



# **Team Management of Patients on Controlled Substances**

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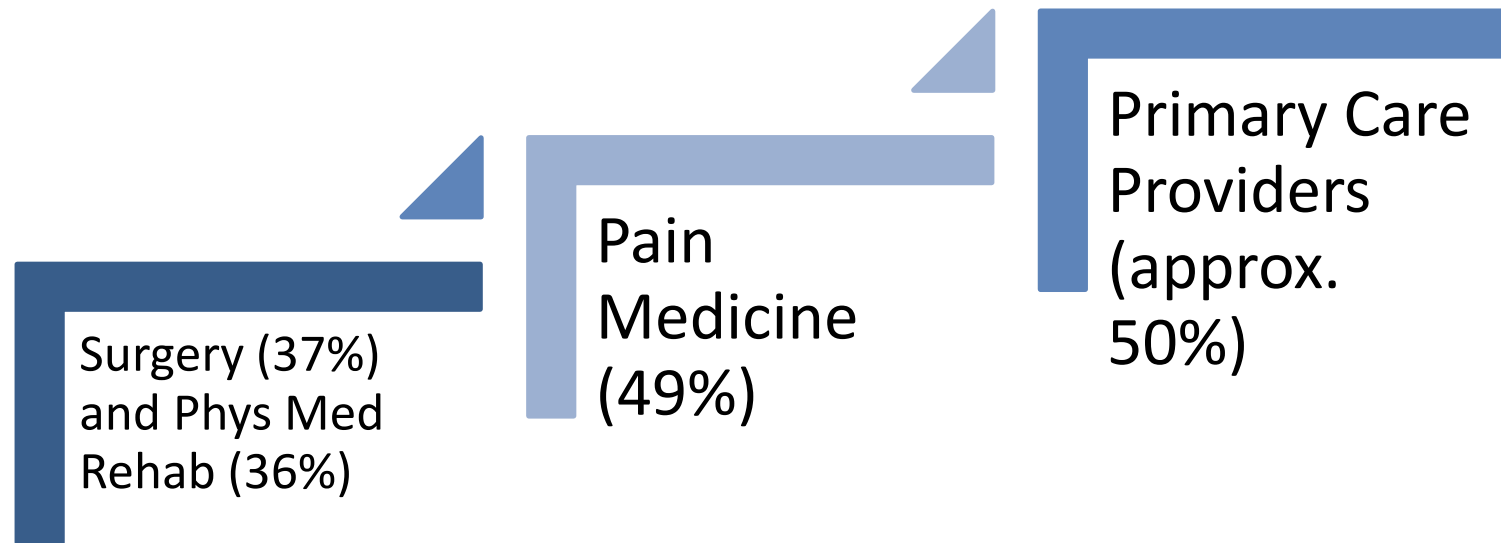
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## Disclosures

- None

# Opioid Prescribing Rates



(CDC, 2017)

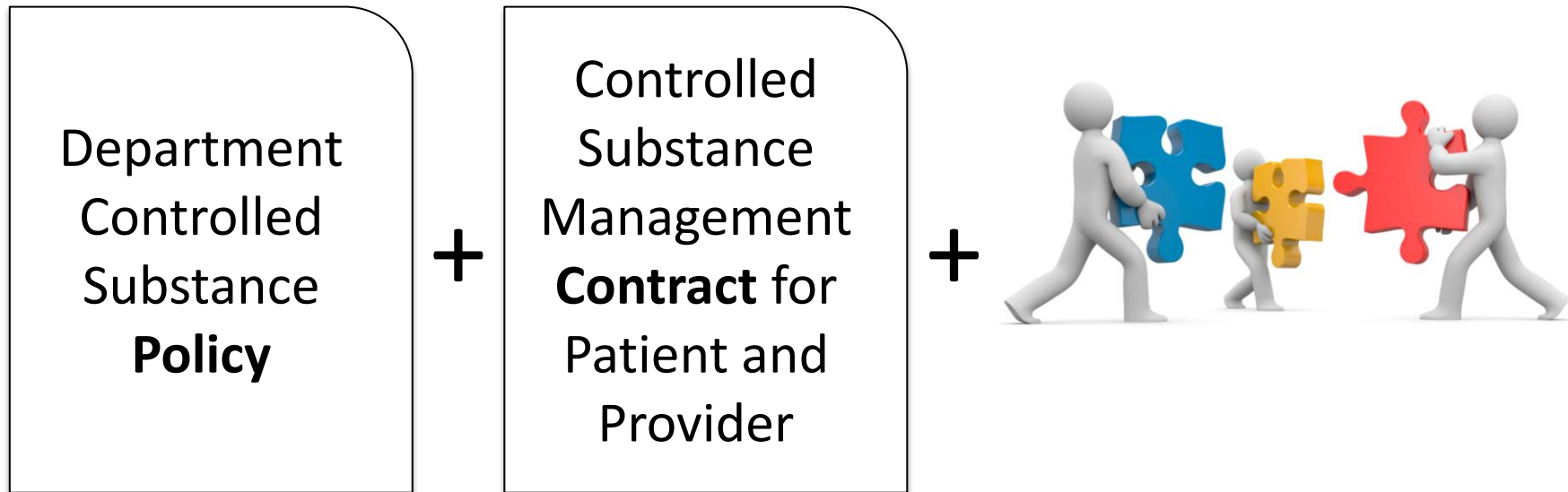
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Approximately **20%** of patients presenting to clinics with nonmalignant pain symptoms or pain-related diagnoses (including acute and chronic pain) will receive an opioid prescription.

# Roadmap

- Background



- Impact on Practice
- Lessons Learned and Next Steps

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## Who are we?

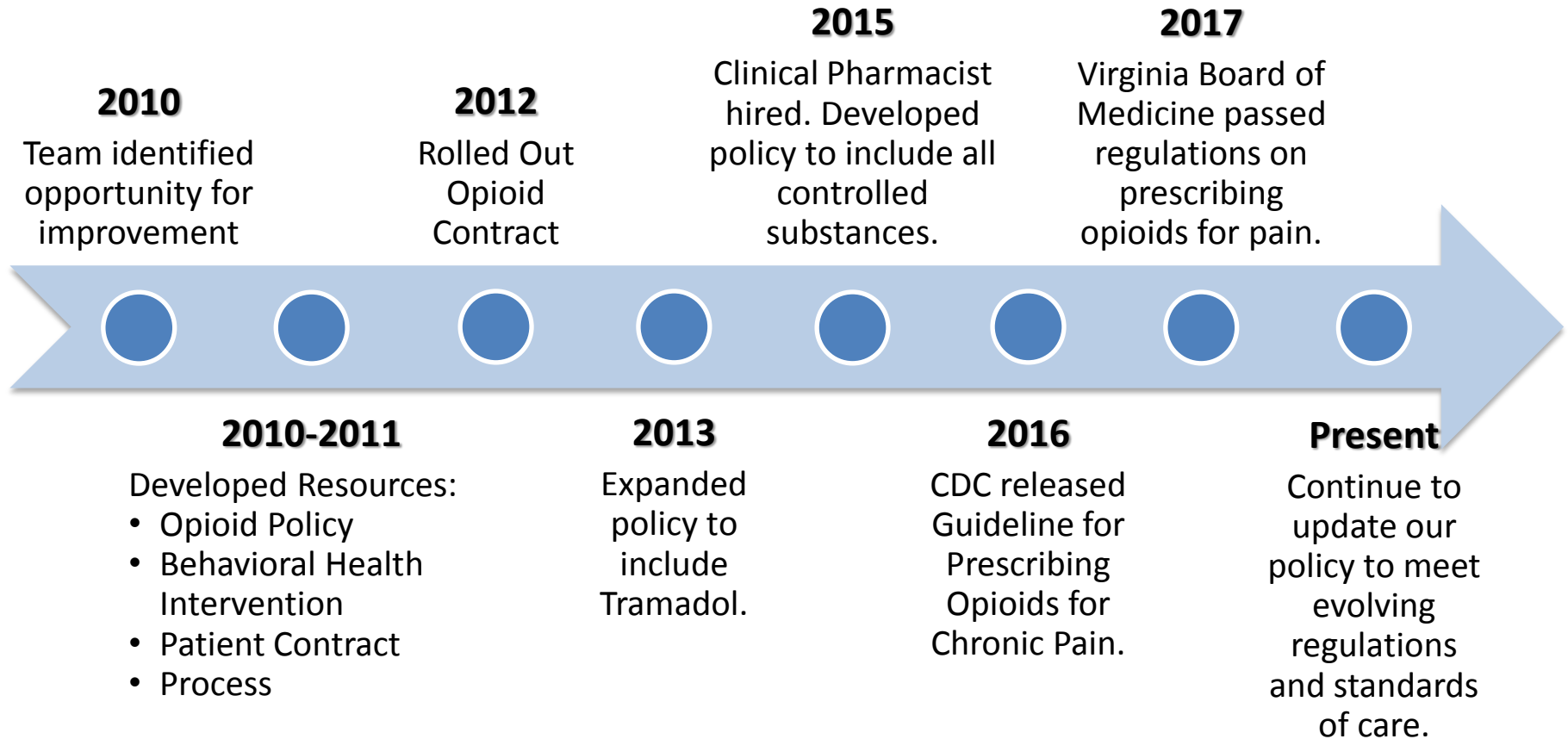
### University of Virginia Family Medicine

- 26 Faculty and 24 Residents
- 2 Clinical Psychologists
- 1 Psychiatrist
- 1 Pharmacist
- 2 Social Workers
- 5 Clinics



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## Timeline of Events



## UVA Family Medicine Controlled Substance (CS) Policy Highlights

- **Goal:** facilitate collaboration between provider and patient to develop mutually agreed upon treatment plan.
  - No opioids or controlled substances at initial visit.
  - Review risks, benefits and alternative approaches prior to starting CS
  - Use standard tools to evaluate risk and function
  - Check PMP for every issued prescription.
  - Do not prescribe more than 3 months of medication at a time
  - Patient must be seen every 3 months.
  - Perform contract med screen prior to initiating contract and every 3 months thereafter for the first year, then at least every 6 months or at provider discretion.
  - Patient being prescribed more than 50 MME/day requires referral to clinic leadership for review.

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## UVA Family Medicine Controlled Substance Contract Highlights

- Must be completed annually or at every medication change and maintained with current primary care provider.

Can be a challenge  
when residents  
graduate or  
providers leave.

- Includes Notice of Risk

UNIVERSITY OF VIRGINIA HEALTH SYSTEM  
1500004

Patient Name: \_\_\_\_\_  
Last First Middle

Health Care Provider: \_\_\_\_\_  
Print Name

Attending: \_\_\_\_\_  
Print Name

Clinic: \_\_\_\_\_  
Print Name

**Purpose and Goals**

I have a chronic illness that has not been adequately controlled with other medications and treatment, and my function is limited by my illness. As part of care, my Health Care Provider (HCP) has prescribed medication that is a controlled substance by law. Under federal and state law, this medication is a controlled substance because it can be addictive and misused.

I understand this prescribed controlled medication [hereafter referred to as "medication"] may not completely control my illness, but it has been prescribed in an effort to manage my illness such that I may become more functional and to improve my quality of life. My functional status will be continually monitored. If it is determined that this medication is not serving its purpose, it will be discontinued.

I understand that I cannot get a prescription for the agreed medication sooner than the scheduled renewal date. Extra medication will not be ordered. If a medication needs to be refilled earlier than the scheduled renewal date, then a review by the primary HCP or covering HCP will be required.

The medication(s) covered under this contract is/are:

Medication: \_\_\_\_\_  
Associated Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_  
Associated Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_  
Associated Diagnosis: \_\_\_\_\_

Follow dosing instructions and treatment:

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## UVA Department of Family Medicine Notice of Risk for Chronic Controlled Medications

I understand that controlled medicines can be dangerous. Some of the dangers are:

- **Allergic reaction or intolerance:** Can happen with any medicine.
- **Brain and nerves:** Sleepiness or trouble sleeping, problems thinking, poor memory, slow reaction times, impaired driving, poor judgment and decision-making, poor balance, and increased sensitivity to pain. Do not use alcohol or illegal drugs with this medicine. Do not mix with other medicines that cause sleepiness, without discussing with your health care provider first. Use care when driving, or working with tools or machinery.
- **Lungs:** Slowed breathing, wheezing, asthma, and sleep apnea (holding breath during sleep).
- **Heart:** Fast or irregular heartbeats.
- **Guts:** Severe constipation, poor digestion, nausea and vomiting.
- **Bladder:** Trouble urinating.
- **Skin:** Itching or rash.
- **Hormones:** Low testosterone in men and women, low sex drive, low energy, and trouble with erections.
- **Mental:** Depression or anxiety.
- **Drug interactions:** This medicine may change how other medicines work in your body, and other medicines may change how this medicine works in your body.
- **Tolerance:** Higher amounts of medicine may be needed over time to get the same amount of pain relief.
- **Physical dependence and withdrawal:** If this medicine is stopped quickly, you may feel sick (nausea, vomiting, belly cramps, diarrhea, sweating, chills, goose-bumps, fast heart beats, trouble sleeping, and anxiety). This medicine should only be stopped with the help of your health care provider.
- **Addiction or abuse:** Behaviors aimed at getting or using controlled medicines for non-medical reasons. People who have had alcohol or drug abuse, or mental illness, or who have a family history of these problems, have a higher chance of addiction.
- **Social:** Stigma of being on chronic controlled medicines. Risk of property crime.
- **Pregnancy:** Newborns can experience physical dependence and withdrawal.
- **Sudden death:** Accidental overdose can happen, even when taking this medicine as it is prescribed. Taking this medicine with other medicines that can cause sleepiness may be dangerous. Mixing this medicine with sedative medications (benzodiazepines) is especially dangerous.

## UVA Family Medicine CS Contract Highlights

- Defines patient responsibilities clearly including:
  - ✓ Medication Safekeeping
  - ✓ Renewal Request Guidelines
- Notify patient of Virginia Prescription Monitoring Program (PMP) and alert patient that we will review it regularly.
- Addresses risks and benefits
- Includes clause on violation, termination, and dismissal.

## UVA Family Medicine CS Contract Highlights

- Patient agrees to:
  - Submit **urine/serum or urine drug testing** when requested
  - Bring medication for **pill count** when requested
  - Take medication as prescribed
  - Alert clinic if he/she receives CS from another provider
  - Attend follow-up appointments including behavioral health intervention as scheduled
  - Be respectful to clinic staff
  - Avoid alcohol or mood-altering drugs

**So how does this work?  
It takes a village.**

## Controlled Substance Process Responsibilities by Role

RN	Manage controlled substance database of patients.	Track due status of PMP, Contract Med Screen, Behavioral Health Intervention		
Rooming Nurse	Communicate behavioral health needs to appropriate team member at visit.	Provide patient with appropriate screening tools during rooming.		
Access Staff	Serve as gatekeeper for new patients.	Ensure that appropriate person picks up signed prescription at front desk.		
Provider	Evaluate treatment and assesses function.	Set clear expectations with patient at onset of agreement and manage violations with clinic leadership.	Use standard documentation in medical record.	Prescribe no more than 3 months of medication at a time.
Clinical Psychologist	Establish a comprehensive Individualized Treatment Plan and re-evaluate with patient annually.	Share patient goals with provider for follow-up at routine visits.		
Pharmacist	Co-manage patients with provider.	Serve as pharmaceutical resource and consultant for provider and patient.		

## **Access Staff**

Access Staff

Serve as gatekeeper  
for new patients.

Ensure that appropriate person picks up  
signed prescription at front desk.

- Inform new patients on the telephone that we do not write prescriptions for controlled substances during first visit. Helps to avoid frustration for patient and provider.
- Schedule patients for CS follow-up visits every 3 months at provider request.
- Verify patient ID and require signature for prescription pick-up to avoid fraudulent activity.
  - The goal is for patients to pick up their prescriptions at visits every 3 months. If patient needs printed prescription outside of a visit, it is kept in a locked file cabinet.

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## Rooming Nurse

Rooming  
Nurse

Communicate behavioral health needs to appropriate team member at visit.

Provide patient with appropriate screening tools during rooming.

- Asks patient to complete depression screening with PHQ-9 and pain/function assessment with PEG Tool while waiting on provider

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns     +  +

(Healthcare professional: For interpretation of TOTAL, TOTAL:  please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
Somewhat difficult \_\_\_\_\_  
Very difficult \_\_\_\_\_  
Extremely difficult \_\_\_\_\_

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1. What number best describes your pain on average in the past week:

0   1   2   3   4   5   6   7   8   9   10

No Pain \_\_\_\_\_ Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0   1   2   3   4   5   6   7   8   9   10

Does not interfere \_\_\_\_\_ Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0   1   2   3   4   5   6   7   8   9   10

Does not interfere \_\_\_\_\_ Completely interferes

## Provider

Provider	Evaluate treatment and assesses function.	Set clear expectations with patient at onset of agreement and manage violations with clinic leadership.	Use standard documentation in medical record.	Prescribe no more than 3 months of medication at a time.
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- Review screening tools.
- During visit:
  - Order Contract Med Screen and use standard documentation
  - Review PMP
  - Verify Up-to-Date Contract
  - Verify that patient has had behavioral health visit
  - Consult with pharmacist as needed

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## OPIOID RISK TOOL

		Mark each box that applies	Item Score If Female	Item Score If Male
1. Family History of Substance Abuse	Alcohol	[ ]	1	3
	Illegal Drugs	[ ]	2	3
	Prescription Drugs	[ ]	4	4
2. Personal History of Substance Abuse	Alcohol	[ ]	3	3
	Illegal Drugs	[ ]	4	4
	Prescription Drugs	[ ]	5	5
3. Age (Mark box if 16 – 45)		[ ]	1	1
4. History of Preadolescent Sexual Abuse		[ ]	3	0
5. Psychological Disease	Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	[ ]	2	2
	Depression	[ ]	1	1
<b>TOTAL</b>			_____	_____
<b>Total Score Risk Category</b>				
Low Risk 0 – 3				
Moderate Risk 4 – 7				
High Risk $\geq 8$				

Reference: Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain Medicine*. 2005;6(6):432-442. Used with permission.

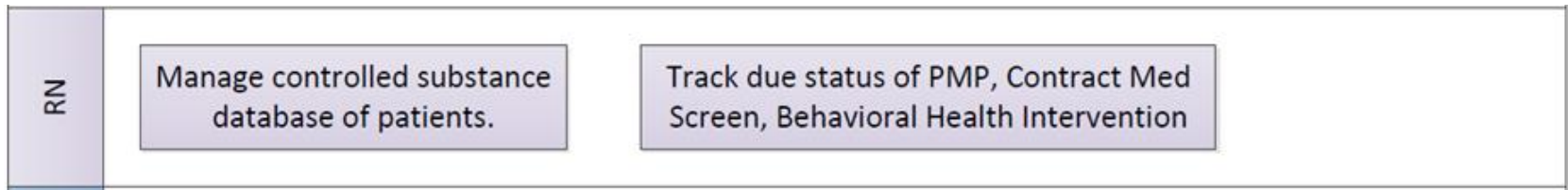
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## CONTRACT URINE DRUG SCREEN QUESTIONNAIRE

1. Date and time of all medications taken in the last 4 days:
  - METHADONE:
  - MORPHINE/MS CONTIN:
  - OXYCODONE/PERCOCET:
  - HYDROCODONE-VICODIN-NORCO-LORTAB:
  - BENZODIAZAPINES:
  - FENTANYL PATCH:
  - TRAMADOL:
2. Have you taken any over-the-counter cough or cold medications (such as Sudafed, Benadryl or Vicks Turbo-inhaler) within the last week? If so, when were they last used?
3. Have you taken any of the following prescription medications within the last week? If so, when they were last taken?
  - Trazadone
  - Effexor (venlafaxine)
  - Ambien (zolpidem)
  - Cipro or Avelox (ciprofloxacin or moxifloxacin)
  - Any stomach acid medications (such as Nexium, Protonix, Prevacid, Prilosec OTC or omeprazole)
  - Any other medications
4. Have you taken or used any recreational or “street” drugs in the past week (marijuana, cocaine, meth, heroin)?
5. Have you taken anyone else's medication in the past week?

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## RN



- Organize database of patients in secure excel sheet and alert provider when items are overdue.
- Review PMP.
- Coordinate pill counts and contract med screens as indicated by provider
- Manage refill requests and serve as gatekeeper for CS prescriptions



# Clinical Psychologist

Clinical Psychologist	Establish a comprehensive Individualized Treatment Plan and re-evaluate with patient annually.	Share patient goals with provider for follow-up at routine visits.
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## Goals:

- Behavioral Activation: Engage patients in two evidence-based, non-pharmacological treatments for pain.
- Screen for and treat depression or other mental health problems.
- Connect patients with community resources.

## Behavioral Medicine visits

To optimize access, 3 pathways available:



Provider  
pages BH  
staff during  
office visit for  
immediate  
BH  
intervention;



Patient  
schedules a  
BH visit at  
check-out for  
date within 3  
months;



Patient  
attends  
group visit  
within 3  
months.

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## Behavioral Medicine Group Visits

Separate groups for Pain, Anxiety, and ADD

### Goals:

Utilize group support to encourage patient engagement in evidence-based, non-pharmacological treatments for pain.

Reduce social isolation.

Provide services efficiently.



Join the conversation on Twitter: #CPI17



### TAKING MEDICINE BUT STILL HAVE PAIN?

NEED OTHER WAYS TO FEEL BETTER?  
WE HAVE IDEAS!

Managing pain is a challenge. We often need to use more than one method to get relief. Come to a FREE Group to learn additional techniques to relieve pain that have been demonstrated to be effective, such Progressive Muscle Relaxation, Guided Imagery, and Calm Breathing.

Group will be led by behavioral health professionals.

#### WHEN?

FIRST MEETING IS WED. FEBRUARY 22<sup>ND</sup>  
11:00AM – 12:30PM

#### HOW?

CALL TO PRE-REGISTER OR GET MORE INFO AT 434-243-6868  
ENROLLMENT IS LIMITED TO 8.

#### WHERE?

FAMILY MEDICINE OUTPATIENT CLINIC  
FIRST FLOOR PRIMARY CARE CENTER

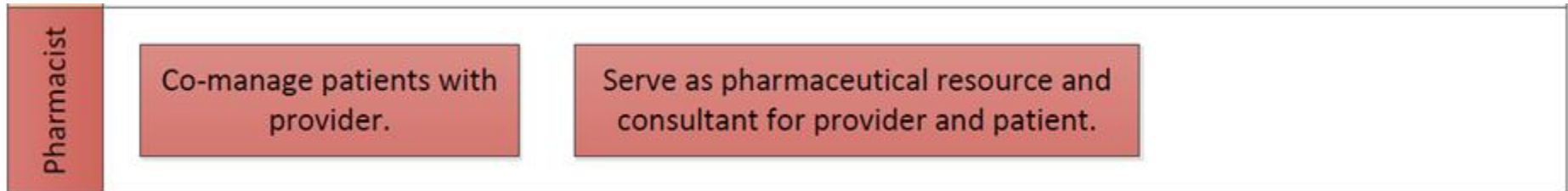
1221 LEE STREET  
CHARLOTTESVILLE, VA 22908

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**To address barriers to non-pharmacological treatments, patients are referred to free and moderate-cost Community and Web-based Resources:**

- Low to Moderate Intensity Exercise
- Healthy Weight Management
- Cognitive-Behavioral Therapy
- Group Therapy/Education
- Relaxation Training
- Pleasant Activity Scheduling
- Positive Social Activities
- Mindfulness-based Meditation
- Behavioral Methods to Improve Sleep
- Massage Therapy
- Music Therapy and Music Stimulation

## Pharmacist



- Resource for policies, guidelines and regulations
- Offer formal and informal consultations for management of patients being treated with CS
  - Scheduled polypharmacy consultations
  - Co-management of patients on CS medications
- Assist in optimization of medication prescribing for CS Rx

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## RX Database – Prescribing Patterns

Facility Structure	UVPC FMED								
Medications - Ordered/Controlled Substance	Controlled								
Order Filter	Outpatient Prescript								
Order Med ID	Calendar Year	Provider	Medication	M	Orders Count	Fills Prescribed	Qty Prescribed	Total	
149878944	2016	COMPTON, RE	TRAMADOL HCL 50 MG PO TABS [14632]	045	1	1		30	
159435296	2016	COMPTON, RE	TRAMADOL HCL 50 MG PO TABS [14632]	209	1	1		30	
160084404	2016	COMPTON, RE	ZOLPIDEM TARTRATE 10 MG PO TABS [11700]	150	1	2		60	
161881220	2016	COMPTON, RE	OXYCODONE-ACETAMINOPHEN 5-325 MG PO TABS [5940]	081	1	1		10	
167116819	2016	COMPTON, RE	ALPRAZOLAM 0.25 MG PO TABS [324]	075	1	1		2	
168305331	2016	COMPTON, RE	METHYLPHENIDATE HCL 10 MG PO TABS [4986]	230	1	1		60	
168305332	2016	COMPTON, RE	METHYLPHENIDATE HCL 10 MG PO TABS [4986]	230	1	1		60	
168305333	2016	COMPTON, RE	METHYLPHENIDATE HCL 10 MG PO TABS [4986]	230	1	1		60	
170781446	2016	COMPTON, RE	LORAZEPAM 0.5 MG PO TABS [4572]	097	1	1		30	
171794726	2016	COMPTON, RE	TRAMADOL HCL 50 MG PO TABS [14632]	104	1	3		90	
172495042	2016	COMPTON, RE	MORPHINE SULFATE 15 MG PO TABS [5178]	126	1	1		70	
172495043	2016	COMPTON, RE	CLONAZEPAM 0.5 MG PO TABS [9637]	126	1	1		60	
172886102	2016	COMPTON, RE	OXYCODONE-ACETAMINOPHEN 5-325 MG PO TABS [5940]	102	1	1		90	
172886103	2016	COMPTON, RE	OXYCODONE-ACETAMINOPHEN 5-325 MG PO TABS [5940]	102	1	1		90	
172886104	2016	COMPTON, RE	OXYCODONE-ACETAMINOPHEN 5-325 MG PO TABS [5940]	102	1	1		90	
172886105	2016	COMPTON, RE	OXYCODONE-ACETAMINOPHEN 5-325 MG PO TABS [5940]	102	1	1		90	
172886106	2016	COMPTON, RE	OXYCODONE-ACETAMINOPHEN 5-325 MG PO TABS [5940]	102	1	1		90	
173177792	2016	COMPTON, RE	TRAMADOL HCL 50 MG PO TABS [14632]	222	1	1		30	
173632727	2016	COMPTON, RE	AMPHETAMINE-DEXTROAMPHETAMINE 20 MG PO TABS [9082]	202	1	1		60	
173632728	2016	COMPTON, RE	AMPHETAMINE-DEXTROAMPHETAMINE 20 MG PO TABS [9082]	202	1	1		60	
173632729	2016	COMPTON, RE	AMPHETAMINE-DEXTROAMPHETAMINE 20 MG PO TABS [9082]	202	1	1		60	
173661703	2016	COMPTON, RE	CLONAZEPAM 0.5 MG PO TABS [9637]	005	1	1		60	
174097504	2016	COMPTON, RE	AMPHETAMINE-DEXTROAMPHETAMINE 10 MG PO TABS [9081]	252	1	1		30	
174522714	2016	COMPTON, RE	CLONAZEPAM 1 MG PO TABS [9638]	162	1	1		60	
174522738	2016	COMPTON, RE	CLONAZEPAM 1 MG PO TABS [9638]	162	1	1		60	

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## Naloxone

- CDC guidelines recommend offering naloxone when certain risk factors are present:
  - History of overdose
  - History of substance abuse disorder
  - $\geq 120$  morphine milligram equivalents (MME) per day
  - Concurrent Benzodiazepine usage
- Formulations: Narcan® Nasal Spray (covered by Medicaid), Evzio Auto-Injector (very expensive), Naloxone solution with nasal atomizer (cheapest)
- Standing order now in place for pharmacies to dispense without RX from provider
- Opioid tapering guidance:  
<http://www.oregonpainguidance.org/app/content/uploads/2016/05/Opioid-and-Benzodiazepine-Tapering-flow-sheets.pdf>

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## Naloxone Order Panel

narcen

☐ During visit ☒ After visit + ☒ Clinic-Administered Medications ☒ Medications ☒ Procedures ☒ Order Panels ☒ Split

**Medications**

	Name	Dose	Frequen	UVA Pharmacy	HEAL?	Copay	Coverage	Formulary	Type
	naloxone (NARCAN) 0.4 mg/mL injection - once (NARCAN		ONCE		Yes			? Unknown	Generic Rx
	AMB NALOXONE RX OPTIONS FOR OUTPATIENT USE PA							? Unknown	Generic Rx

**Procedures**

	Px Code	Name	Type	Pref List	Cost
--	---------	------	------	-----------	------

**Order Panels**

	Code	Name	Type	Pref List	Cost	UVA Pharmacy	HEAL?
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Medications: 2 loaded. No more to load. Procedures: No items found. Panels: No items found.

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## Naloxone Order Panel


**Unsigned Orders** new orders, reorders, and modifications

After visit Medications (1 Order)

▼ **AMB NALOXONE RX OPTIONS FOR OUTPATIENT USE PANEL UVA**

☆ Remove Group

☒ naloxone HCl (NARCAN) 4 MG/0.1ML nasal spray

 4 mg by Nasal route as needed (opioid overdose).  
Disp-2 each, R-1, Normal

☐ naloxone HCl 2 MG/2ML syringe (Generic Naloxone Syringe with Nasal Atomizer)

Disp-2 Syringe, R-1, Normal

☐ Naloxone HCl 2 MG/0.4ML SOAJ (Evzio Auto-Injector)

Disp-1 Package, R-1


☒ Mark All Taking

☒ Mark as Reviewed

Last Reviewed by Sherry Taylor, LPN on 5/1/2017 at 8:01 PM

Rx Pharmacy: UVA OUTPATIENT PHARMACY AT EDUCATION RESOURCE CENTER [Patient Preferred] 434-924-2390

↗ Order Entry

 Associate

Edit Multiple

Providers

New Interactions

☒ Sign

Pend

☒ Close F9

↑ Previous F7

↓ Next F8

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## To Simplify...

- Controlled Substance Reference Manual in Clinic
- Use Appointment Guide
- Use standard EPIC documentation
- Review and re-educate periodically.

### Controlled Substance Contract Appointment Guide

#### □ Huddle:

- **Notify Family Stress** if you anticipate patient will want to complete the Individualized Treatment Plan today.
- **Check PMP** prior to initiating an agreement and at every refill.
- **Determine which screening tools** are necessary.
  - For chronic pain: PEG and PHQ9 during rooming. Opioid Risk Tool (ORT) with provider.
  - Not for chronic pain, provider decides PHQ2 or PHQ9. PEG and ORT not required.
- **Check CMS due date.**
  - Complete CMS upon initiating agreement, Q3M for first year, and at least Q6M thereafter.

□ Rooming nurse: Give patient appropriate screening tools (per huddle). Remove PEG and ORT if unnecessary.

#### □ Provider:

1. Score and review screening tools. If ORT appropriate, continue to step 2.
2. Review and sign Controlled Substance Agreement and Notice of Risk.
3. Use dotphrases for note and problem list documentation
4. Patient needs appt with behavioral medicine provider for non-pharmacological treatment plan. 3 options:
  - Meet with a Family Stress representative now if available (page 1529)
    - Provide FS representative with PHQ-9 score and a brief summary of patient
  - At check-out, request a "Behavioral Health" visit for a later date within 3 months.
  - Attend one of the monthly group visits for pain or anxiety within 3 months.
6. Place MRN stickers on each page of agreement and have 2 copies made. Give original to your team's nurse. Give one copy to the patient and place the other copy for EMR Scanning.
8. Prescribe a maximum of 3 months of medication.
9. If ordering Contract Medication Screen, include .udsquestions in the note.
10. Complete LOS/Follow-up of EPIC:
  - Please schedule visits every 3 months for "F/U controlled substance agreement"
  - Include Family Stress needs if applicable:
    - "Please schedule BH Visit for ITP" vs. "Please give schedule for FSC Pain Management Group"

#### □ Epic dotphrases:

- **Note:**
  - .painvisitfemale or .painvisitmale
  - .udsquestions
- **Problem list:**
  - .controlledmedoverview



## Impact on Practice

- Fewer patients on chronically prescribed opioids
- Qualitative increase in provider confidence in adequate treatment
- Created opportunities in the community and within the health system
- Improved patient education


## Lessons Learned

- Provide all-practice updates including opportunities for regular, formal feedback
- Address cannabis
- Maintain list of free or low-cost community resources.

## Future Opportunities

-  Update Health System controlled substance contract
-  Work with IT to have an EMR supported database.
- Work with Health System to standardize process across clinics and develop algorithm to aid in decision-making
- Increase patient and staff awareness of Family Stress Group Visits

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