

Assuring a safe environment

For

CDS Prescribing

It can happen to any physician or health care provider, and it has happened to most of us: realization that one's knowledge base of a particular medical topic or standard of care has eroded is an uncomfortable feeling. Most physicians and health providers dread that a knowledge deficit will be exposed in a way which causes harm to a patient, or become a public blot on our professional credibility. It is crucial that providers keep their knowledge current through consulting with colleagues and taking appropriate Continuing Medical Education. Our patients expect of us, and we expect of ourselves, an openness to constructive criticism and continuous diligence toward improvement. As the public entity charged with the assurance of medical service quality and protection of health consumers in Maryland, the Board of Physicians (Board) must undergo a similar process of reflection, assessment and improvement. The Board is embarking on a renewed effort to assist our licensees in keeping current on health care topics which frequently show up in disciplinary and standard of care complaints.

It is no surprise that prescribing of Controlled Dangerous Substance (CDS) medications has become an issue under intense scrutiny, and a recent evolution of thought in best practices. The Board of Physicians last published information about prescribing CDS medications for Pain Management in its December 2009 newsletter. Since then, the landscape of opioid abuse, diversion and safe prescribing practice guidance has evolved considerably. In the first eight months of 2012, CDS medications directly caused the death of at least 263 individuals in Maryland, and were

a contributing cause in many additional deaths. Prescription drug abuse is the Nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. While there has been a marked decrease in the use of some illegal drugs like cocaine, data from the National Survey on Drug Use and Health (NSDUH) show that nearly one-third of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically. Some individuals who misuse prescription drugs, particularly teens, believe these substances are safer than illicit drugs because they are prescribed by a healthcare professional and dispensed by a pharmacist. Addressing the prescription drug abuse epidemic is not only a top priority for public health, it will also help build stronger communities and allow those with substance abuse disorders to lead healthier, more productive lives. (Office of National Drug Policy -

www.whitehouse.gov/ondcp).

The Joint Commission National Patient Safety Standards has recognized the need for accurate Medication Reconciliation for several years. Serious, sometimes fatal medication interactions can be prevented by obtaining and maintaining an accurate medication list, including all prescribed and over-the-counter medications for a patient, prior to and throughout the prescribing relationship. This is especially true when prescribers provide CDS medications for any purpose, including acute and chronic pain management, medication assisted addiction therapy, opioid maintenance therapy and treatment for a variety of behavioral health conditions with benzodiazepines, stimulants and other CDS substances. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers useful tips on responsible prescribing for providers.

<http://store.samhsa.gov/TIP40/TIP-40-Clinical-Guidelines-for-the-Use-ofBuprenorphine-in-the-Treatment-of-Opioid-Addiction/SMA07-3939> and SAMHSA Tip 41

<http://store.samhsa.gov/product/TIP-41-Substance-Abuse--Treatment-Group-Therapy/SMA12-3991>

Statistics collected by SAMHSA in an overview of the substance abuse and mental health issues in Maryland, including the prevalence of substance use and abuse, treatment resources, mental health indicators can be reviewed at

www.Samhsa.gov/data/StatesnMetro.aspx?state=MD.

The Board of Physicians has identified a common set of recommendations gleaned from many peer reviewers' comments on several cases regarding CDS prescribing. A list of frequently cited prescribing standards is provided in this article as an update of guidance to prescribers who wish to show diligence in providing a safe prescribing environment within their practice. This list of practices is *not* exhaustive of all measures that can be taken to assure the safe prescribing and avoidance of diversion of CDS medications. However, the Board believes that a practice which demonstrates written policies, procedures and implementations for these prescribing practices would be taken into consideration in the event of a Board investigation.

CME Reminder

Each physician renewing his/her license must attest to meeting the continuing medical education requirement of at least 50 Category 1 credits earned within the two year period immediately preceding submission of the renewal application (COMAR 10.32.01.09). For the CME credits to apply, they must be completed and earned by the date the renewal application is submitted NOT on the date the license expires (September 30), unless the renewal application is submitted on September 30 of the renewal year.

Assuring a Safe Environment for CDS Prescribing

(continued)

Prior to prescribing any CDS medication to a patient, a provider should:

- * Establish a physician- patient relationship.
- * Provide opioid medications with consideration for potential serious harm including opioid related adverse effects related to potential abuse.
- * Obtain signed consent for communication with any and all other providers/prescribers and pharmacies.
- * Collect and review medical records, including recent imaging studies, preferably from the original source, to confirm prior diagnoses, medical regimens.
- * Perform medication reconciliation: Confirm medication lists with patient and pharmacy before prescribing.
- * Question patient regarding a history of mental health or addiction issues involving use or abuse of CDS medications. A variety of basic screening questionnaires are available.
- * Perform an appropriate history and physical. Sufficiency depends on why CDS is being prescribed and would be subject to variability related to specialty, i.e., chronic pain management, primary care, addiction treatment, acute pain, etc.

After and throughout prescribing of CDS medications:

- * Appropriately document patient interactions (diagnosis, medical necessity, treatment plan, follow-up, reason for increase in dosage, and adjustments to treatment as needed). Keep clear documentation of expectations for CDS use and outcome goals. For example, to improve pain and function; to treat or wean an addicted client; use of CDS as a temporary treatment plan (benzodiazepines) while longer term therapy is begun.
- * Keep a signed Contract with patients to explain expectations of CDS use:
 - o Consider restricting patient to use of single pharmacy.
 - o Provide rules for handling “lost prescriptions”, refill requests, dose changes.
 - o Outline explicit criteria for behavior that warrants discharge from practice.
 - o Implement a red-flag system to detect misuse and abuse for dependence and possible diversion.
 - o State the expectation that patient will disclose use of any/all medications and drugs.
- * Use Urine Drug Screening – may be random and scheduled. Use as anti diversion test to recover the prescribed drug in patient urine, and as evidence for adherence with a prescribed regimen. Providers should not continue prescribing CDS to patients with consistently unexpected, non-adherent urine drug test results.
- * Obtain appropriate laboratory testing (blood work), liver function, kidney function, etc.
- * Use of referrals to ancillary therapies and other providers demonstrates that provider of CDS is not overlooking other valid medical issues or treatment modalities. Referrals to consider for patients with 2 common reasons for chronic CDS (opioid) prescribing are:

Pain Management Patients

- Physical Therapy, Occupational Therapy, Rehabilitation
- Specialty care (orthopedics, etc)
- Pain management specialists
- Mental health or addictions based on screening results
- Primary Care

Addictions Patients

- 12 step programs
- ADAA certified programs
- Pain management
- Primary Care

Ideally, addiction treatment should be geared towards patient recovery; therefore documentation should reflect conversation and communication regarding a specific plan for weaning the patient off the medications.