

## MEMORANDUM

TO: The Disciplinary Committee of the NCMB

FROM: Karen Burke-Haynes, MD

DATE: November 7, 2019

RE: 21 NCAC 32Y .0101 Reporting Criteria for Report D

SSRC recommends the criteria presented here as the basis of the proposed Report D. The goal of increased actionable data and minimal unintended collateral harm were considered. Reference articles are provided supporting these goals.

The metrics were further evaluated through submission to DHHS. Adjustments to the parameters, (total MMEs, number of months without opioid exposure, and number of days of prescribing consistent with the STOP act) will be proposed after initial report results with case identification and chart review.

Current criteria are: 6 months without a documented prescription for opioids, 30 days or more of medication and greater than or equal to 100 MME's.

Attachments

21 NCAC 32Y .0101 is proposed for amendment as follows:

## 21 NCAC 32Y .0101 REPORTING CRITERIA

(a) The Department of Health and Human Services ("Department") may report to the North Carolina Medical Board ("Board") information regarding the prescribing practices of those physicians and physician assistants ("prescribers") whose prescribing:

- (1) falls within the top two percent of those prescribing 100 morphine milligrams equivalents ("MME") per patient per day; or
- (2) falls within the top two percent of those prescribing 100 MME's per patient per day in combination with any benzodiazepine and who are within the top one percent of all controlled substance prescribers by volume.

(b) In addition, the Department may report to the Board information regarding prescribers who have had two or more patient deaths in the preceding twelve months due to opioid poisoning where the prescribers authorized more than 30 tablets of an opioid to the decedent and the prescriptions were written within 60 days of the patient deaths.

(c) In addition, the Department may report to the Board information regarding prescribers who meet three or more of the following criteria, if there are a minimum of five patients for each criterion:

- (1) At least 25 percent of the prescriber's patients receiving opioids reside 100 miles or greater from the prescriber's practice location;
- (2) The prescriber had more than 25 percent of patients receiving the same opioids and benzodiazepine combination;
- (3) The prescriber had 75 percent of patients receiving opioids self-pay for the prescriptions;
- (4) The prescriber had 90 percent or more of patients in a three-month period that received an opioid prescription that overlapped with another opioid prescription for at least one week;
- (5) More than 50 percent of the prescriber's patients received opioid doses of 100 MME or greater per day excluding office based treatment medications; and
- (6) The prescriber had at least 25 percent of patients who used three or more pharmacies within a three-month period to obtain opioids regardless of the prescriber.

(d) In addition, the Department may report to the Board information regarding prescribers who authorize a prescription for opioids to at least one patient where the prescribing meets the following criteria:

- (1) The prescription is for 100 MME or greater;
- (2) The prescription is for 30 or more days;
- (3) The patient has not received a prescription for an opioid from any prescriber in the six months prior to the prescription in question as demonstrated in the North Carolina Controlled Substances Reporting System at the time the prescription was authorized and as reported by the patient;

~~(e)~~ (e) The Department may submit these reports to the Board upon request and may include the information described in G.S. 90-113.73(b).

~~(f)~~ (f) The reports and communications between the Department and the Board shall remain confidential pursuant to G.S. 90-16 and G.S. 90-113.74.

*History Note: Authority G.S. 90-5.1; 90-113.74;*

*Eff. May 1, 2015;*

*Amended Eff. \_\_\_\_\_; December 1, 2018; July 1, 2017.*