

Eighth District Branch Council Report
Edward Kelly Bartels, MD
November 2017

Both primary care and pain management specialists contacted the MSCE upon receipt of the attached letter from the NYSDOH. The letter signed by Joshua Vinciguerra, BNE Director, included a copy of the CDC guidelines for prescription opioids for chronic pain and noted that the recipient may be engaged in high-risk opioid prescribing based upon a review of data from the PMP.

Physicians were incensed that this letter appeared to be a threat; that the BNE had not conducted any audit nor had they asked for any specific medical records to support the prescriptions as written. They specifically pointed out that the letter appeared to be increasingly heavy-handed especially when it stated "one or more patients". Each caller noted that if the DOH continued to threaten physicians in this matter, they would seriously consider discontinuing any pain-managed service and would advise patients to use Urgent Care or hospital ERs.

MSCE forward the information to MSSNY and contacted the regional DOH Director, Gregory Young, MD. Further discussion took place on October 20th with Keith Servis, Dr. Young, Dt. Timothy Gabryel, Past President of MSCE, and Ms. Nadolny as to the concerns of local physicians. Mr. Servis has agreed to meet with Erie County physicians in early November, with a date and location to be determined within the next 10 days. Mr. Servis noted again that the DOH wants to be collaborative with the Medical Society and he would also be contacting Mr. Auster of MSSNY regarding this letter.

The MSCE continues to collaborate with community members to provide educational training on SBIRT. Over 50 individuals participated in certification training on October 14th with a Training of Trainers session scheduled to take place on December 2nd and 3rd, 2017.

Physician concern continues regarding Health Now's capitated product entitled *Best Practices*. Physicians have raised concerns regarding frequency of payment for physicals; methodology for attribution; dual specialty providers; access to reliable data using the McKesson MRM tool and lack of opportunities for physician input.

Members of the Medical Societies of the counties of Genesee, Niagara and Orleans were recently advised that the Tri-County (MSGNO) organization is in the process of dissolution which should be effected within the next few weeks. It was noted in the letter that the Genesee and Orleans societies will be joining in the formation of a district administrative model partnering with Erie and Chautauqua counties in the near future; with the expectation that Niagara County will follow as soon as all legal and financial formalities are completed.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 18, 2017

Dear Practitioner,

- Opioid analgesics may be essential medicines for use in palliative care and for treatment of severe acute pain. For many chronic pain sufferers, however, the risks of long-term, daily opioid use may outweigh the potential benefits.

We are writing to you because a review of the New York State Prescription Drug Monitoring Program suggests that you may have engaged in high-risk opioid prescribing. Specifically, we found that in the past six months you may have:

- Prescribed more than 90 mg morphine equivalents/day to one or more patients;
- Prescribed an opioid and a benzodiazepine to the same patient during the same month; or
- Prescribed opioids for at least three consecutive months to one or more patients.

The United States Centers for Disease Control and Prevention (CDC) *Guideline for Prescribing Opioids for Chronic Pain* recommends as follows:

"Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day."

"Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible. Benzodiazepines and opioids both cause central nervous system depression and can decrease respiratory drive. Concurrent use may put patients at greater risk for potentially fatal overdose."

"Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If

opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate."

If your opioid prescribing is for palliative care treatment of pain from a life-limiting illness, there may be no need for you to change your prescribing practices and you may disregard this notice.

If your high-risk opioid prescribing is for patients with chronic non-malignant pain, we urge you to reconsider your prescribing practices. For more information from the CDC about opioid prescribing, please visit:

<http://www.cdc.gov/drugoverdose/prescribing/guideline.html>.

Please keep in mind that discontinuing long-term opioid usage can be extremely uncomfortable. During an opioid taper, patients commonly experience anxiety, insomnia, and a temporary worsening of pain symptoms. For guidance on opioid tapering, please see the enclosed POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN. This guide can also be found at:

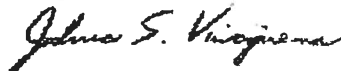
https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf.

Some pain patients may be suffering from an opioid use disorder and could benefit from addiction treatment. For information on addiction treatment referral options, please visit: <https://oasas.ny.gov/treatment/index.cfm>.

Opioid addiction may sometimes be effectively treated with buprenorphine. Training courses necessary to become eligible to prescribe buprenorphine are offered by numerous professional associations. To find a physician who can prescribe buprenorphine to your patients, please visit: <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>. In New York State, nurse practitioners and physician assistants are now also eligible to prescribe buprenorphine.

If you have questions about this letter or you believe you received it in error, please send an e-mail to the New York State Bureau of Narcotic Enforcement at: opioidinfo@health.ny.gov . Thank you.

Sincerely,



Joshua S. Vinciguerra
Director
Bureau of Narcotic Enforcement
New York State Department of Health

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