

Avoiding Medical Board Discipline when Prescribing Opiates

There are a host of new, ever changing, and conflicting guidelines from a multitude of regulators and academic societies. This evolving and uncertain landscape is making the life of a practicing pain physician in the midst of today's nationwide opiate epidemic...painful.

Here are 10 Tips to help you avoid Medical Board discipline when prescribing opiates:

1. Don't Prescribe Opiates Unless...

- The patient has exhausted all reasonable alternatives
- There is medical indication
 - Recently documented objective evidence of/consistent with Patient's Pain Complaints
- You have conducted a comprehensive history, initial exam, imaging, UDT's, CURES, ORT's, have a signed Pain Contract, and have provided Informed Consent

2. Treat the 2014 MBC Guidelines as Dictating the Standard of Care (i.e. rules you must follow) – Deviations from these Guidelines must be justified and documented.

3. Spread the Risk & Use a Team Approach

- **Include other professionals**
 - Addictionologist/Pain Psychologist
 - Residential/Inpatient Detox
 - Psychiatrist
 - Physical therapist
 - Psychiatrists (for psych medications)
 - Sleep Specialist
- **Document**
 - Referrals
 - Patient Declinations/Refusals of Recommended Care or Consultation
 - Communications with other providers
 - Plan of action based upon other providers' recommendations

4. Pay Attention to the Red Flags and Take the Following Precautions

- Use Opioid Risk Tools
- Use Screening Questionnaires
- Train Your Staff to Pick Up Signs of Abuse
- Correct Your Staff if they Miss a Sign
- Never Dismiss Calls from Pharmacists, or Insurance Plans with Questions about Prescriptions
- Beware treating one patient differently than you treat all other patients
- Do not ignore risk factors for history of abuse/addiction
- Do not excuse failures solely because patient claims not feasible

5. Document, Document, Document, Including:

- Patient questionnaires, pain scores, vitals, patient chief complaints for each visit
- Make Sure to have a Pain Contract signed & in chart
- Physical exam for **each** new complaint
- Treatment Plan and Objectives at each visit; document projected end point/re-eval point
- Description of relief from pain medications on each body part, at each visit
- Instructions & advisements
- Beware templates!

6. Use Cures When¹...New patient

- Reason for suspicion
- Request for early fill
- Changing medications
- Patient has new complaint
- If patient has any compliance issue with Pain Contract (and you decide not to discharge patient or stop writing prescriptions)
- Document: Consistent with Pain Contract/ Inconsistent with Pain Contract/Questionable

7. Conduct Drug Testing on Regular Basis

- For all new patients
- Anytime reason for suspicion:
 - Request for Early Fill
- Anytime changing medications
- Anytime patient has new complaint
- Multiple times per year
 - Quarterly for every patient
- Minimum 1x/year
- Document: Consistent with Prescribed Medications/ Inconsistent/Questionable

8. Only Use Electronic Prescriptions

9. Audit Your Own Charts

10. Keep Current on Regulations and News

¹ As of October 2, 2018, any physician who prescribes Controlled Substances to a patient will be required to check CURES before the first time and at least quarterly (Health & Safety Code §11165.4)