



Multidisciplinary Board Fact Finding Workgroup on Controlled Substances

Subgroup on Controlled Substances Continuing Education Curriculum

Telephone Conference Call; Thursday, February 1, 2018; 5:15pm EST

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1. Purpose

- a. Put forth a detailed outline for a proposed required continuing education (CE) course on Controlled Substances, including common education points identified as critical to all health care providers.
- b. The course curriculum will be the reference for authors/publishers to use when creating CE courses to satisfy Florida professional licensure and re-licensure requirements on this subject

2. Scope

- a. All CE courses seeking to satisfy the Florida Department of Health licensing requirements for CEs (on-line, audio, written, lectures, conferences, etc.).
- b. All health care providers interfacing with patients who may need or be using controlled substances
 - i. Prescribers (examples include, but not limited to)
 1. Physicians (MD, DO)
 2. Dentists and Oral Surgeons

3. Podiatric Physicians
4. ARNPs and PAs

ii. Non-prescribers

1. Chiropractic Physicians
2. Psychologists
3. Massage Therapists
4. Acupuncturists
5. Physical and Occupational Therapists
6. Pharmacists
7. Mental Health Counselors (491 Board)
8. Other

c. Acute Pain Management only or both Acute and Chronic Pain Management?

3. Content:

- a. To be determined by the committee
- b. Documents drafted by Dr. London

4. Other discussion

5. Adjournment

DRAFT letter

Colleagues,

We have been asked to develop the outline of core content that will be required of all healthcare practitioners for their licensure/re-licensure, regardless of their license type for the proposed CME course on Controlled Substances.

It would be attractive if the design and content of the course emphasized “practical” information. Ideal would be a dozen or so goals could be established that all CME products on this subject would be required to include. Practicality is important so that practitioners can immediately utilize the information in the course. While valuable, content focused on reviewing the literature, on recent study results and trends should compliment, and support, but not supplant the practical clinical teaching points.

This subject is interesting in that there are two different provider sets; those who prescribe and those who don't, but still interact with patients for pain management. Additionally, there is a natural separation between practitioners who manage acute pain from those who focus on chronic pain. These two subsets of practitioners and clinical practice areas may preclude the development of a single course that will be pertinent and practical to all. It may be more useful to develop several versions of the CME course, such as

- Prescriber: acute pain management,
- Prescriber: chronic pain management, and
- Non-prescriber health care professions

One way to accomplish this is to create an outline of content with different modules, some of which would be common to all three groups, while other modules would be specific to particular group. In this manner, practitioners could select the best option to address their particular practice needs.

Obtaining the input of others representing prescribers and non-prescribers will be critical. The more end-user input, the better, as in the end, we need a set of recommendations, which provide practical clinical guidance to providers.

November 6, 2017

Preliminary DRAFT: Florida DOH Controlled Substance CME Course Outline

Module I Introduction

1. Scope of the problem

Module II Risks and Complications from Controlled Substance Medications

1. Addiction Rates
 - a. % Patients increases with the size of the initial prescription
2. Morbidity and Mortality

Module III Controlled Substance Pharmacology/Pharmacokinetics

1. Opioids
 - a. Conversion/comparison charts for Morphine milligram Equivalent (MME)
 - b. Long Acting vs. Short Acting
 - c. Active metabolites
2. Non-Opioid Controlled Substances
 - a. Benzodiazepines
 - b. Other

Module IV Practical Examples of Acute Pain Management Prescribing Regimens

1. Based on size/severity of the procedure/operation (*to include examples of prescription(s) for each*):
 - a. Following Small procedures with expected "mild" post op pain
 - b. Following Medium Procedures with expected "moderate" post op pain
 - c. Following Large Procedures with expected "severe" post op Pain

Module V Acute Pain Management Strategies

1. Multimodal Analgesia
2. Anesthesiology Input
 - a. Regional Anesthesia
 - b. Regional and peripheral nerve blocks for post operative pain management
3. Limitations on number of approved days/pills for acute pain prescriptions
4. Patient Education (see Module IV)
5. Alternate Supplementary Pain management options:
 - a. TENS
6. Complimentary Pain Management Support (see Module V)

Module VI Patient Education and Participation

1. Defined Expectations
 - a. Pre and post procedure/operative support and material
 - b. Post operative/procedure reinforcement of education and expectations

- c. PACU/discharge RN teaching
2. Discharge instructions
3. Home health care personnel and support

Module VII Complimentary Pain Management Strategies

1. Non-Opioid Medications
2. Chiropractic Therapy
3. Acupuncture Therapy
4. Massage, Physical and Occupational Therapy
5. Emotional and Psychological Support Therapy
6. Hypnosis Therapy

Module VIII Chronic Pain Management Strategies