

**MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

Department: Health Services-Medical

Policy Number: HHS-HS-MED 1320

Policy Title: Controlled Substance Agreement

Attachments: Controlled Medication Use Agreement

Date: 8/2007, 10/2015, 2/2017

Revised date/Revised by: Dr. Mark Bostrom, 2/14/2021

Approved by: 
Jan Manary, Executive Director of HHS

Date:

Approved by: 
Nicole Anderson, Commissioner of HHS

Date: 3-4-2021

POLICY STATEMENT: Scheduled drugs are classified by the Drug Enforcement Agency as having high abuse potential. All scheduled drugs have some potential for addiction and abuse. It is the policy of the medical clinics within the Health and Human Services Department of the Mille Lacs Band of Ojibwe to utilize controlled substance agreements with all patients on long-term controlled substances used for the treatment of chronic pain and other conditions, in order to optimize patient care through emphasizing safety, responsibility and compassion.

PURPOSE: The purpose of this policy is to ensure that patients and medical providers have clear communication and safe, effective procedures when prescribing controlled substances.

PROCEDURE:

1. Medical Providers will not assume the responsibility for managing new patients with chronic pain (or other condition requiring the use of controlled substances) until the following prerequisites have been fulfilled:
 - a. Written or verbal confirmation that the patient is in good standing with their previous medical provider.
 - b. Documentation (historical and, if indicated, radiographic evidence) of sufficient injury or disease to potentially warrant the use of controlled substances in the management of their chronic condition.
 - c. Assessment of the potential, individual risks (abuse/addiction potential) in utilizing controlled substances long term in patients being considered.
 - d. Documentation of the previous and/or current use of non-controlled modalities (physical therapy, chiropractic, NSAIDS, etc.) for treating medical or physical conditions with controlled substances.
2. All controlled substance agreements will be reviewed and updated annually. The patient will be required to follow-up every three months (minimally) for a patient visit that should be primarily used for the purpose of reviewing the chronic pain management (or the management of any other condition necessitating the use of controlled substances) and that should include documentation of the following documentation:
 - a. Assessment of side effects and tolerance issues.
 - b. Assessment of efficacy and goal achievement (what specifically does the use of the medication allow the patient to do that they could not achieve without the medicine).
 - c. A reassessment of the patient's potential for abuse/addiction and issues regarding patient compliance to the program.

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- d. A summation of the result of a drug query performed at the time of the three month visit.
3. A formal chart audit of all patients who are under a controlled substance agreement will be carried out annually (minimally). The audit will be performed by a medical provider not involved with the care of the patient. Results of the audit will be communicated, in written format, to the involved medical provider and to the medication safety committee. Significant deficiencies discovered should be resolved within thirty days from when the audit result was made available. The medication safety committee will be responsible for following up on deficiencies to insure that they are resolved. If there are any discrepancies between the involved medical provider and the auditing provider, then the Medication Safety Committee will review and help reach a final decision on matters of conflict between providers. The medication safety committee may recommend more frequent auditing of a medical provider if they judge it necessary.
 4. Controlled substance agreements will include the requirement for an annual, random urine drug screen. Additional drug screens are encouraged and will be done as frequency per the judgement and prudence of the individual provider involved.
 5. Controlled substance agreements will include the requirement of a random pill count that will be performed annually at the same time as the urine drug screen. It is expected that the pill count will be completed on the same day as requested, while insuring a reasonable amount of time for travel to the clinic. Individual providers can order additional pill counts as deemed necessary to safely continue the ongoing management of diseases through the utilization of controlled substances.
 6. As a general rule, any patient requiring the use of controlled substances for the management of their medical or psychiatric condition longer than twelve weeks, should be strongly considered to review and sign a controlled substance agreement. This agreement will be thoroughly discussed with the patient and all questions answered prior to the signing of the agreement. A copy of the signed agreement will be provided for the patient.
 7. Medical providers will prepare prescriptions for the controlled substance(s) being used at the time of the interval visits that are specifically scheduled for the purpose of managing the conditions requiring controlled substances. In special circumstances that may occasionally arise, and when refills are requested in the absence of the prescribing medical provider, the prescription may be written by another medical provider if all conditions of the controlled substance agreement have been satisfied. Such assistance by another medical provider does not contradict the "one provider, one pharmacy" rule of the controlled substance agreement nor does it directly involve them in the ongoing management of the respective patient's medical problem(s). One of the purposes of a controlled substance agreement is to allow a patient to receive their medications without lapses caused by their medical provider's unavailability.
 8. Medical providers who are requested to refill prescriptions in the absence of the primary provider are free to deny refill requested for controlled substances if, upon their review, they feel the patient is not in compliance with the guidelines of this policy.

Internal and/or External References	HHS-HS-PHM 8109, Controlled Medication Monitoring MN Prescription Monitoring Program; MN Statute: 152.0 <u>SCHEDULES OF CONTROLLED SUBSTANCES</u>
Compliance - Posting Date	3/4/2021 <i>(signature)</i>
Replaces – Policy Number	HHS-HS-MED-100
Next Review - Due Date	3/4/2024



Controlled Medication Use Agreement

This agreement allows us to work together as partners in creating a safe plan to help treat your _____. If you are unable to follow any part of this agreement, your provider may not be able to prescribe controlled medications to you anymore. Your controlled medications are: _____

1. I am taking a medication with potentially dangerous side effects including impairment, overdose, hospitalization, and death. I have reviewed these side effects with my provider.
2. I will get my controlled medication prescriptions through this clinic only, and the medication will only be filled at one pharmacy. My provider will be checking a national database that shows all of my controlled substance prescriptions. For my safety, if I do need a controlled prescription from another provider for any reason, I will let my provider know as soon as possible.
3. I will treat all clinic staff with respect when I am in clinic or talking on the phone. I will not swear or make any verbal or physical threats to anyone.
4. For my safety, I will be required to do a blood or urine drug screen before starting the medication and randomly after starting the medication. I understand that the drug screen should not show any illegal drugs or medications that I am not prescribed and should be consistent with my program.
5. For my safety, at least once per year I will be required to bring my medication to the clinic for a random pill count before the end of the business day that I am called. I will make sure the clinic has my updated contact information and let them know if there is a certain day of the week that is easiest for me to come in.
6. I agree to schedule and keep follow up appointments at least every three months and maybe more often if this is recommended by my provider. Refills for my medications will be arranged during these visits if I am following my program.
7. I agree to keep my medications in a safe place. I understand that early medication refills will not be approved. Lost, stolen, or misplaced medications will not be replaced. I will call the clinic if my medications are lost or stolen.
8. I understand this medication may only partially treat my condition. I will participate in other referrals or treatments that my provider recommends to help my condition.
9. I agree to take the medication as it is prescribed. I will not increase the dose or frequency on my own. Medication changes will only be made after being approved by my provider.
10. I agree not to sell or share my medications because that is illegal. I also understand that a medication that is safe for me can be dangerous for another person.
11. I agree not to abuse alcohol or illegal drugs. I will also not mix alcohol with my controlled medication.

Patient Name: _____ Date of birth: _____ MR# _____

Patient Signature: _____ Date: _____

Provider Name: _____

Provider Signature: _____ Date: _____