

Quality and Patient Safety Checklist for Pain Practices

Introduction

This checklist is intended as a tool for specialty pain clinics to assess their practice against a basic set of clinical practice guidelines. Minnesota Department of Human Services (DHS) developed this checklist in 2022 under the guidance of 13 medical professionals with expertise in chronic pain management. Practices and individual clinicians can use this checklist to identify and prioritize continuous improvement efforts in their pain practice.

Quality and patient safety domains

Review each of the following domains and indicate in the check boxes whether the clinic or practice has these domains in place.

Opioid prescribing policies and clinical practice guidelines

- ☐ The organization has opioid prescribing policies and protocols that are based on clinical practice guidelines and are reviewed at least once per year.
- ☐ The organization has an interdisciplinary pain management team to provide comprehensive services related to treating patients with chronic pain (this can include external resources).

Electronic health record (EHR) and data collection

- ☐ A basic risk evaluation template is used in the patient chart at each patient visit. The following risk factors are addressed in the patient note, record or dictation if present:
 - Concomitant benzos
 - Average daily dose
 - Assessment scores (for example, GAD7, PHQ-2/9, CAGE)
 - Depression, anxiety or other mental health conditions that increase risk
- ☐ The organization provides clinicians with prescribing data on their patient panel at least twice per year.

Risk response

- ☐ All opioid prescribers have the clinical competence to screen and diagnose opioid use disorder (OUD). Or, when clinicians do not possess this competence, an Addiction Medicine referral network is in place.
- ☐ The practice has an established referral network for medication for opioid use disorder (MOUD) or can offer MOUD within clinic.

- ☐ The practice utilizes DHS' [Encounter Alert System \(EAS\)](#) website to monitor for adverse drug events related to opioid use.
- ☐ The practice has established protocol for responding to known adverse drug events when they occur in the patient panel.
- ☐ The practice is equipped to oversee opioid tapers that align with an established clinical practice guideline (Centers for Disease Control and Prevention (CDC) 2022, Minnesota DHS 2021, HHS 2019, VA 2022)

Provider support and monitoring

- ☐ The practice has a designated individual responsible for ongoing clinical quality improvement efforts.
- ☐ The practice has a mechanism for peer or chart review to identify Chronic Opioid Analgesic Therapy (COAT) prescribing patterns that are not aligned with current practice standards.

Clinical Practice Guidelines

DHS and its panel of medical experts reviewed the following sets of practice guidelines and incorporated fundamental themes into this checklist (waiver).

- [CDC Clinical Practice Guidelines for Prescribing Opioids \(2022\) \(PDF\)](#)
- [VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain \(2022\) \(PDF\)](#)
- [HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics \(2019\) \(PDF\)](#)
- [Minnesota Opioid Prescribing Guidelines \(2018\) \(PDF\)](#)
 - [Tapering and discontinuing opioid uses \(2021\)](#) webpage