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

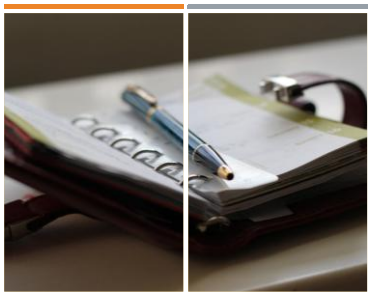
- Graduated from Bevill State Community College 2006
- Graduated from UNA 2008 with my BSN
- Practice as RN at St.Vincent's & UAB 2006-2010
- Graduated from UAB 2010 with MSN Acute Care NP
- Practicing as NP at Southern Orthopedics Precision Sports Medicine in Jasper,AL 2010-Present
- Assistant Professor UAB School of Nursing Acute, Chronic, Continuing Care – Current

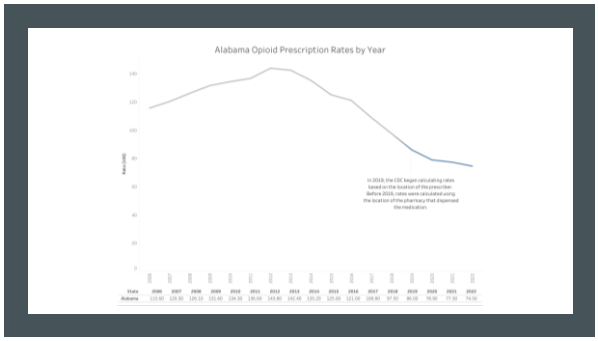
OBJECTIVES

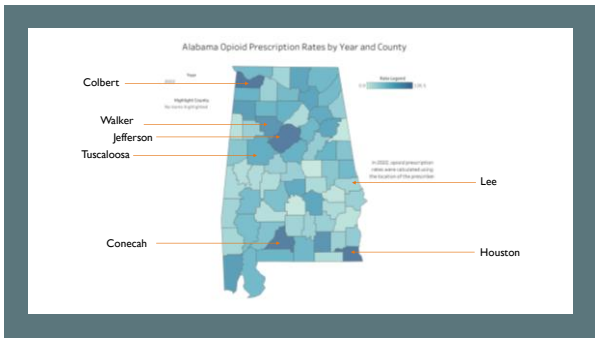
1. Explore the Scope of Prescriptive Authority
2. Examine Challenges and Opportunities In Collaborative Prescribing
3. Promote Effective Collaboration for Patient-Centered Care

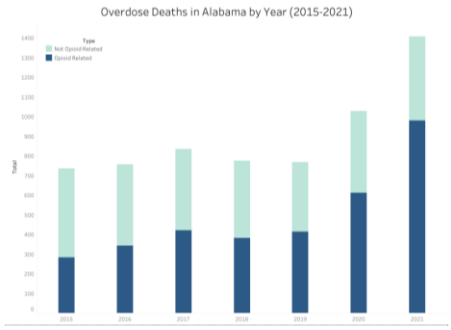
AGENDA

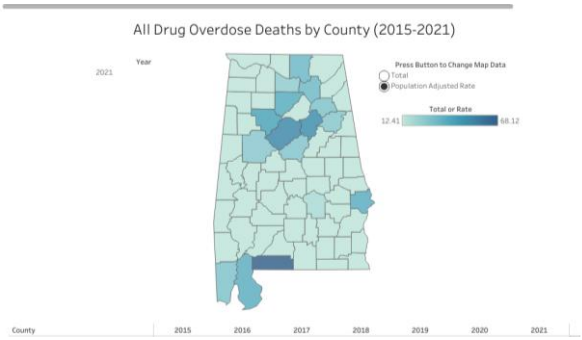
1. Review The Rules
2. Prescribing Practices
3. Special Considerations
4. Risk and Abuse Mitigation
5. Collaborative Strategies

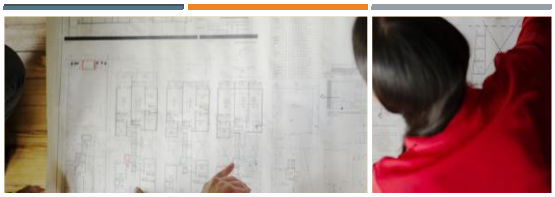












REVIEW THE RULES

QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE

1. Be in collaborative 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

"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 practice agreement
- Must be renewed annually

SPECIFIC RULES - QACSC

- Collaborating / Supervising MD/DO must complete an audit of PDMP for prescriber every quarter
- Verbal orders permissible by NP/PA

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

*Initial Prescription by MD/DO

*NEW SPECIFIC RULES - QACSC

- Collaborating / Supervising MD/DO must complete an QA for prescriber every quarter
- Verbal orders permissible by NP/PA
- Annual in-person Collaborating / Supervising Evaluation required with script issued at that time

	Quantity	Provider	Refill
Initial	30 day supply (90 Day Supply Available – Refill Subject to Collaboration)	NP/PA	Two
Established*	30 / 90 day supply	NP/PA	2 (90 day)
Dispensing	None	NP/PA	None
		*Initiated Prescription by MD/DO	

SPECIFIC RULES - LPSP

- Long-Acting Schedule II – must be started by MD/DO, can be continued by NP/PA without dosage change – only permitted in Hospice/Palliative Care; Nursing Homes; Oncology
- Schedule II/N – Non-narcotic medications (Amphetamine, Amobarbitol, Pentobarbitol, Secobarbitol)
- Must alternate between NP/PA and MD/DO on subsequent scripts

Short Acting

	Quantity	Provider	Reissue
Initial	30 day supply	NP/PA	None
Established*	30 day supply	NP/PA	None**
Dispensing	None	NP/PA	None
Dose Change (Increase)		MD/DO	

*Initial Prescription by MD/DO
**Schedule II/IIN can have 2 refills

*NEW SPECIFIC RULES - LPSP

- Long-Acting Schedule II – must be started by MD/DO, can be continued by NP/PA without dosage change – only permitted in Hospice/Palliative Care; Nursing Homes; Oncology
- Schedule II/N – Non-narcotic medications (Amphetamine, Amobarbitol, Pentobarbitol, Secobarbitol)
- Annual in-person Collaborating / Supervising Evaluation required with script issued at that time
- On-going collaboration discussed in the chart

Short Acting

	Quantity	Provider	Reissue
Initial	30 day supply	NP/PA	Two
Established*	30 day supply	NP/PA	Two
Dispensing	None	NP/PA	None
Dose Change (Increase)		MD/DO/NP/PA	

*Issued Prescription by MD/DO

PRESCRIBING PRACTICES

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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*

(AAOMS, 2022)

PRESCRIBING PRACTICES – NP/PA

NPs in Alabama: 9,607

- Offices of Physicians: 48.9%
- Hospitals (state, local, and private): 22%.
- Outpatient Care Centers: 9.1%
- Offices of Other Health Practitioners: 4.1%
- Home Health Care Services: 2.6%

(ABN, 2025; BLS, 2023)

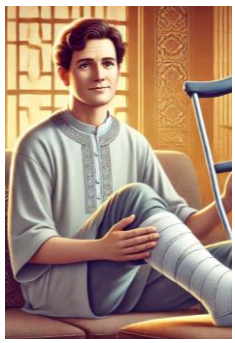
PAs in Alabama: 1,414

- Physician Offices or Clinics: 54.5%
- Hospital Settings: 37.7%
- Urgent Care Centers: 6.5%
- Other Setting: 1.3%

(ALBME, 2023; AAPA, 2020)

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



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

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

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

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

RISK MITIGATION STRATEGIES

II. Communication

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

RISK MITIGATION STRATEGIES

III. Quality Assurance

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

PROMOTING EFFECTIVE COLLABORATION

- Bring Awareness
- Reach Out
- Stay Consistent

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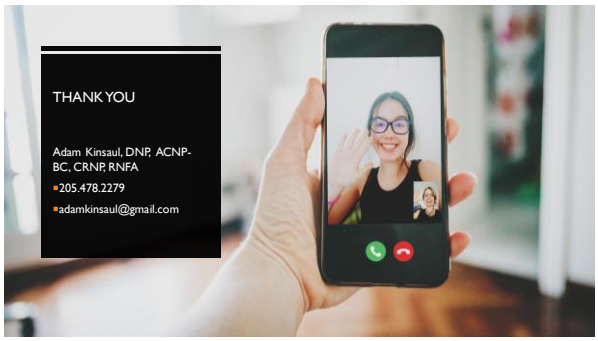
THANK YOU
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