



ISSUES and ANSWERS

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Early intervention, treatment helps patients decrease substance abuse

*OHCA Column for OSMA Journal
By Lynn Mitchell, MD, MPH*

The Oklahoma Health Care Authority's SoonerCare program began covering Screening, Brief Intervention and Referral to Treatment (SBIRT) services in January 2008 under procedure codes 99408 (\$28.07) and 99409 (\$55.04). Our goal is early identification of members with untreated mental health and substance abuse issues and proper referral to assessment and treatment in hopes of decreasing the traumatic effects of behavioral health problems.

Numerous studies show better outcomes and overall decreased medical costs for those who receive treatment.

Under OHCA's new medical home primary care physician model, which began January 1, 2009, OHCA began paying a higher capitation rate for those physicians who designate themselves as providing mental health and substance abuse screening and referral services for their medical home patients. Numerous studies show better outcomes and overall decreased medical costs for those who receive treatment.

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders or who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

Is SBIRT Effective?

SBIRT research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to:

- Decrease the frequency and severity of drug and alcohol use.
- Reduce the risk of trauma.
- Increase the percentage of patients who enter specialized substance abuse treatment.

In addition to decreases in substance abuse, screening and brief interventions also have been associated with fewer hospital days and fewer emergency department visits. Cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings from these interventions.

SBIRT is one of the big initiatives for the Substance Abuse and Mental Health Services Administration (SAMHSA). As of August 2007, SBIRT grantees funded by SAMHSA have screened more than 536,000 people. Through grantees efforts, researchers are learning how to integrate SBIRT into primary care. Preliminary data suggest the approach is successful in modifying the consumption/use patterns of those who consume five or more alcoholic beverages in one sitting and those who use illegal substances. These grantees have implemented SBIRT in trauma centers/emergency rooms, community clinics, federally qualified health centers and school clinics.

The Executive Office of the President/Office of National Drug Control Policy, American Medical Association, Institute of Medicine, U.S. Preventive Services Task Force, American College of Surgeons, American Psychiatric Association, American Academy of Pediatrics, American Academy of Family Physicians, American Academy of Child and Adolescent Psychiatry and the American Society of Addiction Medicine all came out formally to support the use of SBIRT procedures.

For more detailed information on SBIRT, go to:

<http://sbirt.samhsa.gov/index.htm>.

Prescription Monitoring Program in Full Swing

Oklahoma physicians are being asked to help curb the steep rise in unintentional prescription-drug overdose deaths in our state by using a new tool made available by the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD). Recent upgrades in the Oklahoma Prescription Monitoring Program (PMP) were introduced and discussed at the Annual Symposium of the Oklahoma Injury Prevention Advisory Committee on March 23, 2009. The PMP now can provide health care practitioners a real-time, detailed history of a patient's controlled-drug prescriptions in Oklahoma.

Oklahoma is experiencing a record rise in unintentional prescription-drug overdose deaths. In 2006 approximately 11 deaths per 100,000 Oklahomans resulted from unintentional medication overdoses, most involving opiates and/or benzodiazepines. While the problem is now recognized as a national problem by the Centers for Disease Control and Prevention, Oklahoma has found itself at the forefront of this epidemic with a greater than 100% increase in unintentional medication overdose deaths from previous years.

"The additional medical history provided by the PMP will enable physicians and mid-level practitioners to make more informed decisions about prescribing controlled medications to patients," said Mark Brandenburg, M.D., Chair of the Injury Prevention Advisory Committee with the Oklahoma State Department of Health. "We now have a much greater ability to identify those patients in need of counseling and drug rehabilitation services."

To register for the Oklahoma Prescription Monitoring Program, physicians can fill out the form on page 3 and fax it to OBNDD at (405) 524-7619.

FDA: Insulin Pens and Insulin Cartridges Must Not Be Shared

The US Food and Drug Administration issued an alert to health care professionals reminding them that single-patient insulin pens and insulin cartridges should not be used to administer medication to multiple patients due to the potential risk of transmitting blood-borne pathogens such as HIV and the hepatitis viruses.

"Insulin pens are designed to be safe for one patient to use one pen multiple times with a new, fresh needle for each injection," said Amy Egan, M.D., deputy director of safety at the FDA's Division of Metabolism and Endocrinology Products in the Center for Drug Evaluation and Research. "Insulin pens are not designed, and are not safe, for one pen to be used by more than one patient, even if needles are changed between patients due to the risk of transmitting blood-borne pathogens."

Information for Healthcare Providers available at www.fda.gov

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHealthcareProfessionals/ucm133352.htm>



Oklahoma PMP - Application for Access

USER INFORMATION

Organization Name	<input type="text"/>		
Occupation	<input type="text" value="Physician"/>		
First Name	<input type="text"/>	Middle Name	<input type="text"/>
Last Name	<input type="text"/>	Driver's License #	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Application	<input type="text"/>

CONTACT INFO

Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="Oklahoma"/>
County	<input type="text" value="Adair"/>	Zip Code	<input type="text"/>
Cell Phone	<input type="text"/>	Work Phone	<input type="text"/>
FAX Number	<input type="text"/>	Email	<input type="text"/>

PROFESSIONAL INFORMATION

DEA #	<input type="text"/>	NCPDP # (Pharmacy Only)	<input type="text"/>
OBND D #	<input type="text"/>	NPI #	<input type="text"/>

LAW ENFORCEMENT ONLY

Assignment	<input type="text"/>	Supervisor	<input type="text"/>
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REASON FOR REGISTRATION

Please print out this form and provide a signature. Once completed, FAX the application to (405) 524-7619. Law enforcement personnel must also FAX a letter from their agency head, on official department stationary, authorizing access. The letter must confirm that the officer requesting access conducts investigations related to the diversion of prescription drugs.

SIGNATURE: _____ DATE _____

Board meeting July 23, 2009

By Gerald C. Zumwalt, MD

The Board of Medical Licensure and Supervision met to consider licensing and disciplinary matters. Three full medical licenses were issued after personal appearances. One medical license was reinstated under permanent probation with standard terms for substance abuse and the requirements that he work in approved site with quarterly reports from his employer.

One MD license was denied since he had furnished false information on an application in another state.

Two training licenses were approved after personal appearances. Another was issued with the requirement that a list be submitted within the next five days of all medications taken in the past 90 days along with a hair follicle sample.

One PA was placed on a five-year probation after extended inpatient and outpatient treatment for substance abuse. Additional terms included no prescribing of CDS, four 12-step meetings per week, counseling and continued stay in a halfway house.

One MD was suspended for one month after a long inpatient treatment. The suspension will be followed by a five-year probation for sexual misconduct with terms of counseling and monitoring and other standard terms for alcohol abuse.

One respiratory care practitioner license was revoked due to methamphetamine and marijuana use and no treatment obtained.

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