

MEMBERS PRESENT

Dr. Melanie Blake, Board of Medical Examiners, Vice Chairperson
Ms. Juanita Turnipseed, Board of Nursing
Ms. Lisa Tittle, Board of Pharmacy
Dr. R. Michael Dickerson, Board of Pharmacy
Dr. Sheila Schuler, Podiatry Board
Dr. Shant Garabedian, Osteopathic Board
Dr. Stephen Ladd, Board of Veterinary Medicine
Dr. Brad Lindsay, Board of Optometry
Mr. Omar Nava, Committee on Physician Assistants

STAFF PRESENT

Dr. D. Todd Bess, Director of Controlled Substance Monitoring Database
Dr. Mitchell Mutter, Medical Director for

Special Projects

Mr. Andrew Coffman, Attorney, Office of General Counsel
Ms. Debora Sanford, Project Manager
Ms. Antoinette Welch, Director, Office of Investigations
Ms. Tracy Bacchus, Administrative Assistant

MEMBERS ABSENT

Dr. Katherine Hall, Board of Dentistry
Mr. Robert Ellis, Board of Medical Examiners
Mr. Brent Earwood, Board of Nursing, Chairperson

The CSMD Committee convened on Monday, February 6, 2018, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Blake called the meeting to order at 9:05 a.m. and the members introduce themselves.

Dr. Blake mention to the group that we are live streaming so please make sure the green light is on and speak into microphone.

Minutes

Dr. Blake asked had everyone read the minutes from the meeting on October 16, 2017, and if so can the committee have a motion to approve the minutes.

- Dr. Lindsay made the motion to accept the minutes from the October 16, 2017 committee meetings, and Ms. Tittle second the motion,
- Move by acclimation the minutes were approved

Bureau of Investigations – Antoinette Welch**Ms. Welch reported the following:**

- BIV had fifty-three complaints for over prescribing
- Complaint Closed
 - Medical Doctor
 - Five letters of concern
 - Three letters of warning
 - Twenty closed no action taken
 - Advance Practice Registered Nurse
 - One sent to Office Of General Counsel
 - Three letters of concern

- Four letters of warning
 - Eleven closed no action taken
- Doctor of Osteopathic
 - One closed no action taken
- Doctor of Dental Surgery
 - Two sent to Office Of General Counsel
- Podiatry
 - Two sent to Office Of General Counsel
- Pain Management Clinic
 - Two closed no action taken
- Physician Assistant
 - One letter of concern
 - One letter of warning
- As for 2017 Pain Clinic Inspections done for licensure BIV has a total of 65 clinics in the inspection status:
 - Twenty-two pain clinics have been licensed;
 - Three were also issued a letter of warning;
 - Eight were issued a letter of concern;
 - One clinic was not issued a license;
 - There are currently seven inspections pending review;
 - There are thirty-five inspections currently in the field.

Office of General Counsel- Andrew Coffman

Mr. Coffman reported the following:

- Nineteen over prescribing cases from September 2017 – December 2017
 - Six nursing cases; six agreed to probation and one revocation plus probation
 - Seven BME cases two agreed to probation, three reprimand, one revocation, and one suspension
 - Physician assistant agreed to suspension and voluntary surrendered their DEA registration
 - One Dentists agreed to a probationary period
 - Four pain management clinic all three have agreed to voluntary surrender their certificate
- Legislative updates related to prescribing
 - HB 1325 requires all prescribers or their designated healthcare practitioner's extenders, unless otherwise exempted under this part, to check the controlled substance database prior to each prescription of one of the controlled substances identified in subdivision (e)(3) to a human patient;
 - HB 1526 gives a five year extension to the CSMD Committee meaning the Committee would not be back to the legislature for a sunshine hearing for 5 years;
 - HB 1774 is amended by adding language to appropriately designate subdivision to Regional Juvenile Drug Court Treatment Program. This is a

- pilot program and the judges would have access to CSMD about individuals in the pilot program;
- HB 1831 is an administration bill that makes a number of changes affecting the CSMD. The first change is the CSMD shall use the CDC calculations for determining MME. It requires a six month check opposed to a yearly check; it talks significantly about informed consent, does away with the Operation Committee, and the limitation that the bill places on prescribing as it relates to acute care;
 - HB 1832 is an administration bill and is 27 pages long, but the two things that this bill would do is, it would schedule gabapentin, and it also changes the definition of fentanyl in relation to criminal penalties;
 - HB 1871 is amended by adding the following as a new subsection () With respect to guidelines for testing for opioids, the treatment and pain clinic guidelines developed by the commissioner pursuant to this section for the treatment of chronic pain shall be consistent with federal guidelines developed by the Centers for Disease Control and Prevention (CDC) as those guidelines relate to baseline drug testing and periodic follow up testing as warranted for treatment;
 - HB 1964 has a \$250,000,000 price tag and it is for the Opioid Abuse Treatment and Prevention Act;
 - HB1992 is a bill that would require e-prescribing of schedule II drugs by July 1, 2020
 - HB1993 requires the Department of Health to do a study on e-prescribing to determine whether it is appropriate or effective;
 - HB2102 requires the Department to do a report on the number of schedule II emergency prescriptions written each year;
 - HB 2348 is about neonatal abstinence syndrome and informed consent;
 - HB2459 about the risk of prescribing opioids for a women of childbearing age or pregnant;
 - HB 2544 would allow the CSMD committee members to attend via video conference;
 - HB 1531 states that the district attorney general of each judicial district shall notify the commissioner of the name and other such identifying information, as may be designated by the commissioner, of any individual convicted in a court of competent jurisdiction within that judicial district of a violation of the Tennessee Drug Control Act of 1989. The notification must occur within thirty (30) days of the conviction, using a format established by the commissioner, and shall only apply to convictions occurring after July 1, 2018;
- Dr. Garabedian asked have some of these bills passed and Mr. Coffman said that none of these bills has passed into law. Dr. Garabedian asked regarding HB 1325 he has some practicality issues in regards to checking every time he writes a prescription. His example was seeing 50 patients in 12 hours in the emergency room and only writing a handful of

pain prescriptions. Dr. Garabedian also inquired regarding the date at the bottom, which indicates it takes effect in 2017. Mr. Coffman said that the bill would not be retroactive.

- Dr. Schuler asked does this amend the exemptions if you do not write for less than 7 days you do not have to check, and Mr. Coffman said it does not amend this in the Prescription Safety Act.
- Ms. Tittle asked does the department take a position on any of these bills, and Mr. Coffman said that TDH generally defers to the will of legislature on each of these bills but does not mean amendments have not been suggested and communicated cost put on others by bills.
- Dr. Blake wanted clarification regarding HB1871 making TN's guidelines consistent with CDC does that mean other parts will not change? Mr. Coffman responded that this would only apply to baseline drug testing and follow-up and would not apply to other parts of the CDC Guidelines as it is currently drafted.
- Ms. Turnipseed wanted to clarify which bill schedules gabapentin. Mr. Coffman responded the bill that schedules gabapentin is HB1832.
- Mr. Coffman asked the committee to approve seven attorneys to travel to the American Addiction Pathways to address the opioid symposia on March 14, 2017 in Memphis, which will cost about \$2,800 dollars. Dr. McPheeters from TDH Informatics and Analytics, Mary Bratton from OGC and Tommy Farmer are just a few who will be speaking at this symposia
 - Dr. Lindsay made the motion to approve funding for the trip to Memphis on March 14, 2018, and Dr. Garabedian second the motion;
 - Move by acclamation the seven attorneys were approved

Medical Director for Special Projects – Dr. Mitchell Mutter

Dr. Mutter communicated the following:

- Prescriber will receive 2.5 hours of CME for attending one of the educational efforts for 2018. Here is a list of the planned symposia in 2018:
 - Campbell County
 - Nashville
 - Knox County
 - Chattanooga
 - Johnson City
 - Jackson/Madison
 - Memphis
 - DeKalb County
- Symposia content for 2018 is;
 - Current Trends & Chronic Pain Guidelines (CPG)
 - CSMD & Laws
 - Screening Brief Intervention (SBI) / Adverse Childhood Event (ACE)
 - Law Enforcement
 - Addiction
 - Risk Proof Your Practice
 - Hepatitis C / HIV

- The next Chronic Pain Guidelines Meeting will be at the end of February or beginning of March and topic for discussion are:
 - Governor's Bill HB 1831
 - Dr. Dozier and Dr. Edwards will be part of the meeting as they are working on the appendix for Acute Pain
- Pain Clinic Certification to Licensure
 - TCA 63-1-3 (a) on or after July 1, 2017, no person shall own or operate a pain management clinic unless the medical director obtains a license from the department. No license shall be issued unless the pain management clinic has been inspected and found to be in compliance with this part by the department. The department is authorized to charge a reasonable fee for any application for a license.

CSMD Director's Report – Dr. D. Todd Bess

Dr. Bess communicated the following:

- He and Dr. Dilliard will be speaking at the University of Tennessee, College of Pharmacy weekend updates in 2018 at the following locations:
 - Franklin, TN
 - Knoxville, TN
 - Kingsport, TN
 - Jackson, TN
 - Chattanooga, TN
 - Cookeville, TN
 - Memphis, TN
 - Murfreesboro, TN
- A new feature on the patient report that shows patients identified by TennCare as being locked into a single Pharmacy. Following is the language that appears on the patient report:
 - The patient with the lock indicator before the name has the same first name, last name and date of birth of a person that has been reported to the CSMD by TennCare, and has been locked into a single pharmacy (TennCare will only provide coverage for this patient at their assigned pharmacy). Please assess if your patient is an active TennCare Enrollee that is locked into one pharmacy, and if so please refer this patient's pharmacy care to their assigned pharmacy.
- Tennessee now shares data with the following states in addition to the other 10 states:
 - Ohio
 - Texas
 - Alabama
 - North Carolina (February 2018)
- Attended Government Operation Committee Meeting on January 24, 2018, at that time the Government Operation Committee extended the CSMD Committee for another 5 years

- Appriss Contract
 - CSMD is currently operating on a short term Appriss contract;
 - TDH is still making progress on the long-term contract and is optimistic the September deadline will be met.
- The committee discussed adjustments in the MME conversion logic **in reference to buprenorphine that TDH received from the CDC in the fall of 2017, and TDH is working with the CDC on possible alternatives for some MME associated with bup products but CDC is not hopeful that any MME conversion would be populated in the MME conversion table in the near future. Therefore, the committee decided to adjust the current patient report MME conversion to the CDC fall 2017 conversion factors.** Dr. Bess ask the committee to approve updated language on the patient reports to address the buprenorphine MME CDC changes;
- The estimated MME per day does not include calculations for any buprenorphine products even though those products are associated with significant clinical risks including overdose death. The estimated MME is calculated using conversion factors for opioids created by the CDC available at the CDC's Opioid Overdose Resource Center under Data Resources. The calculations are only intended to assist with clinical decision-making and to retrospectively inform analyses of risks associated with opioid prescribing. The calculations do not constitute clinical guidance or recommendations for converting patients from one form of opioid analgesic to another. The CDC has provided the statement that buprenorphine products, as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. Tennessee Department of Health advises caution when prescribing buprenorphine products since they have been associated with drug overdose deaths and NAS.
 - Dr. Dickerson made the motion to accept the new language related to MME, and Dr. Garabedian second the motion,
 - Move by acclimation the buprenorphine language were approved
- Discussion occurred regarding the possible need for a resource to maintain a PostGreSQL database if it is determined there is not a better way for TDH to receive the CSMD data for analysis by CSMD operations and TDH Informatics and Analytics Department. THD is having ongoing discussions with Appriss regarding the best and most efficient way to transmit data to TDH.
 - There was a ask to the Committee to approve funding if it was determined the resource was needed. Several of the Committee members did not feel comfortable approving funds without knowing the financial status of their board.
 - Ms. Tittle made the recommendation to have Butch Jack or someone from the Budget Office to present at the next meeting, and Dr. Lindsay made the motion to have the budget office to present, and Dr. Garabedian second the motion,
 - Move by acclimation that someone from the Budget Office will present at the next meeting
- Statistics from the 2017 Legislative Report
 - The TN CSMD Program has almost 50,000 registrants in the database
 - The Ratio of Number of Prescriptions going into the CSMD per request has

improved to about 2:1, which indicates that fewer prescriptions are written and dispensed without a check to the CSMD

- As for the top 10 drugs, hydrocodone and oxycodone continue to be in first and second place
 - Schedule two stimulants have increased over time for the past few years
 - Decrease in MME in long acting opioids in 2017 Decrease in MME in short acting opioids in 2017
 - Decrease of 76% of potential doctor and pharmacy shoppers
 - Clinical Risk Notifications on Home Page in CSMD
 - 60% of respondents received a Clinical Risk Notification;
 - 71% felt the information was useful;
 - How did the information increase awareness (could choose more than one response)
 - 89% more aware of patients going to multiple prescriber;
 - 57% more aware of patients going to multiple dispensers;
 - 66% more aware of patients receiving highest dose of opioids;
 - The annual CSMD Survey to prescribers and dispensers was completed in December 2017
 - 87% prescribers and 90% dispensers indicated that the CSMD is useful in decreasing potential doctor shopper;
 - 65% prescribers indicate that CSMD reports result in a change in the treatment plan and;
 - 79% dispensers stated they are less likely to fill a prescription as written;
 - 20% of prescribers after reviewing the report indicate that they refer patients to treatment and 59% of dispensers after reviewing the reports discuss with the prescriber patients that may benefit from assessment for of possible treatment
 - Dr. Bess asked the committee to approve the 2018 Legislative Report
 - Dr. Garabedian made the motion to accept the 2018 Legislative Report, and Dr. Lindsay second the motion,
 - Move by acclimation the 2018 Legislative Report were approved
 - Shared the yearly dates for the CSMD committee meeting for 2018
 - February 6, 2018
 - April 10, 2018
 - July 10, 2018
 - October 2, 2018
 - Next meeting is scheduled for April 10, 2018
- The meeting adjourned at 11:44 a.m.