



2016 NCSBN DISCIPLINE CASE MANAGEMENT CONFERENCE

Tennessee Board of Nursing

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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
2	Tennessee	1.3	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
Morphine	1	1
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**

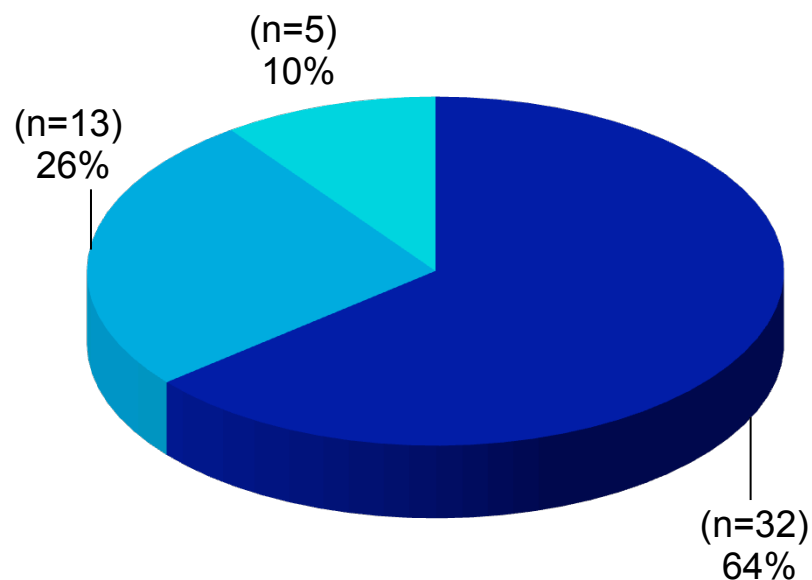
- Hydrocodone/
Percocet
 - Hydrocodone 10 mg
12 pills per day
 - Percocet 10 mg
8 pill per day

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

- Hydrocodone/
Percocet
 - Hydrocodone 10 mg
50 pills per day
 - Percocet 10 mg
33 pills per day

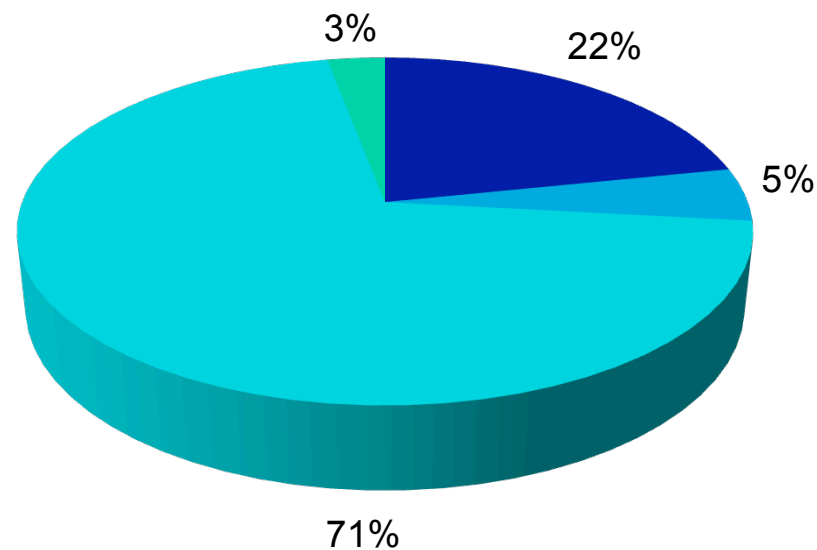
Comparison of Top 50 to Prescribers with DEA

2015 Top 50 Prescribers



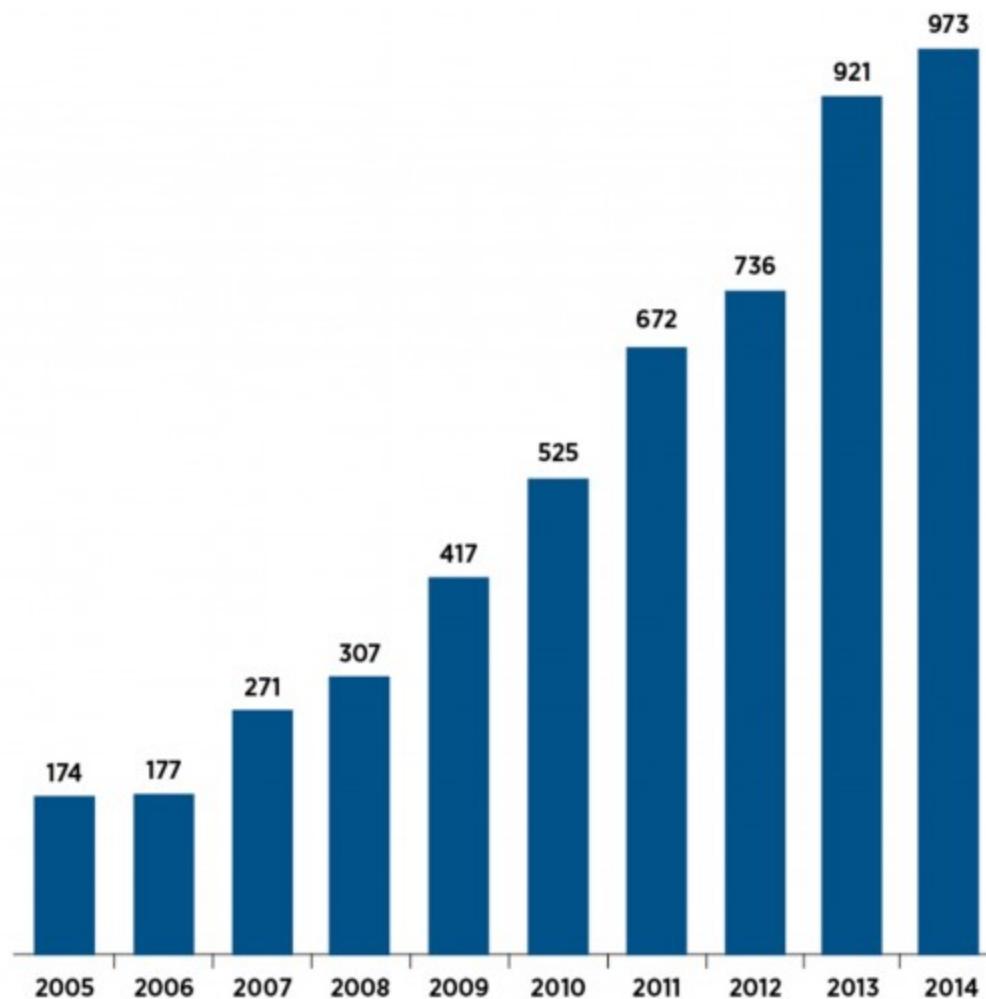
■ APRN ■ Physician ■ PA

DEA Registrants



■ APRN ■ Physician ■ PA ■ Optometrist

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

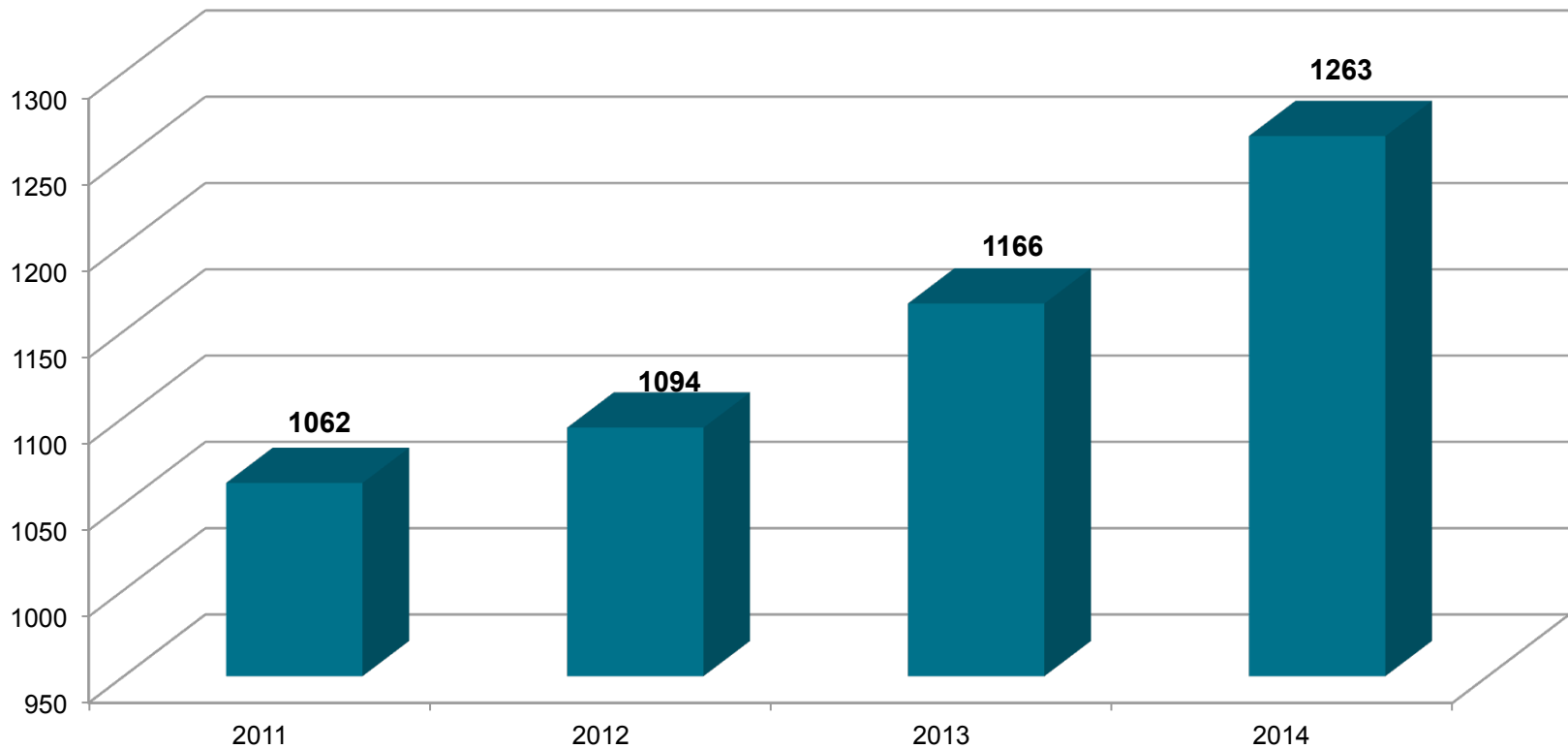


Source: Better Tennessee website:

<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



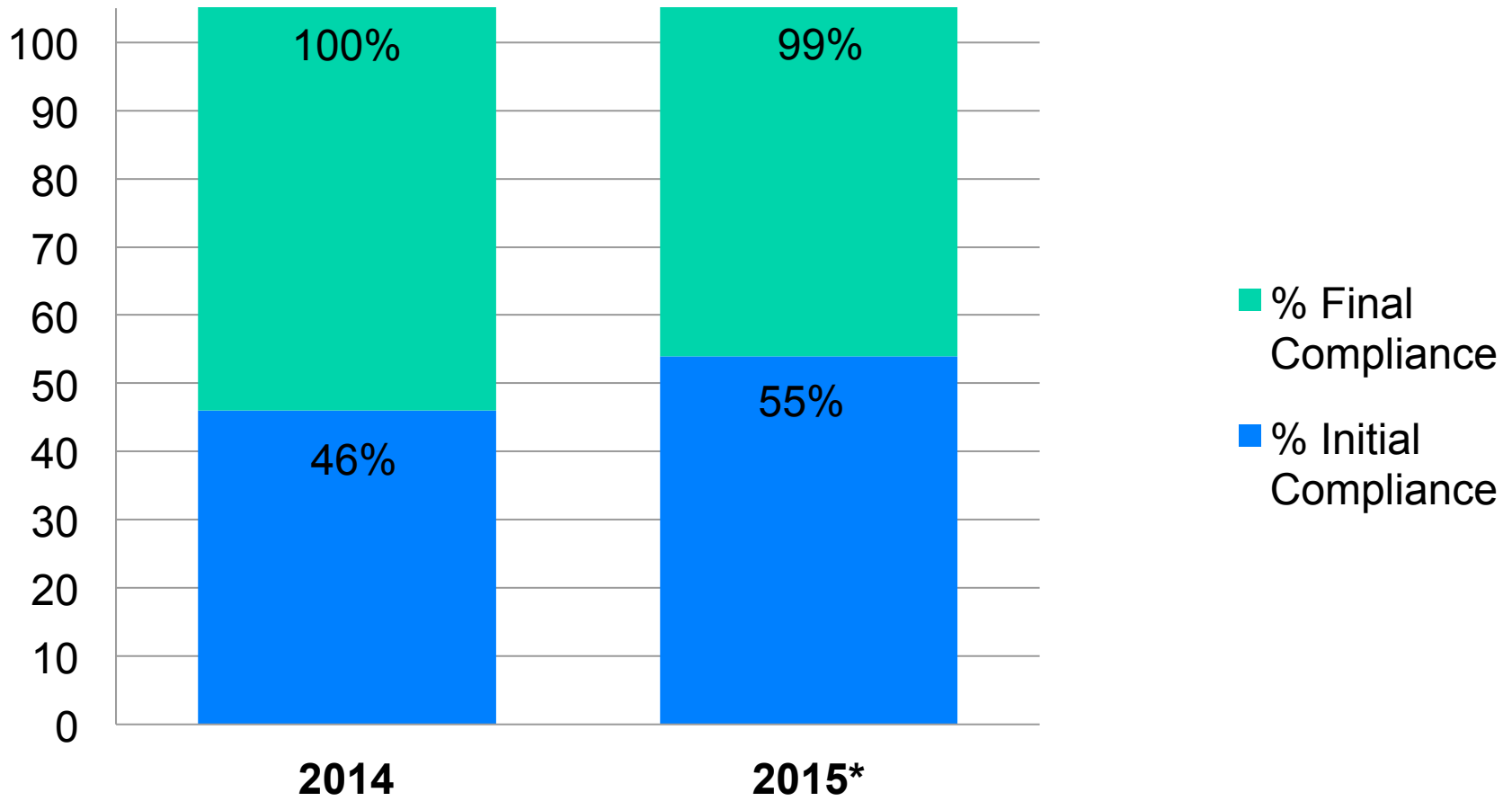
Detection/Education

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

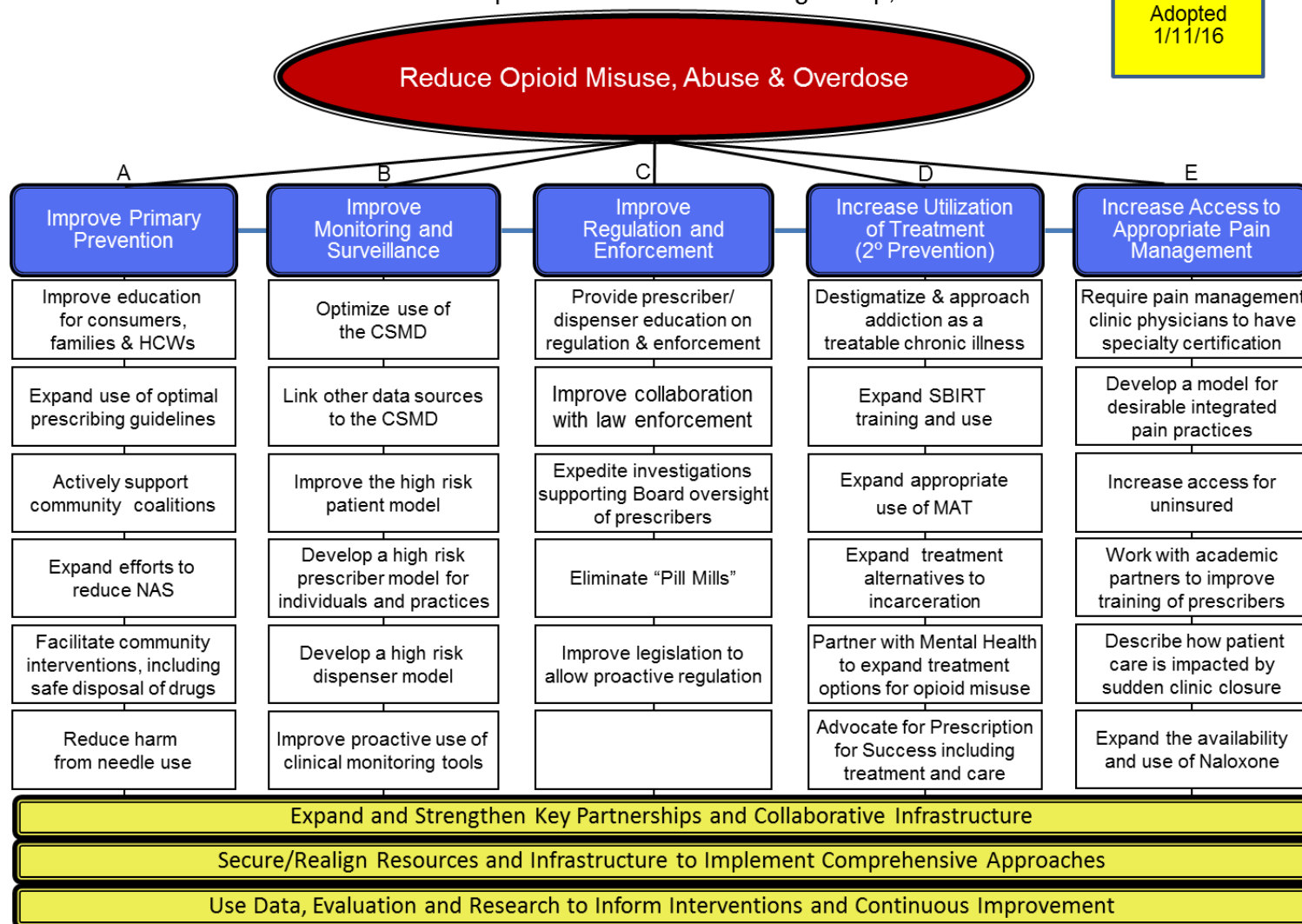
- Contact hours re overprescribing
- Findings: No consistency
- Prescription Drug Abuse Task Force developed and distributed educational DVD to education programs



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



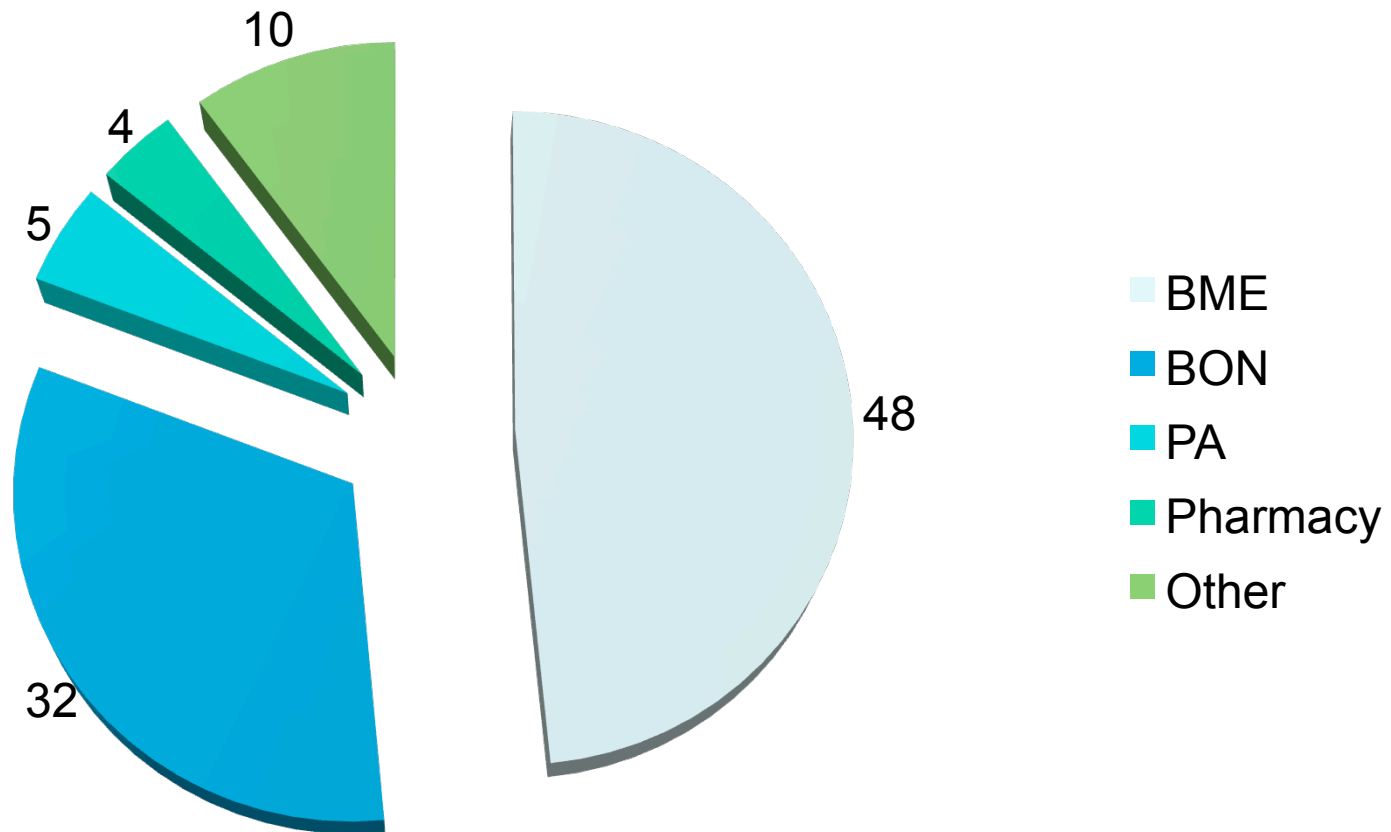
Results



Over Prescribing Disciplinary Actions

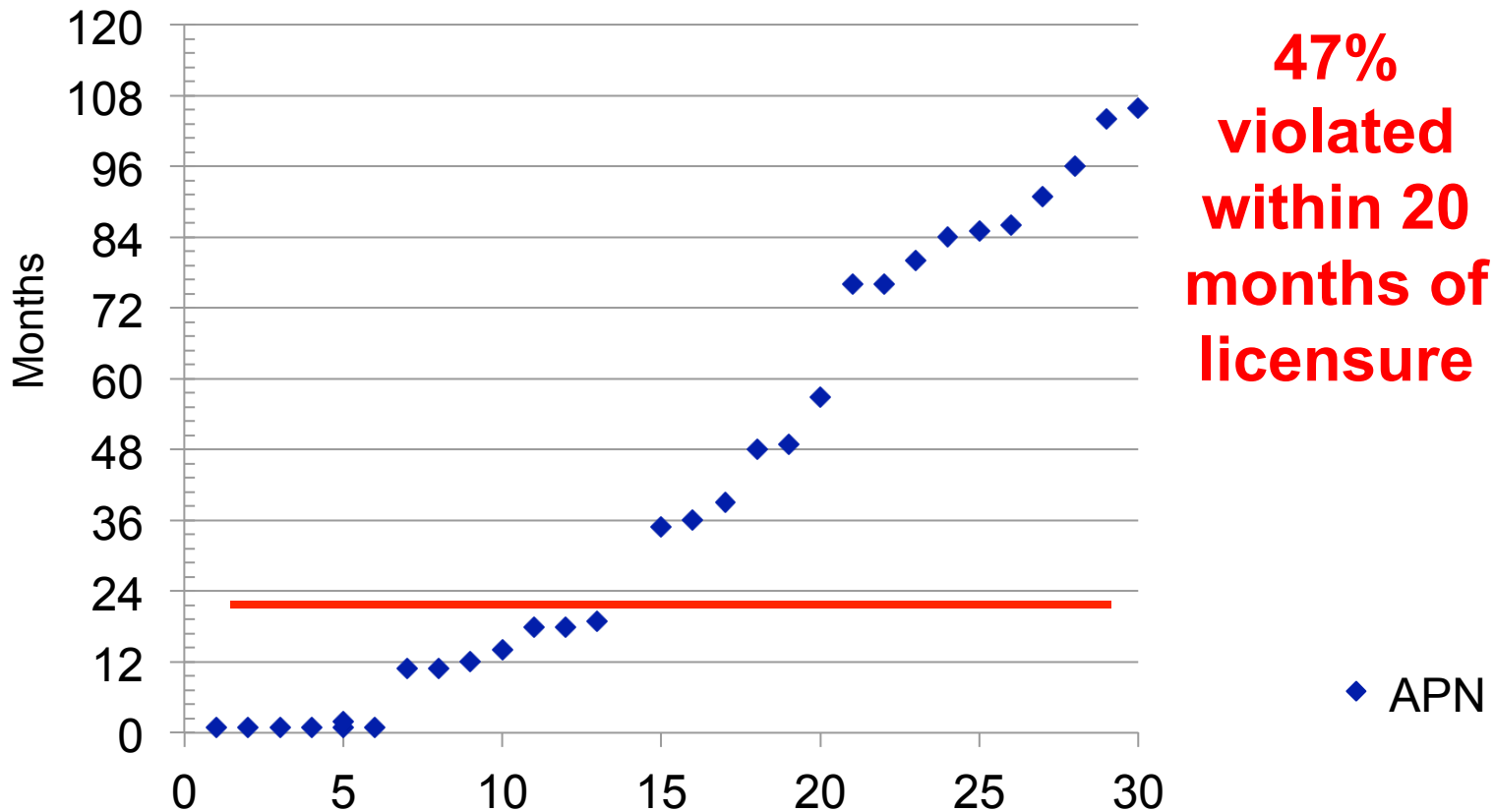
N=99

2013-Present



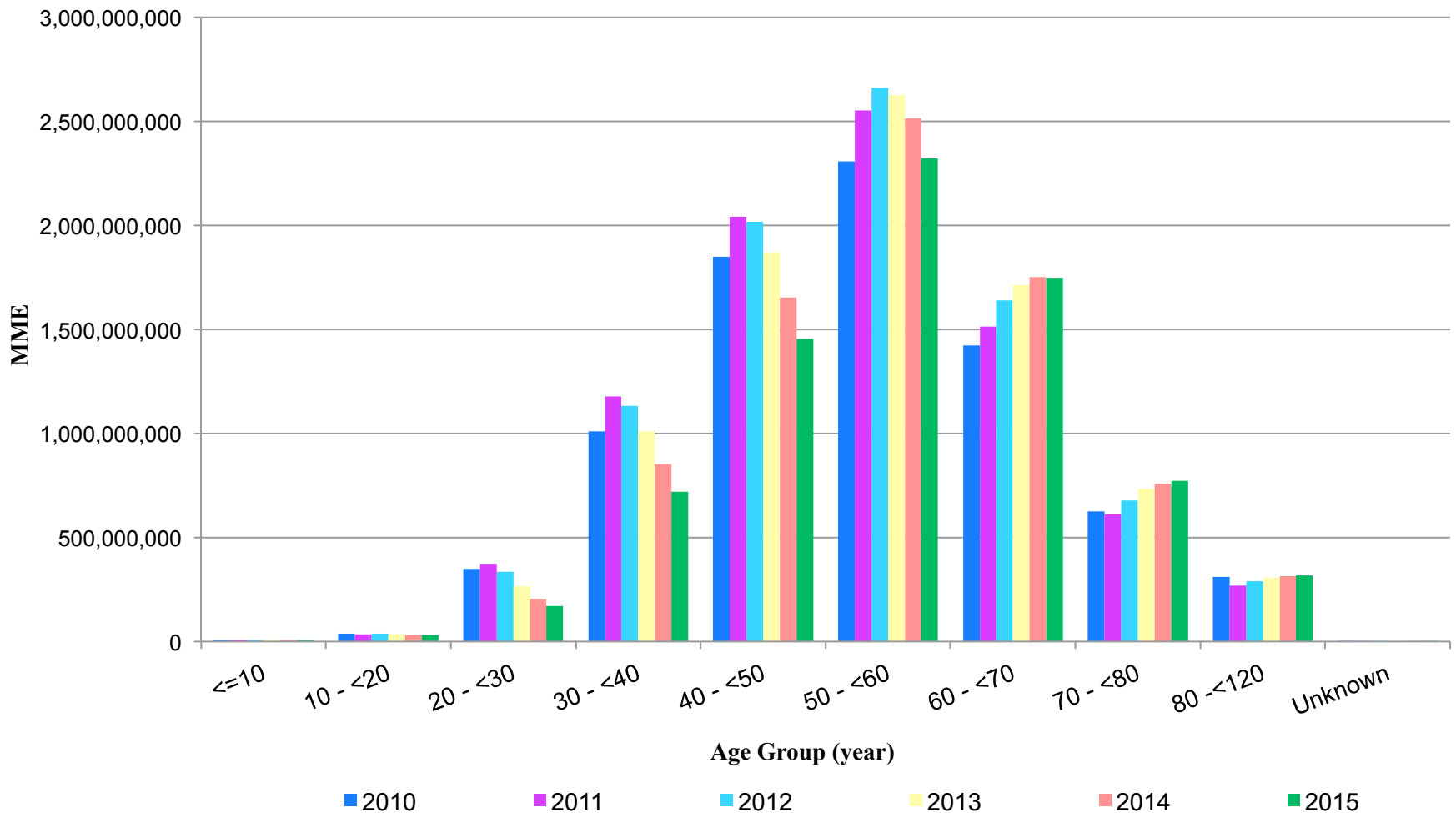
Months licensed prior to violation

N=30



April 2013 thru February 2016

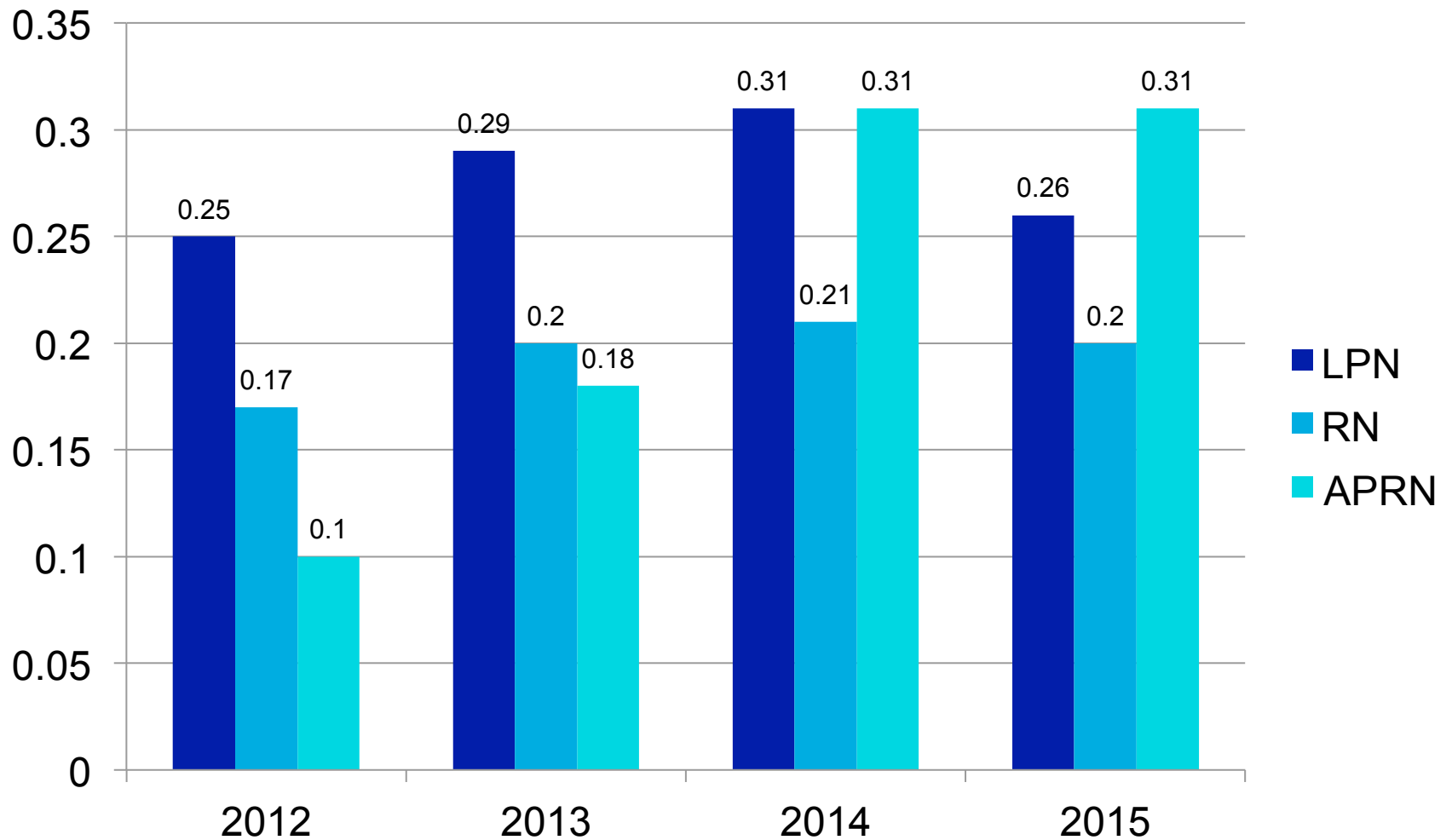
Morphine Milligram Equivalents of Opioids Dispensed to TN Patients by Age



Annual Morphine Milligram Equivalents per Capita for Pain

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

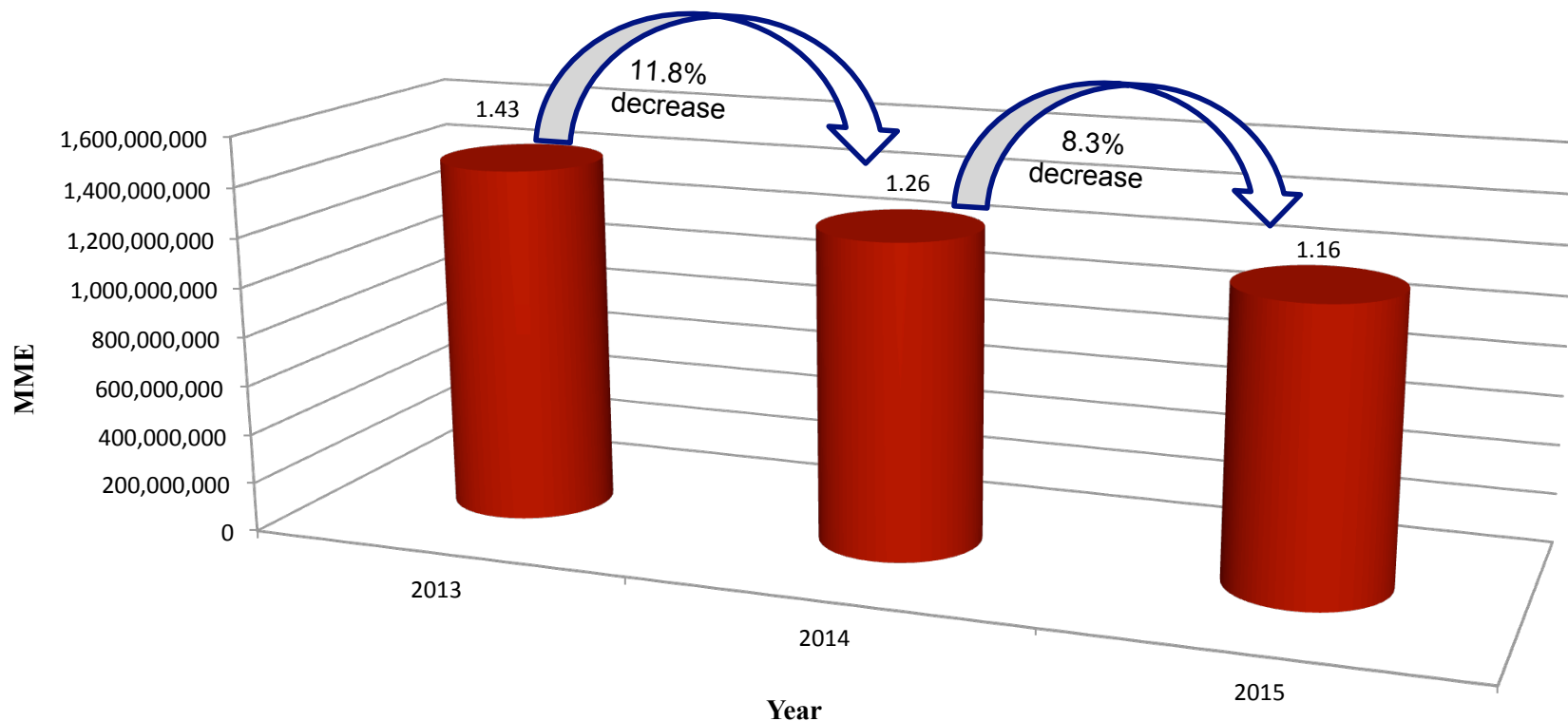
Percent of Licenses Disciplined



Analysis of Top 50

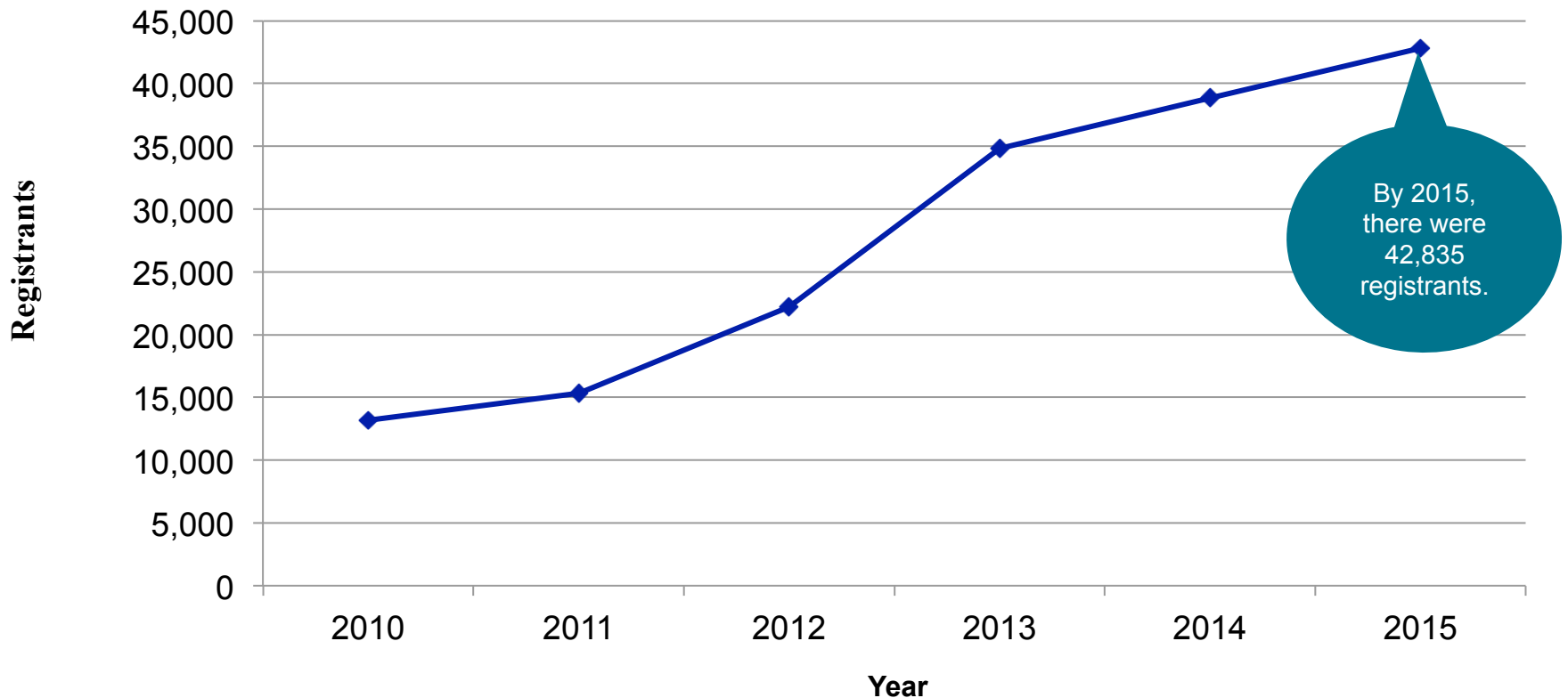
- 
- **Education**
 - Type of Degree
 - National Certification
 - **Demographics**
 - Age
 - Physical Location
 - Gender
 - **Role**
 - **Length of Licensure**

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