



Regulation

- 2017- [Rules on prescribing opioids for acute pain adopted by Board](#)
- 2017- Five-year rule review of [ORC 4731.21 Drug Treatment of Intractable Pain \(chronic\)](#). Language was updated.
- 2016/7- ORC 3719.062 authorized medical board to create acute pain rules
- 2016- [Acute pain guidelines](#) introduced
- 2015- Board adopted [Suboxone rules](#) for office-based opioid treatment
- 2015- [Required disclosure of opioid risks to minors and their parent](#) (HB 314: Start Talking)
- 2015- [HB 341 Mandatory OARRS Registration and Requests](#). Prescribers must show they signed up in OARRS and check patients who receive any benzo/opioid prescriptions longer than 7 days.
- 2013- [80 MED for chronic pain guidelines](#)
- 2012- [Ohio Emergency and Acute Care Facility: Opioids and Other Controlled Substances Prescribing Guidelines](#)
- 2011- [Pain clinic rules](#) and the original [Standards and Procedures for Review of OARRS](#)
- Existing: [Treatment of Intractable \(Chronic\) Pain](#)

Education and Outreach

April - August 2017- The Medical Board adopts rules for using opioids to treat acute pain. The launch included:

- Creation of in-depth implementation [video for prescribers](#)
- [One-page rule overview](#) with links to ICD-10 code resources, MED calculator, chronic pain prescribing guidelines and general prescriber resources
- 4/13 Rules sent for interested party (including association) initial comments and to all licensed MD, DO, DPM, and PA with active license; Total of 189 comments received
- 5/11 Announcement that rules are filed at CSI, with comment period sent to interested parties including associations
- 6/19 Notice of public hearing on proposed rules
- 8/24 [eNewsletter](#) to all active licensees introducing rules
- 8/30 Press conference
- 9/29 [eNewsletter](#) with links to video and one-pager
- 10/30 [eNewsletter](#) alerting prescribers to additional [guidance/FAQs](#) on best practices for implementing acute rules



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- 11/2 Press conference to launch Take Charge Ohio. Medical board will present on the numerous resources for prescribers, including how-to guides for including ICD-10 codes on prescriptions.

December 2016- The Medical, Pharmacy, Dental and Nursing Boards hosted a meeting with association leadership, providing resources that could be provided to their members. Participants included Ohio State Medical Association; Ohio Osteopathic Association; Ohio Association of Physician Assistants; The Academy of Medicine of Cleveland & Northern Ohio; Ohio Psychiatric Physicians Association; and the Ohio Foot and Ankle Medical Association.

- The Ohio Hospital Association hosted a webinar at which Medical Board leadership presented on OARRS usage and resources to their members.
- The State Medical Board of Ohio continued sending out monthly communication to licensees who fail to check OARRS prior to prescribing opioids and benzos. Based on the feedback the Board received in the OARRSinfo@med.ohio.gov email account, the communication included the following:
 - information on EMR integration
 - a specified letter to prescribers who missed 50+ checks
 - a specified letter to prescribers who missed 20-49 checks
 - both pieces of communication include more educational information to encourage providers to better utilize OARRS as a tool to provide better patient care—including information on when to run an OARRS report and red flags in those reports
 - those individuals with the 50+ missed checks will receive a reminder that use of OARRS is mandatory and continued non-exempt failure to checks could result in disciplinary action or fines
 - all letters contain contact information and instructions to reach out to the Medical Board if they feel they practice completely within the scope of exemptions for removal from the future communications related to OARRS checks
- NO letter to licensees who had less than 20 missed checks. We will suspend these letters until Pharmacy completes software updates which will allow prescribers to run a report of patients not checked.

August- November 2015- In response to OARRS reporting data provided by the State of Ohio Board of Pharmacy, the State Medical Board of Ohio began monthly communications in the fall of 2017 to licensees who appeared on the report for failing to follow HB 341—which means they were prescribing opioids and benzodiazepines without researching the patient's history.

- Focusing on the worst offenders, the Medical Board investigated prescribers, using OARRS data as a starting point, but then collecting additional, critical information from patient records and other documents within the practices.
- The data shows astonishing improvements in prescribing practices from August 2016 to January 2017. In just six months the:



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- Highest number of non-checks by a prescriber went from 705 to 183 patients
- Average number of daily OARRS checks skyrocketed from 82,000 to 120,000
- List of prescribers who failed to check more than 200 patients each month decreased from 45 to zero.
- Number of pills being dispensed without an OARRS check was slashed from 52 million per month to only 7 million.
- In addition, more than 10,000 new OARRS accounts were created by those who should have been using it in the first place.

June 2016- The State Medical Board of Ohio develops and disseminates the "[Acute Prescribing Guidelines](#)" [training module](#) to all licensees.

- While not mandatory, this education video about best prescribing practices for short-term pain management was strongly encouraged.
- The Acute Prescribing Guidelines video was released on Monday, June 27 via email to 77,026 licensed professionals with the goal of educating prescribers on GCOAT's new opioid prescribing guidelines for the treatment of patients with acute pain.
- More than 11,000 license professionals completed the video, including the pre- and post-questions. The Medical Board had 5,500 participants alone.
- Other accomplishments include a 30% participation rate for the Dental Board licensees and 16% participation from optometrists- segments that have not traditionally been included in opioid education. We are also pleased with the completion rate-- consider a recent study by an email marketing firm which puts the average click through rate for professional services at 2.5%; and click through for government emails at 3.6%. Also encouraging are the scores from the before and after quiz questions.
- The post-video quiz reflects a significant shift to the correct answer.