

AN ADVANCED PRACTICE PROVIDER'S PERSPECTIVE ON
PRESCRIBING IN A COLLABORATIVE/SUPERVISORY PRACTICE

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DISCLOSURE

- 1. I have no financial disclosures
- 2. I have no corporate / sponsorship disclosures

BACKGROUND

- Graduated from Beville State Community College 2006
- Graduated from UNA 2008 with my BSN
- Practice as RN at St. Vincent's & UAB 2006-2010
- Graduated from UAB 2010 with MSN Acute Care NP
- Graduated from UAB 2022 with DNP
- Practicing as NP at Baptist Medical Group - Southern Orthopedics Jasper, AL 2010-Present
- Assistant Professor UAB School of Nursing Acute, Chronic, Continuing Care Department-- Current

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OBJECTIVES

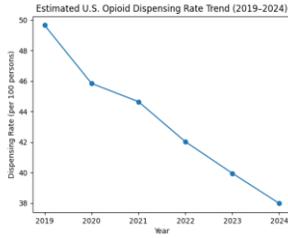
- 1. Explore the Scope of Prescriptive Authority
- 2. Examine Challenges and Opportunities In Collaborative Prescribing
- 3. Promote Effective Collaboration for Patient-Centered Care



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NATIONAL OPIOID DISPENSING TRENDS

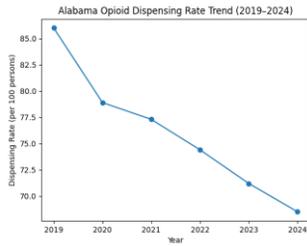
- CDC opioid dispensing rate declined steadily from 2019–2024
- Estimated U.S. rate dropped from ~49.7 to ~38.0 per 100 persons
- ~23–24% reduction across five years
- Driven by CDC guidelines, PDMP expansion, and prescriber education



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ALABAMA STATEWIDE TRENDS

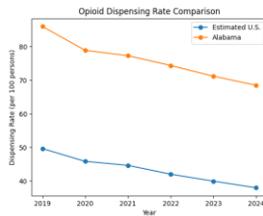
- Historically among highest prescribing states
- Declined from >130 per 100 persons at peak to ~71.4 by 2023
- ~19% reduction from 2015–2022
- ~41% reduction in morphine milligram equivalents (MMEs)



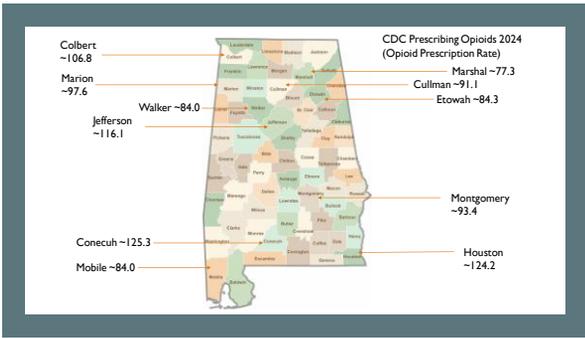
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TREND COMPARISON SUMMARY

- National rates decreased substantially (~50% since peak era)
- Alabama declined but remains above national average
- Regional disparities persist despite policy changes



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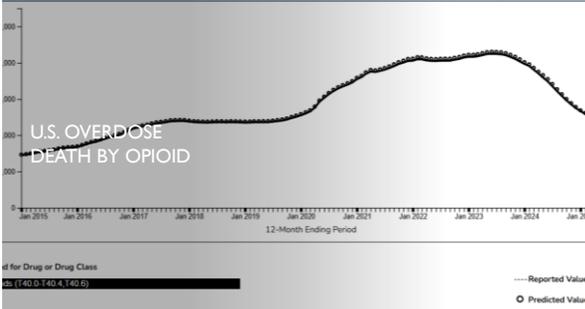


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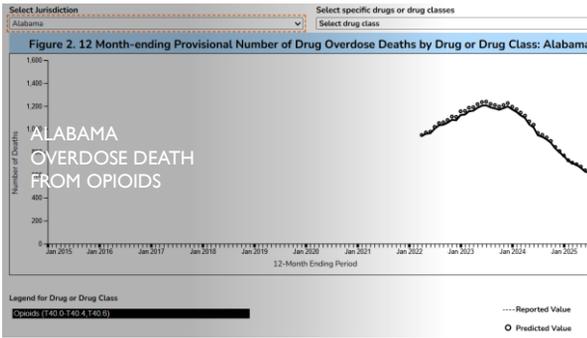


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Figure 2. 12 Month-Ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States

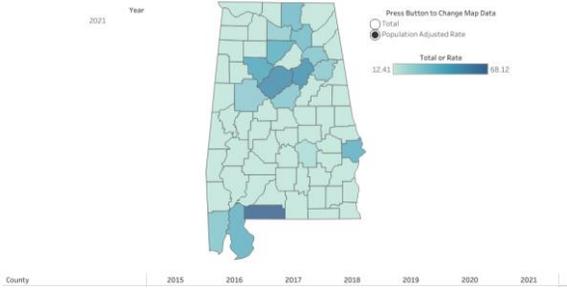


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All Drug Overdose Deaths by County (2015-2021)



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REVIEW THE RULES

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QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE

1. Be in collaborative / supervisory practice with a physician who has an unrestricted Alabama Controlled Substance Certificate (ACSC) **To prescribe, administer, authorize for administration a Schedule III, IV, or V controlled substance in Alabama, Certified Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM) must obtain annually a Qualified Alabama Controlled Substances Certificate (QACSC)."
2. Complete total 12 hours approved CME regarding controlled substances one year prior to applying.
 - Schedules III-V Controlled Substances
 - Specific to each collaborative / supervisory practice agreement
3. Have at least 12 months active clinical practice in Alabama*
 - Must be renewed annually
4. Apply for QACSC License
5. Apply for DEA Registration
6. Complete 4 hours approved CME regarding controlled substances biannually

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LIMITED PURPOSE SCHEDULE II PERMIT

1. Be in collaborative / supervisory practice with a physician who has an unrestricted Alabama Controlled Substance Certificate (ACSC) **The authority to prescribe, administer, or authorize for administration a Schedule II controlled substance is practice specific. Only those CILs which are customarily used in the specialty practice of the collaborating physician will be approved."
2. Hold a current, active, unrestricted QACSC
 - Schedules III/IIIN Controlled Substances
 - Specific to each collaborative / supervisory practice agreement
3. Hold a current, active DEA Registration
 - Only specific III/IIIN drugs allowed with approval
 - Must be renewed annually
4. Current PDMP registration

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SPECIFIC RULES - QACSC

- Quality Assurance for prescriber every quarter to be conducted with prescriber and QACSC holder (May be included on regular collaborative / supervisory practice QA)
- Verbal orders permissible by NP/CNM/PA
- Continuing 90-day supply made in collaboration with MD/DO and document in medical record
- The MD/DO must conduct in-person evaluation for ongoing treatment as least once every 12 months, and MD/DO needs to prescribe at that time

| | Quantity | Provider | Reissue |
|---------------|---------------------|----------|------------|
| Initial | 30 / 90-day supply* | NP/PA | 2 |
| Established** | 30 / 90-day supply | NP/PA | 2 (30 day) |
| Dispensing | None | NP/PA | None |
| | | | |
| | | | |

*In collaboration with MD/DO
**Initial prescription by MD/DO

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NONOPIOID THERAPIES FOR ACUTE PAIN

| | | |
|---|--|---|
|  <p>Basics</p> <ul style="list-style-type: none"> Ice Heat Elevation Rest Immobilization |  <p>Physical</p> <ul style="list-style-type: none"> Exercise/Therapy via PT / OT Aerobic, aquatic, or resistance exercise Chiropractic Manipulation Acupuncture Massage |  <p>Pharmacologic</p> <ul style="list-style-type: none"> Acetaminophen NSAIDs (Oral or Topical) Neuropathic (SNRIs – duloxetine, TCAs, Gabapentin, Pregabalin) Lidocain patches / Capsaicin |
|---|--|---|

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PRESCRIBING PRACTICES – NP / CNM / PA

- | | | |
|---|--|--|
| <p>NPs Licensed in Alabama: ~10,500</p> <ul style="list-style-type: none"> • Private practice / Ambulatory: ~25% • Hospital (Outpatient): ~12.8% • Hospital (Inpatient): ~10.3% • FQHC/Community: ~8.2% • Urgent Care / ED: ~5.9% | <p>CNMs Licensed in Alabama: ~69-71</p> <ul style="list-style-type: none"> • Hospital-based OB Services • Women's Health Clinics • Prenatal/Postpartum Care • Outpatient Gynecology | <p>PAs in Alabama: ~2,000</p> <ul style="list-style-type: none"> • Surgical Subspecialties: 28.7% • Family Medicine / General Practice: 13.0% • Emergency Medicine: 9.6% |
|---|--|--|

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PRESCRIBING PRACTICES – NP/PA

- NP/PA practicing in an Orthopedic clinic: Acute Fracture
- Tylenol Arthritis Strength 650 mg q8 hours
- Ibuprofen 800 mg q8 or q12 – short course
- Tramadol or Hydrocodone 5 mg / 7.5 mg q8 hours #21



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PRESCRIBING PRACTICES – NP/PA

- NP/PA practicing in an Orthopedic clinic: Post-TKA
- Tylenol Arthritis Strength 650 mg q8 hours
- Celebrex 200 mg daily
- Oxycodone 5 mg q8 hours #21
- Tizanidine 4 mg qHS
- Gabapentin 100 mg qHS or BID

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PRESCRIBING PRACTICES – NP/PA

- NP/PA practicing in an Urgent Care: Low Back Pain
- PT for Low Back
- Tylenol Arthritis Strength 650 mg q8 hours
- Meloxicam 7.5 mg / 15 mg daily
- Tizanidine 4 mg qHS or Robaxin 750 mg TID
- Gabapentin 100 mg qHS or BID*
- Paraspinous / Trigger Point muscle injections
- Narcotics **ONLY** in extreme situation: Hydrocodone 7.5 mg q8 hours #21



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RISK MITIGATION STRATEGIES

- 1. PDMP
 - 2. Communication
 - 3. Quality Assurance
- As part of your QACSC / LPSP rules you are required to:
- Get a PDMP account – the PDMP is your best friend!
 - Communication – Keep the collaboration going
 - Quality Assurance – It goes both ways

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RISK MITIGATION STRATEGIES – PDMP

- I. PDMP
- Get a PDMP account – the PDMP is your best friend!
- Check it **every time** before your write a narcotic
 - EMR integration
 - <http://alabama.pmpaware.net>

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RISK MITIGATION STRATEGIES

- II. Communication
- Be the communicator – For your Patient
 - Be the communicator – For your Collaborator / Supervisor
 - Be the communicator – For your Profession

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RISK MITIGATION STRATEGIES

- III. Quality Assurance
 - Keep the quality **high**
 - Don't get lazy

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PROMOTING EFFECTIVE COLLABORATION

- Bring Awareness
- Reach Out
- Stay Consistent

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