

Implementation of SOAPP® in a Large Integrated Healthcare System



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Background

Assessment of risk for opioid misuse or abuse 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 (*Passik and Kirsh, 2008*). 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. The 5-item Screener and Opioid Assessment for Patients with Pain-Short Form (SOAPP®- SF) (*Butler, Budman, Jamison, et al., 2004*) provided an important way to help fill the gaps in terms of safe and appropriate use of opioids in the Kaiser Permanente Medical Care Program. The decision to integrate an opioid risk assessment tool into such a large health care system required careful planning prior to implementation and monitoring of practices to assure seamless integration and continued adoption by its practitioners.

Objectives

- To characterize in a case study the implementation of the SOAPP®-SF into the Kaiser Permanente Medical Care Program
- To identify the key steps of ensuring successful implementation
- To identify the role of an opioid assessment tool as part of an overall clinical assessment to ensure safe and appropriate use of opioids in a large health care system

Case Study

Implementation

Successful implementation of an opioid risk assessment tool in a large health care system required careful planning before, during, and after implementation

Planning

- Reiteration of the main goal – to improve opioid risk management
- Due diligence in tool selection
- Identify special considerations pertaining to Primary Care Providers

Planning (continued)

- Evidence review
- Review evidence-based opioid guidelines
 - Chronic non-cancer pain
 - Long-term opioid use for the treatment of Chronic Pain
- Consideration of legal issues
 - Informed consent
 - Medication agreements
- Agreement among all key stakeholders
 - Identification of key stakeholders:
 - Chief of Internal Medicine
 - Chief of Pain Management
 - Chief of Physical Medicine and Rehabilitation
 - Chief of Behavioral Medicine and Chemical Dependency

Education

Educational initiatives employed/included:

- Pain Management Symposia
- Primary Care Conferences
- “Brown Bag” Luncheons
- Grand Rounds
- Webinars

Logistics

Specific steps of integration into clinical workflow were critical to the successful implementation of the tool and included:

- Identification of the appropriate tool
- Consistent ability to document via V-codes
- Assuring the ability of the tool to mimic existing processes within the electronic medical record
- Monitoring the use of the tool via routine reporting

Documentation

The most important issue with respect to documentation surrounded the incorporation of a pencil and paper self-report tool in the presence of an electronic medical record. The main issue here was the issue of mimicking the workflow for a primary care provider. In the Kaiser Permanente System, there are many of these sorts of tools in our EMR as an ‘order’, so there was a need to have the SOAPP®-SF fall into that work flow, so that there was no need to differentially educate providers about how to find the tool. The more similar the process is to other workflow, the easier it is to incorporate, particularly with patient in pain, as these patients are sometimes not well received by the medical establishment.

Algorithm for SOAPP Scoring and Translation into Clinical Practices

- Scoring and Interpretation of the SOAPP®-SF
- Add the ratings of all the questions
- If sum of questions is:
 - High Risk ≥ 4
 - Low Risk < 4
- Structuring the treatment plan to the level of risk is strongly recommended.
- High Risk
 - Careful and thoughtful planning is strongly recommended
 - Consideration of other therapies or interventions prior to starting long-term opioids is strongly recommended (e.g.: psychological treatment, consultation with pain management specialists, etc.)
- If long-term opioids are prescribed a strict follow-up procedure is strongly recommended. Which should include:
 - use of medication agreements/opioid therapy plans
 - regular use of urine toxicology screening at each follow-up visit
 - initially refill intervals are recommended to be short in length (e.g.; every two weeks)
 - early signs of aberrant behaviors and violations of the medication agreement/opioid therapy plan should result in a re-evaluation of the treatment plan
- Low Risk
 - Careful and thoughtful planning is strongly recommended
 - Advising patients to use self-management strategies in conjunction with opioids if they are not already doing so is strongly recommended
 - Referring patients to HealthMedia Care for Pain on kp.org is strongly recommended.
 - Efficacy of opioid therapy recommended be reassessed at least every six months
 - Urine toxicology screenings and update of the medication agreement/opioid therapy plan is recommended every 12 months

SOAPP® Version 1.0 - SF

Name: _____ Date: _____

The following are some questions given to all patients at the Pain Management Center who are on or being considered for opioids for their pain. Please answer each question as honestly as possible. This information is for our records and will remain confidential. Your answers alone will not determine your treatment. Thank you.

Please answer the questions below using the following scale:
0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often

1. How often do you have mood swings?	0 1 2 3 4
2. How often do you smoke a cigarette within an hour after you wake up?	0 1 2 3 4
3. How often have you taken medication other than the way that it was prescribed?	0 1 2 3 4
4. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years?	0 1 2 3 4
5. How often, in your lifetime, have you had legal problems or been arrested?	0 1 2 3 4

Please include any additional information you wish about the above answers. Thank you.

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Post-Implementation Learning

- Workflow is key
- Operational barriers are important
- Shared knowledge about how information is disseminated
- Data input must be clinically relevant
- The decision-making process to administer a tool into a large health care system required significant due diligence prior to administration

Post-Implementation Benefits

Provider Benefits	Organizational Benefits	Member Benefits
Benefits Primary Care Health Care Providers who are often overwhelmed with respect to risk assessment and treatment with opioids	Medical and Legal benefits, creating a standard of practice for opioid risk assessment	Improves the ability to have members at increased risk to have better access to appropriate pain treatment

References

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.

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.