Guidance on Displaced Patients

The Kentucky Board of Medical Licensure recognizes the challenges that physicians face when presented with displaced patients from unexpected closures of a pain clinic or another practice due to concerns involving the prescribing of controlled substances. In an effort to alleviate concerns over treating this vulnerable patient population, the Board advises that physicians who agree to treat displaced patients should not fear Board disciplinary action simply for ordering, prescribing, dispensing or administering controlled substances, including opioids, for legitimate medical purposes and in the course of professional practice. Physicians are encouraged to emphatically review the risks and benefits of continued high dosage opioid therapy, to make individualized assessments of each patient, and to exercise their independent clinical judgment as to the course of treatment, including safely tapering opioids to lower dosages.

In an effort to provide further guidance on this issue, the Board has received permission to reprint an article that appeared in the September 2018 issue of Louisville Medicine authored by James Patrick Murphy, M.D. and would like to express its appreciation to Dr. Murphy and the Greater Louisville Medical Society for their assistance with this important issue.

5-STEP INITIAL APPROACH TO CARING FOR the Displaced Pain Patient on Chronic Opioid Therapy

James Patrick Murphy, MD, MMM

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Providing therapeutic continuity for patients who have abruptly lost access to their prescriber (e.g. pain clinic closure) can be a challenge, especially if the patient has been treated with opioids and other controlled substances.

A patient in pain, facing the possibility of worsening pain combined with medication withdrawal, can feel very stressed. In this potentially difficult scenario, the caregiver must convey an air of calmness and empathy. Providers may seize this clinical inflection point as an opportunity to redirect the course of treatment, or provide a therapeutic bridge to specialty care by way of referral or consultation.

While not meant as a substitute for more comprehensive guidelines, the following is a concise five-step initial approach to caring for the displaced pain patient on chronic opioid therapy. Always exercise compliance with statutory requirements (http://www.painpolicy.wisc.edu/database-statutes-regulations-other-policies-pain-management).

FIVE STEPS

1. HISTORY AND PHYSICAL EXAM
   a. Establish a diagnosis
   b. Assess for withdrawal symptoms (Ref 1: Clinical Opiate Withdrawal Scale)
   c. Note behaviors indicative of drug abuse or diversion (Ref 2: Knowing When to Say When: Transitioning Patients From Opioid Therapy, pg 19)

2. OBJECTIVE DATA:
   a. Check state Prescription Drug Monitoring Program (e.g. KASPER - http://operationunite.org/investigations/kasper)

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Board Orders can be viewed under the Physician Profile/Verification of License link on the Board’s website: www.kbml.ky.gov

Board Action Report (actions taken since 01/01/19)

James T. Allen, M.D., Louisville, KY, License # 22964
Order Terminating Agreed Order issued 02/25/19.

Virginia F. Barbosa, M.D., Corbin, KY, License # 42323
Agreed Order entered into 03/12/19.

Virginia F. Barbosa, M.D., Corbin, KY, License # 42323
Order Terminating Agreed Order issued 03/26/19.

Morris Wilson Beebe, III, M.D., Corbin, KY, License # 22810
Agreed Order entered into 01/04/19.

Daniel G. Bercu, D.O., Nashville, TN, License # 02366
Agreed Order entered into 02/04/19.

Avis M. Carr, M.D., Campbellsville, KY, License # 44558
Order Terminating Agreed Order issued 01/18/19.

Kevin R. Crabtree, PA-C, Lexington, KY, License # PA1103
Agreed Order entered into 02/11/19.

Peter Gerard Deveaux, M.D., Louisville, KY, License # 46444
Agreed Order entered into 01/28/19.

Jordan Michael Edelen, PA-C, Lexington, KY, License # PA2072
Agreed Order entered into 02/04/19.

Michael J. Grogan, M.D., Crescent Springs, KY, License # 21980
Agreed Order of Permanent Surrender entered into 03/21/19.

Darin A. Harden, M.D., Louisville, KY, License # 32468
Third Amended Agreed Order entered into 02/20/19

Sherri L. Hogan, M.D., Barbourville, KY, License # 36437
Agreed Order entered into 03/21/19.

Sherri L. Hogan, M.D., Barbourville, KY, License # 36437
Order Terminating Agreed Order issued 03/25/19.

Neil J. Klemek, M.D., Berea, KY, License # 29303
Amended Agreed Order entered into 03/14/19.

Janda G. Morgan, PA-C, Ashland, KY, License # PA1223
Amended Agreed Order entered into 01/18/19.

Troy M. Nelson, D.O., Paducah, KY, License # 02797
Order Terminating Amended Agreed Order issued 02/25/19.

Charles R. Noplis, II, M.D., Louisville, KY, License # 44044
Order of Probation issued 03/25/19, effective 04/26/19.

Marcello Pietrantoni, M.D., Louisville, KY, License # 29075
Order of Indefinite Restriction issued 03/22/19, effective 04/24/19.

John W. Richard, M.D., Lexington, KY, License # 34055
Order Terminating Agreed Order issued 01/18/19.

Visaharan Sivasubramaniam, M.D., London, KY, License # 38197
Order Terminating Agreed Order issued 02/25/19.

Thomas Paul Splan, M.D., Yorktown, VA, License # 50978
Agreed Order entered into 02/21/19.

Restrictions have also been placed on the following physicians’ licenses pending resolution of charges brought against them.

Vinson M. DiSanto, D.O., McKinney, TX, License # 03250
Complaint and Emergency Order of Restriction issued 03/19/19, effective 03/20/19.

Ashu T. Joshi, M.D., St. Louis, MO, License # 35777
Complaint and Emergency Order of Suspension issued 01/07/19, effective 01/08/19.

Samson K. Orusa, M.D., Clarksville, TN, License # 33408
Emergency Order of Restriction issued 01/15/19, effective 01/18/19.
Guidance on Displaced Patients

b. Count the patient’s current supply of pills

c. Review (and/or request) medical records and reports (e.g. MRI)

d. Do a urine drug screen (https://kbml.ky.gov/hb1/Pages/Considerations-For-Urine-Drug-Screening.aspx)

e. Screen for:
   i. Function (Ref 3: PEG Scale: Pain, Enjoyment, General Activity)
   ii. Opioid abuse potential (Ref 4: Opioid Risk Tool)
   iii. Mental health (Ref 5: Patient Health Questionnaire, PHQ-4)

f. Remain alert to signs of anxiety, depression, and opioid use disorder. If signs of opioid use disorder, then offer or arrange for treatment. If signs of mental illness, then offer or arrange for treatment (https://findtreatment.samhsa.gov/).

g. If child bearing potential, order a pregnancy test.
   i. Immediately consult OB/GYN if pregnancy is confirmed.
   ii. Opioid withdrawal during pregnancy has been associated with spontaneous abortion and premature labor.

3. DOCUMENTS (MAY BE COMBINED INTO ONE)
   a. Informed Consent (Ref 6: NIDA Sample Informed Consent)
   b. Treatment Agreement (Ref 7: NIDA Sample Patient Agreement Forms)

4. PAIN TREATMENT
   a. Maximize use of nonpharmacologic and nonopioid pharmacologic treatments as appropriate. (Ref 8: Treating Chronic Pain Without Opioids, CDC)
   b. Educational points in https://kbml.ky.gov/hb1/Pages/Considerations-For-Patient-Education.aspx (Ref 9: CDC Opioid Factsheet for Patients, etc.)

5. DECISION: MAINTAIN, ALTER, TAPER OR DISCONTINUE
   A decision regarding maintaining, altering, tapering, or discontinuing controlled substances must be made. Some stable patients might be well served by maintaining their current regimen, however you are under no obligation to prescribe or continue with a treatment plan you don’t agree with.
   a. If the patient does not need a prescription and still has some medication, advise on how to gradually taper (i.e. decrease 10 to 50 percent per week).
   b. To prescribe a taper with controlled substances: Calculate the current Morphine Equivalent Daily Dose (Ref 10: Calculating Total Daily Dose of Opioids For Safer Dosage, CDC)
      i. Initially prescribe zero to three days of a reduced MEDD (e.g. decrease 10 to 50 percent)
      ii. Use immediate release medications
      iii. Arrange follow up early and often
      iv. Additional days of medications may be prescribed at follow up if risk/benefit assessment is deemed acceptable by the prescriber
      v. The CDC advises against a rapid taper (e.g. three weeks or less) for people taking ≥90 MEDD
   c. Regardless of taper speed, withdrawal may still happen
      i. Advise on over-the-counter medications for withdrawal symptoms
         (Ref 11: ASAM National Practice Guideline, Part 3, pg 29)
      ii. Consider prescribing prescription medications for withdrawal (Ref 11: ASAM)
   d. If tapering benzodiazepines, do so gradually
      i. No more than 25 percent decrease every one to two weeks
      
         ii. Abrupt benzodiazepine withdrawal can be associated with rebound anxiety, hallucinations, seizures, delirium tremens, and, in rare cases, death.
      i. Discuss with patients undergoing tapering that, because their tolerance to medications may return to normal, they are at increased risk for overdose on abrupt return to previously prescribed higher doses.
      ii. Consider offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MEDD/day), or concurrent benzodiazepine use, are present (Ref 12: Opioid Reversal With Naloxone, NIDA)

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REFERENCES:


The Guideline Committee recommends, based on consensus opinion, the inclusion of clonidine as a recommended practice to support opioid withdrawal. Clonidine is not US FDA-approved for the treatment of opioid withdrawal, but it has been extensively used off-label for this purpose. Clonidine may be used orally or transdermally at doses of 0.1–0.3 mg every 6–8 hours, with a maximum dose of 1.2 mg daily to assist in the management of opioid withdrawal symptoms. Its hypotensive effects often limit the amount that can be used. Clonidine can be combined with other non-narcotic medications targeting specific opioid withdrawal symptoms such as benzodiazepines for anxiety, loperamide for diarrhea, acetaminophen or NSAIDs for pain, and ondansetron or other agents for nausea.


ADDITIONAL RECOMMENDED REFERENCES:

b. Universal Precautions Revisited: Managing the Inherited Pain Patient by Douglas L. Gourlay, MD, MSc, FRCP, FASAM,* and Howard A. Heit, MD, FACP, FASAM. Published in Pain Medicine Volume 10 • Number S2 • 2009 https://bit.ly/2MMU5vw
c. SAMHSA Behavioral Health Treatment Services Locator https://findtreatment.samhsa.gov/
e. Knowing When to Say When: Transitioning Patients from Opioid Therapy University of Massachusetts Medical School (Massachusetts Consortium) Jeff Baxter, M.D. April 2, 2014 https://bit.ly/2w7jOHO

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James Patrick Murphy, MD, MMM, FASAM is a board-certified pain medicine and addiction medicine specialist who represents the American Society of Addiction Medicine on the American Medical Association’s newly formed Pain Task Force

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Kentucky General Assembly Passes Interstate Medical Compact Bill

The Board is pleased to report the Kentucky General Assembly successfully passed SB 22, sponsored by Sen. Ralph Alvarado, MD, which makes Kentucky one of 28 U.S. States that have joined the Interstate Medical Licensure Compact (IMLC). The bill was signed by Governor Matt Bevin on March 25, 2019. For those not familiar with the concept of an Interstate Compact, the IMLC is an agreement between 29 states and 1 territory and the 39 Medical and Osteopathic Boards in those states and territory. Under this agreement licensed physicians can qualify to practice medicine across state lines within the Compact if they meet the agreed upon eligibility requirements. Approximately 80% of physicians meet the criteria for this voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states. The IMLC mission is to increase access to health care for patients in underserved or rural areas and allow them to more easily connect with medical experts through the use of telemedicine technologies. While making it easier for physicians to obtain licenses to practice in multiple states, the Compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information. The application process is expedited by leveraging the physicians existing information previously submitted in their state of principal license (SPL). The SPL will verify the physician’s information and conduct a fresh background check. In the coming weeks, the Board will be working with staff from the IMLC to implement the systems changes required to enact this important legislation. The Board would like to thank Sen. Alvarado for his work to make Kentucky’s participation in the IMLC a reality.

To learn more about the Interstate Medical Licensure Compact, please visit IMLCC.org.

Board Welcomes New Consumer Member

Earlier this year, Governor Matt Bevin appointed Philip D. Williamson, Esq. to serve in the role as a consumer member on the Board. Mr. Williamson, an attorney from Ft. Thomas, will serve the remainder of the term previously held by W. Duncan Crosby III, Esq. The Board would like to offer its appreciation to Mr. Crosby for his contributions to the citizens of the Commonwealth and also welcome Mr. Williamson to his new position.

Board Looking for Physicians Willing to Enter Into CAPA-NS Agreements

During the 2014 legislative session of the Kentucky General Assembly, lawmakers passed SB 7, which created the Collaborative Prescribing Agreement Joint Advisory Committee, which is made up of 6 members appointed by the Kentucky Board of Nursing and the KBML. The primary focus of this Committee is to make recommendations to the KBN and KBML about the CAPA-NS agreements and other duties assigned by the legislation such as assisting APRNs by identifying any physicians who are available to enter into a CAPA-NS in non-emergency and emergency situations. In order to assist in this effort, KRS 314.196(3)(b) sets out that the Kentucky Board of Medical Licensure is required to provide the Committee with the names, contact information, and any fee requirements provided by the physicians to enter into the CAPA-NS agreement. The Board initially requested physician assistance with this effort in 2014; however, it was recently noted that our records need to be updated for physicians willing to facilitate this process. With that being said, the Board is asking for your assistance by identifying your willingness to assist by entering into a CAPA-NS in a non-emergency or emergency situation. You can do this by simply providing your name, contact information, and any fee requirements to the Board via email to the attention of jennie.woods@ky.gov. You may also provide this information directly to the Kentucky Board of Nursing to the attention of their APRN Education/Practice Consultant, Myra Goldman, APRN, at myrak.goldman@ky.gov.

2019 Annual Renewal of Physician Licenses

Annual renewal of physician licenses for the current year has just been completed. The Board is pleased to announce that 98% of physicians utilized the on-line renewal service this year. As of April 4, 2019, a total of 17,484 physicians have renewed their medical/osteopathic license. This reflects an increase of 646 over last year’s total for the same period. Of the total, 11,383 physicians reported a practice address in Kentucky.
Change of Address Notice

The information you provide on this change of address notice will be used to update your profile on the Board’s website www.kbml.ky.gov.

You may also change your address online by clicking here.

Date: _________________________________   License Number: _______________________

Name: __________________________________________________________________________________

Mailing Address: __________________________________________________________________________

Practice Address: _________________________________________________________________________

Practice County: __________________________________________________________________________

Office Phone Number: _____________________________________________________________________

Email Address: ___________________________________________________________________________

*The Board does not publish your email address.