Telus Practice Solutions Suite Management of Chronic Non-Cancer Pain Toolkit User Guide

The Centre for Effective Practice's Management of Chronic Non-Cancer Pain (CNCP) Toolkit for Telus Practice Solutions Suite is based on recommendations that follow the Management of Chronic Non-Cancer Pain Tool (2018) and align to the Best Practices for the Development of Effective Clinical Decision Support Systems for the Management of Chronic Pain in Primary Care (2024).

The tool is divided into the following sections Dashboard (pain summary, relevant past medical history and pain related investigations / consults) Assessment, Management: General, Management: Non-Pharmacological, Management: Pharmacological, and Patient Resources. This approach allows clinicians to conduct a complete assessment and provide a tailored management plan that incorporates the patient's goals, while adhering to current best practices in providing improved CNCP management overall.

CEP Centre for Effective Practice

eHealth CENTRE OF EXCELLENCE

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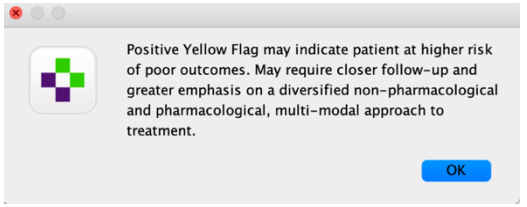
About the Chronic Non-Cancer Pain Management tool

This tool is designed to help primary care clinicians develop and implement a management plan for adult patients with Chronic Non-Cancer Pain (CNCP). CNCP is defined as pain that typically persists or recurs for more than 3 months or past the time of normal tissue healing. This tool is focused on a multi-modal approach to manage CNCP and applies to – but is not limited to – pain conditions such as osteoarthritis (OA), low back pain (LBP), musculoskeletal (MSK) pain, fibromyalgia (FM) and neuropathic pain (NP). Clinicians should use non-pharmacological options, with or without pharmacological options, to build a comprehensive and personalized plan that incorporates the patient's goals. **This tool can be used as both a baseline and follow up tool.** It is recommended to be completed first to conduct a thorough assessment of the CNCP diagnosis and establish an appropriate pain management plan. **Please note that this is not a diagnostic tool.** It may take multiple visits to complete the tool depending on clinical workflow and preference. Information previously documented in the form will populate into the next use of the tool, if completing over more than one visit.

Key Features & Functionalities

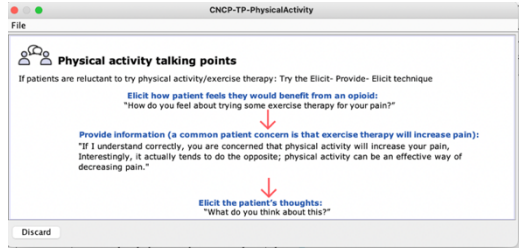
Additional Information Icon

Used throughout the tool, click on the Additional Information icon to reveal further details, explanation, and guidance to support clinicians in their use of the tool.



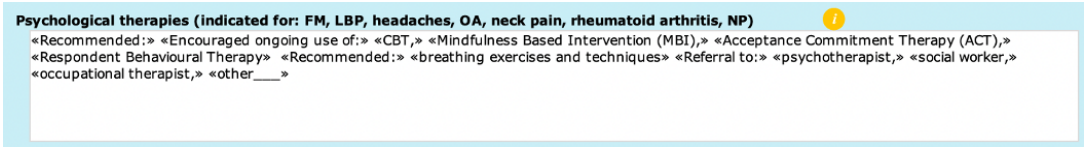
Talking Tips Icon

Used throughout the tool, click on the Talking Tip icon to reveal talking points and guidance on how to engage in challenging conversations with patients about specific treatment options and considerations.



Stamp Text

Throughout the tool, stamp text has been added to ease the burden of charting by prepopulating suggestions and recommendations on how to initiate, adapt and evaluate different exams, therapies, and treatment options. Tab over what you want to include in the notes and delete what you don't want.



Copy From Prior

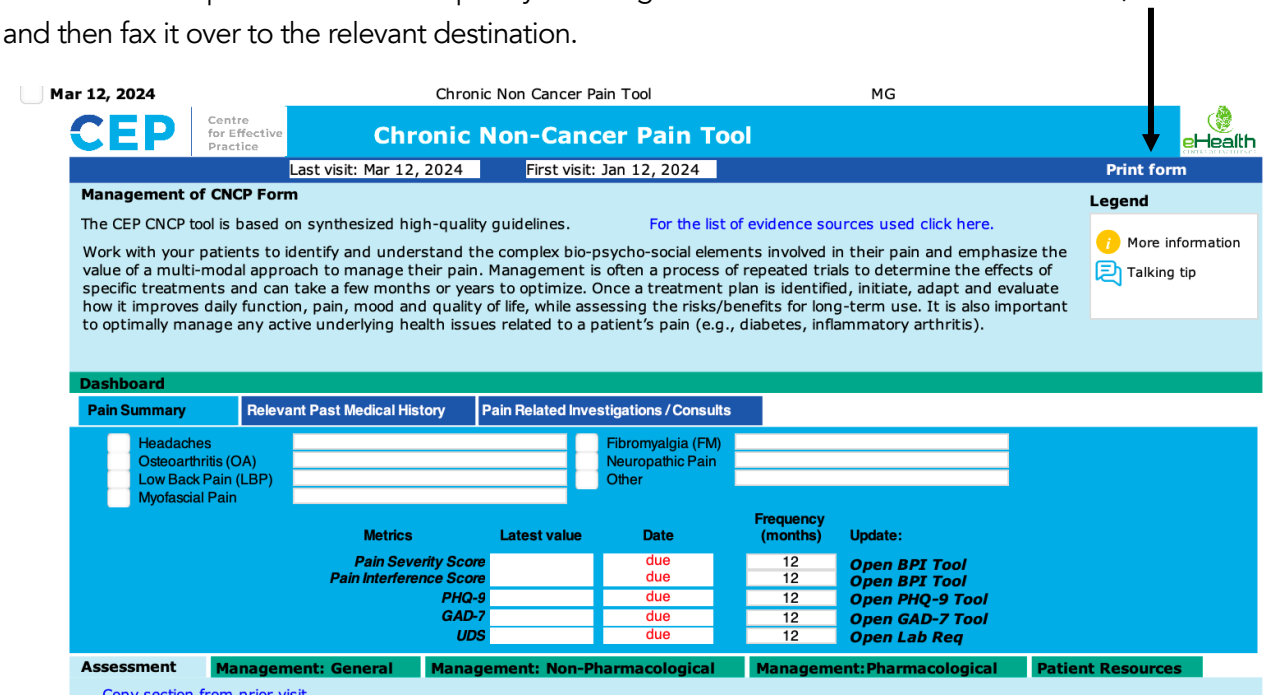
Throughout the tool, Copy section from prior visit can be selected to ease the burden of documentation by pulling in the last visit's details / plan and allowing clinicians to simply update and adjust for that day's visit.

OceanMD eForms

If you are using OceanMD Tablets, the patient facing questionnaires (i.e. BPI, PHQ-9, GAD-7) used in the tool can be completed in advance of the patient's appointment using an OceanMD tablet and the results will be captured and pushed to the form.

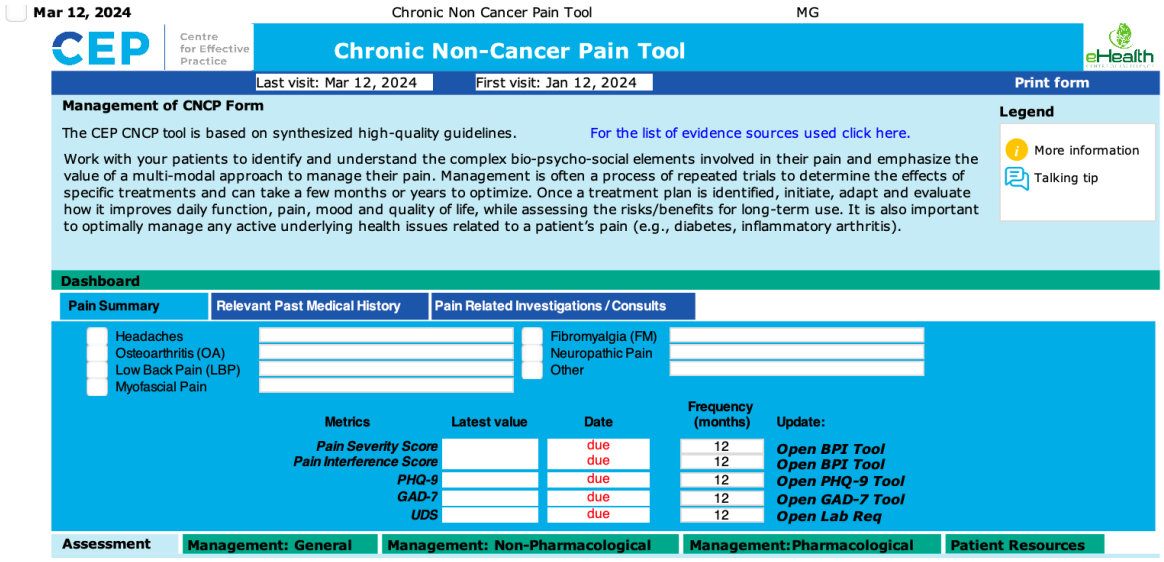
Printing / Faxing

This tool can be printed / saved as a pdf by selecting the **Print form** button. To fax the tool, the clinician must first print /save as a pdf the tool and then fax it over to the relevant destination.



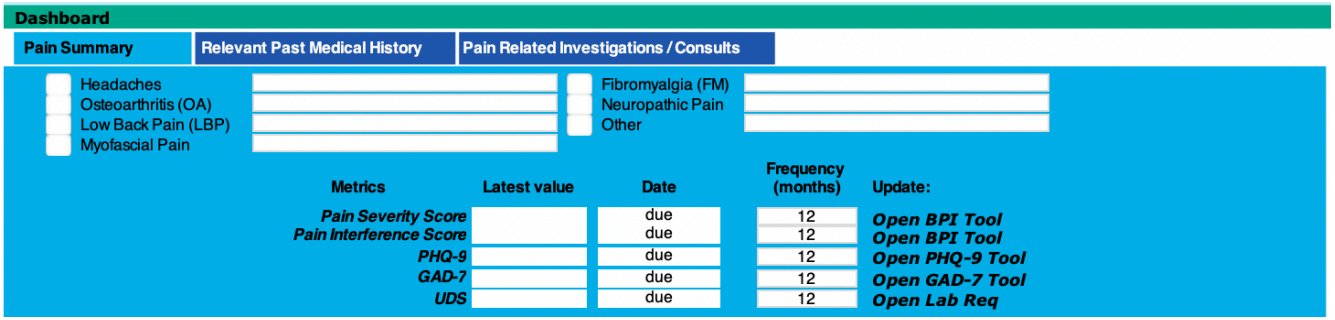
Tool Overview

When inserting the custom form into the chart, the **Chronic Non Cancer Pain tool** will appear as follows:



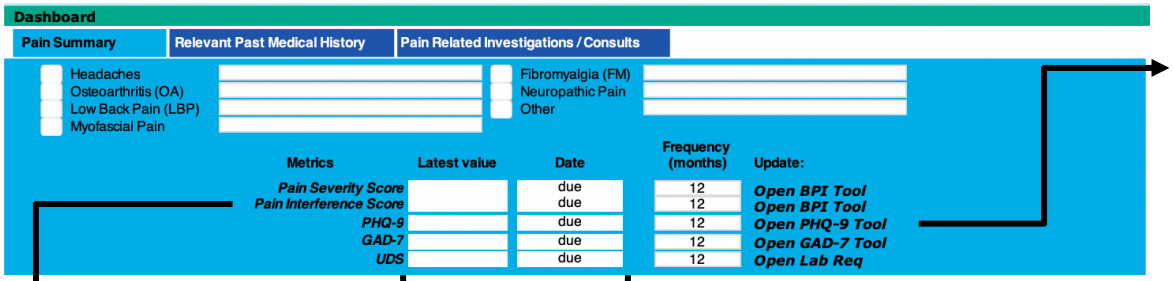
Dashboard

The dashboard contains the tab to capture the patient's Pain Summary, Relevant Past Medical History and Pain Related Investigations and Consults. The dashboard can be used by clinicians to identify, and refer back on, the patient's relevant information during their patient visit(s).



Pain Summary

The Pain Summary tab allows the clinician to collect and review information on the established pain diagnosis and the latest values to tools used to support and assess the patient's care and response to treatment(s). Clinicians can access the Brief Pain Inventory (BPI) assessment, the PHQ-9 assessment, the GAD-7 assessment and UDS screener from this section.

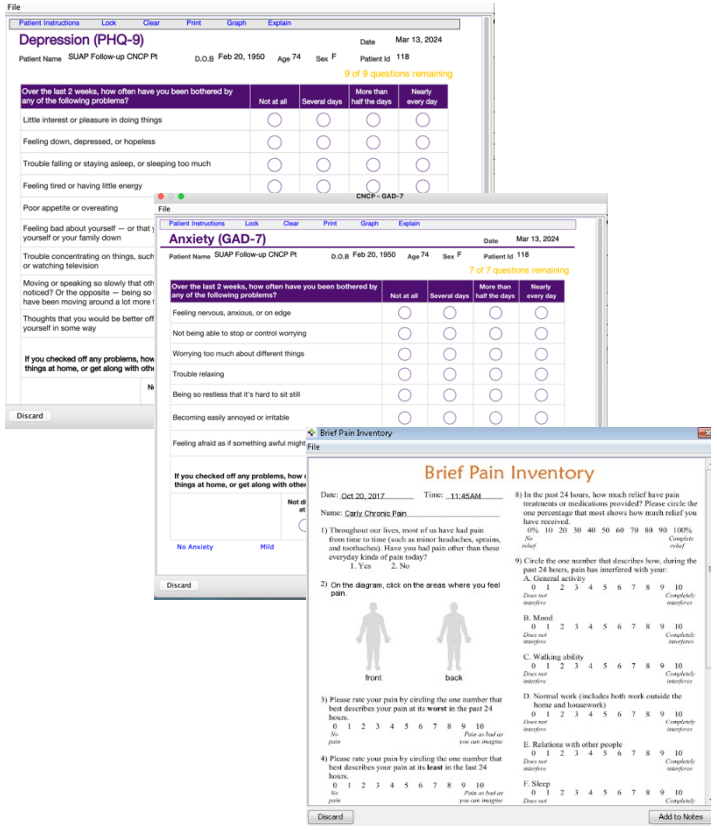


Click to launch the patient screeners / questionnaires / requisitions to complete with the patient. All metrics will update once the form/chart has been refreshed.

By clicking on the different tools you can graph and review the history of scores to understand trends.

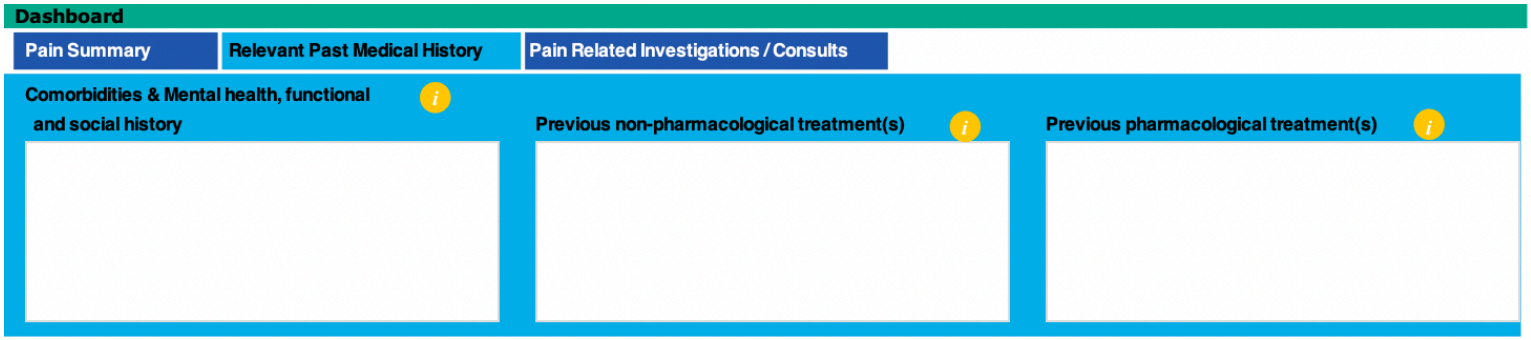
The latest values and date will pull, automatically, into the tool if previously used / completed.

Frequency is set, by default, to 12 months. You can adjust the frequency based on your clinical judgement and unique patient factors. Based on the frequency set, a visual reminder to assess the patient will trigger (e.g. "due").



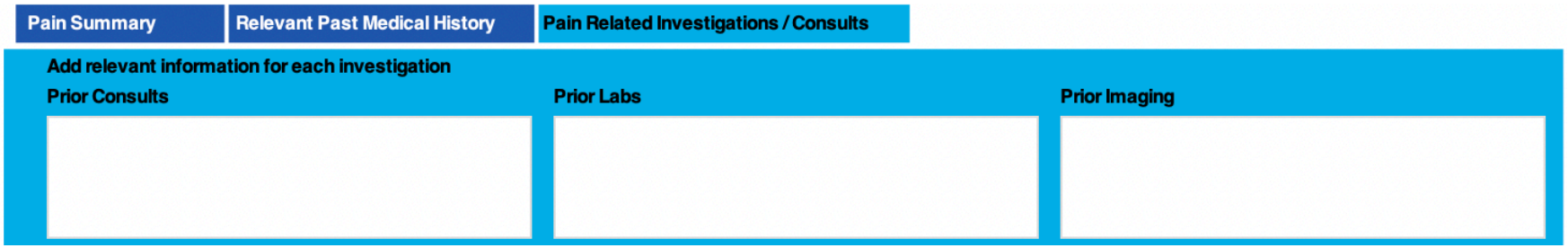
Relevant Past Medical History

The Relevant Past Medical History tab allows the clinician to gain a better understanding of what the patient has done and or is currently doing in regard to their history and treatments related to their CNCP. This section reviews if there are any co-morbidities and mental health, function and social history, previous non-pharmacological treatment(s) and previous pharmacological treatment(s). **Note: This section does not auto-populate**. Clinicians must manually input the relevant history for the patient in question.



Pain Related Investigations / Consults

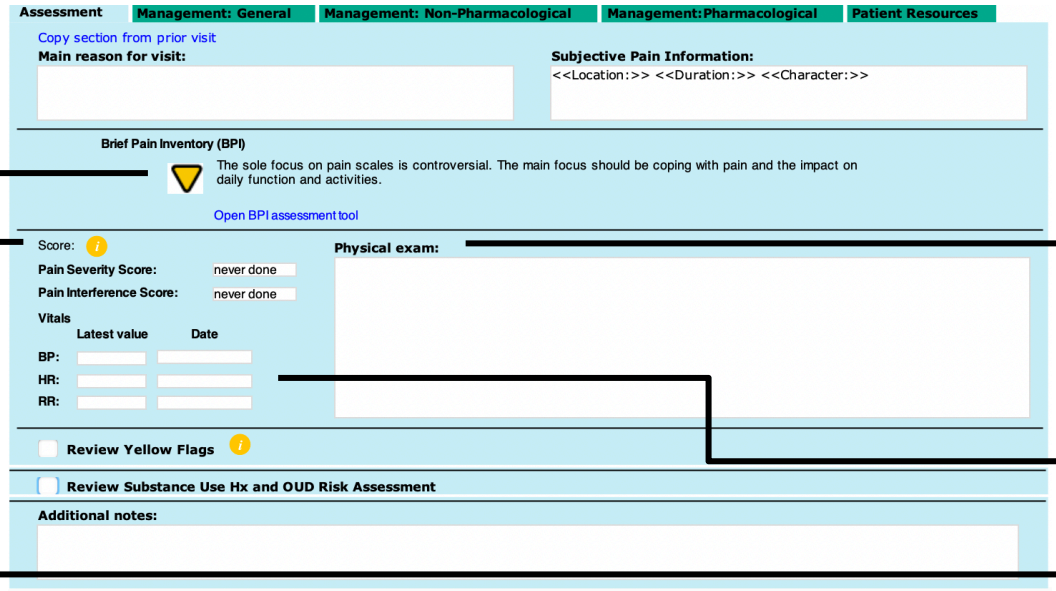
The Pain Related Investigations/Consults tab allows the clinician to gain a better understanding of what the patient has done and or is currently doing regarding investigation or consult options for their CNCP. This section reviews if there are any prior consults, labs or imaging. **Note: This section does not auto-populate**. Clinicians must manually input the prior pain related investigations or consults for the patient in question.

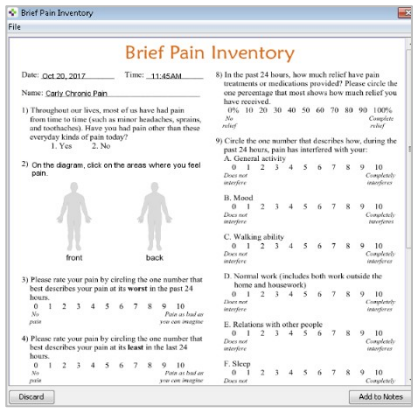


Assessment

The Assessment tab allows clinicians to document all assessment information. This includes main reason for visit, subjective pain formation, brief pain inventory (BPI), pain scores, vitals, physical exam, yellow flags, substance use Hx and OUD risk assessment and space for additional notes.

Overview





The **Physical Exam** field allows clinicians to document physical exam notes. Suggestions for specific examinations include musculoskeletal and neurological examination.

Vitals will pull, automatically, if previously completed.

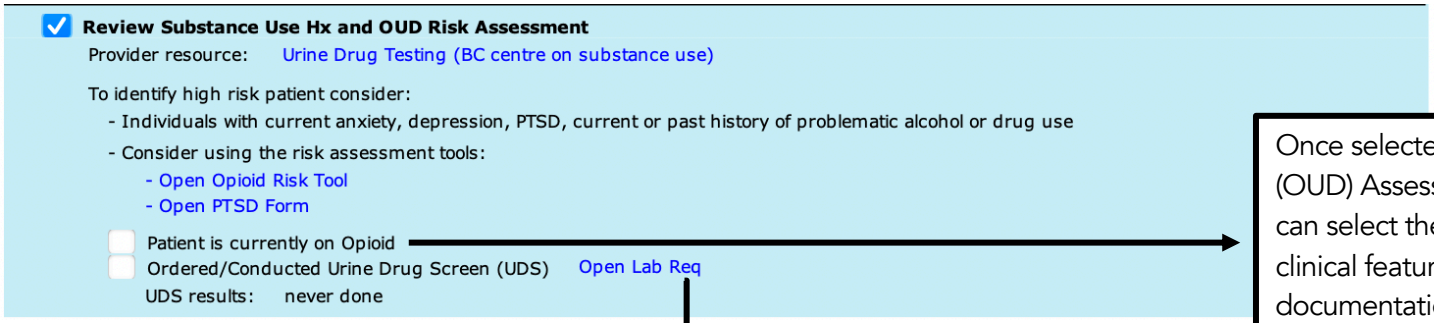
Clinicians can complete **the Brief Pain Inventory (BPI) tool in** this section as well as the dashboard. **Pain Severity Score and Pain Interference Score** can be viewed through the assessment section as well as the dashboard.

Yellow Flags

The Review Yellow Flags sub-section indicates biomedical, psychiatric, and social yellow flags that **may** indicate that the patient is at higher rise of poor outcomes. This sub-section allows clinicians to assess and identify if there is any current yellow flags present in the patient.

Substance Use Hx & OUD Risk Assessment

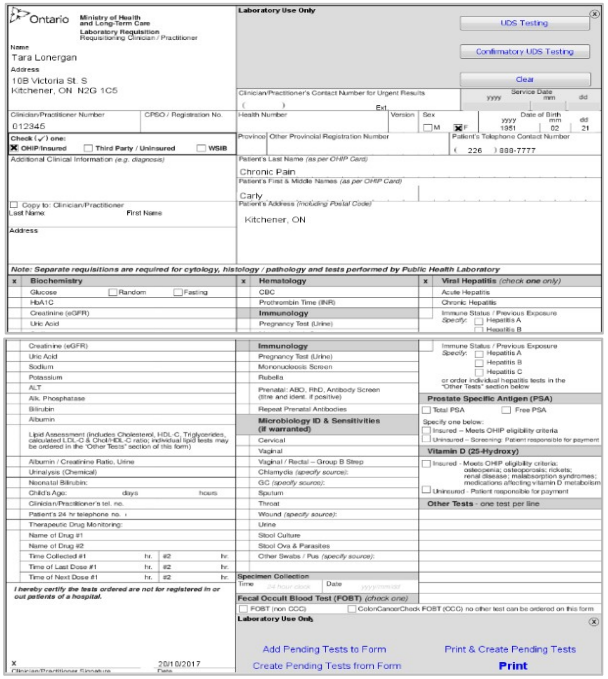
The Substance Use History and Opioid Use Disorder Risk Assessment sub-section allows the clinician to assess and identify if there is or has been any history of substance use and or opioid use disorder indicators.

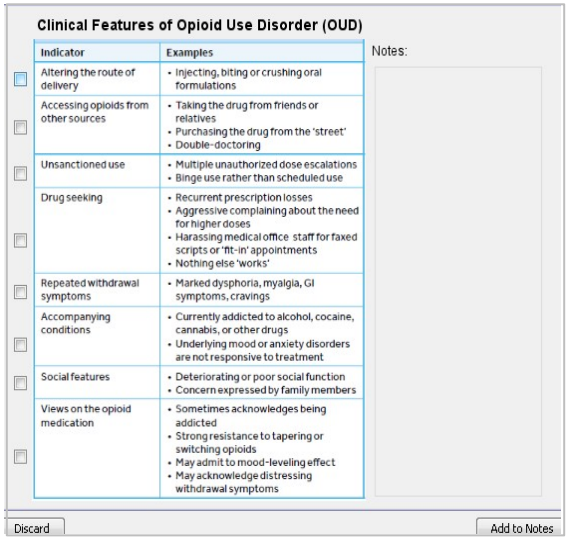


Once selected, the Opioid Use Disorder (OUD) Assessment will reveal. The clinician can select the applicable patient specific clinical features of OUD to ensure appropriate documentation and relevant notes.

Once selected, a customized lab requisition will generate that the clinician can use to order **UDS Testing** or **Confirmatory UDS Testing**.

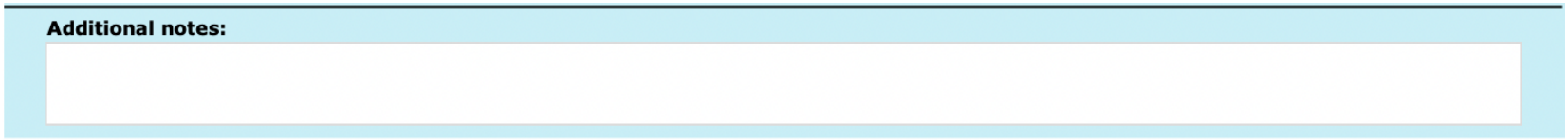
Selecting each test button on the top of the lab requisition will populate the appropriate work up for that test in the Other Tests section. Selecting the Clear button will clear all tests documented. The clinician can edit the requisition if needed (i.e. add other tests, remove preselected tests, etc.).





Additional Notes

The Additional notes field provides clinicians with space to document all additional notes relevant to the patient's assessment.



Management

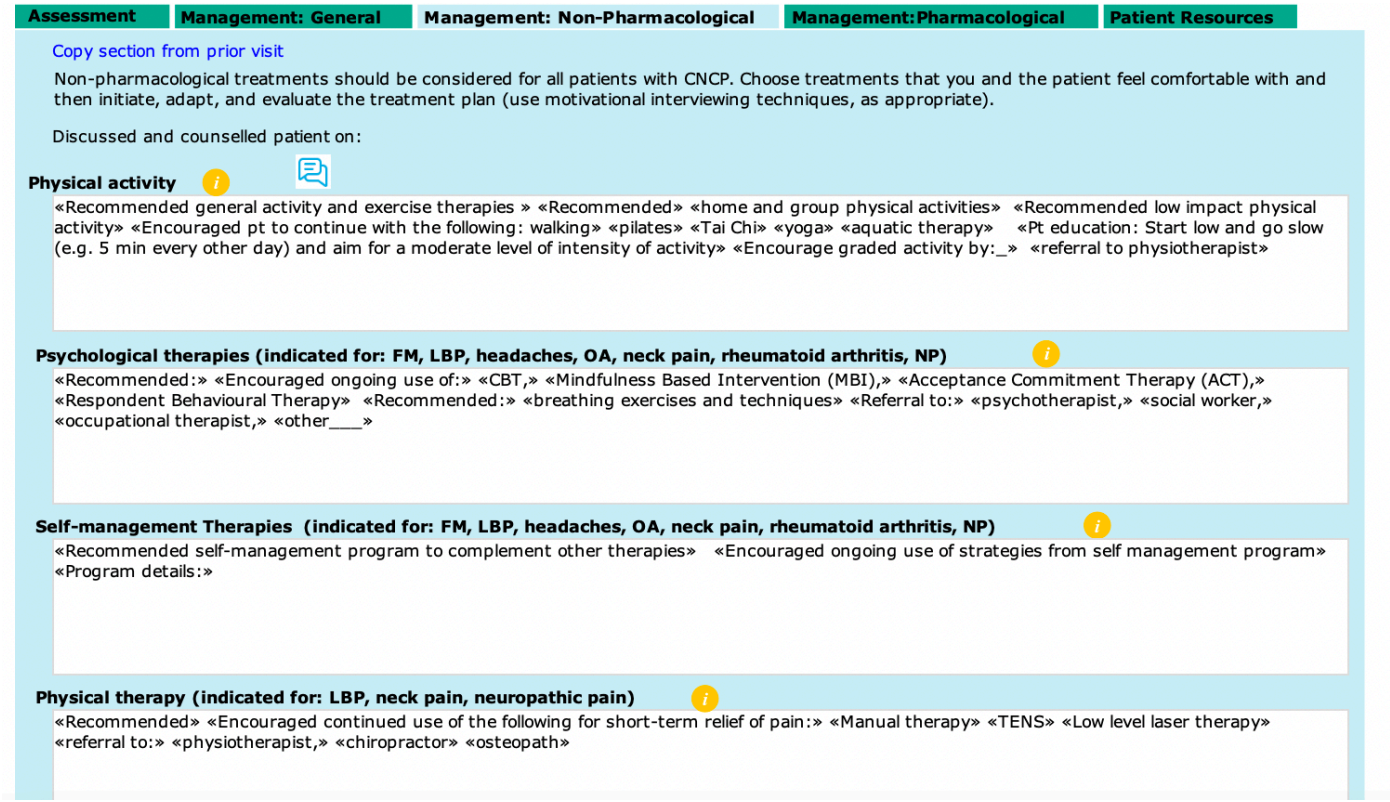
General

Treatment goals that the clinician and patient discuss together can be documented in the Management: General tab.

It is suggested that the goals be SMART: Specific, Measurable, Agreed-upon, Realistic and Time-based.

Non-Pharmacological

The Non-Pharmacological Therapy tab provides the clinician with non-pharmacological therapy options for CNCP and recommendations about how to initiate, adapt and evaluate each therapy option.



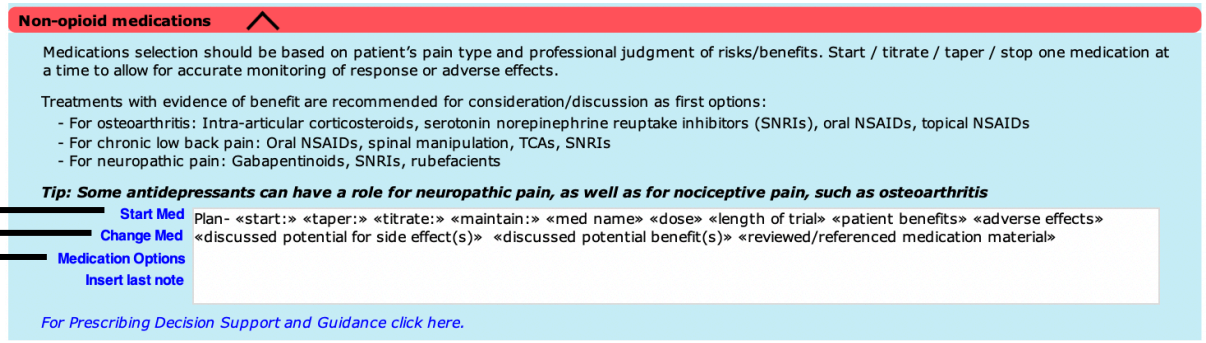
Additional Notes

The Additional Notes field allows the clinician to additional space to document and/or summarize their treatment plan for the patient.

Pharmacological

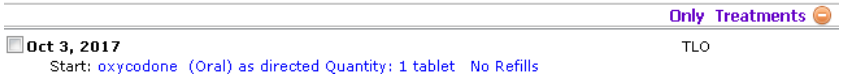
Non-Opioid Medications

The Non-Opioid Medications sub-section provides clinicians with the option to prescribe non-opioid medication first, before prescribing opioid medications. Specific non-opioid medications are provided with additional dosage, tapering and potential harms information for each medication provided.

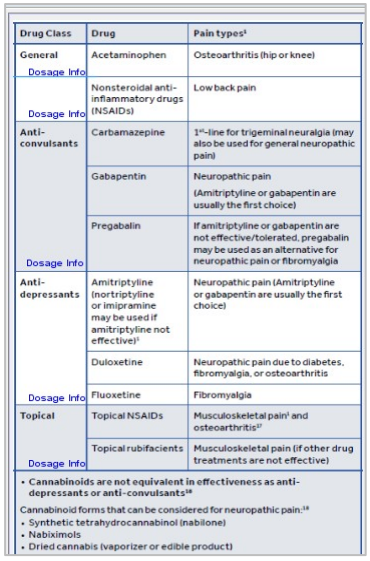


Start Med will launch the Telus PS Suite prescription module to allow clinicians to generate the prescription for the patient.

Change Med will filter the patient's chart with any current medications so the clinician can easily adjust any prescribing information.



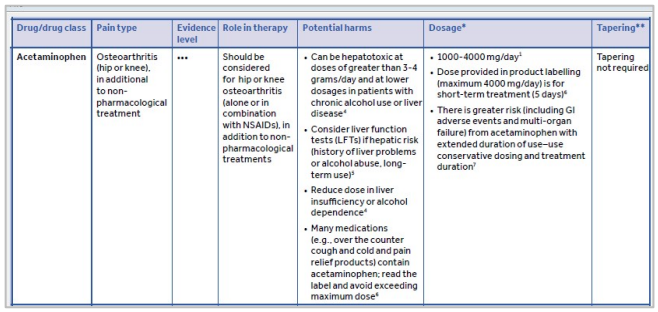
Medication Options reveals a list of non-opioid drug classes, names, pain types, harms, dosage, etc. to support clinician's in determining the appropriate prescription based on the individual patient's profile and needs.



Drug Class	Drug	Pain types[1]
General (Dosage Info)	Acetaminophen	Osteoarthritis (hip or knee)
(Dosage Info)	Nonsteroidal anti-inflammatory drugs (NSAIDs)	Low back pain
Anti-convulsants	Carbamazepine	1st-line for trigeminal neuralgia (may also be used for general neuropathic pain)
	Gabapentin	Neuropathic pain (Amitriptyline or gabapentin are usually the first choice)
(Dosage Info)	Pregabalin	If amitriptyline or gabapentin are not effective/tolerated, pregabalin may be used as an alternative for neuropathic pain or fibromyalgia
Anti-depressants	Amitriptyline (nortriptyline or imipramine may be used if amitriptyline not effective)[1]	Neuropathic pain (Amitriptyline or gabapentin are usually the first choice)
	Duloxetine	Neuropathic pain due to diabetes, fibromyalgia, or osteoarthritis
(Dosage Info)	Fluoxetine	Fibromyalgia
Topical	Topical NSAIDs	Musculoskeletal pain[1] and osteoarthritis[17]
(Dosage Info)	Topical rubifacients	Musculoskeletal pain (if other drug treatments are not effective)

- Cannabinoids are not equivalent in effectiveness as anti-depressants or anti-convulsants[18]

Cannabinoid forms that can be considered for neuropathic pain:[18]
- Synthetic tetrahydrocannabinol (nabilone)
- Nabiximols
- Dried cannabis (vaporizer or edible product)

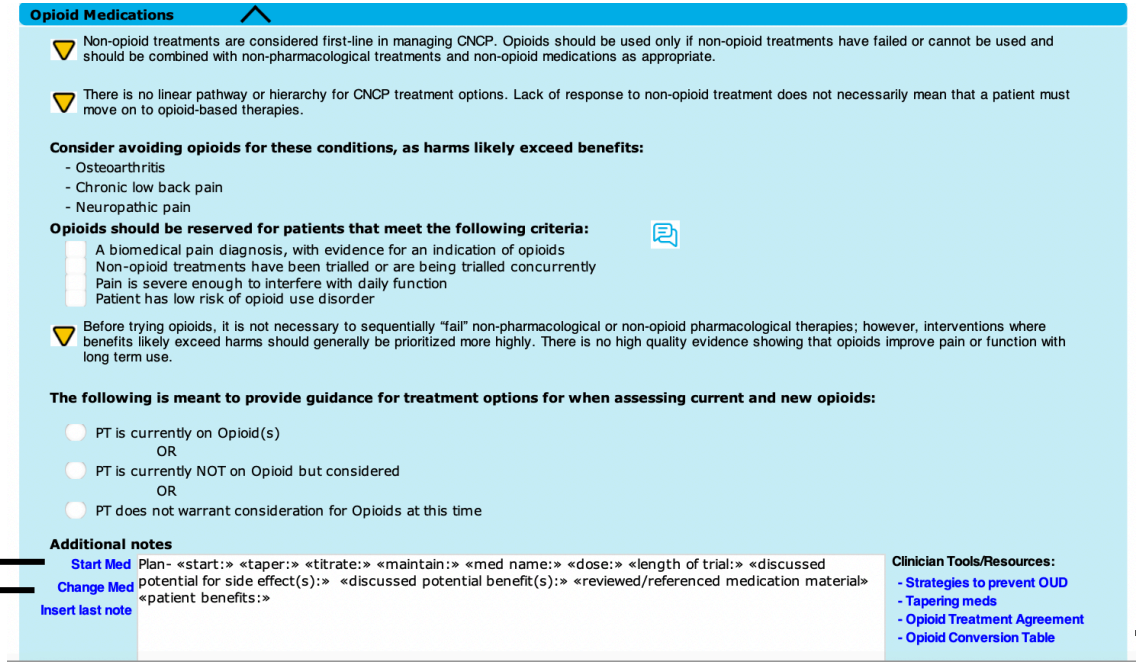


Drug/drug class	Pain type	Evidence level	Role in therapy	Potential harms	Dosage*	Tapering**
Acetaminophen	Osteoarthritis (hip or knee), in additional to non-pharmacological treatment	•••	Should be considered for hip or knee osteoarthritis (alone or in combination with NSAIDs), in addition to non-pharmacological treatments	• Can be hepatotoxic at doses of greater than 3-4 grams/day and at lower dosages in patients with chronic alcohol use or liver disease[4] • Consider liver function tests (LFTs) if hepatic risk (history of liver problems or alcohol abuse, long-term use)[3] • Reduce dose in liver insufficiency or alcohol dependence[4] • Many medications (e.g., over the counter cough and cold and pain relief products) contain acetaminophen; read the label and avoid exceeding maximum dose[1]	• 1000-4000 mg/day[1] • Dose provided in product labelling (maximum 4000 mg/day) is for short-term treatment (5 days)[4] • There is greater risk (including GI adverse events and multi-organ failure) from acetaminophen with extended duration of use–use conservative dosing and treatment duration[7]	Tapering not required

Opioid Medications

The Opioid Medications sub-section allows the clinician to document the reason(s) why the patient meets the criteria for an opioid prescription, provides watchful dose information, tapering information and a flowsheet to view current opioid prescriptions documented within the EMR, with start date and dose information included. As per best practice, guidance and cautious considerations are flagged to clinicians in advance of confirming / prescribing an opioid medication and are **prompted to confirm that the patient meets opioid prescribing eligibility criteria**.

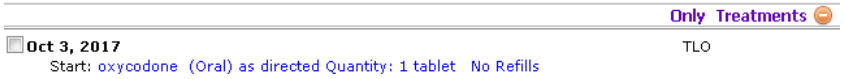
For documentation purposes, specific and tailored recommendations and **treatment options are provided and individualized to the patient (currently on opioids, currently NOT but considering opioid, not warranted).**



A curated list of relevant clinician tools / resources are easily accessible to guide clinicians on strategies to prevent OUD, practical support on how to taper opioids, quick access to an opioid treatment agreement and an

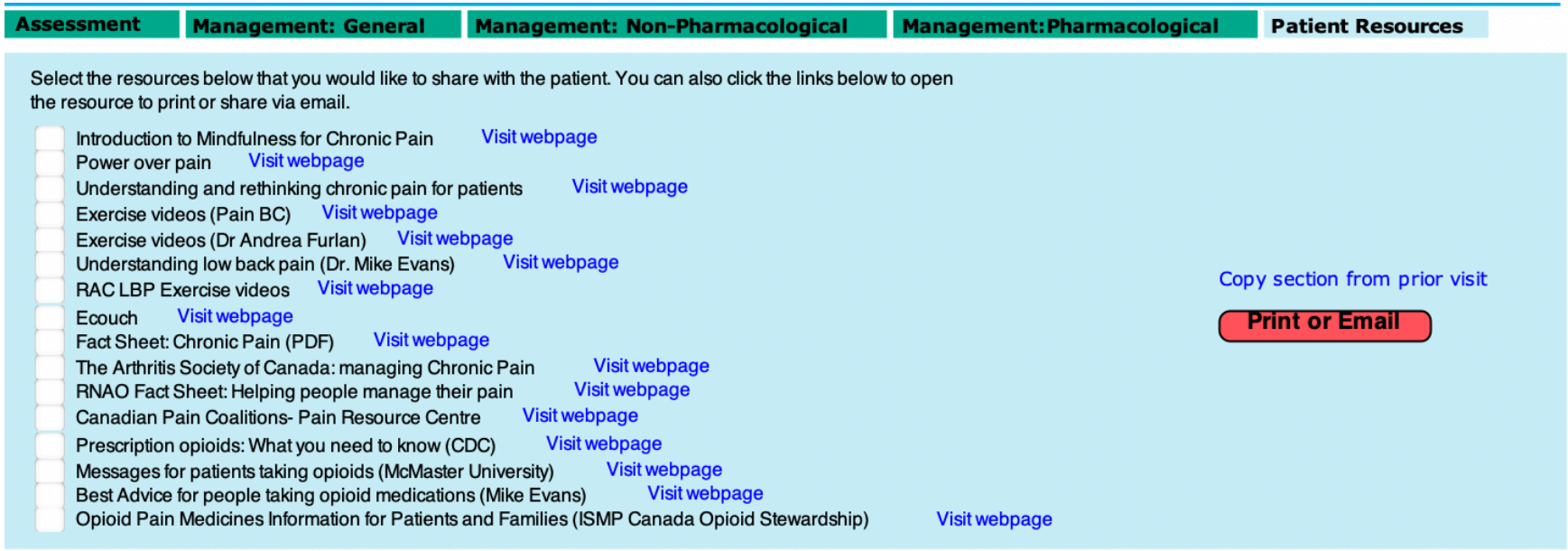
Start Med will launch the Telus PS Suite prescription module to allow clinicians to generate the prescription for the patient.

Change Med will filter the patient's chart with any current medications so the clinician can easily adjust any prescribing information.



Patient Resources

The Patient Resources tab is a curated list of relevant, useful, and appropriate resources and supports to promote patient education and encourage self-management.



Feedback & Support

If you require any support in using the EMR tool in your Telus PS Suite or have any feedback or suggestions on how we can improve this tool to better suit you or your patients' needs, please info@cep.health.