The Power of an **Electronic Clinical Assessment** for Pain and Opioid Misuse Risk

**Leveraging SOAPP® & COMM® in a Digital Era**

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**Introduction**

The opioid epidemic occurring in the United States is well-documented. An estimated 4.3 million individuals used prescription opioids for nonmedical purposes in 2014,¹ and many more used synthetic or counterfeit pills. A report from the Centers for Disease Control and Prevention (CDC) revealed a 79% increase in deaths from synthetic opioids from 2013 to 2014 with an estimated death count of 5,544.²

Now more than ever, pain practitioners need to recognize the delicate balance between safe opioid prescribing and the potential for abuse, misuse, and diversion. Unfortunately, research has shown that physicians feel inadequately trained and are not confident in their ability to prescribe opioids safely.³,⁴ Opioid prescribing has become increasingly complex as prescribers worry about “doctor shoppers” and their opioid prescriptions becoming diverted. There is an immediate and urgent need for resources to assist clinicians in safe opioid prescribing when treating chronic pain patients.

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**The Challenges of Safe Opioid Prescribing in Pain Management**

Although opioid analgesics have a principal role in the treatment of certain types of pain, prescribers’ fears of adverse impacts and legal ramifications may deny appropriate patients a potentially beneficial treatment option. Prescribers may be especially hesitant about prescribing to opioid-naïve patients due to concern of possible addiction. Indeed, relying solely on clinical judgment regarding which patients are at-risk for misuse is not always reliable or sufficient, and prescribing practices based on clinical judgment alone (whether prescribing or denying opioid prescriptions) may not be legally defensible. Routine urine toxicology screening is often considered the “gold standard” for detecting current use, yet a positive screen does not necessarily predict future aberrant opioid-related behaviors⁵ and an initial negative screen does not provide evidence that the patient will not exhibit problematic opioid-related behaviors in the future.

In the last decade, several screening tools have been developed to assist physicians in identifying patients who are at high risk for problematic opioid-related behavior. One of the most widely used screening instruments is the Screener and Opioid Assessment for Patients with Pain (SOAPP)⁶ and its follow-up counterpart, the Current Opioid Misuse Measure (COMM).⁷ While these tools have exhibited high levels of accuracy in identifying patients who are at-risk, their length may limit their clinical utility. For example, the SOAP and COMM are completed by paper-and-pencil and require hand scoring, which can increase paperwork and staff burden.

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A pain and opioid risk solution for the digital age

Taking the clinical assessment off the clipboard

With a growing need for standardization and accountability in opioid prescribing for patients with chronic pain, the National Institutes of Health (NIH) funded the development of the PainCAS: Clinical Assessment System (PainCAS™). PainCAS is a scientifically validated web-based clinical tool for assessing pain, functioning, and risk of problematic opioid-related behaviors in patients with chronic pain. With assessments that are completed electronically by patients, results from PainCAS can immediately be integrated into the electronic health record (EHR) to provide information about the patient’s risk classification (ie, likelihood of engaging in aberrant drug-related behaviors), recommendations for patient educational resources, and provides useful information and documentation to assist with treatment planning. Unlike the paper-based SOAPP and COMM that require hand scoring, PainCAS includes the new SOAPP-8 and COMM-9 - brief, electronic, opioid-risk screeners that are scored automatically and incorporated into the PainCAS report.

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stated that it helps physicians and other prescribers to be able to discuss the patient’s pain and functioning goals as well. “The patient may never be pain free, but it’s helpful to have those discussions about what’s realistic and to discuss functioning goals.”

Benefits for Providers

PainCAS is a brief, electronic self-report assessment for patients with pain. It provides the clinician with information about the patient’s functioning and quality of life, including: pain, the extent to which pain is interfering with daily activities, psychological and emotional functioning, substance use, and risk of problematic opioid-related behavior (e.g., abuse, misuse, diversion, medication-seeking behaviors). With both initial and follow-up versions of the system, PainCAS standardizes pain and opioid risk assessment and facilitates ongoing monitoring over the course of treatment. PainCAS is scored, interpreted, and uploaded to the EHR automatically for optimal clinical efficiency.

The evidence-based risk screeners embedded within PainCAS (SOAPP-8 and COMM-9) have strong predictive validity, allowing clinicians to identify patients that are at-risk for engaging in problematic opioid-related behaviors with high levels of accuracy. Recommendations (consistent with and supported by the American Pain Society/American Academy of Pain Medicine) are instantaneously generated based on the patient’s risk status.

Clinicians using PainCAS find that it improves workflow and eliminates the need for paper assessments. It can also improve communication at multi-provider practices. Because of its electronic format, patients can complete PainCAS prior to their clinic visits, allowing medical staff the opportunity to review results of the report, including patient progress and any changes in risk status. According to one provider, “this [PainCAS] gives us the ability to track our patients progress over time and recommend a treatment plan.” Another provider

Benefits for Patients

In addition to producing clinician reports, PainCAS also generates patient reports that provide a summary of PainCAS results and graphical displays of the patient’s progress over time. These reports may increase patient understanding of their treatment progress and empower patients to become more involved participants in their own care.

PainCAS helps to facilitate dialogue between patients and prescribers, especially around sensitive topics such as substance abuse history. One patient explained, “It can assist you to focus and highlight issues to be addressed with your physician.” Research has shown that patients who completed PainCAS were more likely to engage in clinically relevant topics during clinic visits than patients who did not complete the PainCAS program. Patients report that PainCAS is easy to understand and clinically helpful. It helps them feel more involved in decisions about their treatment, understanding their treatment progress, and understanding their treatment plan.

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Having the assessments and information prior to visit has saved us time.

PainCAS aims to improve communication between doctor and patient, which is very needed in the field of pain management.
Facilitates Compliance with Regulatory Requirements: If it isn’t documented, it didn’t happen

It can be challenging for providers to keep abreast of the diverse and evolving recommendations and requirements of various regulatory agencies, licensing bodies, and clinical guidelines. One common thread between these opioid treatment guidelines is the need for providers to routinely assess and document all patients in a standardized\(^{11}\) way. Having an automatically administered, standardized assessment and monitoring methodology such as PainCAS that is reproducibly documentable facilitates provider compliance with regulatory requirements.

For example, NIH-funded studies have found that utilization of PainCAS significantly increases chart documentation of risk assessment and documentation of a number of pain-related chart elements.\(^{12,13}\) With a follow-up PainCAS system that can be set to automatically distribute to patients every 30 days, providers can regularly collect and document risk, pain, and functioning information on all patients.

Using PainCAS ensures that patients are being assessed in a standardized way that is consistent and reproducible. PainCAS also increases systematic documentation in the EHR, which can help protect the physician or other prescriber in the event of an audit or if any legal action is taken against a provider.

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References

2. Centers for Disease Control, Fentanyl Law Enforcement Submissions and Increases in Synthetic Opioid–Involved Overdose Deaths — 27 States, 2013–2014. Available at: [www.cdc.gov/mmwr/volumes/65/wr/mm6533a2.htm](http://www.cdc.gov/mmwr/volumes/65/wr/mm6533a2.htm).