

# Opioid Prescribing Regulation

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State Medical Board of

**Ohio**

# ABOUT THE MEDICAL BOARD

The Medical Board is the state agency charged with regulating the practice of medicine and selected other health professions.

- 12 persons appointed by the governor to 5-year terms; may be reappointed
- 9 doctors: 7 MDs, 1 DO, and 1 DPM
- 3 consumer members
- Monthly meetings, open to public

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|   |                                       |  |
|---|---------------------------------------|--|
| Medical Doctors<br>42,265                       | Anesthesiologist<br>Assistants<br>249 | Massage Therapists<br>12,090             |
| Osteopathic Physicians<br>6,676                 | Physician Assistants<br>3,706         | Cosmetic Therapists<br>169               |
| Podiatric Physicians<br>956                     | Radiologist<br>Assistants<br>16       | Acupuncturists<br>226                    |
| Training Certificates<br>5,998                  | Genetic Counselors<br>288             | Oriental Medicine<br>Practitioners<br>47 |
| <i>New license types added<br/>January 2018</i> | Dietitians<br>4,298                   | Respiratory Care<br>9,016                |



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RE, DISCOVER, ASST Licensees with prescriptive authority

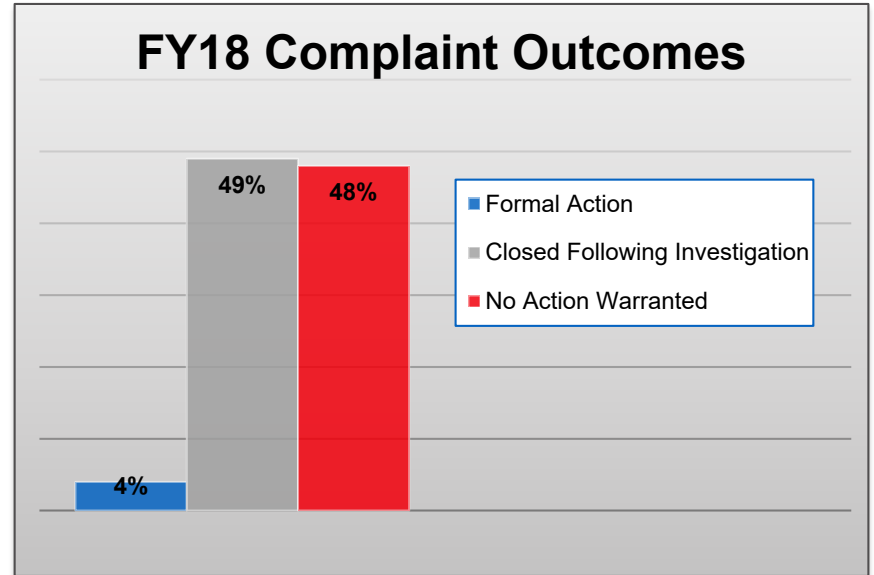
Data from FY18 annual report

# COMPLAINT OUTCOMES

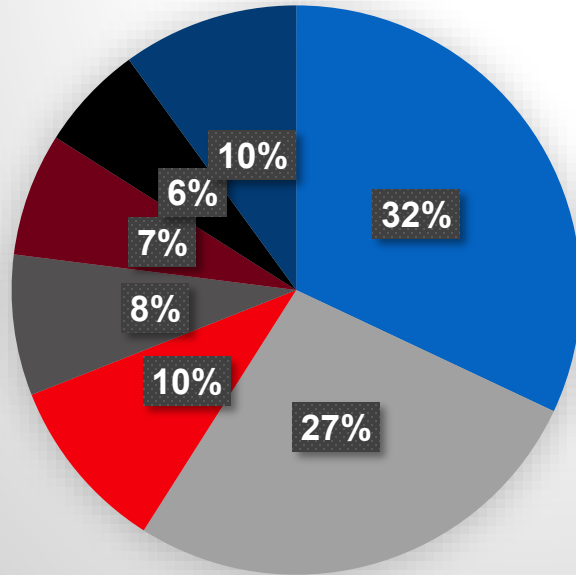
More than 5,700 complaints resolved in FY18

Most complaints closed without disciplinary action after review by the board

4% resulted in a disciplinary action in FY18



# BASIS FOR DISCIPLINARY ACTIONS FY18



- Impairment
- Prescribing Issues
- Action by Other Board
- Criminal Acts/Convictions
- Sexual Misconduct
- Scope of Practice Violation
- Other

4731.22, Ohio Revised Code

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EXEMPLARY  
PRESCRIBER  
PRACTICES

PARTNERSHIPS WITH  
THE STATE OF OHIO  
BOARD OF PHARMACY

ACUTE PAIN RX RULES

CHRONIC & SUBACUTE  
RX RULES

# REGULATING OPIOID PRESCRIPTIONS FROM MEDICAL BOARD LICENSEES

# LIMITING OPIOID PRESCRIPTIONS FOR ACUTE PAIN

Ohio Administrative Code 4731-11-13, Effective 2017

- $\leq 7$  days of opioids can be prescribed for adults
- $\leq 5$  days of opioids can be prescribed for minors, but need written consent of the parent or guardian
- Prescribing opioids in excess of above limits requires a specific reason in the patient's record
- Total morphine equivalent dose (MED) must be  $\leq 30$  MED average per day (limited exceptions)

# CHRONIC & SUB-ACUTE PAIN RULES

- 4731-11-14, Ohio Administrative Code
- Proposed rules announced May 2
- Applies to subacute (6-12 weeks) and chronic (12 weeks +) pain
- Goal: establish check points for additional assessment by prescribers; promote collaboration; establish more appropriate prescribing; require consideration of non-medication treatments
  - 50 MED: re-evaluate the status of a patient's underlying condition causing the pain; assess functioning; look for signs of prescription misuse; consider consultation with a specialist; obtain written informed consent
  - 80 MED: look for signs of prescription misuse; consult with a specialist; obtain a written pain management agreement; offer a naloxone prescription to help prevent potential overdose + 50 MED requirements
  - 120 MED: consultant with a specialist or have pain medicine specialist write Rx + 80 MED requirements

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■ Exception for hospice, terminal conditions and inpatient treatment



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# PAIN CLINIC RULES

- 4731-29-01, Ohio Administrative Code
- Terminal Drug Distributor Licenses
- Physician ownership of practice (limited exceptions: hospital-owned)

# INCLUDE ICD-10 CODES ON ALL CONTROLLED SUBSTANCE RX

- 4729-5-30 and 4731-11-02, Ohio Administrative Code
- Requires prescribers to include the first four alphanumeric characters (ex. M16.5) of the diagnosis code (ICD-10) on all controlled substance prescriptions, which will then be entered by the pharmacy into Ohio's prescription monitoring program, OARRS.
- This requirement took effect for opioid prescriptions on December 29, 2017 and all other controlled substance prescriptions on June 1, 2018.
- The State of Ohio Board of Pharmacy has provided ICD-10 code compliance reports along with OARRS usage reports to the medical board, asking us to remind prescribers of these requirements. Regular communications to licensees who appear on the ICD-10 code report will be disseminated with OARRS compliance letters.

# MANDATORY PRESCRIBER PDMP USE

- 4731.055, Ohio Revised Code
- 4731-11-11, Ohio Administrative Code
- Prescribers required to request OARRS information that covers at least the previous 12 months before initially prescribing an opioid analgesic or benzodiazepine
- If treatment continues > 90 days, the prescriber has to check OARRS at least once every 90 days until the course of treatment ends
- Prescriber has to document in patient record that OARRS report was assessed and reviewed
- OARRS check anytime there is a red flag for abuse or diversion

## OARRS USAGE

According to American Medical Association Data, Ohio had the most PDMP checks with >88 million (2014-2017)

*Additional statistics from the Board of Pharmacy's 2017 OARRS annual report*

↓ **225 MILLION**  
DECREASE IN DOSES OF  
OPIOIDS DISPENSED



The total doses of opioids dispensed decreased from a high of 793 million in 2012 to 568 million in 2017, a **28.4 percent decrease**.

The total doses of benzodiazepines dispensed decreased from a high of 297 million in 2012 to 233 million in 2017, a **21.5 percent decrease**.

↓ **64 MILLION**  
DECREASE IN DOSES OF  
BENZODIAZEPINES  
DISPENSED



↑ **4,900%**  
INCREASE IN  
OARRS QUERIES



The number of queries for patient information in OARRS increased from 1.78 million in 2011 to 88.96 million in 2017, a **4,900 percent increase**.

Ohio has made significant progress in promoting integration of OARRS into electronic health records and pharmacy dispensing systems. **20,000** pharmacists and prescribers now have direct access to OARRS as part of their workflow.

**20,000**  
PRESCRIBERS AND  
PHARMACISTS  
HAVE INTEGRATED  
ACCESS TO OARRS



↓ **88%**  
DECREASE IN  
DOCTOR SHOPPERS



The number of individuals engaged in doctor shopping behavior decreased from 2,205 in 2011 to 273 in 2017, a **decrease of 88 percent**.

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