NEW MEXICO
MEDICAL
SOCIETY

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2015 Legislative Session
Independent Peer Review – Controlled Substance Prescribing

The New Mexico Medical Society supports legislation that appropriates funding for the New Mexico Department of Health to contract with an independent, not-for-profit, quality improvement organization to conduct peer review on health care providers whose prescribing of controlled substances exceeds established maximums. The New Mexico Department of Health and Board of Pharmacy would set target criteria and establish thresholds that would initiate a review of health provider prescribing patterns of opioids and other controlled substances. The organization would compare practice patterns and educate practice outliers of needed changes in practice and prescribing patterns.

Currently, the Board of Pharmacy generates a report on providers' prescribing patterns through the prescription monitoring program (PMP), participation in which is required of all providers who prescribe controlled substances (medical and osteopathic physicians, nurses, dentists, nurse mid-wives, optometrists, and podiatrists). This legislation would require the PMP report be sent to the independent quality improvement organization. A doctorate-level pharmacist would review the report in detail based on agreed upon protocol, check with the provider and determine the reasons for any anomalies, taking into account disease types, diagnosis, patient population, location of the practice, etc. If there was a concern, records would be requested from the provider. The organization would have access to all the same records as the Boards and would review the records, provide education to the provider regarding prescribing issues, and monitor the change in practice pattern for several months. If the provider did not voluntarily provide the records or if the practice pattern remained problematic despite education and monitoring, it would be referred to the appropriate board.

Some of the benefits of this approach are:

1. **Standardization.** All provider groups would be reviewed and like criteria used for evaluation and education. This would prevent patients from switching provider types (doctor to nurse for example) to continue to receive prescriptions for controlled substances that may be being abused.

2. **Non-punitive approach.** The focus is review, remediation, and improved patient care. Currently, lawyers are engaged (at the providers' expense) when investigated by their regulatory board. The approach outlined here seeks to address the problem before a professional board was involved and hopefully prevent providers from over-reacting due to fear of the punitive process. If providers overly fearful of being reported to a regulatory board, that could result in patients that are in need of pain medication being denied treatment and/or inconvenienced.

3. **Education.** Providers would receive education and recommendations for practice changes to address any problematic prescribing.

4. **Trending.** The quality improvement organization would monitor the situation over several months and determine that practice patterns had indeed changed and anomalies remediated. Again, if not, the issue would be referred to the appropriate board.

5. **Cost.** This would prevent the Boards from having to hire staff or consultants to review the PMP data and conduct extra investigations. The quality improvement organization would have the professional staff and infrastructure to conduct the reviews.

6. **Efficiency.** If a complaint is generated by the public (as done currently), that complaint would go directly to the appropriate Board and not go through the peer review process. This proposal would not interfere in any way with the current workings of the Boards and would not necessitate duplicate reviews.

New Mexico Medical Society supports legislation to appropriate funding to conduct peer review of health providers' prescribing patterns of opioids and other controlled substances. The independent, not-for-profit organization would compare practice patterns and educate practice outliers of recommended changes in practice and prescribing patterns; a process that would maximize efficiency and impact of regulatory boards' responsibilities and ensure better patient safety.

For more information please contact:
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