MINISTRY MEDICAL GROUP – Managing Pain, Improving Lives

You have read the Wisconsin Medical Examining Board (MEB) opioid prescribing guideline and are ready to get started improving the safety of prescribing controlled substances to your patients in order to be in compliance with the law. You may be wondering, “What should I do first”? Below are some practical tips on how to get started.

1. Ask your manager to get a list of all patients in the last year that you wrote a controlled substance prescription for. (There will be patients on this list that are not yours as you may have written a prescription for a vacationing provider.)

2. Discuss with your MA and office staff about the guidelines and plans to call patients in for office visits to discuss their pain and controlled substance use. Open communication between you and your staff about the following steps ensures that your staff understand what you are doing with your patients, and helps your patients to hear a consistent message about their care. Emphasize the following:
   a. There are new guidelines that redefine what is safe use of opioids and other controlled substances.
   b. Regular office visits at least every 3 months, regular Urine Drug Testing at least annually, and a signed treatment agreement reviewed annually are part of this program to assess safety and efficacy.
   c. As a provider, you are not just cutting patients off, but rather going to work with them on what is best for their care. This will involve some shared decision making on the use of opioid pain relievers.

3. Register with the PDMP and get your delegates in place. Ask one of your PDMP delegates to pull up a PDMP report for patients receiving controlled substances to check level of opioid MME. Record the MME on the list from your manager. This is the start of your controlled substance registry.

4. Review the patient list and choose patients with the highest, > 90 MME, and longest ago last visit to begin scheduling office visits specific to pain treatment plan re-evaluation.

5. When a patient calls for a refill and you give a refill prescription that is to be picked up at the front desk, place a copy of A Guide to Managing Your Chronic Pain and a copy of the current controlled substance treatment agreement in an envelope with the prescription along with a note to make an appointment prior to their next refill to discuss the plan of care.
   
   a. Dear (Patient), We noted that you requested a refill of your opioid pain reliever and have not had a visit with us in a while. We would like you to schedule a visit to discuss your chronic pains and some important changes in the Wisconsin Guidelines. We can also discuss your next refill at that appointment. Thank you so much, (Your provider)

6. When the patient presents for the chronic pain and controlled substance visit, obtain a full history to characterize their pain, function, and efficacy of treatments. Make sure the controlled substance treatment agreement is signed, informed consent is documented, and a urine drug screen is completed. Initiate a discussion regarding issues related to chronic use of high-dose opioids and develop a plan of care for patients with non-cancer pain receiving greater than 90 MME.
   
   a. For patients not achieving treatment goals such as increased activity or experiencing side effects, initiate a discussion regarding tapering opioids. Remember, no decisions need to be made clinically at this visit; this is just to open the discussion. Reschedule an office visit in a month to continue the discussion and reassess.
   
   b. There is no evidence to support efficacy of doses over 90 MME for chronic use. Maintaining doses above 90 MME is strongly discouraged and requires appropriate documentation to support benefit of improved function over risk of side effects.

   c. Prescribe naloxone prescription (Nasal spray or Autoinjector) to all patients prescribed 50 MME or greater.

7. Update your list after each office visit to tract your progress re-evaluating patients as well as making sure patients are on the schedule to be seen at least every 3 months (more often for higher risk patients).

8. Once you have addressed the > 90 MME opioid patients, move on to patients receiving between 50 MME and 90 MME.
9. Follow the same process – patient calls for refill, note and papers in envelope, schedule a visit, agreement signed, informed consent documented, urine drug screen completed, naloxone prescribed as per the guidelines and plan for continued opioid care addressed.

10. Carefully review and consider discontinuing concurrent benzodiazepine, sedative hypnotic, and carisoprodol (Soma®) prescriptions as well for your opioid patients.

11. When seeing patients for a non-pain related reason, give them a copy of the controlled substance treatment agreement along with A Guide to Managing Your Chronic Pain and have them make an appointment to review in the future.

Following this process will help you address your most high-risk patients first. Remember, this is not going to be accomplished overnight; depending on your numbers, it may take greater than a year to meet with each patient, and may take more than a year with each patient. Your manager and director understand and are here to support you during this process.

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