MINISTRY MEDICAL GROUP – Managing Pain, Improving Lives

Ministry Medical Group has approved the policy, *Patient Management of Chronic Controlled Substance Use*. This policy formally recognizes the Wisconsin Medical Examining Board (MEB) Opioid Prescribing Guideline as the Ministry framework for prescribing opioid analgesics for chronic non-cancer pain. All clinicians are expected to read, understand, and practice in accordance with the guidelines outlined in the Wisconsin MEB Opioid Prescribing Guideline.

Highlights of the policy include:

1. **Controlled substance treatment agreement**: Use of an agreement is expected when an opioid analgesic is prescribed for management of chronic non-cancer pain with expected patient use greater than 30 days.
   - Agreements are to be reviewed with the patient and resigned annually.
   - Termination of a treatment agreement does not constitute termination of the clinician-patient relationship.

2. **Prescription Drug Monitoring Program (PDMP)**: Clinicians are required to check the PDMP prior to prescribing controlled substances to patients for greater than 3 days in accordance with state law.
   - See also the Ascension Wisconsin guidelines for review and documentation of ePDMP.

3. **Informed consent**: All patients on chronic opioid therapy should have informed consent specifically detailing significant possible adverse effects of opioids, including (but not limited to) addiction, overdose, and death.
   - Patient education sheets for opioids, benzodiazepines, stimulants, and sedatives are available on the Opioid Guideline LibGuide to assist with the informed consent process.

4. **Urine drug testing (UDT)**: Obtain UDT with initiation of opioid treatment for chronic non-cancer pain. During chronic opioid therapy, obtain UDT at least annually for low risk patients; more frequent UDT for evidence of higher risk.
   - For more information on UDT see Testing Methods for UDT, Managing Unexpected UDT Results, and Confirmatory UDT.

5. **Follow-up office visits**: Patients should be seen at least every 3 months, more frequently if they demonstrate higher risk.

The policy, *Patient Management of Chronic Controlled Substance Use*, covers the prescribing of all controlled substances used chronically for pain management and behavioral health conditions. The complete policy should be reviewed in PolicyStat.

All previous pain updates, including more detailed information on the above topics, can be found on the Opioid Guideline LibGuide, under the header “Source Archive”.

For questions, contact Peggy Lutz, Service Line Director, Pain Management peggy.lutz@ascension.org or Robert Sedlacek, MD, Family Medicine, Merrill robert.sedlacek@ascension.org