

### Disclosures

No potential or actual conflicts of interest

No financial disclosures

Expand

Expand understanding of rules and regulations

Awareness

Increase awareness of common pitfalls

Review

Review documentation requirements

## Objectives

# Delegation: TMB 157 – PA and/or APRN

### Reminders

#### Prescriptive Authority Agmt

- Delegating Rx authority
- Order drug or device
- APRN/PA liable
- MD liable only: reason to suspect

#### Details

- Office III-V
- < 90 days (refills)
- >90 days refill
  = documented
  consultation
  (both)

#### Schedule II

- ED
- Stay > 24 hours
- Terminally ill

#### Key Points:

- Adequate Supervision
- Good Standing
- FT = 7 total (hospital, underserved exempt)
- Retain 2 years

#### Elements

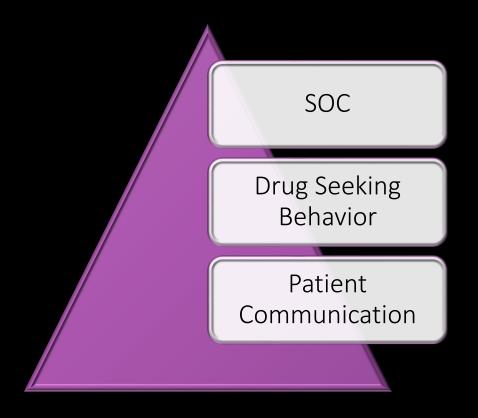
- Written/signed
- Names/Licenses
- Location
- Prescribe Do and Don't
- Consultation/referral
- Emergencies
- Communication

Quality Assurance/Improvement Plan

# Prescriptive Authority Agmt— All TMB (157)

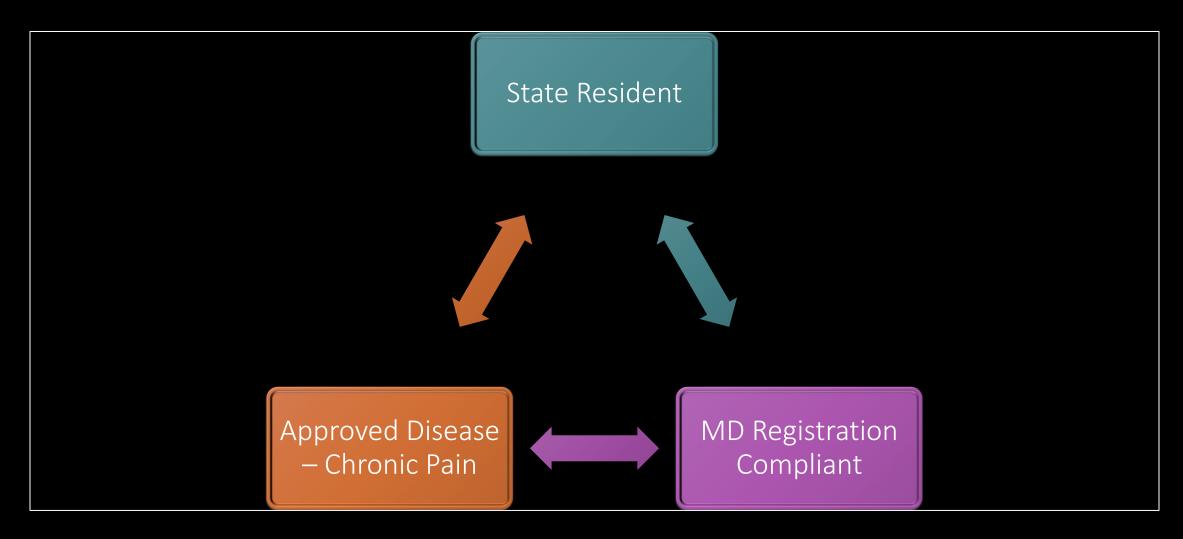
Discuss Document Monthly +

### Mandatory Consultation

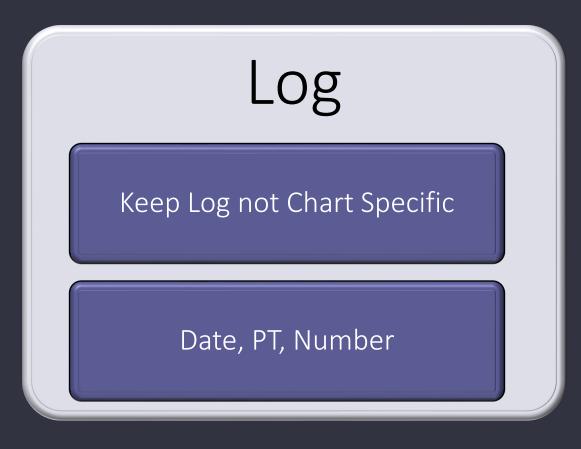


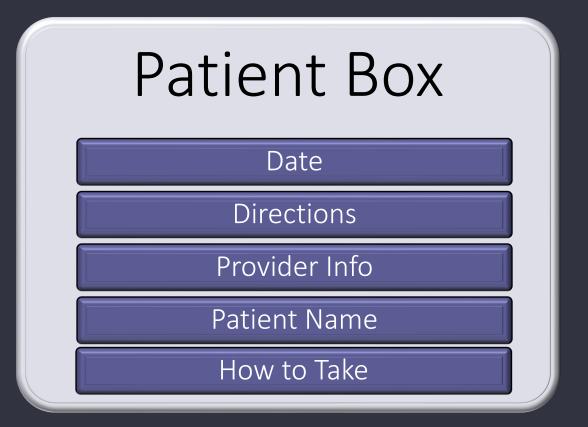
### Opioids: 2 Hour Annual CE/CME/CNE

### Compassionate Use – TMB (169)



### Drug Samples





# SOC Snapshot

|                  |            | Consisten | t with SOC   |                 |                 |                                |
|------------------|------------|-----------|--|-----------------|-----------------|--------------------------------|
|                  |            | Medical   | Records  |                 |                 |                                |
| Monitoring pain  | PMP Checks | Pain Co   | ontracts   | В               | Billing Support | Proof of compliance monitoring |
|                  |            |           |  | - 7             |                 |                                |
| Transfer Patient |            |           |  |                 |                 |                                |
| Focused Exam     |            | PMP Check |  | Past MR 15 days |                 |                                |
|                  |            |           |  |                 |                 |                                |
| Initial Visit    |            |           |  |                 |                 |                                |
| 30 Days only     |            |           | No Records = Complete H&P, Diagnostics, Drug test, PMP Check |                 |                 |                                |



### Follow Up Visit

Progress toward goal

*New Pain Relief* 

Aggravators

Patient compliance

