

Information Paper

SUBJECT: Identification and Management of Drug-Seeking Patients – The Sole Provider Program

1. Purpose. To educate Soldiers and Commanders on the U.S. Army's Sole Provider Programs administered throughout the Army Medical Centers and Military Treatment Facilities

2. References.

- a. AR 40-3, Medical, Dental and Veterinary Care Welfare and Recreation: Rapid Action Release (12 Mar 2010)
- b. AR 380-5, Department of the Army Information Security Program (29 Sep 2000)
- c. OTSG/MEDCOM Policy Memorandum (09-022) Warriors in Transition High-Risk Medication Review and Sole Provider Program (14 Apr 2009)
- d. Comprehensive Accreditation Manual for Hospitals: The Official Handbook from the Joint Commission (JAHCO) (Jan 2009)

3. Background. Since September 11, 2001, Soldiers of the U.S. Army have experienced a highly demanding operational tempo. As Soldiers return from the front lines, wartime injuries and post-traumatic stress disorders are on the rise. With these war injuries comes the underlying issue of substance use disorders, including Soldiers becoming dependent upon pain relievers, tranquilizers, sedatives and stimulants. Numerous Warriors In Transition (WTs) have unknowingly overdosed as a result of taking numerous prescribed medications while others have committed suicide through the same means. Every Army Medical Center (AMC) and Medical Treatment Facility (MTF) has and manages a Sole Provider Program (SPP) within its area of operation. The SPP identifies patients who exhibit drug-seeking behavior by reviewing all normal patient pharmacy refills and designates a sole medical provider authorized to prescribe medications to the patient. The SPP applies *only* to outpatient prescriptions and there are special rules for the SPP as it applies to WTs.

4. Discussion.

a. Legal painkiller use by injured troops has increased nearly seventy percent since the start of the Iraq war seven years ago; as a result, troops are struggling with prescription drug addiction, according to U.S. Army records and surveys. Army health care workers find themselves faced with the stark reality that managing Soldiers' pain through prescription medication may result in prescription drug addiction, overdose, and/or death. For example in 2009, "[U.S. Army] Specialist Jeremiah Thomson didn't know what was worse: excruciating back pain from a combat explosion in Baghdad or the prescription drug addiction he developed at home." He was prescribed Percocet, Vicodin, Oxycontin, and other dependency enabling painkillers by military physicians. He became addicted to these drugs and subsequently began

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purchasing illegal prescription drugs and is now serving a three-year sentence for illegally buying and selling prescription drugs. The U.S. Army, through its medical centers administers, locally runs the Army Substance Abuse Program (ASAP) to assist Soldiers who find themselves addicted to illegal and prescription drugs. Within the last few years, however, the Army has restructured the way it administers identifying and assisting Soldiers who present drug seeking behavior with the overall goal to prevent needless drug addiction and death.

b. An individual who exhibits any of the following drug seeking behavior will be evaluated by the SPP Subcommittee to determine if the individual will be put on the SPP:

- (1) Altering or forging of prescriptions.
- (2) Pursuing care simultaneously from multiple providers for the purpose of obtaining controlled medications.
- (3) Providing fraudulent information related to requests for drugs.
- (4) Repeated unscheduled visits to requests drugs.
- (5) Drug usage in non-compliance with prescribed care (e.g. overuse).
- (6) Repeated claims of lost, stolen, or damaged medication.
- (7) Threatening or abusive behavior when denied requested drugs.
- (8) History of drug or alcohol abuse or dependence.

c. Each SPP is unique to its area of operation because there is no Army-wide SPP or policy—the SPP Policy for a specific area will likely be located at the nearest AMC or MTF. Generally, the SPP is made up of various health care personnel from different specialty backgrounds working together to quickly identify and assist the drug-seeking patient. For example, the Pharmacy Departmental Chief will always screen prescriptions for controlled substances prescribed to patients no less than two times per year to identify all abnormal prescription patterns and then reports all potential problem patients to the SPP Subcommittee.¹ However, Primary Care Managers (PCM) are also responsible for identifying drug-seeking patients and referring them to the local SPP. In short, there is not a single system that mandates these types of SPP referrals. After being identified as a potential drug seeker, the SPP Subcommittee screens the patient's medical and prescription profile to identify any drug-seeking behavior and to determine if the patient has a complex pharmaceutical care issue requiring the controlled substance. The SPP Subcommittee also evaluates known or suspected drug-seekers and makes a recommendation to the local Deputy Chief of Clinical Services (DCCS) to designate one physician (known as the Sole Provider) for the patient. This Sole Provider is tasked with monitoring and reporting the patient's compliance with the parameters of the SPP.

d. Once the DCCS approves the drug-seeking patient onto the Sole Provider Program, the DCCS will notify the patient of her enrollment into the program and of her designated Sole

¹ The SPP subcommittee is comprised of a locally appointed representative from the following departments or services: Department of Psychiatry, Chemical Addictions Treatment Service, Department of Pharmacy, Pain Rehabilitation Program, Emergency Medical Services, Family Medical Service, General Medicine Service, and a local MTF representative.

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Provider.² The SPP Subcommittee will evaluate the patient's compliance, recommend termination of the patient in the program and/or contact gaining DCCS when the patient is re-assigned to another location during permanent changes of station.

e. The Army Medical Command has recently implemented a 2010 policy for the application of the SPP as it applies to high risk WTs. Generally, the policy requires that upon arriving into a WTU, an initial risk assessment of the WT is conducted within the first twenty-four hours. The PCM then has an additional seventy-two hours to conduct a comprehensive review of the patient's medical and prescription file to determine if the WT is to be placed in the SPP. All high risk WTs are required to be entered into the SPP. According to the policy, high risk WTs never receive more than a seven day supply of all outpatient prescriptions and are restricted to one pharmacy for prescriptions (MTF pharmacy or TRICARE retail network pharmacy).

f. The SPP is not limited to service members (SM). All SM's Defense Enrollment Eligibility Reporting System (DEERS) dependents exhibiting drug seeking behavior will be funneled through the SPP vetting process to determine if they should be placed on the SPP as well. Military dependents are encouraged to follow the SPP policies and procedures voluntarily, but if they refuse then the MTF or AMC may likewise refuse treatment and pharmaceutical prescriptions for their dependent patient.

² An alternate provider is one who is authorized to act on behalf of the sole provider in his absence. The DCCS designates an alternate provider at the time the sole provider is specified.