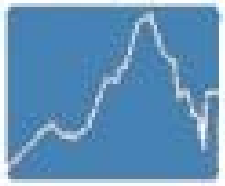


Department of Health Professions

VIRGINIA'S PRESCRIPTION MONITORING PROGRAM

PROVIDING EDUCATION AND PRACTICE RESOURCE TOOLS

PRESCRIPTION DRUG ABUSE IN VIRGINIA

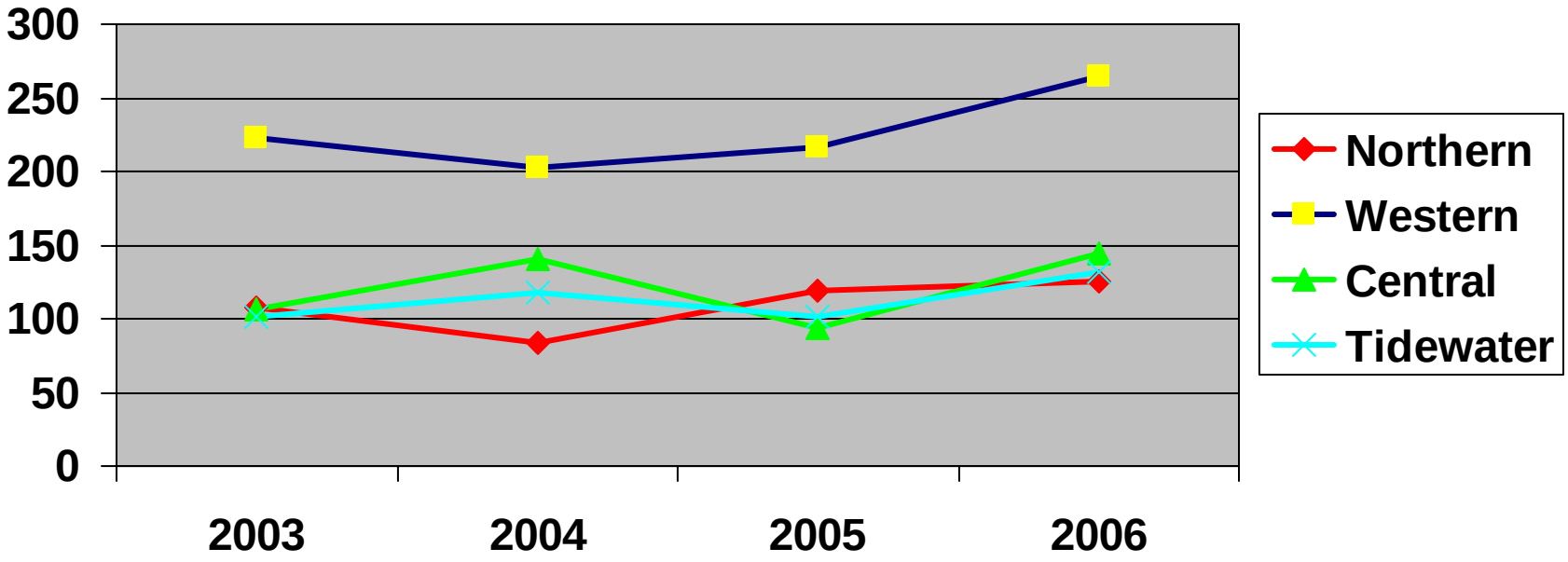
- Lee County, Virginia was highlighted in an April 2001 CBS news story concerning Oxycontin abuse.
- Police in Prince George County arrested 4 juveniles connected to a 15-year student overdosing on Oxycontin on October 29, 2004.

WISE COUNTY

- 4/2/08 Wise County authorities in the past two years have arrested more than 350 low-level drug dealers in an investigation dubbed Operation Street Sweeper, but Tuesday's roundup nabbed some upper-level drug operators, authorities said.

  Operation April Fools, an offshoot of the Street Sweeper investigation, resulted in 29 arrests by 3 p.m. of the 48 people indicted recently by a multi-jurisdictional grand jury, said Wise County Commonwealth's Attorney Ron Elkins.

DRUG DEATHS IN VIRGINIA

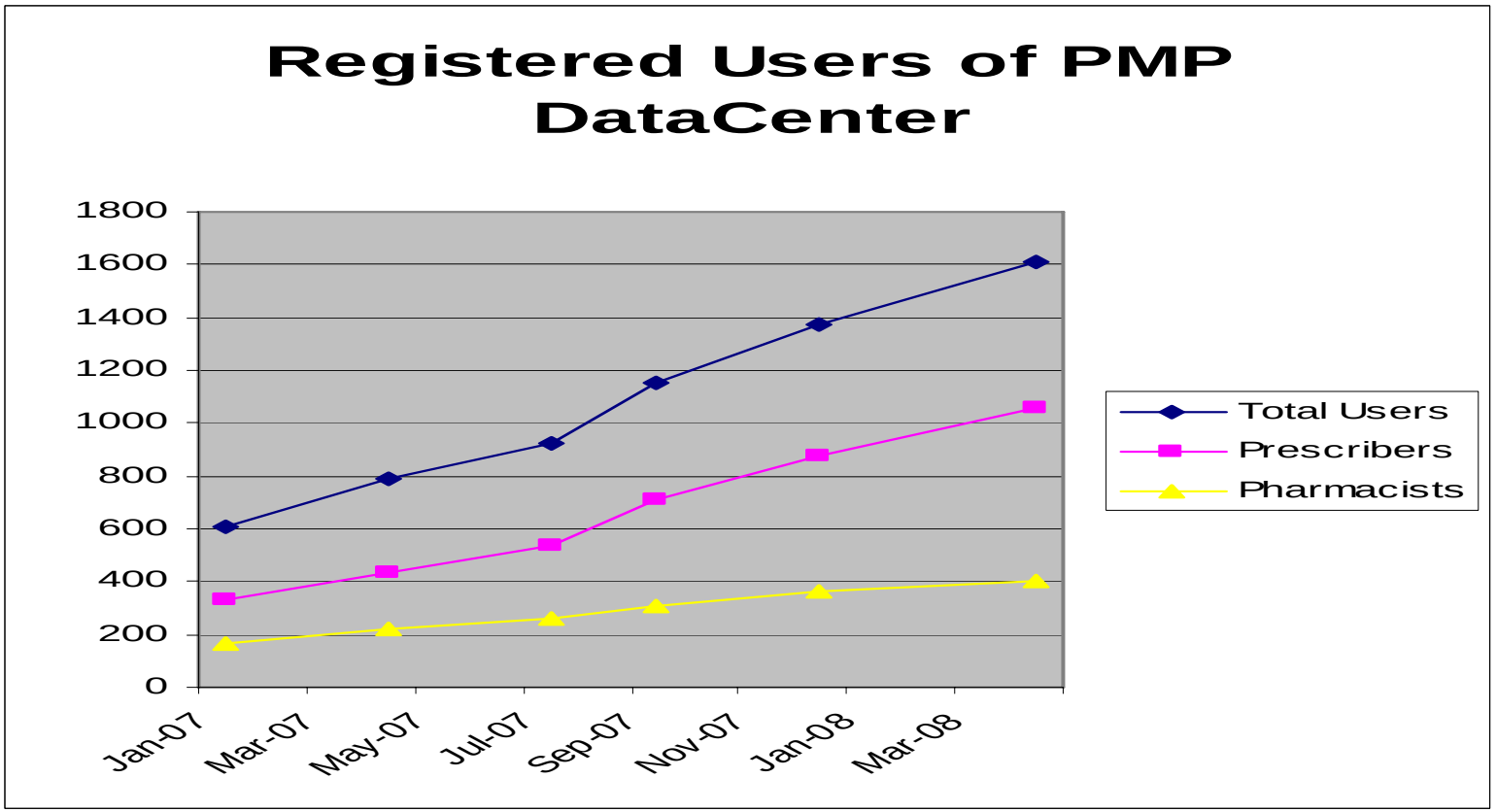


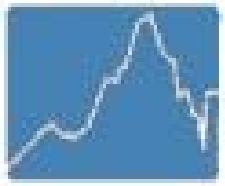
SURVEY OF PHYSICIANS
Prescription Drug Diversion Study

- Only about 21% of physicians have patients complete a written or oral health history at every visit, when receiving a physical exam or annually.
- Only 53.8% of histories include information on prescription drug abuse
- Only 52.7% of prescribers always counsel each patient on the risks of physical dependence associated with taking controlled drugs.

Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.
The National Center on Addiction and Substance Abuse at Columbia University (2005)

NEED FOR MORE USERS OF PROGRAM





Department of Health Professions

PAIN MANAGEMENT EDUCATION: A COOPERATIVE EFFORT

Virginia's Prescription Monitoring Program
And
Virginia Commonwealth University
School of Medicine

THE NEED FOR EDUCATION

- Managing Pain is challenging
  - Spans professions and specialties
  - Variation in chronic pain syndromes
  - Limited evidence-based guidelines
  - Limited provider training
  - Provider fears of legal ramifications

Upshur et al 2006; Chen et al 2006; Adams et al 2001

Retrospective Chart Review

- Hypothesis
  - Deficiencies in recommended management practices
- Pain Assessment
  - Most residents documented pain diagnosis (93%) and score (82%)
- Risk assessment
  - 60-70% did not document illicit substance use, legal history, or obtain prior medical records

Yanni et al 2006 (abstract)
Yanni et al 2008 (submission)

Resident Questionnaire

- How would you rate your medical school training in preparing you to treat CNMP?
- 57.5% (65) “fair” or “poor”
- 31.9% (36) “average”

- How would you rate your residency training in preparing you to treat CNMP?
- 32.1% (36) “fair” or “poor”
- 42% (47) “average”

Weaver et al 2005 (abstract)
Yanni et al 2008 (submission)

Resident Questionnaire

- 89% reported managing CNMP was "much less" or "somewhat less" rewarding than managing other chronic conditions
- 58% reported CNMP "negatively" or "very negatively" affected their overall clinic experience
- 58% reported CNMP "negatively" or "very negatively" affected their view of primary care as a career

Weaver et al 2005 (abstract)
Yanni et al 2008 (submission)

Principles of Development

- Offer a “standardized” curriculum
  - ACGME competencies
  - Improve knowledge, change attitudes
- Target range of user levels
- Applicable across disciplines
- E-learning
  - Accommodate learner schedules
  - Build in educational design principles
  - Access practice resources
  - Share across programs/institutions

Cook, Dupras. JGIM, 2004.

Course Evaluation Questions

- Having completed the curriculum will you access any of the resources?
- Is the assessment and treatment of patients with CNMP more important to you as a result of using this curriculum?
- As a result of the curriculum, will you make any changes in your behavior or practice?
- Would you recommend this curriculum to your colleagues?

% Yes to Evaluation Questions

	Students N=161	Residents N=278	Reviewers N=14
Resources	89%	83%	100%
Importance	92%	84%	61%
Changes	75%	74%	69%
Recommend	96%	90%	100%

Yanni et al 2008 (Submission)

Aims of Partnership Between DHP and VCU School of Medicine

- Provide accessible resources for pain education
- Create a Virginia-specific module to outline responsibilities and legalities
- Highlight Virginia specific resources
  - Virginia's Prescription Monitoring Program (PMP)

Virginia.gov Online Services | Commonwealth Sites | Help | Governor

Virginia Department of Health Professions

DHP Home Page > Dhp Programs > Pmp > Home Contact Us

- PMP Home
- About PMP
- Laws and Regulations
- Forms
- Reports and Statistics
- HIPAA Applicability
- Contractor Information
- Committee Members
- Committee Calendar
- Staff Directory
- DHP Home
- Board Of Pharmacy
- Board of Medicine

Virginia Prescription Monitoring Program

As of February 1, 2008 there are over 20.7 million records in the prescription monitoring program database.

Pain Management Course offering

The Virginia Department of Health Professions has partnered with the VCU School of Medicine in the development of an online pain management curriculum called VCU Chronic Nonmalignant Pain Management. This curriculum emphasizes current issues in the management of pain through a case-based format and offers ongoing access to practice resources in pain management.

Registration is free; you will need your Virginia license number and the following case-sensitive access code: "Virginia Pain". Click here to register for the course. Questions and comments can be directed to Leanne M. Yanni, MD, Creator and Editor, at lyanni@mcvh-vcu.edu.

The PMP Data Center

Prescribers, Pharmacists, and other authorized users may make requests for data from the Prescription Monitoring Program via a secure web page. This web page will assist authorized users in organizing their requests and the reports that are generated by the program. Click here for a User information sheet.

If you are not already a registered user of the **PMP Data Center** click on the "Not a User? Register to become a User" link on the login screen, fill out the information form, click submit, then print the form out and **fax it to 804-527-4470**. Your User Name and Password will be mailed to your address of record on file with the Department of Health Professions. For questions about the PMP Data Center please call 804-367-4566.
Access the PMP Data Center.

vcuLMS

LEARNING MANAGEMENT SYSTEM

HOME

Sign in to LMS

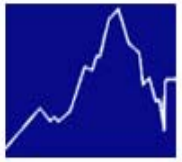
Email:

Password:

Sign In

Create Account

Forgot Password



Department of Health Professions

Activities Calendar

News:

11/14/2007

Welcome to VCU Chronic Nonmalignant Pain Management! This curriculum is a case-based online curriculum that is being made available to Virginia Providers through a partnership between the Virginia Department of Health Professions and Virginia Commonwealth University School of Medicine, with support from the Harold Rogers Prescription Drug Monitoring Program Grant funds.

Certain Virginia providers with an active license number can access the program free of charge and obtain up to 3.0 hours of Type 1 continuing education credits from the Board of Medicine. The Board of Pharmacy has also approved the program for pharmacy CE in Virginia, but this may not constitute approved continuing pharmacy education in other states. Other professions may be added at a future date pending legislative and/or regulatory authorization. There is a printable certificate with completion of the post-test. Providers are encouraged to complete the entire curriculum and re-access the curriculum at any time to download and/or print the resources for use in day to day pain management.

An active license number and the case-sensitive access code "Virginia Pain" are needed for registration.

Questions regarding use of the curriculum for trainees should be directed to Leanne M. Yanni, MD, Creator & Editor at lyanni@mcvh-vcu.edu.

More News...

Chronic Non-Malignant Pain Management

Home | Pharm Tables | Summary Tables | Tools | References | Key Points

Course Home Page


Overview and Assessment — Enter Module


Treatment Goals — Take Pre-Test


Common Pain Diagnoses: Fibromyalgia — Take Pre-Test


Common Pain Diagnoses: Neuropathic Pain — Enter Module


Identifying and Meeting Challenges — Enter Module


Legal and Regulatory Aspects — Enter Module

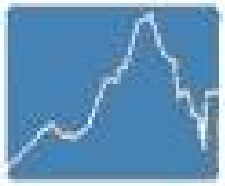

Virginia — Enter Module

Post-Test Assessment — Take Post-Test

Virginia Commonwealth University

Privacy Statement
Accreditation Information

School of Medicine
Credits & Contacts



Chronic Non-Malignant Pain Management

Identifying and Meeting Challenges Pre-Test

Question 1. A 55 year old mother of a teenager comes in for a routine visit. She expresses concern over finding several "pills" in her teenage son's back pack. After a search on the Internet she discovered that the pills were hydrocodone-acetaminophen (Vicodin). She hasn't confronted her son yet – instead she comes to you to ask about prescription drug misuse in teenagers. Her first question is 'Where is my son getting these medications?' What is your response?

- (•) He probably bought them from a drug dealer on the "street."
- ( ) He is probably "doctor shopping": visiting multiple doctors with false complaints to obtain the medication.
- ( ) He probably obtained them from a friend or family member.
- ( ) He probably bought it on the Internet.

Question 2. A 28-year-old female with uncontrolled joint pain from lupus is started on oxycodone extended-release (OxyContin) with oxycodone-acetaminophen (Percocet) for break-through pain. At her four week follow-up her pain control is better controlled but she is still awakening with pain at night. On her own, she doubled her evening dose of OxyContin. As a result, she ran out early. Her phone call was not brought to your attention because it was a "red flag" and she had an upcoming visit. At the visit, what is your action with the patient?

- ( ) Begin gabapentin for her pain in the place of opioids.
- (•) Double her oxycodone ER, refill her oxycodone-acetaminophen (Percocet) for break-through pain, and schedule a follow-up visit in 2 weeks.
- ( ) Explain to the patient she has violated her agreement because she "self-escalated" opioid medication.
- ( ) Refill her medications as previously prescribed but add zolpidem (Ambien) for sleep.

Question 3. A 28 year old female, your colleague's patient, has been treated with short-acting opioids for chronic pelvic pain. He is out today and you are covering. Prior visits have documented that she has no "red flags" and always brings in her empty pill bottles, as she has today. As you are writing the prescription, she repeatedly assures that you are writing the prescription correctly as forty-eight tablets of oxycodone-acetaminophen (Roxicet) written as "1-2 by mouth every 4-6 hours as needed." She examines the prescription carefully after you have given it to her. What is your appropriate action?

- ( ) Note her pharmacy phone number on her bottle and call to discuss her refill history with the pharmacist.
- ( ) Provide her with the prescription and ask no further questions.
- ( ) Question her treatment with short-acting opioids for chronic pelvic pain.
- (•) Verify with her that she is only receiving opioid prescriptions from your colleague and if so, provide her with the prescription.

Department of Health Professions

Question 3. A 28 year old female, your colleague's patient, has been treated with short-acting opioids for chronic pelvic pain. He is out today and you are covering. Prior visits have documented that she has no "red flags" and always brings in her empty pill bottles, as she has today. As you are writing the prescription, she repeatedly assures that you are writing the prescription correctly as forty-eight tablets of oxycodone-acetaminophen (Roxicet) written as "1-2 by mouth every 4-6 hours as needed." She examines the prescription carefully after you have given it to her. What is your appropriate action?

"Verify with her that she is only receiving opioid prescriptions from your colleague and if so, provide her with the prescription." **was incorrect.**

The correct answer was: "Note her pharmacy phone number on her bottle and call to discuss her refill history with the pharmacist."

Feedback: Requesting a specific opioid by name as well as specifying the number of pills and desired directions is a "red flag" for potential prescription drug misuse. Calling the pharmacy may reveal aberrant behavior. Additionally, obtaining consent for accessing a prescription monitoring program database (if available) may provide additional information. Questioning her need for short-acting opioids for chronic pelvic pain without first discussing it with your colleague would be unprofessional as her primary physician may have developed an appropriate treatment strategy.

Chronic Non-Malignant Pain Management

Identifying and Meeting Challenges

Objectives	ACGME Competencies
1. Describe the epidemiology of prescription drug misuse and abuse.	Medical Knowledge
2. Recognize behaviors consistent with prescription drug misuse including addiction, pseudoaddiction, and diversion.	Patient Care
3. Recall specific office behaviors and practice tools that avert misuse and achieve consistency in practice.	Systems-Based Practice
4. Identify the uses and limitations of urine drug screening.	Systems-Based Practice
5. Identify treatment options for opioid dependence.	Patient Care

Review Pre-Test Assessment

Course Home

Chronic Non-Malignant Pain Management

Recall specific office behaviors and practice tools that avert misuse and achieve consistency in practice.

< previous objective

next objective >

Introduction

Much of the difficulty in caring for patients suspected of misusing controlled substances can be averted if patients are "well selected" for initiation of chronic opioid therapy (Ives 2006). See Table: **Evidence-Based Predictors of Prescription Drug Misuse [PDF]**. Other providers may have initiated opioid therapy in high-risk patients with chronic painful conditions without first exploring nonpharmacologic treatment options and/or maximizing non-opioid pharmacologic therapy. In these cases, it is the current provider's responsibility to reassess the painful syndrome, emphasize a comprehensive treatment plan, and, if it is appropriate to continue chronic opioid therapy, follow them closely for potential misuse using the tools described below.

There are several practice behaviors and tools that can help health care providers achieve consistency in practice and avert or identify controlled substance misuse. These behaviors and tools are summarized in Table: **Opioid Risk Stratification Tools [PDF]** and Table: **Safeguards when Prescribing Controlled Substances [PDF]**.

Case 1 | **Case 2**

You are seeing a patient for the second time and have prescribed hydrocodone-acetaminophen for intermittent osteoarthritis pain. During the visit, you are asked to take a phone call outside, so you leave the room for a few minutes. After the patient has left, you cannot find the prescription pad that you thought you had put in the desk drawer. The following month, you receive an inquiry from the state Board of Pharmacy regarding multiple prescriptions for hydrocodone-acetaminophen for which you have no documentation of having written. Which of the following is the best way to avoid this form of prescription forgery?

- ✔ A. Keep the prescription pad you use in your possession at all times.
- ✘ B. Never write a prescription for more than a 30-day supply of medication.
- ✘ C. Provide patients with multiple prescriptions at the same visit to fill sequentially.
- ✘ D. Write out the number to dispense in words in parentheses after the digits.

Feedback

Chronic Non-Malignant Pain Management

Recall specific office behaviors and practice tools that avert misuse and achieve consistency in practice.

< previous objective

next objective >

Introduction

Much of the difficulty in caring for patients suspected of misusing controlled substances can be averted if patients are "well selected" for initiation of chronic opioid therapy (Ives 2006). See Table: **Evidence-Based Predictors of Prescription Drug Misuse [PDF]**. Other providers may have initiated opioid therapy in high-risk patients with chronic painful conditions without first exploring nonpharmacologic treatment options and/or maximizing non-opioid pharmacologic therapy. In these cases, it is the current provider's responsibility to reassess the painful syndrome, emphasize a comprehensive treatment plan, and, if it is appropriate to continue chronic opioid therapy, follow them closely for potential misuse using the tools described below.

There are several practice behaviors and tools that can help health care providers achieve consistency in practice and avert or identify controlled substance misuse. These behaviors and tools are summarized in Table: **Opioid Risk Stratification Tools [PDF]** and Table: **Safeguards when Prescribing Controlled Substances [PDF]**.

Feedback | **Case 2**

A. CORRECT: Keep prescription pads not in use in designated locked area and keep the pad you use in your possession at all times to prevent theft by a patient that may lead to forgery of multiple prescriptions.

B. INCORRECT: This may not always be practical for every patient in every case.

C. INCORRECT: This practice is allowed by the DEA, but not encouraged. Up to 3 months' advanced prescriptions can be written for medications.

D. INCORRECT: This is a good precaution but does not prevent prescription pad theft.

Return to Case

Dep

Table: Evidence-based Predictors of Prescription Drug Misuse

Problem Areas	Predictors
Patient Characteristics[1,2]	Male
	Younger age
	Previous or current substance use; smoking, alcohol, cocaine
	Legal: previous drug or DUI conviction
	Mood swings
Patient Care Utilization[3]	Multiple phone calls or visits specifically for pain
	After-hours phone calls requesting medication
	Missed follow-up visits or frequent requests to be seen on an urgent basis
	Overuse of drop-in settings or emergency departments
Medication Use/Misuse[4,5]	Preference for a specific route of administration
	Focus on opiates impeding care of other medical problems
	Craving medications and/or considering oneself addicted
	Pattern of request for early refills
	Self-dose escalation
	Hoarding medications
	Borrowing medications or drug-bartering
	Obtaining medications from non-medical sources (or illegally)
	Defeating the extended-release mechanism of long-acting opioids
	Use of opioids to treat symptoms other than pain: "chemical coping"
	Concomitant use of illegal substances
	Injection of oral medication formulation
Prescription Problems	Pattern of misplacing, losing, or having prescriptions or medications stolen
	Using cash to pay for medications instead of insurance
	Forgery or alteration of prescriptions
	Evidence of diverting prescribed medications

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5. Compton P, Darakjian J, Miotto K. Screening for addiction in patients with chronic pain and "problematic" substance use: Evaluation of a pilot assessment tool. *J Pain Symptom Manage*. 1998;16:355-363.

Depa

Table: Safeguards when Prescribing Controlled Substances

Office visit documentation template*	• Thorough history, particularly of pain and prior treatment • Examination and appropriate diagnostic testing if indicated • Multi-modal treatment approach • Defined outcome goals

Office practice standards	• Office-wide controlled substance policy
	• Office visit documentation templates
	• Opioid risk stratification tools
	  ○ Keep prescription blanks in secure locations
	  ○ Screening Instrument for Substance Abuse Potential (SISAP)[1]
	  ○ Opioid Risk Tool[2]
	  ○ The Screener and Opioid Assessment for Patients with Pain (SOAPP)[3]
	  ○ Opioid dependence or abuse based on DSM-IV criteria
	  ○ CAGE questionnaire (Cut down, Annoyed, Guilt, and Eye-opener)[4], adapted to include drugs (CAGE-AID)[5]
	  ○ Drug Abuse Screening Test (DAST)[6]
	  ○ Rapid Drug Problems Screen (RDPS)[7]
	  ○ Pain Assessment and Documentation Tool (PADT)[8,9,10]
	  ○ The Pain Medication Questionnaire (PMQ)[11]
	  ○ The Current Opioid Misuse Measure (COMM)[12]
	• Controlled substance agreement
	• Safe prescribing practices
	  ○ Keep prescription blanks in secure locations
	  ○ Do not leave in patient-accessible areas such as waiting rooms or examination rooms
	  ○ If appropriate, choose long-acting opioids and opioids of lesser street value
	  ○ Hand write prescriptions on watermark paper or prescription blanks
	  ○ Do not use adhesive labels; hand write patient name and date of birth
	  ○ Limit the quantity to no more than a 30-day supply or provide exactly enough
	  ○ medication until next follow-up appointment
	  ○ Use numbers and letters to document quantity and strength of medication
	  ○ Do not sign incomplete prescriptions
	  ○ Copy all controlled substance prescriptions for chart documentation
	  ○ If possible, allow only the patient to pick-up prescriptions
	  ○ Assist the pharmacist when they telephone to verify information

Monitoring tools	• Office visits for monitoring and periodic reassessment • Pharmacy records • Prescription monitoring program data • Urine drug screening

* Documentation according to Federation of State Medical Boards' Model Policy.

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10. Passik SD, Weinreb HJ. Managing chronic nonmalignant pain: Overcoming obstacles to the use of opioids. *Adv Ther*. 2000;17:70-83.
11. Holmes CP, Gatchel RJ, Adams LL, et al. An opioid screening instrument: Long-term evaluation of the utility of the pain medication questionnaire. *Pain Pract*. 2006;6:74-88.
12. Butler SF, Budman SH, Fernandez KC, et al. Development and validation of the current opioid misuse measure. *Pain*. 2007;130:144-156.

Chronic Non-Malignant Pain Management

Home | Pharm Tables | Summary Tables | Tools | References | Key Points

Home > Virginia

Virginia

Objectives	ACGME Competencies
1. Describe the epidemiology of prescription drug abuse in Virginia.	Medical Knowledge
2. Identify Virginia requirements for controlled substance prescribing.	Systems-Based Practice
3. Recall the elements of Virginia's model policy on opioid use for the treatment of pain.	Systems-Based Practice
4. Utilize Virginia's Prescription Drug Monitoring Program to support treatment decisions in pain management.	Systems-Based Practice
5. Identify treatment options for opioid dependence in Virginia.	Medical Knowledge

Review Pre-Test Assessment

Course Home

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Chronic Non-Malignant Pain Management

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Utilize Virginia's Prescription Drug Monitoring Program to support treatment decisions in pain management.

< previous objective

next objective >

State Prescription Monitoring Programs

Prescription Drug Monitoring Programs (PDMPs) or Prescription Monitoring Programs (PMPs) are state-instituted programs that provide electronic access to an individual's history of prescribed scheduled drugs. Previously, obtaining controlled substance prescription data required sorting through paper copies of prescriptions. Monitoring programs allow approved users to access controlled substance prescription information electronically, thereby assisting in informed medical decision-making.

PMPs enable physicians and pharmacists to:

- access patient-specific drug information to assist in medical decision-making
- be notified when patients receive controlled substances from multiple prescribers (if proactive), and
- identify and deter activities related to prescription drug abuse including prescription forgery, indiscriminate prescribing, and "doctor shopping"

Case 1

In part, the Prescription Monitoring Program in Virginia was created to:

A. assist in the early intervention and prevention of controlled drug abuse.

B. decrease the number of prescriptions for Schedule II-IV drugs.

C. prevent people from getting drugs for legitimate medical purposes.

D. target patients, prescribers, and/or pharmacies for investigation.

Feedback

Over 30 states have legislation that require PMPs (**see map showing state PDMP status [pdf]**). However, characteristics of state programs vary. States may have either reactive PMPs that generate solicited reports only in response to specific inquiries or proactive PMPs that generate unsolicited reports when suspicious trends are detected. Some states only require reporting of Schedule II medications while other states require reporting of Schedules II-V. However, every PMP provides safeguards to protect against inappropriate access to controlled substance prescription information and to protect patient confidentiality.

Chronic Non-Malignant Pain Management

Utilize Virginia's Prescription Drug Monitoring Program to support treatment decisions in pain management.

< previous objective

next objective >

State Prescription Monitoring Programs

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- be notified when patients receive controlled substances from multiple prescribers (if proactive), and
- identify and deter activities related to prescription drug abuse including prescription forgery, indiscriminate prescribing, and "doctor shopping"

Feedback

A. CORRECT: While upholding federal and state laws related to controlled substance prescribing and protecting patient confidentiality, the goals of Virginia's PMP are to promote access to appropriate pharmaceutical care, assist in the early intervention and prevention of controlled drug abuse, deter diversion of pharmaceuticals, and assist in investigation of possible criminal activity. Access and utilization of data from Virginia's PMP is NOT intended to prevent people from getting drugs for legitimate medical purposes, NOT intended to decrease the number of prescriptions for Schedule II-IV drugs, and NOT intended to target patients, prescribers, or pharmacies for investigation.

B. INCORRECT: See Feedback for A.

C. INCORRECT: See Feedback for A.

Return to Case

Over 30 states have legislation that require PMPs (**see map showing state PDMP status [pdf]**). However, characteristics of state programs vary. States may have either reactive PMPs that generate solicited reports only in response to specific inquiries or proactive PMPs that generate unsolicited reports when suspicious trends are detected. Some states only require reporting of Schedule II medications while other states require reporting of Schedules II-V. However, every PMP provides safeguards to protect against inappropriate access to controlled substance prescription information and to protect patient confidentiality.

De

Table: Accessing the Virginia Prescription Monitoring Program

www.dhp.virginia.gov

Intended users	• Prescribers with written patient consent • Pharmacists with written patient consent or informational postings • Patients over the age of 18 for their own prescription history • Investigators for licensing boards • Law enforcement agents with open investigations • Individuals conducting approved research
Registration	1. Access Department of Health Professions website: www.dhp.virginia.gov/ 2. On the left side bar, under "Services for Practitioners" click "Prescription Monitoring Program": www.dhp.virginia.gov/dhp_programs/pmp/default.asp 3. Click the link within the yellow box entitled "PMP Data Center": https://www.pmp.dhp.virginia.gov/pmpwebcenter/login.aspx 4. On the PMP Data Center webpage, click, "Not a User? Register to become a User." 5. On the registration page, enter all information including name, date of birth, DEA number, and contact information. Click "Submit." 6. Print the registration form, sign it, and fax it to 804-527-4470 7. Your username and password will either be emailed to you or mailed to your address on file. 8. Enter the PMP Data Center with your username and password.
Requesting a report	1. **Written consent of the patient must be obtained** using an office consent form: www.dhp.virginia.gov/dhp_programs/pmp/pmp_forms.asp • The consent form may be incorporated into written agreements for opioid treatment. 2. Required information on the Prescriber Request form includes: • Full name of patient • Date of birth • Complete address • Purpose of request • Specific time period to be covered in report • Requestor name • DEA registration # or BOP license # • Address • Phone number • Fax number • Signature and date 3. The Prescriber Request form can be completed online or be faxed or mailed to: 4. The requesting physician will then receive a report available on the web site, by fax, or by mail. Prescription Monitoring Program Department of Health Professions 6603 West Broad St., 5th Floor Richmond, Virginia 23230 Fax number: 804-527-4470
Possible responses	• Data found that exactly matches the request • Data found that closely matches the request • No data found corresponding to the request

Chronic Non-Malignant Pain Management

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Home > Virginia

Virginia

Objectives	ACGME Competencies
1. Describe the epidemiology of prescription drug abuse in Virginia.	Medical Knowledge
2. Identify Virginia requirements for controlled substance prescribing.	Systems-Based Practice
3. Recall the elements of Virginia's model policy on opioid use for the treatment of pain.	Systems-Based Practice
4. Utilize Virginia's Prescription Drug Monitoring Program to support treatment decisions in pain management.	Systems-Based Practice
5. Identify treatment options for opioid dependence in Virginia.	Medical Knowledge

Key Points:

- Virginia is vulnerable to drug abuse and its associated problems, including crime, due to its location in the mid-Atlantic region.
- Virginia was one of the first states to report the widespread and concerning abuse of OxyContin.
- The Virginia Medicaid Fraud Control Unit initiated a criminal investigation against the Purdue Frederick Company, Inc. which resulted in significant fines related to the misbranding of OxyContin.
- Local Drug Enforcement Administration (DEA) offices and State Police Drug Diversion Units (DDU) are responsible for enforcement of the Controlled Substances Act.
- The Virginia Board of Pharmacy has collated related laws from the Code of Virginia into a document entitled "**Drug Laws for Practitioners [DOC]**".
- Practitioners of medicine, osteopathy, podiatry, dentistry, or veterinary medicine licensed in Virginia may prescribe drugs in Schedules II through VI. However, before prescribing any drug in Schedules II-V the practitioner must also obtain a registration from the DEA.
- In Virginia, in order for a prescription to be valid (§ 54.1-3303) it must be: issued within a bona fide practitioner-patient-pharmacist relationship; issued within the course of the professional practice; and issued for a medicinal or therapeutic purpose.
- The most common violations found when investigations by the Board of Medicine are initiated include: poor documentation, lack of examinations, inadequate workup to determine etiology, inadequate review of previous treatments, inadequate treatment plan, failure to utilize multiple modalities for pain management, failure to refer, failure to work up changes in pain patterns, and failure to monitor/follow-up.

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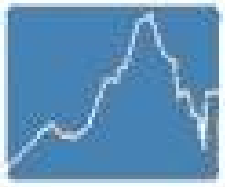

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Chronic Non-Malignant Pain Management

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Summary Tables

Overview and Assessment

- Professionalism in Treating CNMP [PDF]
- Questions Assessing Functional Impact of Pain
- Assessment Tools for Chronic Pain [PDF]
- Non-Nociceptive or Maladaptive Pain [PDF]

Treatment Goals

- Nonpharmacologic Therapy for Chronic Nonmalignant Pain [PDF]
- Recommendations for Prescribing NSAIAs [PDF]

Common Pain Diagnoses: Fibromyalgia

- Screening Questions for Fibromyalgia and Associated Conditions [PDF]
- Algorithm for the Diagnosis and Management of Fibromyalgia [PDF]
- The FITT Principle [PDF]

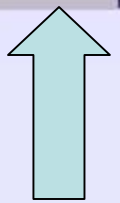
Common Pain Diagnoses: Neuropathic Pain

- Terms and Definitions in Neuropathic Pain [PDF]
- Examination to Elicit Abnormal Neuropathic Response [PDF]
- Categorization of Neuropathic Pain Syndromes [PDF]
- Recommended Dosing Schedule for Gabapentin [PDF]
- Considerations for Selecting First-line Agents for Neuropathic Pain [PDF]
- Algorithm for Management of Symptomatic Diabetic Polyneuropathy [PDF]

Identifying and Meeting Challenges

- Definitions of Maladaptive Drug Use [PDF]
- Opioid Risk Stratification and Misuse Identification Tools [PDF]
- Safeguards When Prescribing Controlled Substances [PDF]
- Sources of Data for Prescription Drug Use [PDF]
- Eliciting Aberrant Medication-Taking Behavior (AMTB) [PDF]
- Substances that May Generate False Positive Urine Drug Screenings [PDF]
- Evidence-Based Predictors of Prescription Drug Misuse [PDF]

Chronic Non-Malignant Pain Management



Tools

Multi-modal Patient Education Instrument

- Example [PDF]
- Template [PDF]

Patient Documentation Tools

- Pain Notebook [PDF]

VCU Health System Patient Information Forms

- Initial Patient Visit Form [PDF]
- Established Patient Visit Form [PDF]
- VCU Outpatient Chronic Nonmalignant Pain Management Policy [PDF]
- VCU Patient Agreement for Controlled Substance Prescriptions [PDF]

Sample Consent Forms from American Academy of Pain Medicine

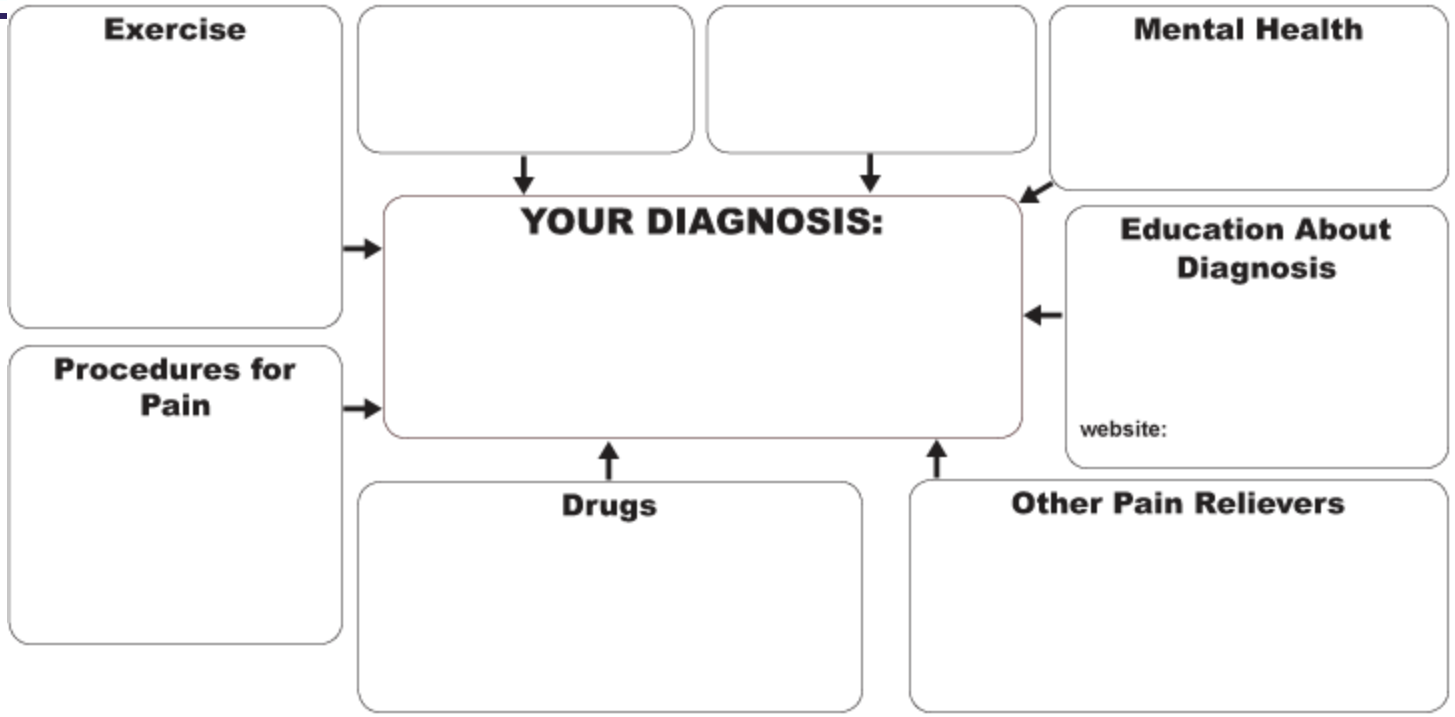
- Long-Term Controlled Substances Therapy [PDF]
- Chronic Opioid Therapy [PDF]

Interpretation of Urine Drug Screens

- Drugs of Abuse Urine Screen [PDF]
- Drugs of Abuse Urine Screen: General Unknown Urine Drug Screen [PDF]

How You Can Help Control Your Pain

Your provider will review and write down the different ways that you can help yourself live and function with pain.



My Treatment Goals:

1. _____
2. _____
3. _____

Chronic Non-Malignant Pain Management

References

References: alphabetical — by mod... | ...lphabetical — entire course

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Treatment Goals

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Department of Health Professions

Current Applications

- VCU GME programs
- VCU SOM undergraduate curriculum
- GME and undergraduate medical schools outside of Virginia
- VCU School of Pharmacy
- Virginia Providers
  - Supported by DHP

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