



## **MSA Pain and Narcotic Prescribing Policy**

### **Introduction**

The use of long acting narcotics as well as the long term use of short acting narcotics has become more prevalent over the past several years for the treatment of chronic non-malignant pain. This has led to establishment of guidelines developed by the U.S. Department of Health and Human Services and the Federation of State Medical Boards for the management of chronic pain. As our practice has grown the need for a uniform policy for our providers and patients that adhere to these guidelines has been deployed.

### **Acute and Chronic Pain**

At MSA we are committed to evaluating and treating pain at every visit. There are many options for treating acute and chronic pain. Narcotics are but one avenue of pain therapy and, at MSA, never represent the sole method of pain control. Our clinic and treatment protocols are not designed for the management of chronic pain with long acting narcotics and/or continuous use of short acting narcotics. In accordance with recommendations by the Federation of State Medical Boards, we will direct patients that want to consider this treatment to clinics that specialize in chronic narcotic therapy using these agents and that do so in conjunction with the recommended laboratory follow-ups and urine drug screening that chronic narcotic therapy mandates.

Through our own clinical experience and information obtained from research studies, we have developed a treatment program that is designed to utilize treatment modalities, injections, procedures, physical rehabilitation, and multiple other non-narcotic modalities to help you manage your pain. Studies suggest the longer period of time in which a patient has taken daily narcotic and anxiety medications the greater their sensitivity to painful stimuli and the less responsive they are in other effective treatment modalities. Over time, chronic use of pain medications can create increased pain ratings, disrupted sleep cycles, anxiety and depression, mood swings, decreased libido, and decreased motivation for activities. Furthermore, there can be organ damage, which can occur within the stomach, kidneys and liver.

Our goal is to avoid the use of daily pain medications on a long-term basis. At times narcotic medications will be deemed appropriate utilizing the Medical Board Guidelines. In order to protect the health and welfare of our patients, to obey Federal and State law, and to protect the privileges of MSA physicians to prescribe, it is necessary to have tight controls and stringent policies regarding their use. We do not automatically assume or prescribe medications when patients see us for their initial visit. There is no implied or expressed patient right to narcotic therapy in a physician's office.

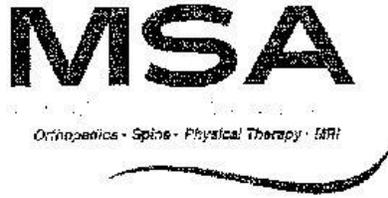
## **Narcotic Prescribing**

If narcotic medications are prescribed, the appropriate amount of medications will be given to last between office visits. No more than a 90 day supply of medications will be dispensed at one time. In accordance with the federal guidelines frequent physical exams and evaluations are mandated for patients receiving medications, therefore office visits are required to dispense these medications. After a patient's initial visit, MSA physicians will continue or modify prescriptions as necessary, as determined by an MSA physician in his or her sole professional judgment. If an MSA physician determines at any time that a patient's progress is unsatisfactory, the physician will assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

**WE DO NOT PHONE IN NARCOTIC MEDICATIONS AT ANY TIME DURING OR AFTER BUSINESS HOURS.**

Medications must be taken as prescribed and if more than the prescribed amount is taken your prescriptions will not be refilled. **NO EXCEPTIONS.**

Our narcotics policy was developed to provide the patients and our clinicians with guidelines for utilizing narcotics medications in a safe and effective manner; therefore, we adhere strictly to our policy. We do not tolerate medication abuse or misuse. Patients who demonstrate patterns of behavior indicative abuse, diversion, or misuse will be discharged from the practice or will no longer receive prescription from our practice.



## **Narcotics Policy Agreement**

I have read, understand, and agree to the MSA Pain and Narcotic Prescribing Policy.

I understand that MSA will be the only entity prescribing narcotics for my pain. I have fully disclosed to MSA all medications I am taking and agree to update MSA with new medications prescribed subsequent to the date I sign this agreement. I understand that receiving narcotics from other physicians without notifications of MSA constitutes a felony under Georgia law. Felony events are not protected by the patient doctor professional relationship or the Health Insurance Portability and Accountability Act (“HIPAA”). Therefore, any information MSA receives regarding the commission of a felony may be reported to the police, Georgia Drugs and Narcotics Agency, Georgia Bureau of Investigation or US Drug Enforcement Agency.

I understand that only one pharmacy must be used for all narcotic prescriptions.

I understand that narcotic medications will not be phoned in under any circumstances (lost, stolen, spilled, etc.) as the responsibility for the safe keeping of these medications lies solely with the patient. NO EXCEPTIONS.

I understand that any violation of this narcotics policy agreement will be cause for dismissal from the practice.

Patients undergoing operative procedures in the hospital or ambulatory surgery center in most cases will receive narcotic pain medications. In most cases these are decreased after the first 10 days and discontinued 4-6 weeks postoperatively. I understand that MSA’s goal when performing procedures is to eliminate, not propagate, the need for narcotic medications.

Signed \_\_\_\_\_ Date \_\_\_\_\_