



## Controlled Substance Monitoring Database (CSMD) Committee Meeting Minutes January 31, 2017

### **MEMBERS PRESENT**

Dr. Michael Baron, Board of Medical Examiners,  
Chairperson  
Dr. Debra Wilson, Board of Pharmacy  
Dr. Brad Lindsay, Board of Optometry  
Dr. Sheila Schuler, Podiatry Board  
Mr. Omar Nava, Committee on Physician Assistants  
Ms. Lisa Tittle, Board of Pharmacy  
Dr. Shant Garabedian, Osteopathic  
Board  
Mr. Brent Earwood, Board of Nursing  
Dr. Alan Musil, Board of Medical  
Examiners  
Dr. Katherine Hall, Board of Dentistry

### **STAFF PRESENT**

Dr. D. Todd Bess, Director of Controlled Substance  
Monitoring Database  
Dr. Mitchell Mutter, Medical Director for Special  
Projects  
Ms. Tracy Bacchus, Administrative Assistant  
Mr. Andrew Coffman, Attorney, Office of General  
Counsel  
Ms. Debora Sanford, Project Manager  
Ms. Antoinette Welch, Director, Office of  
Investigations

### **MEMBERS ABSENT**

Dr. Kim Johnson, Board of Veterinary Medicine  
Ms. Juliane Cole, Board of Medical Examiners

The CSMD Committee convened on Tuesday, January 31, 2017, in the Iris Room, 665 Mainstream, Nashville, TN. Dr. Baron called the meeting to order at 9:00 a.m. and requested that members introduce themselves.

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

### **Election of Chair of the Controlled Substance Monitoring Database Committee**

Dr. Baron held elections to replace the Chair of the Controlled Substance Monitoring Database Committee.

- Dr. Baron made the motion to nominate Brent Earwood as the Chair
  - Brad Lindsay seconds the motion;
  - Move by acclamation the nomination for the Chair, approved.

### **Election of Vice Chair of the Controlled Substance Monitoring Database Committee**

Dr. Baron held elections to replace the Vice Chair of the Controlled Substance Monitoring Database Committee.

- Dr. Baron made the motion to nominate Clinton Allan Musil for Vice Chair
  - Shant Garabedian seconds the motion
  - Move by acclamation the nomination for the Vice Chair, approved

### **Minutes**

Mr. Earwood asked had everyone read the minutes from the last meeting, and if so can the committee have a motion to approve the minutes.

- Dr. Brad Lindsay made the motion to accept the minutes from the October 4, 2016 committee meetings
- Move by acclamation the minutes are approved

### **Bureau of Investigations – Antoinette Welch**

Pain management clinic close out 2016 calendar year

- Pain management clinics received 40 complaints and closed 31, 21 sent to OGC, 8 closed with no violation, 1 letter of concern, and 1 letter of warning
- There were 97 random pain clinics audits and of those 25 were sent to OGC; 14 with no violation, 24 letters of concern, 21 letters of warning, and 7 were closed.
  - Her office made a visit to these clinic

## Controlled Substance Monitoring Database (CSMD) Committee Meeting Minutes January 31, 2017

- Ms. Welch mentioned that the biggest concern is the medical records

### Board of Medical Examiners

- 988 complaints; of those 9 were for drugs; and 76 were for over prescribing

### The Nursing Board

- 788 complaints; of those 257 were for drugs; and 56 were for over prescribing
- Mr. Earwood asked if you see a pain clinic voluntarily close do, they open somewhere else.
  - She stated that her team would go back out to inspect that clinic to verify if the clinic is actually close
- Dr. Musil are the 40 complaints not from audits
  - Ms. Welch said it could be from complaints and audits

### Office of General Counsel- Andrew Coffman

- The legislature is in session and he was not aware of any new bills for the CSMD.
  - He informed the committee that the fee for the law enforcement request received approval and will become final on February 20, 2017
- Updated the committee on the rules that the commissioners will promulgate and will email later
  - These rules will discuss requiring National Provider Identifier (NPI) numbers to be included to the database if available, addition of National Council for Prescription Drugs (NCPDP) numbers, and X DEA numbers when available.
  - There are changes related to veterinarians and the statute that excludes them from making computerize updates to the CSMD when they do not have access to computers.
    - We are working on how to better deal with pets in the database.
- Updated the committee on the Kentucky project
  - We have reached an agreement with Kentucky, but Kentucky has not reached an agreement with the University of Kentucky. So right now, we are in the holding pattern, but should be moving forward soon
- He shared disciplinary actions taken for prescribing, dispensing, and diverting of controlled substance cases from April 2013 – December 2016, and approved by the individual boards
- OGC have 7 cases through BIV and 6 nursing cases that were closed for over prescribing
  - Mr. Earwood asked how we monitor if the practitioner is abiding by the agreement that we set
  - Mr. Coffman stated that we have a couple different ways, but one is Affiliated Monitors. The practitioner will have to give Affiliated Monitors quarterly reports and at least 10 charts to send a report back to the board.
- Asked for permission for two people from the Office of General Counsel to travel to the National Drug Abuse Summit in Atlanta, GA.
  - Omar Nava made the motion to approve
  - Shant Garabedian seconded the motion
  - Move by acclamation the travel was approved

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

- The TDH has learned that for each death in 2015 there were at least fifteen visits to the hospital or ER for non-fatal overdose. Public Chapter 959 has enhanced the process of getting ER/hospital data. He reported that neonatal abstinence syndrome (NAS) cases appear to be similar to 2015, but about 70% of babies with NAS were from mothers receiving Medicaid-assisted therapy.
- 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 2.5:1, 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
  - Class two stimulants increased by 50% over time past few years

## Controlled Substance Monitoring Database (CSMD) Committee Meeting Minutes January 31, 2017

- Decrease in MME in long and short acting opioids in 2016
- Decrease of 63.4% of potential doctor and pharmacy shoppers
- The 2017 Legislative report also provides a link to CSMD details such as trends related to various age groups
- CSMD was sharing data with ten states by the end of 2016
- The annual CSMD Survey to prescribers and dispensers was completed in December 2016
  - 90% prescribers and 91% dispensers indicated that the CSMD is useful in decreasing potential doctor shopper
  - 71% prescribers indicate that CSMD reports result in a change in the treatment plan and 84% dispensers stated the reports are associated with a prescription not being dispensed as prescribed
  - 28% of prescribers after reviewing the report indicate that they refer patients to treatment and 56% 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 legislative report
  - Dr. Musil made the motion to approve
  - Dr. Garabedian seconds the motion
  - Move by acclamation the Legislative Report, approved
- The University of Tennessee, College of Pharmacy is holding eight-weekend continuing education sessions for pharmacists and pharmacy technicians throughout the state that he and Dr. Dilliard will be speaking for a half day of a two day program
- Dr. Dilliard mentioned that the TDH and TN Board of Pharmacy have been working on the collaborate agreement with Mental Health and Substance Abuse regarding naloxone
  - Dr. Dilliard was asked to check with the committee to see if TDH could track naloxone through the CSMD database
  - Dr. Musil asked is there a way to find out how much is coming into the state
    - Dr. Dilliard says yes and that could be another way to track naloxone

### **Medical Director for Special Projects – Dr. Mitchell Mutter**

- Gave statistics on overdose deaths
  - Overdose deaths increased by 14 % in 2015
  - 80% of heroin users started with prescription drugs
  - Benzos combined with opioids represent 30% of deaths
  - Fentanyl increased from 4.6% in 2013 to 12% in 2015
  - Heroin: increased from 5.4% in 2013 to 14% in 2015
  - Only about half of Overdose deaths have something in the CSMD 60 days prior to the death even though 75% had a prescription in the CSMD 12 months prior to death
- Discussed statistics from Knox and Anderson County on how fentanyl has risen from 3 to almost 25, cocaine has risen from 12 to 35, buprenorphine has approximately 10, and heroin has risen from 11 to 25
- He gave statistics on accidental cocaine overdose deaths by age and it is higher in the age range of 55-64 age groups
- TDH is learning that the primary drugs related to these deaths appears to be somewhat different as you compare the Knoxville area to the west Tennessee area and the THD is further exploring that finding.

The meeting adjourned at 11:52 a.m.