Reviewed March 2011

Verona Family Medicine

100 N. Nine Mound Road

Verona, WI 53593

**Chronic Controlled Substance Use Protocol ­\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

AIM:

 Establish a controlled substance use protocol and regular peer review process to standardize care, safeguard patients, and raise efficiency and quality of encounters with patients using chronic controlled substances by January 2009. This protocol is intended to represent MINIMUM STANDARDS and does not replace individual clinician discretion regarding patient care.

Who is subject to this protocol?

* Any patient with chronic controlled substance (schedule II or III) use equal to or greater than 30 mg per day morphine equivalency of at least 3 months duration.
* Any patient that a clinician has concern for risk of misusing controlled substance prescriptions.
* Any patient with a current controlled substance use agreement.
* Any patient found to be misusing prescriptions or negatively deviating from plan of care.

Who is NOT subject to this protocol?

* Patients with a terminal illness.
* Patients with **acute** care plans involving controlled substance use of less than 3 months duration.

Components of Chronic Controlled Substance Use Protocol:

* Pain management office visit documenting probable cause of pain and plan of care using Epic dot phrase **.dvnnarc**
* Establish and/or maintain a Controlled Substance Use Agreement – Enter notation in **“FYI”**

○ The Controlled Substance Use Agreement should be reviewed at least annually and should be documented in the progress note; the FYI and problem list should be updated with any applicable changes.

* Document **338.29A (Chronic Pain)** in Problem List diagnosis with source of pain included in comments section

○ Additional Codes that can be used for further description include—

 ▪ V58.69L Pain Management Agreement

 ▪ V58.69P Pain Management Agreement Broken

 ▪ V58.69M Pain Management Agreement Discussed

 ○ Use dot phrase **.dvnnarcprob** in comment section of Problem List under 338.29A problem to summarize the details of the controlled substance use agreement—medication, dose, #tabs, frequency of fills, prescribing clinician, and pharmacy.

* Required Pain Management Focused Visits – Four (4) per year, one every 3 months.

 ○ Every 6 months with PCP at medical home (not Immediate Care or ER).

 ○ Every 6 months with RN, alternating with PCP pain management focused visits.

 ○ Visit intervals are dependent on stability and reliability of patient performance on current treatment regimen.

 ○ It is recommended that PCPs manage unstable patients, and once stable, ok to return to alternating PCP/RN visits.

* Obtain a random Urine Drug Screen at least once a year.

 ○ Order lab # K501

 ○ Includes: Hydromorphone, Hydrocodone, Morphine, Oxycodone, Cannabinoids, Amphetamines, Benzodiazepines, Cocaine, Methadone, Phencyclidine, and Propoxyphene

* + Medication prescriptions: Maximum of three (3) month supply per prescription (including refills) with 28 day supplies per prescription.
	+ PCP may exempt patients from protocol for reason(s) documented in FYI.

How should controlled substance use agreement violations be addressed?

* Violations should be reported to the clinic RN supervisor which will then be reviewed by peer review in the Chronic Controlled Substance Review and Advisory Group (CCSRAG).

○ Examples to report include suspicion of misguided behavior or abuse, early refills, lost prescriptions, pharmacy hopping, frequent use of ER or urgent care facilities to get chronic controlled substance medication without direction from PCP, illegal criminal action, altered/forged prescriptions, or threatening behavior toward clinicians or staff.

○ Upon review by CCSRAG, violations may result in a recommendation to discontinue use of controlled substance treatment with recommendations provided as to how to taper the medication. Healthcare management may continue but may not include prescribing of controlled substances.

○ If the CCSRAG review process recommends dismissal of a patient from a practice, the nursing supervisor will notify Patient Relations (821-4819) to initiate the dismissal process.\*

* Verona’s Chronic Controlled Substances Review and Advisory Group (CCSRAG) members:

○ Chair- Brian Arndt, MD

○ Clinicians- John Beasley, MD, Chief Resident

○ Nursing staff- Jerri Ustby-Cruz Bye, RN\

○ Other- Mark Shapleigh, Yates, MSSW

\*Controlled Substance Abuse (CSA) should be reported per UWMF/DFM policy # MF,

“CSA-Handling Occurrences”.

APPENDIX 1

Chronic Controlled Substances Review and Advisory Group: PATIENT REVIEW FORM

APPENDIX 2

Patient Education: General Information about Opioid Pain Medications

APPENDIX 3

Controlled Substance Use Agreement