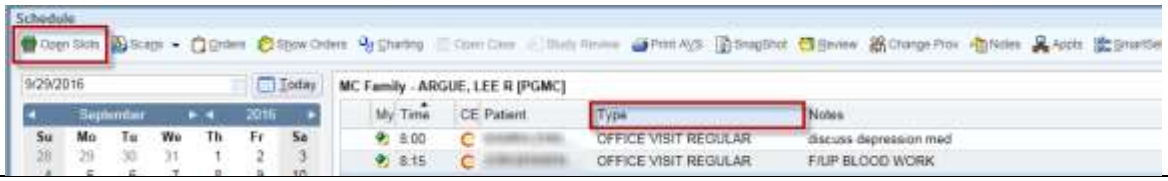
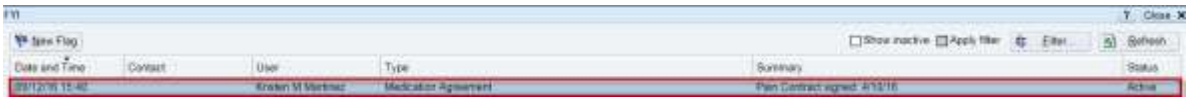
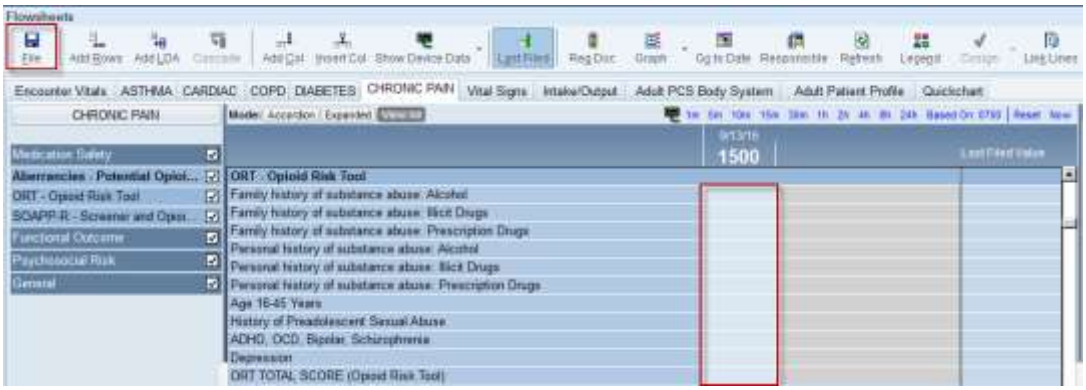
Pain Management Workflow

Step-By-Step

Who	What
Pre-Visit	
CSS	Reviews schedule up to one week in advance to find chronic pain appointments and make sure appointment is set to the correct time length. Tip: Make sure "type" is a column on your schedule view to show the type of appointment that was booked or use the "open slots" button in your schedule toolbar. 
CSS	If appointment notes for pain med refills is something generic like "med check" "follow up" or "back pain," if you have more information as to why they are coming in, update notes to "pain med refill" or something similar so caregivers know exactly why the patient is coming in.
CSS	Pull up PMP on state database and print for visit. Note: If patient fills at the DOD, VA, etc. their controlled substances won't show up on PMP and you will have to call them to get those records. Request the last 3-5 fill dates and quantities. Still check the PMG in case there are fills at other pharmacies.
CSS	For returning chronic pain patients, check to see if there is a current FYI for pain management on file. Make sure FYI is up to date with current information. Use 'Medication Agreement' flag type and put date of when last pain agreement was signed in body of flag. 
CSS	Request outside records if needed (example: BH, pain management, specialty, etc.). If the CSS needs assistance with record requests, send PSR telephone note with names of providers off PMP and request their help. Request that any records come to fax machine in clinic and not centralized fax number.
CSS	Fill out internal Pain Management pre-visit checklist.
	Collect pain management pre-visit checklist, PMP and any incoming records into manila folder labeled "Controlled Substance" located at each CSS workstation. This is where all information collected for the visit should be.

CSS	Update appointment notes for OV noting that chart scrub has been done with date and initials. Example: Scrub Done KMM 9/7/16.
During Visit	
PSR	Patient is arrived in Epic.
PSR	Give patient initial pain management questionnaire at initial visit. Give patient follow up visit pain management questionnaire at all follow up pain visits.
CSS	Room patient using standard rooming process.
CSS	Make sure pain questionnaire has been filled out.
CSS	If your provider wants you to, start progress note and enter .PMGNWCHRONICPAININITIAL for initial visits and .PMGNWCHRONICPAINFOLLOWUP for follow up visits. For initial visits, fill out what ever prompts you can using information from patient questionnaire.
CSS	Confirm that chronic pain (ICD10 G89.29) and long term prescription opiate use (ICD10 Z79.891) is on the problem list. If it's not, prompt provider to add both of these and enter overview with last pain agreement signed and last drug screen on chronic pain diagnosis. You can use SmartPhrase .PMGNWCHRONICPAINPROBOVERVIEW.
CSS	Check to see if pain contract on file is current. If not, print pain contract from Epic (use letter template BLANK NOTE [51900] and insert SmartPhrase .PMGNWPAINAGREEMENT for provider to go over with patient). Make sure you update as much info as you can (smart lists, wild cards and any other prompts). Click Preview Communication, Print Document, Close then Pend the letter. Do not sign the letter yet. Note: Pain Contract should be reviewed and updated any time there are changes and at a minimum frequency of yearly.
CSS	Order POC140 - POC Drug Screen Pain Management at provider's discretion (minimum frequency is yearly) and document results in Enter/Edit activity. **See POC Policy

CSS	Give provider all paperwork (checklists, ORTs, medical records, etc.)
Provider	Sees patient according to Provider Pain Workflow. Note: If the CSS starts the progress note, make sure to "*make me the author*" before completing the rest of your documentation.
Provider	For initial visits, go to doc flowsheets, click on the Chronic Pain tab and fill out the Opioid Risk Tool. Make sure to FILE your entry before going back to the visit navigator. Note: ORT is the last section of the initial pain management questionnaire. 
Provider	If applicable, add .PMGNWCHRONICPAINAGREEMENTSUMMARY to patient instructions and fill out the prompt.
CSS	If new pain contract was created today, after provider discusses it with the patient, go back into the letter, update as appropriate and print for patient signature. Send letter in Epic to make it permanent in the patient's chart.
CSS/PSR	Schedule next appointment. Make sure appointment notes state "follow up pain management."
After Visit	
CSS	Confirm that chronic pain (ICD10 G89.29) and long term prescription opiate use (ICD10 Z79.891) is on the problem list. If it's not, prompt provider to add both of these and enter overview with last pain agreement signed and last drug screen on chronic pain diagnosis.
CSS	Make sure FYI is entered for pain management and is up to date with any changes made during visit.
PSR	Scan signed pain contract and any records received into OnBase.

Note:
If a float MA is working in your clinic, they will not be looking ahead on the schedule to do the pre-visit scrub unless it's for a same day appointment or the float is there for long term coverage. The float pool is working

on getting everyone PMP access, so if they need help accessing the PMP for the patient, they will be asking another caregiver in the clinic.

Document History

Version	Date	Description of changes
1.0	1/11/17	Initial Documentation

For workflow questions/concerns, please e-mail: PHSDialIdeas-Admin@providence.org