



OUTPATIENT CLINIC BEST PRACTICES

Integrate K-TRACS with your EMR to **save time** and gain quick and easy access to patient prescription history.

OR

Implement K-TRACS review into your **pre-visit planning** by using delegates and/or the Bulk Patient Search to expedite patient searches.

WHEN TO CONSULT K-TRACS

Before prescribing controlled substances to **new patients** and as a **new therapy** for existing patients.

For all patients receiving **controlled substances for substance use treatment, pain management** and worker's comp claims.

Before prescribing controlled substances to **patients being seen on an urgent basis**, or who solicit additional medication after hours.

At least annually for all patients continuing therapy with controlled substances to avoid overlooking concerns among familiar patients.

For all patients **requesting early refills**.

HOW TO USE K-TRACS DATA

Coordinate care with prescribers and pharmacies involved in the patient's care to ensure patient safety.

Identify and refer patients to treatment who might otherwise go untreated for a substance use disorder.

Engage patients in meaningful education around the safe use of prescription drugs and the risks of substance use disorders.

Discuss naloxone with patients who meet clinical indicators for co-prescribing with opioids.

Decide whether to prescribe controlled substances for the patient after reviewing all available data.

Prevent prescription fraud by always using **electronic prescriptions** for controlled substances.

**KSA 65-16,128 requires electronic prescribing for opioids with some exceptions.*



APPROPRIATE USE **GUIDELINES**

DO

Discuss K-TRACS reports with patients to educate them about how you use K-TRACS in your clinical decision-making.

DON'T place a copy of the report in the patient's medical record. *(Patients can request a copy directly from K-TRACS.)*

DON'T share the report with other healthcare providers or law enforcement to avoid the information being released or used inappropriately.

DO

Only use K-TRACS for the medical and pharmaceutical care of a patient.

DON'T search anyone who is not a patient under your care, including prospective employees, family members or yourself.

DO

Use all available clinical tools within K-TRACS as sources of data to assist in your clinical decision-making.

DON'T exclude or terminate a patient from your practice solely on the basis of the patient's K-TRACS record. Use multiple sources of data to create the best outcomes for the patient.

DON'T use K-TRACS risk indicator scores solely to make a decision about a patient.

SAMPLE POLICY

Outpatient Clinic PDMP Usage

This clinic recognizes the need to protect patient safety, promote community health, and prevent prescription drug misuse, abuse and diversion, and as such, uses the state's prescription drug monitoring program, K-TRACS.

All prescribers in this clinic will register for a K-TRACS account in order to use the state of Kansas' prescription drug monitoring program online and/or via integrated system. Prescribers may appoint licensed nurses or other licensed medical support staff to act on their behalf as delegates to obtain patient prescription history from K-TRACS. Prescribers who appoint delegates are responsible for the delegate's appropriate use of the information obtained.

This clinic has adopted K-TRACS best practices for prescribers, and prescribers and/or their delegates are responsible for consulting the PDMP in the following scenarios:

- Before prescribing controlled substances to new patients and as a new therapy for existing patients.
- For all patients receiving controlled substances for substance use treatment, pain management and worker's compensation claims.
- Before prescribing controlled substances to patients being seen on an urgent basis, or who solicit additional medication after hours.
- At least annually for all patients continuing therapy with controlled substances to avoid overlooking concerns among familiar patients.
- For all patients requesting early refills.

Prescribers should take the lead in coordinating patient care if the patient's K-TRACS record includes overlapping or duplicative prescriptions, high levels of daily MME for opioid use (≥ 90 MME), overlapping opioid and benzodiazepine prescriptions, and/or other dangerous drug combinations.

In order to coordinate care, prescribers should review patient medication usage with other prescribers and pharmacists to determine patient risk and prioritize patient safety. Prescribers will also facilitate risk assessments of patients and provide necessary referral to treatment, as well as facilitate patient education on safe medication use, storage and disposal, naloxone usage, and other relevant prescription drug matters.



SAMPLE CLINICAL WORKFLOW INVOLVING DELEGATES

Patient transfers care to your practice

Patient requests refill of controlled substances

DELEGATE TASKS

Use Outpatient Clinic Best Practices

Identify overlapping or duplicative prescriptions, potential harmful drug interactions, high MME levels or other risk factors

Delegate checks


Identify any potential "doctor shopping" or other concerning prescribing patterns

PRESCRIBER TASKS

Assess patient for risk of substance use disorders

Consider and discuss non-pharmaceutical alternatives, tapering or eliminating controlled substances

If prescribing is appropriate, go low and slow and prescribe according to best practices

Discuss treatment plan and expectations with patient

Discuss safe and appropriate use of controlled substances