



# Kentucky Board of Medical Licensure Newsletter

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Spring 2019

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## Guidance on Displaced Patients

The Kentucky Board of Medical Licensure recognizes the challenges that physicians face when presented with displaced patients from unexpected closures of a pain clinic or another practice due to concerns involving the prescribing of controlled substances. In an effort to alleviate concerns over treating this vulnerable patient population, the Board advises that physicians who agree to treat displaced patients should not fear Board disciplinary action simply for ordering, prescribing, dispensing or administering controlled substances, including opioids, for legitimate medical purposes and in the course of professional practice. Physicians are encouraged to emphatically review the risks and benefits of continued high dosage opioid therapy, to make individualized assessments of each patient, and to exercise their independent clinical judgment as to the course of treatment, including safely tapering opioids to lower dosages.

In an effort to provide further guidance on this issue, the Board has received permission to reprint an article that appeared in the September 2018 issue of Louisville Medicine authored by James Patrick Murphy, M.D. and would like to express its appreciation to Dr. Murphy and the Greater Louisville Medical Society for their assistance with this important issue.

## 5-STEP INITIAL APPROACH TO CARING FOR *the Displaced Pain Patient on Chronic Opioid Therapy*

*James Patrick Murphy, MD, MMM*

Reprinted from Louisville Medicine (September 2018) with permission from Greater Louisville Medical Society

Providing therapeutic continuity for patients who have abruptly lost access to their prescriber (e.g. pain clinic closure) can be a challenge, especially if the patient has been treated with opioids and other controlled substances.

A patient in pain, facing the possibility of worsening pain combined with medication withdrawal, can feel very stressed. In this potentially difficult scenario, the caregiver must convey an air of calmness and empathy. Providers may seize this clinical inflection point as an opportunity to redirect the course of treatment, or provide a therapeutic bridge to specialty care by way of referral or consultation.

While not meant as a substitute for more comprehensive guidelines, the following is a concise five-step initial approach to caring for the displaced pain patient on chronic opioid therapy. Always exercise compliance with statutory requirements (<http://www.painpolicy.wisc.edu/database-statutes-regulations-other-policies-pain-management>).

## FIVE STEPS

### 1. HISTORY AND PHYSICAL EXAM

- a. **Establish a diagnosis**
- b. **Assess for withdrawal symptoms** (Ref 1: *Clinical Opiate Withdrawal Scale*)
- c. **Note behaviors indicative of drug abuse or diversion** (Ref 2: *Knowing When to Say When: Transitioning Patients From Opioid Therapy*, pg 19)

### 2. OBJECTIVE DATA:

- a. **Check state Prescription Drug Monitoring Program** (e.g. KASPER - <http://operationunite.org/investigations/kasper>)

-Continued on page 3

Board Orders can be viewed under the Physician Profile/  
Verification of License link on the Board's website:

[www.kbml.ky.gov](http://www.kbml.ky.gov)

**Board Action Report (actions taken since 01/01/19)**

**James T. Allen, M.D., Louisville, KY, License # 22964**

Order Terminating Agreed Order issued 02/25/19.

**Virginia F. Barbosa, M.D., Corbin, KY, License # 42323**

Agreed Order entered into 03/12/19.

**Virginia F. Barbosa, M.D., Corbin, KY, License # 42323**

Order Terminating Agreed Order issued 03/26/19.

**Morris Wilson Beebe, III, M.D., Corbin, KY, License # 22810**

Agreed Order entered into 01/04/19.

**Daniel G. Bercu, D.O., Nashville, TN, License # 02366**

Agreed Order entered into 02/04/19.

**Avis M. Carr, M.D., Campbellsville, KY, License # 44558**

Order Terminating Agreed Order issued 01/18/19.

**Kevin R. Crabtree, PA-C, Lexington, KY, License # PA1103**

Agreed Order entered into 02/11/19.

**Peter Gerard Deveaux, M.D., Louisville, KY, License # 46444**

Agreed Order entered into 01/28/19.

**Jordan Michael Edelen, PA-C, Lexington, KY, License # PA2072**

Agreed Order entered into 02/04/19.

**Michael J. Grogan, M.D., Crescent Springs, KY, License # 21980**

Agreed Order of Permanent Surrender entered into 03/21/19.

**Darin A. Harden, M.D., Louisville, KY, License # 32468**

Third Amended Agreed Order entered into 02/20/19

**Sherri L. Hogan, M.D., Barbourville, KY, License # 36437**

Agreed Order entered into 03/21/19.

**Sherri L. Hogan, M.D., Barbourville, KY, License # 36437**

Order Terminating Agreed Order issued 03/25/19.

**Neil J. Klemek, M.D., Berea, KY, License # 29303**

Amended Agreed Order entered into 03/14/19.

**Janda G. Morgan, PA-C, Ashland, KY, License # PA1223**

Amended Agreed Order entered into 01/18/19.

**Troy M. Nelson, D.O., Paducah, KY, License # 02797**

Order Terminating Amended Agreed Order issued 02/25/19.

**Charles R. Noplis, II, M.D., Louisville, KY, License # 44044**

Order of Probation issued 03/25/19, effective 04/26/19.

**Marcello Pietrantoni, M.D., Louisville, KY, License # 29075**

Order of Indefinite Restriction issued 03/22/19, effective 04/24/19.

**John W. Richard, M.D., Lexington, KY, License # 34055**

Order Terminating Agreed Order issued 01/18/19.

**Visaharan Sivasubramaniam, M.D., London, KY, License # 38197**

Order Terminating Agreed Order issued 02/25/19.

**Thomas Paul Splan, M.D., Yorktown, VA, License # 50978**

Agreed Order entered into 02/21/19.

**Restrictions have also been placed on the following physicians' licenses pending resolution of charges brought against them.**

**Vinson M. DiSanto, D.O., McKinney, TX, License # 03250**

Complaint and Emergency Order of Restriction issued 03/19/19, effective 03/20/19.

**Ashu T. Joshi, M.D., St. Louis, MO, License # 35777**

Complaint and Emergency Order of Suspension issued 01/07/19, effective 01/08/19.

**Samson K. Orusa, M.D., Clarksville, TN, License # 33408**

Emergency Order of Restriction issued 01/15/19, effective 01/18/19.

## Guidance on Displaced Patients

- b. **Count the patient's current supply of pills**
- c. **Review (and/or request) medical records and reports (e.g. MRI)**
- d. **Do a urine drug screen** (<https://kbml.ky.gov/hb1/Pages/Considerations-For-Urine-Drug-Screening.aspx>)
- e. **Screen for:**
  - i. **Function** (Ref 3: PEG Scale: Pain, Enjoyment, General Activity)
  - ii. **Opioid abuse potential** (Ref 4: Opioid Risk Tool)
  - iii. **Mental health** (Ref 5: Patient Health Questionnaire, PHQ-4)
- f. **Remain alert to signs of anxiety, depression, and opioid use disorder.** If signs of opioid use disorder, then offer or arrange for treatment. If signs of mental illness, then offer or arrange for treatment (<https://findtreatment.samhsa.gov/>).
- g. **If child bearing potential, order a pregnancy test.**
  - i. Immediately consult OB/GYN if pregnancy is con-firmed.
  - ii. Opioid withdrawal during pregnancy has been associated with spontaneous abortion and premature labor.

### 3. DOCUMENTS (MAY BE COMBINED INTO ONE)

- a. **Informed Consent** (Ref 6: NIDA Sample Informed Con-sent)
- b. **Treatment Agreement** (Ref 7: NIDA Sample Patient Agreement Forms)

### 4. PAIN TREATMENT

- a. **Maximize use of nonpharmacologic and nonopioid pharmacologic treatments** as appropriate. (Ref 8: Treating Chronic Pain Without Opioids, CDC)
- b. **Educational points in** <https://kbml.ky.gov/hb1/Pages/Considerations-For-Patient-Education.aspx> (Ref 9: CDC Opioid Factsheet for Patients, etc.)

### 5. DECISION: MAINTAIN, ALTER, TAPER OR DIS-CONTINUE

A decision regarding maintaining, altering, tapering, or discontinuing controlled substances must be made. Some stable patients might be well served by maintaining their current regimen, however you are under no obligation to prescribe or continue with a treatment plan you don't agree with.

- a. **If the patient does not need a prescription** and still has some medication, advise on how to gradually taper (i.e. decrease 10 to 50 percent per week).
- b. **To prescribe a taper** with controlled substances: Calculate the current Morphine Equivalent Daily Dose (Ref 10: Calculating Total Daily Dose of Opioids For Safer Dosage, CDC)
  - i. **Initially prescribe zero to three days** of a reduced MEDD (e.g. decrease 10 to 50 percent)
  - ii. **Use immediate release medications**
  - iii. **Arrange follow up** early and often
  - iv. **Additional days of medications may be prescribed at follow up** if risk/benefit assessment is deemed acceptable by the prescriber
  - v. **The CDC advises against a rapid taper** (e.g. three weeks or less) for people taking  $\geq 90$  MEDD
- c. **Regardless of taper speed, withdrawal may still happen**
  - i. **Advise on over-the-counter** medications for withdrawal symptoms (Ref 11: ASAM National Practice Guideline, Part 3, pg 29)
  - ii. **Consider prescribing prescription medications for withdrawal** (Ref 11: ASAM)
- d. **If tapering benzodiazepines, do so gradually**
  - i. **No more than 25 percent** decrease every one to two weeks
  - ii. **Abrupt benzodiazepine withdrawal** can be associated with rebound anxiety, hallucinations, seizures, delirium tremens, and, in rare cases, death.
- e. **Risk mitigation topics** (<https://bit.ly/2eb0bYe>)
  - i. **Discuss with patients** undergoing tapering that, because their tolerance to medications may return to normal, they are at increased risk for overdose on abrupt return to previously prescribed higher doses.
  - ii. **Consider offering naloxone** when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MEDD/day), or concurrent benzodiazepine use, are present (Ref 12: Opioid Reversal With Naloxone, NIDA)

## Guidance on Displaced Patients

### REFERENCES:

1. Clinical Opiate Withdrawal Scale <https://bit.ly/1UITHV1>
  2. Knowing When to Say When: Transitioning Patients from Opioid Therapy University of Massachusetts Medical School (Massachusetts Consortium) Jeff Baxter, M.D. April 2, 2014 <https://bit.ly/2w7jOHO>
  3. PEG Scale (Pain, Enjoyment, General Activity) <http://https://bit.ly/2MqhB4n>
  4. Opioid Risk Tool (ORT) <https://bit.ly/1Nnwj84>, <https://bit.ly/2Beoa5M>
  5. Patient Health Questionnaire (PHQ 4) <https://bit.ly/2L05Z3y>
  6. National Institute on Drug Abuse (NIDA) Sample Informed Consent Form <https://bit.ly/2MOBP4Q>
  7. National Institute on Drug Abuse (NIDA) Sample Patient Agreement Forms <https://bit.ly/2CF0fJF>
  8. CDC: Treating Chronic Pain Without Opioids <https://bit.ly/2Mk5ZAH>
  9. CDC: Opioid Factsheet for Patients <https://bit.ly/2lvdez1>
- Other Patient Education Resources: <https://bit.ly/2KTwQDa>, <https://bit.ly/2n-FHjnH>, <https://bit.ly/2nENcS3>
10. Calculating Total Daily Dose of Opioids For Safer Dosage (CDC) <https://bit.ly/2eY5bxw>
  11. American Society of Addiction Medicine National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, Part 3: Treating Opioid Withdrawal, Summary of Recommendations (7), page 29. <https://bit.ly/2tbSGcj>
- The Guideline Committee** recommends, based on consensus opinion, the inclusion of **clonidine** as a recommended practice to support opioid withdrawal. Clonidine is not US FDA-approved for the treatment of opioid withdrawal, but it has been extensively used off-label for this purpose. **Clonidine** may be used **orally** or **transdermally** at doses of **0.1–0.3 mg every 6–8 hours**, with a **maximum dose of 1.2 mg daily** to assist in the management of opioid withdrawal symptoms. Its **hypotensive effects** often limit the amount that can be used. Clonidine can be combined with other non-narcotic medications targeting specific opioid withdrawal symptoms such as **benzodiazepines** for anxiety, **loperamide** for diarrhea, **acetaminophen or NSAIDs** for pain, and ondansetron or other agents for nausea.
12. **Opioid Reversal With Naloxone (NIDA)** <https://bit.ly/2y0qLgy>

### ADDITIONAL RECOMMENDED REFERENCES:

- a. CDC Checklist for Prescribing Opioids for Chronic Pain <https://bit.ly/2Lq3p-bV>
- b. Universal Precautions Revisited: Managing the Inherited Pain Patient by Douglas L. Gourlay, MD, MSc, FRCPC, FASAM,\* and Howard A. Heit, MD, FACP, FASAM. Published in Pain Medicine Volume 10 • Number S2 • 2009 <https://bit.ly/2MMU5vw>
- c. SAMHSA Behavioral Health Treatment Services Locator <https://findtreatment.samhsa.gov/>
- d. University of Wisconsin Pain and Policy Studies Database of Statutes, Regulations, and Other Policies for Pain Management <https://bit.ly/2IClhc8>
- e. Knowing When to Say When: Transitioning Patients from Opioid Therapy University of Massachusetts Medical School (Massachusetts Consortium) Jeff Baxter, M.D. April 2, 2014 <https://bit.ly/2w7jOHO>
- f. The Pain Clinic Closure Survival Guide for Patients and Clinicians <https://bit.ly/2KWq2j5>
- g. **DROPBOX Link for Reference Materials:** <https://bit.ly/2vMW8Jp>

*Disclaimer: This is for informational purposes only, does not constitute medical advice or a patient/provider relationship. It is not meant to establish a standard of care. I have made every effort to cite references where applicable, however the opinions expressed are my own and have not been endorsed by any organization. Links to references or other materials are taken at your own risk. The content provided here is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on this website. If you think you may have a medical emergency, call your doctor, go to the emergency department, or call 911 immediately.*

*James Patrick Murphy, MD, MMM, FASAM is a board-certified pain medicine and addiction medicine specialist who represents the American Society of Addiction Medicine on the American Medical Association's newly formed Pain Task Force*

## Guidance on Displaced Patients

### Calculating morphine milligram equivalents (MME)

OPIOID (doses in mg/day except where noted)	CONVERSION FACTOR
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
≥ 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

*These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.*

**Table 1: Recognizing Opioid Misuse and/or Addiction in Patients on Chronic Opioid Therapy**

(Adapted from: Savage et al., 2008; Manchikanti et al., 2008)

Components of Addiction The “3 Cs”	Possible Expressions in Patients on Chronic Opioid Therapy
Loss of <u>C</u> ontrol	1. Reports lost/stolen medications 2. Uses medication supply in short periods of time and calls for early refills 3. Seeks opioids from other sources 4. Exhibits withdrawal symptoms at appointments
<u>C</u> raving, preoccupation with use, compulsive use	1. Recurring requests for increases in opioids 2. Increasing pain despite lack of progression of disease 3. Dismisses nonopioid treatments 4. Focuses on medications and not on other activities
Use despite negative <u>C</u> onsequences	1. Significant side effects, such as sedation and cognitive impairment 2. Overdose 3. Decreases in activity, functioning, and/or relationships

## Kentucky General Assembly Passes Interstate Medical Compact Bill

The Board is pleased to report the Kentucky General Assembly successfully passed SB 22, sponsored by Sen. Ralph Alvarado, MD, which makes Kentucky one of 28 U.S. States that have joined the Interstate Medical Licensure Compact (IMLC). The bill was signed by Governor Matt Bevin on March 25, 2019. For those not familiar with the concept of an Interstate Compact, the IMLC is an agreement between 29 states and 1 territory and the 39 Medical and Osteopathic Boards in those states and territory. Under this agreement licensed physicians can qualify to practice medicine across state lines within the Compact if they meet the agreed upon eligibility requirements. Approximately 80% of physicians meet the criteria for this voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states. The IMLC mission is to increase access to health care for patients in underserved or rural areas and allow them to more easily connect with medical experts through the use of telemedicine technologies. While making it easier for physicians to obtain licenses to practice in multiple states, the Compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information. The application process is expedited by leveraging the physicians existing information previously submitted in their state of principal license (SPL). The SPL will verify the physician's information and conduct a fresh background check. In the coming weeks, the Board will be working with staff from the IMLC to implement the systems changes required to enact this important legislation. The Board would like to thank Sen. Alvarado for his work to make Kentucky's participation in the IMLC a reality. To learn more about the Interstate Medical Licensure Compact, please visit [IMLCC.org](http://IMLCC.org).

## Board Welcomes New Consumer Member

Earlier this year, Governor Matt Bevin appointed Philip D. Williamson, Esq. to serve in the role as a consumer member on the Board. Mr. Williamson, an attorney from Ft. Thomas, will serve the remainder of the term previously held by W. Duncan Crosby III, Esq. The Board would like to offer its appreciation to Mr. Crosby for his contributions to the citizens of the Commonwealth and also welcome Mr. Williamson to his new position.

## Board Looking for Physicians Willing to Enter Into CAPA-NS Agreements

During the 2014 legislative session of the Kentucky General Assembly, lawmakers passed SB 7, which created the Collaborative Prescribing Agreement Joint Advisory Committee, which is made up of 6 members appointed by the Kentucky Board of Nursing and the KBML. The primary focus of this Committee is to make recommendations to the KBN and KBML about the CAPA-NS agreements and other duties assigned by the legislation such as assisting APRNs by identifying any physicians who are available to enter into a CAPA-NS in non-emergency and emergency situations. In order to assist in this effort, KRS 314.196(3)(b) sets out that the Kentucky Board of Medical Licensure is required to provide the Committee with the names, contact information, and any fee requirements provided by the physicians to enter into the CAPA-NS agreement.

The Board initially requested physician assistance with this effort in 2014; however, it was recently noted that our records need to be updated for physicians willing to facilitate this process. With that being said, the Board is asking for your assistance by identifying your willingness to assist by entering into a CAPA-NS in a non-emergency or emergency situation. You can do this by simply providing your name, contact information, and any fee requirements to the Board via email to the attention of [jennie.woods@ky.gov](mailto:jennie.woods@ky.gov). You may also provide this information directly to the Kentucky Board of Nursing to the attention of their APRN Education/Practice Consultant, Myra Goldman, APRN, at [myrak.goldman@ky.gov](mailto:myrak.goldman@ky.gov).

## 2019 Annual Renewal of Physician Licenses

Annual renewal of physician licenses for the current year has just been completed. The Board is pleased to announce that 98% of physicians utilized the on-line renewal service this year. As of April 4, 2019, a total of 17,484 physicians have renewed their medical/osteopathic license. This reflects an increase of 646 over last year's total for the same period. Of the total, 11,383 physicians reported a practice address in Kentucky.

**Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, KY 40222**

**Change of Address Notice**

The information you provide on this change of address notice will be used to update your profile on the Board's website [www.kbml.ky.gov](http://www.kbml.ky.gov).

You may also change your address online by clicking [here](#).

Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_

Practice County: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*The Board does not publish your email address.

