

NCMB efforts to encourage responsible opioid prescribing

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Overview

Impact of opioid prescribing on NCMB

Evolution of opioid position statement

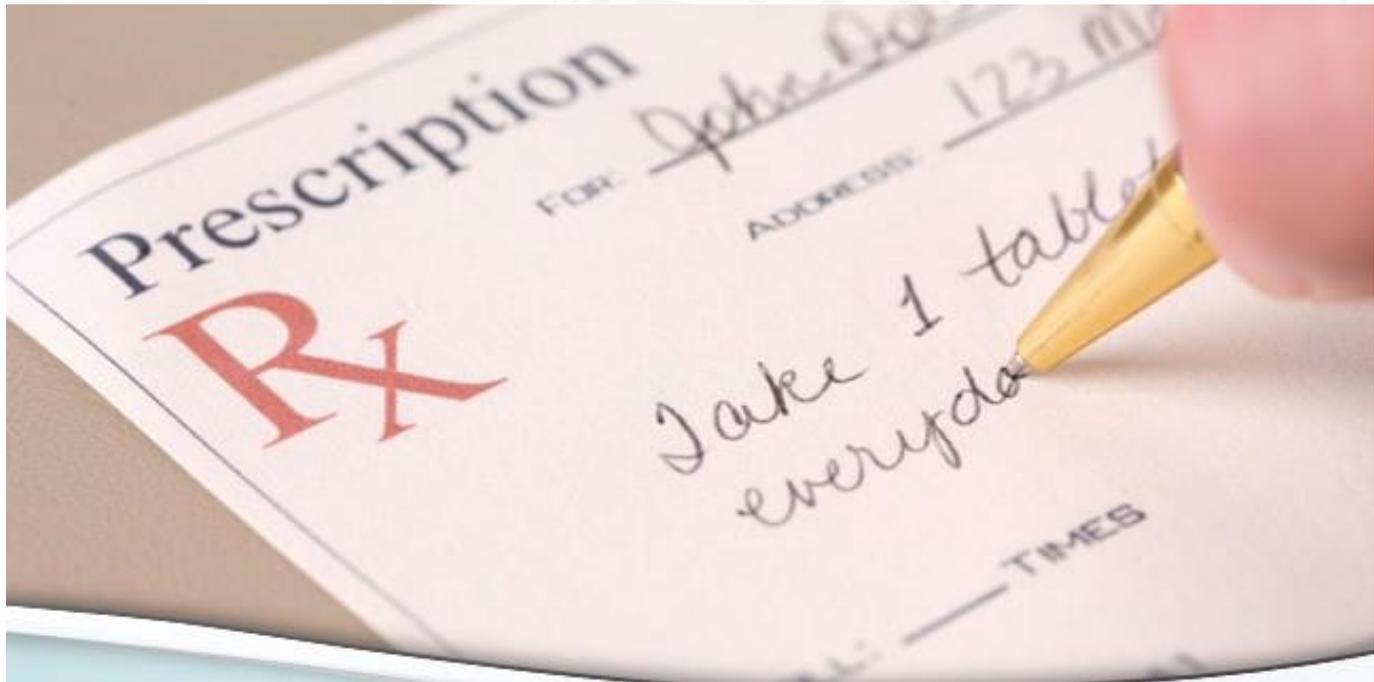
Approach to prescribing cases

Case studies

New CME requirement

Impact on NCMB regulatory work

- Inappropriate prescribing cases are a significant part of NCMB's current and ongoing regulatory work.



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Opioid position statement



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Policy for the use of opiates for the treatment of pain

Categories: [Clinical Practice](#), [Prescribing](#) |
Adopted: Sep 1996 | Amended: Jun 2014 |
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This position statement and statement of references is 58 pages long. Click the link below to open a pdf document of the full text.

[Open the Policy for the use of opiates for the treatment of pain](#)

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Adoption of revised opioid position

- Original Board position statement articulated principles of appropriate care, but provided little specific clinical guidance



Current NCMB opioid position



- Adopted June 2014
- Position statement's approach is significantly more comprehensive than original.

NCMB pain policy adopted statewide

NC enacted a law in 2015 that makes NCMB's opioid prescribing position statement the statewide standard, to be adopted by the following boards and agencies:

- Dental, nursing and podiatry boards
- State health agencies, including NC Division of Public Health, NC Division of Medical Assistance, NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and NC Division of Public Safety (Medical, dental and mental health services)

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What is the Board looking for?

- In any case reviewed, the Board may engage the services of an independent expert medical reviewer to determine whether a licensee practiced within accepted standards of care.



Hallmarks of appropriate care

- ✓ Patient records document an appropriately thorough new patient evaluation
- ✓ A specific differential diagnosis is established
- ✓ There is documented development of a meaningful treatment plan; Exploration of non-opioid treatment options is documented
- ✓ There is periodic review of the patient's current status with documentation of progress towards established treatment goals

Guarding against abuse, diversion

- The Board expects practitioners who prescribe controlled substances for the treatment of pain to actively monitor for diversion, abuse and addiction (e.g. pain contracts, pill counts, UDS, use of NC CSRS)



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Case study

- Board investigated family medicine MD's care of patients treated for chronic pain
- Independent medical expert determined that care did not meet standards (appropriate diagnosis was not established, poor documentation, failure to attempt non-opioid alternatives in lieu of opioids, inadequate assessment of risk for abuse, etc.)

Board action: Reprimand; MD is restricted from prescribing controlled substances in Schedules II and III, MD must complete CME in prescribing



Prescribing case study

- MD entered into a pain contract with a patient, to whom he prescribed large quantities of narcotics. Patient told that failed drug screen would cause MD to cease prescribing.
- Patient failed multiple drug screens; one test revealed three narcotic meds not prescribed by MD. MD continued to prescribe, authorizing 750 oxycodone tablets in a 30-day period.



Case study, cont'd

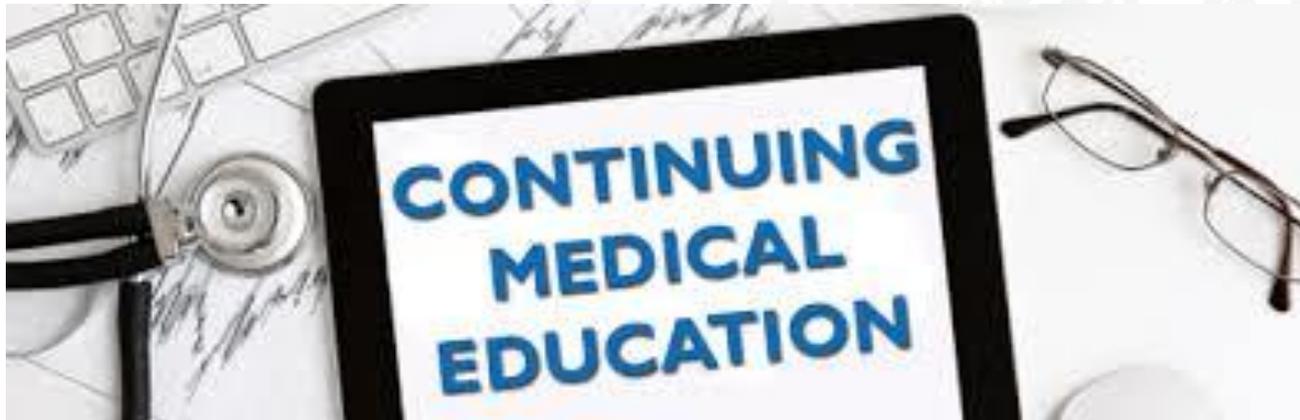
- After several months of failed drug tests, MD indicated to patient he would stop prescribing. At that appointment, MD authorized 24 oxycodone pills and 120 methadone pills.
- Patient died two months later. Cause of death: methadone toxicity.

Board Action: MD's license indefinitely suspended. MD may not apply for reinstatement of license for one year

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- NCMB has proposed that physicians earn **three hours per three-year CME cycle** and physician assistants earn **two hours per two-year CME cycle**.



Thank you!

