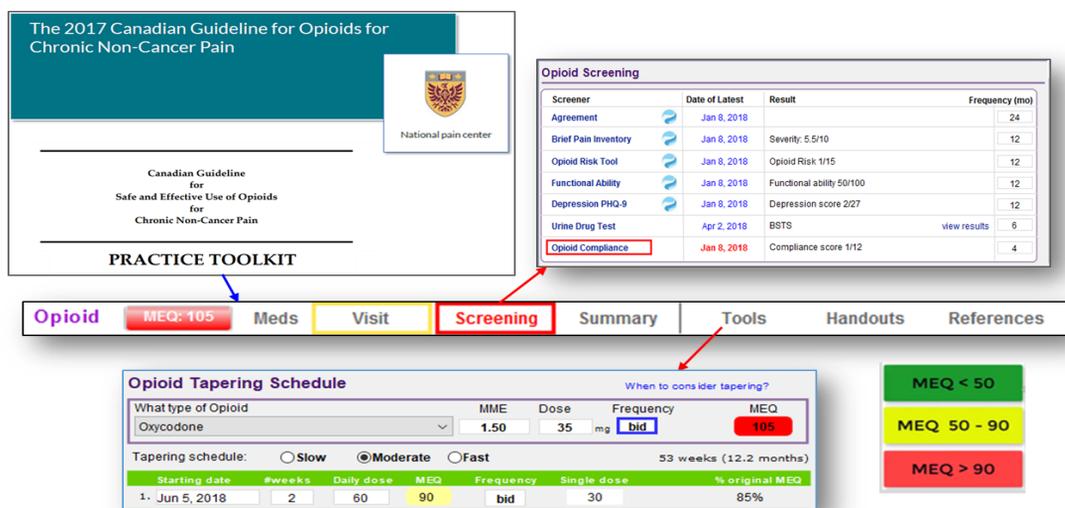


## Opioid EMR toolbar: A case study on tapering patients using opioids for Chronic Non-Cancer Pain

The Opioid EMR toolbar provides decision support based on current best practice to promote a safe and effective tapering of opioids through a practical and individualized patient-based approach.

The 2017 Canadian Guidelines for Opioids for Chronic Non-Cancer Pain recommend a reduction in the daily prescribed dosing from 2001 morphine equivalents to less than 902 morphine equivalents. The team at the eHealth Centre of Excellence team is now deploying an Opioid toolbar that has been developed in partnership with East Wellington Family Health Team, Guelph Family Health Team and TELUS Health, which integrates these current best practice guidelines directly into a primary care clinician's electronic medical record (EMR).



The screenshot displays the Opioid EMR toolbar interface. At the top left is a document titled "The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain" with a "PRACTICE TOOLKIT" label. To its right is an "Opioid Screening" table. Below these is a navigation menu with tabs: Opioid (MEQ: 105), Meds, Visit, Screening (highlighted), Summary, Tools, Handouts, and References. At the bottom is an "Opioid Tapering Schedule" tool showing a tapering schedule for Oxycodone. To the right of the tapering tool are three color-coded boxes: MEQ < 50 (green), MEQ 50 - 90 (yellow), and MEQ > 90 (red).

Screening	Date of Latest	Result	Frequency (mo)
Agreement	Jan 8, 2018		24
Brief Pain Inventory	Jan 8, 2018	Severity: 5.5/10	12
Opioid Risk Tool	Jan 8, 2018	Opioid Risk 1/15	12
Functional Ability	Jan 8, 2018	Functional ability 50/100	12
Depression PHQ-9	Jan 8, 2018	Depression score 2/27	12
Urine Drug Test	Apr 2, 2018	BSTS	6
Opioid Compliance	Jan 8, 2018	Compliance score 1/12	4

Starting date	#weeks	Daily dose	MEQ	Frequency	Single dose	% original MEQ
1. Jun 5, 2018	2	60	90	bid	30	85%

In July 2017, Dr. Kevin Samson from the East Wellington Family Health Team in Rockwood, Ontario, adopted the Opioid EMR toolbar to support him with the management of his patients on opioids. He notes that the toolbar has been beneficial in supporting tapering by:

- Making the opioid dose clear to both the patient and clinician.
- Providing assessment tools (such as the opioid risk tool and mental health screening tools) to explore underlying issues that need to be addressed that may have contributed to past unsuccessful tapering attempts.
- Providing tapering schedules appropriate for different opioid medication.
- Providing individualized patient trends in morphine equivalents over time, to support monitoring of progress.

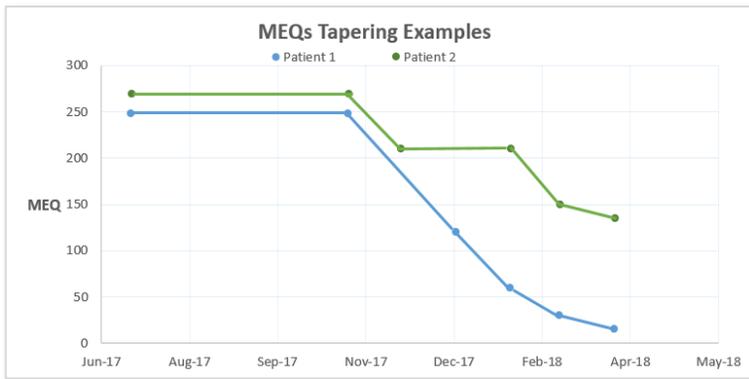
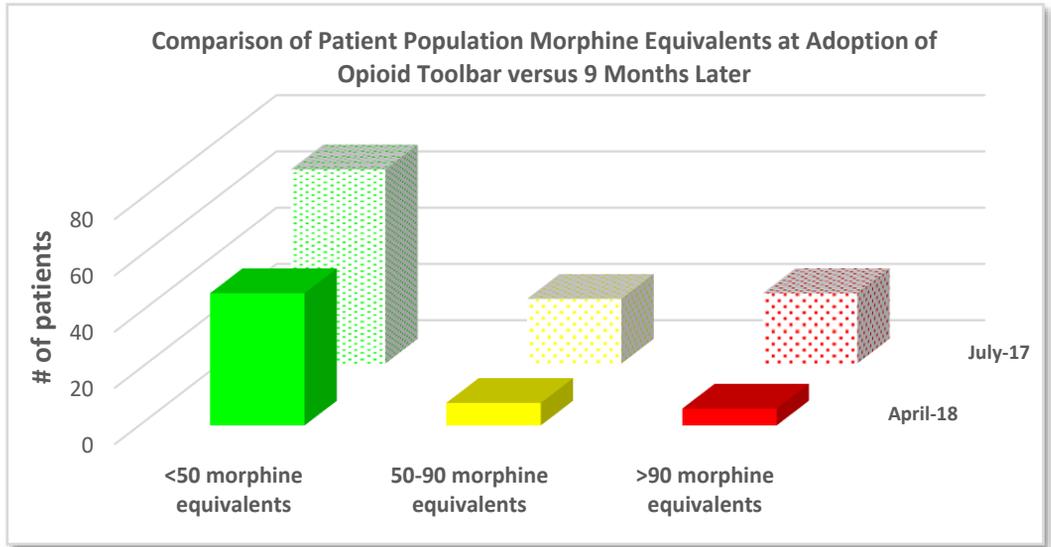
The toolbar showed me the morphine equivalents for each of my patients on opioids and gave me the tools that I needed to optimize their care. It gave me an efficient and effective way to document their management, kept all their screening and monitoring tests complete and up to date, and provided guideline-based decision support tools that allowed me to help them safely taper their doses. The results were evident in their morphine equivalents.

Dr. Kevin Samson, Family Physician, East Wellington Family Health Team

Within nine months of the adoption of the Opioid toolbar, Dr. Samson was able to successfully reduce his population of patients on opioids from 177 to 61 patients, gradually tapering each individual, with a focus on patients exceeding guidelines. There was a statistically significant reduction in patient morphine equivalents over this time period ( $p < 0.05$ ).

The graph to the right illustrates the difference in the number of patients with morphine equivalents from when Dr. Samson first adopted the toolbar and calculated the morphine equivalents for his patients, to nine months later.

The graph below illustrates two patient examples of tapering, supported by the Opioid toolbar.



This tool helps clinicians meet the current requirements from the College of Physicians and Surgeons of Ontario (CPSO) for monitoring of patients on opioids and ultimately leads to better patient care for patients by keeping them on lower, safer doses of opioids for chronic non-cancer pain.

If you have any questions or would like further information on this case study, contact [communications@ehealthce.ca](mailto:communications@ehealthce.ca).

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### Works Cited:

1. National Opioid Use Guidelines Group (2010). Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain.
2. Busse, J.W. (2017). The 2017 Canadian guideline for opioids for chronic non-cancer pain. Hamilton, ON: McMaster University.

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