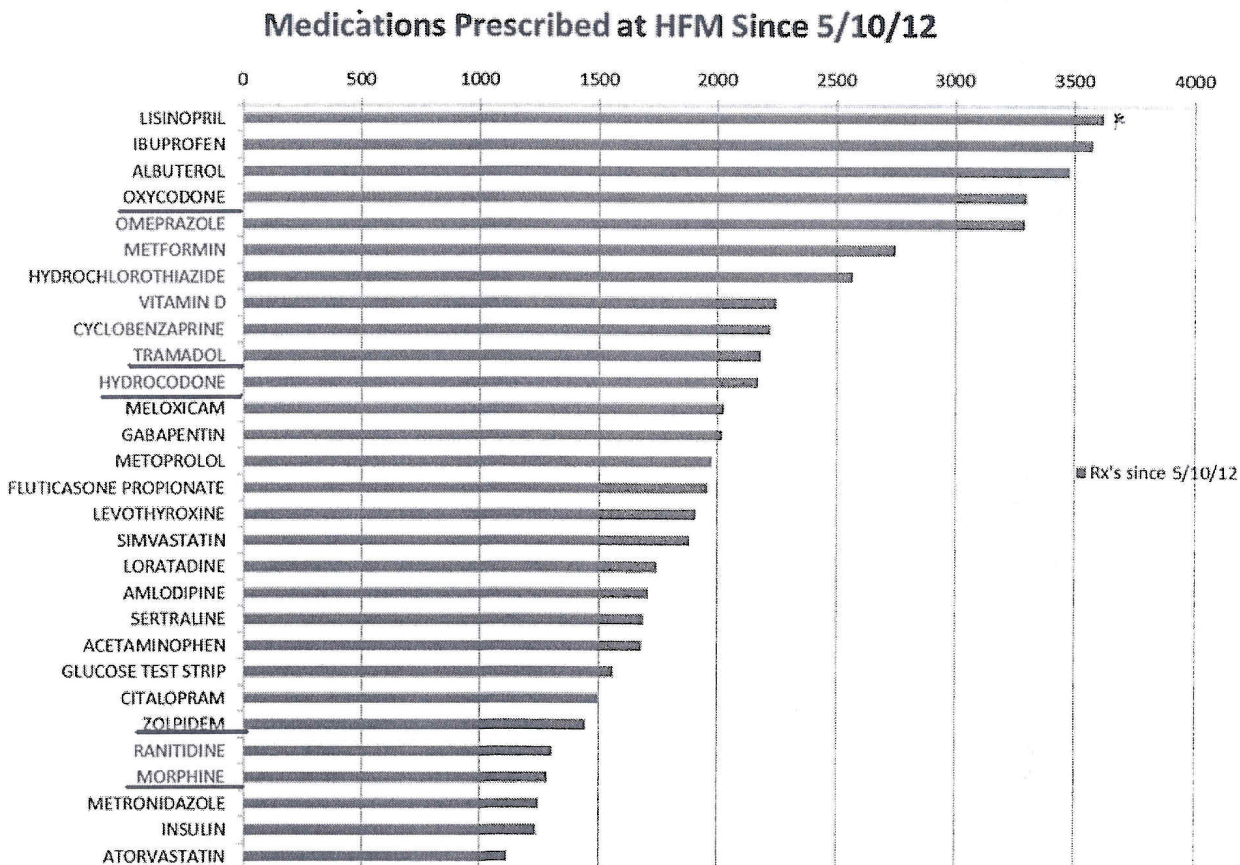


Highland Family Medicine Controlled Substances Action Plan 8/2013

- To update Patient Controlled Substance Agreement and load into epic as Smartphrase
 - Most likely does not need to be signed since it is not a legal document
 - Will need to identify best PROBLEM to use to place on PROBLEM LIST and document in overview section of eRecord
- Provider Controlled Substance policy update
 - This is a policy that is more in depth than the patient agreement
- To create HFM Practice Algorithm document
 - This can be hung in all the alcoves and given to all the providers
 - It will detail the process to follow for all patients on controlled substances at HFM
- This will include pathways for new patients to practice and controlled substances as well as existing patients taking meds
- To create screenshot and education on getting updated Urine drug screens performed in session and during office pick up
- Updated Suite registries
 - Also to get individual provider registries to review
- To perform Peer Review in Spetember/October at Team meeting
- SEPTEMBER 12, 2013 TEAM COLLABORATIVE to focus on Controlled Substance policy/procedures
- Futuring teaching
 - To consider speaking at FRIC
 - To consider update at Faculty meeting
 - This years Chronic Pain core for resident is not until June 19, 2014
- Working on reporting to identifying practice prescribing behavior
 - Example below:



* I prescribe Lisinopril usually for a yr. / OxyCODONE prescs are generally 1 mo. last in stock

iStop and Controlled Substance Policy PROJECT PLANNING

HIGHLAND FAMILY MEDICINE

2013

Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec
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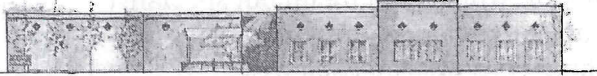
Preparation and Registraton for iStop

Identify workflow and
delegates for iStop

Update policy &
present to QI

Policy updates at FRIC, FM,
and Suite Peer Review

**QI commitee in conjunction
with Practice Management to
create update Controlled
substance protocol and policy
using best evidence practices**

Highland Family Medicine 	HIGHLAND FAMILY MEDICINE POLICY MANUAL SECTION: SUBJECT:
Approved by: <i>Douglas Hockman, MD</i>	Date: 08/06/2009

Controlled Substance Policy

Highland Family Medicine

- All patients requiring controlled substances for more than 60 days duration are required to sign and adhere to the Controlled Substance Agreement before receiving any controlled substances. Controlled substances refers to all Schedule II-III drugs and benzodiazepines. There are two exceptions to this rule whereby a Controlled Substance Contract is not necessary. 1) Patients who need pain medication for a terminal illness (less than 12 months to live). 2) Children under 17 years of age using medications for ADHD. If the parent or guardian has a known substance abuse problem, or if there is any concern for diversion of medications, then a Controlled Substance Contract should be completed.
- Controlled substances will only be initiated with direct patient evaluation.

Prior to Prescribing Controlled Substances for Long Term Use

- Controlled substances will not be prescribed for **new patients or patients re-entering the practice** unless the medical records from the prior prescribing physician are available and the new provider concurs with the plan of treatment. The patient's prior health care provider will need to continue prescribing controlled substances until the records are received by the HFM provider, reviewed and then the HFM provider chooses to prescribe controlled substances.
- Pain control will first be attempted with non-controlled medications/methods prior to initiating the use of controlled substances.
- All patients requiring controlled substances for more than 60 days must sign and agree to the FMC Controlled Substance Agreement. In addition to the requirements pre-printed on the Controlled Substance Agreement, the following information must be included.
 - Pharmacy information
 - Medication information including
 - name of drug
 - dose of drug
 - SIG for drug
 - maximum dispensed amount per month
 - Patient name and signature
 - Provider name and signature
 - Date
- The original completed and signed Controlled Substance Agreement will be scanned into TouchWorks and stored under Forms – Pain Contract. The provider will enter into the medication list as a new medication “1-Pain Management Agreement.” In the sig part of the Rx or in the Annotation section of the Rx, any pertinent details about controlled substance use will be recorded. A copy of the agreement will be given to the patient. The Sig or Annotation parts of the Rx should be used to document all changes to medication type or amount that occur following the creation of the Pain Management Agreement (Opiate Contract).
- Patients being prescribed opiates (A.K.A. Narcotics) must also review and sign the Patient Education Handout regarding Narcotic Medications.

- A screen for risk of abuse/misuse/diversion will be completed prior to prescribing controlled substances for long term use.
 - For patients with a significant risk of abuse/misuse/diversion, a provider can choose to prescribe controlled substances, but only after initiating a consultation with a pain treatment specialist and/or a drug treatment specialist. The HFM provider must maintain an ongoing relationship with the aforementioned specialists to continue prescribing controlled substances.
- Urine toxicology screening will be performed prior to initiating long term narcotic use.

Prescribing of Methadone

- Methadone will not be prescribed for control of substance abuse. Methadone can only be used for this treatment in a government-designated methadone treatment center.
- An EKG must be obtained prior to initiating methadone treatment, or upon a significant increase in methadone dose. An EKG must be completed yearly for patient on long term methadone.

Controlled Substance Routine Management

- Controlled substances will only be prescribed during day time business hours. Controlled substances will not be prescribed during off hours; these include nights, weekends and holidays. Exceptions to this need to be approved by an attending and documented in TouchWorks.
- For the first six months of controlled substance use, the medication will only be prescribed during monthly appointments with the patient's Continuity Care Provider or an appointed member of the CCP's team.
- After the first six months of controlled substance use, patient appointments with their Continuity Care Provider must occur at least every three months. Providers can choose to see patients who use controlled substances more frequently. Residents are encouraged to share information and refill responsibilities with their Resident Team Partners.
- Before doing a refill, providers will verify the patient has been seen for appropriate follow-up. If not, consider giving only a two week refill and require a visit before further refills.
- Patients who miss appointments at the minimal scheduled interval may have their controlled substances discontinued at the discretion of the provider.
- The guidelines stated in the Controlled Substance Agreement must be followed. Any violation may result in discontinuation in the prescribing of controlled substances. If a patient breaks their Agreement and the provider chooses to discontinue the medication, the provider will taper the medication to avoid withdrawal symptoms, when medically indicated. If the provider feels the patient is addicted, the patient will be referral for drug addiction evaluation and treatment.
- Use of illegal drugs is forbidden. Ongoing use of illegal drugs will result in discontinuation of the controlled medication by the Continuity Care Provider.
- When a patient is found to have illegal drugs on their urine screen, the provider has the following options
 - Discontinue the controlled substance. The provider can choose to taper the controlled substance as is medically necessary.
 - Immediately refer the patient for a drug intake and continue the controlled substance until the date of the drug evaluation. If the patient does not keep the drug intake appointment, the controlled substances should be tapered as quickly as medically possible and then discontinued. In general, Strong Recovery (275-7545) can get a patient in for evaluation in less than 3 weeks.
 - If the drug evaluation demonstrates the patient has an addiction problem, the controlled substances should be tapered and discontinued as indicated in collaboration with the drug treatment facility.
- When a provider feels a patient is diverting controlled substances, the provider will document the specific reasons for this concern in the chart, address the issue with the patient and discontinue the

controlled substances without a taper. The provider must document in the chart when the patient last used their medication in relation to the time of the drug screen. The provider must also verify that the drug screen obtained actually measures the controlled substance in question.

- Use of controlled substances obtained from sources other than the Continuity Care Provider or their delegate are forbidden. If a patient sees another provider, such as the Emergency Department, for an acute illness and receives controlled substances, the patient must notify their CCP immediately and the CCP must document this in the chart.
- Lost or stolen controlled substances will not be replaced.
- Refills of controlled substances will only occur based on the time limits and amounts of medication as determined by the Continuity Care Provider.
- If a new medical condition or an exacerbation of a current condition increases a patient's pain such that more medications are needed to control symptoms, the new regimen must be determined by the Continuity Care Provider or the CCP's delegate.
- Patients cannot self-adjust controlled substances.
- Prescriptions for controlled substances will not be mailed to patients.
- Controlled substance prescriptions left for patient pick up must be signed for by the patient or their appointed representative prior to receiving the prescription.
- Controlled substances will not be prescribed as "DAW", unless there is a provider-documented adverse event associated with a generic equivalent.
- Provider reassessment of patients will include documentation of the 4 "A"s – **Analgesia** (pain relief), **Activities** (psycho-social function), **Adverse** effects, **Aberrant** drug-taking behavior

Laboratory Drug Testing and Management

- The patient must agree to random urine and/or blood drug screens. The Continuity Care Provider will determine if drug screens are performed more frequently than once every 6 months (the Practice requirement).
- Drug screening can occur more frequently than every 6 months, at the discretion of the provider.
- The provider must indicate in the chart when the patient last used the controlled substance/s prior to drug testing.
- A patient refusal to provide a urine specimen when requested will be treated as a positive urine screen and controlled substances will be tapered and discontinued ASAP. When a patient states they cannot urinate at the time of the request, they can choose to stay in the Suite waiting room until they are able to produce a urine specimen.
- Urine specimens brought in by a patient will not be accepted.
- The Suite bathroom will be used for urine collection. The Suite's bathroom will have a blue dye in the toilet and the sink's water turned off.
- Providers must verify the drug they are testing for is being measured by the test. They should choose the confirmation option. The Urine Drug Screen is the most comprehensive urine screen.
- When a provider is not sure how to interpret the results of a drug screen, they can contact SMH Labs toxicology group (275-1617). Dr. Tai Kwong can be very helpful clarifying confusing cases.

Updated 03/23/2009, Douglas Stockman, MD

Patient Name: _____ DOB: _____ MR #: _____

Highland Family Medicine



Controlled Substance
Agreement

Approved by: Michael Mendoza, MD

Date: 4/4/2012

The purpose of this Agreement is to prevent misunderstandings about certain government-controlled medicines you will be taking. This is to help both you and your health care provider comply with the law regarding controlled pharmaceuticals.

- I understand that this Agreement is essential to the trust and confidence necessary in a doctor/patient relationship and that my doctor undertakes to treat me based on this Agreement.
- I understand that if I break this Agreement, my health care provider will stop prescribing these controlled medicines. In this case, my health care provide may taper off the medicine over a period of several days, as necessary, to avoid withdrawal symptoms. Also, a drug-dependence treatment program may be recommended.
- I will not use any illegal substances, including marijuana, cocaine, etc. I will not share, sell or trade my medication with anyone. I will not use alcohol while on controlled substances.
- I will not attempt to obtain any controlled medicines, including opiate pain medicines, controlled stimulants, or anti-anxiety medicines from any other doctor. In the event that I develop a serious acute medical condition that another health care provider, such as an Emergency Department doctor, determines requires an adjustment to my controlled substance use, I will notify my Highland Family Medicine provider immediately of the changes.
- I will safeguard my pain medicine from loss or theft. **Lost or stolen medicines will not be replaced.**
- I agree that for the first six months of controlled substance use, refills of my prescriptions will be made only at the time of an office visit or during regular office hours. After the first six months of controlled substance use, I will see my health care provider at least every three months. My health care provider may elect to see me more frequently than every three months.
- I will not adjust the dose or amount of controlled substances I take, without first discussing and obtaining approval from my health care provider.
- I will only request refills of my controlled medications during weekday business hours 8:30 am–4:30PM.
- I will call for medication refills no more than 5 days prior to and no less than 2 days prior to the scheduled refill date.
- I agree that I will use my medicine at a rate no greater than the prescribed rate and that use of my medicine at a greater rate will result in my being without medication for a period of time.
- I authorize the doctor and my pharmacy to cooperate fully with any city, state or federal law enforcement agency, including New York State's Board of Pharmacy, in the investigation of any possible misuse, sale, or other diversion of my pain medicine. I authorize my doctor to provide a copy of this Agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations.
- I agree that I will submit to a blood or urine test at least twice yearly as requested by my health care provider to determine my compliance with my program of controlled medicine use. I understand that my health care provider may choose to do drug testing more frequently than twice a year.

Patient Name: _____ DOB: _____ MR #: _____

Controlled Substance Agreement continued

No refills will be available during evenings or on weekends.

I agree to use _____ Pharmacy,

located at _____

telephone number _____ for filling prescriptions for all of my pain medicine.

Current List of Controlled Medications (these may change over time and the electronic chart should indicate the most up to date medications):

Medications: _____

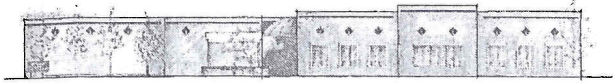
I agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered. A copy of this document has been given to me.

This Agreement is entered into on the date of: _____

Patient signature: _____

Health care provider signature: _____

Witnessed by: _____

Highland Family Medicine**HIGHLAND FAMILY MEDICINE****POLICY MANUAL**

SECTION:

SUBJECT:

Approved by:

Date: 4/4/2012

Highland Family Medicine
Patient Education Handout - Narcotic Medications (pain killers)

Opioids, sometimes called narcotics, are medications useful for treating a variety of pain problems. These medications may have significant side-effects and are tightly regulated by the state and federal government. They must be used carefully with adequate medical supervision. Your medical providers at the Family Medicine Center have elected to use opioids as a part of your treatment plan. The goals are to improve your pain relief and to return you to a higher level of function (return to work, ability to do more in and out of your home).

Risks of Opioid use:

1. Constipation, trouble passing urine, nausea, vomiting, or changes in appetite
2. Changes in thinking, such as confusion
3. Itching, and/or rash
4. Increased sleepiness or feeling drowsy
5. Problems with coordination or balance that could make it unsafe to operate motor vehicles or other machinery
6. Changes in breathing- breathing too slow if dosage too much (overdose)
7. Physical dependence: your body becomes dependent on the medication, and if stopped abruptly could cause withdrawal symptoms: abdominal cramps, diarrhea, nausea, vomiting, chills, sweats, goose bumps, anxiety. Most patients will become physically dependent if on opioids for an extended period of time.
8. Psychological dependence: craving for the medication after it is stopped
9. Tolerance: your body may become used to the medication, and more is needed over time, to get the same amount of relief
10. Children born to mothers on these medication usually are dependent on the medication at birth. Following delivery, the newborn will go through withdrawal. Women in child-bearing years should use an effective form of birth control to avoid becoming pregnant while taking narcotics.

I, _____ have read the above patient education material.
My questions have been answered regarding the risks and benefits of narcotic use.

Patient Signature: _____

Date: _____

7/10/08 updated 4/4/2012