NCMB opioid prescribing update

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Immediate Past President

Presented Jan. 18, 2019

NORTH CAROLINA MEDICAL BOARD

North Carolina Medical Board
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NCMB's mandate

The North Carolina Medical Board was established in 1859 by the General Assembly "in order to properly regulate the practice of medicine and surgery for the benefit and protection of the people of North Carolina."

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2019 Medical Board

Overview

- **Overview of the problem**
- NCMB stance on opioid prescribing
- **Enforcement**: NCMB's Safe Opioid Prescribing Initiative
- **Education**: NCMB's CS CME requirement
- **Education**: Information pages and other resources

State Of Crisis

5

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2016,
Unintentional medication/drug overdose: X40-X44
Analysis by Injury Epidemiology and Surveillance Unit

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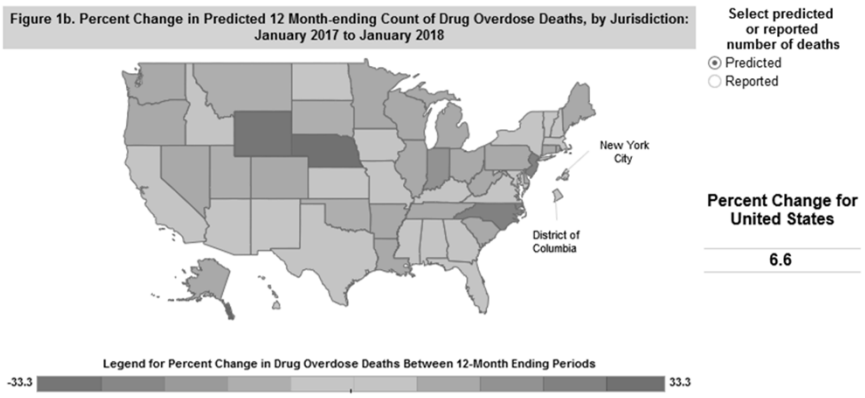
From the CDC:

North Carolina ranked #2 in the nation for percent increase in drug overdose deaths.

2017 Drug Overdose Deaths

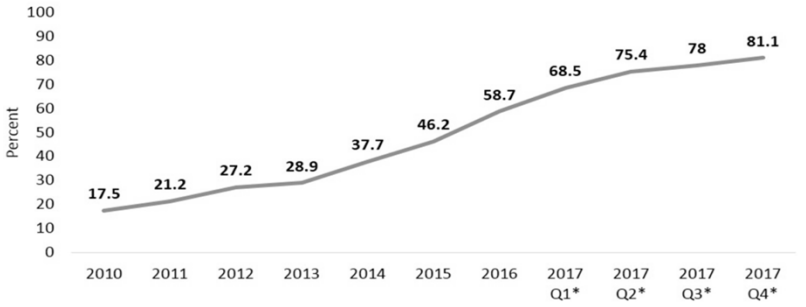


Data from Centers for Disease Control and Prevention's National Center for Health Statistics, Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts, 8/5/18: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Non-Rx opioids account for most OD deaths

Percent of Opioid Overdoses Positive for Heroin, Fentanyl, and/or Fentanyl Analogues**

Office of Chief Medical Examiner Investigated Deaths, 2010-2017*



*2017 data are preliminary and subject to change
Source: NC Office of the Chief Medical Examiner (OCME) and the OCME Toxicology Laboratory, 2010-2017 Q4
**Fentanyl analogues include: Acetyl fentanyl, Butrylfentanyl, Furanylfentanyl, Fluorofentanyl, Acrylfentanyl, Fluoroisobutrylfentanyl, Beta-Hydroxythiofentanyl, Carfentanil. The presence of a drug does not necessarily indicate that it was attributed to the cause of death.

North Carolina Injury & Violence PREVENTION Branch

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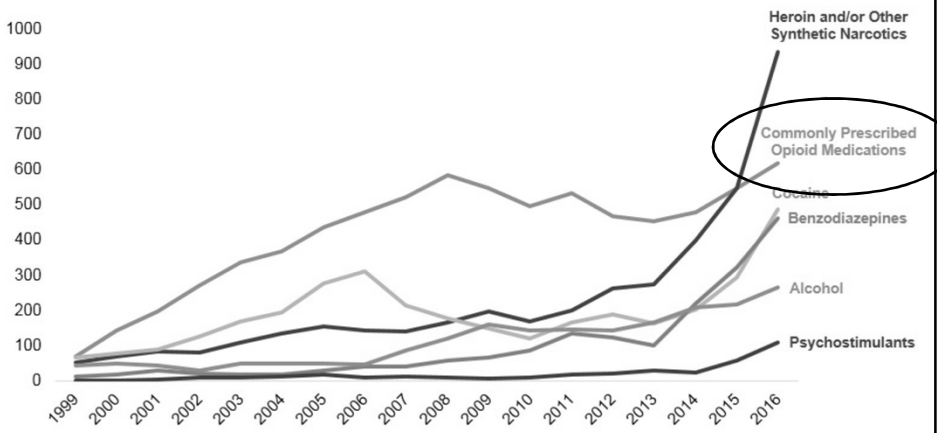
Substances* Contributing to Unintentional Medication, Drug, and Alcohol Poisoning Deaths

North Carolina Residents, 1999-2016



*These counts are not mutually exclusive. If the death involved multiple drugs it can be counted on multiple lines.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016,
Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type (Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, Alcohol, and Psychostimulants).
Analysis by Injury Epidemiology and Surveillance Unit

North Carolina Injury & Violence PREVENTION Branch

NCDHHS, Division of Public Health | Core Overdose Slides | July 2018 9

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NCMB on opioids

- Not "anti-opioids" – we are pro-appropriate care
- Patients with legitimate diagnoses of acute or chronic pain should receive treatment, if medically justified
- This may include treatment with opioids
- Rationale for prescribing should be clearly documented in patient records
- NCMB does not take action against prescribers who practice consistent with current SOC

What is the Board looking for?

Hallmarks of appropriate care

- Patient records document an appropriately thorough new patient evaluation
- A specific differential diagnosis is established
- Records reflect development of a meaningful treatment plan
- There is evidence that non-opioid treatments were discussed and tried, if appropriate
- If opioids are used, evidence of clinical benefit of treatment is documented

Hallmarks of appropriate care, cont'd

- There is periodic review of the patient's current status with documentation of progress towards established treatment goals
- The prescriber takes appropriate steps to monitor patient compliance with treatment through use of tools such as NC CSRS, UDS, etc.
- The prescriber responds appropriately when there is evidence of possible abuse/addiction. Does prescribing continue? Is patient confronted?

Encouraging appropriate care

Enforcement – investigation of potentially inappropriate prescribing

Education – controlled substances CME requirement and information/resources about opioids policy and laws

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Enforcement: Safe Opioid Prescribing Initiative

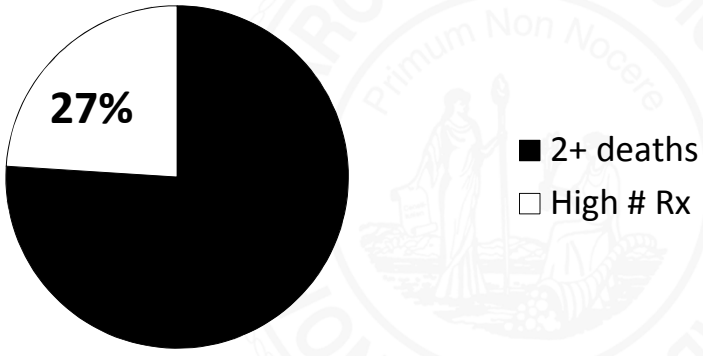
- Launched April 2016
- Program goals: identify high risk prescribing practices and substandard management and enforce accountability
- NC CSRS provides a report of prescribers who meet criteria established by NCMB
- Being selected for investigation is NOT evidence of substandard care

Who is investigated?

- Physicians and PAs who managing large numbers of patients at high doses of opioids
- Physicians and PAs with multiple patient deaths due to opioid overdose
- Physicians and PAs whose practices exhibit multiple characteristics associated with “pill mills”

SOPI by the numbers

Percentage of SOPI cases opened, based on criteria



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Board actions through 2018

As of Sept 2018, the breakdown of actions in SOPI case reviewed by the Board

*Reflects Board vote to take public action or issue charges against licensee.

Please note: Total does not equal 100% due to rounding.

Case resolutions

Public Action: public sanction against the licensee, includes Suspension, revocation, limitation, conditions, reprimand, public letter of concern

Private Action: Confidential letter expressing Board concern about aspects of care/conduct

No formal action: No action but licensee is obligated to report that he/she has been investigated by a regulatory board, if asked (e.g. on a license application)

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Education: CS CME requirement

- Took effect July 1, 2017
- Requires physicians and PAs who prescribe controlled substances to earn relevant Category I CME during each CME cycle
- NPs have similar requirement through NCBON
- **Primary objectives:**
  - Reduce inappropriate opioid prescribing and associated patients deaths and harm
  - Improve quality of care

Where to find courses

- Many existing CME courses meet requirement
- NCMB does not approve or certify courses
- Required topics: CS prescribing practices, prescribing CS for pain, responding to misuse
- THIS presentation may NOT be counted
- Multiple free/low cost courses on website: www.ncmedboard.org/prescribingCME

How do I tell the Board I have complied?

- You don't have to – just keep records of courses taken (retain for 6 years)
- Licensees are not required to submit documentation of successful completion
- NCMB conducts random CME compliance audits
- If selected for a CME audit, show records to demonstrate CS CME at that time

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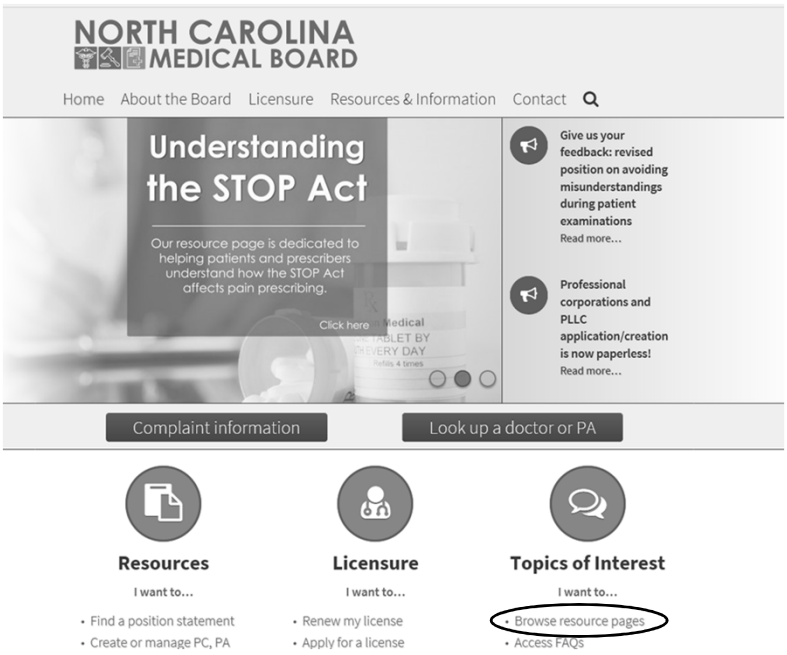
Education: resource pages

- NCMB supports physicians, PAs and other medical professionals by offering comprehensive information and resources
- Most often, information is grouped on subject-specific Web pages
- Examples: CS CME page, Opioid prescribing, STOP Act page, NC CSRS page
- Content includes: FAQs, bill summaries, brochures, patient notices, relevant links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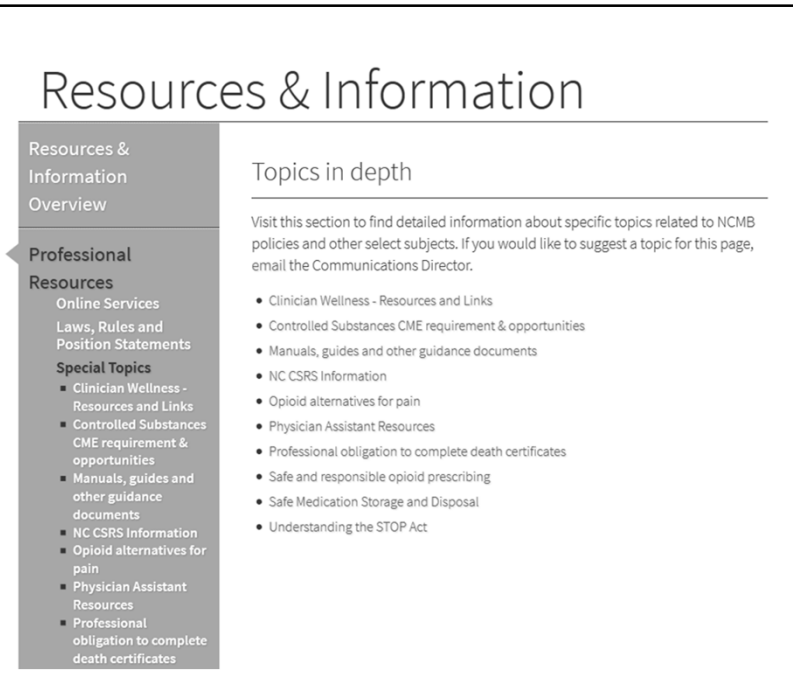
Understanding the STOP Act
Our resource page is dedicated to helping patients and prescribers understand how the STOP Act affects pain prescribing.
Click here
Give us your feedback: revised position on avoiding misunderstandings during patient examinations
Read more...
Professional corporations and PLLC application/creation is now paperless!
Read more...
Complaint information
Look up a doctor or PA
Resources
I want to...
• Find a position statement
• Create or manage PC, PA
Licensure
I want to...
• Renew my license
• Apply for a license
Topics of Interest
I want to...
• Browse resource pages
• Access FAQs


Resources & Information
Resources & Information Overview
Professional Resources
Online Services
Laws, Rules and Position Statements
Special Topics
Clinician Wellness - Resources and Links
Controlled Substances CME requirement & opportunities
Manuals, guides and other guidance documents
NC CSRS Information
Opioid alternatives for pain
Physician Assistant Resources
Professional obligation to complete death certificates
Topics in depth
Visit this section to find detailed information about specific topics related to NCMB policies and other select subjects. If you would like to suggest a topic for this page, email the Communications Director.
• Clinician Wellness - Resources and Links
• Controlled Substances CME requirement & opportunities
• Manuals, guides and other guidance documents
• NC CSRS Information
• Opioid alternatives for pain
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• Professional obligation to complete death certificates
• Safe and responsible opioid prescribing
• Safe Medication Storage and Disposal
• Understanding the STOP Act

Understanding the STOP Act

Gov. Roy Cooper signed the STOP Act of 2017 into law on June 29, 2017. The Act is intended to prevent and reduce prescription opioid misuse, while strengthening North Carolina's substance use treatment and recovery options.

A primary goal of the STOP Act is to reduce excessive or otherwise inappropriate opioid prescribing. One way the law seeks to achieve this is by imposing limits on how much opioid pain medication can be prescribed for acute pain. The limits do not apply to opioid prescriptions for chronic pain, or to opioid prescriptions for acute pain related to an underlying chronic medical condition, such as a flare of rheumatoid arthritis.

This resource page is dedicated to helping patients and prescribers understand how the STOP Act affects pain prescribing. Send questions or suggestions for additional resources to communications@ncmedboard.org

The STOP Act of 2017

- Legislative text of the STOP Act (Session law 2017-74)
- STOP Act Bill Summary
- Drugs subject to the STOP Act's 5- and 7-day limits

FAQs

- General STOP Act FAQs
- STOP Act prescribing limit FAQs

Additional STOP Act resources

- STOP Act summary flyer
- Printable notice to patients Re: STOP Act prescribing limits - display this in exam rooms
- Printable notice to patients Re: STOP Act prescribing limits - Spanish version
- Editable Word version of Notice to Patients - add your practice info and content!

NOTICE TO PATIENTS: New limits on prescriptions for acute and post-operative pain

Effective Jan. 1, 2018, North Carolina law (the STOP Act of 2017) limits the amount of pain medication that may be prescribed to treat pain from most injuries and surgeries.

Q: How does the STOP Act limit pain prescriptions?

A: The law restricts the amount of certain types of pain medication that may be prescribed for acute pain. The STOP Act limits initial prescriptions for **post-operative pain** to no more than a **7-day supply**. The Act limits initial prescriptions for **all other types of acute pain** to no more than a **5-day supply**.

Q: Are prescriptions for chronic pain subject to the limits?

A: No.

Q: What types of medications are subject to the limits?

A: The STOP Act limits apply only to Schedule II and Schedule III opioids or narcotics, specifically when they are prescribed for acute pain. Examples of Schedule II opioids include OxyContin and Percocet (brand names for oxycodone). Tylenol #3 (acetaminophen and codeine) is an example of a Schedule III opioid.

STOP Act scenario

- Following gall bladder surgery, a patient is discharged home.
- Opioids are prescribed for post-operative pain.

Q: Does the STOP Act apply?

A: Yes, the 7-day limit on post-operative pain relief medication applies.

STOP Act scenario

- Adult patient presents with complaints of shin pain. History reveals that patient is a runner who recently switched from trails to paved streets. Tibial stress fracture is diagnosed and patient is advised to rest.
- Tramadol is prescribed for pain.

Q: Does a STOP Act limit apply?

A: No limit applies. Although an opioid is written for acute pain, Tramadol is not Schedule II or Schedule III.

FAQs: opioids

Q: Can a pharmacist change or decline to fill an opioid prescription written in good faith by a licensed physician or PA?

A: Per the NC Board of Pharmacy, yes. Pharmacists are licensed professionals. The ethics of the pharmacy profession obligate a pharmacist to decline to fill any prescription he or she feels is medically inappropriate, illegitimate or otherwise not in the best interest of the patient.

FAQs: opioids

Q: Is it mandatory for a prescriber to check NC CSRS before writing any opioid?

A: Not yet. NC DHHS must complete certain technical upgrades before the provision of the STOP Act that requires mandatory checks of NC CSRS (before writing any Sch. II/III opioid) can take effect. **NCMB is monitoring and will communicate when an effective date is known.**

FAQS: opioids

Q: Should physicians and PAs register for and use NC CSRS now, even though mandatory use isn't yet in effect?

A: The Board recommends it. Licensees are advised to use the time before mandatory use goes into effect to learn the system and develop workflow to manage the additional workload of doing CSRS checks.

FAQs: opioids

Q: If my practice dismisses a pain patient, is the prescriber obligated to provide medication refills upon discharge from the practice?

A: Generally, medical professionals are expected to provide refills of at least 30 days to patients upon discharge from the practice. Failing to do so could constitute patient abandonment, which is not consistent with the ethics of the medical profession.

Thank you!

Additional questions?

For more information

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