BEST PRACTICES FOR PAIN MANAGEMENT & CONTROLLED SUBSTANCES
Brief History

- Total Family Medical is a small independent RHC.
- 2015 added Mental Health Services to the practice, huge need, but huge headache. (initially)
- In short order we learned very quickly we needed to implement some protocols and best practices for pain management and controlled substance prescriptions.
How Do We Successfully Maneuver Through a Nationwide OPIOID EPIDEMIC.

- Have a clear and concise policy in place FROM THE beginning.
- All staff should know the policy. Should be clearly posted for patients. (THIS DOES NOT HAVE TO BE THE “WE DO NOT TREAT CHRONIC PAIN”, etc SIGN)
- Have patient sign agreement/policy
- Be consistent. Train staff, don’t bend the rules.
Total Family Medical Mental Health Policies and Guidelines:

• Our purpose and goal at TFM is to provided comprehensive mental health services using a collaborative approach. We follow the “Gold Standard” guidelines which in many cases consists of a combination of **medication AND counseling services**. In order to effectively treat you and help you achieve your mental health wellness BOTH services used in combination provide the most effective results.

• Our mental health services are provided by Mental Health Nurse Practitioners, under the medical supervision of Board-Certified Psychiatrist and Licensed Clinical Social Workers who provided counseling and ancillary services. Our LCSW accepts many insurances and you have the option of seeing her as part of your treatment or we will assist you in locating other counseling services. STUDIES HAVE REPEATEDLY SHOWN MEDICATION THERAPY WITHOUT COUNSELING WILL ONLY PRODUCE SHORT TERM RESULTS.

• Our mental health providers will use a “team” approach in providing the best outcome for you. Meaning often our mental health providers will collaborate with each other as well as at times, consult with out medical providers to determine the BEST overall health care plan for you. This information, as with ALL of your medical/mental health is always kept CONFIDENTIAL.
• **INITAL AND RANDOM DRUG TESTING.** Your mental health is just as important as your physical/medical health. Often time’s medication or medications are added for short term or longer periods of time. All new mental health patients are required to submit a baseline urine drug screen. Any patient on any controlled substances or other carefully monitored medications will be required to submit a urine drug screen at a minimum of every 30 days. Finally, TFM may do random drug screens as well as at the discretion of its providers. Your consent is required and if not given may result in our inability to write additional prescriptions and in some cases stop care.

• **NO SHOW/LATE CANCEL POLICY.** Mental health care requires the collaborative effort of both you and your clinician. When you do not come to your scheduled appointment or cancel your appointment with the required 24-hour notice, not only do you miss an opportunity for treatment, but you also deny someone else the opportunity as well. Whenever possible, a courtesy call will be made to remind you of your appointment, however, you are ultimately responsible for keeping your appointments. Consequently, late cancellations and missed appointments will be charged a $50 fee, and payment will be expected on or before your next scheduled appointment. Insurance companies do not pay for either late cancellations or missed appointment.

I HAVE READ THE ABOVE AND AGREE TO ABIDE WITH THIS POLICY.

Patient’s Signature __________________________________________________________
Overview. In continued efforts to implement best practices, we will be revising our Mental Health Protocol scheduling as follows Per the “gold standard” for mental health care a dual approach of counseling and medication therapy is the recommended treatment plan. Specific to TFM, we are trying to establish from the beginning that Hali’s primary role will be in diagnosis and medication management while Christine will focus on therapy/counseling/and case management.

- An initial “intake” appointment for all MH patients will be scheduled with Christine. This will allow not only for an initial psychosocial thorough assessment but should help to lay the foundation that counseling is an essential part of the treatment plan and those should be done with Christine. Hali will then see the patients, that same week or the following for initiation or change of medications.

- Christine and Hali will meet weekly to discuss and collaborate on the patients. It is a dual approach to treatment, and they will co-care for our MH patients.
• Not **ALL** patients will need to see Christine (example SDD, stable patient on long term antidepressant or other similar meds). This will be provider driven and we will do our best to communicate with staff as far as treatment plan and who needs what. Please note, these will be the exceptions, but the previous state plan will be for the majority.

• Scheduling: Christine will work Tuesdays beginning at 8:30 a.m. and Wednesdays (9 a.m-4:30*). On Wednesdays at 8:30 a.m., Christine and Hali will meet to debrief on patients. Hali will see that day with previous psychosocial. They will meet again at 4:30 to discuss Hali’s schedule the next day. I will be attending either via conferenced called in or physically present for as many of these meetings as possible to help facilitate patient needs. Hali will be working Wednesdays (8:30-9:00 meet with Christine) seeing patients from 9-4:30 and meeting with Christine again from 4:30-5 for session review. She will have a regular schedule on Thursdays. Summary of schedules:
Drug Screening Policy

- Patient is informed, signed acknowledgement.
- PMP is pulled on all new patients, patients on controlled substances, as well as on demand.
- Point of Care Drug screen (shop around) *From $12.53 to $3.10
- Confirmation Testing
- Enforce policy. + Drug Screen = No Controlled substances, talk to patient.
- Does patient come in every month vs three month scripts?
- Ability to prescribe AT visit vs asking pt to come back to pick up RX. (Transportation)
- Quickly weed out patients
- Help the patients really searching for help
Why Do We Send Out Confirmation Testing?

• As with all laboratory tests, urine drug tests can yield false positive and false negative results. Unlike most other laboratory results, however, results of urine drug tests can be accurate and still yield misleading information – a test can yield a true negative result in the context of ongoing psychoactive substance use (e.g., if the test was performed outside the window of detection of the drug or if the test detects substances found in food such as poppy seeds, which can trigger an opioid screen). Because of their differing properties, different interpretation strategies are required for IA screening tests as compared to confirmatory GC-MS tests.

• Enzyme-linked IA tests are relatively quick, inexpensive, and easy to perform and as such are often used by laboratories as a first line screen. This testing format identifies drugs or metabolites above a certain threshold concentration in the urine. Typically the threshold concentration is set high enough to limit detection of low levels of drugs or metabolites that may be found in foods. IA is non-specific and cross-reactions can occur. As an example, quinolone antibiotics can cross react with an opioid panel yielding a false positive test result. To eliminate this type of error, IA tests should be confirmed with a more definitive chromatographic test (e.g., GC-MS), particularly if a test result is unexpected and does not correlate with a patient’s history.

(Quest Diagnostics)
90832 – Psychotherapy (est pt) 30 minutes
90833 – Psychotherapy (est) w/ prescriptions, along with 99212 or 99213 because of medical services
90834 - Psychotherapy (est) 45 minutes
90836 - Psychotherapy (est) w/ prescriptions, along with 99212 or 99213
90837 - Psychotherapy (est) 60 minutes
90838 - Psychotherapy (est) w/ prescriptions along with 99212 or 99213
OPIOID EPIDEMIC CRISIS
NALOXONE
EVERYWHERE YOU LOOK, ITS ALL AROUND YOU

PROVIDERS TRYING TO TREAT THEIR PATIENTS WHEN SOMETIMES IT REQUIRES A CONTROLLED SUBSTANCE OR GOODNESS HELP YOU PAIN MEDICATION!
CMS Provides Several Resources for Providers and Patients

Resources

• For payers
• For health care providers
  • See our [letter](https://www.cms.gov) to fee-for-service providers about reducing opioid misuse
  • Get a [fact sheet](https://www.cms.gov) about Medicare’s new opioid policies to share with patients
  • [cms.gov](https://www.cms.gov)
▪ CMS Opioid Prescribed Mapping Tool

▪ February 22- [Opioid Prescribing Mapping Tool Improved with Medicaid and Rural Data](#). The Centers for Medicare & Medicaid Services (CMS) released an expanded version of the [Opioid Prescribing Mapping Tool](#), ensuring that CMS and our partners have the most complete and current data needed to effectively address the opioid epidemic across the country. This update to the Opioid Prescribing Mapping Tool further demonstrates the agency’s commitment to opioid data transparency and using data to better inform local prevention and treatment efforts, particularly in rural communities hard hit by the opioid crisis.
MAs part of a strategy to improve the care and outcomes for individuals with a substance use disorder (SUD), the Centers for Medicare & Medicaid Services invites states to leverage Innovation Accelerator Program (IAP) resources to introduce delivery system and payment reforms that better identify individuals with a SUD, expand coverage for effective SUD treatment, and enhance SUD practices delivered to beneficiaries. Based on feedback from states and partners, IAP designed a curriculum and technical support strategy that reflect the keystones of SUD program innovation, including the use of quality metrics and data analytics, benefit design and provider strategies, and value-based purchasing for SUD.

Medicaid.gov
• DISCOVER PAIN CONTRACTS
• LEARN ABOUT TESTING
• INVESTIGATE WHAT YOUR STATE IS DOING
• REVIEW THE MEDICARE COVERAGE OF DRUG SCREENING
The Health Resources and Services Administration has released a Notice of Funding Opportunity for the new Rural Communities Opioid Response Program (RCORP) Implementation grants. Under RCORP-Implementation, HRSA will make approximately 75 awards of up to $1 million each to networks and/or consortia to enhance substance use disorder (SUD), including opioid use disorder (OUD), service delivery in high-risk rural communities. Over a three-year period of performance, RCORP-Implementation grant recipients will implement a set of core SUD/OUD prevention, treatment, and recovery activities that align with the U.S. Department of Health and Human Services' (HHS) Five-Point Strategy to Combat the Opioid Crisis<https://www.hhs.gov/opioids/sites/default/files/2018-09/opioid-fivepoint-strategy-20180917-508compliant.pdf>. Grant recipients are strongly encouraged to leverage workforce recruitment and retention programs like the National Health Service Corps (NHSC)<https://nhsc.hrsa.gov/>.

Those with an interest can view the funding opportunity here: https://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-19-082 - (click "Preview" on the "Package" tab, and then "Download Instructions).
All domestic public and private entities, nonprofit and for-profit, are eligible to apply and all services must be provided in HRSA-designated rural areas (as defined by the Rural Health Grants Eligibility Analyzer<https://data.hrsa.gov/tools/rural-health>). The applicant organization must be part of an established network or consortium that includes at least three other separately-owned entities. At least two of these entities must be located in a HRSA-designated rural area. Applicants do not need to be current or former RCORP-Planning award recipients<https://www.aha.org/system/files/2019-02/rural-report-executive-summary-2019.pdfhttps://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/?id=a89b862d-abda-4d83-80b4-6fb20528d035> to apply for this funding opportunity.

HRSA will hold a webinar for applicants on Wednesday, March 27, 2019 from 11:30-1 PM, EST. A recording will be made available for those who cannot attend. Please reference page ii in the NOFO for the dial-in and playback information for the webinar.

Questions, email ruralopioidresponse@hrsa.gov.