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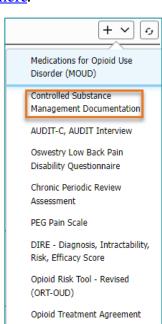
From the Office of Health Informatics Opioid Toolkit Controlled Substance Management PowerForm

February 3, 2025

The Controlled Substance Management PowerForm, as part of the Opioid Toolkit, effectively integrates new technology into provider and clinical staff workflow. This flyer discusses the PowerForm and workflow documentation associated.

<u>Controlled Substance Management PowerForm Documentation</u>

- ➤ In the PDMP/Opioid Review component, use the dropdown arrow to locate the Controlled Substance Management Documentation form.
 - For more information on the PDMP/Opioid Review MPage component click here.
- Each screening tool within the Controlled Substance Management PowerForm can be accessed independently from the PDMP/Opioid Review component dropdown.
 - Example: An Opioid Treatment Agreement or Opioid Risk Assessment is not needed, but desire to complete a Low Back Pain Screening. In that case, Oswestry Low Back Pain Disability Questionnaire could be selected and documented.
- ➤ Navigate the Controlled Substance Management form from top to bottom completing all applicable and required documentation.
- NOTE: The Opioid Treatment Agreement and Social History sections are required.
- <u>STEP 1</u>: From **PDMP/Opioid Review** MPage component dropdown, select desired individual form or all-encompassing Controlled Substance Management Form.
 - For purposes of this flyer, the Controlled Substance Management Form will be reviewed.
- <u>STEP 2</u>: Within Opioid Treatment Agreement section, review the Opioid Treatment Agreement History. The template will display electronic attestation(s) of Opioid Treatment agreement.
 - Information documented in this section will display in the PDMP/Opioid Review component in the MPages if the OTA is current and signed within the past 365 days.



 Completing this PowerForm implies that a signed Opioid Treatment Agreement has been executed between the primary pain management provider and patient.



- NOTE: If the patient care area has not documented an Opioid Treatment Agreement electronically, refer to scanned documents in the patient's chart.
- STEP 3: Review, Opioid Treatment Agreement Start Date (required field) and Opioid Treatment Agreement Expiration Date if applicable.
- STEP 4: Document the status of the Opioid Treatment Agreement as Current, Terminated with cause, or Expired, and the Primary Pain Management Provider.
- <u>STEP 5</u>: Navigate to Controlled Substance Management Documentation section. This section is used to document the following:
 - Date of Last Informed Consent
 - Date of Last Medication Contract
 - Date of Last Urine Drug Screen
 - UDS results as expected
 - Date of Last Pill Count
 - Pill Count as expected
 - PMP Attestation
 - UDS questionnaire
- **STEP 6:** Navigate to **Opioid Risk Assessment** section.

• This section is used to assess potential risk for opioid use disorder upon initial visit prior to beginning opioid therapy for pain management. Opioid Risk Tool section at the top is to be documented based on conversation with patient.

<u>STEP 7</u>: Upon completion of the Risk questionnaire, **Risk Total** score will populate. Risk Scoring as follows:

- Low Risk: 0-2
- High Risk: 3-9

NOTE: If completing the Opioid Risk Assessment as part of the Medicare Wellness Checklist and selecting 'Currently on Opioid,' the Opioid Risk Tool will open.

STEP 8: The next section is **PEG Pain Scale**.

- The Pain, Enjoyment of life, General activity scale is to be used to evaluate whether long-term opioid therapy is improving quality of life for patients with chronic pain.
- Based on a conversation with the patient and associated documentation, the PEG Score will
 populate at the bottom of the section.
 - PEG Score is an average of the three documentation fields.
 - Score less than 30% improvement indicates opioids are not improving pain and function; opioid prescription(s) should be weaned off.
 - Scores greater than 30% improvement in pain and function indicate continuation of opioid therapy should be considered.

STEP 9: DIRE Score

- The Diagnosis, Intractability, Risk, Efficacy Score is used by prescribers or certain pain management clinical staff to predict efficacy of analgesia and adherence with long-term opioid therapy.
- The DIRE Total Score populates upon completion of all questions.
 - Scores ranging from 7 to 13 indicates that a patient <u>may not</u> be suitable for long-term opioid utilization.
 - Scores ranging from 14 to 21 indicates a patient <u>may be</u> a candidate for long-term opioid utilization.

STEP 10: Oswestry Low Back Pain Disability Questionnaire:

- A tool that researchers and disability evaluators use to measure a patient's permanent functional disability.
- The test is considered the 'gold standard' of low back functional outcome tools.

From the Office of Health Informatics Opioid Toolkit – Controlled Substance Management PowerForm February 3, 2025 Page 4 of 4

> Documentation will produce a Total Score for level of disability and Total Percent for degree of disability.

NOTE:

Various other existing screening tools are found within the Controlled Substance Management Form. The order in which they are organized was intentional to align with best practice and workflow.

Reference Information: Scales and Assessment

- The scores of the various screening forms and Pill Count as Expected value (Y/N) will display in Scales and Assessments for ease of review.
- ➤ Documentation of the various screening tools will populate in Scales and Assessments regardless of opioid use.

