Will Introduction of a Pain Assessment Template in the EMR Result in Improvement of Pain Assessment Documentation in an Outpatient Setting

Dr. Theresa Pechaty FNP, RN, DNP
The Office of the Surgeon Generals Pain Management Task Force (PMTF) determined that pain management in the military treatment system should have a biopsychosocial focus and pain assessments reflect a multidisciplinary approach. Health-information technology, such as electronic health records, has the potential to facilitate the assessment of pain through the incorporation of valid pain assessment tools that would provide a comprehensive and timely assessment of pain patients.
Biopsychosocial Model

• Nursing “holistic approach”

• Church – nurses spiritual/doctors medical treatment.

• Dr. George Engel (1977) seminal work advocated change from biomedical to biopsychosocial approach to medical care.
Biological

- Addresses physical problems

- Pharmacological – NSAID, Opioids, Neurontin, Lyrica, Tricyclic antidepressants

- Nonpharmacological - physical therapy, chiropractor, acupuncture, Pilates, TENS, facet injections, botox, etc.

Improving functioning by modifying overt pain behaviors that provoke reinforcement from the environment.

Can reduce pain addressing personality, gender, age, environment and culture (Eccleston, 2001)
Social Aspect

- Provides understanding of values, beliefs, hopes, emotions and historical impact on social functioning.

- Insight into an individuals interaction with environment (Coutu et al., 2007).

- Social workers address social, political, and economic resources and power to promote dignity, worth and right to self-determination (MacDonald, 2000).
Electronic Medical Record Result in Improvement of Pain Assessment Documentation in an Outpatient Setting

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METHODOLOGY

A clinic meeting will be conducted to introduce the template to credentialed providers and obtain signed consent forms from all willing participants. An electronic template of the BPI will be created and made available in the EMR one month prior to the beginning of the pilot project and providers will be given a power point presentation and individualized instruction on how to access the template.

The pilot project will be conducted over a two month period and the investigator will be available on a daily basis to assist project participants. Sixty chronic pain encounters (30 prior to initiation of the pilot project and 30 following the pilot project) will be randomly selected using ICD codes in the categories 723 and 724 (cervical and lumbar symptoms) for patients with chronic pain of 3 or more months in duration. Each encounter will be evaluated to determine frequency of BPI usage and improvement in documentation. Information from the encounters will be entered into an aggregate data sheet after which the encounters will be destroyed.

A paired t-test will be used to analyze the data from the aggregate data sheet. Upon completion of the pilot project, a provider meeting will be held to present the data analysis results. Providers will be asked for their opinion regarding the feasibility of using the template on a permanent basis and making the template available for use hospital-wide.

DISCUSSION

Following implementation of the pain assessment Brief Pain Inventory, it is expected that providers in Internal Medicine will improve their pain assessment documentation to include all required elements of pain assessment: pain location, pain intensity, patient functioning, treatment modalities, physical activity and relationships.

IMPLICATIONS

The BPI to assesses the severity of pain and the impact of pain on daily functions. It is a pain assessment tool that measures pain level and addresses how pain interferes with various daily activities and relationships including general activity, walking, work, mood, enjoyment of life, relations with others, and work. The BPI, therefore, can provide a comprehensive assessment that supports a biopsychosocial pain management approach proposed by the Office of the Surgeon General.

BACKGROUND

In August 2009, the Army Surgeon General chartered the Army Pain Management Task Force to make recommendations for a U.S. Army Medical Command (MEDCOM) comprehensive pain management strategy that was holistic, multidisciplinary, and multimodal in approach; utilizes state of the art/science modalities and technologies; and provides optimal quality of life for Soldiers and other patients with acute and chronic pain.

Health-information technology, such as electronic health records, has the potential to improve health care and facilitate the assessment of pain (Office of the Surgeon General, 2009). The Brief Pain Inventory (BPI) was chosen for this project because it is one of the most widely used instruments for assessing clinical pain, has been shown to be an appropriate measure for pain caused by a wide range of clinical conditions, is easy to use, and has been validated in multiple studies (Keller et al., 2004).

PROBLEM

Many primary care providers lack proper pain management education and have a variable understanding of pain management. As a result, treatment plans for pain patients are based on diverse approaches, philosophies, and cultural beliefs that are often not in compliance with guidelines of care and lead to inappropriate treatment of pain patients (Upshur CC, Luckmann RS, Savageau J. 2006). Additionally, Krebs et al., 2007 found that providers treating pain in a primary care setting often fail to fully document their treatment plans. Providers at Fort Belvoir Community Hospital document a variety of treatment plans for pain patients in the electronic medical record (EMR) that are often not in compliance with recommendations of the Surgeons General Pain Management Task Force, Drug Enforcement Agency regulations, or hospital guidelines. The FBCH pain committee is implementing several initiatives to improve compliance, however the EMR, Armed Forces Health Longitudinal Technology Application (AHLTA), used at the Fort Belvoir Community Hospital has no template to facilitate a timely and comprehensive assessment of pain patients.

PURPOSE

This ex post facto pilot project determines whether the pain assessment instrument Brief Pain Inventory (BPI) embedded in the EMR used at Fort Belvoir Community Hospital will improve the documentation of pain assessments by primary care providers.

BIBLIOGRAPHY


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The views expressed in this poster are those of the authors and do not necessarily reflect the official policy or position of the Department of the Army, Department of the Air Force, Department of Defense, nor the U.S. Government.
Goals and Objectives

Find a validated pain assessment tool that was:
1. Comprehensive
2. Focused on the biopsychosocial approach to pain management
3. Timely

Incorporate the tool Electronic Medical Record (EMR).

Determine whether providers working in an Internal Medicine clinic using the embedded tool would improve documentation of pain assessment.
The Brief Pain Inventory

15 Item questionnaire created by Dr. Cleeland at MD Anderson Hospital in Texas

**Sensory:** Pain intensity and or severity

**Reactive:** Interference with daily function

Impact of pain on daily function, location of pain, pain. Evaluates pain and severity and impact of pain on daily function and relationships.

One of the most widely used instrument/appropriate for a wide range of clinical conditions, validated in multiple studies, and is available in multiple languages (Keller et al., 2004).
BPI Features

**Purpose:** To assess the severity of pain and the impact of pain on daily functions

**Population:** Patients with pain from chronic diseases or conditions such as cancer, osteoarthritis and low back pain, or with pain from acute conditions such as postoperative pain

**Assessment areas:** Severity of pain, impact of pain on daily function, location of pain, pain medications and amount of pain relief in the past 24 hours or the past week

**Responsiveness:** Responds to both behavioral and pharmacological pain interventions

**Method:** Self-report or interview

**Time required:** Five minutes (short form), 10 minutes (long form)

**Scoring:** No scoring algorithm, but "worst pain" or the arithmetic mean of the four severity items can be used as measures of pain severity; the arithmetic mean of the seven interference items can be used as a measure of pain interference

**Reliability:** Cronbach alpha reliability ranges from 0.77 to 0.91
Main Points Covered in the BPI

Occurrence of pain
Areas of pain
Rating of the pain at its worst in the last 24 hours
Rating of the pain at its least in the last 24 hours
Specifying the average pain level
Specifying the current level of pain
Specifications of the treatments or medications being currently taken
Percentage of pain relief form medications in the past 24 hours

Specifying how much has the pain interfered in the following areas of life in the last 24 hours:
General activity
Mood
Walking ability
Normal work
Relation with other people
Sleep
Enjoyment of life
BPI  English Translation

Brief Pain Inventory (Short Form)

Date

Name

Last First Middle Initial

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

   1. Yes
   2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.

3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the average.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

   0 1 2 3 4 5 6 7 8 9 10
   No Pain Pain as bad as you can imagine
7. What treatments or medications are you receiving for your pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.  
   0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Complete Relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

   **A. General Activity**
   - 0: Does not interfere
   - 1: Slightly interferes
   - 2: Moderately interferes
   - 3: Moderately to much interferes
   - 4: Much interferes
   - 5: Completely interferes

   **B. Mood**
   - 0: Does not interfere
   - 1: Slightly interferes
   - 2: Moderately interferes
   - 3: Moderately to much interferes
   - 4: Much interferes
   - 5: Completely interferes

   **C. Walking Ability**
   - 0: Does not interfere
   - 1: Slightly interferes
   - 2: Moderately interferes
   - 3: Moderately to much interferes
   - 4: Much interferes
   - 5: Completely interferes

   **D. Normal Work (includes both work outside the home and housework)**
   - 0: Does not interfere
   - 1: Slightly interferes
   - 2: Moderately interferes
   - 3: Moderately to much interferes
   - 4: Much interferes
   - 5: Completely interferes

   **E. Relations with other people**
   - 0: Does not interfere
   - 1: Slightly interferes
   - 2: Moderately interferes
   - 3: Moderately to much interferes
   - 4: Much interferes
   - 5: Completely interferes

   **F. Sleep**
   - 0: Does not interfere
   - 1: Slightly interferes
   - 2: Moderately interferes
   - 3: Moderately to much interferes
   - 4: Much interferes
   - 5: Completely interferes

   **G. Enjoyment of life**
   - 0: Does not interfere
   - 1: Slightly interferes
   - 2: Moderately interferes
   - 3: Moderately to much interferes
   - 4: Much interferes
   - 5: Completely interferes

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Pain Research Group
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Questionnaire concis sur les douleurs (Format Réduit)

Date: ___/___/___ Heures: ___
Nom: __________________________ Prénom: __________________________

1. Au cours de votre vie, la plupart d'entre nous ressentent des douleurs un jour ou l'autre (maux de tête, rage de dents). Avez-vous ressenti d'autres douleurs que ce type de douleurs « familières » aujourd'hui ?
   1. Oui
   2. Non

2. Indiquez sur ce schéma où vous trouvez votre douleur en noircissant la zone. Mettez sur le dessin un « X » à l'endroit où vous ressentez la douleur la plus intense.

3. SVP, entourez d'un cercle le chiffre qui décrit le mieux la douleur la plus intense que vous avez ressentie pendant les dernières 24 heures.
   0 : Pas de douleur
   1 : Douleur la plus faible que vous pouvez imaginer
   2 : Douleur plus faible que vous pouvez imaginer
   3 : Douleur plus faible que vous pouvez imaginer
   4 : Douleur plus faible que vous pouvez imaginer
   5 : Douleur plus intense que vous pouvez imaginer
   6 : Douleur plus intense que vous pouvez imaginer
   7 : Douleur plus intense que vous pouvez imaginer
   8 : Douleur plus intense que vous pouvez imaginer
   9 : Douleur la plus intense que vous pouvez imaginer
   10 : Douleur la plus intense que vous pouvez imaginer

Page 1 de 2
简明疼痛调查表（简表）

日期 ______年____月____日 ________时间 ________
姓名

一、在我们一生中大多数都曾经体验过轻微的头痛、损伤和牙痛，今天你是否有一些不常感的疼痛？
1. 有 2. 没有

二、请你在下面用阴影标出你感到疼痛的部位，并在最痛的部位打“×”

左 有 左 有

三、请圈出一个数字以表示你在24小时内疼痛最重的程度。

0 1 2 3 4 5 6 7 8 9 10
不痛 你能想象的最痛

四、请圈出一个数字以表示你在24小时内疼痛最轻的程度。

0 1 2 3 4 5 6 7 8 9 10
不痛 你能想象的最痛

五、请圈出一个数字以表示你在24小时内疼痛的平均程度。

0 1 2 3 4 5 6 7 8 9 10
不痛 你能想象的最痛

六、请圈出一个数字以表示你现在疼痛的程度。

0 1 2 3 4 5 6 7 8 9 10
不痛 你能想象的最痛

七、目前你正接受什么药物和疗法治疗疼痛？

2. 情绪
0 1 2 3 4 5 6 7 8 9 10
无影响 完全影响

3. 行走能力
0 1 2 3 4 5 6 7 8 9 10
无影响 完全影响

4. 正常工作（包括外出工作和家务劳动）
0 1 2 3 4 5 6 7 8 9 10
无影响 完全影响

5. 与他人关系
0 1 2 3 4 5 6 7 8 9 10
无影响 完全影响

6. 睡眠
0 1 2 3 4 5 6 7 8 9 10
无影响 完全影响

7. 生活乐趣
0 1 2 3 4 5 6 7 8 9 10
无影响 完全影响
Psychometrically and Linguistically Validated

- Arabic
- Cebuano
- Chinese (Simplified)
- Chinese (Traditional)
- Croatian
- Czech
- English*
- Filipino
- French
- German
- Greek
- Hebrew
- Hindi
- Italian*
- Japanese
- Korean
- Malay
- Norwegian
- Russian
- Slovak
- Slovenian
- Spanish*
- Spanish (Spain)
- Thai

Linguistically Validated

- Afrikaans
- Bengali
- Bulgarian
- Danish
- Dutch
- Estonian
- Finnish
- Georgian
- Gujarati
- Hungarian
- Kannada
- Latvian
- Lithuanian
- Malayalam
- Marathi
- Polish
- Portuguese (Brazil)
- Portuguese (Portugal)
- Romanian
- Serbian
- Swedish
- Tamil
- Telugu
- Turkish
- Ukrainian
- Urdu
- Vietnamese
- Xhosa
- Zulu
Problem

This pilot project evaluated whether the pain assessment instrument Brief Pain Inventory (BPI) embedded in the Electronic Medical Record (EMR) used by providers in a primary care setting of Fort Belvoir Community Hospital would improve documentation of pain assessments.
AHLTA Case Management Student Guide

Armed Forces Health Longitudinal Technology Application (AHLTA)
**ATTENTION**

Please remember to document MEDICATION RECONCILIATION (after any changes from the current visit are discussed with the patient on the **Exit/CP**). This is essential for patient safety and is monitored.

<table>
<thead>
<tr>
<th>A. Chief</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. History of Present Illness (2008 Character Limit)</td>
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- Note accomplished in TSWF-CORE

<table>
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<th>TSWF CORE AIM Form (Version 2014)</th>
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<td>TSWF Resources/Feedback</td>
</tr>
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<table>
<thead>
<tr>
<th>C. Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Severity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Pain Assessment</th>
</tr>
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<tbody>
<tr>
<td>On/Off/Pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Medical Conditions (PMH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Surgery/Procedures (List all hospital and ambulatory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Social History/Family/Occupation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K. Preventive Services (Update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. Allergies</td>
</tr>
</tbody>
</table>

- Family History

<table>
<thead>
<tr>
<th>Medications (include OTCs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Including OTCs, vitamins, herbal, etc.</td>
</tr>
</tbody>
</table>

**Additional HPI**

- Click on notepad on right for additional 2000

**New Result**

**Previous E.**

**Problems**

**Radiology**

**Sign Orders**

**Telephone**

**Vital Signs**

**Vital Signs**

**Encounter DETR-17205437 Disposition section was saved.**

**2014 by AEMC.**
### PAIN INVENTORY

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, toothaches) Have you had pain other than these everyday kinds of pain today?
   - **Yes**
   - **No**

2. On what areas of your body are you feeling pain and what area hurts the most?
   - Answer:

3. Please rate your pain by selecting the number that best describes your pain at its worst in the last 24 hours.
   - **0 (No Pain)**
   - **1**
   - **2**
   - **3**
   - **4**
   - **5**
   - **6**
   - **7**
   - **8**
   - **9**
   - **10 (Pain as bad as you can imagine)**

4. Please rate your pain by selecting the one number that best describes your pain at its least in 24 hours.
   - **0 (No Pain)**
   - **1**
   - **2**
   - **3**
   - **4**
   - **5**
   - **6**
   - **7**
   - **8**
   - **9**
   - **10 (Pain as bad as you can imagine)**

5. Please rate your pain by selecting the one number that tells how much pain you have on average.
   - **0 (No Pain)**
   - **1**
   - **2**
   - **3**
   - **4**
   - **5**
   - **6**
   - **7**
   - **8**
   - **9**
   - **10 (Pain as bad as you can imagine)**

6. Please rate your pain by selecting one number that tells how much pain you have right now?
   - **0 (No Pain)**
   - **1**
   - **2**
   - **3**
   - **4**
   - **5**
   - **6**
   - **7**
   - **8**
   - **9**
   - **10 (Pain as bad as you can imagine)**
7. What treatments or medications are you taking for pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please select the percentage that most shows how much relief you have received.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Relief</th>
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</thead>
<tbody>
<tr>
<td>0% (No Relief)</td>
<td>10%</td>
</tr>
<tr>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>40%</td>
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<tr>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td>100% (Complete Relief)</td>
</tr>
</tbody>
</table>

9. Select the one number that describes how, during the 24 hours, pain has interfered with your General Activity.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does not interfere</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td>4</td>
<td></td>
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<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Completely interferes</td>
</tr>
</tbody>
</table>

10. Select the one number that describes how, during the past 24 hours, pain has interfered with your Mood.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Completely interferes</td>
</tr>
</tbody>
</table>

11. Select the one number that describes how, during the past 24 hours, pain has interfered with your Walking Ability.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Completely interferes</td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>12</td>
<td>Select the one number that describes how, during the past 24 hours, pain has interfered with your Normal Work (include both work outside the home and housework)</td>
</tr>
<tr>
<td>13</td>
<td>Select the one number that describes how, during the past 24 hours, pain has interfered with your Relations with other people.</td>
</tr>
<tr>
<td>14</td>
<td>Select the one number that describes how, during the past 24 hours, pain has interfered with your Sleep.</td>
</tr>
<tr>
<td>15</td>
<td>Select the one number that describes how, during the past 24 hours, pain has interfered with your Enjoyment of life.</td>
</tr>
</tbody>
</table>
Method

This project used a quasi-experimental design using nonequivalent groups to determine the difference, if any, between the introductions of a pain assessment documentation tool, the Brief Pain Inventory (BPI), as a template embedded into the existing EMR and improvement of pain assessment documentation.
The data was aggregated and summarized and a paired t-test and Wilcoxon signed rank test were used to compare results between patient encounters pre- and post-implementation of the BPI. Strong evidence demonstrated a high effectiveness of the BPI to improve pain assessment documentation, particularly in the area of patient functioning: general activity, walking, work, mood, enjoyment of life, relations with others, and sleep.
Table 1. Pre-Post score differences

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre (%) Compliance</th>
<th>Post (%) Compliance</th>
<th>Per cent difference</th>
<th>P-value&lt;sup&gt;1&lt;/sup&gt;</th>
<th>P-value&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Location</td>
<td>96.7</td>
<td>100.0</td>
<td>3.3</td>
<td>.326</td>
<td>.317</td>
</tr>
<tr>
<td>Pain Severity</td>
<td>100.0</td>
<td>100.0</td>
<td>0.0</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Physical Ability</td>
<td>10.0</td>
<td>100.0</td>
<td>90.0</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Emotional Status</td>
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<td>100.0</td>
<td>96.7</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
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<tr>
<td>Social Relationships</td>
<td>6.7</td>
<td>100.0</td>
<td>93.3</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
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<td>Pharmacological Treatment</td>
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<td>100.0</td>
<td>20.0</td>
<td>.012</td>
<td>.014</td>
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<tr>
<td>Non-pharmacological Treatment</td>
<td>86.7</td>
<td>100.0</td>
<td>13.3</td>
<td>.043</td>
<td>.046</td>
</tr>
<tr>
<td>Total</td>
<td>54.8</td>
<td>100.0</td>
<td>45.2</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

<sup>1</sup> Paired t-test  
<sup>2</sup> Wilcoxon signed rank test
Conclusion

Embedding a validated tool for comprehensive pain assessment in an EMR enables providers to perform an expedient and comprehensive assessment of pain patients that reflects a multidisciplinary approach to pain management.
References


Fishman S.M: (2006). Risk of the view through the keyhole: There is much more to physician reactions to the DEA than the number of formal actions. Pain Medicine, 7, 360–362. DOI: 10.1111/j.1526-4637.2006.00194.x


References


References


Questions?