Best Practices for Prescribing Controlled Substances

June 9, 2020
Today’s Presentation

- The Ohio Medical Board’s responsibilities
- Ohio’s complaint and disciplinary processes
- OARRS – Prescription Drug Monitoring program
- Prescribing issues and regulations
About the Medical Board

To protect and enhance the health and safety of the public through effective medical regulation.
The Board

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

12 members appointed by the governor to 5-year terms:
- 9 doctors: 7 MDs, 1 DO, and 1 DPM
- 3 consumer members

The board meets the second Wednesday of each month in the Rhodes Tower.
License Types

The Medical Board regulates more than 89,000 licensees.

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<th>License Type</th>
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As of March 16, 2020
Medical Board Core Services

- Licensure
- Education & Outreach
- Disciplinary actions
- Probationary monitoring
- Confidential Monitoring
Statutes
Laws enacted by Ohio legislature
Ohio Revised Code (ORC)

Rules
Regulations developed and enacted by Medical Board
Ohio Administrative Code (OAC)
Rules clarify & amplify provisions in the Ohio Revised Code
Complaint Process
What is a complaint?

Any allegation of licensee misconduct received by the Medical Board

Complaints are confidential
Medical Board Investigations

- Ohio law makes complaints received by the Medical Board and board investigations confidential.
- The board may only share investigative information with law enforcement agencies, other licensing boards, or other governmental agencies that are prosecuting, adjudicating or investigating alleged violations of statutes or rules.
- Board disciplinary actions are public record – posted on med.ohio.gov and licensee profile on elicense.ohio.gov.
Disciplinary Actions

Ohio statute identifies 51 grounds for board disciplinary action.

Board action examples: dismissal, reprimand, suspension, probation, permanent revocation, etc.
Complaint Outcomes FY 2019

- **No action warranted**
  2,298 complaints closed as the issue involved professions not regulated by the board or no further review needed

- **Investigated then closed**
  3,064 complaints were closed after investigation as information obtained about allegation did not support board action

- **Board action**
  250 complaints resulted in disciplinary action by the board
FY19 Basis for Disciplinary Actions

- Impairment: 27%
- Prescribing issues: 25%
- Criminal acts/convictions: 17%
- Actions by other boards/agencies: 12%
- Failing to cooperate in board investigation: 4%
- Violation of a license limitation: 4%
- Sexual misconduct: 4%
- Misc. other: 4%
Disciplinary Actions – FY19

- 135 Disciplinary Actions in FY19

- Reprimand: 3
- Probation: 26
- Application Denials/Withdrawals: 5
- Suspension: 47
- Revocation/Surrenders: 52
- No further action: 2
▪ OARRS contains Rx history report for all controlled substances (schedule II-V)

▪ Statutes and rules define when OARRS report required

www.ohiopmp.gov
When to Check

- Before initially prescribing an opioid analgesic or benzodiazepine request OARRS information that covers at least the previous 12 months.

- If treatment continues longer than 90 days, check OARRS at least once every 90 days until the course of treatment ends.

- If patient treated for more than 90 days with any other reported drug check OARRS annually after initial report.

- Document in patient record that OARRS report was assessed and reviewed.

- For all controlled substances - check OARRS if any red flag noticed.
Red flags

**Look** for signs of drug seeking behavior
- Appearing impaired or overly sedated during office visit
- Traveling with others to office; requesting specific prescriptions
- Travelling abnormally long distances to the physician’s office

**Listen** for signs of drug seeking behavior
- Reports of lost prescriptions; requests for early refills
- Comments about sharing medications with family or friends
- Recurring visits to ER’s, urgent care centers, or walk-in clinics to get meds

**Check** for signs of drug seeking behavior
- Drug screen results inconsistent with drugs on treatment plan
- History of chemical abuse or dependency; illegal drug use
- Suffering an overdose
- Receiving abused drugs from multiple prescribers

Medical Board Rule 4731-11-11
OARRS Exceptions

Unless a physician believes a patient may be abusing or diverting drugs a physician is **not** required to check OARRS if a drug is prescribed:

- Fewer than 7 days
- For treatment of cancer pain or condition associated with cancer
- To hospice patient in a hospice care program, or any other patient diagnosed as terminally ill
- To treat acute pain from surgery, invasive procedure, or delivery
- In a hospital, nursing home, or residential care facility
Ohio was ranked #1 in prescription drug monitoring program checks by the American Medical Association in 2017 and 2018. More than 142 million queries were made in those years.

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<th>State</th>
<th>Queries, 2014</th>
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OARRS queries make a difference!
What to Look for in OARRS Report

- Current medications
- Medications the patient received during the time period of report
- Number of prescribers; overlapping prescriptions
- Early refills
- Discrepancies between what the report shows and history provided by the patient
What to Do With Identified Issues

- Discuss with patient, record your concerns and the patient’s responses in patient chart
- Review and document the patient’s progress towards treatment objectives
- Review and document the patient’s functional status (ADL’s, adverse effects, analgesia, aberrant behavior)
- Consider more frequent OARRS checks, office visits, drug screens as well as different treatment options
- Consider consult/referral to a substance abuse specialist
- If the patient denies the prescription(s), do not assume that OARRS is right - contact the pharmacy to verify the prescription
Case: Misuse of PDMP

Doctor pleaded guilty to one count of Misuse of the Ohio Automated Rx Reporting System Drug Database. He treated the former patient for approx. a year and sent a formal discharge letter. He checked OARRS on the former patient three times 2-3 years after discharge.

Board Action: 30-day stayed suspension with one year of probation, completion of personal/professional ethics course and a boundaries course, and a $500 fine
Prescribing
Keep Good Patient Records

- Reflect the physician’s examination, evaluation and treatment
- Accurately reflect the use of any controlled substances in the treatment of the patient
- Indicate the diagnosis and purpose for which the controlled substance is utilized
- Any other information upon which the diagnosis is based
Before Prescribing Controlled Substances…

The minimal standards of care require prescribers to take into account all of the following:

▪ The drug’s potential for abuse
▪ The possibility the drug may lead to dependence
▪ The possibility that patient may obtain drug a nontherapeutic use or distribute to others
▪ The potential existence of an illicit market for drug
Problem Prescribing

- Inappropriately prescribing drugs to patients
- Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes
- Standard of Care - departing from, or the failing to conform to, minimal standards of care of similar practitioners under the same or similar circumstances
Problem Prescribing

- Self & family prescribing of controlled substances
- Drug Conviction - a violation of any federal or state law regulating the possession, distribution, or use of any drug
- Rules Violation - violating Board rule(s)
- OARRS (Ohio Automated Rx Reporting System) violations
Case: Rx Issues
ER doctor wrote prescriptions for a friend who was a surgeon without examination and based on surgeon’s account of history of cervical disc disease, insomnia and anxiety disorder.
The surgeon wrote 2 prescriptions for the ER doctor for her back pain, who shared the medicine with the surgeon.

Board action: License suspension for at least 9 months and required to complete prescribing, ethics, and medical records courses while suspended. Three-year probation.
Case: Family Prescribing

Doctor acted as the primary physician for older family for approximately 10 years and never kept a patient record. He regularly prescribed tramadol and lorazepam to the family member (non-emergency situations). Described his treatment and prescribing as “love over law.” Doctor also admitted to occasionally taking the family member’s tramadol and lorazepam for self-use.

Board action: Permanently revoked the doctor’s license and fined him $18,000.
Case: Pain Prescribing

Most patients received prescriptions for OxyContin, oxycodone or both; many also prescribed Valium. Only payment method was cash – average $200/visit. Skimpy documentation in patient record; similar information in each patient chart; little evidence of individualized treatment plan. No follow-up on urine drug screen findings. Often increased dosages of 30mg oxycodone from 60/month to 90/month even when patient’s pain was reduced - no explanation for increase in record

**Board action:** Permanent revocation
Acute Pain Rules

< 7 days of opioids can be prescribed for adults

< 5 days of opioids can be prescribed for minors, but need written consent of 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 < 30 MED average per day (limited exceptions)

Definition

“normally fades with healing, is related to tissue damage, significantly alters a patient’s typical function, and is expected to be time-limited and not more than 6 weeks in duration”
Acute Pain Rules

- Effective August 31, 2017
- DO NOT apply to the use of opioids for the treatment of subacute or chronic pain
- Resources (video, FAQs, factsheet)
  - TakeChargeOhio.org
  - med.ohio.gov > Resources > Prescriber Resources
MED CALCULATOR

PRESCRIPTION HISTORY

What is Morphine Equivalent Dose (MED)? The MED Calculator is designed to assist in the calculation of a patient's opioid intake. Fill in the mg per day for whichever opioids your patient is taking to automatically calculate the total morphine equivalents per day. Providers treating chronic, non-terminal pain patients who have received opioids equal to or greater than 80 mg MED for longer than three continuous months should consult Ohio's opioid prescribing guidelines.
Subacute & Chronic Pain

Objectives:
Increase patient awareness of risk & establish MED checkpoints

Definition

- **Subacute pain**: Lasting more than 6 weeks but less than 12 weeks
- **Chronic pain**: Lasting 12 weeks or more
Subacute and Chronic Pain

- Evaluate whether non-medication and/or non-opioid treatment are appropriate; document in patient record

- Prescribe opioids for the least amount of days & lowest strength needed
Prior to Prescribing for Subacute/Chronic Pain

Conduct & document in patient record:

- Full patient history, including risk for substance use disorder
- Appropriate physical exam
- Diagnostic tests including imaging studies, lab tests and/or urine drug testing
- OARRS check/prescription history
- Functional pain assessment
- Treatment plan
Prior to Prescribing for Subacute/Chronic Pain

A treatment plan must be based on the clinical information obtained and include all the following components:

- Diagnosis
- Objective goals for treatment
- Rationale for the medication choice and dosage
- Planned duration of treatment
- Steps for further assessment and follow-up
Prescribing for Subacute/Chronic Pain

At 50 MED daily dose or higher, the physician shall complete and document follow-up assessment in the patient chart at least every 3 months:

- Review of course of treatment, patient’s response and adherence to treatment, and any complications/exacerbation of underlying condition
- Rationale for continuing opioid treatment and nature of continued benefit
- Results of OARRS checks per OAC Rule 4731-11-11
- Screening for medication misuse or substance use disorder with drug screens obtained based on clinical assessment and presence of aberrant behaviors or other indications of addiction/abuse
- Evaluation of other forms of treatment
Subacute & Chronic Pain Rules

Prior to increasing to 50 MED

• Review and update assessment of the underlying condition causing pain
• Assess functioning
• Update treatment plan, if necessary
• Look for signs of prescription misuse
• Consider consultation with a specialist or obtain a medication therapy management review
• Obtain written informed consent from the patient
Subacute & Chronic Pain Rules

Prior to Increasing to 80 MED

- Look for signs of prescription misuse
- Consult with a specialist or obtain a medication therapy management review
- Enter into a written pain management agreement
- Offer a prescription for naloxone to the patient
Patient Management Agreement

A sample pain management agreement is on the Medical Board website at med.ohio.gov.

Resource tab
Prescriber Resources
120 MED

• Obtain recommendation from a board-certified pain medicine, hospice or palliative care physician that is based on a face-to-face examination.
  • Not required for patients already on a dosage of 120 MED or more prior to 12/23/18

• Physicians board certified in pain medicine or hospice and palliative care are not required to obtain an additional recommendation
Subacute & chronic pain rules do NOT apply to:

- Patients receiving medication for terminal conditions
- Hospice care patients
- Patients in a hospital or in-patient setting where they are closely monitored

There is no law for maximum dose or duration of treatment.

Patients treated with opioids for chronic pain only need a pain management consultation if their dosage increases above an average daily dose of 120 MED.
Prescribing to Minors

Assess for mental or substance abuse disorders and whether treatment included prescription drugs.

Discuss with the minor patient and the parent, guardian or other authorized adult:

- The risks of addiction and overdose associated with the opioid
- The increased risk of addiction in patients diagnosed with mental and substance abuse disorders
- The dangers of taking opioids with benzodiazepines, alcohol or other CNS depressants

Obtain written consent from the minor’s parent, guardian or other authorized adult on the Start Talking! Consent Form.
Prescribing Opioids to Minors

Exceptions:

• Medical emergency
• Post-surgical treatment
• Provision of informed consent by parent or guardian would be detrimental to the minor’s health or safety
• Treatment is given in a facility, such as a hospital, ambulatory surgical center, nursing home
• The prescription is for a controlled substance containing an opioid that a prescriber issues to a minor at the time of discharge from a facility
Model consent form for prescribing opioids to minors

med.ohio.gov
Resources
Prescriber Resources
Resources
med.ohio.gov > Resources > Prescribing Resources
Prescribing Tips

✓ Learn to say “NO!” - It’s important
✓ Complete and maintain accurate medical records
✓ Never pre-sign or post-date a prescription
✓ Never allow staff to sign your name to a prescription
✓ Never prescribe a controlled substance to yourself, your spouse or a member of your immediate family
✓ Never prescribe a controlled substance to a non-patient colleague, co-worker or acquaintance
✓ Be a part of a health care team
✓ Stay current
✓ Obey all federal and state laws applicable to office stocks of drugs
✓ Obey the Medical Board rules (med.ohio.gov – laws rules tab/Chapter 4731)
✓ Stick to your specialty
Duty to Report
Duty to Report

Licensees have a personal duty to report to the State Medical Board of Ohio when they believe an individual licensed by the Board has violated the Board’s laws or rules including sexual misconduct, impairment, practice below the minimal standards of care, and improper prescribing of controlled substances.

Reports of misconduct to supervisors, law enforcement or health care system management do NOT fulfill the duty to report to the Board; failure to report could result in formal disciplinary action.
State Medical Board of Ohio's Confidential Complaint Hotline

1-833-333-SMBO (7626)