

# Remediation for Opioid Over-Prescribing by APRNs

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# Objectives

1. To define overprescribing.
2. To discuss common instances when a BON engages to investigate APRNs involving opioid related issues.
3. To discuss issues to be considered in practice remediation following a discipline decision being made.
4. To review currently available methodologies and resources for over-prescribing remediation.

# Defining Over Prescribing

Generally agreed to in the literature to be...

Prescribing opioids in (1) greater amounts and/or (2) on more occasions than is considered therapeutically necessary.

# Opioid Prescribing Prevalence

## By Provider Type

Analysis of total 2013 claims, most opioids were prescribed by:  
physicians in family practice (15.3 million prescriptions)  
physicians in internal medicine (12.8 million)  
**nurse practitioners (4.1 million)**  
physician assistants (3.1 million).

Research identified the top 10% of opioid prescribers accounted for 57% of all opioid prescriptions.

For all Medicare drug data: the top 10% of all prescribers accounted for 63% of all prescriptions.

Reference: *JAMA Intern Med.* Published online December 14, 2015

# Deaths Quadrupled since 2000

**2014 DIED FROM OPIOID OVERDOSE = 28,647**

For every 1 death there are:



10 treatment admissions for abuse

32 ED visits for misuse or abuse

130 people who abuse or are addicted

825 nonmedical users

Reference: CDC, available at: <http://www.cdc.gov/drugoverdose/data/statedeaths.html>

# When are Regulatory Boards Most Commonly Involved?

1. When there is a complaint against an APRN regarding prescribing practices, patient care outcomes, or refusing to treat patients.
2. When there is a problem of diversion by the APRN.
3. When an APRN who is in a recovery program develops a condition that requires that they take a short term pain medication.

# Trends and Issues Monitoring Opioid Over Prescribing

1. More complaints and issues are being addressed than in past years.
2. Inter-disciplinary Boards are inconsistent with managing prescribing related discipline.
3. More regulatory policies, national standards , assessment and *monitoring tools* are in place for use today.
4. **After a disciplinary decision is made, resources assisting the APRN to bring their practice back into compliance with standards and safety are difficult to find, access, utilize and implement.**
5. Often times, regulators charged to monitor remediation lack knowledge about the standards and safe practice themselves.

# Risk Assessment Tools: Examples

Administered By

Tool	# of items	
<b>Patients considered for long-term opioid therapy:</b>		
<b>ORT</b> Opioid Risk Tool	5	patient
<b>SOAPP</b> <sup>®</sup> Screener & Opioid Assessment for Patients w/ Pain	24, 14, & 5	patient
<b>DIRE</b> Diagnosis, Intractability, Risk, & Efficacy Score	7	clinician
<b>Characterize misuse once opioid treatments begins:</b>		
<b>PMQ</b> Pain Medication Questionnaire	26	patient
<b>COMM</b> Current Opioid Misuse Measure	17	patient
<b>PDUQ</b> Prescription Drug Use Questionnaire	40	clinician
<b>Not specific to pain populations:</b>		
<b>CAGE-AID</b> Cut Down, Annoyed, Guilty, Eye-Opener Tool, Adjusted to Include Drugs	4	clinician
<b>RAFFT</b> Relax, Alone, Friends, Family, Trouble	5	patient
<b>DAST</b> Drug Abuse Screening Test	28	patient
<b>SBIRT</b> Screening, Brief Intervention, & Referral to Treatment	Varies	clinician



# Opioid Risk Tool (ORT)

Mark each box that applies

Female

Male

## 1. Family Hx of substance abuse

Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Prescription drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4

## 2. Personal Hx of substance abuse

Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Prescription drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5

## 3. Age between 16 & 45 yrs

<input type="checkbox"/> 1	<input type="checkbox"/> 1
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## 4. Hx of preadolescent sexual abuse

<input type="checkbox"/> 3	<input type="checkbox"/> 0
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## 5. Psychologic disease

ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Scoring Totals:

### Administer

On initial visit

Prior to opioid therapy

### Scoring (risk)

0-3: low

4-7: moderate

≥8: high

# Current Prescribing Debate

**ANDREW KOLODNY MD**  
EXEC DIR, PHYSICIANS FOR RESPONSIBLE OPIOID  
PRESCRIBING

"For the first time, the federal government is communicating clearly that the widespread practice of treating common pain conditions with long-term opioids is inappropriate. The CDC is making it perfectly clear that medical practice needs to change because we're harming pain patients and fueling a public health crisis."

**THOMAS FRIEDEN MD**  
CDC DIRECTOR

"We know of no other medication routinely used for a nonfatal condition that kills patients so frequently. We hope to see fewer deaths from opiates. That's the bottom line. These are really dangerous medications that carry the risk of addiction and death."

# Current Prescribing Debate

CHRIS HANSON  
PRESIDENT AMERICAN CANCER SOCIETY

"The move disregards the important role of pain management for cancer survivors who experience severe pain that limits their quality of life. Pain does not end when an individual completes treatment. Most often, cancer patients deal with lasting effects from their disease or treatment including pain for a significant period of time or indefinitely."

## INDIVIDUAL PATIENT CONCERNS

- Chronic pain patients not happy...
- Multiple articles on patient concerns
- Example: New Hampshire Opioid prescription debate: Grappling with pain and the law By MARK HAYWARD New Hampshire Union Leader [examples a NP]  
- Reference: <http://www.unionleader.com/Opioid-prescription-debate:-Grappling-with-pain-and-the-law#sthash.laF1MG4f.dpuf>

# Remediation Options Available to a BON Beyond Traditional Discipline

1. Alternative to Discipline programs focused on diversion/misuse or abuse of controlled substances by impaired nurses can be a model for practice remediation.
2. Minimal organized programs are available nationally.
3. The professional literature has few resources to guide remediation efforts after discipline/license surrender or other negotiated agreements are completed.

# BON Considerations in Crafting Practice Remediation Strategies

- Consider using a framework such as “Just Culture” or other decision guidance work to provide clarity to the process.
- Determine competency issues.
  - Is over opioid prescribing the only issue?
  - Competent APRN in a bad situation?
  - Knowledge deficit with negative outcome?
- Consider long term outcomes or remediation and if successes can be replicated with others?

# Ethical Issues for BON Consideration in Prescribing Remediation

- Achieving the right balance in oversight of APRN opioid prescribing without dictating practice.
  - Each patient has unique needs and differing pathologies require different modes of treatment.
- Punishment versus professional development.
- Public Protection versus Access to Services.
- Public Protection versus provider development as a role of the BON?

# Remediation Strategies

- Practice Controls
  - Prescriptive limitation
    - Required peer review and periodic reporting.
    - Varying levels of supervision or collaborative decisions on all or specific prescribing.
    - Restriction from opioid prescribing.
      - Limitations by category/schedule or full restriction.
    - Length of time for prescribing remediation limitations.

# Remediation Strategies

- Education options
  - Practice Standards established by professional organizations.
  - Continuing Education in safe opioid prescribing
    - NP Healthcare Foundation resources at: <https://www.nphealthcarefoundation.org/ce/>
  - Participation in formal programs such as the FDA endorsed “Opioid Prescribing, Safe Practice, Changing Lives”... formerly “REMS.”



# Education Resources

- National Association Guidelines
  - Federation of State Medical Boards.
  - Pain Societies for professionals.
  - Pain Organizations by diseases for general public and providers.
- CDC Guidelines of March 2016.
- **SCOPE**-Safe and Competent Opioid Prescribing Education  
available at:  
<https://www.scopeofpain.com/>
  - Live conferences
  - Online training
  - Printed materials
  - Toolkits

# ER/LA OPIOID REMS:

## Achieving Safe Use While Improving Patient Care

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Presented by CO\*RE  
Collaboration for REMS Education  
[www.core-rems.org](http://www.core-rems.org)



Collaborative for  
REMS Education

## Founding Partners

- ◆ American Pain Society (APS)
- ◆ American Academy of Hospice and Palliative Medicine (AAHPM)
- ◆ American Association of Nurse Practitioners (AANP)
- ◆ American Academy of Physician Assistants (AAPA)
- ◆ American Osteopathic Association (AOA)
- ◆ American Society of Addiction Medicine (ASAM)
- ◆ California Academy of Family Physicians (CAFP)
- ◆ Healthcare Performance Consulting (HPC)
- ◆ Interstate Postgraduate Medical Association (IPMA)
- ◆ Nurse Practitioner Healthcare Foundation (NPHF)

## Strategic Partners

- ◆ Physicians Institute for Excellence in Medicine which coordinates 15 state medical societies
- ◆ Medscape
- ◆ American Academy of Family Physicians
- ◆ American College of Emergency Physicians (***New in 2015***)



American Academy of Hospice and Palliative Medicine



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# Contemporary Issues Helping to Control Opioid Misuse

- Electronic Prescribing
- Electronic Medical Records
- Use of nationally vetted opioid risk abuse assessment tools
- Screenings—Urine drug tests, depression inventories
- Introduction of Informed Consents for opioid prescribing
- Patient and Provider Agreements
- Prescription Drug Monitoring Programs--PDMP

# Possible Future BON Considerations

- Partnering with state Boards Of Pharmacy to publish access rates of PDMPs by APRNs.
- Required CE linked to controlled substance prescribing authority.
- Peer review requirement specific to opioid prescribing and use of nationally vetted pain management and safe prescribing standards.
- Endorse Opioid Prescribing Guidelines similar to Federation of State Medical Boards.

Questions?

*Thank you for inviting me!*