



Make a difference
MAINE
State Government

Fall 2006

Notes from your Licensing Board

Maine Board of Licensure in Medicine

METHADONE PRESCRIBING, METHADONE CLINICS, AND THE CARE OF CHRONIC PAIN PATIENTS

Methadone is sometimes used by those of us who care for chronic pain patients in our practices to treat their pain. However, unless we work in a methadone clinic, we cannot legally prescribe it to help patients detox from legal or illegal narcotics. Sometimes physicians get conned into or naively volunteer for doing this because they are unaware of the DEA policy. Methadone clinics dispense methadone for direct, supervised oral administration, usually at the clinic. Patients may eventually be given a small number of doses to self-administer at prescribed intervals after demonstrating reliability.

Sometimes we stumble on the fact that our patient has been taking methadone from a methadone maintenance clinic either because they mention it or sometimes because of a positive opiate in a urine toxicology screen, although most patients on methadone will not test positive unless a methadone confirmation test is done. Methadone clinics rarely inform other practicing physicians that they are prescribing methadone because of HIPPA confidentiality rules. A physician can ask a patient to sign or give a release so he/she can get methadone clinic reports, but only if the doctor knows their patient is being treated. Doing a Maine Prescription Monitoring Program (<http://www.maine.gov/dhhs/osa/data/pmp/index.htm>) report will not reveal the methadone clinic prescriptions since they are not required to report methadone dispensed at the clinic. So discovering one's patient is on methadone can be exciting, for instance just before or after a delivery of a woman on chronic therapy with it.

Overlap of methadone clinic and other doctor prescriptions for other controlled substances occurs often because methadone clinic doctors may assume care for some of those medications too, like benzodiazepines. But in all these instances, the prescriptions will appear on the Maine Prescription Monitoring Program logs because these prescriptions are dispensed by pharmacies and not directly by the methadone clinics. Methadone is given by methadone clinics primarily to block narcotic craving, not for pain. But many of their patients are chronic pain patients too and so the clinics may engage in treating their pain with methadone but usually not other narcotics.

In this issue:

| | |
|--|---|
| <u>METHADONE PRESCRIBING</u> | 1 |
| <u>METHADONE PRESCRIBING (cont'd)</u> | 2 |
| <u>From the BOLIM Files:</u> | 2 |
| <u>INTIMACY BETWEEN PATIENTS AND PROVIDERS</u> | 3 |
| <u>MORE RULES NEWS - CHAPTER 10 SEXUAL MISCONDUCT</u> | 3 |
| <u>PERSONAL INFORMATION SECURITY</u> | 3 |
| <u>BOARD RULES CHAPTERS 1, 2 & 3 ADOPTED</u> | 3 |

Online Renewals Of MD Licensure Is Coming Soon!

We are currently working with InforME to develop an online renewal system for MD licensure renewals and we are hoping to offer online renewal of MD licensure beginning with those licensees who are scheduled to renew their licenses by either the end of January or February 2007. Stay tuned for more information in the coming months about this exciting new service.

METHADONE PRESCRIBING, METHADONE CLINICS, AND THE CARE OF CHRONIC PAIN PATIENTS (cont'd)

Methadone clinic physicians are usually receptive to interactions with other physicians caring for their patients if they have written permission to discuss their care. Because of the aforementioned confidentiality regulations that apply to substance abuse treatment, a signed release of information is required before the clinic can acknowledge a person is a patient and discuss specific issues about his/her treatment. In most cases, it appears that the clinics do not request the patient sign a release, but leave it to the primary care physicians to discover their patient is on methadone and obtain the appropriate releases themselves.

The medical personnel at the methadone clinic also can direct you to resources or answer questions regarding major drug-drug interactions, cardiac considerations, safety of breastfeeding, methadone and pregnancy issues, et cetera. If you have a question, call them. And we would urge methadone clinic medical directors licensed by our Board to push for releases from patients so their primary care doctors can be included in the methadone clinic loop of their care.

FROM THE BOLIM FILES:

This section is meant to be educational for licensees. Cases are based on actual Board of Licensure in Medicine (BOLIM) complaints.

Dr. A was prescribing Hydrocodone for his wife, even after they divorced, for his live-in fiancée, and for a member of his office staff. Another office employee complained to the Board after she saw the doctor accept a couple of Hydrocodone from her co-worker to treat himself. During the investigation, no medical records had been kept justifying the medications, or showing any exams. Pharmacy profiles showed numbers of prescriptions for these three individuals that surprised even the doctor.

Dr. B had his daughter, whose mother carried her insurance, for the weekend. She received a prescription from her pediatrician for otic solution to treat otitis. Dr. B wrote the prescription out in his roommate's name and shared it with his daughter. When the girl's mother wrote BOLIM a complaint, Dr. B claimed that his roommate, who had a prescription drug insurance benefit also, had otitis, so he thought they could both use the same prescription. No records of an exam of the roommate were kept.

Dr. C agreed to remove sutures for her uncle at his home so that he didn't have to travel to a distant office. While inquiring about the recovery and any post-op pain, the patient stated that he hadn't used many of his narcotic pain pills. Dr. C then asked if she could take a couple because she was having a migraine. Even though this man was appreciative of Dr. C's suture removal, he became suspicious after the request for his medication, and contacted the Board.

These cases are examples of very poor judgment and unprofessional conduct by physicians in treating family and close associates. Any patient encounter must have a record describing an appropriate evaluation and treatment. The *AMA Code of Medical Ethics* (Section 8.19) describes the hazards inherent in treating family members, including problems with professional objectivity, autonomy, and informed consent. Certainly the handling and prescribing of controlled substances is fraught with dangers and should be undertaken only in emergency situations and preferably not at all.

INTIMACY BETWEEN PATIENTS AND CLINICIANS IS A LOSE-LOSE SITUATION.

In the delicate balance of the clinician/patient relationship, clinicians are in a “position of power”. Patients come to clinicians for help with a multitude of problems both physical and emotional. Patients may be vulnerable and are often naïve as are some clinicians. Sometimes patients are attracted to their clinicians and vice versa and consider a more intimate relationship. Acting on such temptations puts the patient in danger. Objectivity and judgment may be compromised. On the other hand, the relationship may be exploited by the patient - for example to obtain drugs. The patient may naively believe that entering into a relationship with their doctor or physician assistant will solve all of their problems just like in the soap operas on TV. In reality this type of relationship most likely will lead to misfortune for both parties with the patient finding there are no easy solutions to their problems and the clinicians finding themselves answering to the Board of Licensure in Medicine.

The rules regarding sexual misconduct were created to protect both the patient and the physician. Chapter 10 of the Board’s rules defines sexual misconduct by physicians and physician assistants and sets forth the range of sanctions applicable to violations in graphic terms. Chapter 10 may be read at http://www.docboard.org/me/me_home.htm.

MORE RULES NEWS - CHAPTER 10 SEXUAL MISCONDUCT

Beginning this fall, the Board of Licensure in Medicine and the Board of Osteopathic Licensure will review their joint rule Chapter 10 pertaining to *Sexual Misconduct*. The review was initiated to compare the present rules to those published by the Federation of State Medical Boards (FSMB) titled *Addressing Sexual Boundaries: Guidelines for State Medical Boards* and to update them as appropriate

Look for a draft of the proposed Chapter 10 Rule on the website in the near future. Once the official rule-making process has begun, licensees will have an opportunity to make comments.

PERSONAL INFORMATION SECURITY

Renewal forms for licensees will no longer contain licensee’s social security number (SSN) or date of birth (DOB). This step was taken by the Board at the suggestion of a licensee to prevent such sensitive information from falling into the wrong hands. Rather the information (SSN & DOB) will be entered into the licensing record when it is provided on the initial license application. It will then be protected as confidential.

BOARD RULES CHAPTERS 1, 2 & 3 ADOPTED – BECAME EFFECTIVE AUGUST 23, 2006

CHAPTER 1 RULES FOR REGULATING PHYSICIAN LICENSING

- Updates the qualifications for licensure of foreign medical graduates allowing non-accredited training in some cases.
- Adjusts the number of CME credits awarded for American Board of Medical Specialties (ABMS) certification to 25 hours total in conformance with an American Medical Association (AMA) policy change.
- Clarifies “emergency license” protocol.

CHAPTER 2 PHYSICIAN ASSISTANTS

- Updates definitions.
- Deletes the “sanctions” portion of the rule as redundant with the Board statute. PAs are sanctioned under the same statute as MDs.
- Modifies the CME requirements required for re-licensure to equal MD requirements.

CHAPTER 3 PHYSICIAN SUPERVISION OF ADVANCED PRACTICE REGISTERED NURSE UNDER MEDICAL DELEGATION

- Clarifies how and when a Primary Supervising Physician must register a supervisory relationship with an Advanced Practice Registered Nurse.



**Maine Board of Licensure in
Medicine**

137 State House Station
161 Capitol Street
Augusta, Maine, 04333-0137
Phone: 207-287-3601
Fax: 207-287-6590

Augusta, Maine
Presorted First Class Mail
U.S. Postage Paid
Permit No. 8
Augusta, ME

Official Publication of the Maine Board of Licensure in Medicine

Notify the Board of Address Changes Immediately

Many people experience problems at renewal time because they have neglected to notify the Board of an address change. To prevent delays or even loss of license due to lapse, notify the Board immediately of any change in your mailing address. Simply send a signed note with changes to the Board.

REMEMBER THE CONTACT ADDRESS AND PHONE NUMBER YOU INDICATE ON YOUR RENEWAL AS YOUR "PREFERRED CONTACT ADDRESS", WILL BE POSTED ON THE BOARD'S WEBSITE.

Check out our website at http://www.docboard.org/me/me_home.htm to verify that the Board has your correct mailing address on file. If the address is incorrect, simply send a signed note with changes to the Board.

Committee on Physician Health Confidential professional help for substance abuse is available by contacting Dr. David J. Simmons at 622-3374 or 623-9266