ALBME Efforts to Combat Opioid Overuse

Alabama Board of
Medical Examiners

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March 10, 2017

Total Alabama filled opioid prescriptions: 2012 - 2016

Year	Number of Rx	Total QTY	Total Days Supply
2012	6,045,459	399,255,928	105,003,401
2013	5,994,194	401,534,121	107,075,557
2014	6,166,688	405,251,371	115,097,758
2015	6,515,472	437,147,198	127,159,152
2016			

Is reduction of opioid prescribing effective?

States with Greatest Decrease In Opioid Prescribing 2013-2015

Rhode Island	-19.1%
Indiana	-18.6%
Oklahoma	-17.5%
Texas	-16.8%
Alabama	-16.7%
West Virginia	-16.6%
District of Columbia	-14.7%
Louisiana	-14.1%
Virginia	-13.2%
Ohio	-13.1%
California	-12.8%
Massachusetts	-12.7%
Maine	-12.2%

States with Highest Rate Of Opioid Deaths* 2015

Deaths per 100,000 population

West Virginia	34.1
New Hampshire	28.6
Rhode Island	24.0
Ohio	23.2
Massachusetts	22.8
Kentucky	20.0
Connecticut	19.1
Maryland	18.1
Maine	17.9
New Mexico	16.8
Tennessee	15.7
Utah	15.0

*Includes heroin, in addition to C-II and C-III opioids

540-X-19, Pain Management Services

- Registration required for:
  - Physician practice holding self out to public as a provider of pain mgt. services
  - Physician practice which dispenses opioids
  - Physician practice in which any providers of pain mgt. services are rated in top 3% of practitioners who prescribe c.s. as determined by the PDMP

Pain Management Services continued

- Requirements for registration:
  - Current DEA registration
  - Current ACSC
  - Current registration with PDMP
- Exemptions from registration:
  - Hospice
  - US government maintained/operated facilities
  - Board may provide exemptions in its discretion and as deemed appropriate

Pain Management Services continued

- If practice is owned wholly or partly by a person who has been convicted of or pled nolo contendere to a felony or misdemeanor relating to c.s., Board may interview applicant and approve or deny registration in its discretion
- Location must be owned and operated by:
  - One or more physicians licensed to practice in AL
  - Business entity registered with Secty. of State
  - Governmental entity/body, political subdivision

Pain Management Services continued

- Medical Director is required
- Requirements for Med. Dir.:
  - Current, unrestricted AL medical license
- Completion of residency or board or specialty certification in 11 specialties, board certification by Amer. Board of Pain Medicine or the American Board of Interventional Pain Physicians, or completion of 40 in person, live participatory CME credits
- Med. Dir. must be physically on site for a minimum of 10% of the clinic's operating hours

Pain Management Services continued

- Grounds for revocation of regis. and/or fine up to $10,000:
  - Conviction of a state or federal law relating to c.s.
  - Suspension or revocation of DEA registration
  - Excessive dispensing of c.s.
  - Failure of physician who provides pain mgt. services to register
- Grounds for revocation of regis. and/or fine up to $1,000:
  - Fraudulent/untrue statement on application
  - Aiding/abetting providing of pain mgt. services by physician who is not registered
  - Failure to register with PDMP

Board Rule 540-X-4-.05, Registration of Dispensing Physicians and Osteopaths

- Dispensing = dispensing controlled substance to pt. for consumption/administration by pts. off practice premises, where c.s. purchased by practice for resale to pt. whether or not a separate charge is made
- Does not include prepackaged samples and starter packs.
- Does not include c.s. consumed by or administered to pts. while in the office, clinic, hospital, or other facility.
- Does not include c.s. dispensed to pt. in ER

Dispensing continued

- Registration is required for dispensing physicians
- Acting as dispensing physician without being registered may result in administrative fine up to $10,000
- Dispensing physicians required to report c.s. info to ADPH/PDMP
- Registered dispensing physician who fails to report to PDMP may be fined up to $10,000

Board Rule 540-X-4-.09, Risk and Abuse Mitigation Strategies for Prescribing Physicians – Complete Text of Rule

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in patients who use controlled substances to treat pain increases as dosage increases. The Board adopts the "Morphine Milligram Equivalency" ("MME") daily standard as set out by the Centers for Disease Control and Prevention ("CDC") for calculating the morphine equivalence of opioid dosages.

Risk and Abuse Mitigation Strategies

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

(a) Pill counts;

(b) Urine drug screening;

(c) PDMP checks;

(d) Consideration of abuse-deterrent medications;

(e) Monitoring the patient for aberrant behavior;

(f) Providing a patient with opiate risk education prior to prescribing controlled substances; and

(g) Using validated risk-assessment tools, examples of which shall be maintained by the Board.

Risk and Abuse Mitigation Strategies continued

(3) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama's Prescription Drug Monitoring Program (PDMP):

(a) For controlled substance prescriptions totaling 30 MME or less per day, physicians are expected to use the PDMP in a manner consistent with good clinical practice.

(b) When prescribing a patient controlled substances of more than 30 MME per day, physicians shall review that patient's prescribing history through the PDMP at least two (2) times per year, and each physician is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record.

(c) Physicians shall query the PDMP to review a patient's prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.

Risk and Abuse Mitigation Strategies continued

(4) Exemptions: The Board's PDMP requirements do not apply to physicians writing controlled substance prescriptions for:

(a) Nursing home patients;

(b) Hospice patients, where the prescription indicates hospice on the physical prescription;

(c) When treating a patient for active, malignant pain; or

(d) Intra-operative patient care.

Risk and Abuse Mitigation Strategies continued

(5) Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, physicians should reconsider a patient's existing benzodiazepine prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment.

Risk and Abuse Mitigation Strategies continued

(6) Effective January 1, 2018, each holder of an Alabama Controlled Substances Certificate (ACSC) shall acquire two (2) credits of AMA PRA Category 1™ continuing medical education (CME) in controlled substance prescribing every two (2) years as part of the licensee's yearly CME requirement. The controlled substance prescribing education shall include instruction on controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, or controlled substance prescribing for chronic pain management.

Risk and Abuse Mitigation Strategies continued

(7) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics, have a risk of addiction, misuse, and diversion. Physicians are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the physician when prescribing a patient medication from multiple controlled substance drug classes.

(8) A violation of this rule is grounds for the suspension, restriction, or revocation of a physician's Alabama Controlled Substances Certificate or license to practice medicine.