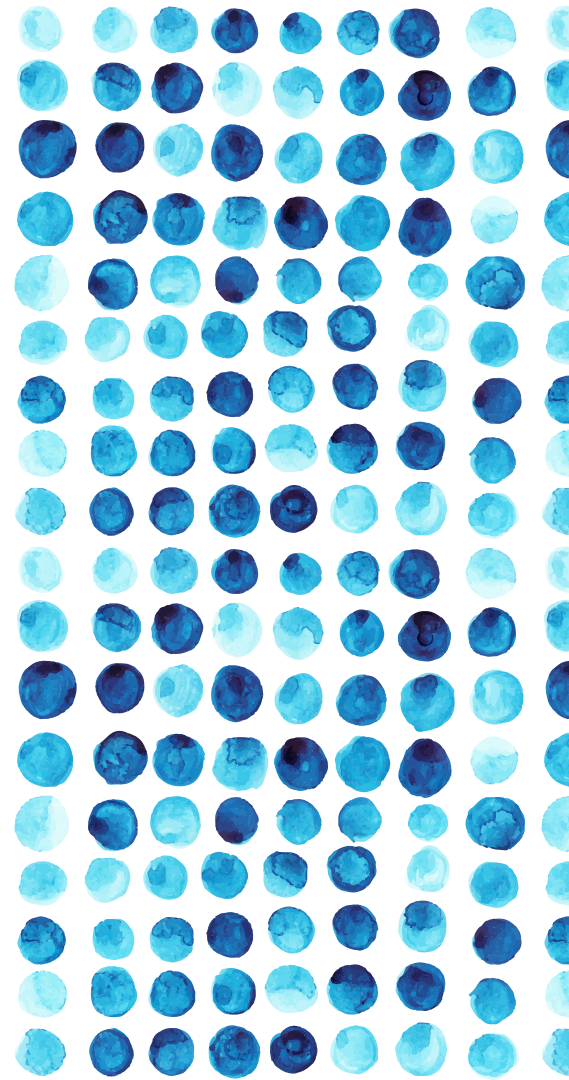




Controlled Substance Monitoring program



Scott Abrams, MD
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A Team Approach

- ▶ **Physician Leader:**

- Scott Abrams MD

- ▶ **Operational Leadership:**

- Dani Protivinsky DrPH, MPH Senior Director Population Health
- Kelly Schreifels RN, Director of Correctional Care & Coordinated Care

- ▶ **Controlled Substance Nursing Team:**

- Melissa Pearson LPN
- Angela Hall RN

CentraCare Chronic Controlled Substance Monitoring Program

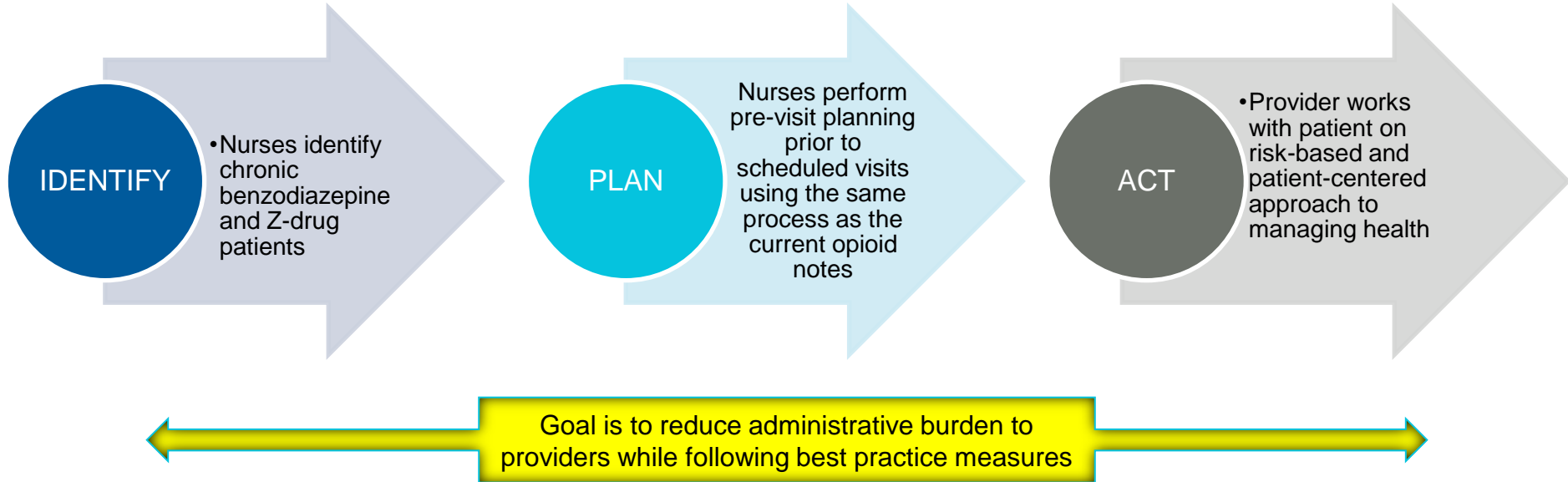
BACKGROUND

- Benzodiazepines and Z-drugs are overprescribed as part of a treatment plan that is often not supported by evidence or practice guidelines for the documented diagnosis
- Additionally, there is substantial risk for adverse events and dependency with long-term prescribing of benzodiazepine and Z-drugs

GOALS

- To aid primary care providers in identifying appropriate treatment for documented diagnoses
- To reduce inappropriate prescribing of benzodiazepines and Z-drugs
- To clarify appropriate short-term use of benzodiazepines and Z-drugs
- To clarify when, if ever, long-term prescribing of benzodiazepine and Z-drugs is indicated

CentraCare Chronic Benzodiazepines and Z-drug Management Program



Definition of chronic use: Daily or near-daily use for 90 days, often indefinitely, and minimum of a 70-day supply prescribed in the previous 3 months

Who does this NOT apply to:

Illicit use of benzodiazepines or Z-drugs

Benzodiazepines used for alcohol withdrawal

Those being treated for seizure or end-of-life care

Treatment of acute psychosis, mania or agitation

Single dose treatment of phobias or procedures

Treatment of spasticity

Appropriate Prescribing of Benzodiazepines and Z-Drugs

- When used for the treatment of an anxiety disorder or insomnia, the lowest dose for the shortest amount of time (2-4 weeks) is appropriate
- There must be a specific diagnosis documented. Generalized Anxiety Disorder and Panic Disorder are diagnoses. Anxiety is a symptom
- Benzodiazepines should not be used as monotherapy for anxiety disorders

Benzodiazepines and Z-drugs:

- | | |
|---|---|
| <ul style="list-style-type: none">• should not be used chronically for insomnia• should not be used in those patients with substance use disorders• should not be prescribed to patients on chronic opioids• are considered high-risk in patients >65 | <ul style="list-style-type: none">• are contraindicated for chronic pain or to “augment” opioids for pain control• should not be prescribed concurrently• are not recommended for patients using marijuana• are contraindicated in pregnancy |
|---|---|

Exceptions: There are always exceptions which should be appropriately documented

Components of a Benzodiazepine or Z-Drug Visit

Screen for conditions that may affect risk

Symptom screening: GAD-7

PMP review (Included in nurse pre-visit planning note)

Urine drug screen (Will be under nurse recommendations if due)

Document appropriate diagnosis

Provider Note Templates

.benzovisit

Theodore A Fish is 76 Y male who presents for treatment of with chronic benzodiazepine therapy management.

Functional Goal:

Achieved Functional Goals:

Patient perceived benefits of benzodiazepine medications are:

Current benzodiazepine side effects experienced by the patient: {Side Effects ; Benzodiazepine Management:48406}

Additional Concerns for today:

Active SUD or SUD in remission?

Aberrant behaviors:

Benzodiazepine Medication Plan:

Urine drug screen needed

No results found for this or any previous visit.

No results found for this or any previous visit.

Non- Medication treatment plan:

Risks of benzodiazepines for all patients are dependence, sedative/hypnotic use disorder, sedation, falls, cognitive effects and overdose. Patient and I decided that the benefits of benzodiazepines outweigh the risks for their individual needs.

Follow-up in with office or video visit.

.benzotaper

Taper:

Medication being tapered:

Rate of taper:

Follow up monitoring plan for taper:

Tapering recommendations:

- In general, go slow
- For benzodiazepines, convert to a longer acting benzo and employ a 10% reduction/ week
- With Z-drugs, reduce by one day/week every 1-2 weeks (6 nights per week on week one, 5 nights per week on week 2, etc.)

Concerning or Aberrant Behaviors

- Requests for early refills
- Lost or stolen controlled medications
- Sharing medications with others
- Problematic use of other mood-altering substances (legal or illegal)
- Emergency Room or Urgent Care visits for sedatives
- Disruptive behavior
- Escalating dose/tolerance
- Non-compliance: not taking medication as prescribed

The Beers Criteria

The Beers Criteria was developed with the purpose of identifying potentially inappropriate medication use in patients over 65. For more information follow the link below.

<https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.18372>

How to connect & partner

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Thank you

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