

WORKFLOW: managing patients on controlled substances in Cerner EHR.

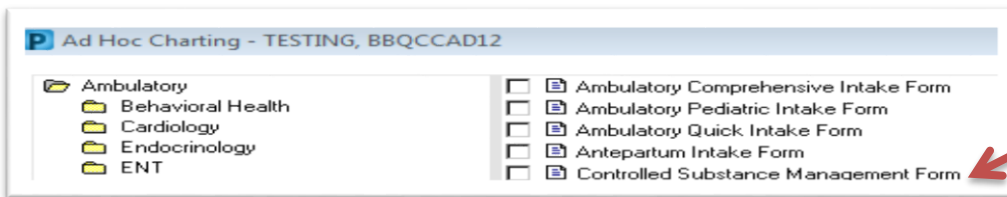
October, 2018

Purpose: to safely and efficiently manage the care of patients being prescribed controlled medications, and to stay in compliance with all relevant System policies and applicable State laws.

Pt presents for controlled substance management related visit (note that this may be for an acute rx, or chronic rx, benzos or opioids).

The MA rooming the pt

1. Pulls in “ambulatory quick intake form” and completes usual rooming process.



2. Pulls in “Controlled sub mgmt form” from “ad hoc” charting.
3. Completes pain assessment, see below.

The screenshot shows the "Controlled Substance Management Form - TESTING, DEBORAH" interface. The "Pain Documentation" section is active. It includes fields for "Pain Present", "Numeric Pain Scale" (set to 5 = Moderate pain), "FACES Pain Scale", and "Pain Duration" (set to 2 days). Below these are sections for "Pain Character" (with checkboxes for Aching, Burning, Cramping, Discomfort, Dull, Heavy, Incisional, Pressure, Pricking, Pulling, Radiating, Sharp, Tenderness, Throbbing, Tightness, Unable to describe, Other), "Primary Pain Location" (with a grid of checkboxes for various body parts), and "Effect of Pain on Physical and Psychological functioning (sleep, mood, work, relationship)" (with a text area containing notes like "sleep is bad due to waking from pain").

4. Completes Med Management form, see sections below

Controlled Substance Management Form - TESTING, BBQCCAD12

*Performed on: 09/26/2018 1337 EDT

Medication Management Documentation

Date of Last Informed Consent: [Date Picker] Date of Last Medication Contract: [Date Picker] Date of Last Urine Drug Screen: [Date Picker] Date of Last Pill Count: [Date Picker]

PMP Review Date: [Date Picker] [Right Click to access PMP website](#)

Pill Count Comments: [Text Area]

Monitored Drug(s) [Right Click on "Drug Name" to review Prescription Guidance](#)

Drug Name:	Shape of Pill:	Color of Pill:	Markings:	Monitored Drug Titration Plan:	Monitored Drug Compliance Issue:	Monitored Drug Prior No Refills Date:	Monitored Drug No Refill Before Date:	Monitored Drug Expected Pill Count:	Monitored Drug Actual Pill Count:
						<Date>	<Date>		
						<Date>	<Date>		
						<Date>	<Date>		
						<Date>	<Date>		
						<Date>	<Date>		

Opioid Risk Tool

Risk Tool Family Hx of Substance Abuse Risk Tool Personal Hx of Substance Abuse Risk Tool Patient Age Range

5. PMP: MA can right click to access PMP website if due. If PMP reviewed on day of visit, indicate today's date.

Medication Management

Date of Last Informed Consent: 07/20/2018 Date of Last Medication Contract: 07/20/2018

PMP Review Date: 07/31/2018 [Right Click to access PMP website](#)

6. Treatment Agreements and Informed Consents:
 - a. Informed consents due once for benzos or opioids, at time of initial chronic rx
 - b. Treatment agreement is due to be reviewed and signed annually
 - c. Use standard System TA and IC forms. Blank copies should be kept in exam rooms.
 - d. The signed, dated, witnessed form should be scanned in
 - e. Date should be recorded on this "med mgmt." form above.
7. If a pill count is done, per direction of provider (not required under policy), free text findings in the grid above and indicate date done. Med list info does not pull into this form.

Monitored Drug(s) Right Click on "Drug Name" to review Prescription Guidance

Shape of Pill:	Color of Pill:	Markings:	Monitored Drug Titration Plan:	Monitored Drug Compliance Issue:	Monitored Drug Prior No Refills Date:	Monitored Drug No Refill Before Date:	Monitored Drug Expected Pill Count:	Monitored Drug Actual Pill Count:
oblong	blue	none	none	no	<Date>	<Date>	22	23
					<Date>	<Date>		
					<Date>	<Date>		
					<Date>	<Date>		
					<Date>	<Date>		

Date of Last Pill Count

no pills taken

- MA completes opioid risk tool if not already populated (unless office workflow is for prescriber to ask/assess these questions), or if there have been changes/updates

Note that scoring details can be seen by right clicking on "opioid risk score" box and selecting "Reference Text"

Opioid Risk Tool

Risk Tool Family Hx of Substance Abuse

 Alcohol
 Illegal Drugs
 Prescription Drugs

Risk Tool Personal Hx of Substance Abuse

 Alcohol
 Illegal Drugs
 Prescription Drugs

Risk Tool Patient Age Range

 16 - 45 Years Old
 No

Risk Tool Hx of PreAdolescent Sex Abuse

 No
 Yes

Risk Tool Psychological Disease Present

 ADD/OCD/Bipolar/Schizophrenia
 Depression

Opioid Risk Score

6

Opioid Risk Score

Reference

CarePlan information | **Chart guide** | Nurse preparation | Patient education | Policy and procedures | Scheduling information

Low Risk 0 - 3
 Moderate Risk 4 - 7
 High Risk 8 or more

Reference: Webster LR. Predicting aberrant behaviors in opioid-treated patient: Preliminary validation of the opioid risk tool. Pain Medicine. 2005;5(9):432-442.

9. Move to the next section: Problem History. Review and mark as reviewed.

Controlled Substance Management Form - TESTING, BBQCCAD12

*Performed on: 09/26/2018 1337 EDT

Problem History

Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit

+ Add | Modify | Convert | Display: All

Clinical Dx	Annotated Display
Chronic pain syndrome	Chronic pain disorder

10. Move to the next section: Medications at Home. Review and mark as reviewed.

*Performed on: 09/26/2018 1337 EDT

Reminder: All patients must have this

Remember to include any vitamins, herbal, botanical

Review of Med Profile:

Home Meds Reviewed - No Change
 Home Meds Reviewed - Updated

Primary Administrator Home Medications

Self Parent
 Caregiver Other:

+ Add | Document Medication by Hx | Check Interactions | External Rx History

Displayed: All Active Orders | All Inactive Orders | All Active Medications, All Inactive Medications

Order Name
Active
Documented Medications by Hx
acetaminophen-oxycodone (Percocet 5/325 oral tablet)

11. Move to the next section: Allergies. Review and mark as reviewed-Updated or no change.

Controlled Substance Management Form - TESTING, BBQCAD12

*Performed on: 09/26/2018 1337 EDT

Allergies

Reminder: All patients must have this filled out upon admission/intake.

For patient safety reasons, capture the following information when entering allergies:
Reaction Symptoms (Required)
Reaction type (optional)
Info source (optional)
Severity (optional)

Right click to add an allergy:

Mark All as Reviewed

+ Add | Modify | No Known Allergies | No Known Medication Allergies | Reverse Allergy Check | Display: Active

Allergies

Allergies Reviewed - Updated
 Allergies Reviewed - No Change

D/A	Substance	Category	Reactions	Seve...	Type	C.	Est. Onset	Reaction S...	Updated By	Source	Reviewed	I..
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12. Move to the next section: Social History. Review, update as needed and mark as reviewed

Controlled Substance Management Form - TESTING, BBQCAD12

*Performed on: 09/26/2018 1337 EDT

Social History

Mark all as Reviewed

+ Add | Modify | Display: Active | Unable to Obtain

Category	Details	Last Reviewed
Tobacco		
Alcohol		
Substance Abuse		
Sexual		
Nutrition/Health		
Home/Environment		
Exercise		
Employment/School		
Psychosocial		
Other		

CAGE Assessment Completed in Alcohol Category Above

Yes
 No

Social History Reviewed No Changes

Tobacco
 Alcohol
 Substance abuse
 Sexual
 Nutrition/Health

Home/Environment
 Exercise
 Employment/School
 Psychosocial

Smoking Cessation Education

Verbalizes understanding
 Demonstrates
 Teach Back
 Needs further teaching
 Needs practice/supervision

13. The next section, “new acute risk assessment” below, is for patients who are being seen acutely and are possibly going to be receiving an acute prescription for a controlled medication (opioid, benzodiazepine).

- It can be skipped for patients on chronic, controlled medications.
- If an MA is aware that a provider may be considering a controlled rx at an acute visit (complaint of possible fracture, or complaint of wanting anti-anxiety med for air travel, for example), the PMP should be accessed and the report printed off for provider review.

14. The “Oswestry disability index”, can be used for patients with chronic low back pain, at the direction of the provider.

15. The “Chronic Periodic Review” section is for provider to complete. MAs can skip this section.

The screenshot shows a web-based medical form titled "Controlled Substance Management Form - TESTING, BBQCCAD12". The form is for a patient performed on 09/26/2018 at 1337 EDT. The left sidebar lists various medical history categories, with "Chronic Periodic Review" highlighted. The main content area is titled "Chronic Periodic Review Assessment" and contains a blue note: "NOTE: This form is for patient currently being treated for chronic pain within this practice/by this clinician. If a clinician is continuing treatment of chronic pain on a patient who was previously treated with long term controlled substances by another clinician, that patient requires re-assessment of the prior work up, non-pharmacologic treatment and appropriateness of the controlled substance dosing." Below the note are four assessment questions, each with a "Yes", "No", and "Other" checkbox:

- Is continuation or modification of medications necessary based on the clinician's evaluation of progress towards treatment objectives?
- New or ongoing comorbidities (such as COPD, liver or renal failure, sleep apnea) or medications that may increase the risk for adverse effects such as overdose?
- Patient adherence to the treatment plan?
- Is the patient's progress or compliance with the current treatment plan unsatisfactory? If so, consider tapering, changing or discontinuing treatment with controlled substances.

16. The “Medication Assisted Therapy” section should be completed by the MA, RN and/or provider for patients on suboxone/subutex. The decision re: “who asks which questions” on the form is based on office/care team workflow.

The screenshot shows the "Medication Assisted Therapy" section of the same medical form. The left sidebar has "Medication Assist" highlighted. The main content area is titled "Medication Assisted Therapy" and contains several questions and fields:

- Counselor Name:** A text input field.
- Date of last counseling visit:** A date picker.
- Plan for safe medication storage done?** Radio buttons for Yes, No, and Other.
- Has patient ever been tested for HIV?** Radio buttons for Yes, No, and Other.
- Has patient ever been tested for Hep B & C?** Radio buttons for Yes, No, and Other.
- Comments:** A text area with a rich text editor toolbar.
- Has counseling attendance been confirmed?** Radio buttons for Yes, No, and Other.
- Date of last counseling confirmation:** A date picker.
- Has patient been offered an Rx for Naloxone nasal?** Radio buttons for Yes, No, and Other.
- Date of last HIV test:** A date picker.
- HIV test result:** Radio buttons for Positive and Negative.
- Date of last Hep B & C test:** A date picker.
- Hep B & C test result:** Radio buttons for Positive and Negative.

17. The last section “Visit Frequency and Exemption Code guidance” is for reference, nothing needs to be entered. It is taken directly from System policy.

The screenshot shows a medical form with a left-hand navigation menu and a main content area. The navigation menu includes: Pain, Med Management Documentati, Problem History, Medications at Home, Allergies, Social History, New Acute Rx Risk Assessment, New Chronic Rx Risk Assessment, Oswestry Disability Index, Chronic Periodic Review Assessment, Medication Assisted Therapy, and Visit Frequency & Exemption Code Gu. The main content area is divided into two sections: 'Visit Frequency Guidance' and 'Dose Limit Exemption Guidance'. The 'Visit Frequency Guidance' section contains a bolded instruction: 'The clinician shall periodically review and document in the patient's medical record the course of pain treatment and any new information about the etiology of the pain or the patient's state of health and level of function. The frequency of review shall'. Below this is a table with two columns: 'Level of Risk' and 'Recommended Frequency'. The 'Level of Risk' column lists: Low risk and doses < 30 mg daily MME, Low risk, Moderate risk, and High risk or Opioid doses > 90 mg/day daily MME. The 'Recommended Frequency' column lists: Every 6-12 months, Every 6 months, Every 3 months, and Every 1-3 months. The 'Dose Limit Exemption Guidance' section contains a bolded instruction: 'The dosage of the combination of opioid medication in an aggregate amount must not exceed 100 MME per day unless the patient meets one of the exemptions to dosage limits identified below.' This is followed by a list of exemption codes (A through H) and their descriptions. At the bottom, there is a section titled 'OTHER EXEMPTIONS:' with two bullet points: 'Medication is being directly ordered or administered in an emergency department setting, an inpatient hospital setting, a long-term care facility or a residential care facility or in connection with a surgical procedure (in or out patient).', and 'Any exception identified in any rule promulgated by the Maine Department of Health and Human Services.'

18. When the MA has completed their portion of the form, they should click the green check mark in the left upper corner to save what they entered.

The screenshot shows the top portion of a medical form titled 'Controlled Substance Management Form - TESTING, |'. The title bar includes a green checkmark icon, a save icon, a refresh icon, a print icon, and a close icon. Below the title bar is a field for '*Performed on:' with the date '09/26/2018' and a time field with '1337'. The navigation menu includes: Pain, Med Managem, and Problem History. The main content area shows 'Pain Present'.

PROVIDER

1. Review, as per usual, the patient's medications, allergies, problems, histories etc. as part of your normal ambulatory visit workflow.
2. Review what MA has entered into the "controlled sub mgmt. form"
3. Double click into the form and make updates as needed, including:
 - Update "effects of pain" and "current and past treatments for pain" in the "Pain" section of the form as needed.

Effect of Pain on Physical and Psychological functioning (sleep, mood, work, relationship)

Current and Past Treatments for Pain

- Non-opioid pain medicines including over the counter medications and medical marijuana
- Self-management at home with heat, cold, rest etc
- Osteopathic manipulative therapy (OMT)
- Chiropractic care
- Physical therapy
- Occupational Therapy
- TENS unit
- Surgery
- Pain clinic evaluation
- Specialty consult
- Behavioral health/counseling for pain management support
- Massage therapy
- Other holistic therapies (e.g. Acupuncture, Reiki, essential oils, yoga etc.)
- Other:

4. Complete the "Medication Assisted Therapy" section for patients on suboxone/subutex (unless already done by the MA or RN based on local office or care team workflow).

Medication Assisted Therapy

Counselor Name: [Text Field]

Date of last counseling visit: [Date Picker]

Plan for safe medication storage done? Yes No Other:

Has patient ever been tested for HIV? Yes No Other:

Has patient ever been tested for Hep B & C? Yes No Other:

Comments: [Text Area]

Has counseling attendance been confirmed? Yes No Other:

Date of last counseling confirmation: [Date Picker]

Has patient been offered an Rx for Naloxone nasal? Yes No Other:

Date of last HIV test: [Date Picker]

HIV test result: Positive Negative

Date of last Hep B & C test: [Date Picker]

Hep B & C test result: Positive Negative

5. If the patient is being seen related to a chronic controlled substance prescription, complete the “Chronic Periodic Review” section.

Controlled Substance Management Form - TESTING, BBQCCAD12

*Performed on: 09/26/2018 1337 EDT

Chronic Periodic Review Assessment

NOTE: This form is for patient currently being treated for chronic pain within this practice/by this clinician. If a clinician is continuing treatment of chronic pain on a patient who was previously treated with long term controlled substances by another clinician, that patient requires re-assessment of the prior work up, non-pharmacologic treatment and appropriateness of the controlled substance dosing.

Is continuation or modification of medications necessary based on the clinician's evaluation of progress towards treatment objectives?

Yes No Other.

New or ongoing comorbidities (such as COPD, liver or renal failure, sleep apnea) or medications that may increase the risk for adverse effects such as overdose?

Yes No Other.

Patient adherence to the treatment plan?

Yes No Other.

Is the patient's progress or compliance with the current treatment plan is unsatisfactory? If so, consider tapering, changing or discontinuing treatment with controlled substances.

Yes No Other.

6. PMP review: If you reviewed PMP on the day of visit, attest by using the global autotext: /pmp_review*

Maine Prescription Monitoring Program (PMP) Provider Attestation:

I have reviewed the following information in the Maine PMP for this patient: Morphine milligram equivalent (MME), number of prescribing providers, and number of filling pharmacies.

- Note that PMP attestation language is included in the acute rx autotext below because PMP review must be done at time of new acute rx .
 - Policy does NOT require PMP reports to be scanned.
7. When documenting the assessment and plan, two autotexts are available, one for acute prescriptions, one for chronic prescriptions.
 - a. These contain language that “attests” to the information you have reviewed in making your treatment plan, and also prompts a number of required elements for documentation. *Of course: ONLY use the autotext/portions of the autotext that accurately capture your care. Edit as needed, or free text your assessment and plan.*

/pcp_controlled_substance_a&p_acuteRx

Medical indication for the ACUTE (<90 days total, 7 day supply per Rx max) use of this controlled substance: _

In evaluating this patient, appropriate physical examination, medication history, and medical/social history (including substance use) have been performed, including past treatments for this pain where applicable, and consideration of the effect of pain on this patient's function.

Relevant diagnostic results including imaging, lab, and specialty consult reports have been reviewed.

Short term risks vs. benefits have been considered, and in my professional opinion the potential benefits outweigh potential risks.

I have reviewed the following PMP information: MME, number of prescribing providers, and number of filling pharmacies. Concerns based on PMP review, if any: _

/pcp_controlled_substance_a&p_chronicRx

Treatment plan for this patient's use of controlled substance is as follows:

Realistic goals & objectives which will indicate treatment success (other than report of pain reduction) have been discussed with the pt and include: _

Specific functional goals include: _

Further diagnostic evaluations needed: _

Other treatments planned: _

Regular physical activity was encouraged as appropriate to patient's health status.

Treatment plan violations and response/changes in treatment plan if applicable: _

Relevant diagnostic results including imaging, lab, and specialty consult reports have been reviewed.

Risks benefits have been assessed and in my professional opinion the potential benefits outweigh possible risks. Other treatment modalities including non-pharmacological treatments, and non-opioid alternatives up to a maximum recommended by the CDC or dictated by patient safety, have been inadequate to address this patient's pain and functionality.