Technical Note: If "Posttraumatic stress disorder" is selected, link to Documentation Template: Mental Health - PTSD Screening and Assessment.]

Other mental health-related problems

<obtain> Detail

- Movement
- Poor nutrition
- Poor sleep
- Prolonged sitting
- Prolonged standing
- Risky behaviors related to opioid use

[Section Selection Behavior: Select one or more. Required.]

- Concurrent use of other substances that increase risk (e.g., alcohol, cannabis)

<obtain> Detail

- Early refills
- Multiple prescribers
- Use of opioids for sleep
- Use of opioids for stress
- Use of opioids in a manner other than prescribed

<obtain> Detail

- Use of opioids not prescribed to patient

- Other

<obtain> Detail

- Stress
- Structural imbalance (e.g. scoliosis, leg length discrepancy, hip tilt, strength imbalances)
- Substance use (current or former)

- Alcohol

[Technical Note: If "Alcohol" is selected, provide link to AUDIT-C.]

[Section Selection Behavior: Select one. Required.]

- Current user

<obtain> Amount and frequency of use

- Former user

<obtain> Quit date (if date unknown, indicate year)

<obtain> Additional details

- Cannabis

[Technical Note: If "Cannabis" is selected, provide link to brief cannabis screener.]

[Section Selection Behavior: drop down box. Optional.]

- Type of cannabis used
- CBD products
- THC products
- Combined products

[Section Selection Behavior: Select one. Required.]

- Legal recreational

[Section Selection Behavior: Select one. Required.]

- Current user
  - <obtain> Amount and frequency of use
- Former user
  - <obtain> Quit date (if date unknown, indicate year)
  - <obtain> Additional details

- Illicit recreational

[Section Selection Behavior: Select one. Required.]

- Current user
  - <obtain> Amount and frequency of use
- Former user
  - <obtain> Quit date (if date unknown, indicate year)
  - <obtain> Additional details

- Medical

[Section Selection Behavior: Select one. Required.]

- Current user
  - <obtain> Amount and frequency of use
- Former user
  - <obtain> Quit date (if date unknown, indicate year)
  - <obtain> Additional details

- Illicit drugs

[Technical Note: Allow the user to enter any number of drugs, with a separate Drug field and its constituent form components for each drug.]

<obtain> Drug

[Section Selection Behavior: Select one. Required.]

Current user

<obtain> Amount and frequency of use

Former user

<obtain> Quit date (if date unknown, indicate year)

<obtain> Additional details

Tobacco

[Section Selection Behavior: Select one. Required.]

[Technical Note: If "Tobacco" is selected, provide link to Documentation Template: Primary Care - Tobacco Assessment and Cessation Counseling.]

Current user

Every day

Some days

Not at all

<obtain> Amount and frequency of use

Former user

<obtain> Quit date (if date unknown, indicate year)

<obtain> Additional details

Toxic exposure

Other

<obtain> Detail

[Section Prompt: Alleviating factors.]

[Section Selection Behavior: Select one or more. Optional.]

Lying down

Rest

Heat

Ice

Limb elevation

Movement

Complementary integrative health (e.g., mindfulness)

- Cognitive behavioral approaches (e.g., meeting with friends, music)
- Other

<obtain> Detail

[End Pain Description.]

## 3.5. Relevant Vitals

[Begin Relevant Vitals.]

- <obtain> Body mass index
- <obtain> Blood pressure
- <obtain> Respiratory rate
- <obtain> Heart rate

- Other

<obtain> Detail

[End Relevant Vitals.]

## 3.6. Relevant Laboratory Values

[Begin Relevant Laboratory Values.]

[Technical Note: Autopopulate laboratory test results with most recent values and dates of values. Allow user to edit information.]

- <obtain> Complete blood count
- <obtain> Comprehensive metabolic panel
- <obtain> Hemoglobin A1c
- <obtain> Toxicology screen
- <obtain> 25-hydroxyvitamin D
- <obtain> CRP

- Other

<obtain> Detail

[End Relevant Laboratory Values.]

## 3.7. Medication Profile

[Begin Medication Profile.]

<obtain> Allergies/adverse drug reactions

[Technical Note: Autopopulate allergies/adverse drug reactions based on available system data. Allow user to edit information.]

[Section Prompt: History of overdose and opioid-related emergency department visits and hospital admissions]

[Section Selection Behavior: Optional.]

- History of overdose and opioid-related emergency department visits and hospital admissions

[Technical Note: Provide a link to the national naloxone use note.]

[Technical Note: Autopopulate information for history of overdose and opioid-related emergency department visits and hospital admissions with most recent values and dates of values. Allow user to edit information.]

- Prior overdose(s)

<obtain> Date(s)

<obtain> Drug(s)

<obtain> Additional details

- Prior opioid-related emergency department visit(s)

<obtain> Date(s)

<obtain> Drug(s)

<obtain> Additional details

- Prior opioid-related hospital admission(s)

<obtain> Date(s)

<obtain> Drug(s)

<obtain> Additional details

[Link: Link to full report from Opioid Therapy Risk Report (OTRR) query.]

[Technical Note: Automatically link to OTRR query report.]

[Link: Link to full report from Stratification Tool for Opioid Risk Mitigation (STORM) query.]

[Technical Note: Automatically link to STORM query report.]

<obtain> Current medications

<obtain> Non-VA medications

<obtain> Previous pain-related medications

[End Medication Profile.]

## 3.8. Nonpharmacologic treatment

[Begin nonpharmacologic treatment]

[Section prompt: Nonpharmacologic treatment/complementary integrative health]

[Section Selection Behavior: select any or none. Optional.]

- Physical therapy

<obtain> Dates

<obtain> Detail

Chiropractic therapy

<obtain> Dates

<obtain> Detail

Massage therapy

<obtain> Dates

<obtain> Detail

Whole health interventions

<obtain> Dates

<obtain> Detail

[Section Selection Behavior: Optional.]

Acupuncture

Tai chi

Yoga

Mindfulness

Meditation

Guided imagery

Hypnotherapy

Biofeedback

Other nonpharmacologic treatment

<obtain> details

[End nonpharmacologic treatment]

## 3.9. Patient Education

[Begin patient education.]

[Section prompt: Patient education]

[Section selection behavior: select any or none. Optional.]

Disease state education

<obtain> Dates

<obtain> Detail

Lifestyle counseling and education

<obtain> Dates

<obtain> Detail

Other

<obtain> Detail

[End patient education.]

## 3.10. Activities of Daily Living

[Begin Activities of Daily Living.]

[Section Prompt: Energy level.]

[Section Selection Behavior: Select one. Required.]

Low

Medium

High

<obtain> Sleep (average continuous hours per night)

[Section Prompt: Early Awakening?]

[Section Selection Behavior: Select one. Required.]

Yes

No

[Technical Note: If “yes” is selected, display the following question:]

[Section prompt: Cause of early awakening]

[Section Selection Behavior: Select any or none. Optional.]

Pain

Nightmares

Restless leg syndrome

Other

<obtain> Detail

[Section Prompt: Uses continuous positive airway pressure (CPAP)?]

[Section Selection Behavior: Select one. Required.]

Yes

No

[Section Prompt: Changes in level of functioning since previous visit?]

[Section Selection Behavior: Select one. Required.]

Yes

<obtain> Detail

No

Not applicable

<obtain> Other activities of daily living information

[End Activities of Daily Living.]

## 3.11. Affect/Mood

[Begin Affect/Mood.]

[Section prompt: Affect/Mood]

[Section Selection Behavior: Select any or none. Optional.]

Anxiety

Depression

Thoughts of suicidality

[Technical Note: If "Thoughts of suicidality" is selected, link to Documentation Template: Mental Health - Suicide Risk Assessment KNART.]

Thoughts of homicidality

[Technical Note: If "Thoughts of homicidality" is selected, link to future KNART.]

Other

<obtain> Detail

[End Affect/Mood.]

## 3.12. Risk Mitigation Strategies

[Begin Risk Mitigation]

[Section prompt: Risk mitigation strategies]

[Section Selection Behavior: Select any or none. Optional.]

Informed consent for opioid therapy

Yes

No

Toxicology screen

[Technical Note: Autopopulate toxicology screen information from Stratification Tool for Opioid Risk Mitigation (STORM).]

Toxicology results as expected

Toxicology results not as expected

Not done; needs to be ordered

- Presence of alcohol
- Absence of prescribed medication
- Further follow-up needed
- No further follow-up needed at this time

Query of the State Prescription Drug Monitoring Program (PDMP)

<obtain> Detail

- Overdose education provided, and naloxone distributed

- Pill counts

<obtain> Detail

[End Risk Mitigation]

## 3.13. Assessment

[Begin Assessment.]

- Pain diagnoses

<obtain> Detail

[End Assessment.]

## 3.14. Plan

[Begin Plan.]

[Section prompt: Plan]

[Section prompt: Interventions in this section are presented in order of recommended sequence in the VA.]

[Technical Note: Users should be prompted to consider items in the Plan section in the sequence in which they are presented, based on VA preference for nonpharmacologic rather than pharmacologic interventions and nonopioid rather than opioid medication therapies.]

[Technical Note: To ensure that users understand the available options, links to standard VA definitions should be provided for all interventions if available.]

<obtain> Goals of therapy (established by patient)

[Section prompt: Self-care]

[Section Selection Behavior: Select any or none. Optional.]

- Movement and stretching

<obtain> Detail

- Nutrition

<obtain> Detail

- Sleep and rest

<obtain> Detail

- Stress resilience

<obtain> Detail

- Social connection

<obtain> Detail

[Section prompt: Nonpharmacologic interventions]

[Section Selection Behavior: Any or None. Optional.]

- Physical therapy

- Whole health interventions

[Section Selection Behavior: Optional.]

- Acupuncture

- Tai chi

- Yoga

- Mindfulness

- Meditation

- Guided imagery

- Hypnotherapy

- Biofeedback

- Disease state education

- Lifestyle counseling and education

- Psychotherapy

- Cognitive behavioral therapy

- Acceptance and commitment therapy

- Substance use disorder interventions

- Tobacco cessation interventions

- Other

<obtain> Detail

- Follow-up on toxicology screen

<obtain> Detail

- Medication interventions

[Section Selection Behavior: Select at least one. Required.]

Nonopioid pain medication

Opioid pain medication

[Section Selection Behavior: Select at least one. Required.]

Query State PDMP

[Technical Note: Automatically link to the State Prescription Drug Monitoring Program if the “Query State PDMP” checkbox is selected.]

Sign or Initiate consent for opioid therapy

[Technical Note: Automatically link to the consent form if the “Sign or Initiate consent for opioid therapy” checkbox is selected.]

Management/prevention of opioid-induced constipation

Overdose education and naloxone distribution

[Technical Note: Note that it may be desirable to add a link to the national naloxone use note in the Plan section as part of a future implementation; however, no link should be provided in the Plan section now.]

Medication monitoring/diagnostic evaluation

<obtain> Detail

Manage adverse drug reaction related to pain medication

<obtain> Detail

Follow-up

<obtain> Date and time

<obtain> Detail

[Technical Note: Link to Order Set: Mental Health - Chronic Noncancer Pain KNART.]

[End Plan.]

[End Documentation Template: Chronic Noncancer Pain.]

---

# **Chapter 4. Order Set: Mental Health – Chronic Noncancer Pain**

[Begin Order Set: Chronic Noncancer Pain.]

## **4.1. Knowledge Narrative**

[Begin Knowledge Narrative.]

[See Clinical Context in Chapter 1.]

[Technical Note: This order set is part of a coordinated set of KNARTs that are intended to support risk screening, evaluation and documentation of findings and decisions, and initiation of appropriate clinical orders for veterans with chronic noncancer pain. All of the KNARTs in this coordinated set are intended for use by primary care providers, as well as mental health providers who are embedded in primary care practice settings, in caring for patients with chronic noncancer pain. As part of this coordinated set of KNARTs, this order set is intended to provide orders that reflect the plan items identified in the Chronic Noncancer Pain documentation template (KNART O34). The VA-provided document "PBM PhARMD Pain Documentation Template Version 1" (PhARMD Pain Mgmt Note Template\_Install Screenshots\_28AUG2017.pptx) is the preferred source informing the structure and contents of this KNART, with changes to the content of this VA document as specified by the VA SME team on November 29, 2017, and December 6, 2017.]

[End Knowledge Narrative.]

## **4.2. Medications**

[Begin Medications.]

[Section prompt: Medications]

[Section Prompt: Oral Medications.]

- Ibuprofen 200 mg tablet oral every 4 to 6 hours as needed for pain 100 tablets 2 refills
- Naproxen 250 mg tablet oral 2 times daily as needed for pain 100 tablets 2 refills
- Acetaminophen 325 mg tablet oral 2 tablets every 6 hours as needed for pain; may increase dose frequency to 2 tablets every 4 hours; do not take more than 10 tablets per day 100 tablets 2 refills
- Celecoxib 100 mg capsule oral 2 times a day 60 capsules 2 refills

[Section Prompt: The following orders may be considered for patients who tolerate lower doses but whose pain control remains inadequate on lower doses.]

- Ibuprofen 400 mg tablet oral every 4 to 6 hours as needed for pain 100 tablets 2 refills
- Naproxen 375 mg tablet oral 2 times daily as needed for pain 100 tablets 2 refills
- Celecoxib 200 mg capsule oral 2 times a day 60 capsules 2 refills

[Section Prompt: The following orders may be considered for patients who tolerate lower doses but whose pain control remains inadequate on lower doses.]

- Ibuprofen 600 mg tablet oral every 6 hours as needed for pain 100 tablets 2 refills
- Naproxen 500 mg tablet oral 2 times daily as needed for pain 100 tablets 2 refills

[Section Prompt: Topical Medications]

- Capsaicin 0.1% cream topical 3 times a day apply to affected area 1 tube 0 refills routine
- Diclofenac sodium 1% 2 g gel topical 4 times a day apply to affected area 1 tube 0 refills routine
- Lidocaine 5% patch topical apply to intact skin to cover most painful area; apply prescribed number of patches (maximum of 3); apply only 1 time for a maximum of 12 hours within a 24-hour period 30 patches 0 refills routine
- Menthol 10%/methyl salicylate 15% cream topical 3 times a day apply to affected area 1 tube 0 refills routine

[End Medications.]

## 4.3. Laboratory Tests

[Begin Laboratory Tests.]

- Complete blood count 1 time routine
- Comprehensive metabolic panel 1 time routine
- Hemoglobin A1c 1 time routine
- Toxicology screen 1 time routine
- 25-hydroxyvitamin D 1 time routine
- Erythrocyte sedimentation rate 1 time routine
- C-reactive protein 1 time routine

[End Laboratory Tests.]

## 4.4. Consults and Referrals

[Begin Consults and Referrals.]

[Section prompt: Consults and Referrals]

[Section selection behavior: Any or none. Optional]

[Section Prompt: In management of chronic pain it is important to address comorbidities, including medical, mental health, and substance use disorders. To the greatest extent appropriate, comorbidities should be treated in the primary care setting, using resources available to primary care, including mental health providers who are embedded in primary care.]

- Referral care management services evaluate needs related to chronic pain routine
- Referral social services evaluate for needs related to chronic pain routine
- Referral clinical nurse specialist evaluate for chronic pain routine
- Referral mental health evaluate for mental health interventions related to chronic pain routine
- Referral mental health evaluate for psychotherapy related to chronic pain routine

- Referral mental health evaluate for cognitive behavioral therapy related to chronic pain routine
- Referral mental health evaluate for acceptance and commitment therapy related to chronic pain routine
- Referral addiction evaluate for substance use disorder with chronic pain routine
- Referral addiction evaluate for tobacco cessation with chronic pain routine
- Referral pain management evaluate for chronic pain routine
- Referral pain management evaluate for opioid management with chronic pain routine
- Referral pharmacy evaluate for needs related to chronic pain routine
- Referral physical therapy evaluate for chronic pain routine
- Referral acupuncture evaluate for chronic pain routine
- Referral tai chi evaluate for chronic pain routine
- Referral yoga evaluate for chronic pain routine
- Referral mindfulness evaluate for chronic pain routine
- Referral meditation evaluate for chronic pain routine
- Referral guided imagery evaluate for chronic pain routine
- Referral hypnotherapy evaluate for chronic pain routine
- Referral biofeedback evaluate for chronic pain routine

[Section Prompt: Only applicable if referring to an outside facility. To inform appropriate opioid and chronic noncancer pain treatment for this patient, please provide the following information.]

Goal of Consult: <details>

Clinical Findings: <details>

Priority: Routine unless otherwise specified

<obtain> Referring Physician

<obtain> Referring Physician Contact Information

[End Consults and Referrals.]

## 4.5. Patient and Caregiver Education

[Begin Patient and Caregiver Education.]

Chronic pain management education routine

[End Patient and Caregiver Education]

[End Order Set: Chronic Noncancer Pain.]

---

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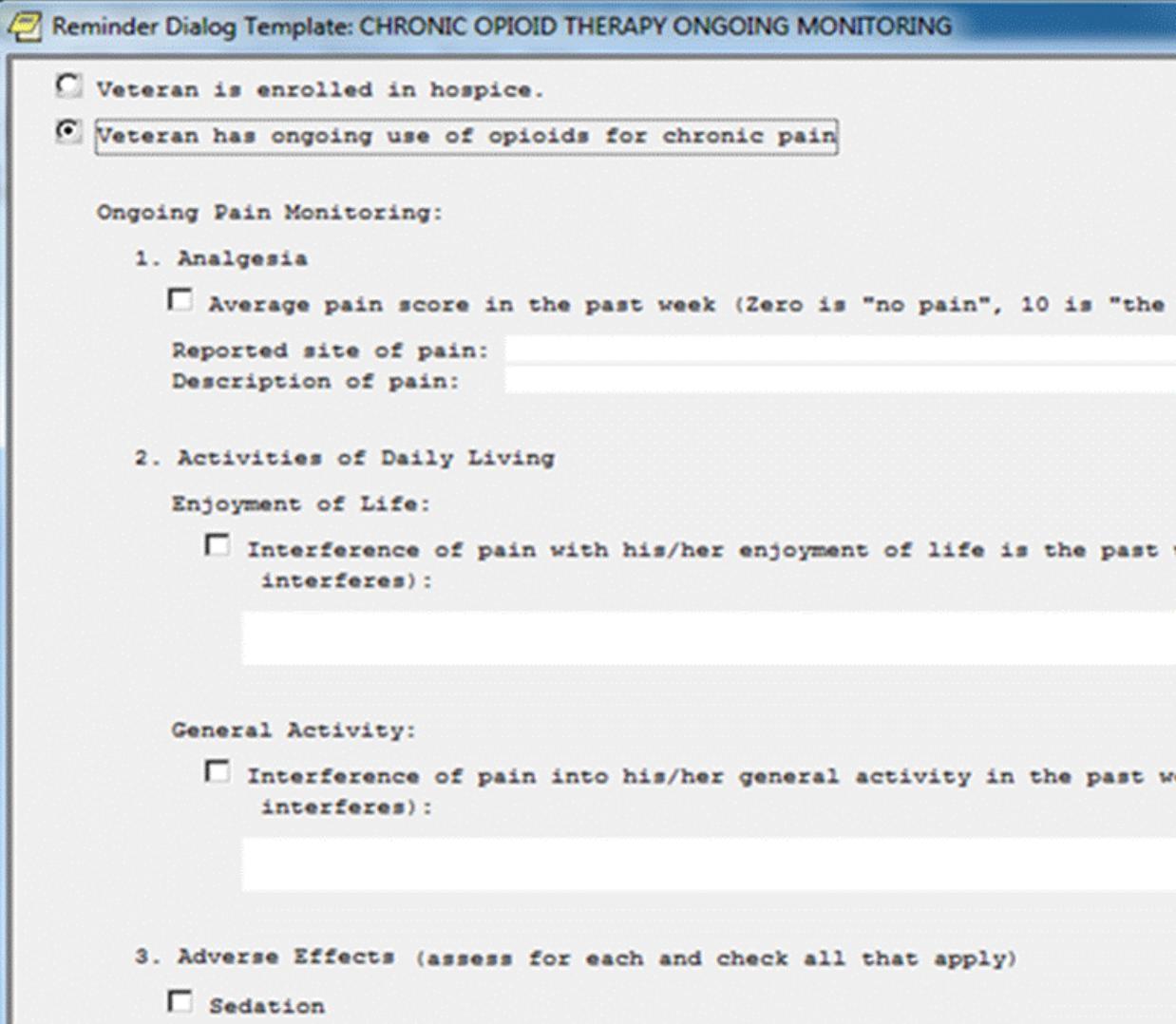
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# Appendix A. Existing Sample VA Artifacts

Figure A.1. V21 Chronic Opioid Therapy Ongoing Monitoring Reminder Dialog (image 1 of 3)

A screenshot of a Windows-style dialog box titled "Reminder Dialog Template: CHRONIC OPIOID THERAPY ONGOING MONITORING". The dialog contains several sections of questions and checkboxes for a medical assessment.

Veteran is enrolled in hospice.  
 Veteran has ongoing use of opioids for chronic pain

Ongoing Pain Monitoring:

1. Analgesia  
 Average pain score in the past week (Zero is "no pain", 10 is "the most pain you can imagine"):  
Reported site of pain: \_\_\_\_\_  
Description of pain: \_\_\_\_\_

2. Activities of Daily Living  
Enjoyment of Life:  
 Interference of pain with his/her enjoyment of life is the past week (0 = none, 10 = interferes):  
\_\_\_\_\_

General Activity:  
 Interference of pain into his/her general activity in the past week (0 = none, 10 = interferes):  
\_\_\_\_\_

3. Adverse Effects (assess for each and check all that apply)  
 Sedation

Figure A.2. V21 Chronic Opioid Therapy Ongoing Monitoring Reminder Dialog (image 2 of 3)

4. Adherence to Treatment Plan (assess for each and check all that apply)

- Compliant with opioid therapy and treatment plan
- NON-compliant with opioid therapy and treatment plan
- Takes higher or more frequent dosage than prescribed
- Drinks more than one drink per day
- Uses any illicit drugs
- Expressing other aberrant drug-related behaviors

Additional comments (optional):

\* Yes  No    Veteran has consented to ongoing urine drug testing as part of the treatment plan?

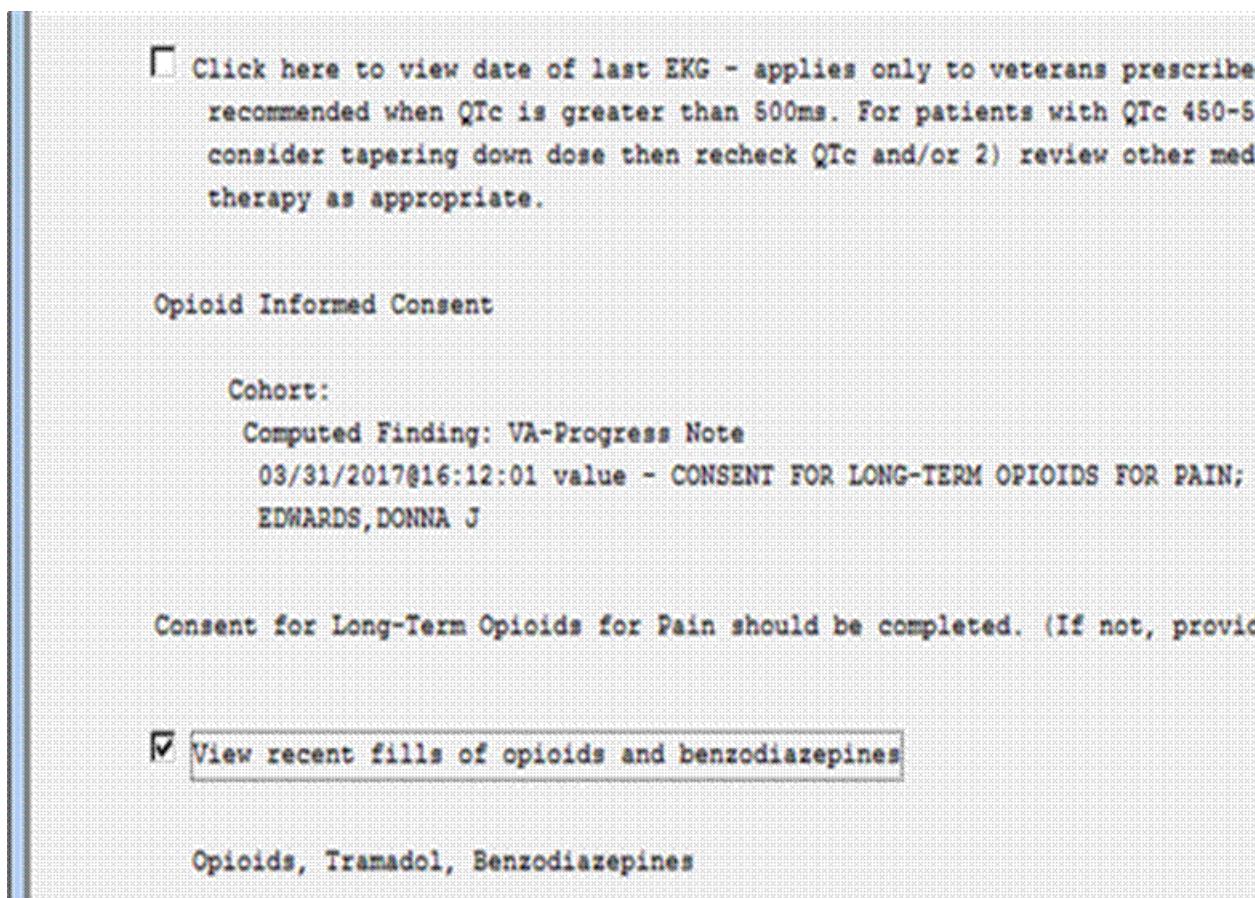
No data available for OPIATES; BARBITURATES; BENZODIAZEPINES; METHADONE; COCAINE; MARIJUANA SCREEN; AMPHETAMINES

Urine drug screen has been completed within the last 12 months?

- Yes, no new order needed
- Yes, but another is requested now
- No, will be ordered and veteran notified

State Rx Drug Monitoring

Cohort:

**Figure A.3. V21 Chronic Opioid Therapy Ongoing Monitoring Reminder Dialog (image 3 of 3)****Figure A.4. VA Stratification Tool for Opioid Risk Mitigation (STORM) Patient Detail Dashboard**

The dashboard displays patient details and risk stratification. The top navigation bar includes Home, Definitions, Contact Us, and Summary Report. The main content area shows two patient records:

Patient Details	Risk Estimates (Click + for details)		Clinical Detail on Risk Factors		Risk Mitigation Strategies		Non-pharmacological Pain Tx		Appointments		Care Providers
	Overall Risk 3 yr Suicide-related event, Overdose falls or accidents in the next three years	Specific Risk 1 yr Suicide-related event or Overdose	Relevant Diagnoses	Relevant Medications	Strategy	Status	Therapy	Status	Recent H	Upcoming H	
John Doe Last Four: 0000 Gender: F Station: Facility A	Very High 75% risk of suicide-related event or overdose falls or accidents in the next three years	Very High 41% risk of suicide-related event or overdose in the next year	SUD Di: OUD AUD Mental Health Di: PTSD Depression Bipolar Other MH Medical Di: Chronic Pains Di. Electrolyte Disorders Deficiency Anemia	Active Opioids: Naloxone Kit Opioid Signed Informed Consent Sedating Evidence-based Pain Medic. Timely Follow up Timely UDS Psychosocial Assessment Psychosocial Tx Active SUD Tx Opioid Agonist Tx Bowel Regimen Med Reconciliation	MEDD >> 200** <input type="checkbox"/> MEDD: 90 <input type="checkbox"/> Naloxone Kit <input type="checkbox"/> Opioid Signed Informed Consent <input type="checkbox"/> Sedating Evidence-based Pain Medic. <input type="checkbox"/> Timely Follow up <input type="checkbox"/> Timely UDS <input type="checkbox"/> Psychosocial Assessment <input type="checkbox"/> Psychosocial Tx <input type="checkbox"/> Active SUD Tx <input type="checkbox"/> Opioid Agonist Tx <input type="checkbox"/> Bowel Regimen <input type="checkbox"/> Med Reconciliation	Active Therapies <input type="checkbox"/> CAM Therapies <input type="checkbox"/> Chiropractic Care <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Pain Clinic <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Specialty Therapy	<input type="checkbox"/> 1/16/16 <input type="checkbox"/> 10/23/15 <input type="checkbox"/> 10/21/15 <input type="checkbox"/> 1/15/16 <input type="checkbox"/> 7/12/2015 <input type="checkbox"/> 10/23/2015 <input type="checkbox"/> 1/14/16	Primary Care <input type="checkbox"/> Primary Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Mental Health Clinic - Ind <input type="checkbox"/> Pain Clinic <input type="checkbox"/> Other <input type="checkbox"/> Telephone Triage	Primary Care <input type="checkbox"/> Primary Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Mental Health Clinic - Ind <input type="checkbox"/> Pain Clinic <input type="checkbox"/> Other <input type="checkbox"/> Telephone Triage	Recent Opioid Prescriber Dr ABC Primary Care Provider Dr DEF MH Tx Coordinator Jane Doe BHNP Team Team A	
John Doe Last Four: 0000 Gender: M Station: Facility A	Very High 97% risk of suicide-related event or overdose falls or accidents in the next three years	Very High 40% risk of suicide-related event or overdose in the next year	SUD Di: Hydrocodone (Dr ABC) Hydromorphone (Dr ABC) Mental Health Di: PTSD Depression Other MH Medical Di: Chronic Pains Di. Coagulopathy Deficiency Anemia Recent Adverse Events Suicide Attempt Fall Anoxia, Overdose Sedative Overdose Opioid Overdose	Active Opioids: Hydrocodone (Dr ABC) Hydromorphone (Dr ABC) Opioid Signed Informed Consent Sedating Evidence-based Pain Medic. Timely Follow up Timely UDS Psychosocial Assessment Psychosocial Tx Active SUD Tx Bowel Regimen Med Reconciliation	MEDD >> 200** <input type="checkbox"/> MEDD: 104 <input type="checkbox"/> Hydrocodone (Dr ABC) <input type="checkbox"/> Hydromorphone (Dr ABC) <input type="checkbox"/> Opioid Signed Informed Consent <input type="checkbox"/> Sedating Evidence-based Pain Medic. <input type="checkbox"/> Timely Follow up <input type="checkbox"/> Timely UDS <input type="checkbox"/> Psychosocial Assessment <input type="checkbox"/> Psychosocial Tx <input type="checkbox"/> Active SUD Tx <input type="checkbox"/> Bowel Regimen <input type="checkbox"/> Med Reconciliation	Active Therapies <input type="checkbox"/> CAM Therapies <input type="checkbox"/> Chiropractic Care <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Pain Clinic <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Specialty Therapy	<input type="checkbox"/> 10/23/2015 <input type="checkbox"/> 10/31/15 <input type="checkbox"/> 1/15/16 <input type="checkbox"/> 7/12/2015 <input type="checkbox"/> 10/23/2015 <input type="checkbox"/> 1/14/16	Primary Care <input type="checkbox"/> Primary Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Mental Health Clinic - Ind <input type="checkbox"/> Pain Clinic <input type="checkbox"/> Other <input type="checkbox"/> Telephone Triage	Recent Opioid Prescriber Dr ABC Primary Care Provider Dr DEF MH Tx Coordinator Jane Doe BHNP Team Team A		

On the right side, there is a sidebar with parameters:

- Facility: Facility ABC
- Prescriber: Dr. ABC, Dr. Abc, Dr. Abc, Dr. Abc
- Risk Group: Very High
- SSN (Optional):

Figure A.5. PhARMD Pain Mgmt Note Template (image 1 of 18)

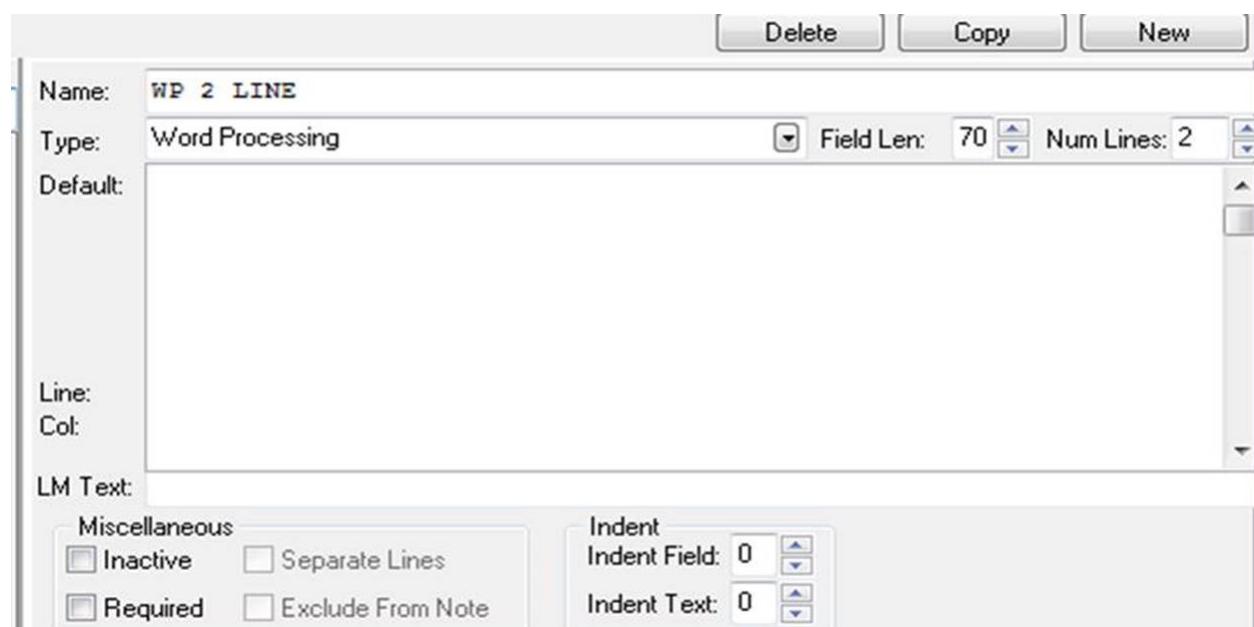


Figure A.6. PhARMD Pain Mgmt Note Template (image 2 of 18)

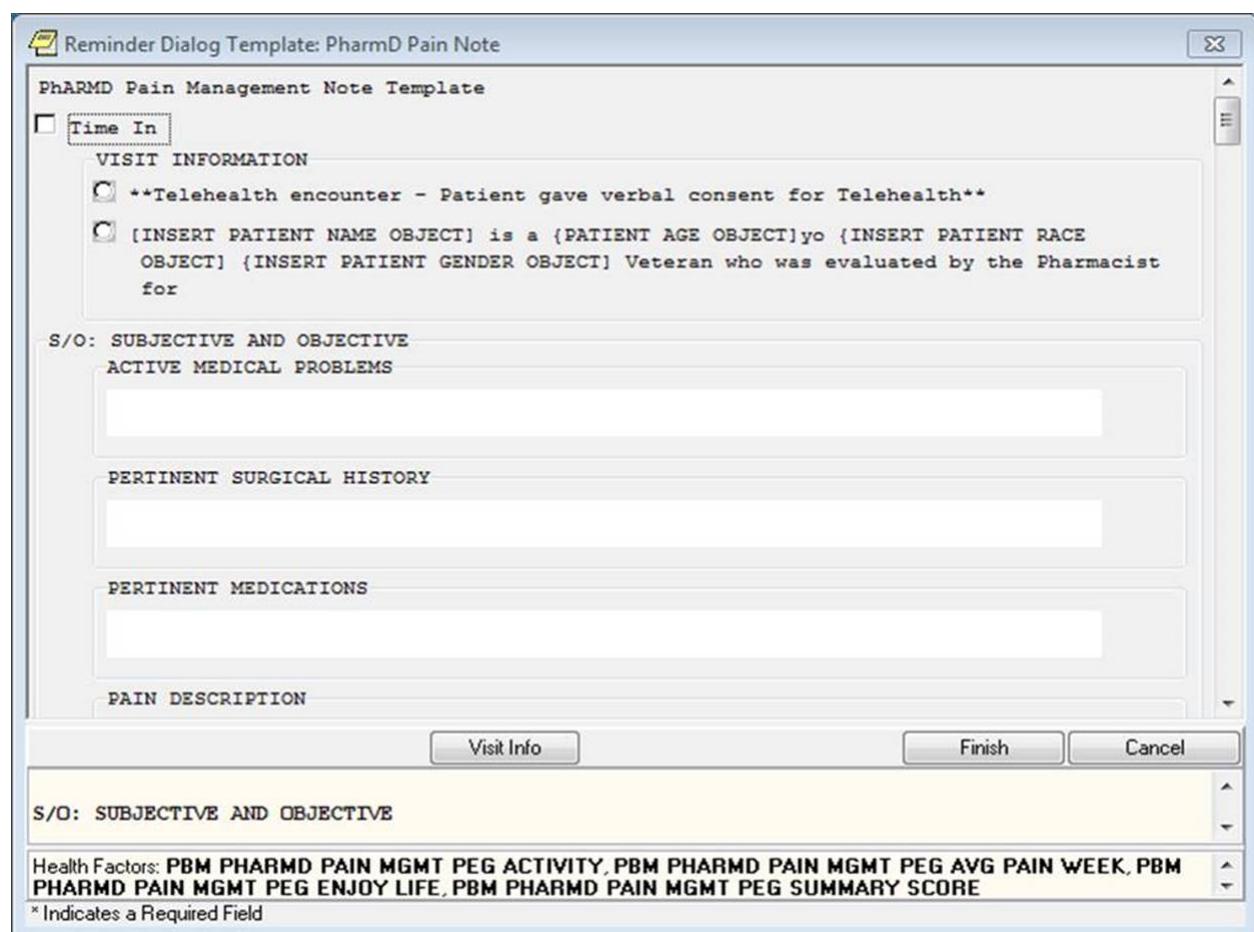


Figure A.7. PhARMD Pain Mgmt Note Template (image 3 of 18)

Reminder Dialog Template: PharmD Pain Note

for

S/O: SUBJECTIVE AND OBJECTIVE  
ACTIVE MEDICAL PROBLEMS

PERTINENT SURGICAL HISTORY

PERTINENT MEDICATIONS

PAIN DESCRIPTION

Type of Pain:

Neuropathic pain  
 Somatic pain  
 Oncology-related pain  
 Other

Visit Info      Finish      Cancel

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

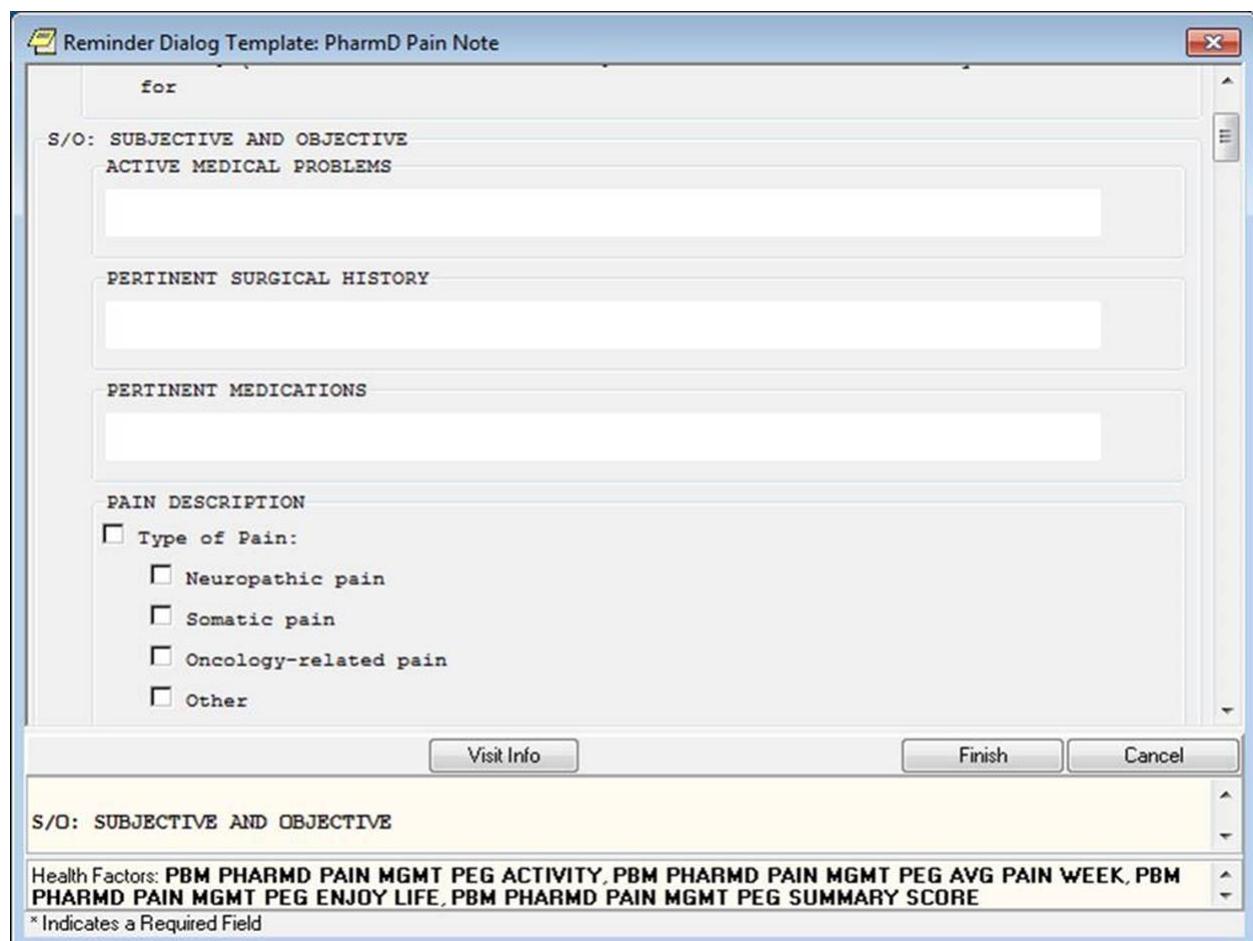


Figure A.8. PhARMD Pain Mgmt Note Template (image 4 of 18)

Reminder Dialog Template: PharmD Pain Note

Other

Pain Location:

Lower/mid/upper back  
 Neck  
 Joints  
 Abdominal  
 Other

Aggravating Factors:

Cold weather/climate changes  
 Prolonged sitting  
 Prolonged standing  
 Stress  
 Movement  
 Other

Alleviating Factors:

Lying down

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: **PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE**

\* Indicates a Required Field

**Figure A.9. PhARMD Pain Mgmt Note Template (image 5 of 18)**

**Reminder Dialog Template: PharmD Pain Note**

Other

Alleviating Factors:

- Lying down
- Rest
- Heat
- Ice
- Limb elevation
- Movement
- Complementary Integrative Health (e.g. mindfulness)
- Other

**SOCIAL HISTORY**

Alcohol use:  
 Yes  
 No

Tobacco use:  
 Yes

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Figure A.10. PhARMD Pain Mgmt Note Template (image 6 of 18)

Reminder Dialog Template: PharmD Pain Note

SOCIAL HISTORY

Alcohol use:  
 Yes  
 No

Tobacco use:  
 Yes  
 No  
     Never used tobacco products  
     Quit (If exact date unknown, please indicate year.)  
    Date: \*    2017   ...

Illicit drug use:  
 Yes  
 No

Opioid misuse and/or abuse:  
 Yes  
 No

Visit Info      Finish      Cancel

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Figure A.11. PhARMD Pain Mgmt Note Template (image 7 of 18)

Reminder Dialog Template: PharmD Pain Note

Caffeine intake:

RELEVANT VITALS

Body Mass Index: [INSERT OBJECT]

Blood Pressure: [INSERT OBJECT]

Respiratory Rate: [INSERT OBJECT]

Heart Rate: [INSERT OBJECT]

Other:  
[Text Input Field]

RELEVANT LABORATORY VALUES

Creatinine Clearance: [INSERT OBJECT]

Liver function tests: [INSERT OBJECT]

Hemoglobin A1c: [INSERT OBJECT]

Other:

DIAGNOSTIC PROCEDURES/IMAGING

—

Visit Info      Finish      Cancel

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Figure A.12. PhARMD Pain Mgmt Note Template (image 8 of 18)**

Reminder Dialog Template: PharmD Pain Note

Blood Pressure: [INSERT OBJECT]  
 Respiratory Rate: [INSERT OBJECT]  
 Heart Rate: [INSERT OBJECT]  
 Other:

RELEVANT LABORATORY VALUES

Creatinine Clearance: [INSERT OBJECT]  
 Liver function tests: [INSERT OBJECT]  
 Hemoglobin A1c: [INSERT OBJECT]  
 Other:  
[Text Input Field]

DIAGNOSTIC PROCEDURES/IMAGING

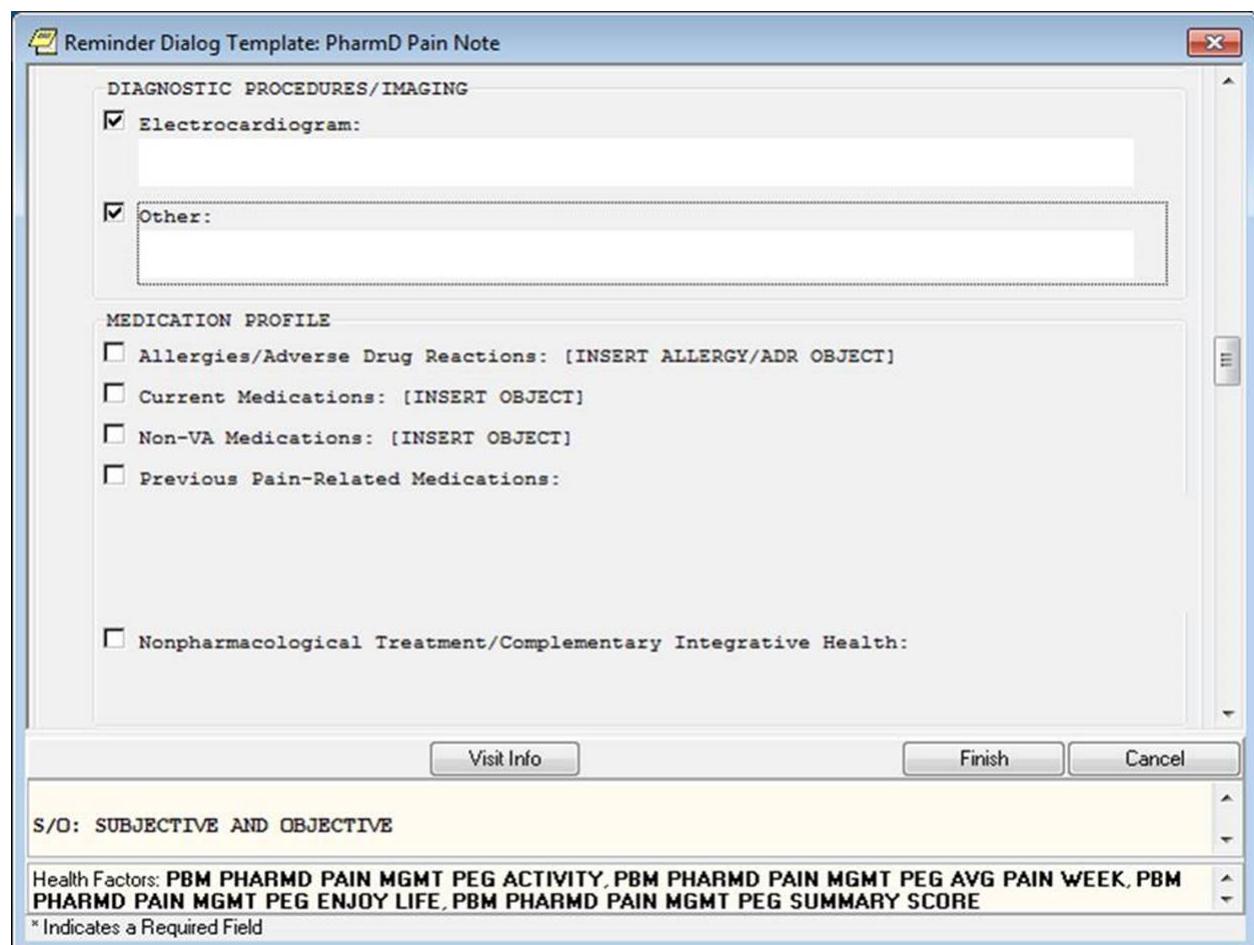
Electrocardiogram:  
 Other:

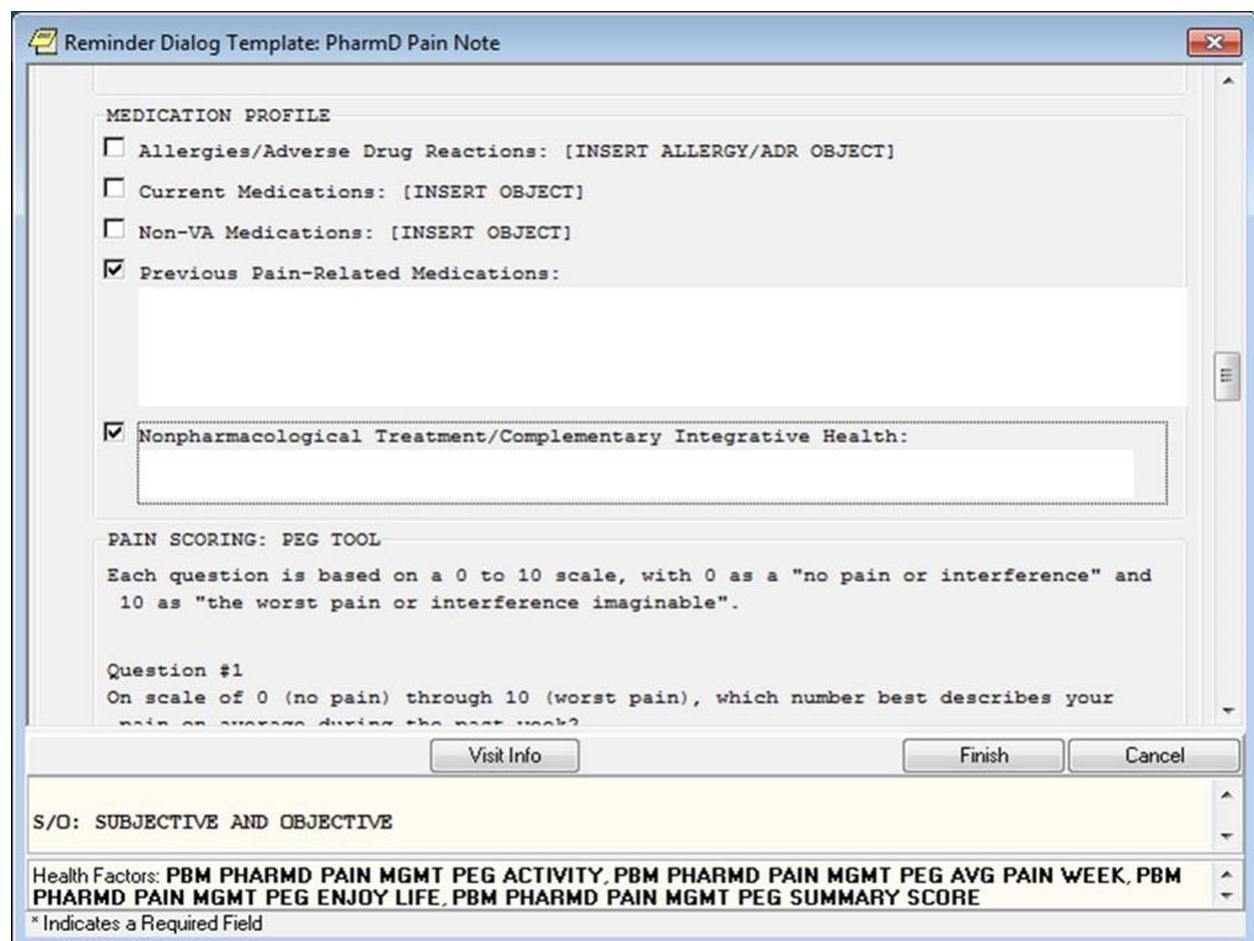
Visit Info      Finish      Cancel

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Figure A.13. PhARMD Pain Mgmt Note Template (image 9 of 18)**

**Figure A.14. PhARMD Pain Mgmt Note Template (image 10 of 18)**

**Figure A.15. PhARMD Pain Mgmt Note Template (image 11 of 18)**

**Reminder Dialog Template: PharmD Pain Note**

**PAIN SCORING: PEG TOOL**

Each question is based on a 0 to 10 scale, with 0 as a "no pain or interference" and 10 as "the worst pain or interference imaginable".

**Question #1**  
On scale of 0 (no pain) through 10 (worst pain), which number best describes your pain on average during the past week?  
(Select only ONE checkbox below; Score will auto-populate.)

Score: \*

0    1    2    3    4    5    6    7    8    9    10

**Question #2**  
On scale of 0 (no interference) through 10 (extreme/frequent interference), which number best describes how pain has interfered with your enjoyment of life during the past week?  
(Select only ONE checkbox below; Score will auto-populate.)

Score: \*

0    1    2    3    4    5    6    7    8    9    10

**Question #3**

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: **PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE**

\* Indicates a Required Field

**Visit Info**   **Finish**   **Cancel**

**Figure A.16. PhARMD Pain Mgmt Note Template (image 12 of 18)**

**Reminder Dialog Template: PharmD Pain Note**

Question #3  
On a scale of 0 (no interference) through 10 (extreme/frequent interference), which number best describes how pain has interfered with your general activity during the past week?  
(Select only ONE checkbox below; Score will auto-populate.)

Score: \*

0    1    2    3    4    5    6    7    8    9    10

SUMMARY  
Average of the three previous scores.  
(Select only ONE checkbox below. Round to the nearest whole number.)

Score: \*

0    1    2    3    4    5    6    7    8    9    10

ACTIVITIES OF DAILY LIVING

Energy level is:  
 Low  
 Medium  
 High

Sleep / insomnia continuous hours not picked

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: **PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE**

\* Indicates a Required Field

**Visit Info**   **Finish**   **Cancel**

Figure A.17. PhARMD Pain Mgmt Note Template (image 13 of 18)

Reminder Dialog Template: PharmD Pain Note

ACTIVITIES OF DAILY LIVING

Energy level is:

Low  
 Medium  
 High

Sleep (average continuous hours per night)

Awakenings due to:

Pain  
 Nightmares  
 Restless Leg Syndrome  
 Other

Uses CPAP:

Yes  
 No

AFFECT/MOOD

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Visit Info      Finish      Cancel

**Figure A.18. PhARMD Pain Mgmt Note Template (image 14 of 18)**

Reminder Dialog Template: PharmD Pain Note

AFFECT/MOOD

Mood:

Depressed  
 Thoughts of suicidality  
 Thoughts of homicidality  
 Other

RISK MITIGATION STRATEGIES

Informed Consent:  
 Yes  
 No

Urine Drug/Serum Toxicology Testing:  
 Appropriate  
 Inappropriate

Pill Counts:

Query of the State Prescription Drug Monitoring Program (PDMP):

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Figure A.19. PhARMD Pain Mgmt Note Template (image 15 of 18)

Reminder Dialog Template: PharmD Pain Note

Other

RISK MITIGATION STRATEGIES

Informed Consent:  
 Yes  
 No

Urine Drug/Serum Toxicology Testing:  
 Appropriate  
 Inappropriate

Pill Counts:

Query of the State Prescription Drug Monitoring Program (PDMP):  
[Text Box]

Naloxone History:  
 Naloxone education provided  
 Naloxone ordered

Visit Info      Finish      Cancel

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Figure A.20. PhARMD Pain Mgmt Note Template (image 16 of 18)

Reminder Dialog Template: PharmD Pain Note  
NATROXONE ordered

A: ASSESSMENT

Pain Diagnoses:

P: PLAN

Consent for opioid therapy signed or initiated

Query of the State Prescription Drug Monitoring Program (PDMP)

Goals of therapy (may choose more than 1):

Pain score goal as established by patient: \*

Pain score reduction by 30%

Improvement in functional goals as established by patient

Other:

Medication intervention

Non-opioid pain medication intervention (e.g. Gabapentin, NSAID)

Opioid pain medication intervention

Management/prevention of opioid-induced constipation

Visit Info      Finish      Cancel

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Figure A.21. PhARMD Pain Mgmt Note Template (image 17 of 18)

Reminder Dialog Template: PharmD Pain Note

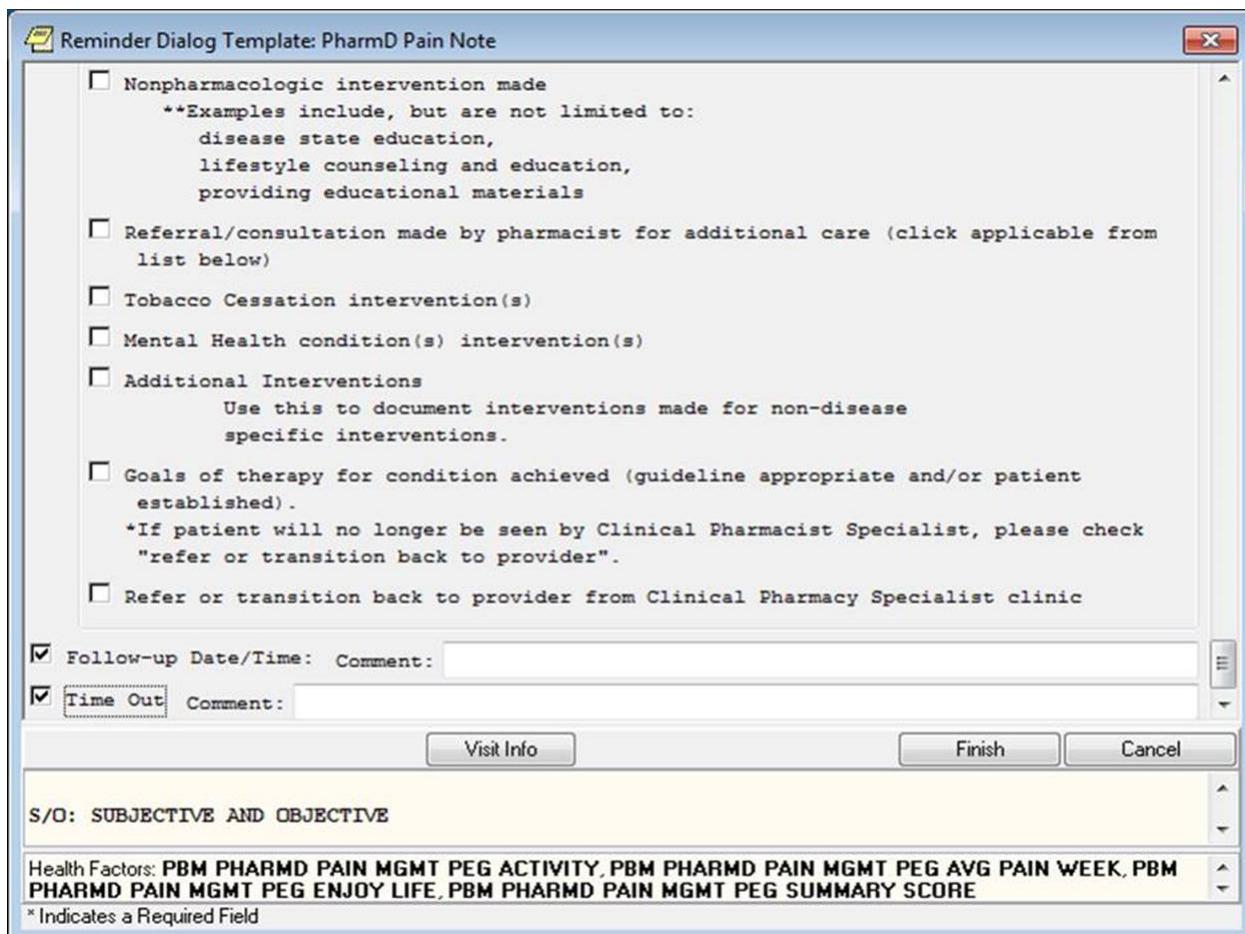
P: PLAN

Consent for opioid therapy signed or initiated  
 Query of the State Prescription Drug Monitoring Program (PDMP)  
 Goals of therapy (may choose more than 1):  
     Pain score goal as established by patient: \*   
     Pain score reduction by 30%  
     Improvement in functional goals as established by patient  
     Other:  
 Medication intervention  
     Non-opioid pain medication intervention (e.g. Gabapentin, NSAID)  
     Opioid pain medication intervention  
     Management/prevention of opioid-induced constipation  
     Medication monitoring/diagnostic evaluation (e.g. electrocardiogram (EKG) for patient on Methadone)  
     Naloxone kit distribution  
     Manage an adverse drug reaction related to a pain medication  
 Nonpharmacologic intervention made

S/O: SUBJECTIVE AND OBJECTIVE

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Figure A.22. PhARMD Pain Mgmt Note Template (image 18 of 18)****Figure A.23: PBM Pain PhARMD Template FAQ**

The PBM CPPO Pain PhARMD template is a voluntary initiative of the PBM Clinical Pharmacy Practice Office (CPPO) and the CPPO Pain Subject Matter Expert (SME) Workgroup where Clinical Pharmacy Specialist (CPS) at a local facility utilize a pre-defined note template to document their clinical pharmacy encounters for patients in which they are providing comprehensive medication management services in pain. All guidance and educational documents for the PBM Pain PhARMD template can be found on the Clinical Pharmacy SharePoint site at

Pain SME Workgroup Outcomes Subgroup SharePoint:

<https://vaww.infoshare.va.gov/sites/ClinicalPharmacy/PainManagementSME/SharedDocuments/Forms/AllItems.aspx?RootFolder=%2Fsites%2FClinicalPharmacy%2FPainManagementSME%2FShared%20Documents%2FFY17%2DDocumentation%20and%20Outcomes%20Subgroup&FolderCTID=0x0120002AD1D94329882441AB4A1134B8CA2184&View=%7B130A15D7%2D003D%2D40EA%2D9319%2DE11F040598B9%7D&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>

#### Links to important information:

Pain PhARMD

- Template link: Pain SME Workgroup Outcomes Subgroup SharePoint Folder:  
<https://vaww.infoshare.va.gov/sites/ClinicalPharmacy/PainManagementSME/SharedDocuments/Forms/AllItems.aspx?RootFolder=%2Fsites%2FClinicalPharmacy%2FPainManagementSME%2FShared%20Documents%2FFY17%2DDocumentation%20and%20Outcomes%20Subgroup&FolderCTID=0x0120002AD1D94329882441AB4A1134B8CA2184&View=%7B130A15D7%2D003D%2D40EA%2D9319%2DE11F040598B9%7D&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>

- Template install instructions for CAC link: Pain SME Workgroup Outcomes Subgroup SharePoint Folder:  
<https://vaww.infoshare.va.gov/sites/ClinicalPharmacy/PainManagementSME/SharedDocuments/Forms/AllItems.aspx?RootFolder=%2Fsites%2FClinicalPharmacy%2FPainManagementSME%2FShared%20Documents%2FFY17%2DDocumentation%20and%20Outcomes%20Subgroup&FolderCTID=0x0120002AD1D94329882441AB4A1134B8CA2184&View=%7B130A15D7%2D003D%2D40EA%2D9319%2DE11F040598B9%7D&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>
- Template national database link: Pain SME Workgroup Outcomes Subgroup SharePoint Folder:  
<https://vaww.infoshare.va.gov/sites/ClinicalPharmacy/PainManagementSME/SharedDocuments/Forms/AllItems.aspx?RootFolder=%2Fsites%2FClinicalPharmacy%2FPainManagementSME%2FShared%20Documents%2FFY17%2DDocumentation%20and%20Outcomes%20Subgroup&FolderCTID=0x0120002AD1D94329882441AB4A1134B8CA2184&View=%7B130A15D7%2D003D%2D40EA%2D9319%2DE11F040598B9%7D&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence>

### **General Helpful Hints:**

The PBM Pain PhARMD template is a standardized template used for documenting elements and interventions associated with clinical pharmacy patient care encounters. This template is used to document the progress note for the pharmacist who is providing direct patient care and practicing under a scope of practice that includes pain management activities. The template includes embedded PhARMD health factors that are currently contained within the PhARMD Version 9 tool, as well as other documentation elements necessary for the pharmacist to complete their progress note. The goal of the Pain PhARMD template is to replace all other existing pharmacist pain templates for face-to-face, telehealth, and telephone visits to create a uniform pain template that will allow for health factor analysis and assistance in training pharmacists in pain management.

All health factors embedded within the Pain PhARMD template are unique to the PhARMD project. The template includes embedded PhARMD health factors therefore allowing the CPS to easily document all elements of their note in addition to interventions without having to open the PhARMD Version 9 tool separately.

#### *PhARMD Intervention=PhARMD Health Factor*

Health Factor – a data element that can be customized to document elements not readily retrievable from the Veterans Information Systems and Technology Architecture (VistA)/Computerized Patient Record System (CPRS). For the Pain PhARMD template, health factors are used to capture the interventions, identified goals, and indicators of the end of active treatment selected by the provider using the Pain PhARMD template.

It is important that your facility does not modify the Pain PhARMD template health Factors in any way as this may result in the interventions not being captured on the PhARMD reports. The use of this template does not refute the need for the CPS to resolve other clinical reminders. Clinical Reminders that are pertinent to the visit will need to be completed after you have documented your progress note with the Pain PhARMD template.

All PhARMD Interventions contained within the Pain PhARMD template will be captured on the PhARMD Project Reports. It is important to note that these reports will capture any PhARMD interventions made by a Pharmacist Provider which is a primary or secondary provider on an encounter with a classification of ‘pharmacist’ and not capture interventions made by other types of providers.

In the event that the pharmacist has completed their progress note using the Pain PhARMD Template but needed to document additional care or interventions, they should do so by making an addendum to the original note. If interventions are made, these interventions should be recorded using the PhARMD Version 9 tool rather than starting a new progress note using the Pain template.

Use of the Pain PhARMD template will help us characterize the patient care outcomes as well as types and volume of interventions made by Pain CPS. Please attempt to document all the interventions you are making accurately and concisely.

Pharmacists should follow the below step-wise approach for documenting patient care activities using the Pain PhARMD template:

Step 1. Choose the appropriate clinic location for the visit

Step 2: Choose the facility specific note title created by the clinical applications coordinator (CAC) that links to the Pain PhARMD template

NOTE: If a note title was not chosen by the CAC, then choose a different note title. Then go to the reminders tab and open the Pain PhARMD template

Step 3: Fill out all appropriate elements contained within the template (see documentation tips below for more information).

NOTE: There are required elements of the Pain PhARMD template, such as the PEG score. You must complete this required element before you will be able to finish your note.

Step 4: Click finish button on Pain PhARMD template. See FAQ section if cannot click the finish button for additional troubleshooting

Step 5: Record your encounter information. The health factor information will already be complete as a result of filling out the Pain PhARMD template

NOTE: To delete any health factor or intervention you selected in error, you must go to the health factors tab within the encounter, highlight the intervention you want removed, and then click remove

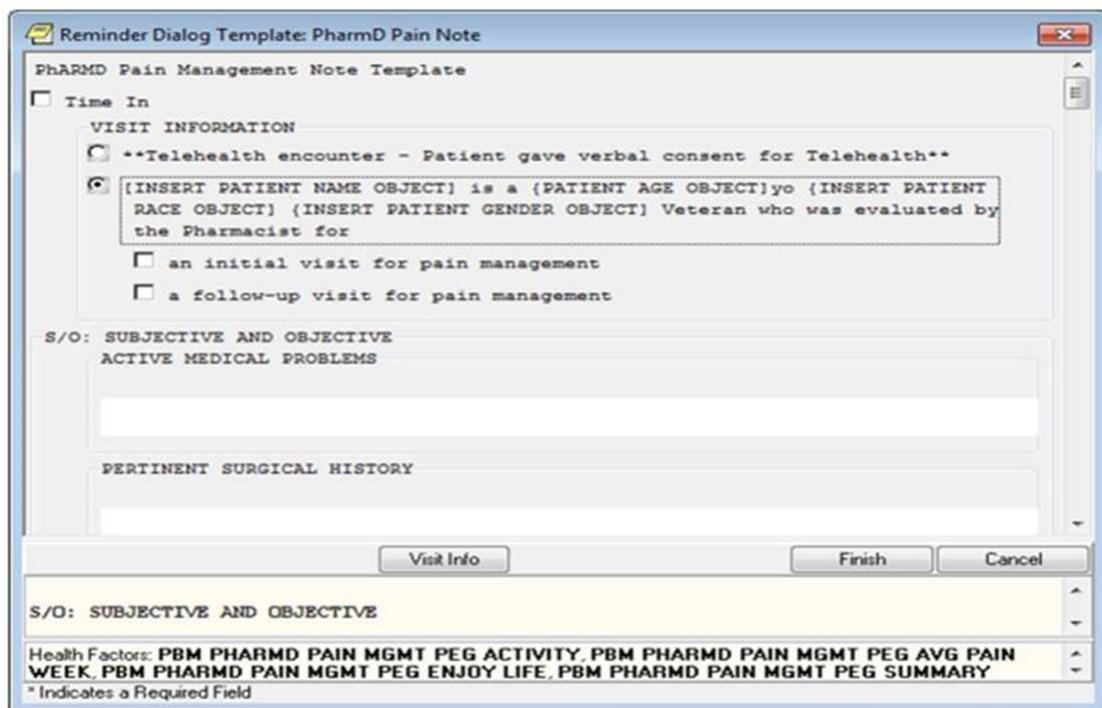
Step 6: Sign your note and complete the documentation process

NOTE: If you forgot to document an intervention prior to signing your note, go back and add an addendum to your signed note. Then go to the reminders tab and select the PhARMD Version 9 tool and fill out the tool for the interventions that were not recorded.

*Documentation tips for the Pain PhARMD template*

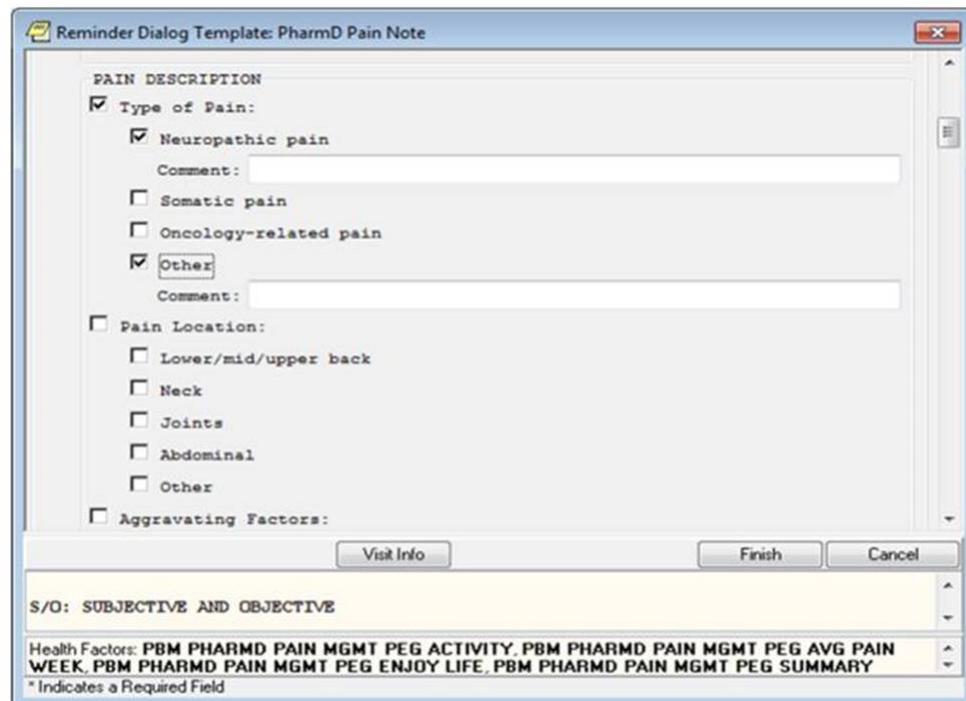
Time In/Out (REQUIRED ELEMENT): Click the corresponding box and enter the time you started the patient visit and the time you ended the visit. NOTE: This does NOT include the time you started the note or the time you finished it, only the time you were conducting the patient visit.

Initial/Follow-Up visit (REQUIRED ELEMENT): Click the corresponding box and then click if patient is an initial or follow-up visit

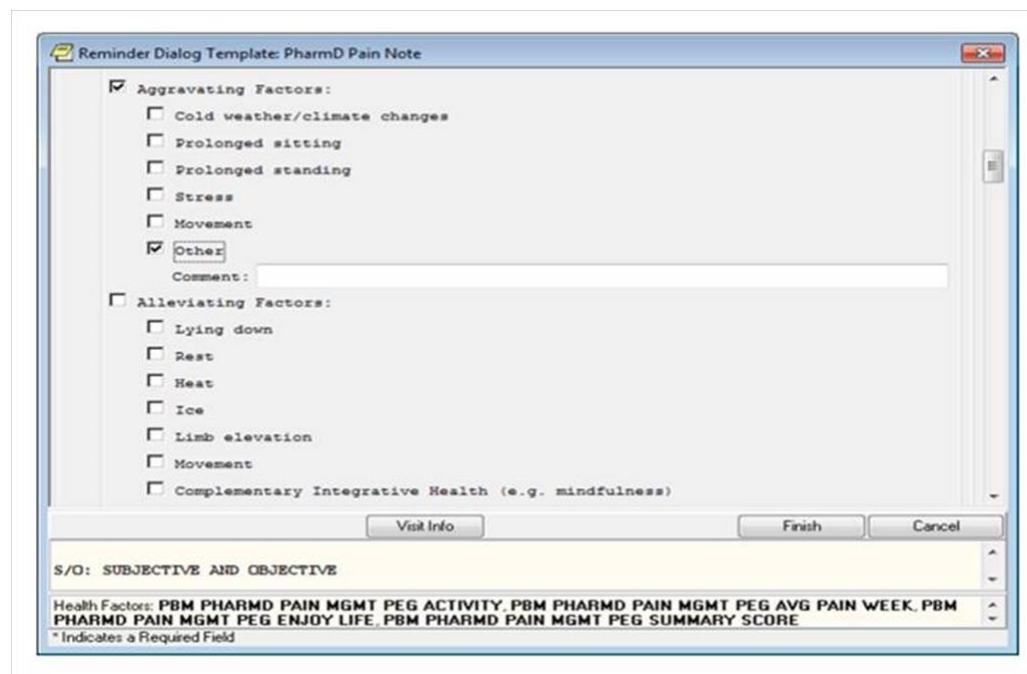


Past Medical History (REQUIRED ELEMENT), Past Surgical History, Pertinent Medications: Click on the corresponding box and enter as free text

Pain Description/Location (OPTIONAL ELEMENT): Click on the corresponding box and you have the option to enter free text also



Aggravating/Alleviating Factors (OPTIONAL ELEMENT): Click on the corresponding box and you have the option to enter free text also for the “other” box



**Reminder Dialog Template: PharmD Pain Note**

**SOCIAL HISTORY**

Alcohol use:  
 Yes  
 No

Tobacco use:  
 Yes  
 No

Plans to quit?:  
 Yes  
 No  
 No

Illicit drug use:  
 Yes  
 No

Opioid misuse and/or abuse:  
 Yes  
 No

**Visit Info** **Finish** **Cancel**

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

Illicit drug use:  
 Yes  
 No

Opioid misuse and/or abuse:  
 Yes  
 No

Diet: Comment:

Exercise: Comment:

Caffeine intake: Comment:

**RELEVANT VITALS**

Body Mass Index: [INSERT OBJECT]  
 Blood Pressure: [INSERT OBJECT]  
 Respiratory Rate: [INSERT OBJECT]  
 Heart Rate: [INSERT OBJECT]  
 Other:

**Visit Info** **Finish** **Cancel**

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Relevant Vital Signs/Laboratory Values/Diagnostic Procedures/Imaging (OPTIONAL ELEMENT): Click on the corresponding box next to the vital sign or laboratory value you want to include in your note. You also have an option to click the “other” box and enter as free text. The objects will need to be installed by your local clinical applications coordinator

**Reminder Dialog Template: PharmD Pain Note**

Caffeine intake:

**RELEVANT VITALS**

Body Mass Index: (INSERT OBJECT)  
 Blood Pressure: (INSERT OBJECT)  
 Respiratory Rate: (INSERT OBJECT)  
 Heart Rate: (INSERT OBJECT)  
 Other:

**RELEVANT LABORATORY VALUES**

Creatinine Clearance: (INSERT OBJECT)  
 Liver function tests: (INSERT OBJECT)  
 Hemoglobin A1c: (INSERT OBJECT)  
 Other:

**DIAGNOSTIC PROCEDURES/IMAGING**

...

**Visit Info**      **Finish**      **Cancel**

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE  
 \* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

**DIAGNOSTIC PROCEDURES/IMAGING**

Electrocardiogram:  
  
 Other:

**MEDICATION PROFILE**

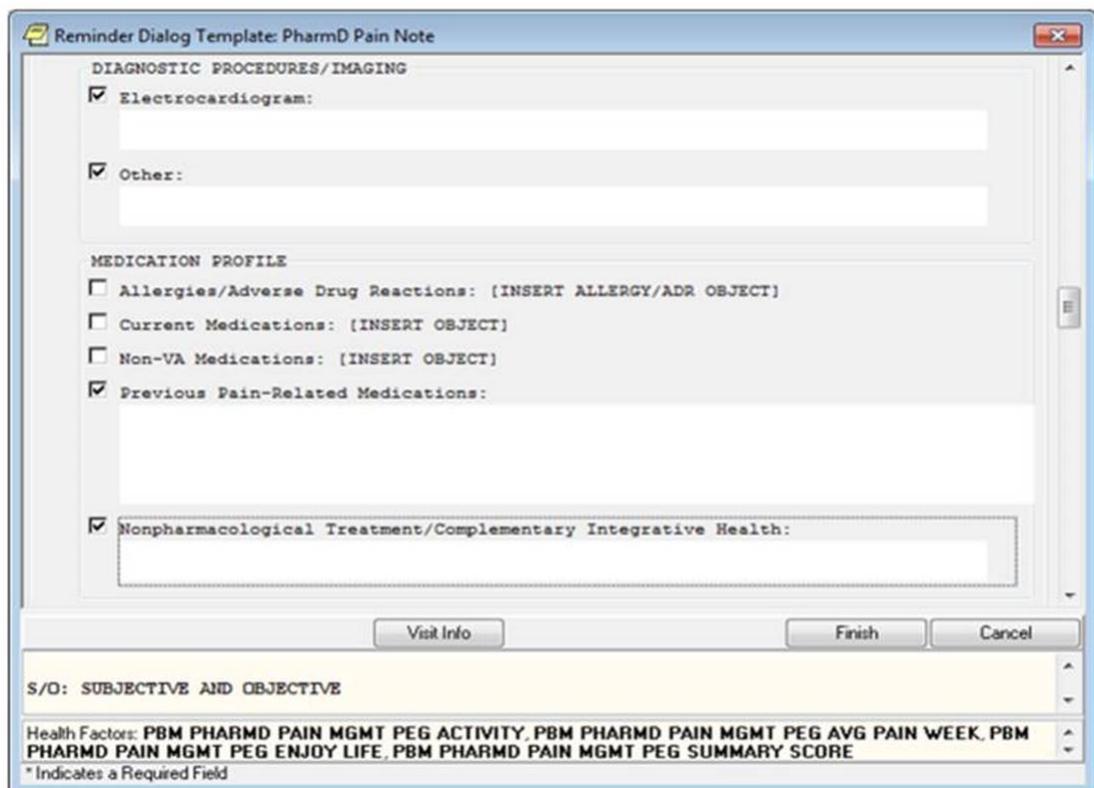
Allergies/Adverse Drug Reactions: (INSERT ALLERGY/ADR OBJECT)  
 Current Medications: (INSERT OBJECT)  
 Non-VA Medications: (INSERT OBJECT)  
 Previous Pain-Related Medications:  
  
 Nonpharmacological Treatment/Complementary Integrative Health:

**Visit Info**      **Finish**      **Cancel**

**S/O: SUBJECTIVE AND OBJECTIVE**

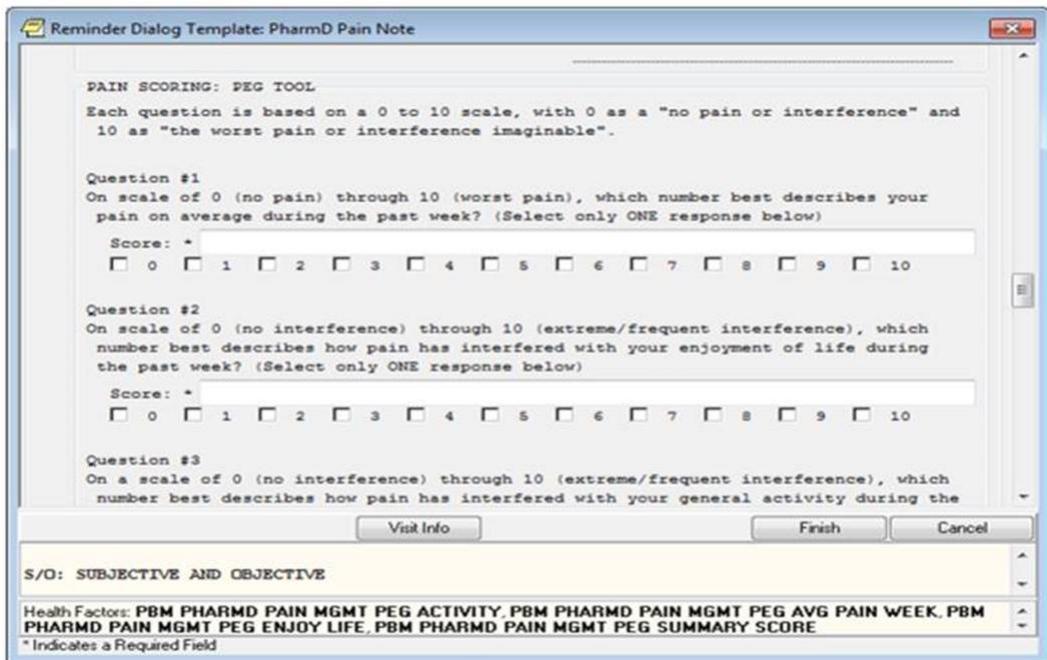
Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE  
 \* Indicates a Required Field

Medication Profile (REQUIRED ELEMENT for face-to-face, telehealth visits): Click on the box next to the item you wish to include in your note. Some items will need to be installed by your local clinical applications coordinator. Enter in your previous pain medications and non-pharmacological treatments as free text



**PEG tool (REQUIRED ELEMENT):** For each question, click on only one box in front of the number you which to place into your note. Remember only whole numbers should be used!

**NOTE:** For the last question, you will need to manually calculate the average PEG score by adding up the total of the first three questions and dividing by three. Then round to the nearest whole number and click on the box in front of the number you wish to select.



**Reminder Dialog Template: PharmD Pain Note**

Question #3  
On a scale of 0 (no interference) through 10 (extreme/frequent interference), which number best describes how pain has interfered with your general activity during the past week? (Select only ONE response below)

Score: \*  
 0    1    2    3    4    5    6    7    8    9    10

**SUMMARY**  
Average of the three previous scores.  
(Select only ONE response below. Round to the nearest whole number.)

Score: \*  
 0    1    2    3    4    5    6    7    8    9    10

**ACTIVITIES OF DAILY LIVING**

Energy level is:  
 Low  
 Medium  
 High

Sleep (average continuous hours per night)  
 . . .

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Activities of Daily Living/Sleep/Mood (OPTIONAL ELEMENT): Check the box next to the item you want to include in your note. For sleep and other boxes there is an optional free text.

**Reminder Dialog Template: PharmD Pain Note**

ACTIVITIES OF DAILY LIVING

Energy level is:  
 Low  
 Medium  
 High

Sleep (average continuous hours per night)  
 Comment: \_\_\_\_\_

Awakenings due to:  
 Pain  
 Nightmares  
 Restless Leg Syndrome  
 Other  
 Comment: \_\_\_\_\_

Uses CPAP:  
 Yes  
 No

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

Restless Leg Syndrome

Other

Uses CPAP:

- Yes
- No

**AFFECT/MOOD**

Mood:

- Depressed
- Thoughts of suicidality
- Thoughts of homicidality
- Other

Comment:

**RISK MITIGATION STRATEGIES**

Informed Consent:

- Yes
- No

Urine Drug/Serum Toxicology Testing:

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

Restless Leg Syndrome

Other

Uses CPAP:

- Yes
- No

**AFFECT/MOOD**

Mood:

- Depressed
- Thoughts of suicidality
- Thoughts of homicidality
- Other

Comment:

**RISK MITIGATION STRATEGIES**

Informed Consent:

- Yes
- No

Urine Drug/Serum Toxicology Testing:

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

Other

**RISK MITIGATION STRATEGIES**

Informed Consent:

- Yes
- No

Urine Drug/Serum Toxicology Testing:

- Appropriate
- Inappropriate

Pill Counts:

Query of the State Prescription Drug Monitoring Program (PDMP):

Naloxone History:

- Naloxone education provided
- Naloxone ordered

**A: ASSESSMENT**

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

Assessment (REQUIRED ELEMENT): Enter your assessment as free text. A large free text box is included in the template.

Plan (REQUIRED ELEMENT): Similar to the pain management portion of Version 9 of the PhARMD tool with the following difference. Addition of mental health clinic intervention section to the plan section of the Pain PhARMD template

**Reminder Dialog Template: PharmD Pain Note**

**A: ASSESSMENT**

Pain Diagnoses:

**P: PLAN**

Consent for opioid therapy signed or initiated

Query of the State Prescription Drug Monitoring Program (PDMP)

Goals of therapy (may choose more than 1):

- Pain score goal as established by patient: \*
- Pain score reduction by 30%
- Improvement in functional goals as established by patient
- Other:

Medication intervention

- Non-opioid pain medication intervention (e.g. Gabapentin, NSAID)
- Opioid pain medication intervention
- Management/prevention of opioid-induced constipation

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

Other:

Medication intervention

Non-opioid pain medication intervention (e.g. Gabapentin, NSAID)

- Adjust dose or frequency of current medication
- Discontinue and/or change to a different medication
- Initiate new medication
- No change made

Opioid pain medication intervention

- I am authorized to prescribe controlled substances
- Consent for opioid therapy signed or initiated
- Aberrant behaviors related to opioid therapy identified
- Adjust dose or frequency of current medication
- Discontinue and/or change to a different medication
- Initiate new medication
- Taper to discontinuation
- No change made

Management/prevention of opioid-induced constipation

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

Medication monitoring/diagnostic evaluation (e.g. electrocardiogram (EKG) for patient on Methadone)

Naloxone kit distribution

Manage an adverse drug reaction related to a pain medication

Nonpharmacologic intervention made
 

- \*\*Examples include, but are not limited to:
  - disease state education,
  - lifestyle counseling and education,
  - providing educational materials

Referral/consultation made by pharmacist for additional care (click applicable from list below)

- Acupuncture, chiropractic medicine or physical therapy
- Mental Health or pain psychologist
- Substance abuse
- Palliative care
- Other

Tobacco Cessation intervention(s)

Mental Health condition(s) intervention(s)

Additional Interventions

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

disease state education,  
lifestyle counseling and education,  
providing educational materials

Referral/consultation made by pharmacist for additional care (click applicable from list below)

Tobacco Cessation intervention(s)
 

- Adjust dose or frequency of current medication
- Discontinue and/or change to different medication
  - \*\*If related to management of an adverse drug event or allergy, please document as well under additional pharmacotherapy intervention, manage adverse drug event or allergy
- Initiate new medication
- Nonpharmacologic intervention made
  - \*\*Examples include, but are not limited to:  
disease state education,  
lifestyle counseling and education,  
providing educational materials,  
making referrals for additional care
- Mental Health condition(s) intervention(s)
- Additional Interventions
 

Use this to document interventions made for non-diseases

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Visit Info** **Finish** **Cancel**

**Reminder Dialog Template: PharmD Pain Note**

Tobacco Cessation intervention(s)

Mental Health condition(s) intervention(s)
 

- Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Borderline Personality Disorder
- Depression
- Insomnia
- Neurocognitive Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia and Other Related Psychotic Disorders
- Substance Abuse
- Traumatic Brain Injury (TBI)
- Other Mental Health condition not specified above
- Additional intervention

Additional Interventions

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Visit Info** **Finish** **Cancel**

**Reminder Dialog Template: PharmD Pain Note**

Mental Health condition(s) intervention(s)

Additional Interventions  
Use this to document interventions made for non-disease specific interventions.

- Address compliance/adherence
- Care coordination (e.g. Hospital to Home, Long Term Care, Anticoagulation, etc.)
- Change dosage forms (e.g. intravenous to oral med, crushable, tablet to liquid, etc.)
- Convert to preferred VA medication
- Discharge counseling provided
- Drug not indicated
- Duplication of therapy
- Falls prevention
- Identify contraindication
- Identify drug-drug interaction
- Medication monitoring or diagnostic evaluation
- ... . . .

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

**Reminder Dialog Template: PharmD Pain Note**

Nonpharmacologic intervention made  
\*\*Examples include, but are not limited to:  
disease state education,  
lifestyle counseling and education,  
providing educational materials

Referral/consultation made by pharmacist for additional care (click applicable from list below)

Tobacco Cessation intervention(s)

Mental Health condition(s) intervention(s)

Additional Interventions  
Use this to document interventions made for non-disease specific interventions.

Goals of therapy for condition achieved (guideline appropriate and/or patient established).  
\*If patient will no longer be seen by Clinical Pharmacist Specialist, please check "refer or transition back to provider".

Refer or transition back to provider from Clinical Pharmacy Specialist clinic

Follow-up Date/Time: Comment: \_\_\_\_\_

Time Out Comment: \_\_\_\_\_

**S/O: SUBJECTIVE AND OBJECTIVE**

Health Factors: PBM PHARMD PAIN MGMT PEG ACTIVITY, PBM PHARMD PAIN MGMT PEG AVG PAIN WEEK, PBM PHARMD PAIN MGMT PEG ENJOY LIFE, PBM PHARMD PAIN MGMT PEG SUMMARY SCORE

\* Indicates a Required Field

*Additional Pain PhARMD template Frequently Asked Questions (FAQs):*

Q: Can I use any note title to associate with the Pain PhARMD Template?

A: No, only use the note title provided by your clinical applications coordinator which will link directly the Pain PhARMD Template. If a note title was not chosen by the CAC, then choose any appropriate note title. Once the note title has opened, you would then go to the reminders tab and open the Pain PhARMD template

Q: What types of visits should I use the Pain PhARMD Template (e.g., chart consult, Face to Face, telephone, initial, follow-up)?

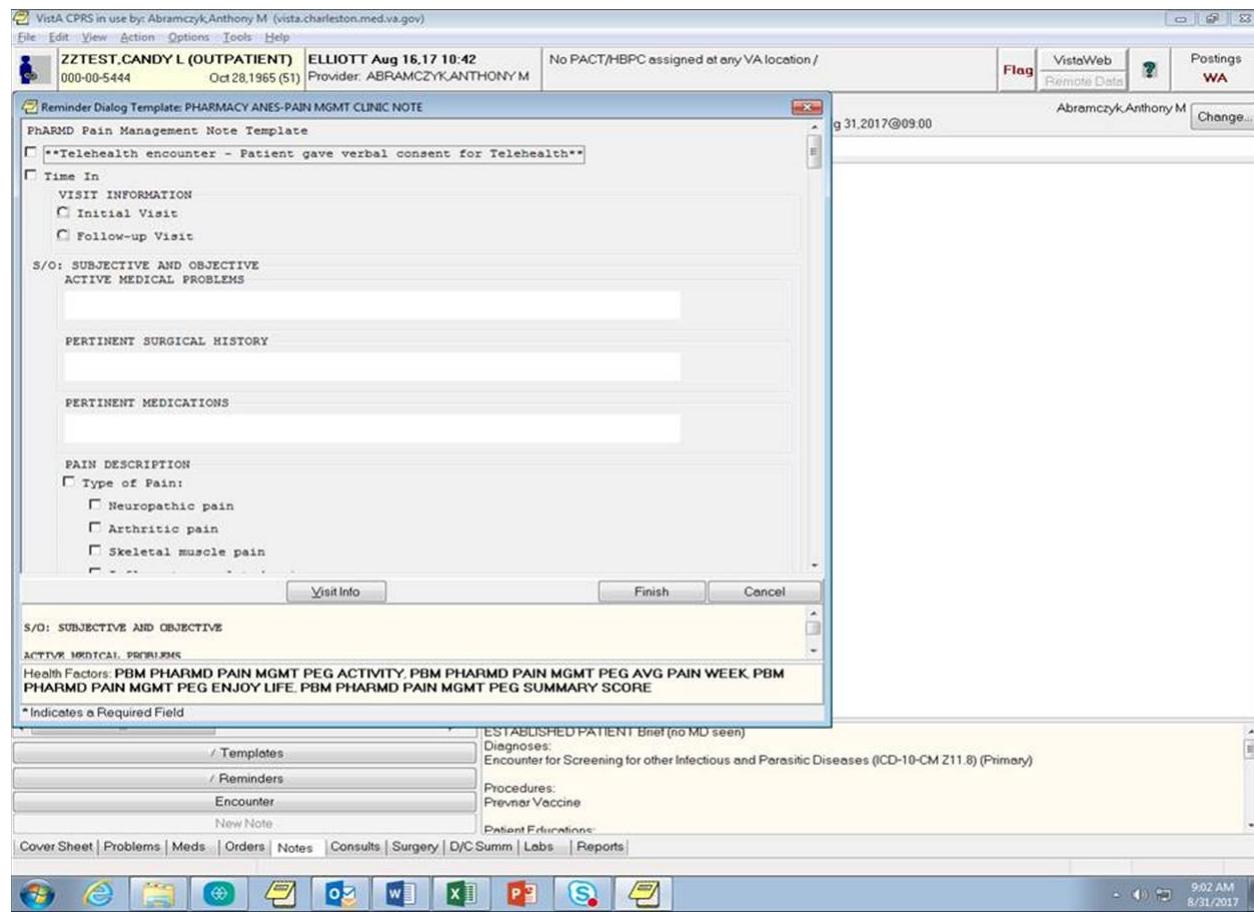
A: The Pain PhARMD Template should only be used for Face to Face, telephone, and telehealth clinic visits. A separate template should be used for notes based only on chart consultation (e.g.: electronic consults)

Q: Can I save my work and then return to the Pain PhARMD Template if I were to be interrupted while documenting my progress note?

A: No, unfortunately the Pain PhARMD Template cannot be saved until you have completed the template and hit the finish button on the template. However, once you have finished the template you can save your progress note in CPRS.

Q: If I have started documenting my note using the Pain PhARMD template, can I switch to another tab to review other information in CPRS?

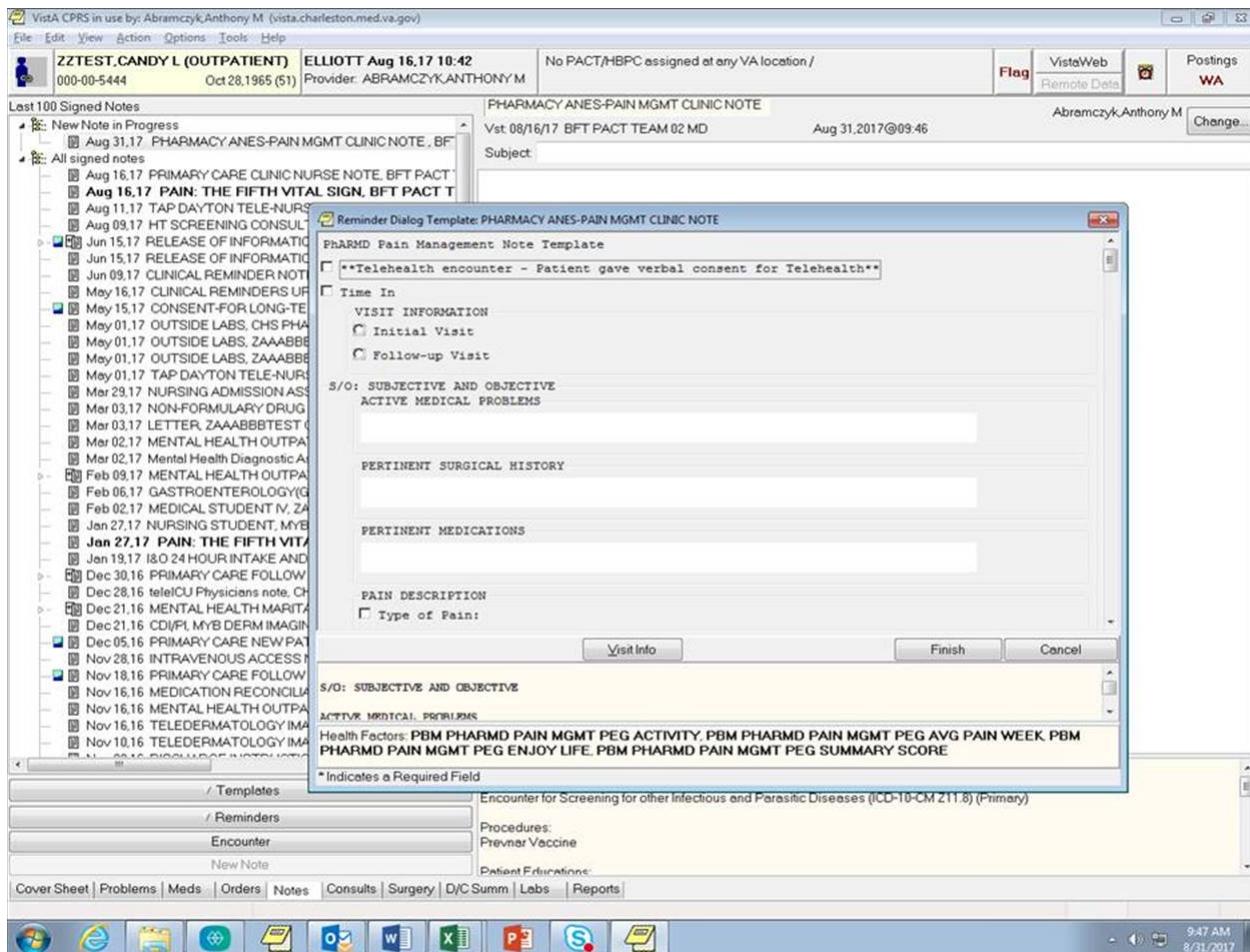
A: Yes, you can by clicking on the top of the template (see below) to drag the template to a different position on the screen or can click on the bottom right hand corner of the template (see below) to shrink the Pain PhARMD Template. This will allow you to see other information as needed in CPRS.



Q: What happens if I click off my current note title in CPRS while using the Pain PhARMD Template? How do I fix it?

A: Clicking on a different note title in CPRS (e.g.: want to search a different note while using the template) will cause your finish button to grey out so you cannot finish and sign your note. To fix this, click back on the current note title in being edited in the notes section of CPRS. Your finish button should then be functional again and should be able to finish the note

## Existing Sample VA Artifacts



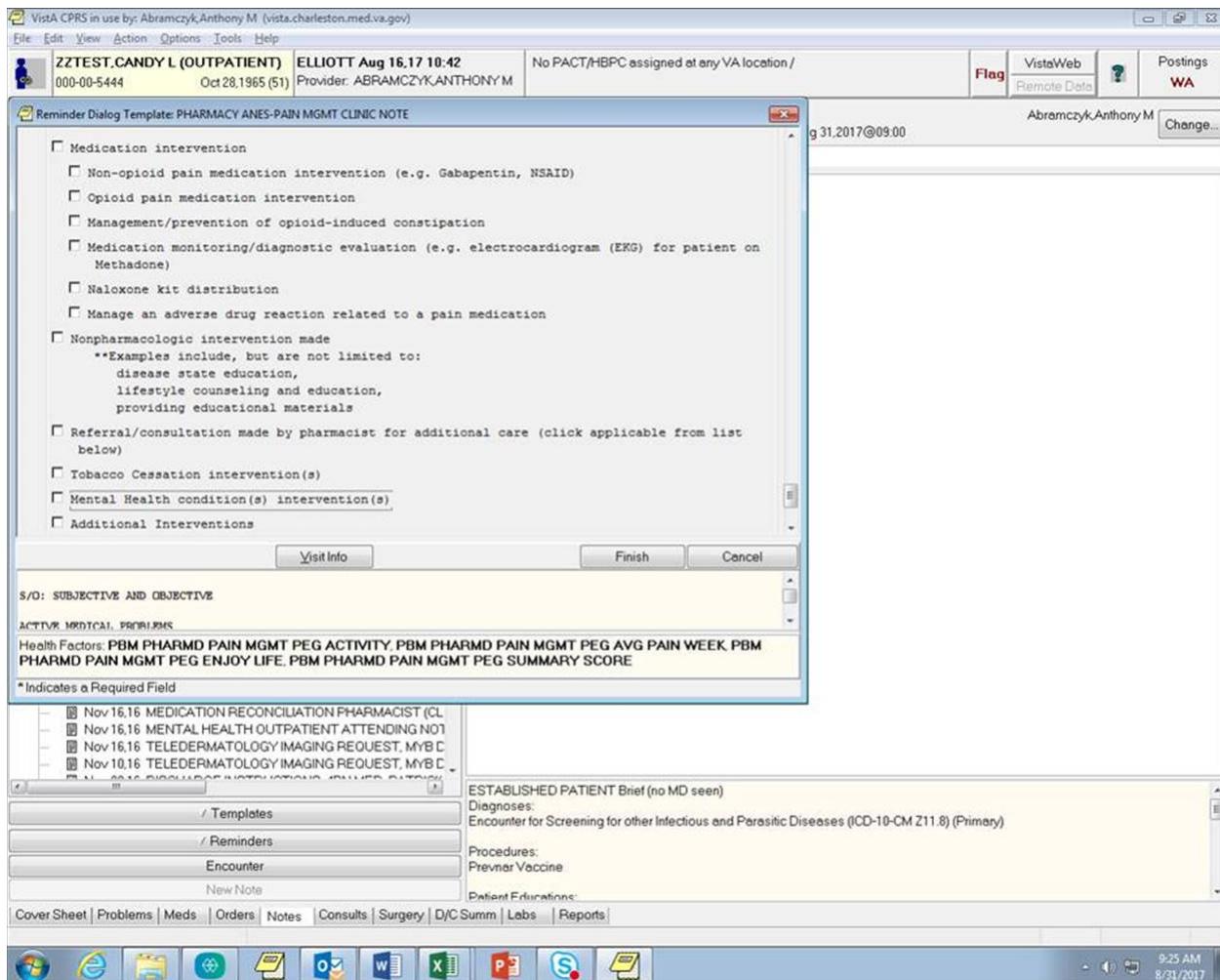
**Q:** After filling out and finishing the Pain PhARMD Template, why is there no spacing in my documented plan and what can I do about it to make it more reader friendly before I sign the progress note?

**A:** The plan portion of Pain PhARMD Template reflects the previous version of the PhARMD tool with a few slight modifications. It is recommended but not required to enter a single or double space in between the different sections of your plan after finishing the Pain PhARMD Template before signing your progress note.

**Q:** Does the Pain PhARMD Template contain all the interventions included in Version 9 of the PhARMD tool?

**A:** No, the Pain PhARMD Template only contains interventions most commonly made for pain management patients, this includes pain interventions as well as those in key interventions in mental health, and smoking cessation. In the event that you make additional interventions during the visit, e.g., changing a HTN medication, you would need to open up the PhARMD Version 9 tool once you have finished your documentation with the Pain template.

## Existing Sample VA Artifacts



Q: Once I have completed my progress note using the Pain PhARMD Template, do I need to open up the PhARMD Version 9 tool to document my interventions?

A: You only need to document interventions with the PhARMD Version 9 tool if you forgot to document an intervention before clicking the finish button on the Pain PhARMD Template or if you need to document other interventions not contained with the Pain PhARMD template. This would be done once you have finished your documentation process with the Pain PhARMD Template.

Q: How do I go back and document the interventions? Do I open up the Pain PhARMD Template again or simply write an addendum? Do I need to use the PhARMD tool to document the interventions associated with the items I missed?

A: Yes, by following the steps outlined below:

- Make an addendum to your progress note
- Open up the PhARMD Version 9 tool from the reminders section under the notes tab in CPRS
- Documents your intervention(s)
- Click finish
- Sign your addendum

Q: Is the PEG tool required to complete for each visit as part of the Pain PhARMD Template?

A: Yes, the PEG tool (average level of pain, pain interference with quality of life, pain interference with movement, average of the three scores) is required to complete before you can finish the Pain PhARMD Template.

Q: What sections of the Pain PhARMD Template are mandatory to fill out and which are optional?

A: Currently, the only required portions of the Pain PhARMD Template is the PEG scores and is notified with an asterix (\*) in front of the box. You must also fill out the assessment and plan portions of the Pain PhARMD Template as this is required for encounter credit. All other portions of the template are optional based on your clinical judgement, this is subject to change as PBM aims to collect more pain management data to derive and analyze outcomes.

Q: How do I correctly enter the PEG scores so that the outcomes data is correct when being analyzed?

A: Make sure you only click one box for each PEG question. Please double check to make sure you have only 1 box checked for each of the 4 questions before you click finish on the Pain PhARMD Template. You will also have to manually average the three scores together and round to the nearest whole number for the composite score you enter.

Q: What happens if I make a mistake when entering the PEG scores into the Pain PhARMD Template?

A: If you realized you made a mistake after you signed the note, please follow the steps below:

- Make an addendum to your note
- Select the PhARMD Version 9 tool reminder dialog in the reminders section
- In the PhARMD Version 9 tool, select the pain management box
- Fill out the PEG scores again with the correct information
- This will update the database to reflect your most recent PEG score submission

**Figure A.24: Office of Health Informatics – Opioid KNARTs Harmonization**

LONG-TERM USE: ALL OPIOIDS PATIENT LIST For: PROVIDER, EXPERT CARE														Go To VA National OEND Site			
As of: 12/15/2016														Data Definitions Updated 1/21/2016			
NOTE: Fields with **double asterisk** are values evaluated for the past two years														VSSC Help Desk   VHA Pain Mgt Site			
Patient Name														Go To Excel-Friendly Version Select Multiple Providers			
VETERAN,NAME 1201	00SSN0012	3/3/1974	42	M	86	53	8	66%	1/10/2017	118	10/18/2016	6/21/2017	✓	✓	✓	!	9/14/2017
VETERAN,NAME 1202	00SSN0013	1/21/1983	34	F	62	65	9	85%	1/11/2017	117	12/2/2016	6/22/2017	✓	✓	✓	!	9/15/2017
VETERAN,NAME 1203	00SSN0014	8/10/1943	73	M	48	42	4	64%	1/12/2017	116	7/7/2016	6/23/2017	✓				9/16/2017
VETERAN,NAME 1204	00SSN0015	8/25/1934	83	M	30	5	1	3%	1/13/2017	115		6/24/2017	✓	✓	✓	!	9/17/2017
VETERAN,NAME 1205	00SSN0016	7/21/1950	66	F	20	7	1	3%	1/14/2017	114	1/4/2017	6/25/2017	✓		✓		9/18/2017

#### Column Abbreviations and Representation

#### Documented Diagnosis that Influence Patient Risk

*Note: For listed Dx with ++ Providers will not be filtered so as to so not exclude social work, clinical nurse specialist, psychologist, and other mental health providers*

Depression (DEP)++

- Serious Mental Illness (SMI)
- Other Mental Disorder (OMD)
- Post-Traumatic Stress Disorder (PTSD) ++
- Substance Use Disorder (SUD)
- Obstructive Sleep Apnea (OSA)
- Palliative Care (PalCare)
- Cancer Pain (CA Pain)
- Palliative Care (PalCare)
  - Palliative care diagnosis column will only appear if a patient with a palliative care diagnosis is in the selected patient cohort
- CA Pain Dx
  - Diagnosis of CA Pain column will appear only if a patient with Neoplasm Related Pain is identified for any patient in the selected patient cohort
  - Must be documented in patient chart as NEOPLASM RELATED PAIN

DEP Dx**	SMI Dx**	OMD Dx**	PTSD Dx**	SUD Dx**	OSA Dx**	PalCare Dx**	CA Pain Dx**
✓		✓	✓	✓			
✓	✓	✓		✓			
	✓	✓		✓			
✓				✓	✓		
✓	✓	✓	✓	✓			
✓	✓	✓		✓			
✓				✓			
✓	✓	✓		✓		✓	✓

Medication Activity Quick Look

- Active Opioid Rx
- Active Benzo Rx
- Opioid Agonist Treatment (OAT)
- Last Opioid Substitution Visit
- Last Naloxone Dispensed
- Last Opioid Rx, Prescriber, Location
- Last Benzo Rx, Prescriber, Location
  - Opioid Agonist Treatment (OAT) & Opioid Agonist Treatment (OAT)
    - Columns are only visible when a patient is in selected cohort
    -

Active Opioid Rx	Active Benzo Rx	Opioid Agonist Tx	Last Opioid Substitution Visit	Last Naloxone Dispensed
✓		!	1/19/2016	11/19/2015
✓	!			
✓				11/19/2015
✓		!	1/11/2016	11/19/2015
		!	1/11/2016	
✓				
✓				

Opioid Agonist Tx	Last Opioid Substitution	Last Opioid Release Date
!	3/27/2016	8/26/2016
		8/14/2016
		8/24/2016

**Parameter Selection** (User selections are saved and will auto-populate next time user runs the report)

District - VISN	<Select a Value>	Select Parent Station
Provider Group	<Select a Value>	Team(s):
Provider(s)	<Select a Value>	Opioid Group(s):
Select Opioid Population:	<Select a Value>	

Select Desired Site(s)

- Select Multiple Divisions or Entire Parent Station

#### Choose Providers / Prescribers / Teams

- Individual or Multiple Provider(s) &/or Team(s)
- Include \*Unassigned\*

#### Choose Desired Opioid Group(s)

- Long-Term Opioid Therapy (LTOT), and /or
- Active Rx, and /or
- Any Opioid in Past Year

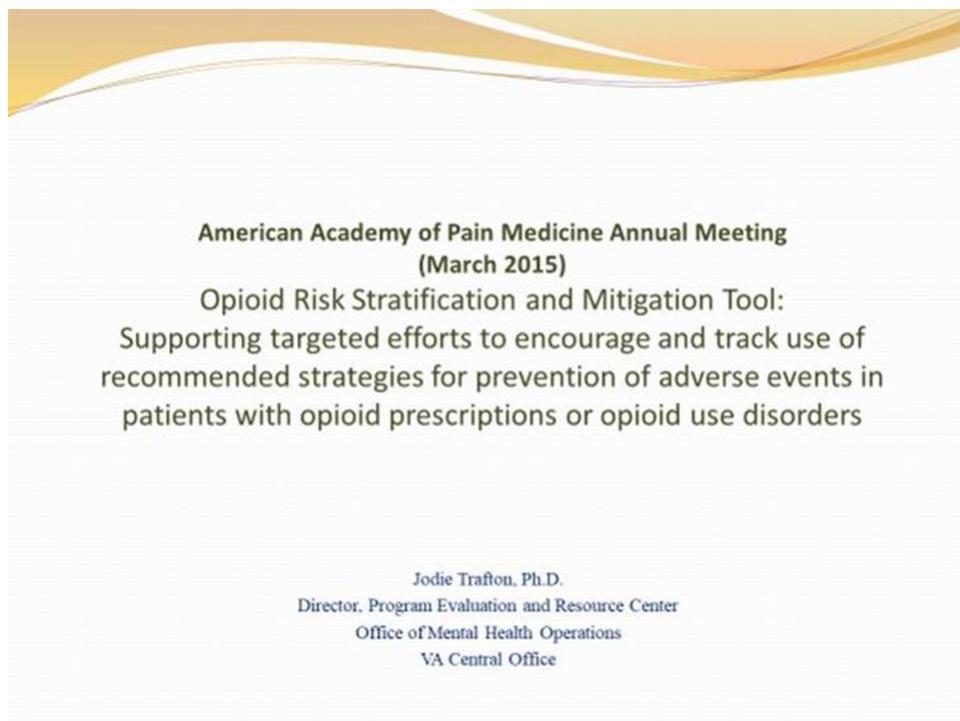
Opioid Group(s):	<input type="checkbox"/> (Select All)
	<input type="checkbox"/> Long-Term Opioid Therapy (LTOT)
	<input type="checkbox"/> Active Opioid Rx
	<input type="checkbox"/> Opioid Rx in Past Year

#### Choose the Opioid Population

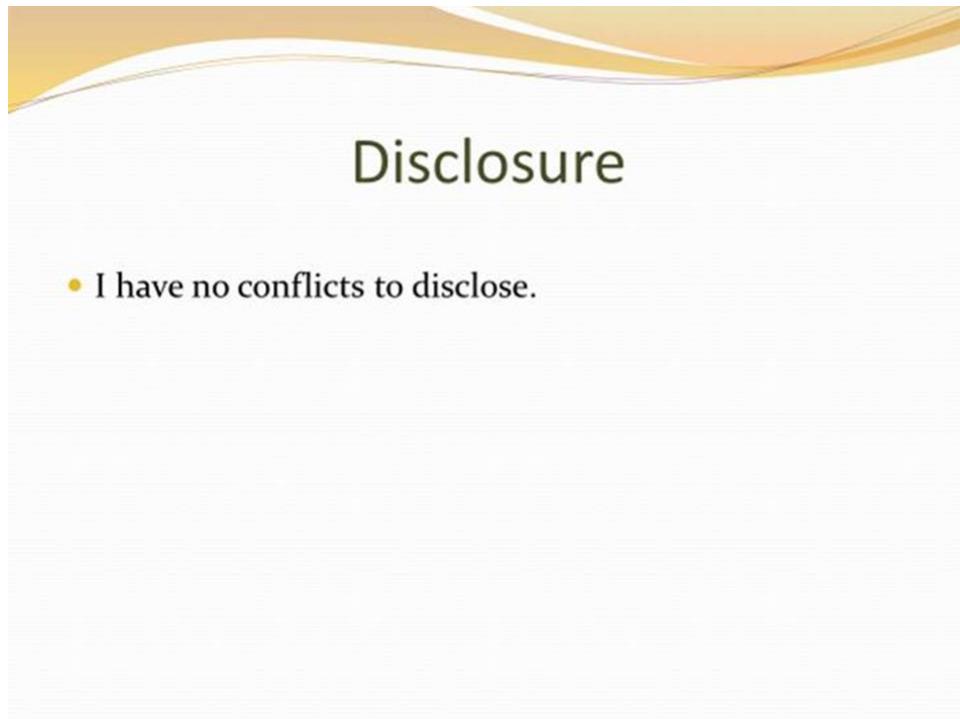
- All Opioids
- Exclude Buprenorphine/Naloxone Only Patients
- Exclude Tramadol Only Patients
- Exclude Tramadol and Buprenorphine/Naloxone Only Patients
- Buprenorphine/Naloxone Only Patients
- Tramadol Only Patients

Select Opioid Population:	<input type="text"/> <Select a Value>
	<input type="button"/> <Select a Value>
	<input type="button"/> All Opioids
	<input type="button"/> Exclude Buprenorphine/Naloxone Only Patients
	<input type="button"/> Exclude Tramadol Only Patients
	<input type="button"/> Exclude Tramadol AND Buprenorphine/Naloxone Only Patients
	<input type="button"/> Buprenorphine/Naloxone Only Patients
	<input type="button"/> Tramadol Only Patients

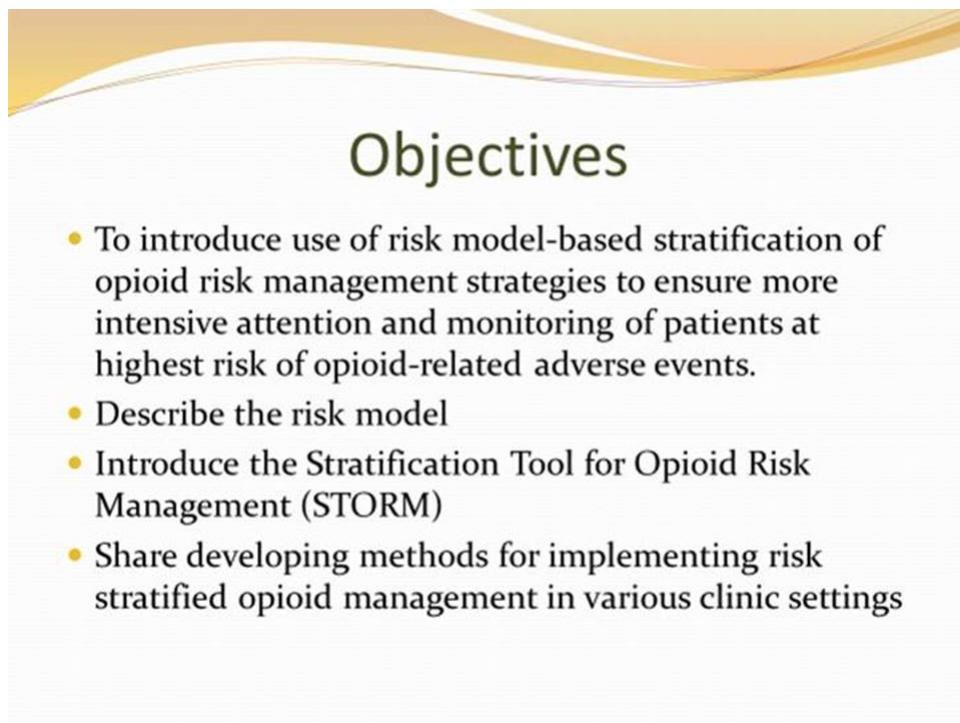
**Figure A.25. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 1 of 22)**



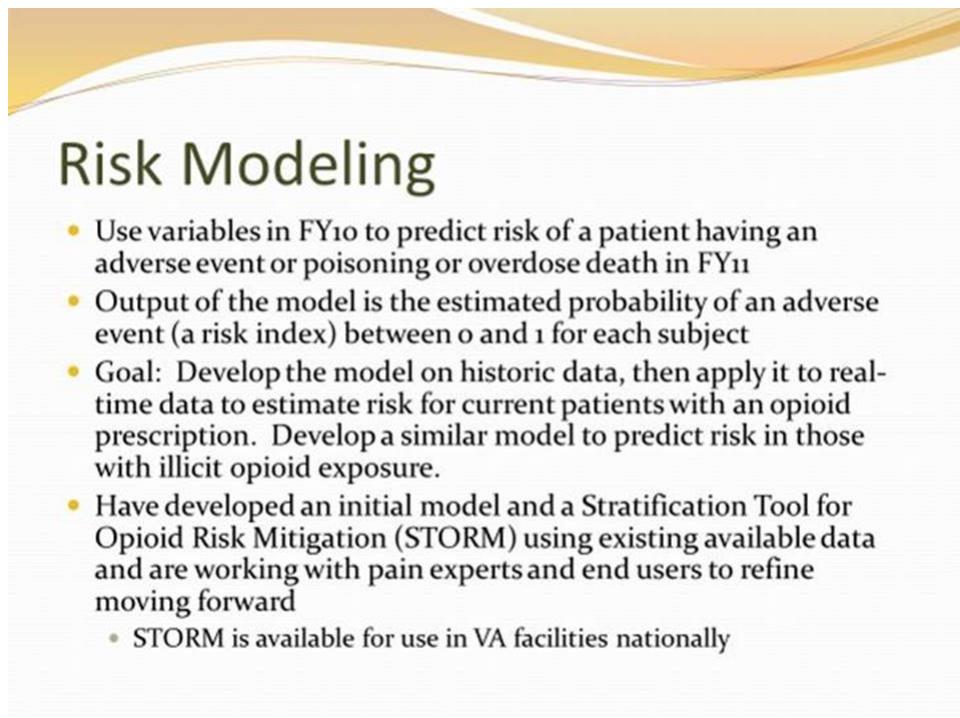
**Figure A.26. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 2 of 22)**



**Figure A.27. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 3 of 22)**



**Figure A.28. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 4 of 22)**



**Figure A.29. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 5 of 22)**

The slide features a decorative header with a yellow-to-white gradient and a wavy pattern. The main title 'Objectives' is centered in a large, dark font. Below it is a bulleted list of objectives.

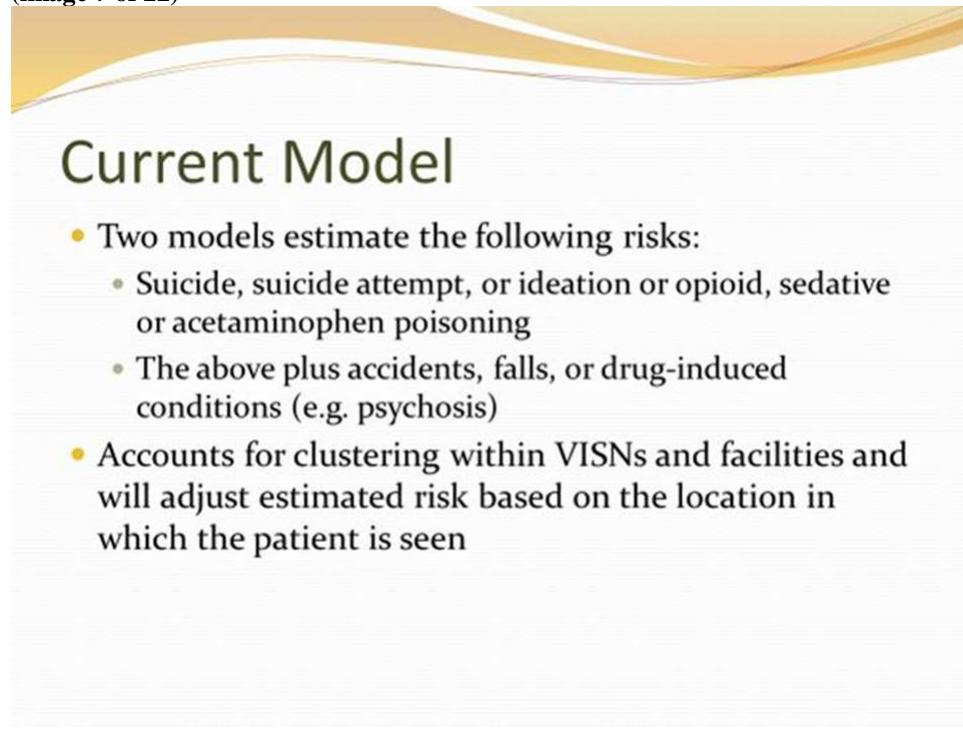
- To introduce use of risk model-based stratification of opioid risk management strategies to ensure more intensive attention and monitoring of patients at highest risk of opioid-related adverse events.
- Describe the risk model
- Introduce the Stratification Tool for Opioid Risk Management (STORM)
- Share developing methods for implementing risk stratified opioid management in various clinic settings

**Figure A.30. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 6 of 22)**

The slide features a decorative header with a yellow-to-white gradient and a wavy pattern. The main title 'Broad focus on behavior-related risk in the population exposed to opioids' is centered in a large, dark font. Below it is a bulleted list of points.

- Focused on reducing behavioral risk in opioid-exposed patients, not on management of patients on long-term opioid therapy
- Includes patients with opioid use disorders and patients with acute as well as chronic outpatient opioid prescriptions
- Encourages use of a broad array of strategies to reduce both behavioral and medical risk in patients with opioid exposure
  - Risk may be related to prescribed medication, but also related to underlying medical and behavioral conditions
  - Patients with unmanaged pain are highly vulnerable population at risk for various behavior-related adverse events. Uncontrolled pain may increase risk of these other adverse events, so risk mitigation efforts in this population necessitates careful attention to adequacy of pain management during attempts to reduce opioid-related risk.

**Figure A.31. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 7 of 22)**



**Figure A.32. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 8 of 22)**



**Figure A.33. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 9 of 22)**

Improved efficiency of identification of patients with adverse events over individual predictors or target populations

Risk approaches for VA patients prescribed opioids	Risk-model based (STORM top 20,000 patients)	MEDD > 200 mg	Opioid Use Disorder diagnosis	Co-prescribed sedative medication
Total number in VA in FY2010	20,000	19,496	20,871	185,477
Total number of opioid or suicide-related events in FY2011	5780	882	2779	4951
% of all opioid or suicide-related events in FY2011 (N=23,790)	24.3%	3.7%	11.7%	20.8%
% of risk cohort with an opioid or suicide-related event in FY2011	28.9%	4.5%	13.3%	2.7%
Minimum risk score in cohort	17.3%	0.3%	0.4%	0.1%
Median risk score in cohort	26.8%	2.5%	6.5%	1.3%
Maximum risk score in cohort	79.8%	78.2%	79.8%	79.8%

*Comparison of Different Risk Approaches (Risk-Model Based [STORM] versus Individual Risk-Factor Based)*

**Figure A.34. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 10 of 22)**

Demographic Risk Factors for overdose or suicide-related events

- Gender: Males at 0.8 the risk of females
  - (model parameter = .17)
- Age: Younger patients are at greater risk than those over age 65
  - Less than 30 = 3.7 times the risk (model parameter = .94)
  - 31-50 years = 3.5 times the risk (model parameter = .71)
  - 51-65 = 2.5 times the risk (model parameter = .38)

**Figure A.35. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2  
(image 11 of 22)**



### Strong diagnostic and health care event risk factors for overdose or suicide-related events

Risk factor	Odds Ratio	Model Parameter
• Prior overdose or suicide-related event	23.1	.62
• Detoxification treatment	18.5	.06
• Inpatient mental health treatment	16.6	1.0
• Sedative use disorder diagnosis	11.2	.23
• Stimulant use disorder diagnosis	8.1	.73
• Opioid use disorder diagnosis	8.0	.31
• Mixed substance use disorder	8.0	.33
• Cannabis use disorder	5.9	.27
• Bipolar disorder	5.8	.82
• Alcohol use disorder	5.3	.36
• Other mental health disorder	5.7	.73
• Major Depression	4.8	.61
• Emergency Department visit	3.4	.72
• Fall or accident	2.9	.44
• PTSD	2.6	.34
• Tobacco use disorder	2.2	.18
• AIDS	2.2	.20
• Liver Disease	2.2	.15
• Other neurological disorder	2.1	.18
• Electrolyte disorders	2.0	.19

**Figure A.36. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2  
(image 12 of 22)**



### Prescription risk factors

- Opioid type
  - Patients on acute short-acting or chronic short-acting opioids were 1.1 times more likely to have an overdose/suicide-related event than those on tramadol. Those on long-acting opioids were 1.5 times more likely.
- Risk increased slightly with increasing dose in MEDD
  - (Model parameter = .003/MEDD)
  - For example, 120 mg MEDD, would increase modeled risk by about as much as a PTSD or alcohol use disorder diagnosis
- Co-prescription of sedatives increased risk by 1.4 times
  - (Model parameter = 0.1)
- Receiving prescriptions for other classes of evidence-based but sedating pain medications (i.e. SNRI, TCA, anticonvulsants)increased risk:
  - 1 additional class = 2.1 times the risk of zero (model parameter=.25)
  - 2 additional classes = 3.6 times the risk of zero(model parameter=.40)
  - 3 additional classes – 6.1 times the risk of zero (model parameter=.77)
  - Association could be related to unmanaged pain or cumulative sedation or both

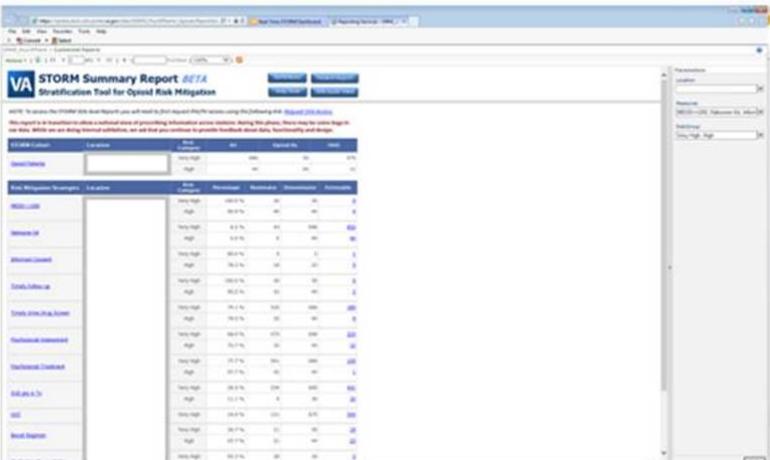
**Figure A.37. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 13 of 22)**

## Stratification Tool for Opioid Risk Mitigation (STORM)

- Tool pulls current data on predictors for all patients with potential opioid-risk
- Also includes all patients with an opioid use disorder diagnosis in the last year
  - Updated nightly
- Use model parameters to estimate risk for patients with an opioid prescription
  - Display as risk score or risk strata
  - Opioid Use Disorder patients categorized as high risk

**Figure A.38. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 14 of 22)**

## Summary Report



The screenshot shows a Microsoft Internet Explorer browser window displaying the 'STORM Summary Report BETA' interface. The page title is 'VA Stratification Tool for Opioid Risk Mitigation'. Below the title, there is a note: 'Note: To access the monitor site for the report you will need to log in with the same login information as the BPPR tool. Please contact your local BPPR lead or supervisor if you are having trouble logging in.' There are two tabs at the top: 'STORM' and 'BPPR'. The main content area is titled 'Summary Report' and contains a large grid table. The columns of the table are labeled 'Patient ID', 'Location', 'Risk Score', 'Age', 'Gender', 'Race', and 'Opioid Rx'. The rows represent individual patients, with some rows being highlighted in yellow. On the left side of the grid, there is a vertical sidebar with a list of 'Risk Mitigation Strategies' and their corresponding 'Location'.

Patient ID	Location	Risk Score	Age	Gender	Race	Opioid Rx
PAT1	Location A	Very High	30	Male	White	Yes
PAT2	Location A	High	45	Female	White	No
PAT3	Location B	Very High	25	Male	White	No
PAT4	Location B	High	35	Female	White	No
PAT5	Location C	Very High	35	Male	White	No
PAT6	Location C	High	40	Female	White	No
PAT7	Location D	Very High	30	Male	White	No
PAT8	Location D	High	35	Female	White	No
PAT9	Location E	Very High	25	Male	White	No
PAT10	Location E	High	30	Female	White	No
PAT11	Location F	Very High	30	Male	White	No
PAT12	Location F	High	35	Female	White	No
PAT13	Location G	Very High	25	Male	White	No
PAT14	Location G	High	30	Female	White	No
PAT15	Location H	Very High	30	Male	White	No
PAT16	Location H	High	35	Female	White	No
PAT17	Location I	Very High	25	Male	White	No
PAT18	Location I	High	30	Female	White	No
PAT19	Location J	Very High	30	Male	White	No
PAT20	Location J	High	35	Female	White	No

**Figure A.39. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 15 of 22)**

The screenshot shows a web-based application titled "VA STORM Patient Report" under the heading "Stratification Tool for Opioid Risk Mitigation". The main title of the report is "Sample patient-level report". The report is for a patient named John Doe, with a highlighted risk estimate of 60%. The report is organized into several sections:

- Patient Details:** Shows basic information like Last Four: 0000, Age: 53, Gender: M, and Station: Facility A.
- Clinical Detail on Risk Factors:** This section is divided into three columns: Relevant Diagnoses, Relevant Medications (Prescriber), and Risk Mitigation Strategies. It includes details such as Active Opioids (Hydrocodone - Chronic (Dr. ABC)), Naloxone Kit, Opioid Signed Informed Consent, Timely Follow-up, Timely LOS, Psychosocial Assessment, Psychosocial Tx, Active SUD Tx, Opioid Agonist Tx, Bowel Regimen, Med Reconciliation, Taper/Minimize Sedative Rx, and various status indicators (PC, MH, Pain, Other) with checkboxes.
- Appointments:** This section shows appointments categorized into Past and Future. Examples include PC: 10/23/2015, MH: 10/31/15 Substance Use Disord Grp, Pain: 7/12/2015 Pain Clinic, Other: 10/23/2015 Telephone Anesthesia, and Pain: 12/15/2015 09:00 AM Pain Clinic.
- Care Providers:** This section lists the Opioid Prescriber (Dr. ABC), Primary Care Provider (Dr. DEF), MH Tx Coordinator (Jane Doe), and BHIP Team (Team A).

**Figure A.40. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 16 of 22)**

The screenshot shows a section titled "STORM features" which lists the following benefits:

- Provides patient-specific information on key clinical factors that elevate risk per the model
- Provides a tailored list of risk mitigation strategies for consideration, with tracking of current use of the strategy
- Provides information on key providers and appointments to facilitate communication between mental health and primary care teams, and the opioid prescriber.
- Plan to add information on use of non-pharmacological treatments for pain in version 2 of the tool.

**Figure A.41. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 17 of 22)**

**STORM: Suggested risk mitigation strategies**

Focus on addressing behavioral risk factors

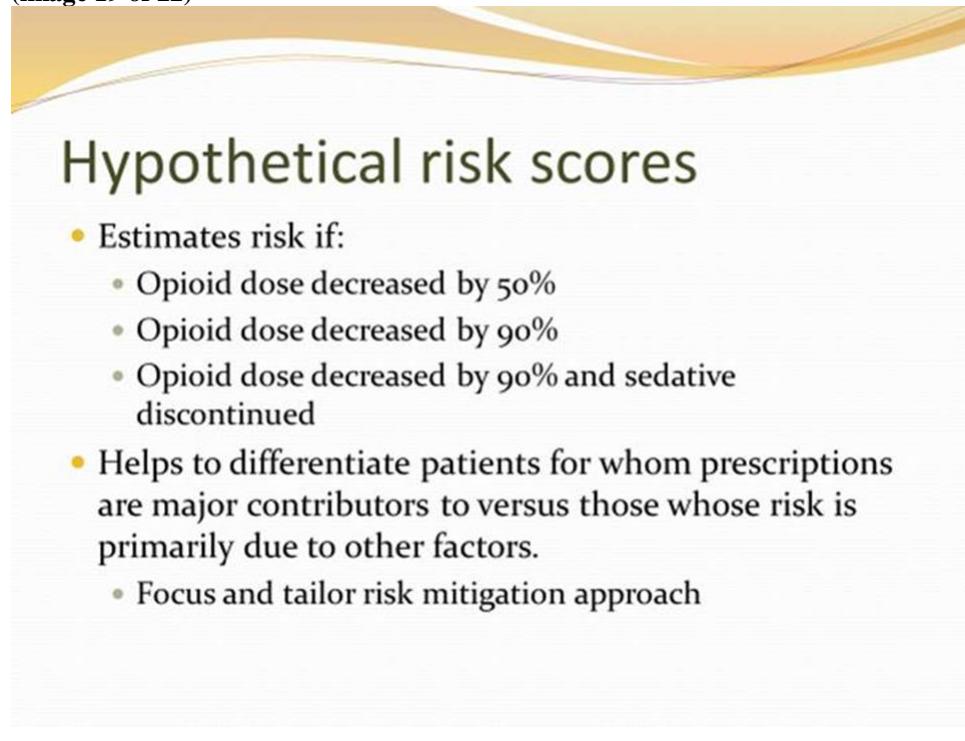
- For patients with an opioid prescription:
  - UDS due?
  - Follow-up due?
  - Signature informed consent completed?
  - Naloxone kit prescribed and not expired?
  - MEDD<200?
  - Sedative co-prescribed?
  - If active SUD diagnosis, SUD treatment in the past month?
  - Bowel regimen?
  - Psychosocial assessment?
  - Psychosocial treatment?
- For patients with an opioid use disorder
  - UDS due?
  - OAT prescribed?
  - Sedative prescribed?
  - SUD treatment in the past month?
  - Psychosocial assessment?
  - Psychosocial treatment?
  - Naloxone kit prescribed and not expired?

**Figure A.42. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 18 of 22)**

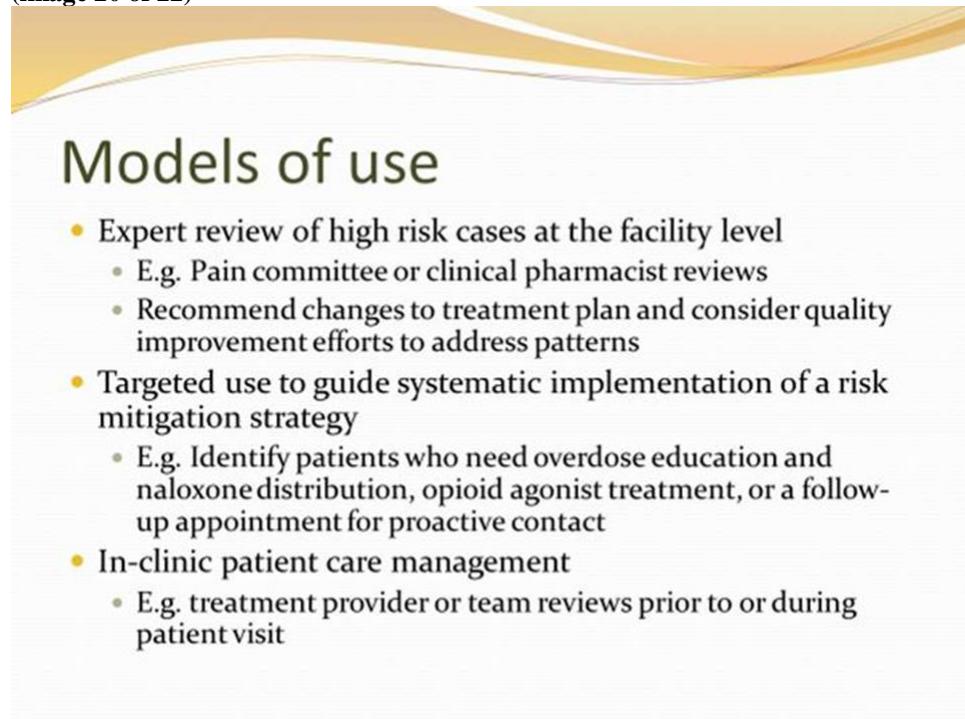
**Types of high risk patients**

- Mental health and SUD risk factors
  - Focus on screening, assessment, and treatment of disorders
- Medical frailty
  - Focus on follow-up, minimizing polypharmacy
- High dose or polypharmacy
  - Evaluate prescription appropriateness and pain management plan

**Figure A.43. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 19 of 22)**



**Figure A.44. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 20 of 22)**



**Figure A.45. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 21 of 22)**

## Next steps

- Randomized evaluation of levels of implementation
- Expand risk estimation to patients considering opioid therapy
  - Hypothetical risk scores with various dosing choices
- Characterize clinical models for use of risk stratification information and tools
- Optimize user interface to support most common clinical uses
- Develop strategies for combining global and targeted risk mitigation using predictive models

**Figure A.46. American Academy of Pain Medicine (AAPM) 2015 Panel Presentation for Clearance 2 (image 22 of 22)**

## Evaluation Questions

Which of the following is not true:

Risk-stratified opioid management allows a provider to:

- a. Focus higher intensity or more costly risk mitigation strategies to higher risk patients
- b. Discuss personalized risks with patients to guide treatment planning
- c. Eliminate the risk of opioid-related adverse events in patients with mental health disorders
- d. Track use of risk mitigation strategies in high risk populations

Which of the following are highly predictive of risk of opioid-related adverse events:

- a. Mental health disorders
- b. Medical conditions
- c. Prior adverse events
- d. Opioid dose
- e. Use of sedating, non-opioid pain pharmacotherapy
- f. a, b, and d
- g. All of the above

---

Document 1: An Item Bank for Abuse of Prescription Pain Medication from the Patient-Reported Outcomes Measurement Information System (PROMIS® R) (published October 2016)

<https://www.ncbi.nlm.nih.gov/pubmed/28339555>

## Appendix B – Basic Laboratory Panel Definition

- Blood urea nitrogen
- Calcium
- Chloride
- CO<sub>2</sub> (Carbon dioxide, bicarbonate)
- Creatinine
- Glucose
- Potassium
- Sodium

# Acronyms/Abbreviations

CCWP	Clinical Content White Paper
CPAP	Continuous Positive Airway Pressure
CPRS	Computerized Patient Record System
CDS	Clinical Decision Support
CO2	Carbon Dioxide
DoD	Department of Defense
HL7	Health Level 7
KBS	Knowledge Based Systems
KNART	Knowledge Artifact
LTOT	Long-term Opioid Therapy
OEND	Opioid Overdose Education & Naloxone Distribution
OIIG	Office of Informatics and Information Governance
OTRR	Opioid Therapy Risk Report
PBM	Pharmacy Benefits Management
PCP	Primary Care Provider
PDMP	Prescription Drug Monitoring Program
SME	Subject Matter Expert
STORM	Stratification Tool for Opioid Risk Mitigation
TO	Task Order
VA	Department of Veteran Affairs
VAMC	VA Medical Center
VistA	Veterans Information Systems and Technology Architecture
VISN	Veterans Integrated Service Network