

Implementation of SOAPP® into a Large Integrated Health Care System

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Abstract

Assessment of risk of misuse or abuse of opioids is rapidly becoming the standard of care for clinicians when the decision is made that opioids are part of the appropriate course of treatment for patients in pain.¹ The Screener and Opioid Assessment for Patients with Pain (SOAPP®) has been scientifically validated for use in screening chronic pain patients who are receiving, or under consideration for, long-term opioid therapy.² This self-administered questionnaire is convenient for patients to complete and easy for clinicians to score. Along with other components of assessment, clinicians can use the information provided by SOAPP® to: (1) better predict a patient's likelihood of misusing or abusing opioids, (2) document the assessment for medical records about clinical decision-making process for use of opioids, and (3) to help identify the appropriate level of monitoring necessary during the course of opioid therapy. While implementation of a screening tool like SOAPP® in an individual or small clinical practice can be relatively simple, it can be a much more complex task to incorporate its use into an integrated health care system. This presentation will provide the results of a detailed examination of the necessary steps and strategies involved during a successful implementation of SOAPP® by Kaiser Permanente, a large, integrated, national health care system in the United States. Specifically, the presentation will detail the specific steps involved with that implementation, including: (1) planning, (2) educational needs, (3) logistics, (4) documentation, (5) integration into the medical record, (6) workflow integration, and (6) algorithm development for score interpretation and translation into clinical decision making. Additionally, motivation for Kaiser Permanente's system-wide integration of SOAPP® into the assessment process will be addressed, as well as learning points that were discovered as part of the implementation process.

References:

1. Passik SD, Kirsh KL. The interface between pain and drug abuse and the evolution of strategies to optimize pain management while minimizing drug abuse. *Exp Clin Psychopharmacol*. 2008;16(5):400-404.
2. Butler SF, Budman SH, Fernandez K, Jamison RN. Validation of a screener and opioid assessment measure for patients with chronic pain. *Pain*. 2004 Nov;112(1-2):65-75.