

A. EFFECTIVE DATE:	July 1, 2018
B. PURPOSE :	To Operationalize the Chronic Opioid Therapy Pain Management Agreement
C. POLICY :	Policy Chronic Opioid Therapy Pain Management Agreement
D. SCOPE :	Applies to all UConn Health patients receiving opioid prescriptions for the treatment for Chronic Non-Malignant Pain (CNMP) with the exception of patients with Sickle Cell Disease
E. DEFINITIONS :	<ol style="list-style-type: none"> 1. Chronic Opioid Therapy – Any treatment in which an opioid is prescribed for 3 months or longer 2. CNMP – Chronic Non-Malignant Pain 3. CPMRS- state controlled substance prescription monitoring system 4. EHR – Electronic Health Record 5. LEP – Limited English Proficiency 6. ORT – Opioid Risk Tool 7. VRI – Video Remote Interpreter
F. MATERIALS NEEDED :	Chronic Opioid Therapy Pain Management Agreement
G. PROCEDURE (WORKFLOW) :	<ol style="list-style-type: none"> 1. Prescribing practitioner determines the need to prescribe an opioid for relief of CNMP when alternate measures to relieve pain have been unsuccessful. 2. Prescribing Practitioner completes the risk assessment (the ORT can be done in under 1 minute) to determine the risk of future addiction. 3. Practitioner informs the patient of the need to initiate a medication agreement. 4. The agreement is reviewed with the patient by a member of the care team. <ol style="list-style-type: none"> a. For patients who are deaf or hearing impaired, an interpreter must be provided either via the VRI or with a live interpreter. b. For patients with LEP, an interpreter must be provided either via the telephone interpretation service or a live interpreter. 5. The patient or legal guardian signs the agreement. 6. Clinical staff assure that the agreement is dated with the date the agreement is signed and the date the agreement expires (one year from date of signing). 7. Clinical Staff facilitate scanning of the agreement into the EHR where it will be viewable by all other practitioners involved in the patient’s care. 8. Clinical Staff provide the patient with a copy of the agreement. 9. Clinical Staff perform initial qualitative urine toxicology screen. Toxicology screen will be repeated every 6 months and at random intervals as determined by the practitioner with a screen for the prescribed opioid. 10. The Practitioner consults the CPMRS prior to the initial prescription of a controlled substance and at 3-month intervals. 11. Clinical staff will perform random “pill counts” at the direction of the Practitioner. This can be used for monitoring and safety reasons for patients with inconsistent urine results, as a secondary method of measuring adherence, and for dialysis patients. Patients are to come in within that business day. If this is burdensome due to work or life responsibilities, staff can call randomly sometime in the following two weeks. Patient must come in one of the two times called.

	<p>12. Practitioner may discontinue prescribing opioids if there is a substantive change in the patient’s medical condition including the onset of pregnancy, failure to obtain benefit, or serious adverse effect.</p> <p>13. Medication Agreements will be considered void</p> <ul style="list-style-type: none"> a. If the patient violates the term of the agreement. b. If the patient’s qualitative urine toxicology screen has other opioids present or prescribed substance is absent. c. Patient fails to keep quarterly follow up appointments.
H. ATTACHMENTS :	Links to policies on Communication with Deaf and hearing impaired patients and LEP, Standing order for Qualitative Urine Toxic screen
I. STAKEHOLDER(S) :	Medical Staff, Nursing Services, JDH Administration, UConn Health Dental Service, UConn Medical Group
J. REFERENCES :	none
K. SEARCH WORDS :	Medication agreement, opioids
L. Revision History	1. Approved: 4/22/2018 by Clinical Council