

Chronic Pain and Controlled Substance Prescribing in a Family Medicine Residency

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

Cleveland Clinic

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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**

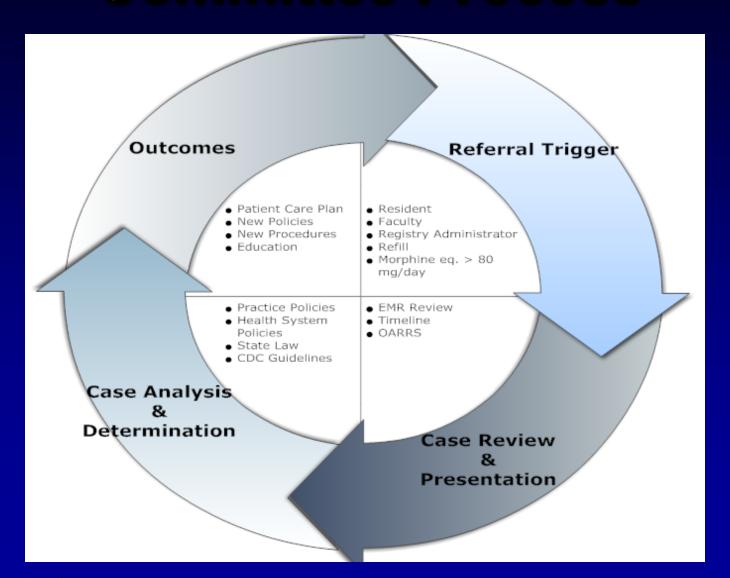
Pain Psychologist

- 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



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

Best Practice Advisory

Allergies: NO KNOWN AL...

BestPractice Advisory (1)

Alerts: HM

MyChart: Active

Tobacco Use: Quit

Wt: 206 lb (93.4 kg)

BMI: 31.32

BP: 130/66

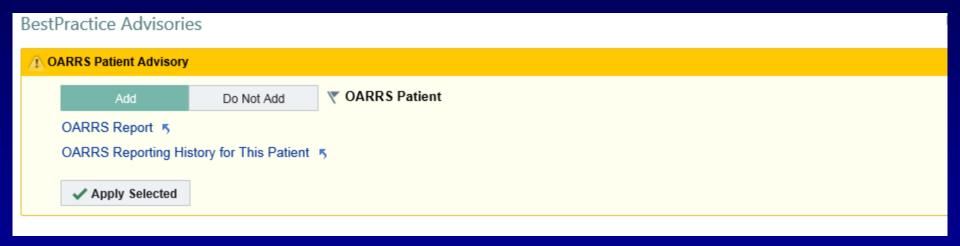
Pulse: 62

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Type: None

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OARRS

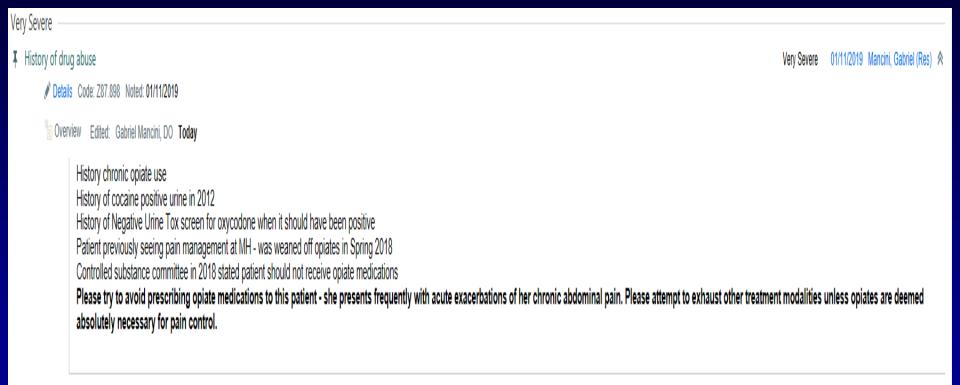


OARRS

Medica	ation Dispense Information (as of 4/24/	2017)								
		Dispensed	Written	Strength	Form	Quantity	Refills	Days Supply	Provider	
	OXYCODONE -APAP	04/17/2017	04/14/2017	325 MG-5 MG		40		14	RAJ, KELLY A	(
	OXYCODONE -APAP	01/13/2017	01/10/2017	325 MG-5 MG		40		14	RAJ, KELLY A	ı
	OXYCODONE -APAP	10/20/2016	10/17/2016	325 MG-5 MG		40		13	RAJ, KELLY A	(
	OXYCODONE -APAP	07/08/2016	07/08/2016	325 MG-5 MG		40		14	RAJ, KELLY A	ı

OARRS Flowsheet

Recent Review Flowsheet Data										
	OARRS REPORTING									
	HISTORY	4/14/2017	1/10/2017	10/17/2016	7/8/2016	4/7/2015	2/3/2014	10/16/2012		
	OARRS Status	Reviewed	Completed	Completed	Completed	Completed	Completed	Completed		
	OARRS Reporting User	RAJ, KELLY DO	RAJ, KELLY DO	VAN, BETH RN	RAJ, KELLY DO	RAJ, KELLY DO	RAJ, KELLY DO	RAJ, KELLY DO		
	OARRS Comment	All prescriptions have been APPROPRIATELY filled. No suspicious activity was identified.	All prescriptions have been APPROPRIATELY filled. No suspicious activity was identified.	All prescriptions have been APPROPRIATELY filled. No suspicious activity was identified.	All prescriptions have been APPROPRIATELY filled. No suspicious activity was identified.	-	-	-		
	View Complete Flowsheet									



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

Conclusion

 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

- 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

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

- Visit Structure
 - Check in
 - Nursing Assessment
 - Group Check In
 - Educational Topic
 - Goal Setting
 - Plan of Care

- Group Check In
- All patients together discussing where they are at in their chronic pain treatment
- Group dynamic

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

References

- Gernant SA, Bastien R, Lai A. Development and evaluation of a multidisciplinary controlled substances committee within a patient-centered medical home. 2015 Nov-Dec;55(6):656-63.
- Upshur CC, Luckmann RS, Savageau JA. Primary care provider concerns about management of chronic pain in community clinic populations. *J Gen Intern Med*. 2006;21(6):652–655.
- Cheatle MD, Barker C. Improving opioid prescription practices and reducing patient risk in the primary care setting. J Pain Res. 2014; 7: 301

