

Medication Agreements

Promoting awareness, dialogue and level-set expectations

A young man had his leg amputated following a work-related injury. His pain doctor, by all accounts, was trying to responsibly provide pain relief to his patients. However, the young man was very worried. An acquaintance of his, also a patient of this pain doctor, had a negative outcome to his pain management - one that the young man didn't want to experience.

While discussing his prosthetic needs with a new doctor, the young man discussed his pain management concerns. He told the doctor about this acquaintance of his who told him that initially pain medications were providing relief, but when they no longer seemed to control the pain, the doctor prescribed escalating dosages of OxyContin®. Soon, even the OxyContin wasn't providing relief so the acquaintance resorted to selling the medication and self-medicating with heroin - currently the primary means for pain relief. Visibly shaken as he shared this story, the young man expressed that he did not want this to happen to him.

The young man was scared about the power of pain medication, but also recognized that he needed it to manage the pain of his injury. The new doctor, recognizing the seriousness of his concern, talked to the young man about his pain and how the medication can work for him. The doctor also explained that doctor-patient communication is critically important to pain management. He recommended they proceed with a medication agreement to help both of them level-set the expectations and the course of treatment.

Medication agreements defined

A medication agreement serves as a detailed and well-documented informed consent describing the risks and benefits associated with pain treatment. It outlines the use of prescription pain medications and other adjunctive treatments. Signed by the patient and their prescribing doctor, in its purest sense, it is a way to ensure that both patient and doctor are on the same page regarding this proposed treatment plan and each others role and responsibility.

Medication agreements also allow the prescribing doctor to set expectations regarding the patient's adherence to the prescribed medication therapy regimen. They serve as a means to facilitate care and to document understanding that enhances communication between the prescribing doctor and patient.¹ Additionally, medication agreements aim to "discourage people from taking too much medication, mixing medications, or sharing or selling them, among other things."²

At a minimum, medication agreements are a best practice, but they are approaching standard of care status in the treatment of chronic pain. Their value has, without

1. An Example of a Pain Treatment Agreement (July 2011). WebMD. Pain Management Health Center.

2. Andrews, M. (April 5, 2011). Some Doctors Ask Patients to Sign 'Pain Contracts' to Get Prescriptions. Kaiser Health News. Retrieved from <http://kaiserhealthnews.org/news/michelle-andrews-on-pain-contracts-and-opioid-agreements/>

question, been observed. Both the American Academy of Pain Medicine, the Veterans Health Administration and other health care organizations recommend using medication agreements for chronic opioid therapy.³

Common components

Because medication agreements are recommended and not required, the format and components of each can differ by physician practice. Historically, the necessary components of a medication agreement have been determined by the individual health care provider or physician practice group. While required components are not universally defined, there is some general consensus surrounding basic content.

For example, it is generally recognized that the medication agreement will clearly define the prescriber's expectations, unacceptable patient behaviors and action consequences. The American College of Occupational and Environmental Medicine (ACOEM)⁴ suggests the following components:

Patient Expectations

Medication(s) taken exactly as prescribed

Compliance with all aspects of the treatment plan or therapy regimen

Prescription medications not given to others for any reason

Unacceptable Patient Behaviors

Use of illegal substances, such as cocaine or heroin

Use of medications at higher frequencies than prescribed

Diversion or allowing unauthorized use of medication

Use of more than one pharmacy

Failure to attend scheduled appointments

Consequences

Reduction in quantity dispensed in future refills

Immediate discontinuation of medication therapy

Dismissal from the physician's care or the physician's practice

Referral to addictionologist or drug rehabilitation program

Using medication agreements to achieve better outcomes

Medication agreements reflect both informed consent and the patient's willingness to comply with the prescriber's treatment of their chronic pain. As such, these agreements can be mutually beneficial to patients and health care providers by introducing an additional level of responsibility and accountability for those involved. Medication agreements also serve to better define the doctor-patient relationship as the roles, responsibilities and expectations of each party are clearly delineated, discussed and mutually understood.

3. VA/DoD Clinical Practice Guideline for the Management of Opioid Therapy for Chronic Pain. Department of Veteran Affairs and Department of Defense.

4. Guidelines for the Chronic Use of Opioids (2011). American College of Occupational Medicine.

It has also been suggested that medication agreements promote education, as patients learn more about their therapy regimen, its risks and benefits. Another benefit is that medication agreements may also assist to improve compliance with the prescribed treatment plan.

Consistency and communication

Opponents of medication agreements point to the potential for communication barriers due to the language contained within the agreement itself.

Potentially adversarial or paternalistic phrases may require a high literacy rate to comprehend the terminology used. There is also concern that patients could fear losing their autonomy and/or being discharged from their physician's practice. Such feelings could be detrimental to the doctor-patient relationship. An additional argument is the risk of profiling patients according to race, ethnicity, social status or diagnosis. There is some question that patients with chronic low back pain, for example, are at risk of triggering stereotypical responses from their treating clinicians.

While valid, these concerns can be alleviated by adopting a consistent approach to when medication agreements are used and how they are communicated to the patient. It is recommended that medication agreements be used for all patients receiving medications with the potential for misuse and abuse, especially opioid analgesics. The medication agreement itself should be presented to the patient as an educational tool and a treatment road map. The doctor should review the entire medication agreement with the patient to ensure he/she comprehends its terms and all associated conditions.

Additionally, prescribers should be prepared to read agreements aloud, and provide translated copies for patients who may have literacy limitations or for those for whom the document is not in their native language. The doctor should allow time to answer the patients questions and be equipped to effectively facilitate understanding. Following these steps, the doctor can eliminate potential communication barriers and ensures the patient's understanding of the treatment risk and benefits.

The payer's role

Medication agreements are a particularly valuable tool to help workers' compensation payers understand whether chronic pain claims, which include opioid analgesics as part of the medication therapy regimen, are being appropriately managed by the treating physician. Working with the prescribing physician, payers are positioned to promote better clinical outcomes, shorten claim duration, lower claim costs and potentially identify situations of misuse or abuse.

A suggested three-step strategy for incorporating medication agreements into your claim management process are as follows:

1. Create a sample medication agreement that could be used as a template. (See Appendix for an example).
2. Contact the prescribing doctor to discuss the tool. Be prepared to share a sample medication agreement and discuss any therapeutic concerns associated with the claim from the payers perspective.
3. Once in place, use the medication agreement as a go-to, living document with the injured worker and physician in follow up conversations and when checking on injury resolution.

More control. Better outcomes.

While medication agreements open dialogue and set expectations, they also assist claims professionals in watching for signs of both compliance and non-compliance in the prescribed medication therapy. With an unbiased, actionable document on file, all parties acknowledge and work toward a course of treatment to achieve a common goal: the injured worker's return to work or, if not returning to work, a return to function and increase in daily activities.

As medication agreements continue to gain acceptance in the medical community and their value in claims management increases, they should be considered a necessary treatment component for all injured workers receiving long-term prescription pain medications, especially opioid analgesics, to ensure the best possible outcomes.

**About Optum for Workers' Compensation**

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Sample Medication Agreement

I understand that I have a right to comprehensive pain management. I wish to enter into a treatment agreement to prevent possible chemical dependency. I understand that failure to follow any of these agreed upon statements might result in Dr. _____ not providing ongoing care for me. I, _____, agree to undergo pain management by Dr. _____. My diagnosis is _____.

I agree to the following statements:

- I will not accept narcotic prescriptions from another doctor.
- I will be responsible for making sure that I do not run out of my medications on weekends and holidays, because abrupt discontinuation of these medications can cause severe withdrawal syndrome.
- I understand that I must keep my medications in a safe place.
- I understand that Dr. _____ will not supply additional refills for the prescriptions of medications that I may lose.
- If my medications are stolen, Dr. _____ will refill the prescription one time only if a copy of the police report of the theft is submitted to they physician’s office.
- I will not give my prescriptions to anyone else.
- I will only use one pharmacy.
- I will keep my scheduled appointment with Dr. _____ unless I give notice of cancellation 24 hours in advance.
- I agree to refrain from all mind/mood altering/illicit/addicting drugs including alcohol unless authorized by Dr. _____.

My treatment plan may change based on outcome of therapy, especially if pain medications are ineffective. Such medications will be discontinued.

My treatment plan includes:

Medications _____

Physical therapy/exercise _____

Relaxation techniques _____

Psychologist counseling _____

I understand that Dr. _____ believes in the following “Pain Patients Bill of Rights.”

You have the right to:

- Have your pain prevented or controlled adequately
- Have your pain and medication history taken
- Have your questions answered
- Know what medication, treatment or anesthesia will be given
- Know the risks, benefits and side effects of treatment
- Know what alternative pain treatments may be available
- Ask for change in treatments if your pain persists
- Receive compassionate and sympathetic care
- Receive pain medication on a timely basis
- Refuse treatment without prejudice from your physician
- Include your family in decision making

Sample Termination Clauses:

A. The doctor may terminate this agreement at any time if he/she has cause to believe that I am not complying with the terms of this agreement or believes that I have made a misrepresentation or false statement concerning my pain or my compliance with the terms of this agreement.

B. I understand that I may terminate this agreement at any time.

If the agreement is terminated, I will not be a patient of Dr. _____ and would strongly consider treatment for chemical dependency if clinically indicated.

Patient Signature

Date

Doctor Signature

Date

Witness Signature

Date