Chart Review

Appendix 4: REDCap Chart Review Survey

Please complete the survey below.

Thank you!

Thank you for participating in the Opioid Prescribing quality improvement project.

As you enter data from patient records into REDCap, Please remember that no personal health information (PHI) is to be entered into REDCap.

If you have any questions about the data you are collecting and entering, please feel free to scroll to the bottom of this screen, click "Save & Return Later," and write down the record number code to return to the instrument.

Thank you again for your help and support.

Practice Name:	◯ Practice 1 ◯ Practice 2 ◯ Practice 3 ◯ Practice 4 ◯ Test
Initials of the (practice name) chart reviewer entering data:	◯ AA ◯ BB
Initials of the (practice name) chart reviewer entering data.	◯ CC ◯ DD
Patient identifier: Enter first letter of your practice location A,B ,C or D followed by hyphen (-) and the "PTID" number on your list of patients to review.	_____
Patient gender:	◯ Female ◯ Male ◯ Other
If "Other", Specify:	_____

Section: Patient's most recent visit for a chronic pain problem -- the index visit.

Date of most recent visit for a chronic pain problem: index visit (M-D-Y): _____

(practice name) provider at index visit [indexvt_dt]

- ◯ Provider 1
- ◯ Provider 2
- ◯ Provider 3
- ◯ Provider 4
- ◯ Provider 5
- ◯ Provider 6

Is this provider the patient's usual PCP?

- ◯ Yes
- ◯ No
- ◯ Don't know

Section: Pain - Tool and Score

In this index visit [indexvt_dt] is there a pain score?

- ◯ Yes
- ◯ No

If yes, what was the pain tool type used:

- ◯ 0 - 10
- ◯ PEG
- ◯ Other

Record the 0 - 10 pain score

_____
(Must be a whole number 0 - 10.)

Record the PEG score for Pain

_____
(Must be a whole number 0 - 10)

Record the PEG score for Enjoyment.

_____
(Must be a whole number 0 - 10)

Record the PEG score for General Activity

_____
(Must be a whole number 0 - 10)

Record summary PEG score (if available)

_____
(Must be a number. May be a decimal.)

If "Other", Specify tool: _____

If "Other" pain tool, record score _____

Section: Functional Status - Structured question, note, or tool in index visit

In the index visit [indexvt_dt] is there a Functional Status note or score?	◯ Yes ◯ No
Functional Status type or tool used:	◯ Note or structured question ◯ RAPID3 ◯ PROMIS-29 ◯ Other
Record RAPID3 score	_____ (Must be a whole number 0-30)
Record PROMIS-29 score.	_____ (Must be a whole number 4 - 20)
Other functional status tool name	_____
Other functional status tool score	_____

Section: If no pain score in the index visit, look for a pain score in a previous visit.

If no pain score in the index visit [indexvt_dt], find the most recent pain score prior to the index visit. Did you find a pain score in a previous visit?	◯ Yes ◯ No (Look back two years)
Record the date of the most recent pain score prior to the index visit..	_____ (Must be prior to the index visit. Go back 2 years. date [indexvt_dt])
What type of pain score did you find in the previous visit [painprev_dt].	◯ 0 - 10 ◯ PEG (Pain, Enjoyment, General Activity) ◯ Other
Record 0 -10 pain score found in the previous visit [painprv_dt].	_____ (Must be a whole number 0 - 10)
Record the PEG score for Pain found in the previous visit [painprv_dt].	_____ (Must be a whole number 0 - 10)
Record the PEG score for Enjoyment found in the previous visit [painprv_dt].	_____ (Must be a whole number 0 - 10)
Record the PEG score for General Activity found in the previous visit.	_____ (Must be a whole number 0 - 10)

Record the Summary PEG score found in the previous visit (if available)

_____
(Must be a number 0 or higher.)

Record name of "Other" pain tool type used in previous visit [painprv_dt]?

_____

"Other" pain tool score found in the previous visit.

_____

Section: Functional status in a previous visit if not found in index visit.

Since there was no functional status score found in the index visit [indexvt_dt], look for the most recent functional status score prior to the index visit. Did you find one?

◯ Yes
◯ No

Record the date (M-D-Y) of the functional status score found in prior visit.

_____
(Go back 2 years to find.)

Functional status note or score found in the previous visit [fstatdt_prev].

◯ Note or structured question
◯ RAPID3
◯ PROMIS-29
◯ Other

Record RAPID-3 total score found in previous visit [fstatdt_prv].

RAPID-3 score must be 0 - 30

_____
(Must be a whole number 0 - 30)

Record PROMIS-29 score found in previous visit [fstatdt_prv].

_____
(Must be a whole number 4 - 20)

"Other" functional status tool used name

_____

"Other" functional status tool score

_____
(Must be a number.)

Section: Chart Dates. Look for the most recent occurrence and date in the last 2 years.

Look for the most recent patient informed consent to opioid treatment in the index visit [indexvt_dt] or past 2 years. Did you find one?

◯ Yes
◯ None found
(IC form must be filled out for YES)

Record date of most recent patient-informed consent to opioid treatment (M-D-Y):

_____

Look for the most recent prescription or treatment agreement with patient in the index visit [indexvt_dt] or past 2 years. Did you find one?

◯ Yes
◯ None found

Record date of most recent treatment agreement (M-D-Y):

_____

Look for a urine test (UDS) in the index visit [indexvt_dt] or in the last two years. Did you find one?

◯ Yes
◯ None found

Date of most recent urine testing (UDS) in last 2 years (M-D-Y):

_____

Look for a pill count in the index visit [indexvt_dt] or the most recent two years. Did you find one?

◯ Yes
◯ None found.

Date of most recent pill count (M-D-Y):

_____

Section: Risk Assessment - Tool that assessed risks of prescribing opioids for this patient.

Look for reference(s) to the use of any Risk Assessment Tool(s) in the index visit [indexvt_dt] and the past 1 year.
Check all you can find in past year year.

☐ ORT (Opioid Risk Tool)
☐ SOAPP (14, 5, R) (Screener & Opioid Assessment for Patients with Pain)
☐ Chronic Pain Assessment Algorithm
☐ DIRE (Diagnosis Intractability Risk Efficacy)
☐ COMM (Current Opioid Misuse Measure)
☐ 5As (Analgesia, Activity, Adverse effects, Aberrant/concerning behavior, Affect)
☐ Other
☐ None found
(At least one box must be checked. Use "none found" when needed.)

If "Other" type risk assessment tool, record the tool name.

_____

Section: Depression Screening

Is the patient seen for mental/behavioral health by any provider in or outside the practice

◯ Yes
◯ No, or not found

Look for the most recent depression screening reported in the index visit [indexvt_dt] or the past 2 years.
Did you find any?

◯ Yes ◯ None found

Date most recent depression screening reported (M-D-Y):

_____

Type of Depression Screening Tool(s) used or noted

☐ Note
☐ PHQ2
☐ PHQ9
☐ Other depression screening tool

Record PHQ-2 screening score.

PHQ- 2 scores range from 0 - 6.

_____
(Must be a whole number 0 - 6)

Record the PHQ-9 screening score.

PHQ-9 scores range from 0 - 27.

_____
(Must be a whole number 0- 27)

Other depression screening tool name

_____

Other depression tool score

_____

Section: PDMP (Prescription Drug Monitoring Program) lookup

Look for the most recent PDMP look-up noted in the index visit [indexvt_dt] or past 2 years. Did you find a PDMP look-up??

◯ Yes
◯ None found

Date most recent PDMP look up (M-D-Y):

_____

Section: Consideration, referral or implementation of non-medical therapy(ies)

Look for consideration, referral, or implementation of non-medical, non-pharmaceutical therapies noted at the index visit [indexvt_dt] or in the past 2 years. Check all found or none.

☐ Physical Therapy
☐ Chiropractic
☐ Acupuncture
☐ Massage
☐ Exercise
☐ Yoga
☐ Counseling
☐ Social work
☐ Cannabinoid (Any THC or CBD)
☐ None found

(At least one box must be checked.Consider exercise broadly. Gardening and walking qualify.Go back two years if needed to find any.)

Date of the most recent consideration, referral or implementation of a non-medical therapy found (M-D-Y):

_____
(Provide the date of any found. If none found leave blank.)

Referral to pain management (e.g., pain injections) or comprehensive pain clinic

In the index visit [indexvt_dt] or prior visit, was there any consideration or referral to pain intervention specialist (e.g., for pain injections) or a comprehensive pain management clinic?

◯ Yes
◯ None found

If yes, what was the date of the most recent consideration or referral to pain management specialist or clinic? (M-D-Y):

_____