Support Act
Section 6065: Commit to Opioid Medical Prescriber Accountability & Safety for Seniors

Questions to Facilitate Stakeholder Consultation

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Introduction

- On October 24, 2018 the Substance Use-Disorder Prevention that Promotes Opioid Recovery & Treatment (SUPPORT) for Patients & Communities Act was signed into law
- Section 6065 requires the Secretary to:
  - "after consultation with stakeholders, establish thresholds, based on prescriber specialty and geographic area, for identifying whether a prescriber in a specialty and geographic area is an outlier prescriber of opioids as compared to other prescribers of opioids within such specialty and area."
  - include "Information on opioid prescribing guidelines, based on input from stakeholders, that may include the Centers for Disease Control and Prevention guidelines for prescribing opioids for chronic pain and guidelines developed by physician organizations."

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Frequency of Notifications

- First notification to outlier prescribers no later than January 1, 2021
  - Annual Notification to “outlier prescribers”
  - Frequency may change after 5 years based on stakeholder input & changes in opioid prescribing trends

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Consultation with Stakeholders

- Thresholds and feedback reports
- How to identify “medical specialty”?
- How to define geographic areas?
- Recommendations for opioid prescribing guidelines

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Thresholds and Feedback Reports

- What information will be most useful to clinicians to evaluate their opioid prescribing patterns (MME per prescription, day's supply & prescriptions per patient) & identify areas for improvement?
- How should CMS identify an "outlier prescriber"? What factors should CMS consider when establishing opioid prescribing thresholds? A statistical outlier may not signify inappropriate opioid prescribing.
- There's concern that clinicians are reducing / discontinuing opioid prescription & management even when clinically appropriate & aligned with CDC Guidelines.
  - How can CMS present opioid prescribing data to clinicians in a respectful way?
  - What are the best authoritative sources of information to share re: pain management & opioid prescribing?
  - How can CMS mitigate potential negative consequences of required notifications?

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Medical Specialty

- How should “medical specialty” be defined for the purpose of this analysis?
- What’s the best framework to capture medical specialty so comparisons are meaningful to clinicians?
- Nurse Practitioners (NP) and other Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) have limited ability to designate a medical specialty. How can the framework to compare opioid prescribing by prescriber specialty be applied for APRNs and PAs?

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What should be the geographic areas for analysis?

- The scope of practice for Advanced Practice Registered Nurses and Physician Assistants varies by state. Since scope of practice laws impact opioid prescribing at the state level, should CMS analyze opioid prescribing at the state level?
- Are there other compelling reasons to consider a geographic area smaller than state as a unit of analysis (i.e., urban, rural, frontier, others)?

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Discussion

Thank you

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