VMG Controlled Substance Provider Guidelines

VMG Philosophy:
VMG Controlled Substance prescribers believe that opioids can be an important tool for patients to use in their persistent pain treatment plan. We see it as one component of the multi-disciplinary treatment plan which at times includes opioids. We prescribe these medications with the intention of helping patients improve function in their everyday lives, decrease their risk of unintentional opioid overdoses, and to reduce risk for diversion. We are committed to maintaining a safe, non-judgmental environment in which to facilitate healing. We are committed to close monitoring of our patients on Controlled Substances in order to mitigate the risks of opioid dependence and high-risk behavior. We understand that prescribing Controlled Substances can lead to patient dependence and tolerance simply by using the medications as prescribed. We are committed to monitoring this use and to offering Medication Assisted Treatment (MAT) if misuse or high risk behavior is identified.

The following guidelines are indicated for providers and patients on the VMG Controlled Substance Registry Program:

Education*:*

- VMG will provide ongoing education for our providers and patients with emphasis on:
    a. Understanding the difference between acute and chronic pain.
    b. Understanding the risks of opioids in the treatment of acute pain and using them with caution and limited quantities.
    c. Understanding the complexities of persistent pain syndromes, including risk factors and treatment options.
    d. Understanding the limited efficacy of opioids in the treatment of persistent pain and limiting their use.
    e. Readily accessing other modalities of treatment prior to starting opioids.

Collaboration:

- Developing systems for communicating the plan of care between members of the team, including the patient.
- Understanding and fully utilizing multi-modalities for helping our patients use services within VMG and the community.
    a. VMG services such as PT, PCBH, BH, and sports medicine
    b. Community services such as acupuncture, massage, yoga, tai chi
    c. Referral services such as orthopedic specialists, physiatry, pain management

Monitoring and Evaluating Risk:

- Assessing risk for our patients at initiation of treatment and frequently throughout treatment
    a. Opioid Risk Tool
        i. Evaluates personal history of substance abuse, family history of substance abuse, history of mental health disorders
    b. Toxicology Screens
        i. Toxicology screens will be performed at least twice per year
            1. If toxicology screens are negative for the medication prescribed, this indicates high risk for diversion. VMG providers are committed to lowering risk for our community members and do not want to contribute to the current opioid public health crisis. Providers will consider removing the patient immediately from the program, possible immediate discontinuation of the controlled substance(s) and/or resume closer monitoring of the treatment plan.
        ii. Unexpected toxicology screen results
            1. VMG providers are committed to addressing unexpected toxicology results in a compassionate, non-judgmental approach.
            2. Urine drug screen results will be sent to the CSRP clerk. If a patient has an unexpected urine drug screen result (other than negative for the expected medication), the CSRP clerk will do the following:
                a. Contact the patient and advise an appt with the prescribing provider is needed within the next 7 days. The patient should bring all medications with them to the appointment for a pill count. Advise the patient refills are on hold until their scheduled appointment.
                b. CSRP clerk will review medication fill dates to confirm the patient will have enough medication until the scheduled appointment. If they do not have enough medication until their scheduled visit, send a red flagged patient case to the provider. The provider can then consider sending in comfort medications or having the patient be seen sooner. A refill should not be sent until the provider discusses the results with the patient.

c. Send a patient case to the provider reporting results, and including the appointment date and next fill date.
d. If the patient does not show for the scheduled appointment, they should be removed from the CSRP program and provided comfort medications.
e. If a taper plan is determined appropriate by the prescribing provider, a taper plan can be sent to CSRP to queue the appropriate prescriptions.
f. CSRP will report to the Team Leaders any patient where providers are not adhering to current guidelines.

3. These results should be addressed promptly with the understanding that the patient is showing high risk behavior. Providers should consider removing the patient from the CSRP program, possible immediate discontinuation of the controlled substance(s) and/or offering MAT.

c. Frequent review of prescription monitoring program (MassPAT)
d. Use of random toxicology screens and pill counts to aid in monitoring risk.

- Reducing the risk to our patients on continued high dose opioids.
  a. VMG is committed to tapering patients on high dose opioids to an initial goal of less than 200 Milligram Morphine Equivalents (MME).
  b. VMG providers acknowledge the increased risks of high dose opioids, and ultimately, our goal is to maintain patients at less than 90 MME to lower this risk.
  c. VMG providers will meet with their center's persistent pain team if increasing the dose of opioids above 200 MME (excluding suboxone patients and hospice)
- Regular monitoring of provider prescribing practices.
- Understanding the important role of trauma in patients with persistent pain.
  a. VMG providers acknowledge the role of trauma in a patient's perception of pain and risk of developing persistent pain. Providers will evaluate and discuss this risk with the patient, using tools such as the ACE screen.
- Preventing "doctor shopping" by supporting the usual provider's treatment plan

Maintaining a Treatment Plan:

- VMG providers will maintain a clear, and well documented treatment plan
  a. A clear plan of care must be documented within the A&P during each visit

    b. Ongoing treatment plan should be documented on the problem list under a diagnosis of Chronic Pain
    c. Providers must use Chronic Pain templates in Athena
    d. Narcan prescriptions should be updated annually, especially for patients on doses higher than 90 MME, or on concomitant benzodiazepines or muscle relaxants
    e. Providers will document aberrant behavior on the problem list so other providers can access this information easily
- Using functional assessments to understand the impact of the care we provide for our patients with persistent pain.
    a. The Pain, Enjoyment of Life and General Activity (PEG) Scale
        i. Three questions, brief, and can be used at every visit
    b. Oswestry Disability Scale
        i. For low back pain and neck pain
        ii. Longer scale, 10-11 questions
        iii. Could be used every other visit or to follow up on a treatment efficacy
    c. Tampa Scale for Kinesiophobia
        i. To evaluate the patient's fear of injury in exercise
    d. Chronic Pain Acceptance Questionnaire (CPAQ)

Scheduling of Visits for CSRP:

- After the initial visit or initiation of CSRP, a patient will be seen at minimum every 3 months throughout the duration of their treatment with opioids.

- If patient has unexpected toxicology results or they report misuse, they will be seen more frequently until the usual provider deems they are stable. Resumption of longer intervals between visits is up to provider discretion.

Special Considerations:

- The plan of care documented by the usual provider is expected to be reviewed at each visit and updated as indicated
- If the usual provider is unavailable, covering provider will follow the current treatment plan as documented
- Considerations for discharge from CSRP program will be based on behaviors as outlined in the treatment agreement
- If patient appears to be struggling in their treatment plan, VMG providers will consider referral for a higher level of care, including MAT programs as appropriate
- It is expected that all VMG Controlled Substance providers will consult the Persistent Pain Committee regarding patients with ongoing concerning behavior including aberrant drug screens, non-compliance with the

treatment plan including appointment attendance and random pill counts as requested
- All Controlled Substance providers are expected to provide trauma informed care

The Use of Benzodiazepines and Opioids:

- VMG providers understand that benzodiazepines produce serious risk of abuse, addiction, physical dependence, and withdrawal reactions; even when used for two weeks or less, and even when used at their recommended doses.
- Abuse and misuse can lead to accidental overdose or death, especially when used in combination with other medications such as opioids, muscle relaxants, and certain anticonvulsants (gabapentin, pregabalin). When used in combination with alcohol and illicit substances, this risk substantially increases.
- We acknowledge the risk of concomitant use of prescribed opioids and benzodiazepines even at recommended doses, and therefore are committed to avoiding their use together when able.
- VMG providers are committed to minimizing the initiation of benzodiazepines as long term, daily medications; and aim to maintain their use for isolated, limited situations.
- VMG providers are committed to working towards slowly and thoughtfully tapering patients down on benzodiazepines, taking into account the risk of significant withdrawal symptoms and seizures. We acknowledge this process can be slow and may take years.