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

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1

DISCLOSURE

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

BACKGROUND

- Graduated from Bevill 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

2

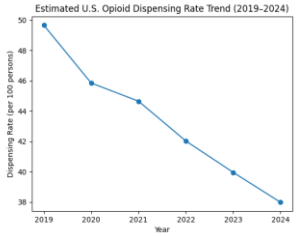
OBJECTIVES

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

3

NATIONAL OPIOID DISPENSING TRENDS

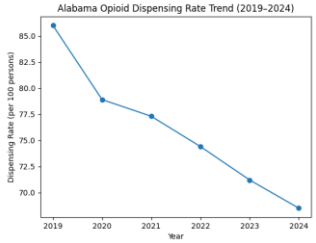
- CDC opioid dispensing rate declined steadily from 2019–2024
- Estimated U.S. rate dropped from ~49.7 to ~38.0 per 100 persons
- ≈23–24% reduction across five years
- Driven by CDC guidelines, PDMP expansion, and prescriber education



4

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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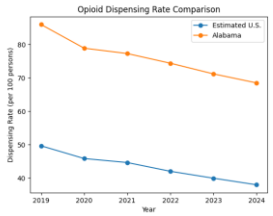
TREND COMPARISON SUMMARY

- 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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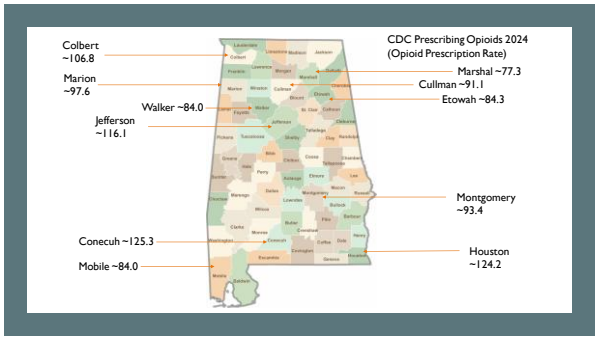

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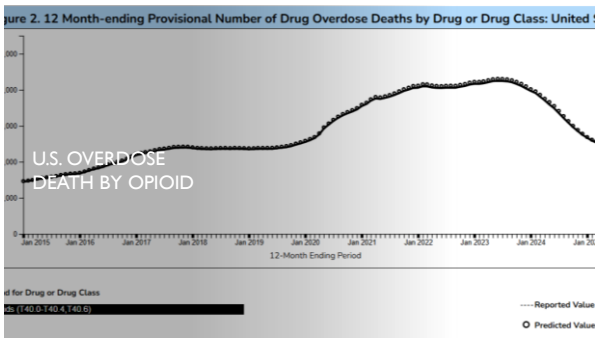
- Cullman County
- Marshall County
- Winston County
- Marion County
- Lawrence County
- Franklin County
- Most located in Northwest/North Alabama corridor

8



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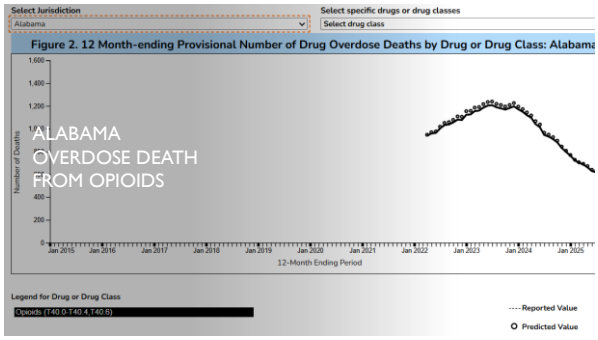

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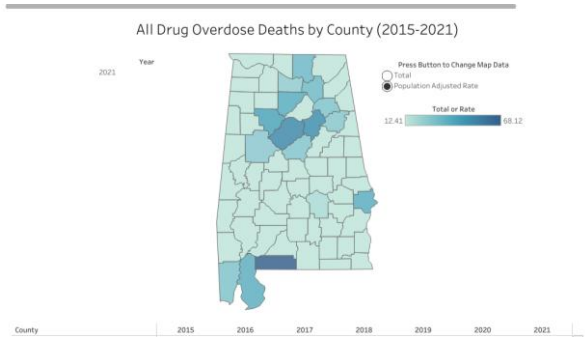

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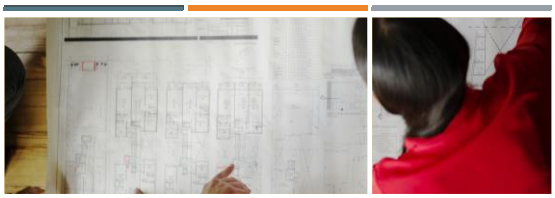


REVIEW THE RULES

12

QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE

1. Be in collaborative / supervisory practice with a physician who has an unrestricted Alabama Controlled Substance Certificate (ACSC)
2. Complete total 12 hours approved CME regarding controlled substances one year prior to applying
3. Have at least 12 months active clinical practice in Alabama*
4. Apply for QACSC License
5. Apply for DEA Registration
6. Complete 4 hours approved CME regarding controlled substances biannually

"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)."

- Schedules III-V Controlled Substances
- Specific to each collaborative / supervisory practice agreement
- Must be renewed annually

13

LIMITED PURPOSE SCHEDULE II PERMIT

1. Be in collaborative / supervisory practice with a physician who has an unrestricted Alabama Controlled Substance Certificate (ACSC)
2. Hold a current, active, unrestricted QACSC
3. Hold a current, active DEA Registration
4. Current PDMP registration

"The authority to prescribe, administer, or authorize for administration a Schedule II controlled substance is practice specific. Only those CIIs which are customarily used in the specialty practice of the collaborating physician will be approved."

- Schedules II/IIN Controlled Substances
- Specific to each collaborative / supervisory practice agreement
- Only specific II/IIN drugs allowed with approval
- Must be renewed annually

14

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

15

SPECIFIC RULES - LPSP

- Long-Acting Schedule II – must be started / increased by MD/DO, can be continued by NP/PA – only permitted in Hospice/Palliative Care; Nursing Homes; Oncology
- Schedule II/N – Non-narcotic medications (Amphetamine, Amobarbitol, Pentobarbitol, Secobarbitol)
- Evaluation / Collaboration with MD/DO prior to additional refills, may be in-person, tele-visit, collaborative decision making documented in the medical record
- MD/DO conduct in-person visit for any patient receiving ongoing treatment at least once every twelve (12) months

Short Acting

	Quantity	Provider	Reissue
Initial	30-day supply	NP/CNM//PA	2
Established*	30-day supply	NP/CNM/PA	2
Dispensing	None	NP/CNM//PA	None
Dose Change (Increase)		NP/CNM/PA**	

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

16

PRESCRIBING PRACTICES

17

PRESCRIBING PRACTICES

CDC 2022 Guidelines

- *Nonopioid therapies "are at least as effective" as opioids for many acute pain conditions, including low back pain, neck pain, pain related to other musculoskeletal injury (e.g., sprains, strains, tendonitis, and bursitis), pain related to minor surgery…*
- *Maximize the use of nonopioid pharmacology therapies and nonpharmacologic therapies*
- *Nonopioid therapies are preferred for subacute and chronic pain*
- *Prescribe immediate-release opioids, at lowest effective dose, as-needed only, and no more frequent than every 4 hours*
- *Avoid co-prescribing with benzodiazepines*

18

NONOPIOID THERAPIES FOR ACUTE PAIN

Basics
- Ice
- Heat
- Elevation
- Rest
- Immobilization

Physical
- Exercise Therapy via PT / OT
- Aerobic, aquatic, or resistance exercise
- Chiropractic Manipulation
- Acupuncture
- Massage

Pharmacologic
- Acetaminophen
- NSAIDs (Oral or Topical)
- Neuropathic (SNRIs – duloxetine, TCAs, Gabbapentin, Pregabalin)
- Lidocain patches / Capsaicin

19

PRESCRIBING PRACTICES – NP / CNM / PA

NPs Licensed in Alabama: ~10,500
- Private practice / Ambulatory: ~25%
- Hospital (Outpatient): ~12.8%
- Hospital (Inpatient): ~10.3%
- FQHC/Community: ~8.2%
- Urgent Care / ED: ~5.9%

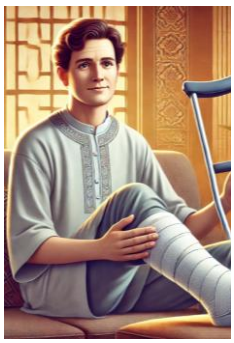
CNMs Licensed in Alabama: ~69-71
- Hospital–based OB Services
- Women's Health Clinics
- Prenatal/Postpartum Care
- Outpatient Gynecology

PAs in Alabama: ~2,000
- Surgical Subspecialities: 28.7%
- Family Medicine / General Practice: 13.0%
- Emergency Medicine: 9.6%

20

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



21

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

22

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

23

24

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

25

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

26

RISK MITIGATION STRATEGIES

II. Communication

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

27

RISK MITIGATION STRATEGIES

III. Quality Assurance

- Keep the quality ***high***
- Don't get lazy

28

PROMOTING EFFECTIVE COLLABORATION

- Bring Awareness
- Reach Out
- Stay Consistent

29

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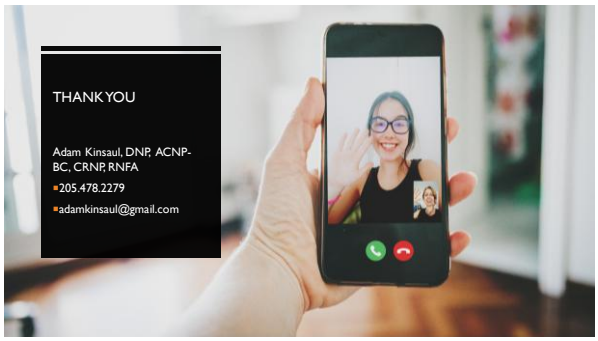
30


THANK YOU
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31