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A Systematic Approach to Prescribing Opioids and Monitoring Patient Progress

Background

During 1999–2013, the drug overdose death rate more than doubled nationally,¹ and drug overdose is now the leading cause of injury death among persons aged 25–64 years in the United States.² This increase appears to have been driven in large part by the misuse and abuse of prescription drugs, as drug poisoning deaths involving prescription-opioids nearly quadrupled from 2000 to 2014.³ The risk of overdose increases with the use of multiple prescribers, daily dosages of >100 morphine milligram equivalents (MMEs) per day, and co-administration of opioids with benzodiazepines.⁴ The purpose of this *Bulletin* is to highlight a controlled substances clinic in Alaska that aims to follow a systematic approach for prescribing opioids and monitoring patient progress in hopes that this model might be helpful to other Alaska clinics.

Program Overview

The Tanana Valley Chronic Controlled Substance Clinic (CCSC) was established in 2012. As of January 2016, 388 patients who are on daily chronic opioids, benzodiazepines, or stimulants obtain care at the clinic. A registered nurse runs the clinic and keeps track of patients in an electronic calendar for each of the 17 providers. On the calendar, each patient is listed by medical record number and prescription schedules are tracked with recurring events.

When patients seek care at CCSC, they first see a physician who checks the Alaska Prescription Drug Monitoring Program (AKPDMP) to make sure the patient is not getting controlled substances from another clinic.⁵ If they are, patients must cease receiving controlled substances from other clinics before receiving care at CCSC. Next, if the physician deems opioid treatment appropriate, a urine drug screen (UDS) is performed. If something unexpected is found in the UDS, it is sent out for confirmation. Patients that test positive for any illegal drugs cannot obtain controlled substances from CCSC. The clinic gives these patients 2 months to stop using illegal drugs and then they return to get another UDS.

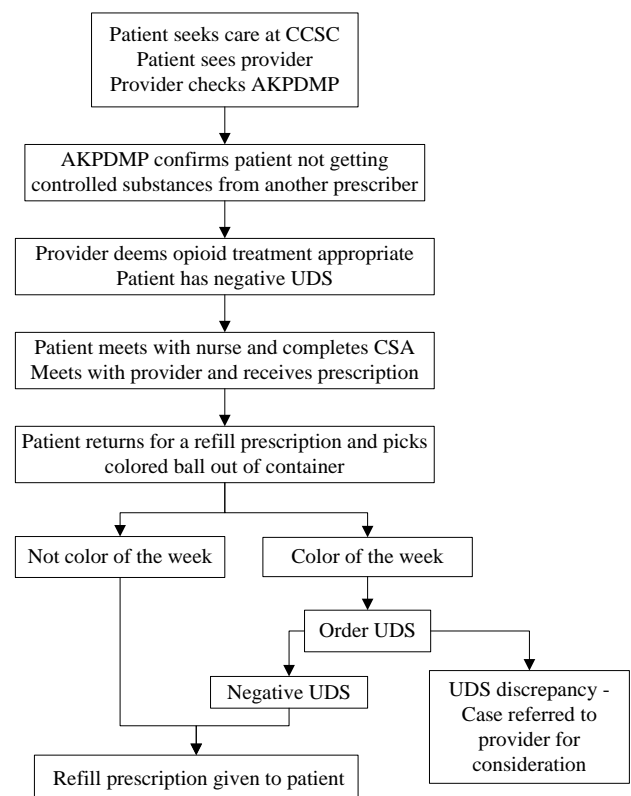
Patients who progress on to the next stage meet with the clinic nurse and fill out a Controlled Substance Agreement (CSA), which details the risks and benefits of the medications and the expectations the clinic has of the patient (and vice versa). Patients must allow CCSC access to all prior medical records. After the patient is given their initial prescription, follow-up visits with the physician occur every 3–6 months. Patients must fill their prescriptions at a pharmacy since the clinic does not dispense opioids.

For prescription renewals, the CCSC nurse meets with the patient every 4 or 12 weeks and discusses how they are doing. The patient picks a ball out of a container with 20 balls (5 different colors). If the patient picks the color of the week, they must get a random UDS before receiving their prescription. If there is a discrepancy in the UDS, the case is referred to the provider to decide how to proceed with the patient. If the UDS is negative and no change in medication dosage is necessary, the patient is given their next prescription.

After the patient picks up their prescription, the nurse makes a note that it was received in the electronic calendar. The clinic does not prescribe refills for medications after-hours or on the weekends, which reduces the number of phone calls for refills and obviates the need for on-call doctors to refill medications. The clinic allows for occasional early refill prescriptions when patients are going to be travelling. Patients can come in up to 1 week before their prescription due date.

After the patient leaves the clinic, the CCSC nurse gets their prescription prepared for the next month. New prescriptions are put in an envelope that indicates when the next refill is due for pick-up. If a provider is going to be away for several weeks, the nurse also ensures that all of the provider's prescriptions are ready before they leave on vacation so that no extra burden falls on another provider. All patient information is documented in a controlled substance template within their electronic health records system.

Figure. CCSC Flow Diagram



Future Improvements

- Institute pill counts (particularly with high-risk patients).
- Institute a doctor/patient visit format that would include tracking improvements with the medication and talking about patient's goals for care.
- Make sure all prescribing doctors in the clinic are signed up with the AKPDMP.
- Add a psychologist to the program.
- Institute closer monitoring of patients taking >90 MMEs.⁶
- Modify the program based on emerging science on chronic pain management and addiction prevention.⁷
- Assess the success of the program in reducing the risk of opioid dependency, addiction, and overdose.

References

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