State of New Jersey
Prescriber Education Initiatives

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Educating Practitioners Licensed by the Board of Medical Examiners

➢ Physicians
➢ Physician assistants
➢ Podiatrists
➢ Certified nurse midwives
BME FAQ’s

In Depth Guidance:

➢ Five day rule for initial opioid prescriptions; subsequent prescriptions for acute pain
➢ Exemptions from the five day rule
➢ Prescribing for chronic pain
➢ Use of pain management agreements
➢ Written and electronic prescriptions
➢ Required discussions with minor patients on the risks of opioids
➢ Storage and disposal of opioids
➢ Useful resources
Quick & Easy Guidance:

- Opioid prescribing rules
- Practitioner obligations when treating chronic pain
- Monitoring patients through pain management agreements
- Discussions about the risks of opioids
- Mandatory PMP lookup obligations and exemptions
- Proper use of delegates to access PMP
- Red flags for diversion and abuse
PMP FAQ’s

- Authorized users – who can access the PMP
- Improper access and disclosure – disciplinary action and civil penalty not to exceed $10,000
- Information reported to the PMP
- Mandatory prescriber registration
- Mandatory lookups for prescribers
- Criteria for delegates and delegate registration
- Prescriber responsibility to supervise delegates – bi-annual audit
- Correcting errors in the PMP database
Standardized Statewide Continuing Education

- NJ statutory requirement for certain healthcare professionals obtain one credit of continuing education on prescription opioid related topics:
  - opioid prescribing
  - alternatives to opioids for managing and treating pain
  - risks and signs of opioid use, addiction and diversion
- Partnership with Rowan University School of Osteopathic Medicine
- Six educational modules tailored to licensee groups
MODULE I

Best Practices in Opioid Treatment and Management

1. ORIGINS OF THE EPIDEMIC
2. TRENDS & STATISTICS
3. THE FUNCTION OF THE PRESCRIPTION MONITORING PROGRAM & PRACTITIONER OBLIGATIONS
4. PRESCRIBING OPIOIDS FOR ACUTE PAIN & CHRONIC PAIN: PRACTITIONER OBLIGATIONS
5. PATIENT SCREENING & RISK ASSESSMENT
6. CLINICAL PRESENTATION—PHYSICAL EXAM, DOSING, & TAPERING
7. NON-OPIOID & NON-PHARMACOCLOGICAL PAIN MANAGEMENT APPROACHES
8. DATA 2000 OVERVIEW: TREATING PATIENTS WITH SUBSTANCE USE DISORDER IN AN OFFICE SETTING
9. CO-PRESCRIBING NALOXONE
10. GUIDELINES FOR SAFE DISPOSAL OF OPIOIDS
Module 1

**Prescribers:**

- Practitioner obligations (BME licensees, dentists, advanced practice nurses, and optometrists) with respect to the NJPMP: registration, delegation, delegate audits, mandatory lookups
- Opioid prescribing limitations
- Treating chronic pain patients
- CDC guidelines - prescribing, dosing, tapering
- Non-pharmacological pain management approaches
- Data waiver - treating patients with substance use disorder
Module 2

Pharmacists:
- Using the NJPMP to halt abuse and diversion
- Properly dispensing CDS (valid prescriptions, emergency dispensing, labeling requirements)
- Maintaining security controls against diversion
- Counseling patients and caregivers
- Standing orders and dispensing naloxone
- Recommending proper storage and disposal practices
Module 3

Mental health professionals:
- Counseling patients with opioid use disorder
- PMP access for mental health professionals at licensed residential facilities
- Limitations on psychosocial support
- Early intervention and treatment
- Non-pharmacological psychosocial interventions
- Trauma informed care
- Referral of patients to addiction treatment
- Breaking down stigma associated with SUD and MAT
Module 4

Nurses and Athletic Trainers:
- Limitations on acute and chronic pain support
- Discussing appropriate opioid use and alternatives to opioids
- Early identification/assessment of patients with OUD
- Patient communication strategies
- Proper management, storage and disposal of opioids
- Safe handling of opioids around children
- Using naloxone to respond to overdose – role of school nurses
Module 5

**Screening, Brief Intervention, Referral to Treatment ("SBIRT")**:  
- Overview of SBIRT, with a focus on pregnant women and adolescents  
- Comparison of other screening methodologies  
- Strategies to minimize opioid use for pain management, including alternative pain therapies  
- PCP referrals to addiction medicine specialists  
- Referring patients to mental health professionals for psychiatric comorbidities, and primary care practitioners and infectious disease specialists for HIV, HBV, and HCV testing  
- Naloxone co-prescribing and other harm reduction strategies
Module 6

Medication Assisted Treatment (“MAT”):

- Effectiveness of MAT modalities across the continuum of OUD severity
- Patient access to adjunctive treatments
  (non-opioid pharmacotherapy, psychosocial interventions, peer support)
- Considerations for special populations
- Access to MAT in the emergency department
- Overcoming barriers to the provision of MAT in primary care, pain management, outpatient and inpatient detoxification settings
- Understanding gaps in the utilization of MAT
Links to our Resources

- **BME FAQ’s**

- **BME Sample Pain Management Agreement**

- **MSNJ Opioid Prescribing Guidance**
  [www.msnj.org](http://www.msnj.org) (See Resources, FAQ’s, Opioid Epidemic)

- **Rowan SOM Continuing Medical Educations on Opioids for Prescribers**
  [https://shop.rowan.edu/store/events/listings/21858](https://shop.rowan.edu/store/events/listings/21858)
Remediation Courses – CDS Prescribing

Intensive Course in Controlled Substance Management
Case Western University
http://www.cme.cwru.edu

Physician Prescribing Course
UCSD Pace Program
UCSD Medical Center
http://www.paceprogram.ucsd.edu

Appropriate Prescribing of Controlled Dangerous Substances
Center for Substance Abuse Education and Research
Mercer University Southern School of Pharmacy
www.mercer.edu/pharmacy/pharmacyce
Prescribing for Controlled Drug
The Center for Professional Health at Vanderbilt


MWRAP Course – Mini-Residency in Appropriate Prescribing
UMDNJ School of Osteopathic Medicine

http://som.umdnj.edu

http://som.umdnj.edu/edu/education/continuing

PBI
Prescribing: Opioids, Pain Management, and Addiction

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Indiscriminate Prescribing

- Across medical specialties
- Fraudulent prescriptions, prescribing without a legitimate medical purpose, prescribing in excessive volumes and dosages, prescribing in exchange for cash, criminal distribution
- Serious discipline by our licensing boards
Indiscriminate Prescribing Cases

Medical Licenses Revoked or Surrendered and CDS Registrations Revoked

➢ Binod Sinha, M.D., an internist
  - prescribed opioids at high dosages with no medical justification
  - accepted cash for prescriptions
  - failed to perform medical examinations prior to writing prescriptions

➢ Vivian Matalon, M.D., a family physician
  - prescribed restricted TIRF drug to non-cancer patients

➢ George Beecher, M.D., an ear, nose and throat specialist
  - supplied a drug ring with tens of thousands of 30 mg oxycodone pills

➢ Steven Gorcey, M.D., a gastroenterologist
  - prescribed narcotics to relatives
  - stole prescriptions for himself
New Strategies – Project ECHO

➢ Ongoing telementoring system
➢ Primary care practitioners collaborate with specialist mentors at an academic hub
➢ Specialist panels with experts in pharmacy, sports rehabilitation, addiction psychiatry, primary care, pain intervention, anesthesia, and physical therapy
➢ Expands patient access to quality care in the treatment of pain management and substance use disorder
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