

ALABAMA BOARD OF MEDICAL EXAMINERS & MEDICAL LICENSURE COMMISSION

Prescribing Dilemmas: Case Studies from the
Alabama State Board of Medical Examiners

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www.albme.gov



Purpose and mission

The Alabama State Board of Medical Examiners and the Medical Licensure Commission of Alabama are charged with protecting the health and safety of the citizens of the state of Alabama.



Prescribing Dilemma # 1

“The patients just came to me
this way!”



Prescribing Dilemma # 1

- Presentation: Patients come to a prescriber with a reported lengthy history of chronic conditions and multiple controlled substance prescriptions with high doses
- The patients want the prescriber to continue the medications “just like the other doctor did it”
- The prescriber knows the dosages are too high, that the combinations are risky, but the patient is very averse to change
- A local practice has likely recently closed and the patients need care



Prescribing Dilemma # 1

- Dilemma: continue the patients on the medications, or make changes?
 - Is this type of change within the prescriber’s specialty or training?
 - Is the prescriber aware of titration methodologies?
 - Is the prescriber willing to say “No?” and mean it?
- Risks to the prescriber: Patient harm, transformation of the practice into a pill mill, and Board intervention.



Prescribing Dilemma # 2

“You may be the doctor, but I pay the bills!”



Prescribing Dilemma # 2

- Presentation: Also known as the “medical license for hire,” a prescriber who works for a non-physician may be subjected to economic, rather than medical, decision-making when prescribing controlled substances.
- Non-physicians can own and operate a medical practice, even a pain management clinic. They can employ physicians, and some advanced practice providers may seek to employ their collaborating physician.



Prescribing Dilemma # 2

- Dilemma: risk upsetting your boss and losing your job, or follow your training and Board regulations
- Quotas and seeing 40-50 patients a day can lead to cutting corners, oversights, and mistakes
- A physician in a registration or collaboration with an advanced practice provider is responsible for that provider’s patients, even if he or she has a QACSC
- Risks to the prescriber: he/she is the only licensee!
- The business can bankrupt and move on. The prescriber risks losing it all.



Prescribing Dilemma # 3

“He prescribes the opioids, I just prescribe the benzodiazepine.”



Prescribing Dilemma # 3

- Presentation: A patient is being prescribed a controlled substance by one prescriber, and another prescriber is managing another condition with a controlled substance. The combination poses a risk of harm to the patient.
- Dilemma: Can the prescriber remain in his or her silo? What are his/her responsibilities? What can he/she do about the risks?



10

Prescribing Dilemma # 4

“My patient has severe pain, but she is also probably an addict.”



11

Prescribing Dilemma # 4

- Presentation: There is a legitimate diagnosis supporting the prescribing of a controlled substance, such as an opioid for chronic pain, but the prescriber has reason to believe that the patient may misuse, abuse, or divert the medication.
- Dilemma: Prescribe the controlled substance or withhold it? Are there any risk mitigation measures the prescriber can take? Is there a third option?



12

Prescribing Dilemma # 5

“My patient’s UDS is positive for an unprescribed drug. What do I do now?”



13

Prescribing Dilemma # 5

- Presentation: A patient taking a controlled substance presents for a UDS, and the UDS is positive for an illicit substance or a substance not prescribed/not condoned/not previously disclosed.
- Dilemma: Does the prescriber fire the patient? Keep the patient? How does the prescriber respond to the patient’s violation?



14

Prescribing Dilemma # 6

“This is a really complex patient, but I don’t know anyone I can refer to.”



15

Prescribing Dilemma # 6

- Presentation: A patient with multiple chronic illnesses presents. Multiple controlled substance classes are indicated, but the management of some of them is beyond the prescriber's training. However, there is no one in the local area who has the right specialty to assist the prescriber.

- Dilemma: Manage the patient the best one can? Refuse to treat the patient or some of the conditions? Require the patient to travel great distances to see a specialist?



16

Prescribing Dilemma # 7

“I know Dr. Feelgood is overprescribing. But what can I do about it?”



17

Prescribing Dilemma # 7

- Presentation: Dr. Feelgood down the street has patients out the door every morning. He is running a pill mill and everyone knows it. The local ER doctor complains every Monday morning about the weekend overdoses. Dr. Feelgood also has a lot of money and his attorney is known to be great friends with the judge.

- Dilemma: Report Dr. Feelgood to the Board and suffer the retaliation? Turn in a fellow physician and suffer reputational harm? Just let it go and hope someone else turns him in?



18

Resources

Board Website: www.albme.gov

- Rules page: <https://www.albme.org/rules.html>
- [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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- Receive alerts for new rules, public actions, agendas, newsletters, etc.



19

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20
