Chronic Pain and Controlled Substance Prescribing in a Family Medicine Residency

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Lakewood Family Health Center
The Development of a Multidisciplinary Controlled Substance Committee (CSC) within a Family Medicine Residency Clinic
Introduction

• Prescribing of controlled substances in postgraduate training environment is complex for both physicians and patients
• Providers face a lack of time to manage chronic pain and require advance training
Introduction

- Patients are at risk for inappropriate treatment of their chronic pain and the possibility of developing misuse or addiction
- The CSC establishes a framework in which to appropriately and safely prescribe controlled substances and monitor use by patients
- The CSC also provides a framework to update office policies in regards to prescribing
Methodology

- Committee Composition
  Chair Faculty Physician
  Resident Physicians, PGY1,2,3
  Nurse Practitioner
  Faculty Physician
  Clinical Pharmacist
  Behavioral Therapist
  Pain Psychologist
Pain Psychologist

- Sara Davin, PsyD, MPH
  Center for Neuro Restoration
  Cleveland Clinic Main Campus
- Joined the CSC mid-2016
Methodology: Goals of the Committee

- Reduce under treatment and over treatment of pain
- Prescribed medically appropriate controlled substances to patients
- Satisfy regulatory requirements of the Ohio Medical Board
- Provide a forum for discussion of differing opinions about appropriate therapy
Controlled Substance Committee Process

- Outcomes
  - Patient Care Plan
  - New Policies
  - New Procedures
  - Education

- Referral Trigger
  - Resident
  - Faculty
  - Registry Administrator
  - Refill
  - Morphine eq. > 80 mg/day

- Case Analysis & Determination
  - Practice Policies
  - Health System Policies
  - State Law
  - CDC Guidelines

- Case Review & Presentation
  - EMR Review
  - Timeline
  - OARRS
Patient Case

- Reviewed 59 year old male taking MS Contin 30 mg BID for chronic osteoarthritis pain
- **Policy Development**
  - Annual review is necessary for any non-terminal patient receiving greater than 80 mg morphine/day
Patient Case

• Patient requested a controlled substance prescription be sent to Florida pharmacy where he resides in winter

• **Policy Development**
  - Controlled Substance Prescriptions will not be sent out of state. Must be picked up from clinic in person
Patient Case

- Patient with a history of heroin abuse was prescribed opioids for knee pain by providers in ED and outside hospitals
- **Policy Change**
  - FYI tab added to patient’s medical record to easily alert all providers regarding patient’s controlled substance agreement
EPIC Documentation

- Best Practice Advisory

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EPIC Documentation

- OARRS

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EPIC Documentation

• OARRS

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### EPIC Documentation

- **OARRS Flowsheet**

#### Recent Review Flowsheet Data

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[View Complete Flowsheet](#)
Last CARRS check: 3/20/2017
Last face-to-face 90-day visit: 3/13/2017
Last urine tox and urine pain panel obtained: 9/27/18 - no concerns
Controlled substances contract signed: 09/14/2015

Integrated CARRS report checked. All prescriptions have been APPROPRIATELY filled. No suspicious activity was identified - 3/20/2017 by Dane Shafer Klink, DO

- Violated as of 1/9/12 taking more than prescribed of valium and taking percocet from other prescriber without informing our office. Discussed with patient at length 4/2/2015. It sounds like there was a misunderstanding and lack of communication between former PCP, patient, and her pain mgmt doctor. (See note dated 3/11/15.) I discussed with her that she has been on opioids for a long time and likely has developed tolerance. I discussed the importance of her only getting these medications at one place in the future. Patient subsequently signed new agreement with us.

- Patient currently gets #60 Percocet every 15 days. She knows she needs to be tapered off of this and that her new PCP will discuss reinitiating a taper. (Previously was unable to do this due to patient developing broken ribs from coughing and knee OA exacerbation). Percocet was initiated by her former Pain Management doctor, who retired, and when I referred her to a different Pain Management doctor, they would not take over filling this, risking landing the patient in withdrawal from abrupt opioid cessation.

- Violation as of 7/12/18. Received prescription from ED provider on 5/22/16 for 2-4 days of Hydromet and Percocet. Did not see this documented in visit here on 5/23/16
**History of drug abuse**

- History chronic opiate use
- History of cocaine positive urine in 2012
- History of Negative Urine Tox screen for oxycodone when it should have been positive
- Patient previously seeing pain management at MH - was weaned off opiates in Spring 2018
- Controlled substance committee in 2018 stated patient should not receive opiate medications

Please try to avoid prescribing opiate medications to this patient - she presents frequently with acute exacerbations of her chronic abdominal pain. Please attempt to exhaust other treatment modalities unless opiates are deemed absolutely necessary for pain control.
Results

- Accomplishments of the CSC
  - Established a patient registry which is monitored by the CSC
  - Improved clinical documentation
  - Developed new policies
  - Educated residents and faculty
Results

• Advantages of the CSC
  - Non-punitive and non-biased
  - Avoids blaming prescriber
  - Provides clinical recommendations based on input from multiple health professionals
The CSC promotes safe and effective prescribing of controlled substances tailored to a post graduate training setting.
Future Projects

- Assess resident and faculty satisfaction with the CSC protocol
- Assess patient satisfaction with the CSC protocol
Chronic Pain Shared Medical Appointments

- Began Spring 2018, 4 sessions
- May, June, July, August
- Next session Winter 2019
- Our program began with 4-5 patients
- Goal of 10-12 patients
Chronic Pain Shared Medical Appointments

- Multidisciplinary Team
- Ambulatory Care Pharmacist
- Head Nurse
- 3 residents, 2 present at each session
- One residency faculty attending
Chronic Pain Shared Medical Appointments

- **Visit Structure**
  - Check in
  - Nursing Assessment
  - Group Check In
  - Educational Topic
  - Goal Setting
  - Plan of Care
Chronic Pain Shared Medical Appointments

- Group Check In
- All patients together discussing where they are at in their chronic pain treatment
- Group dynamic
Chronic Pain Shared Medical Appointment

- Educational Topics
  - Pharmacology/Medication Education
  - Nutrition
  - Mind Body/Guided Imagery
  - Osteopathic Manipulative Treatment


Fairview Hospital