

# Over Prescribing CDS



1. My Stance on Over Prescribing – CDS – Opiates, benzodiazepine & Soma
  - a. What has been my experience in what I have seen concerning Over Prescribing.
  - b. Mid 90s – significant increase in prescribing of CDS Narcotics – Physicians mislead
2. History with Over Prescribing:
  - a. Prescribing of CDS over time
  - b. Educational programs – in person & virtual [MD & DO Boards & OSMA & OOA]
  - c. Discipline process. Administrative Hearings or Resolution
3. The process of how a medical license would be revoked, if not criminal situation.
4. What is being done currently about over prescribing.
5. Mitigation thus far to stop it.

# Over Prescribing CDS



*My Stance on Over Prescribing CDS – Opiates, benzodiazepine & Soma.*

I try not to insert my personal stance on these issues because I back the stance of the Medical Board Members - MBM. The MBM are very upset with the past neglect of physicians prescribing of excessive Opioid, Benzos and Soma combinations.

*a. What has been my experience with Over Prescribing?*

The Board's experience has been very disturbing with the lack of good medical practice in examining, diagnosing, informed consent and documentation by doctors in front of the Board.

*b. Mid 90s, big increase in prescribing of CDS Narcotics – Physicians mislead*

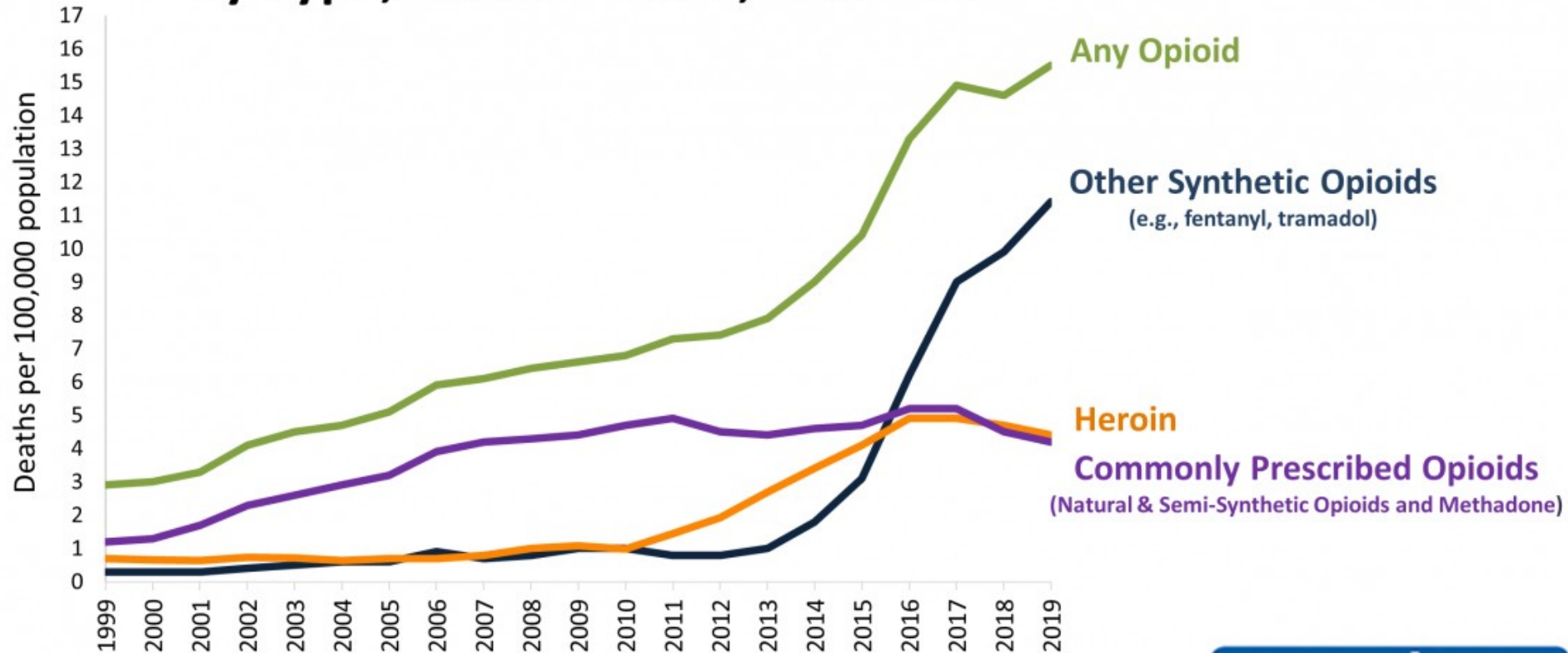
Since Mr. Hunter's lawsuit against several big pharma companies, it has come to light that many physicians were misled by pharmaceutical companies as to the idea that patients couldn't be addicted to these CDS drugs if they were prescribed CDS for legitimate pain diagnoses. This does NOT excuse doctors

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## History with Over Prescribing: a. Prescribing of CDS over time

### Overdose Death Rates Involving Opioids, by Type, United States, 1999-2019

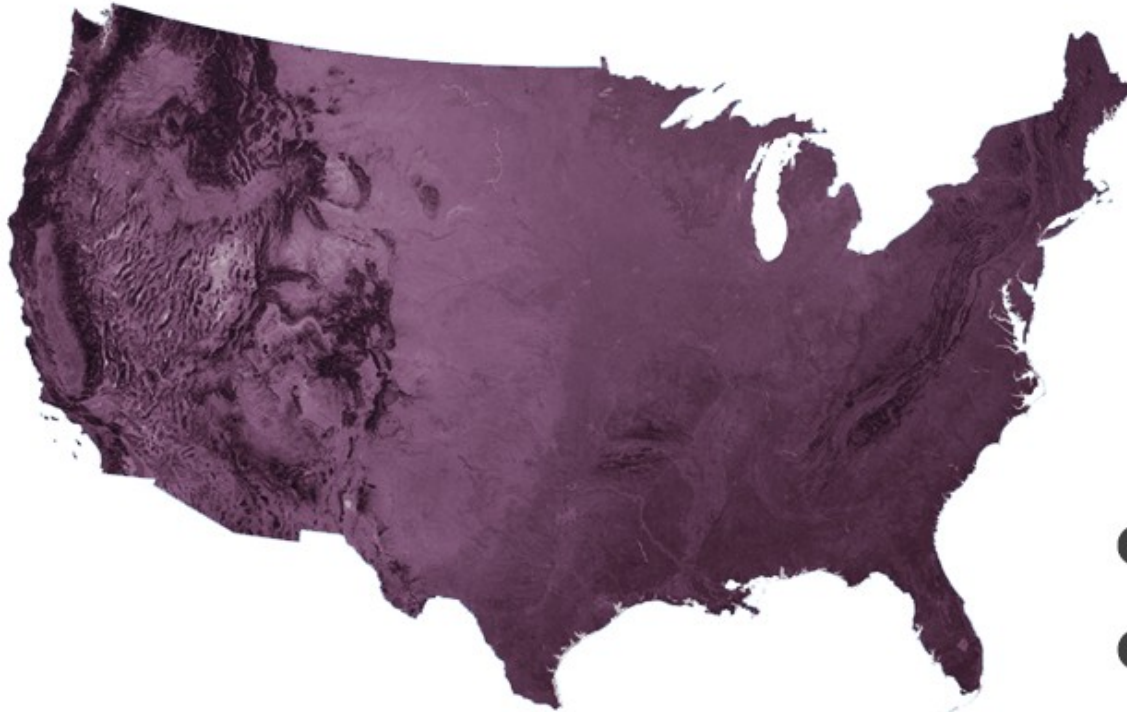


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://wonder.cdc.gov/>.

# Over Prescribing CDS



History with Over Prescribing: a. Prescribing of CDS over time



**136**  
**PEOPLE**

.....  
:  
die every day from  
an opioid overdose  
(including Rx and illicit opioids).

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## History with Over Prescribing:

b. Educational programs – in person & virtual [MD & DO Boards & OSMA & OOA]

### Improve Opioid Prescribing

Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective pain treatment while reducing the number of people who potentially misuse or overdose from these drugs. Reducing exposure to prescription opioids, for situations where the risks of opioids outweigh the benefits, is a crucial part of prevention.

CDC published the CDC Guideline for Prescribing Opioids for Chronic Pain to provide recommendations for prescribing opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment,

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## History with Over Prescribing:

### b. Educational programs – in person & virtual [MD & DO Boards & OSMA & OOA]

- Prescription Drug Planning Workgroup
- Injury Prevention Service
- Oklahoma State Department of Health
- Opioid Prescribing Guidelines for Oklahoma Emergency Departments (ED) and Urgent Care Clinics (UCC) to regulatory boards, associations, and other stakeholders for review.
- Review of Endorsements and Recommendations for the Opioid Prescribing Guidelines for Oklahoma Emergency Departments and Urgent Care Clinics
- **Opioid Prescribing Guidelines for Oklahoma Health Care Providers in the Office-Based Setting**
- Oklahoma Chapter of the American College of Emergency Physicians
- **Oklahoma Society of Interventional Pain Physicians**
- **Oklahoma Ambulatory Surgery Center Association**
- **Schema for Prescriber Education for Opioid Analgesics** *Summary of consensus items from the November 18, 2013 meeting of the Oklahoma Prescription Drug Planning Workgroup*
- 9/23/2012 a special workgroup to draft a State plan that will address the abuse/misuse of prescription drugs in Oklahoma



Oklahoma Legislature  
HHS Interim Study #21-04  
Over Prescribing

# Over Prescribing CDS



# Over Prescribing CDS



- *The process of how a medical license would be revoked, if not criminal situation.*
- Complaint Driven
- Investigation
- Legal analysis [OAG Prosecution]
- Decision on Clear & Convincing Level of Evidence [preponderance for Med Mal]
- File Formal Complaint and Citation
- Hearing in front of Medical Board [7 medical doctors & 4 public members]
- Disciplinary decision by the medical board [51%]



# Over Prescribing CDS



*What is being done currently about over prescribing.*

- Continued Physician & Physician Assistant Education [Continuing Medical Education]
- Improved Investigations, DPMP, OSCN, NPDB, FSMB & additional Investigators
- Toughen Licensing Investigations [License vs discipline]
- Improving prosecution by OAG [legislative help]

# Over Prescribing CDS



Mitigation thus far to stop it.

When the pandemic hit last March, the U.S. was facing another major public health crisis — the opioid epidemic. Between COVID-19 lockdowns and economic devastation, overdose deaths soared. Experts predict that around 90,000 people died of a drug overdose in 2020, setting a sobering record of the highest number of deaths and largest increase in one year.

# Responsible Prescribing and documentation



- Patient **evaluation**
- Treatment Plan
- **Informed Consent**
- Periodic Review
- Referral
- **Check PMP**

# Responsible Prescribing and Documentation, cont'd



## Documentation

- **Adequate** History and Physical
- Pain Assessment
- **Physical and Psychological function**
- History of Substance Use
- Co-Existing Conditions, i.e., Medical & Mental
- Treatment Objectives
- **Risk & Benefit Discussion**
- Other Modalities, Example: Physical Therapy



**1 hour of CME in opioid use or addiction each year preceding renewal of a license, w/ valid OBN & DEA**

## **The Legal definitions**

- **"Acute pain"**
- **"Chronic pain"**
- **"Initial prescription"**
- **"Patient-provider agreement" & Pain agreement**
- **"Serious illness"**
- **"Surgical procedure"**
- **Specifics on Prescribing Opioids**



- Initial Opioid Prescription w/new patient:
  - Lowest effective dose
  - No more than a 7 day supply
  - Thorough physical medical exam
  - Informed consent
  - Specific treatment plan
  - Check PMP
  - Special attention for under 18
  - Special attention for pregnant patients
  - Limit to lowest safe dose and 7 days



- After Initial 7 day Rx, a second 7 day Rx can be prescribed if medically necessary & Safe.
- When a patient has been prescribed an Opiate for 3 months, the law requires in addition to the previous items, a Pain Management Agreement shall be entered into and reviewed a minimum every 90 days for chronic pain treatment.
- Exclusions: **patients who are currently in active treatment for cancer, receiving hospice care from a licensed hospice or palliative care, or is a resident of a long-term care facility.**



# Oklahoma State Board of Medical licensure and Supervision SB 1446 November 1, 2018



## Medical Record Requirements:

- **Any provider authorized to prescribe opioids shall adopt and maintain a written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing provider and qualifying opioid therapy patient.**
- **For the purposes of this section, "qualifying opioid therapy patient" means:**
  - 1. A patient requiring opioid treatment for more than three (3) months;
  - 2. A patient who is prescribed benzodiazepines and opioids together; or
  - 3. A patient who is prescribed a dose of opioids that exceeds one hundred (100) morphine equivalent doses.

# Oklahoma State Board of Medical licensure and Supervision SB 1446 November 1, 2018



- **Regulatory Discipline:**
  - **Not checking the PMP on the Initial Rx & 90 days**
  - **Prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with pertinent licensing board standards:**
    - Use of controlled substances for the management of chronic pain – Rule 435:10-7-11.
    - Oklahoma Interventional Pain Management and Treatment Act - Title 59-650
    - CDC & Oklahoma Guidelines
  - **Prescribing, dispensing or administering opioid drugs in excess of the maximum dosage authorized under Section 5 of this act. [100 MME]**