

SAMPLE LETTER TO MEDICAL STAFF AND LOCAL PHYSICIANS

ED Director Name
Hospital Name
Department of Emergency Medicine

Dear Colleague:

In conjunction with Emergency Departments (EDs) and Urgent Care Facilities across the state, our ED is implementing a state-wide safe prescribing program. We are motivated by the increasing problems of prescription drug abuse, addiction and drug diversion. Our expectation is that this program will lead to better patient care, safer prescribing and fewer unmet expectations. I am writing to provide background on the program so that we can coordinate our efforts and provide improved pain management and care to our patients.

Between 1997 and 2007 the use of prescription opioids more than quadrupled. Similarly, drug overdose deaths significantly increased for the 11th consecutive year in 2010. Although emergency physicians manage 28% of all acute care visits in the United States, only 5% of all opioid prescriptions are written by emergency physicians. As leaders in health care we want to do our part in reversing this alarming public health trend.

A key portion of this program is a patient handout explaining safe prescribing to our patients. A copy is attached to this letter. We will distribute this handout to [all patients, all patients with painful conditions, to selected patients as appropriate]. We plan to follow the guidelines detailed in the handout. This means that generally, we will not write for refills, write for long acting opioids, or replace lost prescriptions. If we discover that a patient has prescriptions from multiple providers, we will refer the patient to those providers. The ED will continue to provide 24 x 7 emergency care, including treatment of painful conditions. Each patient will be evaluated and appropriate treatment will be given. However, it would be helpful if you and your answering service/staff do not refer patients to the ED for refills of pain prescriptions. If chronic pain patients require referral for acute pain treatment, please assist us by setting the patient's expectation that likely no prescriptions are will be provided.

We will be checking California's prescription drug management program's CURES database. We encourage you to query the database for you patients receiving controlled substance prescriptions. Information on signing up for CURES is found here [<http://oag.ca.gov/CURES-PDMP>]. In our ED, as is typical across the country, we see many patients with acute pain and many patients with exacerbations of chronic pain. We find that a significant minority of patients is receiving controlled substance prescriptions from multiple providers. Best practice is that patients only have one prescriber for ongoing pain medication requirements.

Further information about the safe prescribing program can be found here: [www.californiaacep.org/safe-prescribing] Please contact me with questions, concerns or suggestions.

Sincerely,