



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



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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

EPIC Documentation


- **Best Practice Advisory**


Allergies: NO KNOWN AL...	MyChart: Active	BMI: 31.32	Code: None	
BestPractice Advisory (1)	Tobacco Use: Quit	BP: 130/66	Type: None	
T... Alerts: HM	Wt: 206 lb (93.4 kg)	Pulse: 62		

EPIC Documentation

- OARRS


BestPractice Advisories

 OARRS Patient Advisory

 OARRS Patient

[OARRS Report](#) ↗

[OARRS Reporting History for This Patient](#) ↗



EPIC Documentation

- OARRS

Medication 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	
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	

EPIC Documentation

- 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](#)

 Details Code: Z51.81 Noted: 11/19/2015

 Change Dx

 Resolve

 Overview Edited: Dane Shafer Klink, DO 3/20/2017

Last OARRS check: 3/20/2017

Last face-to-face 90-day visit: 3/13/2017

Last urine tox and urine pain panel obtained: 9/27/16 - no concerns

Controlled substances contract signed: 09/14/2015

Integrated OARRS 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 7/12/16: 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

EPIC documentation

Very Severe

📌 History of drug abuse

Very Severe 01/11/2019 Mancini, Gabriel (Res) ⬆

 [Details](#) Code: Z87.898 Noted: 01/11/2019

 [Overview](#) Edited: Gabriel Mancini, DO Today

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**

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**

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**

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.
- Cheatile MD, Barker C. Improving opioid prescription practices and reducing patient risk in the primary care setting. *J Pain Res*. 2014; 7: 301

Fairview Hospital

