

Tutorial for Individual Provider Assessing Patients Screener and Opioid Assessment for patients with Pain (SOAPP)

This is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require. Physicians often remain reluctant to prescribe opioid medication because of concerns about addiction, misuse, and other aberrant medication-related behaviors, as well as liability and censure concerns.

Despite recent findings suggesting that most patients are able to successfully remain on long-term opioid therapy without significant problems, physicians often express a lack of confidence in their ability to distinguish patients likely to have few problems on long-term opioid therapy from those requiring more monitoring. It is important to remember that all chronic pain patients deserve treatment of their pain. Providers who are not comfortable treating certain patients should refer those patients to a specialist.

Clinically, a score of 7 or higher will identify 91% of those who actually turn out to be at high risk of developing problems using long-term opioid treatment.

Along with SETMA's other tools, the SOAPP will help effectively, efficiently and excellently manage chronic pain and opioid use. Those tools are:

- 1. Excellent medical records with accurate, up-to-date medication lists**
- 2. Electronic prescribing of all medications which makes number one much simpler**
- 3. Electronic prescribing of controlled substances and opioids which also makes number one simpler (for details see: [The Opioid Epidemic: Part III - Electronic Prescribing of Control Substances](#) for tutorial see: [EPM Tools - ePrescribing of Controlled Substances Tutorial](#))**
- 4. Urine Drug Screens to avoid misdirection of controlled substances (for details see: [The Opioid Epidemic: Part I The Problem](#))**
- 5. Auditing ability by the provider of his/her prescribing of controlled substances or opioids (for details see: [The Opioid Epidemic: Part II Better Record Keeping](#); for full tutorial see: [Electronic Prescribing of Controlled Substances \(e-PCS\) and Auditing](#))**
- 6. Automated Medication History through our EMR and Sure Scripts with point-of-care access to all prescriptions filled by any provider at any pharmacy. (for details see: [The Opioid Epidemic: Part IV - Medication Reconciliation and the Electronic Medication History](#); complete tutorial see: [EPM Tools - Medication Reconciliation Tutorial](#))**

7. State of Texas Prescription Monitoring System which provides access to all controlled substances prescriptions by any provider at any pharmacy for any patient (for details see: [The Opioid Epidemic: Part V - The Real Surprise in Medication Reconciliation](#))
8. Screener and Opioid Assessment for patients with Pain (SOAPP)

The following tutorial will describe how to use the SOAPP tool with your patients.

To find the SOAPP tool clinic on the Master GP Template as outlined in green below.

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Larry QTest Sex: M Age: 61 Patient's Code Status: Full Code

Home Phone: (409)504-1369 Date of Birth: 01/01/1956

Work Phone: () - **Patient has one or more alerts!** [Click Here to View Alerts](#)

Cell Phone: () -

Documents to NextMD

[Pre-Vist/Preventive Screening](#) [MIPS Quality Measures](#) [Intensive Behavioral Therapy Transtheoretical Model](#)

[Patient Currently Enrolled in Chronic Care Management](#) [Bridges to Excellence View](#)

<p>Preventive Care</p> <p>SETMA's LESS Initiative I</p> <p>Last Updated: 12/15/2016</p> <p>Preventing Diabetes I</p> <p>Last Updated: //</p> <p>Preventing Hypertension I</p> <p>Smoking Cessation I</p> <p>Care Coordination Referral</p> <p>PC-MH Coordination Review</p> <p>Needs Attention!!</p> <p>HEDIS NQF ACQ</p> <p>Elderly Medication Summary</p> <p>2016 High Risk Meds</p> <p>STARS Program Measures</p>	<p>Template Suites</p> <p>Master GP I</p> <p>Pediatrics</p> <p>Nursing Home I</p> <p>Ophthalmology</p> <p>Physical Therapy</p> <p>Podiatry</p> <p>Rheumatology</p> <p>Hospital Care</p> <p>Hospital Care Summary I</p> <p>Daily Progress Note</p> <p>Admission Orders I</p>	<p>Disease Management</p> <p>Diabetes I</p> <p>Hypertension I</p> <p>Lipids I</p> <p>Acute Coronary Syn I</p> <p>Angina I</p> <p>Asthma</p> <p>Cardiometabolic Risk Syn I</p> <p>CHF I</p> <p>Diabetes Education</p> <p>Headaches</p> <p>Renal Failure</p> <p>Weight Management I</p>	<p>Last Updated</p> <p>12/13/2016</p> <p>09/15/2015</p> <p>06/23/2016</p> <p>//</p> <p>//</p> <p>//</p> <p>06/23/2016</p> <p>06/23/2016</p> <p>//</p> <p>//</p> <p>//</p> <p>//</p>	<p>Special Functions</p> <p>Lab Present I</p> <p>Lab Future I</p> <p>Lab Results I</p> <p>Hydration I</p> <p>Nutrition I</p> <p>Guidelines I</p> <p>Pain Management</p> <p>Immunizations Print</p> <p>Reportable Conditions</p> <p>Provider ePCS Audit</p> <p>Information</p> <p>Charge Posting Tutorial</p> <p>E&M Coding Recommendations</p> <p>Drug Interactions I</p>
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On the Master GP Template, clinic on the SOAPP Assessment button as below outlined in green

EDM NURSE HISTORIES HEALTH QUIZES HPI ROS P.E. X-RAY ASSESS PLAN PROCS

Visit Type Facility Payor
 Larry QTest 61 Years M Texan Plus Classic

Chief Complaints [Comment](#)

1
2
3
4
5
6

Patient Goal This Visit

MIPS Quality Measures

Chronic Conditions Add Sort

#	Diagnosis	Hcc	RxH	Last Addressed	Cre
0	Alzheimer disease			02/27/2017	06/
0	Asbestosis	Y		03/07/2017	03/
0	Benign cough headache				03/
0	BMI 50.0-59.9, adult	Y	Y	11/03/2016	12/
0	Cerebral atrophy		Y	02/27/2017	06/
0	Dialysis patient	Y	Y	02/27/2017	03/
0	Elevated homocysteine	Y	Y	01/25/2017	08/
0	Erectile disorder, lifelong, situational, mild			04/20/2017	03/
0	Familial Alzheimer's disease				06/
0	Irritable bowel syndrome with constipation				11/
0	Mental retardation		Y	02/27/2017	06/
0	Morbid obesity	Y	Y	02/27/2017	06/
0	Neurodegenerative cognitive impairment		Y	02/27/2017	06/
0	Psoriatic arthritis	Y	Y	02/27/2017	06/

BP /
 Pulse Pressure 0
 Temp
 Pulse
 Resp
 Weight (lb)
 BMI
 Body Fat 38.9
 BMR
 Cardiac Risk Ratio 1.05

Fall Risk Assessment	09/26/2016
Functional Assessment	04/20/2017
Pain Assessment	04/20/2017
Stress Assessment	04/26/2017
Wellness Assessment	07/13/2016
Nutrition Assessment	09/02/2015
Sleep Questionnaire	09/02/2015
Depression Screen	07/13/2016
Karnofsky/Lansky	09/02/2015
Palliative Perf Scale	09/02/2015
Braden Scale	09/02/2015
FAST Assessment	09/02/2015
SOAPP Assessment	04/26/2017

Clinic Performance Measures

X Alert

Home
 Nursing
 Histories
 Health
 Lab Results
 Questionnaires
 HPI Chief
 System Review
 Physical Exam
 Radiology
 Assessment
 Hydration
 Nutrition
 Exercise
 Plan
 Procedures
 Chart Note

The 14 questions required for the completion of the SOAPP Assessment are listed below with the options available. Once this tool is completed, it will copy forward, making updates easier to complete.

Screener and Opioid Assessment for Patients with Pain (SOAPP)

Last Updated/Reviewed 04/27/2017

Return

Total Score 11

A score of 7 or higher indicates the patient may be at risk for abusing medication when placed on long-term opioid therapy.

1. How often do you have mood swings? Never Seldom Sometimes Often Very Often
2. How often do you smoke a cigarette within an hour after you wake up? Never Seldom Sometimes Often Very Often
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs? Never Seldom Sometimes Often Very Often
4. How often have any of your close friends had a problem with alcohol or drugs? Never Seldom Sometimes Often Very Often
5. How often have others suggested that you have a drug or alcohol problem? Never Seldom Sometimes Often Very Often
6. How often have you attended an AA or NA meeting? Never Seldom Sometimes Often Very Often
7. How often have you taken medication other than the way that it was prescribed? Never Seldom Sometimes Often Very Often
8. How often have you been treated for an alcohol or drug problem? Never Seldom Sometimes Often Very Often
9. How often have your medications been lost or stolen? Never Seldom Sometimes Often Very Often
10. How often have others expressed concern over your use of medication? Never Seldom Sometimes Often Very Often
11. How often have you felt a craving for medication? Never Seldom Sometimes Often Very Often
12. How often have you been asked to give a urine screen for substance abuse? Never Seldom Sometimes Often Very Often
13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years? Never Seldom Sometimes Often Very Often
14. How often, in your lifetime, have you had legal problems or been arrested? Never Seldom Sometimes Often Very Often

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The SOAPP® was developed with a grant from the National Institutes of Health and an educational grant from Endo Pharmaceuticals.

Once the tool is completed, the Last Update/Reviewed will be updated. The standard for **SETMA will be that this tool will be completed once a year for patients who are thought to be at risk of abusing medications.**

The total score will be automatically displayed. If it is above 7, the patient is considered to be at higher risk for developing problems with the use of opioids and should be monitored more carefully. Because the tool not perfect, attention should be paid to all patients.

Screener and Opioid Assessment for Patients with Pain (SOAPP)

Last Updated/Reviewed

Total Score

A score of 7 or higher indicates the patient may be at risk for abusing medication when placed on long-term opioid therapy.

1. How often do you have mood swings? Never Seldom Sometimes Often Very Often
2. How often do you smoke a cigarette within an hour after you wake up? Never Seldom Sometimes Often Very Often
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs? Never Seldom Sometimes Often Very Often
4. How often have any of your close friends had a problem with alcohol or drugs? Never Seldom Sometimes Often Very Often
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13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years? Never Seldom Sometimes Often Very Often
14. How often, in your lifetime, have you had legal problems or been arrested? Never Seldom Sometimes Often Very Often

The assessment in red below will be part of the medical record once it is completed.

Screener and Opioid Assessment for Patients with Pain (SOAPP)

Last Updated/Reviewed

Total Score

A score of 7 or higher indicates the patient may be at risk for abusing medication when placed on long-term opioid therapy.

1. How often do you have mood swings?	<input checked="" type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
2. How often do you smoke a cigarette within an hour after you wake up?	<input type="radio"/> Never	<input checked="" type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs?	<input checked="" type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
4. How often have any of your close friends had a problem with alcohol or drugs?	<input type="radio"/> Never	<input checked="" type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
5. How often have others suggested that you have a drug or alcohol problem?	<input type="radio"/> Never	<input type="radio"/> Seldom	<input checked="" type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
6. How often have you attended an AA or NA meeting?	<input type="radio"/> Never	<input checked="" type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
7. How often have you taken medication other than the way that it was prescribed?	<input checked="" type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
8. How often have you been treated for an alcohol or drug problem?	<input checked="" type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
9. How often have your medications been lost or stolen?	<input checked="" type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
10. How often have others expressed concern over your use of medication?	<input checked="" type="radio"/> Never	<input type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
11. How often have you felt a craving for medication?	<input type="radio"/> Never	<input checked="" type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
12. How often have you been asked to give a urine screen for substance abuse?	<input type="radio"/> Never	<input type="radio"/> Seldom	<input checked="" type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years?	<input type="radio"/> Never	<input checked="" type="radio"/> Seldom	<input type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often
14. How often, in your lifetime, have you had legal problems or been arrested?	<input type="radio"/> Never	<input type="radio"/> Seldom	<input checked="" type="radio"/> Sometimes	<input type="radio"/> Often	<input type="radio"/> Very Often

The RETURN button will take you back to the EMR GP Master.

Screening and Opioid Assessment for Patients with Pain (SOAPP)

Last Updated/Reviewed 04/26/2017

Total Score 11

A score of 7 or higher indicates the patient may be at risk for abusing medication when placed on long-term opioid therapy.

1. How often do you have mood swings? Never Seldom Sometimes Often Very Often
2. How often do you smoke a cigarette within an hour after you wake up? Never Seldom Sometimes Often Very Often
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs? Never Seldom Sometimes Often Very Often
4. How often have any of your close friends had a problem with alcohol or drugs? Never Seldom Sometimes Often Very Often
5. How often have others suggested that you have a drug or alcohol problem? Never Seldom Sometimes Often Very Often
6. How often have you attended an AA or NA meeting? Never Seldom Sometimes Often Very Often
7. How often have you taken medication other than the way that it was prescribed? Never Seldom Sometimes Often Very Often
8. How often have you been treated for an alcohol or drug problem? Never Seldom Sometimes Often Very Often
9. How often have your medications been lost or stolen? Never Seldom Sometimes Often Very Often
10. How often have others expressed concern over your use of medication? Never Seldom Sometimes Often Very Often
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12. How often have you been asked to give a urine screen for substance abuse? Never Seldom Sometimes Often Very Often
13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years? Never Seldom Sometimes Often Very Often
14. How often, in your lifetime, have you had legal problems or been arrested? Never Seldom Sometimes Often Very Often

Return

When the SOAPP is complete and the RETURN button is deployed, the following will appear on the patient's chart note for that day's encounter. This is the real result of a patient recently seen in our clinic.

Screener and Opioid Assessment for Patients with Pain (SOAPP)

1. How often do you have mood swings? *Seldom*
2. How often do you smoke a cigarette within an hour after you wake up? *Never*
3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs? *Never*
4. How often have any of your close friends had a problem with alcohol or drugs? *Never*
5. How often have others suggested that you have a drug or alcohol problem? *Never*
6. How often have you attended an AA or NA meeting? *Never*
7. How often have you taken medication other than the way that it was prescribed? *Never*
8. How often have you been treated for an alcohol or drug problem? *Never*
9. How often have your medications been lost or stolen? *Never*
10. How often have others expressed concern over your use of medication? *Never*
11. How often have you felt a craving for medication? *Never*
12. How often have you been asked to give a urine screen for substance abuse? *Never*
13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years? *Never*
14. How often, in your lifetime, have you had legal problems or been arrested? *Never*

Total Score 4 points

A score of 7 or higher indicates the patient may be at risk for abusing medication when placed on long-term opioid therapy.