

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. Refer to the attached sample.
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.

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Sample Medication Agreement

I, _____ (patient's name), understand that I am being prescribed a controlled medicine by my doctor, _____ (doctor's name).

I understand that I may receive pain treatment from my doctor by entering into this agreement with him/her. I understand that after receiving pain treatment from my doctor, I may have improvements in my pain and function, but I also understand that I may not experience complete pain relief.

In this agreement, I agree to:

- Take my medicine exactly as prescribed by my doctor.
- Fill my prescriptions at one pharmacy _____ (pharmacy's name).
- Keep my medicine in a safe place and not share them with other people.
- Keep all of my doctor appointments unless I provide at least a 24-hour cancellation notice.
- Abide by my doctor's medicine refill policy, which has been provided to me.
- Provide a copy of the police report to my doctor if my medicine is stolen.
- Participate in random drug testing when requested by my doctor.
- Refrain from using illicit, mood altering or addictive drugs, including but not limited to cocaine, heroin and marijuana.
- Refrain from using sedatives or alcohol unless my doctor approves.
- Refrain from obtaining other controlled medicines, including but not limited to opioid analgesics and benzodiazepines, from any other source besides my doctor.
- Refrain from selling or giving away any medicine prescribed to me.
- Refrain from changing or altering any prescription provided by my doctor.

My treatment plan may include the following (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Behavioral therapy | <input type="checkbox"/> Psychological counseling |
| <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Home exercise program | <input type="checkbox"/> Relaxation techniques |

I understand that my doctor may, if needed, refer me to a specialist, such as a psychologist, addiction specialist or drug rehabilitation program if he/she believes it is in my best interest.

Termination Clause:

I understand that I may terminate this agreement at any time. In addition, I understand my doctor has the right to terminate this agreement, stop prescribing controlled medicine to me, and dismiss me from his/her care if:

- I do not comply with any of the terms in this agreement.
- I make false claims about my pain, health or medical condition(s).

Patient Signature _____	Date _____
Doctor Signature _____	Date _____
Witness Signature _____	Date _____