

Suffolk County Medical Society

Councilor's Report

November 2, 2017

Maria A. Basile, MD, MBA, Councilor

- On September 16<sup>th</sup>, SCMS stationed a booth at the Port Jefferson's Annual Dragon Boat Festival. Three local hospital staff's, including residents, had rowing teams with whom we were able to interact. The name of the Suffolk County Medical Society was also on display and elicited dialogue on our role in the community. We had discussions with young students on our Doctor's of Tomorrow program and spoke with local residents about the strength of the physicians voice in legislation that affects their care. We were joined by four medical students who eagerly engaged with us at this event.
- The DOH (Bureau of Narcotic Enforcement) letter based on the Prescription Drug Monitoring Program, suggesting that they "engaged in high-risk opioid prescribing". (see attached)
- On September 25<sup>th</sup>, SCMS joined the Police Commissioner, the Commissioner of Health and Suffolk County Communities of Solutions to discuss the opioid crisis at the legislative offices of Dr. Spencer. The meeting helped make new ties and allowed for greater resource sharing. We discussed contact lists for individuals who require immediate help when they seek help at that moment. Program initiatives by the police department can be supplemented with help from the physicians in the community, as immediate contacts when needed.
- SCMS president Dr. Bruce Berlin was able to attend the Leadership Huntington Gala which honored community leaders and influential business minds. Our local assemblyman, Andrew Raia was honored at this event. Growing visibility in these types of events strengthens the community's recognition and value of the Medical Society.
- Liz Harrison- Kings County, Cheryl Malone- NY County, and Evangeline Rosado-Tripp-Queens County organized a wonderful Executive Director Conference in Cooperstown. Many discussions and ideas were shared that influence the counties and the state medical society (membership, revenues streams, partnerships, legislative and CMS issues, etc.).
- On October 16<sup>th</sup>, SCMS joined the Mather and St. Charles medical Staff in their quarterly meeting. We shared society pamphlets showing and emphasizing benefits. We discussed issues that can help the physicians there. This strengthened our presence as a resource to them.
- On October 18<sup>th</sup>, SCMS held its board meeting. The agenda included discussions on institutional membership, revenue growth, organizational value, the DOH opioid letter being sent to physicians, the PALS program, and reports from member representatives.

**Department  
of Health**ANDREW M. CUOMO  
GovernorHOWARD A. ZUCKER, M.D., J.D.  
CommissionerSALLY 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  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  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 pain, we urge you to reconsider your prescribing practices. For more information, visit 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](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](mailto: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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