## NCMB's Safe Opioid Prescribing Initiative: What the data shows so far

In 2016, NCMB launched a first-of-its-kind initiative to increase its oversight of opioid prescribing known as the Safe Opioid Prescribing Initiative (SOPI). This program uses data provided by the NC Department of Health and Human Services\* to identify prescribers for investigation by the Board. The primary goal is to reduce patient harm and deaths related to prescription opioids by proactively identifying and addressing potentially unsafe prescribing.

NCMB recognizes that chronic pain is a legitimate medical issue and wants patients to receive safe and appropriate care. The Board encourages care that conforms to current accepted standards regardless of the quantity or dose of medication prescribed.

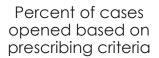
\*Data is provided by the state Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Drug Control Unit, and the NC Office of Chief Medical Examiner

## Cases opened



NCMB has opened 111 cases based on SOPI criteria affecting 0.2% of active licensees.







Percent of cases opened based on 2+ patient deaths due to opioid poisoning

Please note: Total does not equal 100% due to some licensees with cases opened on both reports.

# Areas of practice investigated

41.0%	Pain management or physica medicine & rehabilitation
25.2%	Family medicine or internal medicine
15.5%	Other (i.e. neurology, surgery, etc.)
8.7%	Psychiatry



**Emergency medicine** 

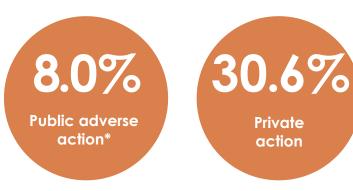
Hospice or palliative medicine





#### **Board actions**

Breakdown of actions in SOPI cases reviewed by the Board.





\*Reflects Board vote to take public action or issue charges against licensee.
Please note: Total does not equal 100% due to some licensees having multiple cases.

### Who does SOPI investigate?

SOPI looks at prescribers who fall in one or both of the following categories:



Licensees managing large numbers of patients at high daily doses of opioids

Licensees who have had two or more patients die of opioid poisoning within 12 months



## **SOPI** investigative criteria

#### HIGH DOSE, HIGH VOLUME



Top two percent
of those
prescribing
100 milligrams
of morphine
equivalents
(MME) per
patient per day

#### HIGH DOSE, HIGH VOLUME



Top two percent
of those
prescribing
100 MMEs per
patient per day
in combination
with any
benzodiazepine

#### TWO OR MORE PATIENT DEATHS



two+ patient deaths in the preceding 12 months due to opioid poisoning who prescribed opioids\* within 60 days of death

Prescribers with

\*30+ tablets

## **Important Reminder**

NCMB's selection criteria for investigation should not be treated as standard of care and do not impose or suggest a limit on opioid prescribing. By law, the Board cannot take action against a licensee solely because he or she prescribes above the level stated in the selection criteria. Meeting criteria for investigation is not evidence of wrong doing.

#### **Learn More**

Opioid Prescribing Initiative, including FAQs, prescriber resources, and CME opportunities on our website at:

www.ncmedboard.org/safeopioids