



# 2016 NCSBN DISCIPLINE CASE MANAGEMENT CONFERENCE

Tennessee Board of Nursing

Elizabeth Lund, MSN,RN, Executive Director

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# Teamwork to Address Prevention & Detection of Narcotic Overprescribing



# Key Points

- Tennessee story
- Stimulate ideas
- Data-driven
- Teamwork, communication, trust



**Progress!**

# Setting the Stage

## Tennessee - Umbrella Agency

- 30 Health Related Boards
  - Office of General Counsel
    - Attorneys assigned to boards
- Investigations Division
  - RN investigators
  - Regional offices
- History of working autonomously



# Prescribing Licensees



\*10,500 (21%)

Advanced Practice Registered Nurses

# Problem

- Prescription drug abuse identified as priority



# C-II Controlled Substance Utilization by State

A State Comparison: Annual Prescriptions per Capita 2014 CII Products					
Rank	State	Rx per Capita	Rank	State	Rx per Capita
1	Alabama	1.4	27	District of Columbia	0.8
<b>2</b>	<b>Tennessee</b>	<b>1.3</b>	28	Massachusetts	0.8
3	Louisiana	1.2	29	Virginia	0.8
4	West Virginia	1.2	30	Iowa	0.8
5	Mississippi	1.2	31	Nebraska	0.8
6	Kentucky	1.2	32	Montana	0.8
7	Arkansas	1.2	33	Vermont	0.8
8	South Carolina	1.1	34	Washington	0.8
9	Oklahoma	1.1	35	Connecticut	0.8
10	Michigan	1.0	36	Arizona	0.7
11	Indiana	1.0	37	Maryland	0.7
12	North Carolina	1.0	38	Wyoming	0.7
13	Delaware	1.0	39	North Dakota	0.7
14	Kansas	1.0	40	Colorado	0.7
15	Ohio	1.0	41	South Dakota	0.7
16	Rhode Island	0.9	42	Illinois	0.7
17	Maine	0.9	43	New Mexico	0.7
18	Missouri	0.9	44	Florida	0.7
19	Utah	0.9	45	Minnesota	0.7
20	Oregon	0.9	46	Texas	0.7
21	Georgia	0.9	47	Alaska	0.6
22	Pennsylvania	0.9	48	New Jersey	0.6
23	New Hampshire	0.9	49	New York	0.6
24	Idaho	0.8	50	California	0.5
25	Nevada	0.8	51	Hawaii	0.5
26	Wisconsin	0.8	52	Puerto Rico	N/A

All states = 0.8 annual prescriptions per capita

2013 USA total CII prescriptions = 257,450,331; TN total = 8,954,973  
 2014 USA total CII prescriptions = 249,953,231; TN total = 8,668,742

# TN's Prescription Drug Problem



**275.5 Million Hydrocodone Pills**

**51 pills**  
per every  
Tennessean  
over age 12



**116.6 Million Xanax Pills**

**22 pills**  
per every  
Tennessean  
over age 12



**113.5 Million Oxycodone Pills**

**21 pills**  
per every  
Tennessean  
over age 12



# Defining Morphine Milligram Equivalents

- MME stands for Morphine Milligram Equivalents.
- Different opioids have different morphine equivalents and are calculated in relation to morphine.

Morphine 1 mg = 1 MME

Hydrocodone 1 mg = 1 MME

# Converting Opioids to Morphine Milligram Equivalents

Formula for MME per day:


$$\frac{\text{Strength(in mg)} \times \text{Morphine Equivalent} \times \text{Quantity}}{\text{Number of days}}$$

Conversions to Morphine Milligram Equivalents:


Opioid name	Milligrams (mg) of opioid	Equivalent milligrams (mg) of morphine
Buprenorphine (Oral)	1	10
Fentanyl	1	7.2
Hydromorphone	1	4
Methadone	1	3
Oxymorphone	1	3
Oxycodone	1	1.5
Hydrocodone	1	1
<b>Morphine</b>	<b>1</b>	<b>1</b>
Codeine	1	0.15
Tramadol	1	0.1

Example:     **80 MME**


=

1 pill of 8mg Buprenorphine 

=

2.5 pills of 8mg Hydromorphone 

=



16 pills of 50mg Tramadol 

# Top Prescribers

**Guidelines  
recommend  
<120 MEDD**

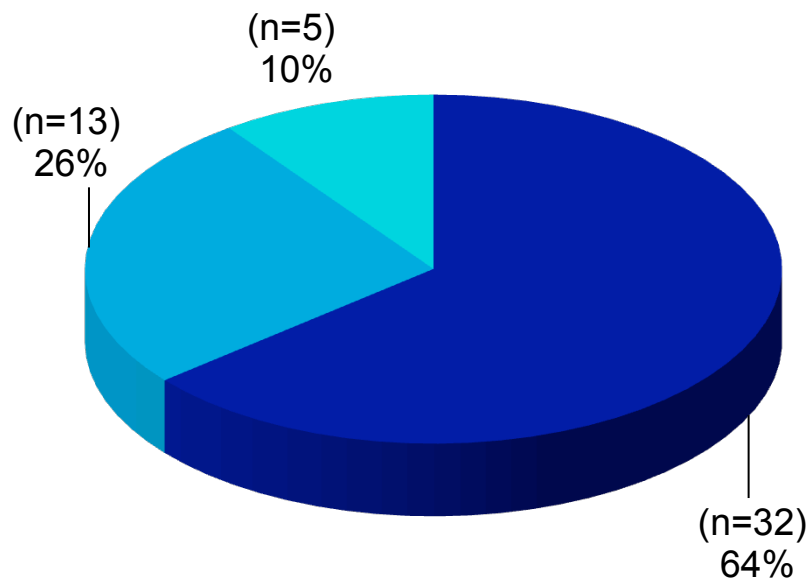
- Hydrocodone/  
Percocet
  - Hydrocodone 10 mg  
12 pills per day
  - Percocet 10 mg  
8 pill per day

**CSMD reveals up to  
500 MEDD per patient  
(have seen up to 700)**

- Hydrocodone/  
Percocet
  - Hydroc   
50
  - Percoc   
33

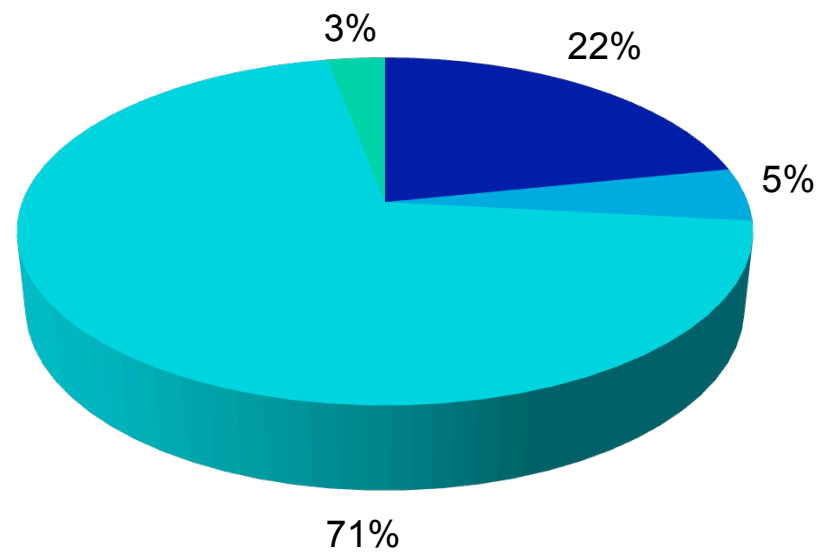
# Comparison of Top 50 to Prescribers with DEA

## 2015 Top 50 Prescribers



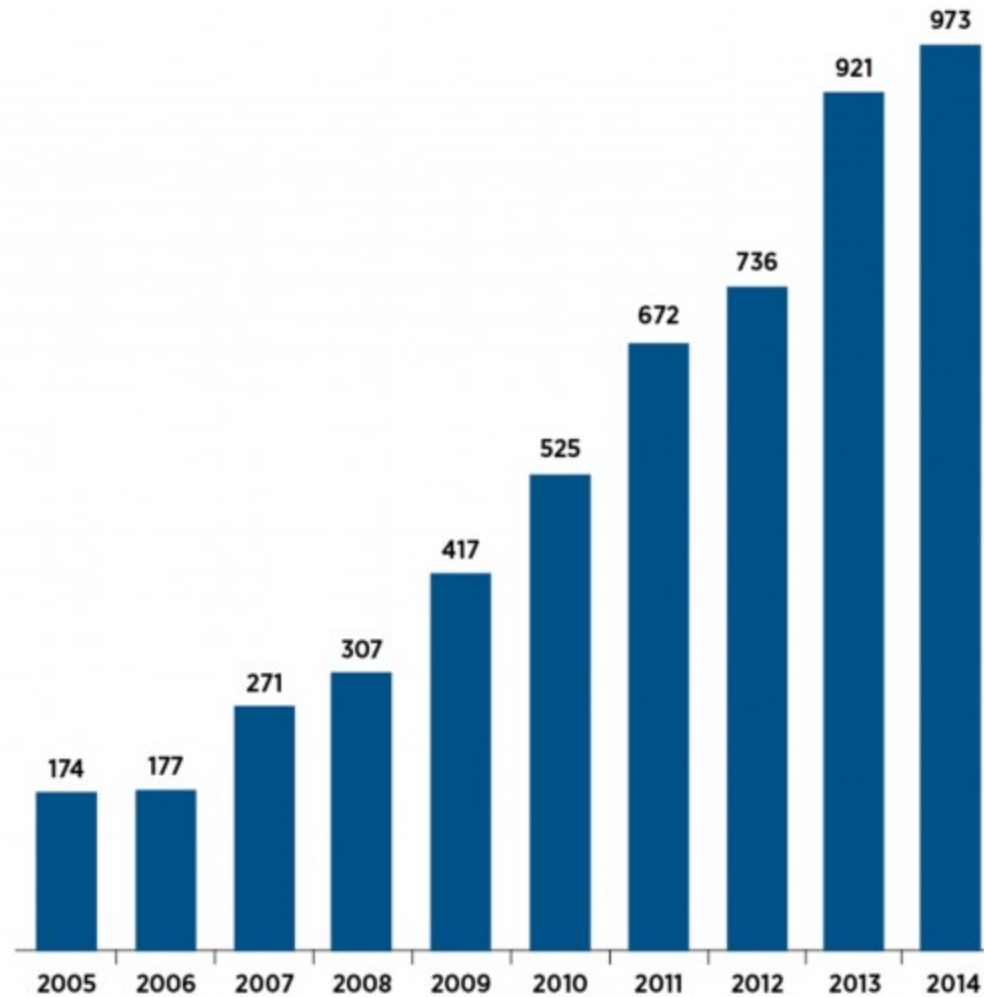
■ APRN ■ Physician ■ PA

## DEA Registrants



■ APRN ■ Physician ■ PA ■ Optometrist

## Number of Inpatient Hospitalizations with Any Diagnosis of Neonatal Abstinence Syndrome in Tennessee, 2005-2014

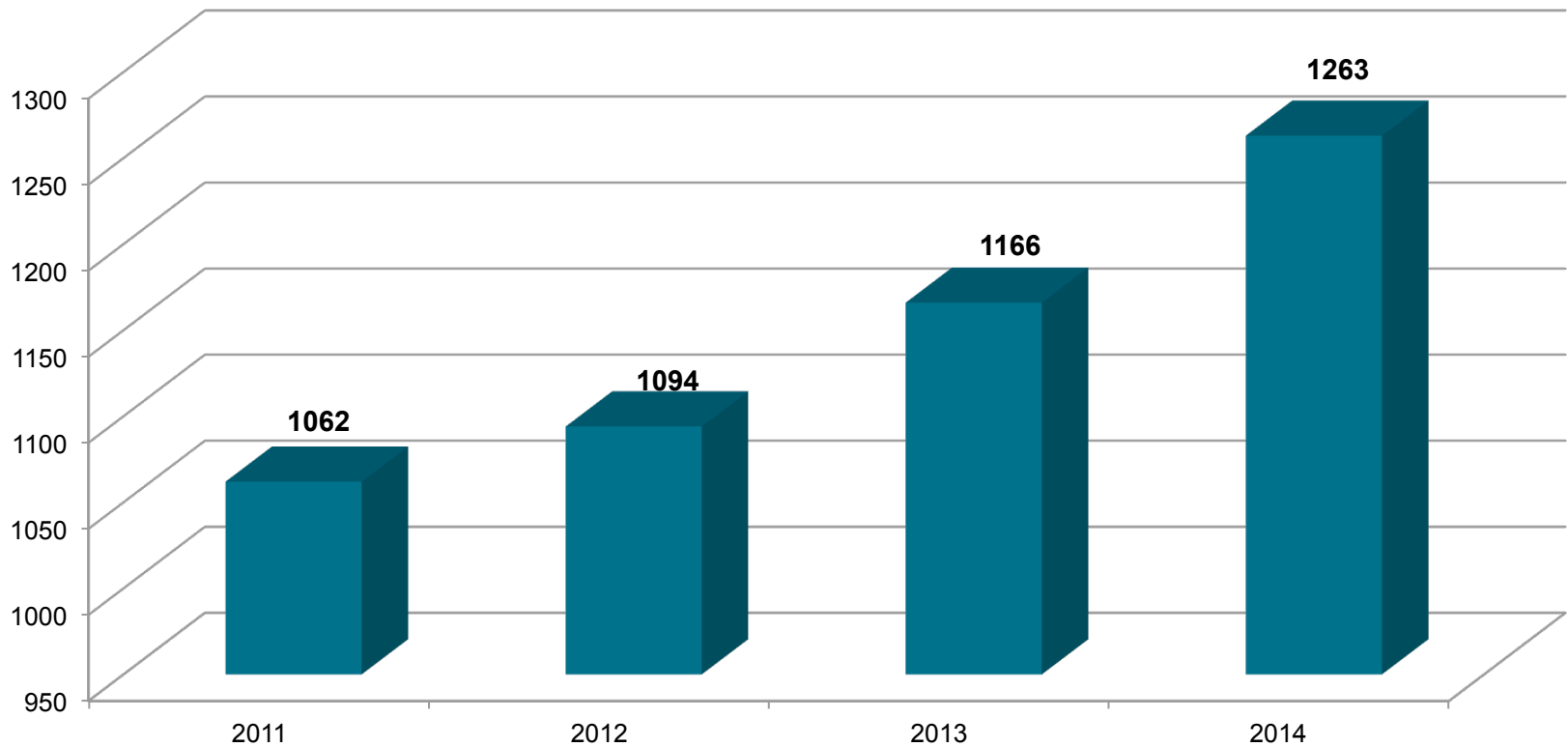


Source: Better Tennessee website:

<http://bettertennessee.com/mist/>

# Drug Overdose Death: 2011-2014

## Total Numbers



Source: TN Department of Health

# Legislative Efforts



# Prescription Safety Act of 2012

## Controlled Substance Monitoring Database (CSMD)

- Requires registration
- Mandates query before initial prescription of **opioid & benzodiazepine**
- Must identify method of payment
- Pharmacy must report prescriptions within 7 days

Authorizes agreements with other states for data sharing



# Addison Sharp

## Prescription Regulatory Act of 2013

- Mandates chronic pain treatment guidelines be developed and updated annually
  - Panel of experts
- Approved by the boards
  - Adopted as policy
- Disseminated to licensees
  - Newsletters
  - Symposia
- Requires 2 hours of CE related to controlled substance prescribing to include chronic pain guidelines

# “Top 50 Act” of 2013

- Identify top 50 prescribers of controlled substances
- Send letter to prescriber and supervisor
  - Response requested



## **“Chronic Pain Guidelines Act” of 2014**

- Chronic Pain Guidelines written by January 1, 2014
- All prescribers with DEA 2 hours CME every 2 years
- Prescribe 30 days at a time Schedule II-IV
- By January 1, 2014 the commissioner shall develop recommended treatment guidelines for prescribing opioids, benzodiazepines, barbiturates, and carisoprodol. That can be used in the state as guide for caring for

# “Naloxone Act” of 2015

- Allows a licensed healthcare practitioner to prescribe naloxone to a person at risk of having an opiate related overdose, or a family member or friend of the at risk individual
- Requires training in administration of naloxone prior to drug being prescribed (Training being prepared by TDH)
- Provides immunity from civil prosecution for both prescribing practitioner and individual administering naloxone



# Teamwork Begins



# Controlled Substance Monitoring Data Base Committee

- Created in 2002
- Examine database information to ID and report unusual patterns of prescribing and dispensing controlled substances
- Member representatives from prescribing boards
- Currently BON chair serves on the committee



# Environmental Challenges

- Nursing Association introduces full practice authority bill
- Medical Association mobilized
- APRNs in the hot seat
- Denial, Anger and Suspicion
- What we were doing was not effective and nursing was not at the table
- How to turn the tide and contribute to solutions to beat the epidemic?

# APRN Competency Audit

- Increased audit
- Notified stakeholders of increased audit
- Quickly identified issues
- Quadrupled the percentage of records audited:
  - notice and formulary
  - current national certification
  - 1 contact hour of continuing education addressing controlled substances prescribing





# Audit Changes Made

- Simplified the audit form and instructions
- Simplified the formulary
  - 1 page
  - Check list
- Collected data on compliance
  - Initial
  - Final



# Prescription Drug Abuse Task Force

## ■ Purpose

- Analyze and interpret data
- Collaborate
- Discuss legislation

## ■ Team composition

- Medical
- Nursing
- Pharmacy
- Legal
- Commissioner's staff
- CSMD staff



**Result:** Began to understand one another's culture

# BON Contribution to Prescription Drug Abuse Task Force

- Examined data from APRN audits
- Analyzed data found in CSMD
  - Identified top 50 prescribers (information confidential)
- Evaluated board disciplinary action from overprescribing team



# Education is Key

- Face-to-face contact hours on prescribing practices and registration in the data base (CSMD) as part of an interdisciplinary team
- Stepped up email push notifications regarding new prescriptive requirements
- Medical Director of Special Projects provides board member education at each quarterly meeting



# Team Initiatives

- Endorsed “Tennessee Clinical Practice Guidelines for Outpatient management of Chronic Non-Malignant Pain” (Chronic Pain Guidelines)
- Vet Board released a position to nursing for APRN
- Additionally - Nursing Board
  - Committed to continuing education of board members and staff
  - Hired a full time APRN to work with interdisciplinary overprescribing team



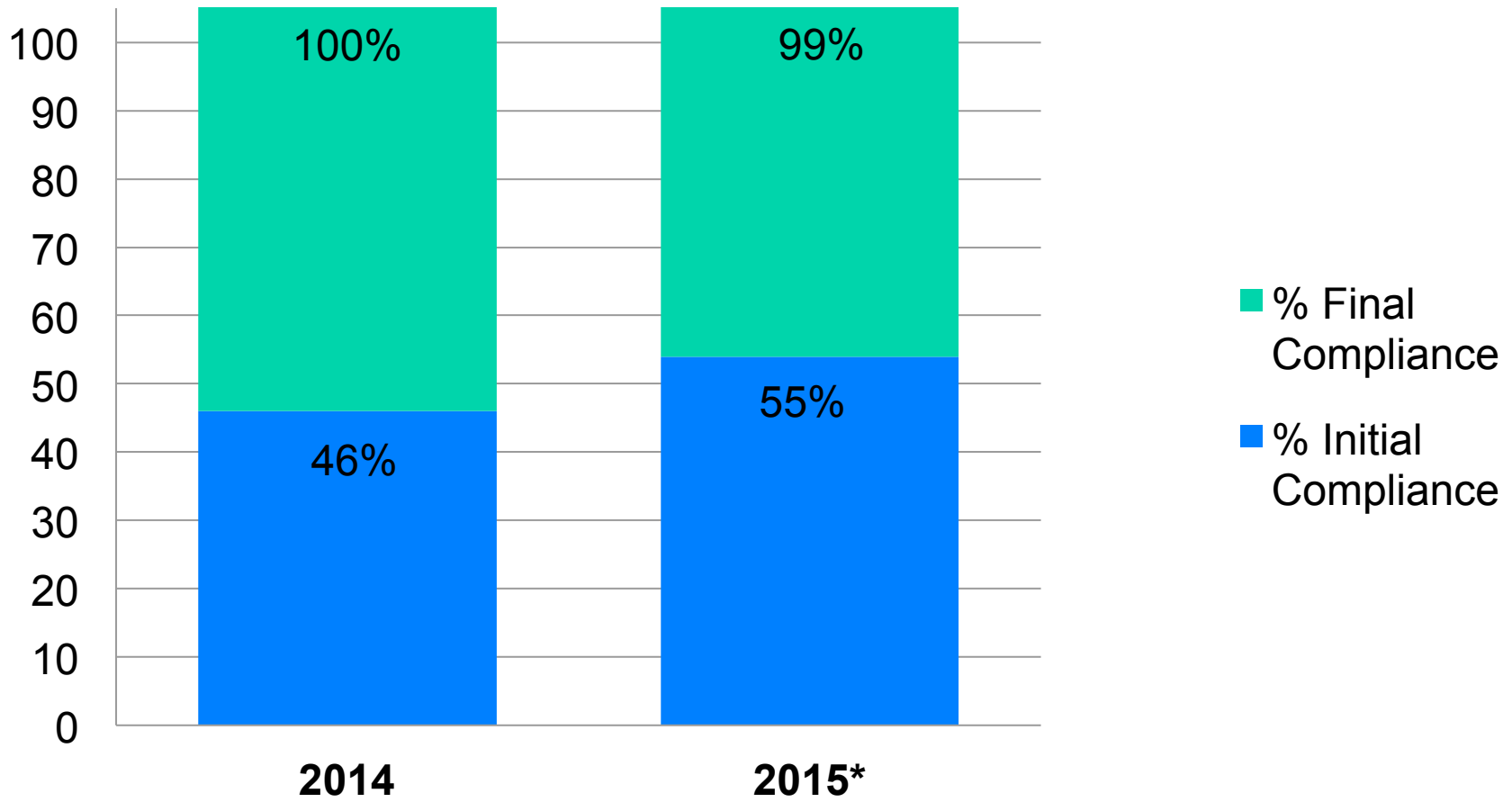
# Detection/Education

Because the majority of the top 50 prescribers are APRNs

- Stepped up audits
- Purposeful and random audits
- Education vs enforcement
- Created opportunity to communicate



# APRN Audit 2014 - 2015 Compliance



*\*Final compliance calculated when audit is closed.*

# Survey APRN Nursing Education Programs

- Contact hours re overprescribing
- Findings: No consistency
- Prescription Drug Abuse Task Force developed and distributed educational DVD to education programs

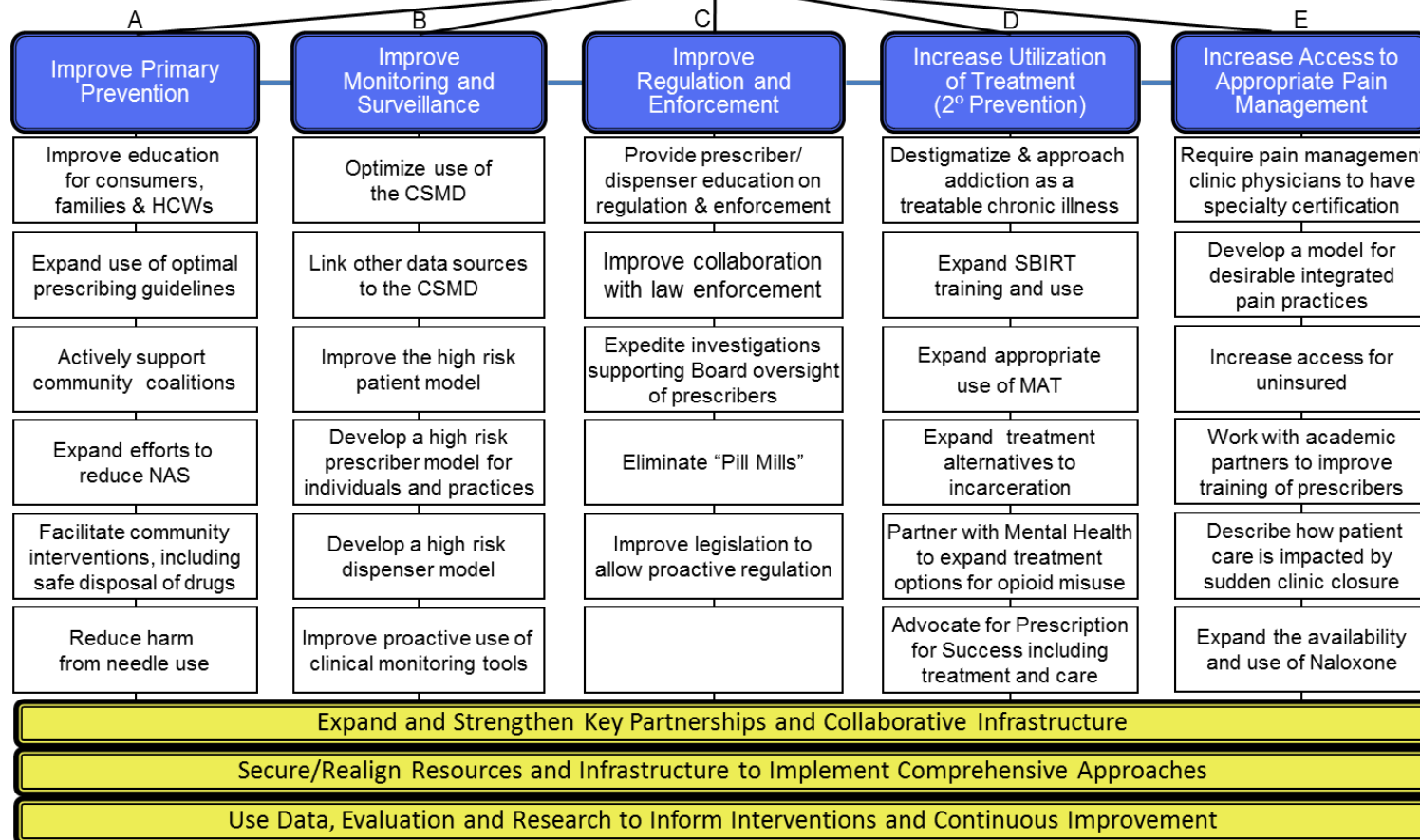




# Strategic Map

Public Health Approach to the Opioid Abuse Epidemic  
Tennessee Department of Health Strategic Map, 2016

Adopted  
1/11/16



# Improve Primary Prevention

- Improve education for consumers, families, and health care workers
  - Focus 12-25 y/o
  - Repurpose meth-lab trailers to opioid education
  - Symposia
- Expand use of optimal prescribing guidelines
  - ED and pain management
- Actively support community coalitions
  - Anti-drug coalitions, other across state



# Improve Primary Prevention

- Expand efforts to reduce NAS
  - New RN position
- Facilitate community interventions, including safe disposal of drugs
  - Public Service Announcements
- Expand the availability and use of naloxone
  - Pharmacist prescribe



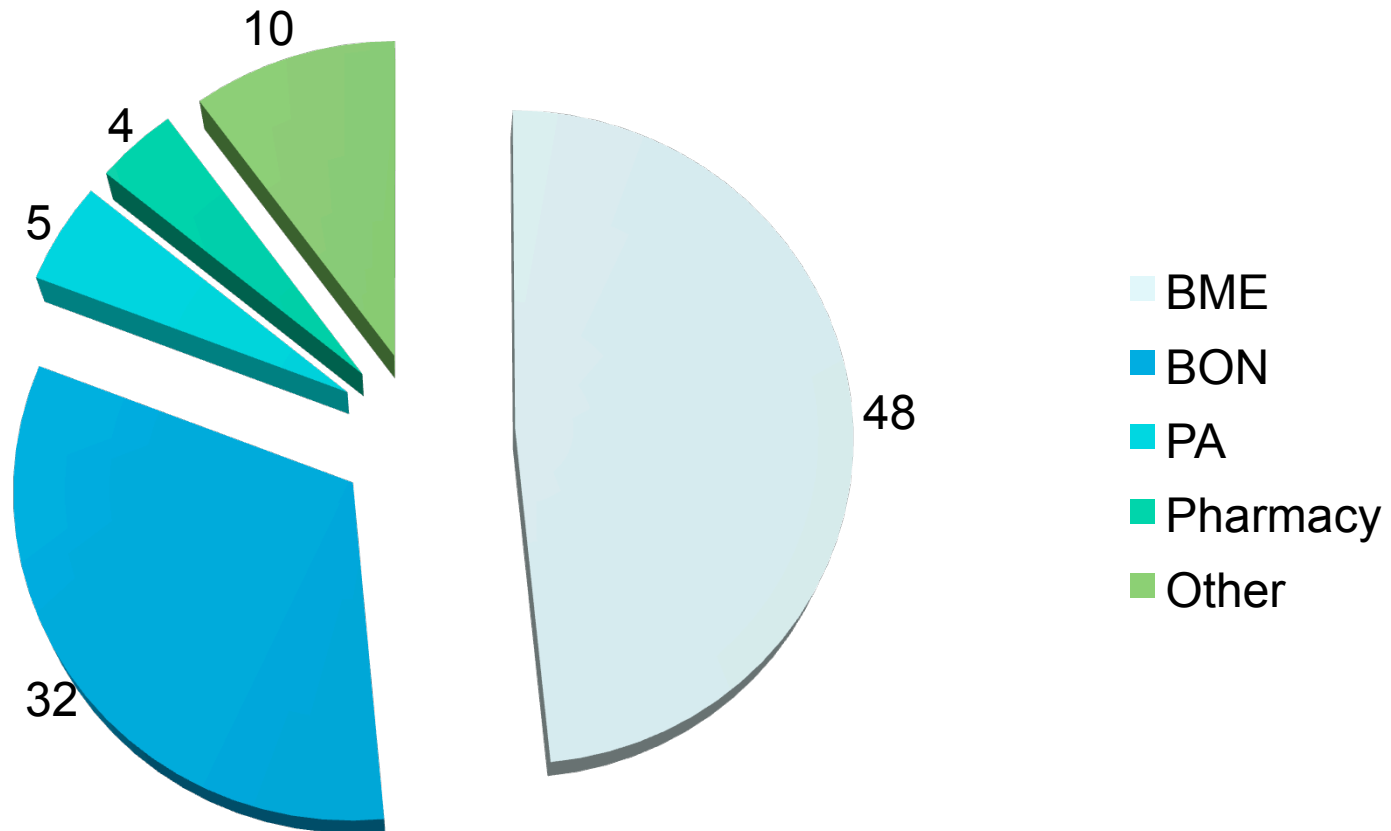
# Results



# Over Prescribing Disciplinary Actions

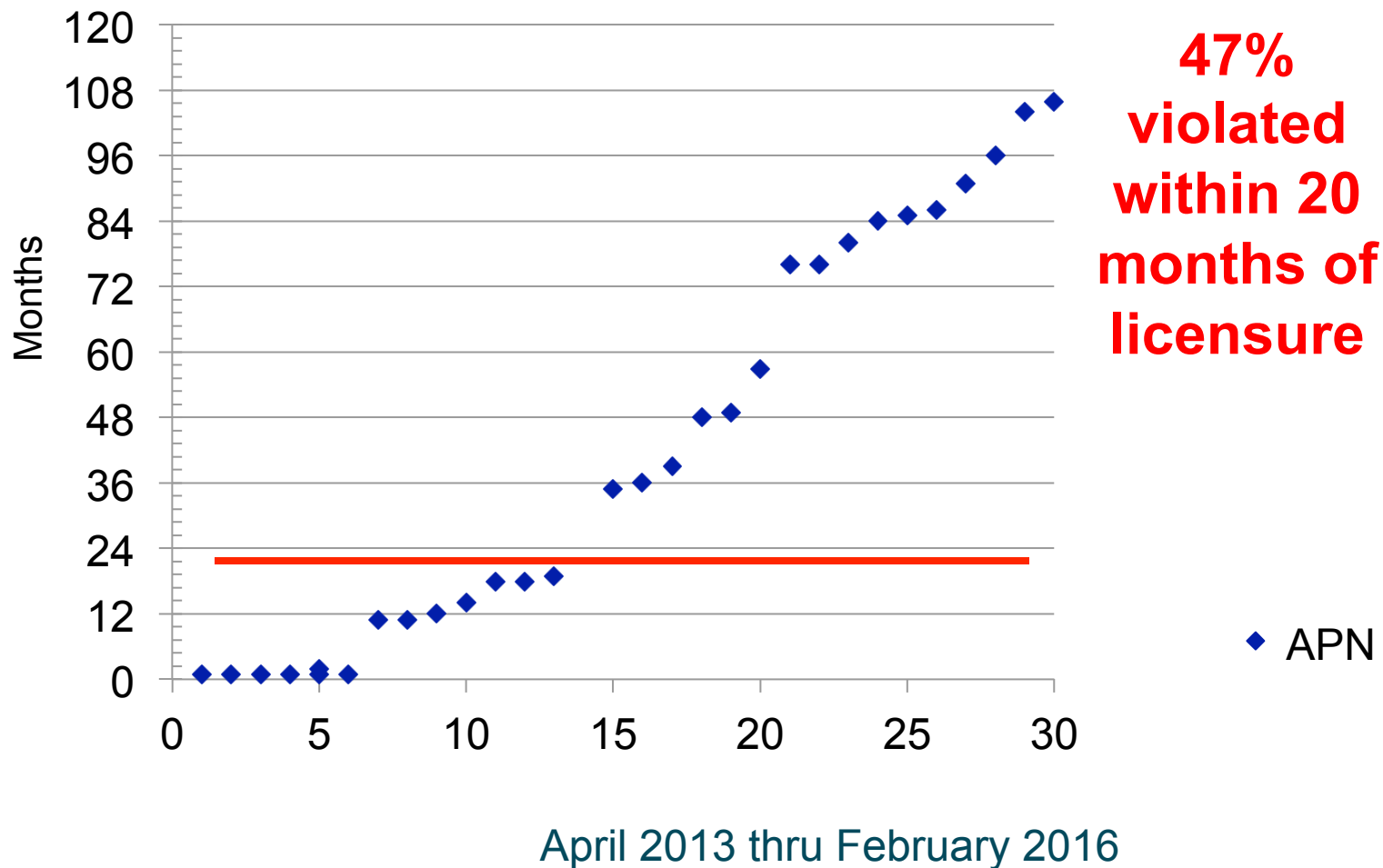
N=99

2013-Present

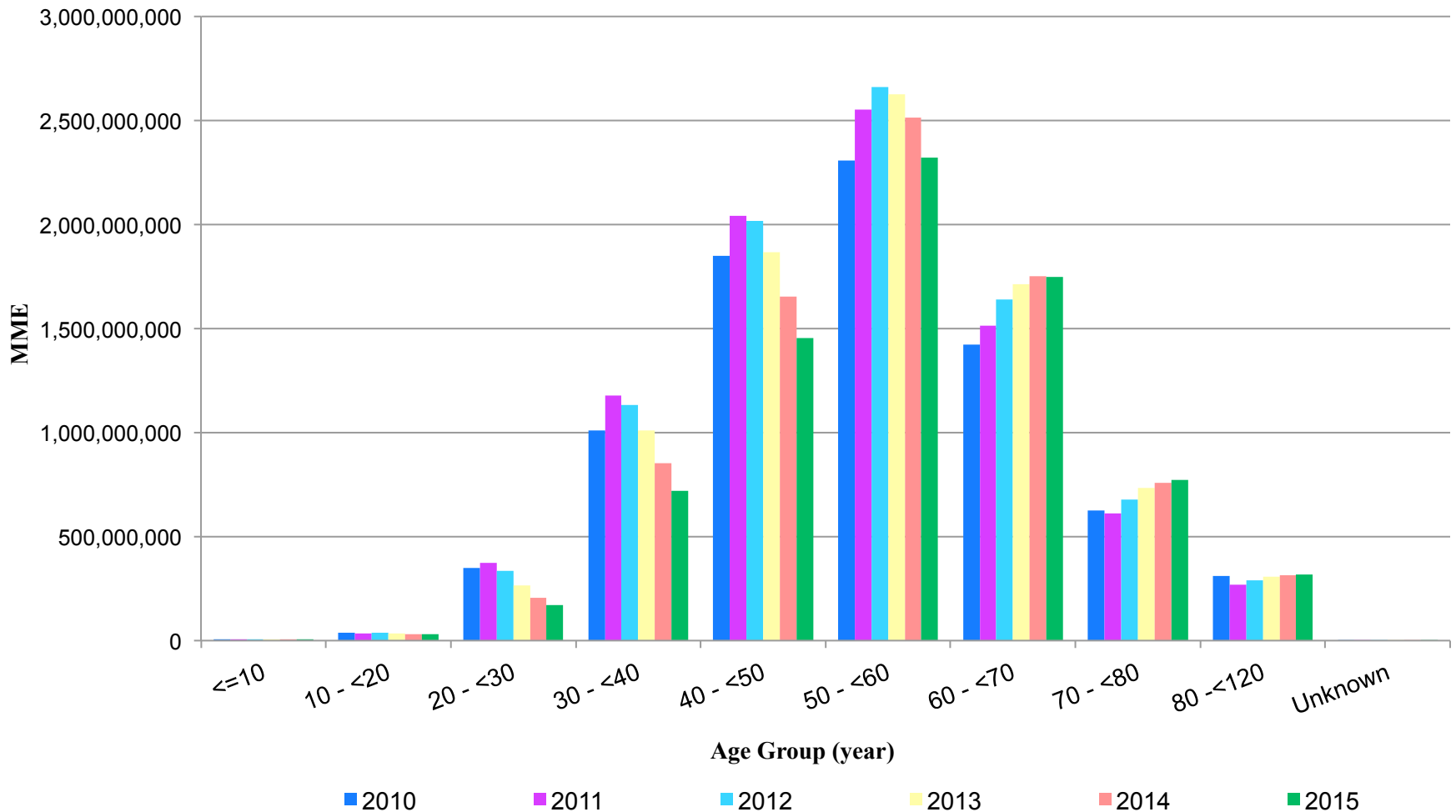


# Months licensed prior to violation

## N=30



# Morphine Milligram Equivalents of Opioids Dispensed to TN Patients by Age

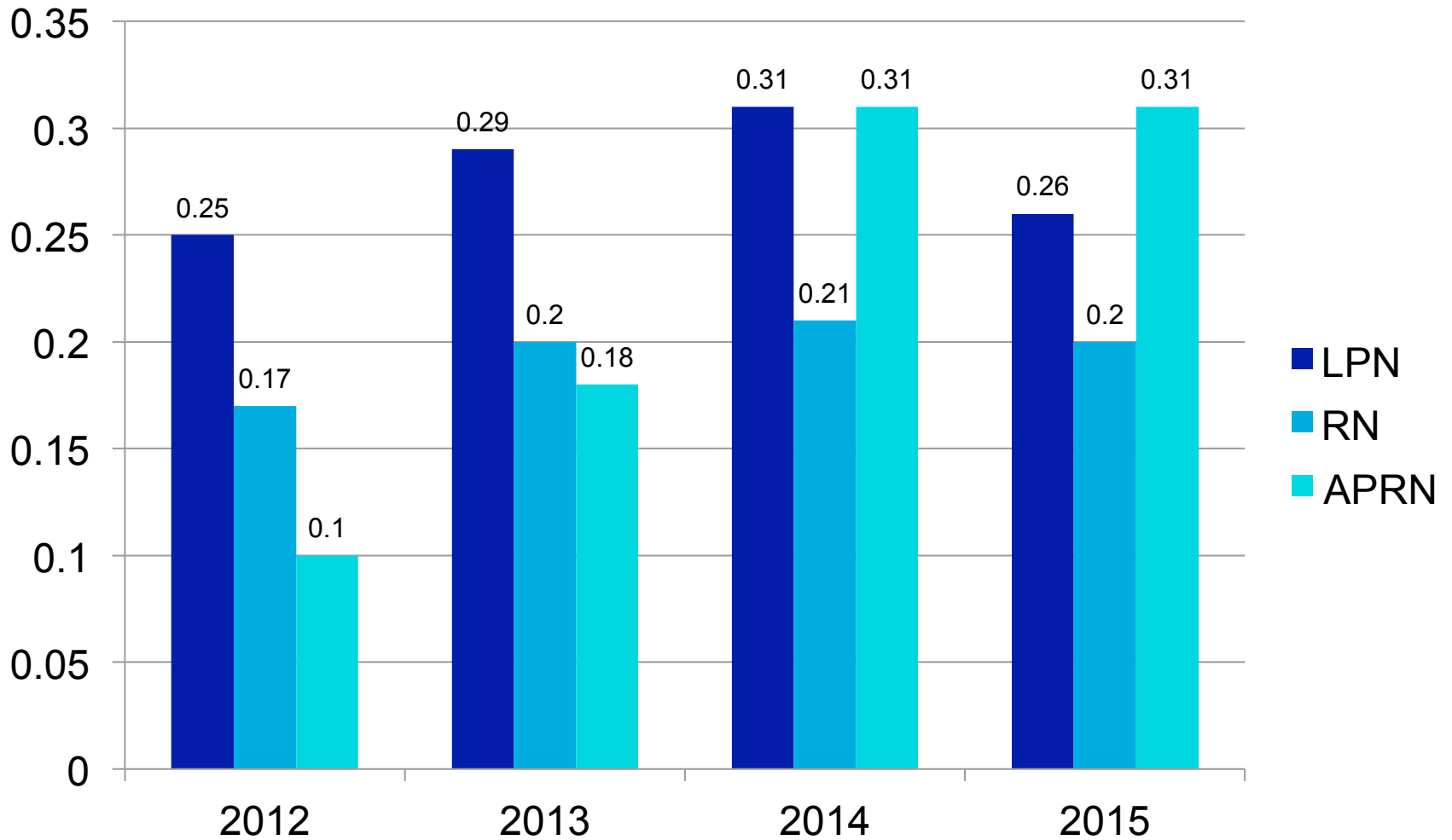


## Annual Morphine Milligram Equivalents per Capita for Pain

Year	Amount
2010	1130
2011	1233
2012	1250
2013	1230
2014	1164
2015	901



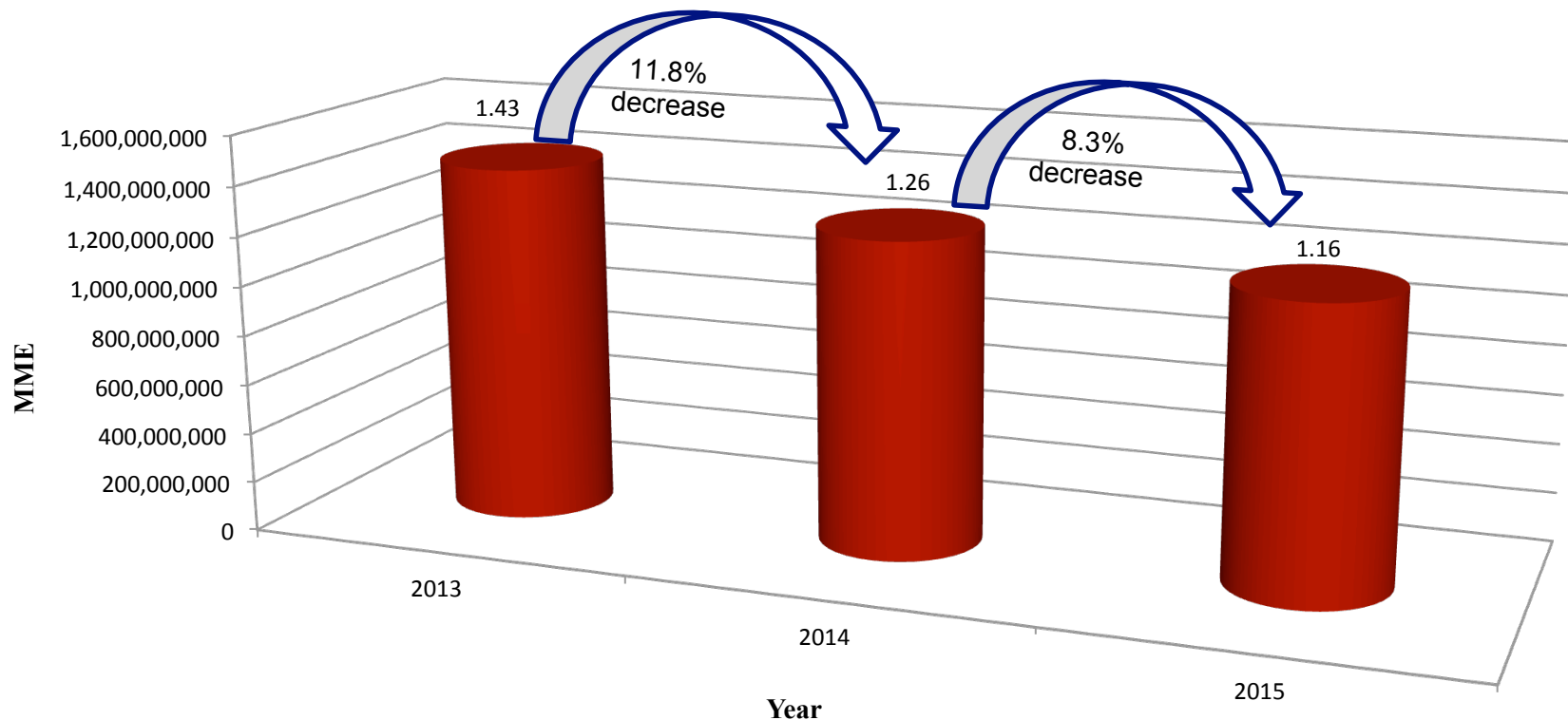
# Percent of Licenses Disciplined



# Analysis of Top 50

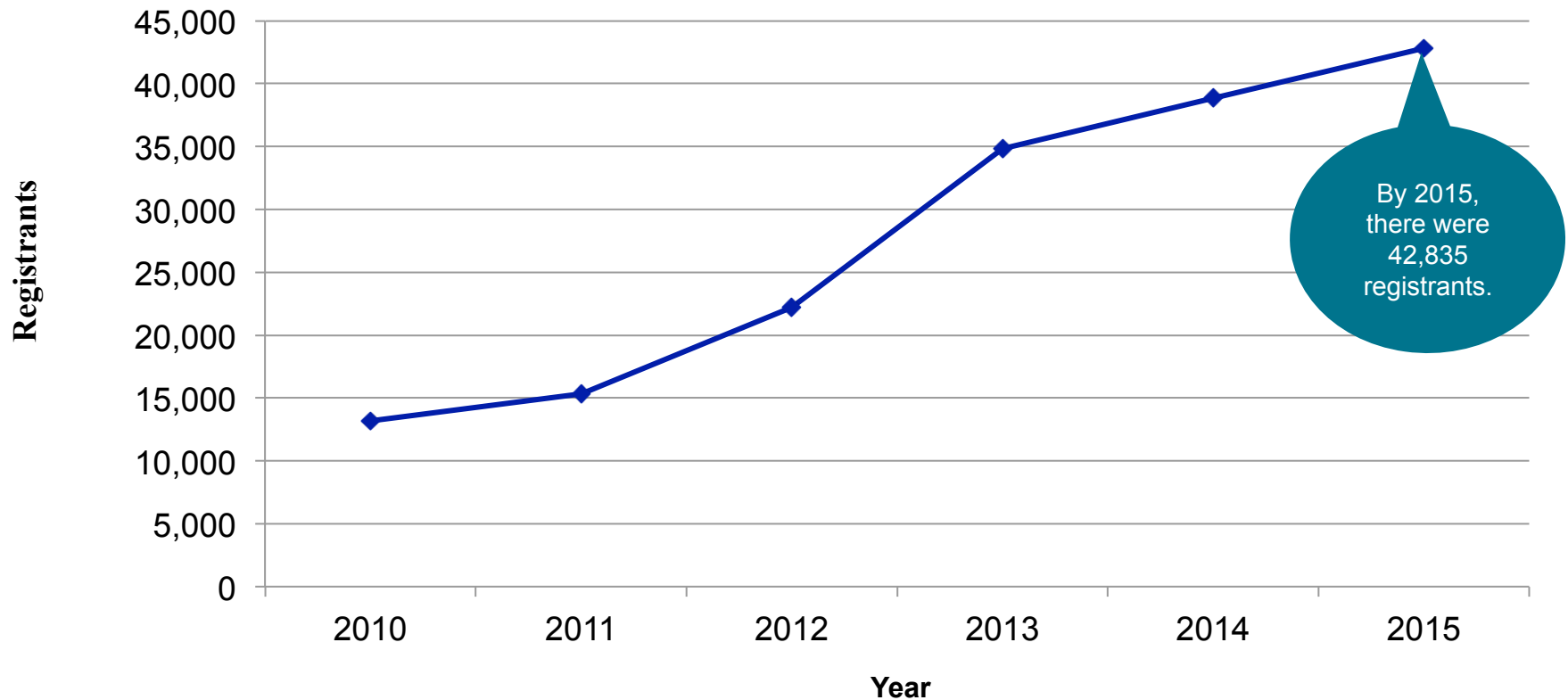
- 
- **Education**
    - Type of Degree
    - National Certification
  - **Demographics**
    - Age
    - Physical Location
    - Gender
  - **Role**
  - **Length of Licensure**

# Morphine Milligram Equivalents Prescribed by Top 50 Prescribers and Dispensed in 2013 - 2015\*



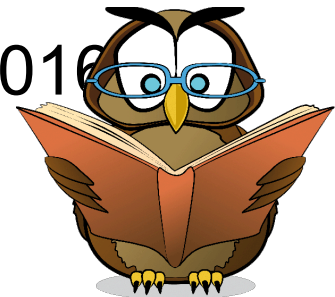
\*MME in 2013 and 2014 covered 12-month opioid prescriptions written by the top 50 prescribers from April 1 of preceding year to March 31 of current year; MME in 2015 covered opioid prescriptions filled by the patients of the top 50 prescribers during January 1, 2014 to December 31, 2014.

# Number of Registrants of the CSMD, 2010-2015



# Chronic Pain Guidelines

- Interdisciplinary panel wrote chronic pain guidelines
- BON endorsed “Tennessee Clinical Practice Guidelines for Outpatient Management of Chronic Non-Malignant Pain”—Fall 2014
- Panel reconvened in August 2015 to review/revise guidelines
  - BON endorsed revisions February 2016



# Education/Outreach

- Free symposia providing contact hours on prescribing practices and chronic pain guidelines as part of an interdisciplinary team
- Community stakeholders made the presentations available simultaneously online, archived the content and made the program available online



# Board Member Education

- Medical Director of Special Projects provides board member education at each quarterly meeting
- Board supports staff and board member continuing education
- NCSBN “HIVE” a resource comp boards of nursing initiatives



# Board Actions

- Endorsed Tennessee Chronic Pain Guidelines—  
Fall 2014, reaffirmed February 2016
- Increased APRN continuing education  
requirement of two contact hours addressing  
controlled substances prescribing including  
Tennessee Chronic Pain Guidelines
- Increased board panels from ~~two~~ to ~~three~~ to  
expedite hearings
- Supported APRN staff position





# Future

- Continue/grow teams
- Extend efforts to RNs and LPNs in fighting the opioid epidemic
- Expand collaboration with health care facilities
  - Annual HCF training
- Include Education in all forums
  - School site visits
  - Student presentations
  - Facility In-service





**THANK YOU**