



Sustainable Healthcare Transformation

Compass Opioid Stewardship in Practice

Microlearning Series

Module 5: Maximizing the Controlled Substances Agreement

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Josh Blum, MD; Clinical Coach in the Compass Opioid Stewardship Program.

Case Presentation

This week's case is about David, who is a 65-year-old male with chronic pain from severe degenerative osteoarthritis of the cervical and lumbar spine. He takes extended-release oxycodone 20 mg twice a day, supplemented with immediate-release oxycodone 10 mg up to 4 times daily. The regimen has been unchanged for 8 years. Over that time, he has occasionally run out of his immediate release prescription early, which he has attributed to acute exacerbations of severe pain. He rates his pain as moderate on most days, and has variable function, is able to go on longer walks and go shopping on good days while relegated to staying at home during severe episodes. He returns for his scheduled 3-month follow-up appointment.

Goal

Our clinical goal is to use the Controlled Substances Agreement (CSA) effectively to protect patients from misuse or diversion and to ensure clear documentation that safeguards both patient and prescriber.

Clinical Steps

- To make them more effective, use the CSA review to facilitate conversations around "elevated expectations," both for your patient and your practice.
- We can enhance engagement in this conversation by reviewing what we and our practice agree to do to ensure the patient's access to the medications, including expected response times for phone calls, and efforts on our end to avoid abrupt discontinuation of opioids, which carries substantial acute and subacute harms, including withdrawal symptoms, mental health destabilization, and increased overdose risk.
- By adding a review of these expectations of ourselves and our practices, we may minimize that power differential and increase patient buy-in for what must be a two-way agreement.
- Additional topics of conversation to consider when renewing the agreement may include:
 - Progress towards functional goals
 - Review of urine toxicology policies and recent results
 - Screening for longer-term opioid side effects, such as hypogonadism in males, falls and fragility fractures, and cognitive dysfunction.

- As with every visit, a review of any new medical conditions, such as cardiopulmonary complications, and ANY medication changes, particularly the addition of sedating medications that might pose an additive or synergistic risk to baseline opioid therapy, is a good idea as well.
- Screening for signs of medication misuse or loss of control, either with the COMM or by other means, helps you further counsel the patient that opioid use disorder is an expected consequence of ongoing long-term opioid therapy in a minority of individuals and necessitates regular surveillance.
- Reviewing the ongoing indications for long-term opioid therapy, and asking the patient for their impression of the benefits vs risks of ongoing therapy, can help set the stage for future conversations around dose decreases or alternative regimens, while reinforcing your commitment to managing their pain effectively and comprehensively.

Clinical Pearls

The clinical pearls we want you to remember are:

- The yearly CSA review is a standard expectation of LTOT management and provides a golden opportunity to:
 - Review the risks versus benefits of COT, including pain, function, side effects
 - Discuss safe storage and disposal, including risks to other household members
 - Reinforce your expectations of how they manage this potentially lethal therapy and screening for signs of medication misuse or emerging opioid use disorder
 - Reinforce your practice's obligations to the patient in order to level the playing field around elevated expectations and enhance patient buy-in

Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.

Resources

- [Informed Consent and Controlled Substances Agreement](#)