

Project Lazarus Tool Kit: Emergency Department



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Executive Overview

The North Carolina College of Emergency Physicians has partnered with Community Care of North Carolina (CCNC) and Project Lazarus in the development and implementation of a chronic pain initiative. This initiative addresses the epidemic and exponential increase of accidental narcotic overdose deaths not only in North Carolina, but also across the United States. While the Project Lazarus is initially targeting Medicaid Access II patients, the recommended tools and strategies are useful for any patient with chronic pain issues. Its goals are to:

- Reduce opioid-related overdoses
- Optimize treatment of chronic pain
- Manage substance abuse issues associated with opioid misuse
- Improve access to appropriate opioid pain treatment.

As part of this initiative, CCNC has developed an ED Toolkit for Emergency Department providers and other healthcare professionals. This executive overview provides a summary of the Toolkit contents, in addition to other resources for assessing and treating patients with pain which include:

- CCNC's Provider Portal (for Medicaid Access II patients)
- North Carolina's Controlled Substance Reporting System (NCCSRS)
- Suggested ED work flow for treating patients.

Toolkit Summary

The ED Toolkit was designed with the input of CCNC physicians and includes national best practice protocols for safe prescribing of controlled substances and alternative pain control modalities. It can be downloaded from CCNC's website at <https://www.communitycarenc.org/media/related-downloads/cpi-toolkit-eds.pdf>. The Toolkit is broken into eight sections as follows:

- Introduction
- Clinical Management Algorithm
- Prescribing Policies
- Patient Education
- Controlled Substance Reporting System
- Division of Medical Assistance Lock-in Program
- Substance Abuse Assessment Tools
- Case Management

While usage of the ED Toolkit model has been shown to markedly decrease narcotic overdoses, it is not a substitute for the personal patient treatment assessment made by the ED provider.

Other Resources

North Carolina Controlled Substance Reporting System (NCCSRS)

The NCCSRS provides a history of narcotic prescriptions for all patients. Physicians must be registered to access the NCCSRS by submitting two forms which can be downloaded from the North Carolina Department of Health and Human Services website, <http://www.ncdhhs.gov/mhddsas/controlledsubstance>.

Attached is the Controlled Substance Reporting System application and instructions for access to the NCCSRS.

CCNC Provider Portal for Medicaid Access II Patients

The Provider Portal allows registered providers and other healthcare professionals access to pertinent healthcare data for Medicaid Access II enrollees. The Portal can help to expedite care in the ED by providing the following patient information:

- Medication claims
- Primary provider information
- Dates and locations of imaging and other tests.

A link to a brief tutorial on the Provider Portal is <https://portal.n3nc.org>. To access the Portal, please contact your local CCNC network.

Suggested Work Flow

1. Access NC CSRS or other state databases, as applicable
2. Access the CCNC Provider Portal for Medicaid Access II patients
3. Discuss non-narcotic treatment options for patients who appear to be at risk for misusing or redirecting narcotics
4. For Medicaid Access II patients, identify the Nurse Care Manager via the CCNC Provider Portal. Arrange for prompt Nurse Care Manager involvement and PCP follow-up (hospital staff can do this)
5. For all patients, utilize and develop hospital/community treatment options including PCP and Substance Abuse/Chronic Pain Resources found on pages 40-46 in Community Care of North Carolina's CPI ED Toolkit.

Section I. Introduction to Project Lazarus

Community Care of North Carolina (CCNC), in conjunction with non-profit organization Project Lazarus, is responding to some of the highest drug overdose death rates in the country. In the past decade, there are increasing indicators that the misuse and abuse of prescription opioid analgesics by patients contributes to this epidemic. This Emergency Physician Toolkit is one of three resource documents created through this collaboration to assist medical care providers throughout North Carolina in managing patients with chronic pain. Similar Toolkits have been created for CCNC Care Managers and Primary Care Providers.

While Project Lazarus is initially targeting Medicaid patients, the recommended tools and strategies are useful for any patient struggling with pain issues. Medical care providers are encouraged to adopt the practices and policies in this Toolkit for all patients, regardless of payment source.

While doctors and nurses play a major role in treating chronic pain and preventing overdose deaths, the responsibility for action goes beyond the clinic. Project Lazarus is working to engage the entire community in preventing overdoses. This public health model is centered on community coalitions tailored to each locality. The model uses data from state health surveillance systems to get a clearer understanding of the nature of the overdose problem and engages doctors and nurses in both prevention of opioid abuse and optimal treatment of chronic pain. This public health model has been proven to produce results in North Carolina, including both dramatic and sustained decreases in prescription opioid overdose, and improved access to appropriate opioid and other pain treatment.

The goals of Project Lazarus are to reduce opioid-related overdoses, optimize treatment of chronic pain and manage substance abuse issues associated with opioid misuse. Many people who have problems with opioid use also have legitimate needs for adequate pain control. Education around safe prescribing and appropriate use of opioids in our health care system and communities will enhance pain control and prevent unnecessary injury and death for our citizens in North Carolina.

About Community Care

CCNC is a community-based, public-private partnership that takes a population management approach to improving health care and containing costs for North Carolina's most vulnerable populations. Through its 14 local network partners, CCNC creates "medical homes" for Medicaid beneficiaries, individuals eligible for both Medicare and Medicaid, privately-insured employees and uninsured people in all 100 counties.

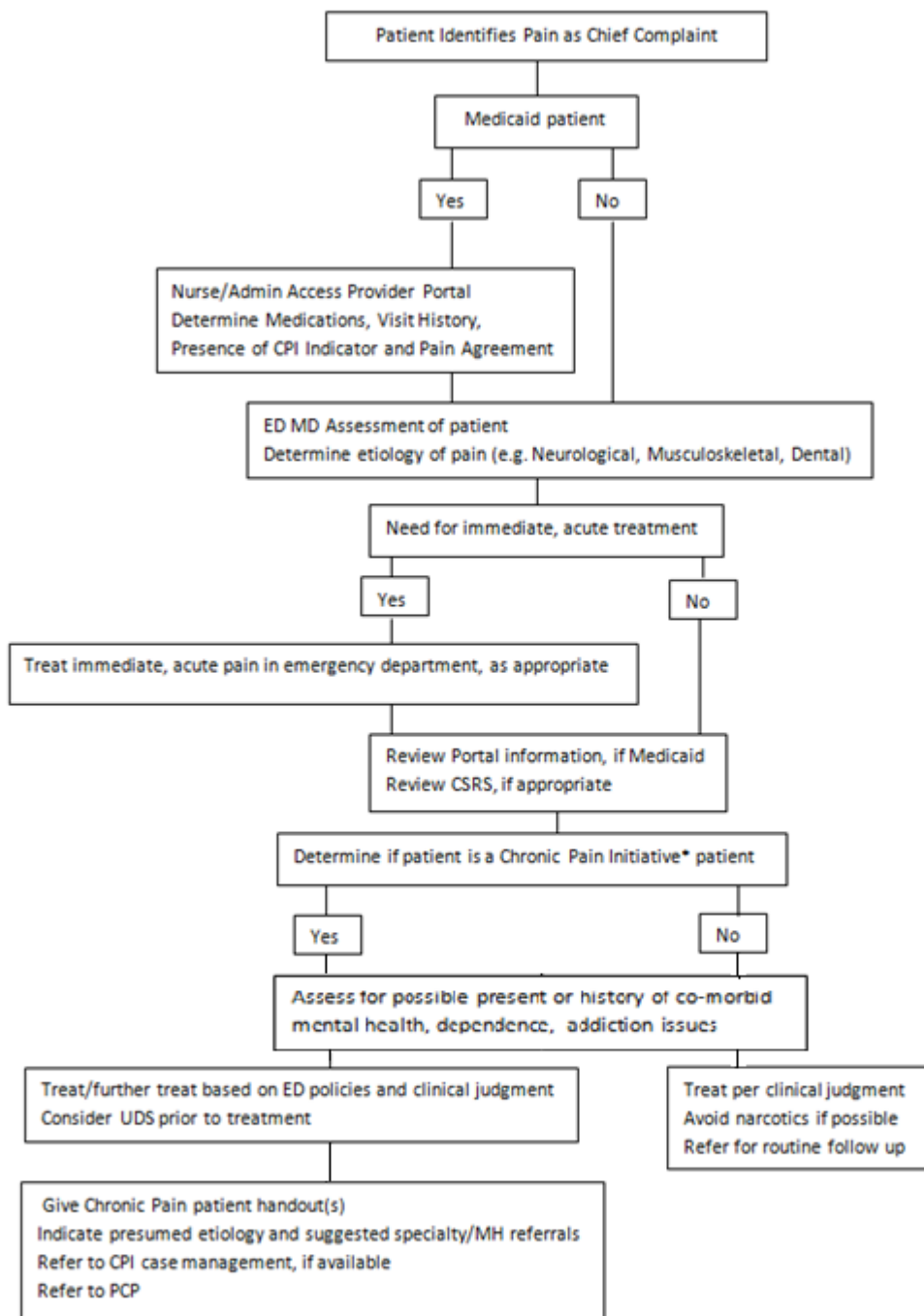
About Project Lazarus

Project Lazarus was established in 2006 in response to extremely high rates of unintentional drug poisoning deaths ("overdoses") in Wilkes County. Project Lazarus empowers communities to prevent drug overdoses and meet the needs of those living with chronic pain by harnessing public health data and connecting community groups to state and national resources.

Section II. Clinical Management Algorithm

Clinical Management Algorithm

Suggested ED Clinical Management Flow for Chronic Pain Initiative



*Multiple ED visits for chronic pain complaints or different acute pain complaints
Multiple narcotic prescriptions dispensed per CSRS or provider portal

Section III. Prescribing Policies

Sample Narcotic Policy for EDs

Johnston Health

Title: Narcotics and Sedatives Policy	Policy Number: 6230.49.1 S
Effective Date: June 2011	Level: Service Area
Revised Date:	Division: JMC-S/ JMC-C
Review Date:	Service Area: Emergency Department
Approval: ED Medical Director—JMC-S _____ ED Medical Director—JMC-C _____ RN Administrative Director ED RN Director ED—JMC-S _____ RN Director ED—JMC-C	Author(s) : ED Medical Directors / ED Nursing Administrative Director

PURPOSE:

To institute a practice policy regarding the administration of, and prescriptions for, narcotics and sedatives.

PROCEDURE:

Johnston Medical Center-Smithfield and Johnston Medical Center- Clayton Emergency Physicians

Johnston Medical Center-Smithfield and Johnston Medical Center-Clayton Emergency Physicians have instituted a practice policy regarding the administration of and prescriptions for narcotics and sedatives. We want to ensure proper use of these medications.

Narcotic and sedatives include Codeine, Hydrocodone (Lortab and Vicodin), Oxycodone (Percocet), Morphine, Dilaudid, Darvocet, Oxycontin, Ativan, Xanax, Valium, Klonopin and others.

Prescription refills for narcotics or sedatives that have been lost or have expired will not be refilled. The patient will be responsible for maintaining active prescriptions with his/her regular primary care provider, specialty doctor, or pain control clinic. Letters from Primary Care Physicians will not be honored if they contain a narcotic cocktail for Chronic Pain. Those patients with chronic pain will now only receive non-narcotic pain medications as

temporary treatment. Some form of government issued ID is required for writing/ filling narcotic prescriptions. Exceptions are rarely made only if the ED physician feels narcotics are indicated and with direct contact with a PMD who approves.

Chronic Pain Patients may include the following:

- Patients who frequently visit the Emergency Department seeking relief from such ailments as chronic/recurrent migraine headaches, back pain, pelvic/ovarian pain, dental pain, kidney stones, fibromyalgia, and other such conditions.
- A patient with more than 2 visits in one month or greater than 6 visits a year.

Emergency Department providers will generally control pain with non-narcotic pain medications and refer you to the appropriate follow-up care. Exceptions will be made for terminal conditions, such as cancer.

The policy was adopted by the entire Emergency Department staff at Johnston Medical Center-Smithfield and Johnston Medical Center - Clayton. All providers in the Emergency Department are bound by this policy.

Any patient receiving pain medications while in the Emergency Department must designate a driver prior to receiving the medication.

The individual provider's clinical judgment may supersede this policy in an individual case.

REFERENCES

ATTACHMENTS

Emergency Department Policy

The emergency department is a source of many prescriptions for opioid analgesics. There are several factors that could increase the risk of adverse events in patients receiving controlled substances through the emergency department. Since there is no ongoing physician-patient relationship in most cases, the ED physician/provider may not have access to information regarding comorbid medical conditions, other prescription medicines the patient is taking (and possible drug-drug interactions), or patient factors that could increase the risk for overdose. There are also patients who “doctor shop” and come through the Emergency Department (and sometimes multiple Emergency Departments) to get controlled medications either for unrelieved pain or because they have issues with dependence or addiction. For these reasons, it is recommended that hospital Emergency Departments develop a system-wide standardization with respect to prescribing narcotic analgesics.

Considerations in developing an opioid prescribing policy might include the following points:

1. ED will avoid prescribing controlled substances for pain that is chronic, and therefore more appropriately addressed with the patient's primary care provider.
2. ED will avoid providing refills for chronic pain medications (lost prescriptions, need for after hours or weekend refills, etc.)
3. ED provider should check the North Carolina Controlled Substance Reporting System before prescribing a controlled medication for pain.
4. ED will limit the number of doses of controlled meds dispensed or prescribed. For instance the default number for computerized prescriptions for opiate will be set at #10 or less for chronic pain.
5. For patients who are frequently seen in the ED for pain complaints and who have no established primary care provider, the ED or other hospital staff will work to help get that patient established with a regular provider.

Emergency Department Chronic Pain and Narcotic Management Guideline

In North Carolina in the last 10 years, deaths from prescription narcotic abuse have increased by 400 percent. In North Carolina this is approaching the number of people killed in car crashes and in Washington State, now exceeds the number of people killed by car crashes, firearms, and cocaine and heroin combined. Forty percent of all narcotic prescriptions are from emergency departments.

This guideline provides a systematic approach to prescription narcotics in the emergency department that clearly defines expectations and boundaries for both patients and physicians when prescribing narcotics.

Chronic pain and narcotic dependence should be best managed through specialty providers and not ED visits. The NC Medical Board recently disciplined a physician for “failure to recognize or respond appropriately to several clear warning signs of medication diversion or abuse.”

1. Patients will not be given IV or IM narcotics if they have received multiple narcotic prescriptions from multiple providers.
2. A government issued ID is required before giving out narcotic prescriptions.
3. We will not replace lost or stolen prescriptions.
4. ED providers will not prescribe additional narcotics if the patient has already received narcotics from another ED or provider.
5. Exceptions are rarely made only if the EM physician feels narcotics are indicated and direct contact with a PMD who approves.
6. When chronic pain patients present with a new complaint and no identifiable etiology is found, they will typically be given an oral dosage of pain medications and discharged to follow up with PMD.

These guidelines are meant to discourage narcotic negotiations i.e. the practice of appeasing chronic pain patients with a few dose of IV medications. Many pain specialists believe that the intermittent IV doses of narcotics are a disservice to their patients and it is rare to get even a 50% reduction in pain scale for chronic pain patients.

Chronic pain treatment is multi-factorial and often requires antidepressants, counseling, and physical therapy that are not available in the emergency department.

General Guidelines:

Do not begin the conversation by telling the patient they are not getting narcotics. When a patient tries to negotiate for more narcotics, tell the patient, “I am here to help you, but I just can't do it with narcotics.”

Do not honor letters from PMD with specific pain control instructions (e.g., Dilaudid 4 mg, Compazine 10 mg, IV fluids). Contact the PMD directly. Tell the patient you are there to evaluate and treat their condition.

The individual provider's clinical judgment will always determine the appropriate treatment plan.

Section IV. Patient Education

Patient Education – Sample Handout

Wilkes Regional Medical Center Emergency Department Physicians Prescription Pain Management Policy Handout

Wilkes County has a very high rate of unintentional deaths due to overuse of prescription drugs, much higher than the national average. In an effort to decrease these untimely deaths associated with prescription narcotics and sedating drugs, the Emergency Department has adopted the following policy with regard to prescribing narcotic and sedating medications.

1. When patients come to the Emergency Department (ED) with acute medical conditions in which the Emergency Department physician feels appropriate to prescribe narcotic or sedating pain medication, the physician will prescribe these in very limited quantities. The amount of these medications will last only until you can see your primary care physician in his/her office. Any patient who returns to the ED seeking refills will be given **only non-narcotic pain medications**.
2. **Non-narcotic pain medication** only will be given to patients who have frequent ED visits due to chronic, on-going pain conditions, such as migraine headaches, back and neck pain, dental pain, fibromyalgia and/or neuropathies.
3. In the event of an acute medical condition exists **and** the emergency physician feels it is necessary that the patient be given a narcotic or sedating medication – **A responsible adult driver must be present in the room prior to the medication being given by the nurse.**
4. **Prescriptions for narcotic or sedating medications that have been lost, stolen or expired will not be refilled in the Emergency Department.** Patients who have chronic pain will receive **non-narcotic pain prescriptions** until seen by their primary care physician. It is every patient's personal responsibility to maintain active prescriptions with his or her primary care physician or specialist.
5. The Emergency Department have lists available of **Primary Care Providers Accepting New Patients**. If you do not have a primary care provider, this listing will assist you in obtaining a doctor for follow-up of your medical condition. These handouts are available at ED registration or from any ED staff member.
6. If the ED physician decides to prescribe a narcotic or sedating medication, most patients names will be checked first through the **North Carolina Controlled Substances Reporting System**. This database is a record of controlled substance medication prescriptions that the patient has received. This has been established by North Carolina in an effort to eliminate the dangerous, and often life threatening, practice of obtaining multiple prescriptions from different medical providers.

Chronic Pain Support Group Narcotics Anonymous

Any ED staff member can provide you with additional information on these resources upon request.

Section V. Controlled Substance Reporting System (CSRS)

Controlled Substance Reporting System

Registering for the CSRS:

- MDs, DOs, PAs, and Medical Residents can register using the following methods:
 1. Register through the NC Medical Board website: www.ncmedboard.org.
 2. Register using the paper-based method.
- Pharmacists can register using the following methods:
 1. Register through the Board of Pharmacy's website: www.ncbop.org
 2. Register using the paper-based method.
- Advanced Practice Registered Nurses with prescriptive authority (Certified Registered Nurse Anesthetists, Certified Nurse Midwives, Clinical Nurse Specialists, or Nurse Practitioners) can register using the following methods:
 1. Register through the NC Nursing Board website: www.ncbon.com
 2. Register using the paper-based method.
- Dentists can register using the following methods:
 1. Register using the paper-based method.

Directions for registering for access as a provider to the NC CSRS Online:

Dr.'s, DO's, and ML's can now register for the NC Controlled Substances Reporting System through the NC Medical Board's website (www.ncmedboard.org) at any time!

Directions:

1. Go to the medical board website and look under the "Quick Links" menu and click on the second option, "Update Licensee Info Page".
2. Scroll down to the bottom of this page and sign in using your File ID# and DOB. If you have forgotten your File ID#, just click the box that says "Recover File ID" to retrieve this information. All you need to retrieve is the last 4 digits of your social security number and your DOB.
3. Once you have successfully logged into the licensee page you will look for the menu option "Training and CSRS". Once you click this option scroll down to the section on the CSRS. There will be a blue "Click Here" button to register for the NC CSRS.
4. Fill out the required information and submit. The password must be exactly 8 characters with one capital letter and one number. Do NOT use any symbols.

Your application should be processed within 2 weeks, and you will receive an email confirmation from Health Information Designs once you have access to the database. Please make sure to check your spam folder as well. If you do not receive an email after two weeks please contact the CSRS office at 919-733-1765.

To register online for access to the NC CSRS through the NC BON website, complete the following:

Go to the NC BON website: <http://www.ncbon.com/>

- 1) Hold mouse over tab "Licensure/Listing"
- 2) Go to section headed "Advanced Practice Registered Nurse"
- 3) Click "Controlled Substance Reporting System"
- 4) Follow instructions to sign up online
- 5) *Note that the CSRS registration is accessed within the **NCBON Nurse Gateway** and you will first be directed there from the CSRS registration link.

Direct Link: <http://www.ncbon.com/dcp/i/licensurelisting-advanced-practice-registered-nurse-controlled-substances-reporting-system>

Your application should be processed within 2 weeks, and you will receive an email confirmation from Health Information Designs once you have access to the database. Please make sure to check your spam folder as well. If you do not receive an email after two weeks please contact the CSRS office at 919-733-1765.

To register online for access to the NC CSRS through the NC BOP website, complete the following:

Go to the NC BOP login website: <http://www.ncbop.org/>

- 1) On left-hand side click "Pharmacist" link
- 2) Go to section under it labeled "Pharmacy login"
- 3) Enter information to log in
- 4) You will be asked "Are you currently employed in a Pharmacy?"
Click "Yes" and you will see a pre-populated CSRS Application
- 5) Fill out empty fields and thoroughly read the Privacy Statement
- 6) Click "Submit"

Direct Link:

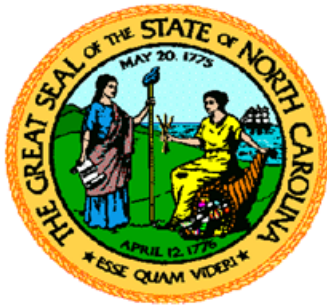
<https://www.ncbop1.org/NCBOPCE/login.aspx?ReturnUrl=%2fNCBOPCE>

Your application should be processed within 2 weeks, and you will receive an email confirmation from Health Information Designs once you have access to the database. Please make sure to check your spam folder as well. If you do not receive an email after two weeks please contact the CSRS office at 919-733-1765.

Instructions for completing the Prescriber / Dispenser Database Access Request:

1. Information on the form must be legible
2. Fill in **ALL** fields
3. Propose a password:
 - Passwords must be at least 8 characters in length
 - Passwords must contain at least one (1) capital letter and one (1) lowercase letter and one (1) number
 - Passwords **CANNOT** contain symbols
4. After completing the access request form, have it notarized and mail **ALL of the following documents** to the address listed on the application:
 1. access request
 2. signed privacy statement
 3. copy of your current driver's license

*Health Information Designs, Inc. will notify you by e-mail with your confirmation login information. Please be sure to check your spam folder frequently if using a highly secure website.



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and
Substance Abuse Services

Controlled Substances Reporting System
Mail Service Center 3008
Raleigh, NC 27699-3008
Phone: (919) 733-1765
Fax: (919) 508-0983

Prescriber / Dispenser Database Access

☐ New ☐ Update ☐ Terminate

Name (First, MI, Last, Suffix (Jr., Sr., III)) <input type="text"/>	
Professional Title <input type="text"/>	State Board License Number <input type="text"/>
Facility Name <input type="text"/>	DEA Number (Hospital Residents add DEA extension #) <input type="text"/>
Facility Address <input type="text"/>	City, State, Zip Code <input type="text"/>
Area Code & Telephone Number <input type="text"/>	Area Code & Fax Number <input type="text"/>
Email Address <input type="text"/> <small>*Note: Please add nccas-info@dhhs.nc.gov to your email contacts or acceptance list to prevent your notification emails from being rejected or sent to your spam folder.</small>	Proposed Password <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>

Subscribed and sworn to me, a notary public in and for the State of North Carolina, on this _____ day of _____, _____. My
commission expires on the _____ day of _____, _____.

Notary Signature

Pursuant to N.C.G.S. 90-113.75 a person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed ten thousand dollars (\$10,000) per violation.

Mail the following items to the Controlled Substances Reporting System:

- Notarized Database Access Form
- Signed Copy of Privacy Statement
- Copy of Current Driver's License

DEPARTMENT USE ONLY			
Date received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature	Date of Action

Prescriber / Dispenser Database Access Application January 2014



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and
Substance Abuse Services**

**Controlled Substances Reporting System
Mail Service Center 3008
Raleigh, NC 27699-3008
Phone: (919) 733-1765
Fax: (919) 508-0983**

Privacy Statement

Statutory Authority:

Article 5E, 90-113.70 the North Carolina Controlled Substances Reporting System Act, requires the Department of Health and Human Services to establish and maintain a controlled substances prescription reporting system of dispensed prescriptions for all Schedule II-V controlled substances. The purpose of this legislation is to improve the State's ability to identify controlled substances abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

Access to Information:

NCGS 90-113.74. (c) (1) authorizes DHHS to release data from the Controlled Substances Reporting System to persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for their patients.

NCGS 90-113.74. (c) (3) authorizes DHHS to release data from the Controlled Substances Reporting System to Special agents of the North Carolina State Bureau of Investigation who are assigned to the Diversion & Environmental Crimes Unit and whose primary duties involve the investigation of diversion and illegal use of prescription medication and who are engaged in a bona fide specific investigation related to enforcement of laws governing licit drugs. The SBI shall notify the Office of the Attorney General of North Carolina of each request for inspection of records.

Unlawful Disclosure:

Prescription information in the Controlled Substances Reporting System is privileged and confidential, is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any other use in civil proceedings, and except as otherwise provided in Article 5E, may only be used for investigative or evidentiary purposes related to violations of State or federal law and regulatory activities. Except as otherwise provided in Article 5E, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review prescription information.

As per 90-113.75., a person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this section or a rule adopted pursuant to this section shall be assessed a civil penalty not to exceed ten thousand dollars (\$10,000) per violation. The clear proceeds of penalties assessed under this section shall be deposited to the Civil Penalty and Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes.

Account Agreement:

By signing this agreement I understand that inappropriate access or disclosure of this information is a violation of North Carolina law. I hereby agree to follow the security and password policies of the NC Controlled Substances Reporting System. I agree that user account additions, deletions, and changes will be submitted in writing. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Signature: _____

Date: _____

Print Name: _____

FACTS ABOUT CONTROLLED SUBSTANCES

Approximately 18.5 million prescriptions for controlled substances are dispensed by North Carolina pharmacies each year.

Approximately 2.5 million North Carolina residents (26% of total population) receive a controlled substance prescription in a 6 month period of time.

There are currently over 112 million prescriptions in the database.

The number of accidental poisoning deaths in North Carolina from prescription controlled substances were:

January – December 2008	798
January – December 2009	826
January – December 2010	810
January – December 2011	878

Number of Dispensers and Practitioners registered to use the system is over 17,000.



* Data is as of September 2013

QUESTIONS?

Contact the Drug Control Unit
919-733-1765

John Womble

johnny.womble@dhhs.nc.gov
nccontrolsubstance.reporting@dhhs.nc.gov
www.nccsrs.org

WHO MAY RECEIVE INFORMATION FROM THE SYSTEM?

- Prescribers authorized to prescribe controlled substances for the purpose of providing care for their patients (web access).
- Dispensers of controlled substances for the purpose of providing care (web access).
- NC Controlled Substance Authorities (DHHS) (web access).
- State Medical Examiners for the purpose of determining cause of death (upon written request).
- SBI Diversion Crime Unit investigators pursuant to a bona fide investigation with notification to the Attorney General's Office (upon written request).
- Licensing Boards with jurisdiction over healthcare professionals as a part of an investigation (upon written request).
- DMA for the purpose of administering the State Medicaid program (upon request, with limited web access).
- Other state Controlled Substance Monitoring Authorities (upon request).
- To law enforcement upon court order as part of a bona fide specific investigation.
- To a patient upon written request to the program (notarized request).

A Project of the Governor's Institute on Substance Abuse
Funded wholly or in part by the federal Substance Abuse Prevention and Treatment Block Grant Fund (CFDA #93.059) as a project of the NC Division of Mental Health, Developmental Disabilities & Substance Abuse Services.
State of North Carolina - Pat McCrory, Governor
Department of Health and Human Services
Aldona Zofia Wos, Secretary
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
www.ncdhhs.gov/mhddsas/

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09/13 - 3000 of this document were printed at \$0.24 each. [Fourth Printing]

NORTH CAROLINA CONTROLLED SUBSTANCES REPORTING SYSTEM



NORTH CAROLINA DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

CONTROLLED SUBSTANCES REPORTING SYSTEM

WHAT IS THE CSRS?

Established by State law, the CSRS is a prescription reporting system that allows registered dispensers and practitioners to review a patient's controlled substances prescription history on the web. It is intended to assist practitioners in monitoring patients by identifying and referring patients for substance abuse treatment or specialized pain management.

HOW DOES THE SYSTEM WORK?

All prescriptions for controlled substances, schedule II through V, dispensed in North Carolina are reported into the CSRS database. Pharmacists transmit the data every 72 hours (starting Jan 2014). Prescribers and pharmacists register and are given a password to access the online system to look up a patient's controlled substances prescription history. Information in the system dates back 6 years. Prescribers may legally query the system for their patients only.

WHAT CAN I DO WITH THE INFORMATION?

Sit down with the patient and discuss any findings of concern. A referral to a substance abuse specialist and/or pain specialist may be appropriate. Prescribers may document findings in their records and may discuss with other prescribers. Behavioral Health practitioners need to continue to follow other applicable consent laws. Pharmacists should review the patient profile and contact the prescriber(s) to discuss or alert the practitioner of troublesome patterns or drug combinations.

FOR MORE INFORMATION VISIT
NCCSRS.ORG

DOS & DON'TS

DO

- Check the database prior to prescribing or dispensing a controlled substance.
- Notify your patients that you use the system.
- Discuss findings of concern with your patients.
- Listen to your patients when they say the system is in error and contact us for further assistance.
- Use treatment agreements when appropriate.
- Report forgeries to law enforcement.
- Inform us of non-reporting pharmacies.
- Educate your colleagues about the value of the system.
- Invite CSRS staff to make a presentation at a meeting to educate your peers.
- Educate patients about safe storage of controlled substances.

DON'T

- Use the CSRS to screen out-patients.
- Allow office personnel to check the CSRS for you unless they are registered as a delegate. (Anticipated start date of Spring 2014)
- Assume all CSRS data is the absolute truth.
- Discharge patients misusing controlled substances without intervening and attempting to refer for substance abuse treatment or pain management.
- Refer suspected "doctor shoppers" to police unless there is evidence from sources other than the CSRS.
- Give CSRS information to law enforcement unless there is evidence of forgery.
- Give patients a copy of CSRS data.

INSTRUCTIONS FOR CSRS ACCESS

1	Read Instructions and Complete Access Application
2	Sign Privacy Statement
3	Photocopy Driver's License
4	Notarize the Application
5	Mail a hard copy of the items above to: NC CSRS 3008 Mail Service Center Raleigh, NC 27699-3008
6	Health Information Designs, Inc. will notify you by email when your request has been approved*

Online registration is now available through the following Licensing Boards:

- NC Medical Board
- NC Board of Pharmacy
- NC Board of Nursing

Simply go to your licensing boards website, log into your account, and complete the online application. Our vendor, Health Information Designs, Inc. will notify you by email when your request has been approved.*

<http://bit.ly/csrs-application> (Application for prescriber access)

* If you do not receive an email from Health Information Designs, Inc. in 2 weeks please contact the Drug Control Unit at 919-733-1765

Do's and Don'ts for Prescribers and Dispensers Using the NC Controlled Substances Reporting System

DO

- Check the database prior to prescribing or dispensing a controlled substance.
- Discuss any findings of concern directly with your patients.
- Listen to your patients when they say the system is in error - contact NC CSRS staff to help address questions and verify information.
- Learn about SBIRT (Screening, Brief Intervention and Referral for Treatment www.sbirtno.org) and use with your patients.
- Use behavioral contracts with patients when appropriate.
- Report forgeries to law enforcement.
- Inform us of non-reporting pharmacies.

DO NOT

- Use the CSRS to exclude patients from practices or services.
- Discharge patients without intervening and attempting to refer for substance abuse treatment or pain management.
- Use CSRS prescription information to make a referral to law enforcement when it's your only source of information.

**For Information or Questions please contact the
North Carolina Controlled Substances Reporting System staff at
919.733.1765 or NCControlSubstance.Reporting@dhhs.nc.gov**

Senate Bill 222 Highlights and Timelines

1. Reduces the time interval for Dispensers to report to the CSRS from 7 days to 3 business days after the drug is dispensed and encourages daily reporting.
 - *Effective 1/1/14*
2. Requires method of payment be reported to the CSRS.
 - *Effective 1/1/14*
3. Allows DHHS to notify practitioners that a patient may have obtained prescriptions for controlled substances in a manner that may represent abuse, diversion, or an increased risk of harm to the patient (referred to as "unsolicited alerts").
4. Allows DHHS to alert licensing and regulatory bodies responsible for healthcare practitioners to patterns of concern.
5. Allows practitioners or dispensers authorized to delegate the authority to receive data from CSRS to others provided DHHS approves of the delegation (referred to as "Delegate Accounts").
 - *Available Spring/Summer 2014 at the earliest*
6. Allows SBI Diversion and Environmental Crimes Unit to provide information they receive from CSRS to other SBI agents involved in drug investigation.
 - *Effective 1/1/14*
7. Gives the Attorney General the option of referring an unusual pattern of prescribing reported by DHHS to the appropriate Sheriff, as well as the SBI, for further investigation.
 - *Effective 1/1/14*
8. Increases the civil penalty from a maximum of \$5,000 to a maximum of \$10,000 for improper disclosure of CSRS information
 - *Effective 1/1/14*

GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

SESSION LAW 2013-152
SENATE BILL 222

AN ACT TO REVISE THE NORTH CAROLINA CONTROLLED SUBSTANCES
REPORTING SYSTEM ACT, AS RECOMMENDED BY THE CHILD FATALITY
TASK FORCE.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 90-113.72 reads as rewritten:

"§ 90-113.72. Definitions.

The following definitions apply in this Article:

- (1) "Commission" means the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services established under Part 4 of Article 3 of Chapter 143B of the General Statutes.
- (2) "Controlled substance" means a controlled substance as defined in G.S. 90-87(5).
- (3) "Department" means the Department of Health and Human Services.
- (4) "Dispenser" means a person who delivers a Schedule II through V controlled substance to an ultimate user in North Carolina, but does not include any of the following:
 - a. A licensed hospital or long-term care pharmacy that dispenses such substances for the purpose of inpatient administration.
 - b. ~~A person authorized to administer such a substance pursuant to Chapter 90 of the General Statutes.~~
 - c. A wholesale distributor of a Schedule II through V controlled substance.
 - d. A person licensed to practice veterinary medicine pursuant to Article 11 of Chapter 90 of the General Statutes.
- (5) "Ultimate user" means a person who has lawfully obtained, and who possesses, a Schedule II through V controlled substance for the person's own use, for the use of a member of the person's household, or for the use of an animal owned or controlled by the person or by a member of the person's household."

SECTION 2. G.S. 90-113.73 reads as rewritten:

"§ 90-113.73. Requirements for controlled substances reporting system.

(a) The Department shall establish and maintain a reporting system of prescriptions for all Schedule II through V controlled substances. Each dispenser shall submit the information in accordance with transmission methods and frequency established by rule by the Commission. The Department may issue a waiver to a dispenser ~~that~~ who is unable to submit prescription information by electronic means. The waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required of electronically submitted data is submitted. The dispenser shall report the information required under this section ~~on a monthly basis for the first 12 months of the Controlled Substances Reporting System's operation, and twice monthly thereafter, until January 2, 2010, at which time dispensers shall report no later than seven days~~ no later than the close of business three business



days after the day when the prescription is dispensed was delivered, beginning the next day after the delivery date; however, dispensers are encouraged to report the information no later than 24 hours after the prescription was delivered. The information shall be submitted in a format as determined annually by the Department based on the format used in the majority of the states operating a controlled substances reporting system.

(b) The Commission shall adopt rules requiring dispensers to report the following information. The Commission may modify these requirements as necessary to carry out the purposes of this Article. The dispenser shall report:

- (1) The dispenser's DEA number.
- (2) The name of the patient for whom the controlled substance is being dispensed, and the patient's:
 - a. Full address, including city, state, and zip code,
 - b. Telephone number, and
 - c. Date of birth.
- (3) The date the prescription was written.
- (4) The date the prescription was filled.
- (5) The prescription number.
- (6) Whether the prescription is new or a refill.
- (7) Metric quantity of the dispensed drug.
- (8) Estimated days of supply of dispensed drug, if provided to the dispenser.
- (9) National Drug Code of dispensed drug.
- (10) Prescriber's DEA number.
- (11) Method of payment for the prescription.

(c) A dispenser shall not be required to report instances in which a controlled substance is provided directly to the ultimate user and the quantity provided does not exceed a 48-hour supply."

SECTION 3. G.S. 90-113.74 reads as rewritten:

"§ 90-113.74. Confidentiality.

(a) Prescription information submitted to the Department is privileged and confidential, is not a public record pursuant to G.S. 132-1, is not subject to subpoena or discovery or any other use in civil proceedings, and except as otherwise provided below may only be used for investigative or evidentiary purposes related to violations of State or federal law and regulatory activities. Except as otherwise provided by this section, prescription information shall not be disclosed or disseminated to any person or entity by any person or entity authorized to review prescription information.

(b) The Department may use prescription information data in the controlled substances reporting system only for purposes of implementing this Article in accordance with its provisions.

(b1) The Department may review the prescription information data in the controlled substances reporting system and upon review may:

- (1) Notify practitioners that a patient may have obtained prescriptions for controlled substances in a manner that may represent abuse, diversion of controlled substances, or an increased risk of harm to the patient.
- (2) Report information regarding the prescribing practices of a practitioner to the agency responsible for licensing, registering, or certifying the practitioner

pursuant to rules adopted by the agency as set forth below in subsection (b2) of this section.

(b2) In order to receive a report pursuant to subdivision (2) of subsection (b1) of this section, an agency responsible for licensing, registering, or certifying a practitioner with prescriptive or dispensing authority shall adopt rules setting the criteria by which the Department may report the information to the agency. The criteria for reporting established by rule shall not establish the standard of care for prescribing or dispensing, and it shall not be a basis for disciplinary action by an agency that the Department reported a practitioner to an agency based on the criteria.

(c) The Department shall release data in the controlled substances reporting system to the following persons only:

- (1) Persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care for their patients. A person authorized to receive data pursuant to this paragraph may delegate the authority to receive the data to other persons working under his or her direction and supervision, provided the Department approves the delegation.
- (2) An individual who requests the individual's own controlled substances reporting system information.
- (3) Special agents of the North Carolina State Bureau of Investigation who are assigned to the Diversion & Environmental Crimes Unit and whose primary duties involve the investigation of diversion and illegal use of prescription ~~medication and medication.~~ SBI agents assigned to the Diversion & Environmental Crimes Unit may then provide this information to other SBI agents who are engaged in a bona fide specific investigation related to enforcement of laws governing licit drugs. The SBI shall notify the Office of the Attorney General of North Carolina of each request for inspection of records maintained by the Department.
- (4) Primary monitoring authorities for other states pursuant to a specific ongoing investigation involving a designated person, if information concerns the dispensing of a Schedule II through V controlled substance to an ultimate user who resides in the other state or the dispensing of a Schedule II through V controlled substance prescribed by a licensed health care practitioner whose principal place of business is located in the other state.
- (5) ~~To a court~~ sheriff or designated deputy sheriff or a police chief or a designated police investigator who is assigned to investigate the diversion and illegal use of prescription medication or pharmaceutical products identified in Article 5 of this Chapter of the General Statutes as Schedule II through V controlled substances and who is engaged in a bona fide specific investigation related to the enforcement of laws governing licit drugs pursuant to a lawful court order in a criminal action, specifically issued for that purpose.
- (6) The Division of Medical Assistance for purposes of administering the State Medical Assistance Plan.
- (7) Licensing boards with jurisdiction over health care disciplines pursuant to an ongoing investigation by the licensing board of a specific individual licensed by the board.

(8) Any county medical examiner appointed by the Chief Medical Examiner pursuant to G.S. 130A-382 and the Chief Medical Examiner, for the purpose of investigating the death of an individual.

(d) The Department may provide data to public or private entities for statistical, research, or educational purposes only after removing information that could be used to identify individual patients who received prescription medications from dispensers.

(e) In the event that the Department finds patterns of prescribing medications that are unusual, the Department shall inform the Attorney General's Office of its findings. The Office of the Attorney General shall review the Department's findings to determine if the findings should be reported to the SBI and the appropriate sheriff for investigation of possible violations of State or federal law relating to controlled substances.

(f) The Department shall purge from the controlled substances reporting system database all information more than six years old.

(g) Nothing in this Article shall prohibit a person authorized to prescribe or dispense controlled substances pursuant to Article 1 of Chapter 90 of the General Statutes from disclosing or disseminating data regarding a particular patient obtained under subsection (c) of this section to another person (i) authorized to prescribe or dispense controlled substances pursuant to Article 1 of Chapter 90 of the General Statutes and (ii) authorized to receive the same data from the Department under subsection (c) of this section.

(h) Nothing in this Article shall prevent persons licensed or approved to practice medicine or perform medical acts, tasks, and functions pursuant to Article 1 of Chapter 90 of the General Statutes from retaining data received pursuant to subsection (c) of this section in a patient's confidential health care record."

SECTION 4. G.S. 90-113.75 reads as rewritten:

"§ 90-113.75. Civil penalties; other remedies; immunity from liability.

(a) A person who intentionally, knowingly, or negligently releases, obtains, or attempts to obtain information from the system in violation of a provision of this ~~section~~ Article or a rule adopted pursuant to this ~~section~~ Article shall be assessed a civil penalty by the Department not to exceed ~~five thousand dollars (\$5,000)~~ ten thousand dollars (\$10,000) per violation. The clear proceeds of penalties assessed under this section shall be deposited to the Civil Penalty and Forfeiture Fund in accordance with Article 31A of Chapter 115C of the General Statutes. The Commission shall adopt rules establishing the factors to be considered in determining the amount of the penalty to be assessed.

(b) In addition to any other remedies available at law, an individual whose prescription information has been disclosed in violation of this ~~section~~ Article or a rule adopted pursuant to this Article may bring an action against any person or entity who has intentionally, knowingly, or negligently released confidential information or records concerning the individual for either or both of the following:

(1) Nominal damages of one thousand dollars (\$1,000). In order to recover damages under this subdivision, it shall not be necessary that the plaintiff suffered or was threatened with actual damages.

(2) The amount of actual damages, if any, sustained by the individual.

(c) ~~A health care provider licensed, or an~~ An entity permitted access to data under this ~~Chapter~~ Article that, in good faith, makes a report or transmits data required or allowed by this Article is immune from civil or criminal liability that might otherwise be incurred or imposed as a result of making the report or transmitting the data."

SECTION 5. G.S. 90-5.2 is amended by adding a new subsection to read:
"(a1) The Board shall make e-mail addresses and facsimile numbers reported pursuant to G.S. 90-5.2(a)(7) available to the Department of Health and Human Services for use in the North Carolina Controlled Substance Reporting System established by Article 5E of this Chapter."

SECTION 6. Sections 1 and 2 of this act become effective on January 1, 2014, and apply to prescriptions delivered on or after that date. The remainder of this act is effective when it becomes law.

In the General Assembly read three times and ratified this the 13th day of June, 2013.

s/ Daniel J. Forest President of the Senate

s/ Thom Tillis
Speaker of the House of Representatives

s/ Pat McCrory Governor

Approved 4:26 p.m. this 19th day of June, 2013

Section VI. Division of Medical Assistance Lock-in Program

DMA Lock-in Program

Update on Narcotic and Benzodiazepine Management Lock-In Program -- 10.27.2011

N.C. Medicaid has implemented a recipient management lock-in program to control recipient overutilization of Medicaid benefits. Recipients identified for the lock-in program are restricted to a single prescriber and pharmacy in order to obtain opioid analgesics, benzodiazepines, and certain anxiolytics covered through the Medicaid Outpatient Pharmacy Program.

Who does this apply to?

History of filling more than 6 six new prescriptions of refills in two consecutive months for either opioids or benzodiazepines, receive prescriptions for opioids and benzodiazepines from more than three providers in two consecutive months, or are referred by a provider who feels the patient should be enrolled in the program.

Recipients who meet the criteria are notified by letter from DMA. In this letter, recipients are asked to choose a prescriber and a pharmacy (all three will then receive a confirmation letter). If no patient choice is made, DMA uses algorithmic guidelines to determine an assigned provider and/or pharmacy. The recipient must obtain all prescriptions for these medications from their lock-in prescriber and lock-in pharmacy in order for the claim to be paid.

The lock-in program went live on October 11, 2010, with a plan for 200 additional patients to be enrolled monthly.

Important Facts Regarding the Lock-In Program:

- ▶ **Prescriber's NPI is required on the pharmacy claim;** submitting the prescriber's DEA results in claim being denied.
- ▶ Claims submitted by a prescriber or filled at a pharmacy other than the one listed on the lock-in file will be denied; patient cash payment may be utilized to bypass the lock-in system.
- ▶ Recipients may not change their lock-in prescriber or pharmacy without authorization from DMA. For situations in which 2 providers are being utilized (e.g. psychiatrist prescribes benzodiazepine and pain management provider prescribes narcotic), DMA may be requested to allow for up to 2 providers for a

single patient. The patient may make this request of DMA or the pharmacist may contact DMA. If the pharmacist makes the request of DMA, a brief claims review may be useful to substantiate the request. Patients may make one call to change their lock-in status per lock-in period, then subsequent contacts for provider changes must be in writing. At this time, a provider or their designee (office staff, network pharmacist) may contact/call DMA to request to change a patient's provider lock-in status. DMA will validate the authenticity of the caller and make the provider change.

- ▶ Lock-in period is for one year. After one year, the patient is removed from the program if they no longer meet criteria. Recipients who continue to meet the criteria will be locked in for an additional year.
- ▶ Medicaid Provider Referrals: Patients may be referred to DMA for consideration for the lock-in program. If the referee does not meet lock-in criteria, there must be clinical grounds/basis for the lock-in referral.

▶ **Emergency Measures**

- In response to an emergent situation, N.C. Medicaid will reimburse an enrolled pharmacy for a four-day supply of a prescription dispensed to a recipient locked into a different pharmacy and prescriber. A "3" in the level of service field should be utilized to indicate that the transaction is an emergency fill.
- The recipient will be responsible for the appropriate copayment; paid quantities for more than a four day supply are subject to recoupment.
- Only one emergency occurrence will be reimbursed per lock-in period.
- Records of dispensing of emergency supply meds are subject to review by DMA Program Integrity.

▶ **Other Issues**

- The definition of medications included in the lock-in calculation includes "certain anxiolytics." This category includes the benzodiazepine anxiolytics and meprobamate/Miltown which has a GC3 of H2F. As meprobamate is not a benzodiazepine, but is an anxiolytic, this language was crafted to cover this issue. The anxiolytics buspirone and hydroxyzine are not lock-in medications.

- Medicare Part D beneficiaries are affected by this program for the number of benzodiazepine prescriptions and the number of prescribers for benzodiazepines.
- When a patient is discharged from their lock-in provider and is having trouble identifying another provider, DMA will handle the situation on a case by case basis. DMA is NOT taking recipients out of the program—although that is often the patient request. The patient is reminded to get the list from the local DSS and call for a provider. DMA has also made contact with the network pharmacists asking for their help by forwarding the recipient's phone number and information. Additionally, the recipient can use their emergency override.

Additional Assistance:

- For additional information, you may contact:
 - Krista Kness, RPh, North Carolina DMA at Krista.kness@dhhs.nc.gov or phone 919-855-4303
 - Jerry McKee, Pharm.D., M.S., BCPP at jmckee@n3cn.org or phone 919-745-2387
- Or refer to the North Carolina DMA website at:
<http://www.ncdhhs.gov/dma/pharmacy>

Lock-in Referral Form

NORTH CAROLINA DIVISION OF MEDICAL ASSISTANCE PHARMACY LOCK-IN REFERRAL FORM

This form is used for referring North Carolina Medicaid recipients with possible medication overutilization to the Recipient Management Lock-in Program to evaluate the need for possible lock-in to one prescriber and one pharmacy. Please fax this form along with any supporting documentation to 919-715-1255. For questions regarding the use of this form, call 919-855-4300. Please note this completed form contains Protected Health Information (PHI) and should be handled in accordance with HIPAA regulations.

Referral Information

Referral Source:

☐ Medicaid Provider

☐ CCNC Network Employee

Referral Name: _____

Referral Phone : _____

Date of Referral: _____

Please include contact information for appeals support.

Recipient Information

Recipient Name: _____

Recipient Medicaid ID: _____

Recipient DOB: _____

Section VII: Substance Abuse Assessment Tools

SBIRT Screening Tools

Recommended Substance Abuse Screening Tools for Primary Care Settings in NC

There are a number of substance abuse screening instruments that have been validated in diverse patient populations. These include, but are not limited to the AUDIT, AUDIT-C, MAST, DAST, CRAFFT, CAGE, CAGE-AID, ASSIST, TWEAK, and T-ACE. Different tools are appropriate for different settings and patient populations. To facilitate communication and collaboration between primary care practices and between primary care and specialty behavioral health, two instruments with wide applicability have been chosen and recommended to primary care practices in NC. These tools are the AUDIT-C (with one additional drug use question) and the CAGE-AID. The AUDIT-C has been successfully implemented throughout the VA healthcare system. The CAGE-AID is widely used and is included on many electronic medical record systems. It is recommended that screening begin with a prescreen.

Prescreen Questions

Do you drink alcohol? Have you ever experimented with drugs, including prescription drugs? If yes to either question, proceed with screen.

AUDIT-C plus drug question

The AUDIT-C consists of the first 3 questions of the 10 item AUDIT (Alcohol Use Disorders Identification Test). The AUDIT-C, which can be self-administered or be part of an interview, identifies harmful alcohol use and has cross-cultural validity.

The AUDIT-C is scored on a scale of 0-12 points. A score of 4 points or more for men and a score of 3 points or more for women are considered positive for alcohol misuse. Using these cutoff points in family medicine settings, sensitivity is .86 and specificity is .89 for men with .73 sensitivity and .91 specificity for women. The VA system requires follow-up counseling/brief intervention for scores of 5 or more. (See scoring rubric on back of this sheet.)

Q#1: How often did you have a drink containing alcohol in the past year?

Q#2: How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

Q#3: How often did you have six or more drinks on one occasion in the past year?

In North Carolina, particularly in primary care settings that serve an indigent population, drug use (both illicit and prescription drug misuse) also needs identification. This additional question is as follows:

Q#4: Do you ever use illicit drugs or take prescription drugs other than how they were prescribed?

CAGE-AID

The CAGE-AID is a 4 item instrument based on the CAGE screening tool that has been adapted to also screen for drug use. It is widely used in primary care, particularly Emergency Departments.

One or more “yes” answers constitute a positive screen. Sensitivity and specificity are .79 and .77 for 1 or more positive answer and .70 and .85 for 2 or more positive answers.

In regard to drug use, including illegal drugs and the use of prescription drugs other than prescribed:

*Q#1: Have you ever felt that you ought to **C**ut down on your drinking or drug use?*

*Q#2.: Have people **A**nnoyed you by criticizing your drinking or drug use?*

*Q#3: Have you ever felt bad or **G**uilty about your drinking or drug use?*

*Q#4: Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?*

CAGE-AID Overview

The CAGE-AID is a conjoint questionnaire where the focus of each item of the CAGE questionnaire was expanded from alcohol alone to include alcohol and other drugs.

Clinical Utility

Potential advantage is to screen for alcohol and drug problems conjointly rather than separately.

Scoring

Regard one or more positive responses to the CAGE-AID as a positive screen.

What is the AUDIT-C?

The AUDIT-C is a 3 question screen that can help identify patients with alcohol misuse. The AUDIT-C is scored on a scale of 0-12 points (scores of 0 reflect no alcohol use in the past year). In men, a score of 4 points or more is considered positive for alcohol misuse; in women, a score of 3 points or more is considered positive. Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting his/her health and safety.

The VA's performance measure requires brief counseling for alcohol use for any patient who scores 5 points or more on the AUDIT-C. The AUDIT-C questions are:

Q#1: How often did you have a drink containing alcohol in the past year?

- Never (0 points)*
- Monthly or less (1 point)
- Two to four times a month (2 points)
- Two to three times per week (3 points)
- Four or more times a week (4 points)

Q#2: How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

- 0 drinks (0 points)*
- 1 or 2 (0 points)
- 3 or 4 (1 point)
- 5 or 6 (2 points)
- 7 to 9 (3 points)
- 10 or more (4 points)

Q#3: How often did you have six or more drinks on one occasion in the past year?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)
-

* If patients are screened by interview, and AUDIT-C question #1 is answered "never", scores of 0 can be validly imputed for questions 2-3.⁶ If the AUDIT-C is administered on paper or online without a skip pattern (for non drinkers to skip questions #2-3), a "0 drinks" option is typically added to question #2.⁷

NOTE: A "yes" to the drug use question that accompanies the AUDIT C constitutes a positive screen

AUDIT- C Tool (Spanish)

Lea las preguntas tal como están escritas. Registre las respuestas cuidadosamente. Empiece el cuestionario AUDIT diciendo “Ahora voy a hacerle algunas preguntas sobre su consumo de bebidas alcohólicas durante el último año”. Explique qué entiende por «bebidas alcohólicas» utilizando ejemplos típicos como cerveza, vino, vodka, etc. Codifique las respuestas en términos de consumo («bebidas estándar»). Marque la cifra de la respuesta adecuada en el recuadro de la derecha.

1. ¿Con qué frecuencia consumió alguna bebida alcohólica?
 - Nunca (0 puntos)
 - Una o menos veces al mes (1 punto)
 - De 2 a 4 veces al mes (2 puntos)
 - De 2 a 3 veces a la semana (3 puntos)
 - 4 o más veces a la semana (4 puntos)

2. En el último año, ¿Cuántas bebidas alcohólicas suele tomar en un día de consumo normal?
 - Nunca 0*
 - 1 ó 2 (0 puntos)
 - 3 ó 4 (1 punto)
 - 5 ó 6 (2 puntos)
 - 7, 8, ó 9 (3 puntos)
 - 10 ó más (4 puntos)

3. ¿Con qué frecuencia toma 6 o más bebidas alcohólicas en una sola ocasión?
 - Nunca (0 puntos)
 - Menos de una vez al mes (1 punto)
 - Mensualmente (2 puntos)
 - Semanalmente (3 puntos)
 - A diario o casi a diario (4 puntos)

4. ¿Ha usado drogas o tomado medicamentos de una manera diferente a la prescrita?
 - SÍ _____
 - NO _____

Registre la puntuación total aquí _____

Si la puntuación total es mayor que el punto de corte recomendado, consulte el Manual de Usuario.

El AUDIT-C es una evaluación de 3 preguntas la cual nos ayuda a identificar pacientes que abusan del alcohol. El puntaje del AUDIT-C se basa en una escala de 0-12 puntos (puntajes de 0 reflejan ningún uso de alcohol en el último año). En los hombres, un puntaje de 4 puntos ó más es considerado positivo en el abuso del alcohol; en las mujeres, un puntaje de 3 puntos ó más es considerado positivo en el abuso de alcohol. Generalmente, cuanto más alto sea el puntaje en el AUDIT-C, más alta es la probabilidad de que el consumo de alcohol del paciente esté afectando su salud y seguridad.

La medida de rendimiento del VA requiere consejería breve sobre el uso del alcohol para cualquier paciente cuyo puntaje sea de 5 ó más puntos en el AUDIT-C.

*Si los pacientes son evaluados mediante una entrevista, y la respuesta a la pregunta #1 del AUDIT-C es “nunca”, puede colocar puntajes de 0 en las preguntas 2-3. Si el AUDIT-C es administrado por escrito o por la red (internet) sin saltarse preguntas (para que los que no beben, salten las preguntas #2-3), una opción de “0 bebidas” es usualmente añadida a la pregunta #2.

AVISO: Un “Sí” a la pregunta sobre el uso de drogas que acompaña el AUDIT-C constituye una evaluación positiva.

CAGE AID Tool (Spanish)

Cuestionario CAGE-AID adaptado para incluir drogas

Fecha: ____/____/____

1. ¿**Alguna vez** ha sentido que debería disminuir o reducir su uso de alcohol y/o drogas?

Alcohol: SÍ ____ NO ____

Drogas: SÍ ____ NO ____

2. ¿Se ha sentido **alguna vez** molesto por las críticas de la gente acerca de su uso de alcohol y/o drogas?

Alcohol: SÍ ____ NO ____

Drogas: SÍ ____ NO ____

3. ¿**Alguna vez** se ha sentido culpable o mal debido a su uso de alcohol y/o drogas?

Alcohol: SÍ ____ NO ____

Drogas: SÍ ____ NO ____

4. ¿**Alguna vez** ha necesitado alcohol y/o drogas temprano en la mañana para estabilizar sus nervios o ayudarlo con la resaca)?

Alcohol: SÍ ____ NO ____

Drogas: SÍ ____ NO ____

Tabulación

Puntuación: Total de respuestas "SI": _____

Determinación positiva = Puntuación de 1 o más.

Section VIII: Case Management

Chronic Pain Discharge Instructions

As your Emergency Physicians, we appreciate that many patients coming to us are in pain and we wish to address their pain in the safest, most responsible manner. It is important to recognize, however that the proper treatment of chronic pain differs from that of the pain of acute injuries and illnesses.

The use of narcotics and related agents for chronic pain syndromes may lead to additional physical and psychological problems. Nearly as many people die from prescription narcotics each year as die from car crashes. Additionally, this risk is increased if such prescriptions are obtained from a variety of sources. For your safety, only your primary care physician or a pain management specialist is able to safely treat such syndromes with narcotic medications long-term. Documentation revealing that narcotic prescriptions have been sought from multiple sources will likely prohibit us from providing a refill or any narcotic medication.

If you have a chronic pain syndrome (chronic headaches, recurrent back or neck pain, dental pain, abdominal or pelvis pain without a specific diagnosis, or neuropathic pain such as fibromyalgia) or recurrent visits for the same condition without an acute diagnosis, you may be treated with safe, non-habit-forming medications. Allergic reactions or negative side effects that may be reported by a patient to such medications will rarely lead to the use of a narcotic analgesic as an alternative.

Patients managing chronic pain with a personal physician should have provisions in place for breakthrough pain. If you are in crisis, you should call your physician. If your physician directs you to the emergency department, please have the doctor call and speak to our attending physician concerning your care. Statements such as “my doctor referred me to the ED” will not serve to obtain a narcotic prescriptions.

Our goal is to provide quality, safe, personalize care and we thank you for giving us the opportunity to serve you.

Outpatient Resources for Patients with Chronic Pain

[customize list for each network]

You may need to contact your primary care doctor for a referral

Duke Health Raleigh Hospital Pain Center

Diagnostic & Interventional Pain Center

Clinic hours: Monday-Friday 8 a.m. - 3 p.m.

Phone: 919.954.3584

Fax: 919.954.3156

(Medicaid/Medicare Accepted)

UNC/Rex Pain Management Center

Clinic hours: Monday-Friday 8 a.m. - 3 p.m.

Phone: 919.784.3402

Fax: 919.784.6232 (Medicaid/Medicare Accepted)

UNC/Rex Pain Management Center at Wakefield

Diagnostic & Interventional Pain Management

Clinic hours: Thursday 8 a.m. - 3 p.m.

Telephone: 919.784.3402

Fax: 919.784.6232

(Medicaid/Medicare Accepted)

Wilson Medical Center

Diagnostic & Interventional Pain Management

Clinic hours: Friday 8 a.m. - 3 p.m.

Telephone: 252.399.8118

Fax: 252.399.8443

(Medicaid/Medicare Accepted)

Carolina Back Institute

10880 Durant Road #324

Raleigh, NC 27614

(919) 847-8200

NC Comprehensive Headache Clinic

2501 Atrium Dr # 400

Raleigh, NC 27607

(919) 781-7423

Outpatient Resources for Patients Needing Drug and Alcohol Dependence Treatment

[customize list for each network]

Johnston County Mental Health, Substance Abuse, and Developmental Disability Resources

www.johnstonnc.com/mentalhealth

Screening and referral

Access Center (24/7): 919-989-5500/ 877-815-8934

Crisis Response (24/7): 919-989-5500

Mobile Crisis (24/7): 877-626-1772

Wake County Mental Health, Substance Abuse, and Developmental Disability Resources

<http://www.wakegov.com/lme/>

Access Center (Screening and Referral 24/7): 919-250-3133 or 866-518-6784

Mobile Crisis Assistance (24/7): 1-877-626-1772

Alcoholics Anonymous

Call for follow up: 919-783-8214

Narcotics Anonymous

Call for follow up: 1-877-590-6262

Arbor Counseling

4010 Barrett Drive

Suite 101

Raleigh

Phone: (919) 788-8002

Carter Clinic

8360 Six Forks Road

Suite 202

Raleigh

Phone: (919) 848-0132

Fellowship Health Resources Wake

4112 Blue Ridge Road

Raleigh

Phone: (919) 573-6520

First Step Services LLC

211 Six Forks Road
Suite 117 Building B
Raleigh

Phone: (919) 833-8899

Hotline 1: (919) 833-8899

Holly Hill Hospital

3019 Falstaff Road
Raleigh

Phone: (919) 250-7000

Hotline 1: (919) 250-7000

Hotline 2: (800) 447-1800

Life Skills Counseling

721 Tucker Street
Raleigh

Phone: (919) 833-8862

Methodist Home for Children

Bridges Program
1041 Washington Street
Raleigh

Phone: (919) 778-3762

North Carolina Behavioral Health

33 West Davie Street
Raleigh

Phone: (919) 828-9007

Omega Independent Living Services

3029 Stoneybrook Drive
Suite 105
Raleigh

Phone: (919) 250-2004

Raleigh Methadone Treatment Center

(RMTC)
5109 Oak Park Road
Raleigh

Phone: (919) 781-5507

Southlight

Call for a referral (919)787-6131

Wake County Larry B Zieverink Sr

Alcoholism Treatment Center

3000 Falstaff Road

Raleigh

Phone: (919) 250-1500

Hotline 1: (919) 250-1500

Hotline 2: (919) 250-3133