

Opioid Prescribing Regulation

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Practitioner Diversion
Awareness Conference

Presented by
DEA & FSMB

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State Medical Board of

Ohio

ABOUT THE MEDICAL BOARD



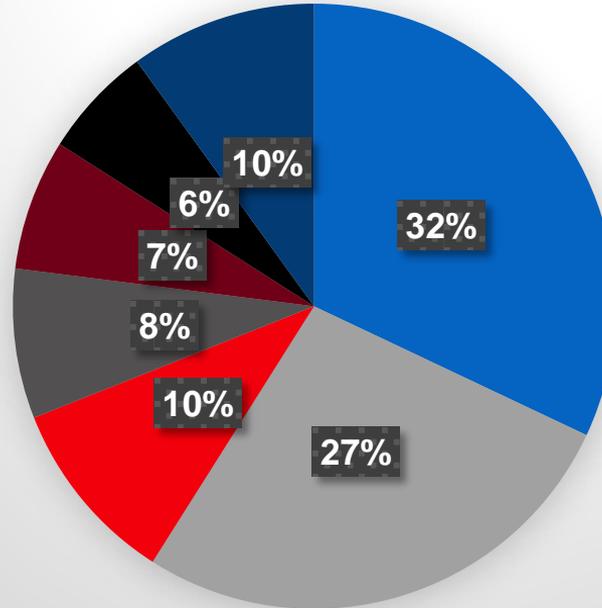
The medical board is the state agency charged with regulating the practice of medicine and selected other health professions.

- | 12 persons appointed by the governor to 5-year terms; may be reappointed
- | 9 doctors: 7 MDs, 1 DO, and 1 DPM
- | 3 consumer members
- | Monthly meetings, open to public



BASIS FOR DISCIPLINARY ACTIONS FY18

4% of complaints resulted in a disciplinary action in FY18



- Impairment
- Prescribing Issues
- Action by Other Board
- Criminal Acts/Convictions
- Sexual Misconduct
- Scope of Practice Violation
- Other

4731.22, Ohio Revised Code



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EXEMPLARY
PRESCRIBER
PRACTICES

PARTNERSHIPS WITH
THE STATE OF OHIO
BOARD OF PHARMACY

ACUTE PAIN RX RULES

CHRONIC & SUBACUTE
RX RULES

PREVENTING DIVERSION & OPIOID USE DISORDER

PAIN CLINIC RULES

- | HB 93 signed May 20, 2011
- | Emergency rules from the medical board
 - 4731-11-11 Review of OARRS
 - 4731-29-01 Operation of a Pain Management Clinic
- § Requires Terminal Distributor of Dangerous Drug (TDDD) Licenses
- § Physician ownership of practice (limited exceptions: hospital-owned)
- § Physician owner of clinic shall complete at least 24 hours of Category I CME in pain medicine every two years, including one or more courses addressing the potential for addiction.



MANDATORY PRESCRIBER PMP USE

- | HB341 effective January 1, 2015
- | Prescribers required to request OARRS information that covers at least the previous 12 months before initially prescribing an opioid analgesic or benzodiazepine
- | If treatment continues > 90 days, the prescriber has to check OARRS at least once every 90 days until the course of treatment ends
- | Prescriber has to document in patient record that OARRS report was assessed and reviewed
- | OARRS check anytime there is a red flag for abuse or diversion



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ACUTE Rx RULES

Ohio Administrative Code 4731-11-13 effective 2017

- | ≤ 7 days of opioids can be prescribed for adults
- | ≤ 5 days of opioids can be prescribed for minors, but need written consent of the parent or guardian
- | Prescribing opioids in excess of above limits requires a specific reason in the patient's record
- | Total morphine equivalent dose (MED) must be ≤ 30 MED average per day
- | Limited exceptions such as traumatic crushing of tissue, amputation, major orthopedic surgery, severe burns



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CHRONIC & SUB-ACUTE Rx RULES

- | 4731-11-14, Ohio Administrative Code, Effective Dec. 2018
- | Goal: establish check points for additional assessment by prescribers; promote collaboration; establish more appropriate prescribing; require consideration of non-medication treatments
 - 50 MED: re-evaluate the status of a patient's underlying condition causing the pain; assess functioning; look for signs of prescription misuse; consider consultation with a specialist; obtain written informed consent
 - 80 MED: look for signs of prescription misuse; consult with a specialist; obtain a written pain management agreement; OFFER a naloxone prescription to help prevent potential overdose + 50 MED requirements
 - 120 MED: consult with a specialist or have pain medicine specialist write Rx + 80 MED requirements
- § Exception for hospice, terminal conditions and inpatient treatment



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INCLUDE ICD-10 CODES ON ALL CONTROLLED SUBSTANCE Rx

- | 4729-5-30 and 4731-11-02, Ohio Administrative Code, Effective June 2018
- | Requires prescribers to include the first four alphanumeric characters (ex. M16.5) of the diagnosis code (ICD-10) on all controlled substance prescriptions, which will then be entered by the pharmacy into Ohio's prescription monitoring program, OARRS.
- | The State of Ohio Board of Pharmacy has provided ICD-10 code compliance reports along with OARRS usage reports to the medical board, asking us to remind prescribers of these requirements. Regular communications to licensees who appear on the ICD-10 code report disseminated with OARRS compliance letters.



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OARRS USAGE

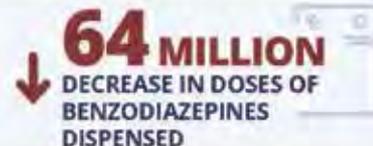
According to American Medical Association Data, Ohio had the most PDMP checks with >88 million (2014-2017)

Additional statistics from the Board of Pharmacy's 2018 OARRS annual report



The total doses of opioids dispensed decreased from a high of 793 million in 2012 to 568 million in 2017, a **28.4 percent decrease**.

The total doses of benzodiazepines dispensed decreased from a high of 297 million in 2012 to 233 million in 2017, a **21.5 percent decrease**.



The number of queries for patient information in OARRS increased from 1.78 million in 2011 to 88.96 million in 2017, a **4,900 percent increase**.

Ohio has made significant progress in promoting integration of OARRS into electronic health records and pharmacy dispensing systems. **20,000** pharmacists and prescribers now have direct access to OARRS as part of their workflow.



The number of individuals engaged in doctor shopping behavior decreased from 2,205 in 2011 to 273 in 2017, a **decrease of 88 percent**.

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