Approaches to identifying patients on long-term opioid therapy
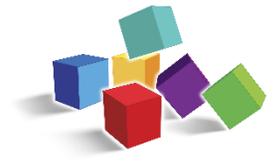
This document offers suggested approaches to try when first attempting to identify your patients on long-term opioid therapy (LtOT).

Definition of a patient on LtOT: Generally, a patient who takes opioids for three consecutive months may be considered to be on LtOT. How you practically define this can vary. A provider may know his or her patients and be able to identify these patients. Or a staff member who handles opioid refills may do so when refilling a patient's medications. One common definition using electronic health record data is any patient who has received at least two opioid prescriptions in the past 3 months, at least 28 days apart.

Potential approaches to identify patients on LtOT

Query your EHR using one of the following search variables and have clinicians/MAs validate the list:

- How many patients have an **MED calculated** in the past 3 months?
- How many patients have a **signed patient agreement** in the past 2 years?
- If you use any kind of **label or specific diagnosis code for patients on LtOT**, how many patients have that label/diagnosis? (potential ICD-10 codes: Z79.891, F11.90)
- How many patients have been **prescribed any opioid medication** (refer to opioid list)?

Use the Prescription Monitoring Program to create a list by:

- Having each clinician or his/her designee generate a summary report from the Prescription Monitoring Program.
- Copying and pasting all patients who have an MED calculated for each clinician into a spreadsheet.
- Verifying the list with each clinician.

> Once you know who your patients are, consider using the list to apply a consistent diagnosis code to all patients on LtOT in order to more easily track and monitor them. Clinics often leverage MAs to help do this.

Use proprietary software to produce reports from your EHR

Proprietary software can have the capacity to reach into your EHR to produce reports about patients on LtOT. If you use such a proprietary software, it is worth exploring what it would take to use it to identify patients on LtOT and/or to track and monitor patients on LtOT.

Manually develop a list

Manually create a list as patients get opioid refills over the course of three months. Or, use lists providers or staff have created for their own use.

Build an EHR-native registry

If this is within your capacity, an EHR-native registry can be a highly functional way to identify, track, and monitor care of patients on LtOT. The registry can then automatically pull patients from the EHR into the registry based on programmed criteria, such as 2 opioid prescriptions in the last 90 days. However, as this is a huge undertaking it is not a useful approach for initially identifying patients.