

MEMBERS PRESENT

Dr. Melanie Blake, Board of Medical Examiners, Chairperson
Ms. Lisa Tittle, Board of Pharmacy
Dr. R. Michael Dickenson, Board of Pharmacy
Dr. Sheila Schuler, Podiatry Board
Dr. Robert Simpson, Board of Veterinary Medicine
Dr. Linda Tharpe, Board of Optometry
Mr. Brett Reeves, 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, Clinical Application Coordinator
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
Ms. Juanita Turnipseed, Board of Nursing
Dr. Shant Garabedian, Osteopathic Board

The CSMD Committee convened on Tuesday, October 2, 2018, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Blake called the meeting to order at 9:00 a.m. and the members introduced themselves.

Dr. Blake communicated to the group that the meeting is live streaming so please make sure to speak into the microphone and make sure the green light is on to indicate microphone is active.

Action Items:

- Present to the committee FAQs related to the definitions at the next meeting
- Dr. Bess will determine if pharmacy technicians are included in the numbers used to calculate the percentage presented for Gateway integration cost.

Minutes

Dr. Blake asked had everyone read the minutes from the meeting on July 10, 2018, and if so can the committee have a motion to approve the minutes.

- Dr. Dickenson made the motion to accept the minutes from the July 10, 2018 committee meetings, and Dr. Tharpe seconded the motion,
- Move by acclamation the minutes were approved

Office of General Counsel - Andrew Coffman

- Reported prescribing cases for June 2018 through August 2018
 - One Nursing case on probation
 - Two BME cases voluntary surrender and one BME case reprimand
 - One DO case reprimand
 - Two Dentistry cases reprimand for failure to look up patient(s) in CSMD
 - One physician assistant case on probation

- Pain Management Clinic case that resulted in voluntary surrender of Pain Clinic Certificate
- Shared an article regarding a Nevada doctor discipline over accessing the Las Vegas shooter's drug record
- Discussed the Governors Bill in relation to subsection 9: "The treatment of a patient who has suffered a severe burn or major physical trauma, as those terms are defined by the controlled substance database committee by rule and adopted by the licensing boards created pursuant to title 63, and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event."
- The CSMD Committee is tasked with writing definitions for major physical trauma and severe burns. Mr. Coffman invited the following groups to provide input in today's discussion on definitions on "severe burns" and "major physical trauma":
 - TennCare
 - Bureau of Worker's Compensation
 - Mental Health and Substance Abuse
 - Tennessee Medical Association
 - Tennessee Nurses Association
 - Tennessee Hospital Association
 - Tennessee Pharmacy Association
 - Tennessee Chapter of the American Academy of Pediatric
 - American Burn Association
 - Tennessee Emergency Nurses Association
 - Tennessee Medical Foundation
 - Each of the Medical Schools
 - Submitted to the committee Dr. Rene Saunders injury scale document, and presented a letter from Dr. Michael Baron from Tennessee Medical Foundation (TMF)
 - Provided a signup sheet at entry for anyone in the audience who wanted to participate. The signup sheet was blank so Dr. Blake communicated this is an important issue and asked if anyone in the audience would like to provide any comments.
 - Dr. Snyder from TN Department of Labor, Workers Comp also provided input to the discussion.
 - The Committee discussed the information that was provided to the committee and concluded that "Severe Burns" means injury sustained from thermal or chemical causes resulting in 2nd or 3rd degree burns.
 - Dr. Dickenson made the motion to define "Severe Burns" as an injury sustained from thermal or chemical causes resulting in 2nd or 3rd degree burns. as defined in Dr. Baron's letter; Dr. Simpson seconded the motion
 - Move by acclimation the definition for severe burns were approved
 - After much discussion on the topic of trauma, Dr. Dickenson made the recommendation on the definition for "Major Physical Trauma" means a serious injury sustained due to surgical intervention, blunt or penetrating force with potential for serious blood loss, fracture, temporary or permanent impairment, disability and/or death.

- Dr. Blake made the motion to accept Dr. Dickenson’s definition for major physical trauma; Dr. Tharpe seconded the motion
 - Move by acclimation the definition for major physical trauma was approved
- Discussed with the committee the need to determine a value to utilize in a field to report to the CSMD “medical necessity” which is stated in Public Chapter 1039.
 - In the ASAP 4.2A (6/2017 version) field DSP24 Treatment Type was identified as the only option identified with a code that can be designated by the State, Mr. Coffman suggested the committee designate 99 to report “Medical Necessity”
 - Mr. Coffman stated that this committee has the power to grant a two year exemption from reporting to the CSMD in the ASAP 4.2A format
 - Dr. Bess communicated he wanted the committee to make the decision on the exemptions for the ASAP 4.2A at the first meeting in 2019 when reporting is required. After some experience reviewing the exemptions the committee can determine the best approach to approving any future request for an exemption.
 - Ms. Tittle made the motion to approve the use of 99 to capture medical necessity; and Dr. Dickenson seconded the motion;
 - Move by acclimation to use 99 in the treatment type field to capture medical necessity to report to the CSMD was approved.
- Mr. Coffman gave a brief update on the Kentucky project;
 - Discussed how the secure transfer of the data will happen

Office of Investigation – Antoinette Welch

- Updated the committee on pain management clinics;
 - Ninety-one clinics that have approved
 - Thirty-three in process either pending review
 - Eighteen in the inspection process
 - Four application process
 - Nineteen applications withdrew their applications
 - Five were denied
- Updated the committee on the Comprehensive Pain Specialists (CPS)
 - CPS made available their patients’ medical records
 - Department focus resources on inspecting CPS clinics that transfer ownership in a timely manner in order to not leave a rural area without a clinic;

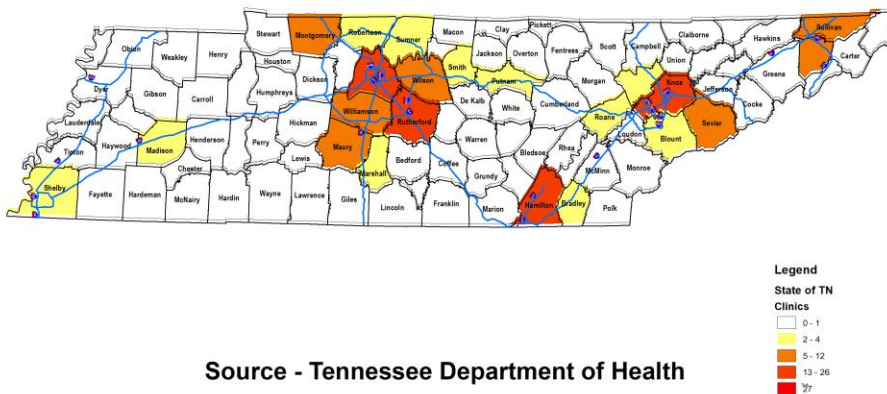
Medical Director for Special Projects – Dr. Mitchell Mutter

- Thanked the Committee for their service here today and for participation last week in the Chronic Pain Guidelines Expert Panel meeting. He communicated the need to create education where both prescribers and dispensers were in the same room to foster better partnership and communication.
- Shared with the committee how to register for the Tennessee Department of Health: New Issues, Data, and Laws in the Opioid Epidemic symposia and the remaining symposia dates:
 - <https://www.etsu.edu/com/cme/tndoh2018.php>
 - October 18 – St. Francis Hospital, 5959 Park Ave., Memphis, TN 38119
 - October 25 – Walters State Community College, 500 S. Davy Crockett Pkwy, Morristown, TN 37813
 - November 15 – Putnam Co. Health Dept., 701 County Services Drive, Cookeville,

TN 38501

- Shared with the committee that he will be speaking at Tennessee Pain Society 2018 Annual Meeting on October 19th
- Discussed TN Together
- Discussed the Pain Clinic application process
 - The medical director is the one that applies and owns the license. The license is linked to one address. If either changes there must be an application for a new license. The medical director must be a pain management specialist as defined in the statute.
- Inspection
 - Document medical director hours
 - Document supervisory requirements of APRNs and PAs
 - Licenses and certificates on file
- Chart review
 - Patient medical history
 - Physical examination
 - Diagnostic, therapeutic, and laboratory results
 - Evaluations and consultations and more
- As of September 27, 2018 there are a total of 154 Pain Management Clinics with either a valid certificate or a license
- Shared the pain management clinic map with the committee:

Tennessee Pain Clinics per County
154 Total Pain Clinics in Tennessee
as of September, 2018



Source - Tennessee Department of Health

- Mentioned the top 10, 20, and 50 prescribers in 2018 based on 2017 data
 - #1 46,254,135 MME
 - #2 43,608,031 MME
 - #3 25,910,404 MME
 - #50 10,919,992 MME
 - Most all prescribers were working for pain specialist or oncology practices
 - Total MME is down in Top 50 from previous year

- Top 20 letters Buprenorphine was based on top average Daily mg/Patient per day range 25 mg to 20 mg (Acknowledge the collaboration with Mental Health and Substance Abuse Services in making this decision)
- Top 10 prescribers were encompassed in the top 50
- Discussion occurred regarding the new Office Based Opioid Treatment (OBOT) clinics
 - Noted discussion around OBOT reporting to CSMD when dispensing and Dr. Wes Geminn, Chief Pharmacist and State Opioid Treatment Authority communicated reporting is not allowed due to 42 CFR Part 2
- Introduced Ms. Talesia Mitchell and she will be working on symposia and various activities

Dr. Mutter and Ms. Welch both updated to the Committee on the proactive steps that have been taken to minimize negative outcomes to patients related to CPS clinic closures. The TDH is prioritizing new pain clinic applications in areas across the state hit hardest by these closures.

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

- Thanked the Committee members for their dedication.
- The Governor's bill recognizes the importance and value of this Committee as indicated by the requirement of the Committee to define "Severe Burns", "Major Physical Trauma" and how best to capture "Medical Necessity" in the CSMD
- Updated the committee on the Appriss contract:
 - TDH signed a short term Appriss contract on September 4, 2018 and that will end January 2019
 - TDH/Appriss long-term contract is moving through the State contracting approval process
 - Updated the Committee that the NABP contract had special considerations that the Office of Informatics and Analytics had the Contract attorney sent to NABP and NABP has sent their response back to the TDH Contract Attorney needed feedback last week. The committee was encouraged that the contract attorney and team should meet the deadline for renewal.
- Communicated to the committee that Tennessee is now sharing data with the following new states:
 - Georgia (working well)
 - Indiana (working on Indiana technology setup)
 - Pennsylvania (approval by both sides to share working through technology setup)
 - In conversation with Maine
- Gabapentin is now Schedule V controlled substance
 - Effective July 1, 2018
 - Updated the CSMD website
- Asked if the waiver form should be updated to reflect change regarding Gabapentin and the committee all agreed to leave the form as is
- Updated the committee on the dates he will be speaking to each regulatory board regarding the proposed CSMD EHR Integration:

○ Board of Medical Examiners	September 25-26, 2018
○ Podiatric Board	September 27, 2018
○ Committee on Physician Assistant	October 5, 2018
○ Board of Dentistry	October 11-12, 2018

- Board of Optometry October 12, 2018
- Board of Nursing November 7-8, 2018
- Osteopathic Board November 21, 2018
- Board of Pharmacy December 3, 2018
- Board of Medical Examiners Approved (9/26/2018)
 - Voted yes to approve funds from the reserve account to fund the first two years
 - The approval of the funding is contingent on participation by all of boards that support the CSMD except the Veterinarian Board.
- Board of Podiatric Examiners Approved (9/27/2018)
 - Voted yes to approve funds from the reserve account to fund the first two years
 - The approval is contingent on participation by all boards that support the CSMD except the Veterinarian Board.
- Update on ASAP 4.2 upgrade (6/2017 version) in order to comply with requirements of Public Chapter 1039:
 - Critical upgrade to ASAP 4.2A to allow for collection of ICD-10 and medical necessity reporting
 - Upgrade in process and UAT to begin first week of October with potential for move to production at the end of October
 - Data Collection Manual will be updated to reflect changes as required by the changes
- Asked the Committee to review the 2018 legislative report and provide comments back to Tracy.
 - 2019 legislative report will be compiled and presented to the Committee at the February 2019 meeting
- Shared with the committee 2019 meeting dates:
 - February 4, 2019
 - April 9, 2019
 - July 9, 2019
 - October 8, 2019

The next CSMD committee meeting will be February 4, 2019

The meeting adjourned at 11:05 a.m.