

ECHO IDAHO



ECHO Idaho: Opioid Addiction and Treatment

Appropriate Prescribing to Patients
with OUD

October 25, 2018

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The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Understand Community Standard of Care for physicians and physician assistants
- Review Board cases involving inappropriate prescribing of opioids
- Discuss best practices for treating OUD

Board of Medicine Mission

- To protect the public through licensure and discipline of physicians, physician assistants, and allied health personnel

BOM STATUTE AND RULES

- Title 54, Chapter 18, The Medical Practice Act
- IDAPA 22.01.01--Rules for Licensure to Practice Medicine

www.bom.idaho.gov

BOM STANDARD OF CARE

- **Idaho Code 54-1814(7):** It is grounds for medical discipline for a physician or physician assistant to provide health care that fails to meet the standard of health care provided by other qualified physicians or physician assistants in the same community or similar communities....

PRESCRIBING PRACTICES

- **Idaho Code 54-1814(11)** provides grounds for medical discipline for a physician or physician assistant to **prescribe or furnish narcotic drugs to addicted persons to maintain their addictions** without attempting to treat the primary condition.

PRESCRIBING PRACTICES

- **Idaho Code 54-1814(12)** provides grounds for medical discipline for a **physician** or physician assistant to **prescribe or furnish narcotic ... or dangerous drugs for other than treatment of any disease, injury or medical condition.**

PRESCRIBING PRACTICES

- Rules for Licensure to Practice Medicine state in **IDAPA 22.01.01.101.03** (Standard of Care), subsection (e) provides that it may be grounds for discipline **to violate any state or federal law or regulation relating to controlled substances.**

BOM OPIOID POLICY

BOM Guidelines for the Chronic Use of Opioid Analgesics in the Treatment of Chronic Pain

https://bom.idaho.gov/BOMPortal/BOM/PDF%20FORMS/oa_guide.pdf

BOM AS RESOURCE

- The Board wants you to be successful in following Board statute, rules, and policies--to practice safely, within the Community Standard of Care.

WHEN THINGS GO WRONG...

- Here are some case studies of physicians who did not follow the SOC or Opioid Guidelines in their prescribing practices:

CASE STUDY - #1

- Dr. A prescribed excessive controlled substances to patients without appropriate workup, diagnosis, physical exams, labs, imaging, referrals, consults, or alternative forms of therapy

CASE STUDY - #1

- Dr. A continued to prescribe these substances to patients after knowing that the patients were either
 - convicted and incarcerated for diversion of controlled substances; or
 - admitted abuse of Rx drugs and ETOH; or
 - intentionally overdosed on Rx meds

CASE STUDY - #1

- Dr. A violated Practice Act 54-1814 subsections (11) and (12).
- After administrative hearing on the case, Dr. A permanently surrendered license

CASE STUDY - #2

- Dr. X prescribed excessive amounts of controlled substances to patients
- Signed S&O that Dr. X would take pain management and record keeping courses; Dr. X took the courses

CASE STUDY - #2

- Within 2 years, Board received info that Dr. X was still prescribing excessive amounts of controlled substances to patients, some resulting in patient deaths

CASE STUDY - #2

- Amended S&O that Dr. X would not treat any chronic pain patients and not prescribe Schedule II or III controlled substances for any purpose
- Board received info that Dr. X violated the amended S&O by continuing to prescribe excessive amounts of controlled substances

CASE STUDY - #2

- Findings included prescribing narcotic drugs to addicted persons to maintain their addictions w/o attempting to treat the primary condition
- Board permanently revoked Dr. X's privilege to prescribe controlled substances

CASE STUDY - #3

- Dr. Michael Minas practiced family medicine in Idaho
- He prescribed nearly 20,000 doses of Oxycodone to patients who paid \$100 cash for each Rx

CASE STUDY - #3

- Rx for Oxy 30mg in amounts of 240, 300, even 420 pills at a time
- Rx at 2-3 week intervals
- Rx also for benzos, sedatives, and muscle relaxers
- Many patients testified that they became addicted as a result of opioid Rx

CASE STUDY - #3

- Conviction: In 2016, Dr. Minas was found guilty of 80 federal counts of distributing Rx painkillers to patients without a legitimate medical purpose
- Sentence: 8 years in federal prison + 5 years of supervised release
- BOM: Surrendered license

CASE STUDY - #4

- Dr. Rafael Beier practiced family medicine in N. Idaho.
- Sold prescriptions for highly addictive substances for cash at locations such as bars, parking lots, stores, and his office
- He created false medical charts to explain the illegal drug sales

CASE STUDY - #4

- Charges included knowingly and intentionally dispensing and distributing Schedule I and II controlled substances “outside the usual course of professional practice” and “without a legitimate medical purpose.”

CASE STUDY - #4

- Conviction: Dr. Beier was convicted in federal court of 66 counts of unlawfully prescribing controlled substances
- Sentence: 192 months in federal prison (16 years)
- BOM: License revoked

TREATING OUD

- In Idaho (rural state), you may not have an established community standard of care for treating addiction
- Seek other resources, such as SAMHSA, Amer Assoc of Family Med, CDC, ASAM to determine the appropriate standard of care
- Use standard of care for treating addiction vs. standard of care for treating chronic pain

BEST PRACTICES

- Check the PMP!
 - Look for multiple prescribers
 - Is patient paying cash?
 - Amounts of pills
 - Refill dates
- Patient contracts
 - Don't fire patient without giving them alternative for treatment

BEST PRACTICES

- Check the Repository
 - Are there drug or ETOH arrests?
- Perform pill counts
- Watch for requests for early refills
- Random urine drug tests

BEST PRACTICES

- Use alternative treatments
- Send patient to specialist as needed
- How are the patient's side effects, ability to function?
- Keep excellent records!
- If you have questions, contact BOM

FREE CME ON PMP

- Designed to help healthcare providers gain a deeper understanding of the Idaho Prescription Monitoring Program (Idaho PMP) and the CDC Guideline for Prescribing Opioids.
- <http://healthandwelfare.idaho.gov/Health/DrugOverdosePreventionProgram/Providers/tabid/4349/Default.aspx?QuestionID=165&AFMID=17077>

QUESTIONS...?



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