

Opioid Review and MAT Clinic Documentation for Patients on Narcotics and Suboxone

March 28, 2018

Learning Objectives

- List the necessary items that need to be in your documentation when patients are on a chronic medication
- Determine the ramifications if you do not document properly

Disclosure

- UNM CME policy, in compliance with the ACCME Standards of Commercial Support, requires that anyone who is in a position to control the content of an activity disclose all relevant financial relationships they have had within the last 12 months with a commercial interest related to the content of this activity.
- The following planners and faculty disclose that they have no financial relationships with any commercial interest: Kurt DeVine, MD; Heather Bell, MD and Katie Stangl.

Announcements

Announcements

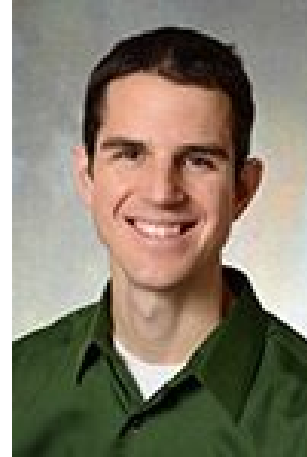
- Rx Summit- Atlanta, GA
 - Plan is to meet after the opening session on Monday night- we will be finalizing details this week
- Dr. DeVine and Dr. Bell are presenting Wednesday, April 4th from 2:00-3:15 pm
 - “A Rural Primary Care Clinic's Successful Response to the Opioid Epidemic”



Announcements

- Guest presenters coming up:

- **April 11:** Dr. Brian Grahan
“BUP and MAT”



- **April 11 Case:** Presented by Beth Bilden and
Consulted by Cresta Jones, MD, FACOG who
has a clinical interest in substance use
disorders in pregnancy, and hypertension in
pregnancy.



Announcements

- **May 2:** Sandra Whitman
Program Administrator for the
Prescription Monitoring Program



- **May 16:** Jessie Everts, VP of Clinical Programs at Wayside Treatment Centers “The Treatment Experience”



Documentation

- What documentation is needed if something goes wrong?
 - Death- accidental
 - Overdose- hospitalization
 - Board complaint (patient or family)

Documentation

- Lawyers have interest in this area
 - Class action lawsuit- JHACO drug companies
 - Prosecution lawyers- charging doctors in overdose deaths
 - State board sanctions in accidental OD

Documentation

- How do we protect ourselves?
 - Documentation
 - Appropriate prescribing practices



Chronic Pain Documentation



Documentation

- Dose
 - Don't just refer to record
 - Add present morphine equivalents
 - Goal dose/MME if tapering

Documentation

- Dose
 - If above 90 MME- justify the dose clearly
 - If not at 90 MME or less discuss attempts to lower or plans for decrease
 - Functional improvement

Documentation

- Why narcotics?
 - What are you treating → EXACTLY
 - Refer to scans
 - Refer to PT, OT, other modalities



Documentation

- Why narcotics?
 - Document other non-narcotic medication trials (Cymbalta, Neurontin, and so on)
 - Make sure patient has had appropriate referral and eval at pain clinic if needed and if any treatments were helpful, or needed to be considered again (injections)

Documentation

- Time frame of medication prescription
 - Plan to taper after surgery
 - Long term? Why?

Documentation

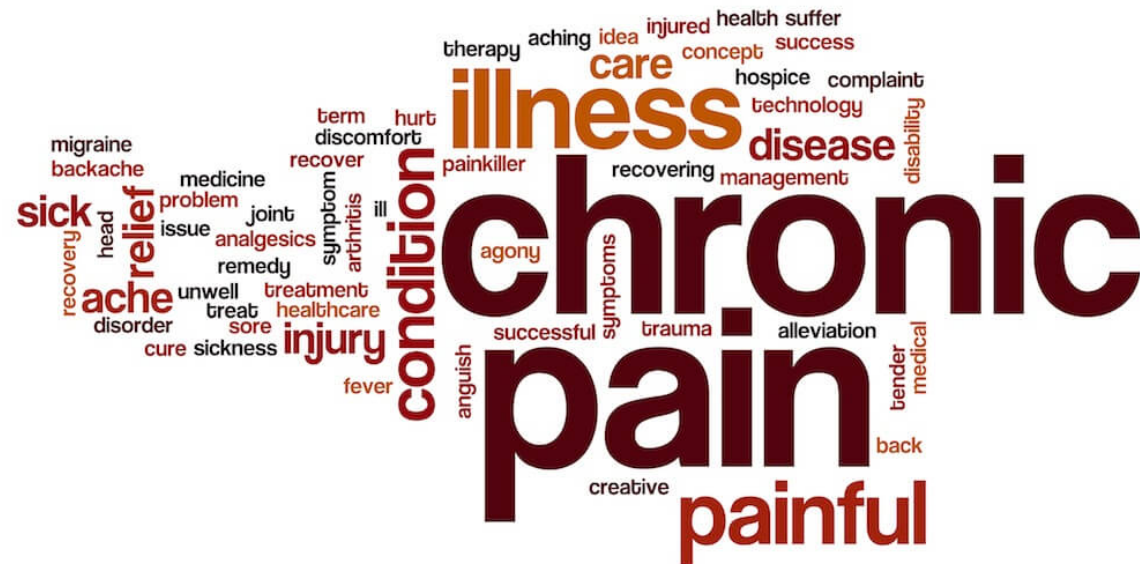
- Comorbidities addressed
 - Discuss risks with patient
 - Work up to rule out sleep apnea
 - Benzo/sleeper reduction

Documentation

- Narcan
 - At minimum if >90 MME
 - If history of accidental OD
 - If significant comorbidities

Documentation

- Exam
 - Do one
 - Document it



Documentation

- Urine drug screens
 - 1-2x per year
 - Mention if witnessed or not
 - Everyone- no exceptions
 - With confirmatory of (+) and (-)

Documentation

- Pill counts
 - Shot nurse in our clinic
 - Especially high risk of diversion

Documentation

- Follow up
 - Document frequently
 - 3 months max
 - Document refills not to be early and 3 month follow up not negotiable

Suboxone Patient Documentation

- Check the PDMP
- Dictation Notes:
 - Cravings
 - Triggers
 - Recovery programs
 - Sponsor
 - Family and support system

Suboxone Patient Documentation

- Dictation Notes:
 - Meetings
 - Sobriety
 - Drug screen
 - Suboxone dose
 - Side effects
 - Plan for Suboxone
 - Legal

Suboxone Patient Summary

Name	DOB	Date we started prescribing suboxone	Completed Treatment (Y/N)	Care Plan Date	Current Dose	Last Visit	Primary Physician	Suboxone Provider	Active (Y/N)
		5/15/2017	n	5/11/2017	4-2	2/13/18	Heather Bell	Heather Bell	Yes
		7/18/2016	Y	7/18/2016	8mg BID	3/19/18	Kurt DeVine	Kurt DeVine	Yes
		8/24/2017	N	8/24/2017	8-8	8/24/17	Jane Winter	Heather Bell	No
		1/13/2017	Y	1/16/2017	2mg BID	NO SHOW	Greg McNamara	Kurt DeVine	No
		11/30/2017	n	11/29/2017	8-8	3/9/2018	No primary	Heather Bell	Yes
		2/13/2018	n	2/13/2018	8-8	3/27/18	Roger Boettcher	Heather Bell	Yes
		7/25/2016	N	-	8mg BID	NO SHOW	No primary	Kurt DeVine	No
		1/0/1900	-	8/29/2017	8mg BID	1/30/18	Kristy Peterfeso	Kurt DeVine	Yes
		11/21/2017	Rule 25 Scheduled	11/21/2017	8-4-8	1/31/18	Kurt DeVine	Kurt DeVine	Yes
		1/27/2016	N	1/27/2016	8mg BID	1/5/18	Kurt DeVine	Kurt DeVine	Yes
		1/16/2018	-	1/16/2018	8-8	1/16/18	No primary	Heather Bell	Yes
		8/2/2016	Y	8/2/2016	8mg BID	2/24	Kurt DeVine	Kurt DeVine	Yes
		11/30/2017	N	11/30/2017	8mg TID	1/9/18	Kimberly Spaulding	Kurt DeVine	Yes
		10/7/2016	Y	10/17/2016	4mg BID	11/28/17	Thomas Stoy	Kurt DeVine	Yes
		8/15/2017	y	8/15/2017	8-16	3/19/18	Dale Berry	Heather Bell	Yes
		4/3/2017	N	4/3/2017	12mg total	4/3/17	No primary	Kurt DeVine	No
		1/0/1900	-	-	-	-	Peter Germscheid	Kurt DeVine	No

Suboxone Patient File

Date Started Suboxone:		2013-relapse					
Date Started Suboxone at our Clinic:		6/22/2016					
Name/Form of Medication on:		Suboxone					
Visit #	Apt Date	Dose at Appt Time	Dose When Left Clinic	Last UDAS	Next Follow Up (# Weeks)	Completed Treatment (Y/N)	Date Contract Signed
1	6/22/16		8mg BID	+Subox,Opioid,Amphet	1	N	6/22/2016
2	6/30/16	8mg BID	8mg BID			N	
3	7/1/16	8mg BID	8mg BID	+Subox/Opioid		N- Delano RX inpt	
4	8/24/16	8mg BID	8mg BID	+Subox/Opioid	1	Y	
5	9/9/16	8mg BID	8mg BID	+Opioid	1	Y	
6	9/16/16	8mg BID	8mg BID	+Subox	1	Y	
7	9/26/16	8mg BID	8mg BID	+Subox/Opioid	2	Y	
8	10/12/16	8mg BID	10mg BID	+Subox/Opioid/Meth	1	Y	
9	10/20/16	10mg BID	10mg BID	+Subox	1	Y	
10	11/9/16	No Show				Y	
11	11/21/16	Heroin and sub for withdrawal, 4mg am 6mg pm		+Subox,Amp	2D	-	
12	11/28/16	8mg BID, didn't use last 2 doses, admitted heroin. 8mg BID		+Subox/Meth/Amph/Opioid	3D		
13	12/2/16	8mg BID	8mg BID		1	N	
14	12/8/16	No Show- Out of Program					
15	3/21/17	8mg BID	8mg BID	+Opiate	1	Y	
16	3/30/17	8mg BID	8mg BID	+Opiate/Subox	1	Y	
17	4/7/17	No Show					