

Study: Opioid controlled substance agreements safely reduce health care visits

October 16 2018, by From Mayo Clinic News Network, Mayo Clinic News Network



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The medical community has long known that patients on long-term opioid therapy often have significantly more health care visits. But

adhering to a standardized care process model for opioid prescriptions appears to reduce the overall number of health care visits for these patients while maintaining safety, shows new research published in *Mayo Clinic Proceedings*.

Controlled substance agreements outline an individualized pain [care](#) plan for [patients](#)—in this case for those needing ongoing opioid therapy.

The [agreement](#) includes patient psychological screening, pain monitoring, refill documentation, evaluation of opioid use through prescription monitoring programs and urine drug testing. It also includes guidance on:

- Only having one care team prescribe opioids
- Recommendations for safe medication storage
- Not sharing medications
- Dose changes without contacting the prescribing provider
- Requirements for [urine drug testing](#)
- Expectations for follow-up appointments

Enrollment in an opioid controlled substance agreement appeared to significantly reduce primary care visits while not increasing use of emergency department services, researchers found. Conversely, the researchers noted that radiology visits increased during the observation period. Among patients with chronic [health](#) conditions, the agreement was associated with decreased hospitalizations, and primary care and specialty visits. The agreement also played a role in the number of health care visits based on age, among other patient factors.

"Patients on long-term opioid therapy often require more medical attention. These standardized opioid plans are part of a comprehensive approach for managing health care utilization while providing patients with consistent and reliable access to pain management strategies," says

Jon Ebbert, M.D., a Mayo Clinic primary care physician. Dr. Ebbert is a researcher in the Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery.

The researchers say the controlled substance agreement provides patients a structure and reduces the likelihood that patients seek medical attention to further manage or diagnose their pain. They also hypothesize that the reduction in primary care visits for patients once on an agreement could be related to changes in the types of visits for those patients, as illustrated by the increase in radiology visits, for example.

"Once patients are on a controlled substance agreement, substituting phone calls or secure messaging for office visits could improve efficiency and quality of care for some of our patients," Dr. Ebbert adds.

The retrospective study included 772 Mayo Clinic patients enrolled in a controlled substance agreement from July 1 to Dec. 31, 2015. The researchers used billing data to compare patients' visits for one year before and after the agreement to evaluate how many patients had increased or decreased health care visits.

Next, the research team hopes to learn if guidelines for the treatment of chronic pain are associated with reduced [opioid](#) use.

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Citation: Study: Opioid controlled substance agreements safely reduce health care visits (2018, October 16) retrieved 7 May 2024 from <https://medicalxpress.com/news/2018-10-opioid-substance-agreements-safely-health.html>

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