Tools to Manage Drug-Seeking Behaviors and Super Users in the Emergency Department

While emergency department "super users" typically represent no more than three percent of the ED patient population in Studer Group's National Learning Lab, they can make it challenging to execute and hardwire service for all patients (including super users). This document contains four tools to ensure appropriate utilization and care in your ED:

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Pain Management Policy Operational Guidelines and Process

1. Each emergency department or urgent care clinic develops an identification process for chronic pain patients that frequent the facility. Generally, any patient that presents to an acute treatment facility more than 4 times per month for a chronic pain condition would be included. Either the individual practitioner or an oversight committee determines who is included in the pain management policy.

2. Once the pain management policy is instituted, the next time a chronic pain patient presents for treatment they are provided with the pain management policy letter. The letter is reviewed with them by the provider at the time of discharge. The provider records in the medical record that the patient has received a copy of the pain management letter and now is part of the pain management policy.

3. The patient’s primary care physician is sent the pain management policy letter and asked to fill out the needed information and return it back to the ED or urgent care for appropriate filing and record keeping.

4. For patients without a primary care physician, the patient would be asked to establish care with one following their discharge from the ED or urgent care clinic. If the patient fails to establish care with a primary care physician, he is not eligible to receive controlled substances for future visits for their chronic pain.

5. The pain contract details are reviewed each time a chronic pain patient presents to the ED or urgent care clinic for chronic pain.

6. All providers agree to adhere to the pain contract that the primary care physician has developed. If a patient presents for chronic pain and they have already exceeded their monthly allotted visits for outlined treatment, alternative treatment in the form of non-narcotic medications will be offered.

7. An accountability process should be instituted for dealing with medical providers who do not follow the pain management policy.
Sample Letter from ED Physician to Patient’s Primary Care Physician

Date

Doctor Name
Doctor Address

RE: Patient Name
Date of Birth

Dear (Doctor name),

The above patient has identified you as their primary care physician. Over the recent past, this patient has visited our emergency department frequently for evaluation and treatment of a chronic pain condition(s). Due to the frequency of their visits to the ED, we are communicating our desire to work with you to create an effective strategy to manage their chronic pain. It is our objective to follow a plan of care that aligns with your long-term treatment objectives for this patient and maintains continuity of care. As such, we would like to ask you to develop a pain contract that communicates to the patient your expectations regarding the frequency of visits to the emergency department(s) and/or urgent care clinics.

The pain contract would set limits on the number of emergency department or urgent care visits for treatment of their chronic pain condition each month. In addition, you can also specify the desired treatment regimen that you would like the patient to receive. For example, you may specify that a particular patient is entitled to 2 emergency department or urgent care visits per month for treatment of their chronic migraines, and treatment should consist of administering IV fluids along with 10mg of Compazine and 6mg of Morphine.

The attachment outlines the pain contract information and should be returned after you have discussed these details with the patient. This contract will be kept on file and referred to when the patient presents for treatment of their chronic pain condition. It is our hope that together we can execute an effective strategy that addresses your patient’s pain needs and is aligned with your long-term care plan for them. The literature advocates a pro-active strategy for managing chronic pain patients in the ED or urgent care settings that results in better continuity and outcomes for the patient when a pain management strategy is followed.

Thank you for your cooperation. Please contact me with any questions regarding this matter.

Sincerely,

Signature
Phone number/email address

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Sample Pain Contract Plan (Mailed with Letter to Primary Care Physician)

Primary Care Physician Name:________________________________________________________

Medical Practice Name:______________________________________________________________

Patient Name:__________________________________________________________

Patient date of birth:_______________________________________________

The above patient and myself have entered into a chronic pain management agreement that specifies how many emergency department and/or urgent care visits they are entitled to each month for evaluation and treatment of their chronic pain condition. I understand that it is the responsibility of the emergency department or urgent care physician to perform a medical evaluation of the patient on each visit to determine if there are any other acute conditions that are contributing to the patient’s medical presentation that require additional evaluation or work-up. This document will be kept on file and referred to when the above patient presents with a chronic pain condition. This agreement will be followed by all ED or urgent care physicians with the understanding that if a patient exceeds their allotted visits for the month, they will NOT receive narcotics and alternative non-narcotic treatments will be offered.

Number of ED and urgent care visits allowed each month:

0  1  2  3  4  (circle response)

Preferred treatment plan: (optional to complete)

Chronic pain condition (1):_________________________________________________________ (e.g. migraine)

Treatment:________________________________________________________________________

Chronic pain condition 2):___________________________________________________________

Treatment:________________________________________________________________________

Signature of Physician:____________________________________________________________

Signature of Patient:________________________________________________________________

Date signed:__________________________________________________________

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Sample Patient Letter on ED Pain Management Policy

St. Elsewhere Emergency Department / Urgent Care Clinic

Effective (insert date)

It is our desire to always provide excellent care to you during your emergency department or urgent care visit. Excellent care means that we perform a thorough evaluation of your condition and offer appropriate and/or necessary treatment in a kind, respectful and compassionate manner.

It has come to our attention that you frequent the emergency department and/or urgent care clinic for treatment of a chronic pain condition. The frequent treatment of a chronic pain condition in the emergency department or urgent care clinic setting is not a strategy that promotes continuity of care or good clinical outcomes in the long term. It is in your best interest to have a single physician oversee the treatment of your chronic pain. As such, we have instituted a policy for all chronic pain patients that requires you to work with your primary doctor in outlining a treatment strategy that the emergency department or urgent care clinic can follow.

By receiving this letter, we are asking that you schedule an appointment with your physician to discuss the treatment of your chronic pain. Your doctor will outline a treatment plan that limits the number of emergency department or urgent care visits each month for your chronic pain condition. This contract will be followed at all times by all medical providers that you see when you visit the emergency department or urgent care clinic. Until we receive a pain contract from your primary physician, you will not receive any narcotic treatments or prescriptions from us in future visits for the treatment of your chronic pain condition. Please make the effort to schedule an appointment with your physician to create a pain contract. Your doctor will then send us the agreed to pain contract and we will keep this plan on file.

This pain contract does not apply to any other acute (non-chronic) painful medical condition that you seek treatment for in the emergency department or urgent care clinic.

By working with your physician we can coordinate the best strategy for managing your chronic pain.

Sincerely,

Signature(s) and Title(s)
Sample Key Words for Super Users

Recommended key words to use in discussing pain management with chronic pain patients and those exhibiting drug-seeking behaviors follow. For these purposes, drug-seeking behavior is defined as the attempt to gain controlled substances through deceptive or misleading statements for a condition that may or may not be real. A patient with chronic pain usually has a previously established diagnosis of a painful condition that may warrant the use of controlled substances as long as they are dispensed in the appropriate clinical setting. Chronic pain patients may often present with symptom magnification and inappropriately over-utilize acute care facilities.

Scenario 1: Key words for managing first-time or repeat ED patients who exhibit inappropriate pain-seeking behaviors

*Patients exhibiting inappropriate drug-seeking behavior who have not frequented the ED:*

1. It is important that we discover the cause of your pain rather than just treat it. Once I understand what is causing your pain, I can give you something that can help reduce your pain, and we can discuss some things that you can do at home which may help.
2. For this condition, I usually prescribe (insert non-narcotic drug name).
3. Usually, it is not possible to completely eliminate your pain, so our goal today is to reduce it to a more tolerable level.
4. I do not feel comfortable giving you a (insert name of medication they are requesting) prescription for this condition, but I can give you a prescription of (insert medication name) instead, which should also help make you feel better.
5. I’m sorry, but I will not prescribe this medication for you. I would be glad to prescribe some of the other medications we have already talked about.
6. I acknowledge that you are having pain from (condition). A prescription for (xyz non-steroidal anti-inflamatory) can benefit you, as it can decrease the inflammation that is causing your pain and make you feel better.

*Patients exhibiting inappropriate drug-seeking behavior who have frequented the ED:*

1. In looking over your medical records, I see that you have visited us various times over the past (weeks, months).
2. It looks like you have received a number of narcotic prescriptions (or insert other class of medication) for these visits from a number of different doctors, which concerns me.
3. I want to help you today, but I do not feel comfortable treating you with (insert name or class of medication). I want to make you feel better and can offer you a number of different treatment options, but none of them will involve giving you (insert name or class of medication).
4. It is important that you follow-up with a primary care doctor who can take care of you rather than getting care and prescriptions from many different doctors.
5. Let’s agree that after today, you will make every effort to see your own doctor for any follow-up, because your visits to us have become so frequent that our doctors will no longer be prescribing any narcotics (or insert other name or class of medication) for you.

6. I believe in having you work with a single physician to create a long-term strategy for managing your condition, which often involves other treatment options for your pain besides chronic narcotic use.

**Scenario 2: Key words for managing first-time or repeat chronic pain patients in the ED**

*Chronic pain patient that has or has not frequented the ED who is to be enrolled in the chronic pain management program:*

1. Today I am going to try and make you feel better, but I also want to discuss a long-term plan to managing your chronic pain.

2. The emergency department (or urgent care) is not the best place to receive care for your chronic pain. Treating chronic pain is not what we do best here. You usually see a different doctor each time you come back to us. Patients with a chronic condition like diabetes or high blood pressure usually get better results when they see the same doctor for their condition. It’s the same for you and your chronic pain.

3. It is better to receive care from a single doctor who can get to know you well and build a trusting relationship with you. He or she can design a pain care plan that both of you agree to.

4. After today’s visit, I will give you a letter explaining our pain policy to you.

5. It requires you to meet with your doctor and design a pain plan that everyone can follow. Your doctor will decide how often you can visit us to receive treatment for your pain. This is called a pain contract. If you do not have a regular doctor, I can help find one for you.

6. Once you have a pain contract, we will keep it on file and use it when you come for treatment of your chronic pain. For future visits to us, if you don’t have a pain contract you will not receive any narcotic pain medications.

7. For future visits you will receive exactly what your pain contract allows us to treat your pain with. You will be deciding when your pain is bad enough that you want to use up an allowed visit.

8. Usually, your pain contract will spell out how many visits are allowed each month. Once you have used up all your visits, we cannot give you anymore of your usual pain medications. We can try other things to make you feel better, but none of the doctors will be allowed to break your pain contract.
9. This strategy has worked well for many patients with chronic pain like yours. We want to work with you and your doctor on following a good plan for your chronic pain.

Chronic pain patient that has a pain contract on file who presents for treatment of their chronic pain, and has exceeded their allowed number of visits for the month:

1. I want to help you feel better today.
2. I have reviewed your pain contract that you have with Dr. XXXX, and see that you have already used up your visits for the month.
3. Our pain policy requires that all our doctors follow all pain contracts all the time, and therefore I cannot give you your usual medication, but we can try some other things that may make you feel better.
4. I will also notify your doctor that you came today, and he/she can discuss with you your concerns and further care options.
Want to Learn More?
Studer Group Institute Improves Emergency Department Results


Attendees will learn how to implement a comprehensive ED pain management policy that reduces unnecessary visits for ED “super users” and ensures better care for these patients. The institute offers dozens of tactics that have been time-tested in Studer Group’s national learning lab of more than 1,000 Emergency Departments. Attendees will learn how to:

- improve ED perception of care to get higher HCAHPS results in all ten composites,
- set measurable goals and hardwire practices to achieve them,
- improve patient flow and reduce arrival-to-physician-exam time,
- implement tactics such as Hourly Rounding℠ to improve pain management,
- identify pitfalls and apply safeguards when you must prescribe to a patient you suspect of drug-seeking,
- appropriately identify and track ED super users,
- work with primary care physicians and other resources to set limits and redirect care to appropriate patient care settings.

To learn more about this and other institutes, including upcoming dates and registration information, visit www.studergroup.com.