

## Prescribing Dilemmas: Case Studies from the Alabama Board of Medical Examiners Part 2



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### MISSION

The Alabama Board of Medical  
Examiners is charged with protecting  
the health and safety of the citizens of  
the state of Alabama.

William M. Perkins,  
Executive Director

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## Prescribing Dilemma #7

**“What do you mean when you  
say I have to rotate  
prescriptions?”**

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## Who is required to rotate controlled substance prescriptions?

- A) FIRST PRESCRIBER AND SECOND PRESCRIBER
- B) COLLABORATING/SUPERVISING PHYSICIAN AND APP
- C) NO ONE
- D) OFFICE MANAGER

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## Prescribing Dilemma # 7

Presentation: The Board audits a collaborative practice between a physician and a CRNP. The Board auditor checks the controlled substance prescribing of the CRNP and finds that the CRNP is not alternating prescriptions with the physician as required by the QACSC protocol.

Dilemma: There are special protocols for the use of a QACSC by a CRNP or PA.



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## QACSC Protocols

If the **physician** initiates the medication, and the patient is well-maintained, the APP may prescribe a 30-day supply with 2 refills up to 90 days. (3 separate scripts) DEAs will alternate every 90 days.

If **APP** initiates the medication, they are limited to a 30-day supply. The physician must prescribe the next 30-days under his/her own DEA. Once well-maintained, prescriptions will alternate every 90 days.

Physician must have an established and on-going relationship with the patient! Must see the patient at least once per year.

The collaborating/ supervising physician must check the APP's prescribing on a quarterly basis by logging into his/her own PDMP using their name and password.



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## NP/PA Initiates a Schedule 4 Drug for a Patient

- He/she may prescribe a 30-day supply.
- Next visit: The physician must write the follow up prescription under his/her DEA.
- If the patient is well-maintained, the NP/PA may write the next 30-day prescription with 2 reissues (up to 90 days).
- The physician should write the next 90-day prescription under his/her own DEA/ACSC.
- The PDMP should reflect the alternations every 90 days.
- You can see this information under the patient in the PDMP.
- The physician should see the patient at least once per year.
- If the physician initiates the medication, the NP/PA may write a 30-day prescription with 2 reissues if well-maintained.



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## "I prescribe electronically and send my physician the prescriptions to review. Does this count?"

The PDMP must show alternating prescribers.

The prescriptions must be **signed** by the NP/PA or physician- not just "reviewed".

Check your PDMP regularly. Call the pharmacy if you find discrepancies.



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## Prescribing Dilemma #8

"What do I do with all these pills my patient just brought me?"

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**The patient should take them back home and flush them or dump them down the drain.**

- A) TRUE  
B) FALSE

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### Prescribing Dilemma # 8

Presentation: A patient or family member of a patient has unused controlled substances and brings them to you for disposal.

Dilemma: How do we educate patients and families about the disposal of unwanted controlled substances, and how do we use the options available to them?



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### Prescribing Dilemma # 8

Review: Dr. Ayers on Palliative Medicine

- Make a plan for disposal with the family at the outset of care
- Provide a limited supply of pills
- Perform PDMP checks
- Perform routine pill counts during home visits
- Utilize a lock box, if necessary
- Utilize urine drug screens
- Facilitate destruction of unused medications



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## Prescribing Dilemma # 8

Review: Dr. Ayers on Palliative Medicine

- Flushing or dumping down a drain is not the best way to dispose of medication.
- Disposal in Household Trash
  - Remove the medicine from its original container and mix it with an undesirable substance, such as used coffee grounds or kitty litter.
  - Place the mixture in a sealable bag, empty bag, or other container to prevent medicine from leaking or breaking out of a garbage bag.
- Medication "Take-Back" Programs
  - Collection boxes overseen by law enforcement or pharmacies



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## Prescribing Dilemma #9

**“What does QA for prescribing controlled substances look like?  
Isn’t it just chart review?”**

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## Quality Assurance for Controlled Prescribing



Controlled substance prescribing can be a part of your quarterly QA.

Data can be compiled by office staff and reviewed by physician/CRNP/CNM/PA.

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**ALABAMA STATE BOARD OF MEDICAL EXAMINERS**  
William M. Peikin, Executive Director

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**Supervising Practice Quality Assurance Plan**

**PA Name:** \_\_\_\_\_

**Supervising Physician:** \_\_\_\_\_

**SPECIALTY:** \_\_\_\_\_

**QUALITY ASSURANCE (date # 1-31):** The mechanism for quality assurance shall be as follows. Specify a fully quality assurance program that includes complete review of medical records plus all relevant systems. The term "medical records" includes, but is not limited to, electronic medical records. Review of quality assurance reviews shall be readily retrievable, identify results that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change.

1. List Patient Population Group (s) to be monitored (list problem groups, or low volume groups) (add)	Example line 1. All patients 2. Patients with diagnosis of chest to be monitored	Frequency of Review (Monthly, Quarterly, Annually)	Designated Personnel (Individual who will complete data)
Supervising Medications	1%	Quarterly	Clinic Manager
UTI	3%	Quarterly	
Diabetes	10%	Quarterly	
<b>Address Outcomes:</b>	100 %	Immediately	Physician and PA

**Each Quality Assurance Advance Outcome document review will include the following:**

- 1. Identified medical records, based on problem group, high risk patient population
- 2. Summary of the Quality Assurance findings and conclusions regarding PA and supervising physician
- 3. Recommendations for change of treatment
- 4. Computer review, if available
- 5. Date of review and signature of PA and supervising physician

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**COLLECTIVE QA REPORT: PRESCRIBED MEDICATIONS**

Review Period: ☐ Weekly ☐ Monthly ☐ Quarterly Date of Review: \_\_\_\_\_

Total # of patients seen: \_\_\_\_\_ Adverse Outcomes: \_\_\_\_\_ Y \_\_\_\_\_ N

**SUMMARY STATEMENT:** On the above date, \_\_\_\_\_ (insert #) charts, identifiers listed below were chosen at random and reviewed for quality monitoring. The charts were reviewed for the following Prescribed Medication indicators:

1. Medications are prescribed per FDA guidelines (per PDR, NP Manual, or Product Insert)
2. Proper chart documentation of medication name, dosage, and directions for use and are legible
3. Medications prescribed are appropriate for the patient dx according to practice protocol
4. Controlled medications were ordered according to regulations of BME and ABN
5. No medications were ordered or refilled due to nature of visit

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<b>Chart #/Identifier</b>				
<b>Date of Service</b>				
<b>D=Discussed</b>	<b>noted</b>	1.		
<b>changes which are</b>		2.		
<b>needed</b>		3.		
<b>7 = Appropriate</b>		4.		
<b>NA=Not applicable</b>		5.		
<b>Chart #/Identifier</b>				
<b>Date of Service</b>				
<b>D=Discussed</b>	<b>noted</b>	1.		
<b>changes which are</b>		2.		
<b>needed</b>		3.		
<b>7 = Appropriate</b>		4.		
<b>NA=Not applicable</b>		5.		

[illegible][illegible]

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**If the physician and APP work in the same office with each other, QA is not required.**

- A) TRUE  
B) FALSE

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### Prescribing Dilemma #10

**“Can my PA or CRNP prescribe weight loss and testosterone medications via telehealth while I work on my farm?”**

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### Prescribing Dilemma # 10

Issues:

- Is this a bona fide collaboration?
- Are appropriate risk and abuse mitigation strategies being used?
- Are the QACSC protocols being followed?
- Are conflicts of interest being addressed?
- Is the patient receiving appropriate care?



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## Can an APP prescribe controlled substances for weight loss?

- A) YES  
B) NO

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## Resources

Board Website: [www.albme.gov](http://www.albme.gov)

- Rules: [Rules and Laws | Alabama Board of Medical Examiners & Medical Licensure Commission](#)
- Practice Issues & Opinions: [Alabama Board of Medical Examiners & Medical Licensure Commission \(albme.gov\)](#)
- Investigations & Misconduct: [Alabama Board of Medical Examiners & Medical Licensure Commission \(albme.gov\)](#)
- Reporting: [Alabama Board of Medical Examiners & Medical Licensure Commission \(albme.gov\)](#)

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- We are also on Facebook and LinkedIn



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