


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



WILSON HUNTER, GENERAL COUNSEL

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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

Alabama Board of Medical Examiners

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**Prescribing Dilemma #6**

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

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## Prescribing Dilemma # 6

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 reissues 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 (see video in later slide)



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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 their own DEA/ACSC.
- The PDMP should reflect the alternations every 90 days.
- You can see this information under the patient in the PDMP.
- Physician should see the patient at least once per year.
- If physician initiates the medication, the NP/PA may write a 30-day prescription with 2 reissues if well-maintained.



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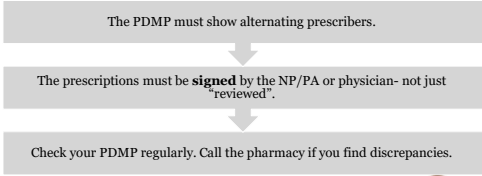
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**“I prescribe electronically and send my physician the prescriptions to review. Does this count?”**



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**Prescribing Dilemma #7**

**“What do I do with all these pills my patient just brought me?”**

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**Prescribing Dilemma # 7**

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 # 7

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 # 7

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 #8

### “What’s the deal with testosterone?”

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## Prescribing Dilemma # 8

### Review: Dr. Koulianos on Testosterone

- Most men who need testosterone don't receive treatment, while those who don't need it, do. Low testosterone becomes increasingly common as men age.
- According to the American Urology Association, a diagnosis should rely on both blood tests and clear, persistent symptoms
- A.U.A. guideline: healthy testosterone levels in men fall between 300 and 800 nanograms per deciliter. However, testosterone can fluctuate widely. Levels are highest in the morning
- There is also a "plateau effect" with testosterone. Once a patient reaches his personal threshold, taking more of the hormone isn't going to do very much.




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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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Supervised Practice Quality Assurance Plan

PA Name: \_\_\_\_\_  
Supervising Physician: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_  
QUALITY ASSURANCE (804.c.7.12): The mechanism for quality assurance shall be as follows: Specify a plan for quality assurance management with defined quality assurance measures for evaluation of the clinical practice of the physician assistant and include review of a meaningful sample of medical records plus all adverse outcomes. The term "medical records" includes, but is not limited to, electronic medical records. Documentation of quality assurance review shall be readily accessible, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change.

| List Patient Diagnostic Group (D) to be monitored (high-risk, medium-risk, or low-risk patient group) | Sample Size (percentage of patients or number of visits to be reviewed) | Frequency of Review (Monthly, Quarterly) | Designated Personnel (Individual who will complete data) |
|---|---|--|--|
| Prescribed Medications  | 5%  | Quarterly                                | Clinic Manager   |
| Dementia  | 10%   | Quarterly                                |  |
| Adverse Outcomes  | 100%  | Immediately                              | Physician and PA   |

- Each Quarter Assurance Adverse 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 presented to PA and supervising physician
  3. Recommendations for change, if indicated
  4. Comment section, if indicated
  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.

| Chart #/Identifier | Date of Service | D- Discussed noted changes which are needed | ? | NA=Not applicable |
|--------------------|-----------------|---|---|-------------------|
|                    |                 | 1.  |   |                   |
|                    |                 | 2.  |   |                   |
|                    |                 | 3.  |   |                   |
|                    |                 | 4.  |   |                   |
|                    |                 | 5.  |   |                   |

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SUMMARY OF FINDINGS FROM QUARTERLY QA

Period of Review: \_\_\_\_\_

Name of Audit/QA: \_\_\_\_\_

Number of Charts Audited: \_\_\_\_\_

- Summary of Findings:
- No specific medical issues identified
  - Certain Medical Issues are in Question (see comments)
  - Adverse findings identified (see comments)
  - Follow-up with provider is needed

Comments/Directions/Changes to be made (if any):

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Physician name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CRPA name/signature: \_\_\_\_\_

Date: \_\_\_\_\_

ADVERSE EVENT REPORT

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Office Hours: \_\_\_\_\_

Date of Adverse Event: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Patient Gender: \_\_\_\_\_

Indicate the Adverse Event:

Patient hospitalized: \_\_\_ Yes \_\_\_ No

Patient outcomes: \_\_\_ Full Recovery \_\_\_ Disability \_\_\_ Death \_\_\_ Pending

Please include narrative description of the adverse event and include any recommendations for change.

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Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

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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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## Resources

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

- Rules page: <https://www.albme.org/rules.html>
- Practice Issues & Opinions | Alabama Board of Medical Examiners & Medical Licensure Commission ([albme.gov](http://albme.gov))
- Investigations & Misconduct | Alabama Board of Medical Examiners & Medical Licensure Commission ([albme.gov](http://albme.gov))
- Reporting | Alabama Board of Medical Examiners & Medical Licensure Commission ([albme.gov](http://albme.gov))

Twitter: Follow @AlaMedBd

- Receive alerts for new rules, agendas, newsletters, etc.
- We are also on Facebook and LinkedIn



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