



Managing Drug-Seeking Behaviors & Super Users in the Emergency Department

How to deal with patients exhibiting chronic pain or drug seeking behaviors for fewer complaints and better care.

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Managing drug-seeking behaviors

DIAGNOSE

As ED physicians, nurses, and caregivers struggle to meet the needs of more than 117 million ED patients annually,¹ we spend a disproportionate amount of energy and time on the small percentage of patients who are “super users.” While they typically represent no more three percent of the ED patient population in Studer Group’s national ED learning lab, these patients often frustrate staff, can be demanding and quick to complain, and are frequently treated inconsistently from one provider to the next. In Studer Group’s experience, it is difficult to execute and hardwire service excellence for all patients—including super users—without an effective and consistent approach to pain management.

These super users include two populations: (1) patients exhibiting drug-seeking behaviors—which represent a \$100 billion a year challenge for the healthcare industry.² They come to the ED frequently with coy, subjective presentations and varied requests for narcotics or other controlled substances (e.g., toothache, back pain, headache). (2) patients with chronic pain, who suffer from an often legitimate yet overstated painful medical condition that is poorly controlled or managed.

While the two populations can be mutually exclusive, we recognize that they may overlap as well. Some drug-seeking patients experience chronic pain and some chronic pain patients exhibit drug-seeking behaviors. What’s important to understand is that **the solution for reducing ED visits is the same for both groups.**

By hardwiring a process for identifying and

communicating with these patients and their primary care providers (PCPs), the ED ensures it is in fact, providing care, but re-directing patients to their PCPs where more appropriate utilization and care can be provided. These patients may not need narcotics, but they do need care.

TREAT

Emergency departments that are most effective at managing these two types of patient populations hardwire a pain management protocol with three components:

- ▼ Institute a pain management policy that outlines guidelines and a process for managing these types of ED patients,
- ▼ Send a letter to the patient’s existing or assigned primary care physician that communicates the intent to enroll this patient into a pain management contract, and
- ▼ Provide a letter explaining the ED’s pain management policy to the patient. (This discussion includes the use of key words for both chronic pain patients and those exhibiting drug-seeking behaviors.)

STEP 1: DEVELOP AND IMPLEMENT AN EFFECTIVE PAIN MANAGEMENT POLICY (SEE APPENDIX A.)

An effective pain management policy includes operational guidelines and a process to ensure the appropriate identification of super users, sets limits on monthly ED visits, explains the policy at the bedside to the patient, and communicates the desire to enroll the patient into the policy with the patient’s PCP.

¹Centers for Disease Control, October 2010. Number of 2007 visits to the emergency department was 116.8 million. National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary

²Clark S, 2009. “Formulating an effective response to emergency room drug diversion by drug seeking patients.” *Journal of Healthcare Protection Management* 25(1):1-8.

First, the ED must decide what constitutes over-utilization. Some EDs have adapted a definition of four or more visits per month. (Criteria may vary, but each ED or urgent care practice should define what utilization threshold triggers inclusion into the pain management policy.) Next, a provider or oversight committee can elect to include a patient into the pain management policy after review of his medical records to determine whether or not he is an appropriate candidate. Finally, an identification process needs to be implemented to identify the patient as a “super user” the next time they present.

Once the pain management policy is in place and a patient has been deemed appropriate for inclusion, the next time that patient presents for treatment of his chronic pain, he is told of his enrollment into the plan. The provider explains the pain management policy to him and provides them with a policy letter at the bedside prior to their discharge. The provider records in the medical record that the patient has received a copy of the pain management letter and is now enrolled in the pain management policy.

Next, the ED physician sends the patient’s PCP the pain management program’s pain contract letter (see Appendix sample) and asks him or her to complete the needed information and return it back to the ED or urgent care for appropriate filing and record keeping. Patients who do not have a primary care physician are asked to establish one, and given suggestions for on-call physicians if needed.

Each time a chronic pain patient presents to the ED or urgent care clinic for chronic pain, the ED physician reviews with them the pain contract

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

The overall success in effectively managing chronic pain patients and those exhibiting drug seeking behavior (to reduce their over-utilization of the ED) depends on all providers consistently adhering to the agreed upon pain management policy. It is sometimes difficult for providers to have the difficult conversations with these types of patients, and the easy choice is to give in to their requests. Therefore, it is prudent to track policy compliance and outline a strategy to identify providers who deviate from policy and devise a plan to hold them accountable.

STEP 2: SEND A LETTER TO PCPS REQUESTING A PAIN MANAGEMENT CONTRACT (SEE APPENDIX A.)

This letter communicates that because the PCP’s patient is over-utilizing the ED, the ED would like to work with the PCP to create an effective strategy to manage the patient’s pain—and align ED care with the PCP’s treatment— through the use of a pain management contract. The pain contract sets limits on the number of monthly ED or urgent care visits as specified by the PCP. The letter requests the PCP return the pain management contract to the ED where it will be kept on file to be referenced when the patient visits.

STEP 3: PROVIDE A PAIN CONTRACT FORM FOR THE PCP TO COMPLETE (SEE APPENDIX A.)

This form, which is mailed together with the above letter, asks the PCP to specify the number of allowed ED/urgent care monthly visits (zero to four visits) and identify preferred treatments for specific chronic pain conditions. The PCP should discuss the contract with the patient before returning it to the ED. If the completed pain contract allows for too many future ED visits, then appropriate dialogue would be needed between the physician and the ED medical director to negotiate a compromise.

STEP 4: PROVIDE THE PATIENT THE ED PAIN MANAGEMENT POLICY LETTER. (SEE APPENDIX A.)

The patient letter expresses the ED's desire to always provide excellent care by thoroughly evaluating the patient's condition and offering appropriate and necessary treatment with kindness and compassion. It notes that because the patient frequents the ED/urgent care clinic for treatment of chronic pain, the ED will work with the patient's PCP to outline a treatment strategy via a chronic pain contract. It explains that no further narcotic treatments or prescriptions for treatment of chronic pain will be given until the ED receives the completed contract from the PCP and that the contract does not apply to other acute medical conditions. It urges the patient to schedule an appointment with the PCP right away.

STEP 5: TRAIN ALL ED/URGENT CARE PROVIDERS ON THE POLICY AND HOW TO COMMUNICATE WITH ENROLLED PATIENTS.

A key aspect of a successfully implemented pain management policy is the consistent adherence by the providers to the policy, which is dependent on their ability to effectively communicate the policy to the patient at the bedside in an assertive, forthright, yet non-provoking and respectful manner. Training providers how to communicate this message to patients ensures consistency and adherence to the policy.

It is important for providers to recognize that when interacting with super users, they need to start with the normal evaluation process, performing a thorough history and exam. This will prevent missing an acute medical condition that is exacerbating the patient's pain. It is also imperative that providers use good communication skills to reduce patient anxiety, confrontation, and hostility. Studer Group recommends using "AIDETSM" (Acknowledge-Introduce-Duration-Explanation-Thank You). Learn more about AIDET at www.studergroup.com.

You will find examples of super user patient scenarios in Appendix B. Examples of key words for both populations are included that strive to reduce confrontation and provide an objective, fair, and non-threatening discussion of a patient's treatment objectives. These are examples of actual dialogue practiced by several of Studer Group's emergency physicians, representing over 35 years of clinical practice. These key words have been used effectively in real practice to reduce utilization of "super users" in the ED.

Results and tools

In Studer Group's experience, emergency departments and urgent care facilities that hardwire this protocol experience fewer patient complaints and reduce visits from these two patient populations. The goal is not to deny medication to patients who need it. Rather, the goal is to be consistent and prescriptive with both the patient and the PCP to ensure appropriate, quality care in the patient's best interest.

LEARN MORE

Log on to:
www.studergroup.com/edexcellence
to download free copies of the letters, policy guidelines, and pain management contract referenced here.

3 More Tools: What About the Other 97% of ED Patients Who Need Pain Management?

Successful pain management also includes timely and integrated pain management for all other ED patients, including admitted patients who may be boarded for a period of time in the ED. This also ensures smooth hand-offs and positive perception of care for admitted ED patients ...a critical ingredient in your hospital's strong overall performance.

1. Track door to pain assessment time.
Your goal: 30 minutes or less.
2. Round hourly on patients in the ED to assess for pain and ongoing effectiveness of pain management therapy.
3. Use triage protocols to increase efficiency (e.g., initial pain management at triage, rapid medical evaluation, immediate bedding).

To learn how to use these tools effectively, attend Studer Group's two-day Institute Excellence in the Emergency Department: Hardwiring Flow and the Patient Experience. For dates and location, visit www.studergroup.com/2011institutes.

To view and download free tools, visit www.studergroup.com/excellenceintheed.

Questions?

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**Download full size copies of
Appendix A & B documents to share
with your ED staff at
www.studergroup.com/edexcellence**

Appendix A:

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 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 substance 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 signs. If a patient presents for chronic pain and they have already exceeded their monthly limit for outlined treatment, alternative treatment in the form of non-narcotic medication is offered.
7. An accountability process should be instituted for dealing with medical providers who do not follow the pain management policy.

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Pain Management Policy Operational Guidelines & Process

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 Letter from ED Physician to Patient's Primary Care Physician

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

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 above patient presents with a chronic pain condition. This agreement will be for urgent care physicians with the understanding that if a patient exceeds their limit each month, they will NOT receive narcotics and alternative non-narcotic treatments will

urgent care visits allowed each month:

_____ 4 (circle response)

Comments (optional to complete)

1 (1): _____ (e.g. migraine)

2): _____

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)

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Sample Patient Letter on ED Pain Management Policy

Appendix B:

Sample Key Words for Super Users

- 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:

- I want to help you feel better today.
- I have reviewed your pain contract that you have with you have already used up your visits for the month.
- Our pain policy requires that all our doctors follow all and therefore I cannot give you your usual medication other things that may make you feel better.
- 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 for you.

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:

- 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.
- For this condition, I usually prescribe (insert non-narcotic drug name).
- Usually, it is not possible to completely eliminate your pain, so our goal today is to reduce it to a more tolerable level.
- 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.
- 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.
- I acknowledge that you are having pain from (condition). A prescription for (xyz non-steroidal anti-inflammatory) 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:

- In looking over your medical records, I see that you have visited us various times over the past (weeks, months).
- 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.
- 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).
- 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.

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

Patients who have or have not frequented the ED who is to be enrolled in the chronic pain contract:

I want to try and make you feel better, but I also want to discuss a plan for managing your chronic pain. Treating chronic pain in the ED department (or urgent care) is not the best place to receive care for your pain. Treating chronic pain is not what we do best here. You need to see a different doctor each time you come back to us. Patients with chronic conditions 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. We want you to receive care from a single doctor who can get to know you well and build a long-term relationship with you. He or she can design a pain care plan that will help you manage your pain. At your next visit, I will give you a letter explaining our pain policy to you. We want you to meet with your doctor and design a pain plan that everyone on our team or doctor will decide how often you can visit us to receive care for your pain. This is called a pain contract. If you do not have a pain contract, we will keep it on file and use it when you come back to see us for your chronic pain. For future visits to us, if you don't have a pain contract, you will not receive any narcotic pain medications. We want you to receive exactly what your pain contract allows us to provide. You will be deciding when your pain is bad enough that you need to come to the ED for an allowed visit. Your pain contract will spell out how many visits are allowed each month. If you have used up all your visits, we cannot give you anymore of our pain medications. We can try other things to make you feel better, but you will not be allowed to break your pain contract.