



Medical Care Chart Review Evaluation

Provider: _____
 Reviewer: _____
 De-identified Chart: _____
 Date of Review: _____

Key
 ✓ = Good
 NA = Not Applicable
 Other terms: Not seen, Insufficient

Instructions for Use

The following evaluation is meant to be used as an assessment tool for charts related to those patients on chronic controlled substance therapy, including chronic opioid therapy. The evaluation is split into two sections, the first focused on pain management and second on risk management. While it is highly recommended that providers include all components of this chart review tool in every chart encounter for the patient, each component listed does not necessarily need to be addressed and newly charted at every patient encounter. Rather, there should be *documentation over the course of the patient's care that encompasses all or nearly all of the following requirements.*

If doing a self-assessment, please indicate the quality of what is *documented*, not what you remember and did not document. It is recommended to review each patient's chart annually to ensure that these requirements are being met and updated.

Pain Management

Pain History	Assessment	Comment
Pain Intensity: 0-10		
Pain Description		
Functional Consequence		
Red Flags?		
Injury Description		
Past Diagnostic Studies		
Past/Current Consultants		
Past or Current Therapeutics		
Medications		
Self Management		
Modalities		
Procedures		



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Pain Physical Exam	Assessment	Comment
Observed Function, Motion, Physical Exam		
Current Lab tests		
Current Imaging		
Neurodiagnostics		
Exam consistent w/ report		

Pain Assessment	Tool Links	Assessment	Comment
Self Assessment	PEG-3		
Provider Assessment			
Acute, Subacute, Chronic			
Mild, Moderate, Severe			
Trajectory: Better, Worse, Same			
Specific Pain Diagnosis			

Pain Plan	Tool Links	Assessment	Comment
Diagnostics			
Consultations			
Therapeutics			
Self-Management	Non-Pharmacologic (self-directed)		
Modalities	Non-Pharmacologic (prof-directed)		
Medications	Nonopioid Pharmacologic		
Procedures			
Pain education topic	Resources		
Informed Consent			
Follow-up Time			

Key Questions for Pain Management Charting

Y/N	Question
	Is the use of opioids indicated based on diagnosis?
	Does the severity of pain warrant opioids?
	Is there adequate documentation of previous or current non-opioid pain management?
	Is there adequate documentation of functional assessment and improvement with COT?



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Risk Management

Risk Screening and Monitoring	Tool Links	Assessment	Comment	
*Personal and/or family hx: SUD	Risk Screening			
*Personal hx: Psychiatric/Mood	Screening Tools			
*Personal hx: Trauma (ACE)				
Screen for Opioid Misuse		COMM		
*Oxygenation: COPD, asthma	Risk Monitoring			
*OSA risk: sleep study				
*Other concerning comorbidity: Renal/hepatic dz, age >65yo				
Behavioral aberrancy surveillance: Reported				
Behavioral aberrancy surveillance: Observed				
PDMP review				
Drug testing				
EKG (methadone)				
Co-medication review				
Current MME		MME Calc		

*Appropriate to address and document initially and annually, vs. at monthly or quarterly visits for the remainder of elements listed.

Risk Stratification	Tool Links	Assessment	Comment
Low, Intermediate, High	Risk Strat Tool		

Risk Mitigation	Tool Links	Assessment	Comment
Goal setting, ALTOs, switch to lower risk opioid	Risk Mit Tool		
Overdose Education, Naloxone + Instructions	Patient Handout		
Secure Storage Instructions Safe Disposal Instructions	Patient Handout		
Informed Consent	Informed Consent and CSAs		
CSA and/or High- Risk Consent			
Co-medication warnings (ie bzd, stimulants, depressants)			



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Aberrancy Management	Tool Links	Assessment	Comment
Low/Intermediate/High	Aberrancy Tool		
Appropriate Resulting Action:			
Warning, increased monitoring			
Specialty referral			
Cross-taper to buprenorphine	Patient Handout		
Taper/discontinuing opioid(s)	Patient Handout		
Discontinuing benzodiazepine(s)			
Therapeutic discharge			

Key Questions for Use of Chronic Opioid Therapy and Risk Management

Y/N	Question
	Do benefits of opioids outweigh real or potential harms at this juncture?
	If there was an adverse outcome with this patient (overdose, hospitalization, malpractice case, medical board complaint) would this be an easy case to defend SOLELY on the documentation provided?
	Are there changes that should be made to the medication regimen? Were those changes made?
	Has naloxone been prescribed?
	Has tapering been mentioned or discussed? Is tapering a valid consideration @ this time?

Summary Assessment

Charting

Organization Comprehensiveness	Problem List	Medication List Reconciliation	Medical Problem Tracking	Prior Medical Record Review	Consultant Collaboration

Medical Care Management

History	Physical Exam	Studies/Consult	Assessment	Treatment/Plan

Medical Risk Management

Risk Screening	Risk Satisfaction	Risk Mitigation	Risk Monitoring	Aberrancy Management

Are all these elements collected together in the chart?
On each encounter note?



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Team-Based Management

Goal: Active bidirectional communication at a minimum

Ideal: Collaboration on plan

Level of Engagement	Pain Management	Addiction Medicine	Psychiatry	Behavioral Health
Communication				
Collaboration				

Three Areas to Improve in Next Charting Cycle

- 1.
- 2.
- 3.

This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Developed in collaboration with Stader Opioid Consultants.