**Louisiana State Board of Medical Examiners**

**Guidelines and Procedures for Submitting**

**CDS-CME Courses for Approval**

**SUBMISSION, REVIEW, AND APPROVAL PROCESS**

All courses must include substantive content on (1) Best Practices for Prescribing Controlled Substances, (2)Management of Chronic, Non-Cancer Pain (3) Drug Diversion Detection and Prevention training and (4) Appropriate Treatment of Addiction. Submissions must meet detailed requirements listed in the core curriculum rubrics (attached below). All 1 or 2 hour courses must follow the appropriate rubric for the subject matter.

All courses must include a post-assessment summative evaluation (test) where the learner scores >80% from a substantial set of questions in order to be given credit for the course.

Once a course has been approved, modifications can occur with the following guidelines:

**Types of Proposals Reviewed by Curriculum Committee**

|  |  |  |
| --- | --- | --- |
| **Types of modifications** | **Must be reviewed** | **Does not need to be reviewed** |
| Modification of Course Title | If modifications reflect new focus of course or new topics | If modifications simply involve changes in wording to reflect changes in the field |
| Modification of Course Content | All substantive changes to course content  must be reviewed |  |
| Modification of Course Sequence |  | Does not need to be reviewed |
| Modification of Courses Required in Program | Addition, elimination, or substitution of new courses; |  |
| New Courses | The Curriculum Committee must review all  new courses. |  |

## Timeline from Submission of Proposals

All proposals will be reviewed through a three-tier process.

* Tier I: An Intake Screener will ensure that all materials from the required checklist have been recieved. The checklist includes the following:
  + **CME Course/Program Approval Request Form**
  + **Copy of Written Course Material and Visual Aids**
  + **Copy of Post Assessment Evaluation (test)**
  + **Copy of CME Provider Curriculum Vitae**
  + **Copy of Consultant Specialist Curriculum Vitae(If Applicable)**
  + **Completed CME Provider Check Box from the Core Curriculum Rubrics**
* Tier II: Research Analyst completes the initial content assessment using the Core Curriculum Rubrics.
* Tier III: Assistant Director of Investigation reviews all material and gives final approval.

CME providers should allow 14 working days from submission of all requested material to receive an approval or rejection of the proposal.

Attention must be paid to the public calendar, as holidays and weekends do not count as “working days.”

Prepared and issued by members of the Curriculum Committee of the

Louisiana State Board of Medical Examiners. September 2019

**Louisiana State Board of Medical Examiners**

**CDS-CME Course/Program**

**Approval Request**

1. Course Title/Program if multiple courses: ­­­­­­­

1. Maximum number of hours needed to complete this course:
2. Website address(s):

1. Sponsoring Organization(s):

Address, Phone Number and Contact Person:

1. Please confirm that the course was completed with the consultation of at least one of the following specialists: If Clinical Psychologist provide name(s)

If Psychiatrist provide name(s)

If Pain Specialist provide name(s)

If Addictionologist provide name(s)

1. The course must require completion of a post- test where learners score at least 80% to pass. Please specify, how the scoring of the exam be done and reported? Submit post-test questions as part of the approval process:

1. Indicate if this continuing education activity has been approved for credit by any other professional organizations or licensing boards:

1. Please submit brochure/advertising materials; for live courses, please list date(s) of the course:

Email this completed form and required documents to [Education@lsbme.la.gov](mailto:Education@lsbme.la.gov) .

|  |  |  |  |
| --- | --- | --- | --- |
| **Best Practices for Prescribing of Controlled Substances** | **CME PROVIDER**  **Please check all items identified in the course** | **Research Analyst**  **Screen** | **ADOI**  **Final Approval** |
| Review the epidemiology behind the use and abuse of the prescription-controlled substances epidemic in the United States and Louisiana |  |  |  |
| Review the requirements of Louisiana legislature’s Act 76-2017for all prescribers of controlled substances |  |  |  |
| Review the five major classes of drugs identified in the Controlled Substances Act, including their indication for medical use, and their potential for abuse and/or dependency |  |  |  |
| Review the practice of medication reconciliation and the adverse effects of polypharmacy |  |  |  |
| Identify special considerations for specific populations such as extremes of age, reproductive age women, and mental health patients |  |  |  |
| Identify ways to elicit a well-defined treatment plan with identifiable goals |  |  |  |
| Discuss key factors that should be included in educating and counseling patients |  |  |  |
| Identify essential documentation protocols and the key elements needed for comprehensive documentation |  |  |  |
| Discuss the guidelines for using the PDMP |  |  |  |
| Discuss appropriate monitoring and follow up that includes protocols for tapering and discontinuation, noncompliance, and specialty referrals |  |  |  |
| **Additional Comments by Research Analyst:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Management of Chronic Non-cancer Pain** | **CME PROVIDER**  **Please check all items identified in the course** | **Research Analyst**  **Screen** | **ADOI**  **Final Approval** |
| Define acute pain |  |  |  |
| Define chronic noncancerous pain |  |  |  |
| Describe the details of a comprehensive patient pain assessment |  |  |  |
| Discuss best practice for the selection of non-pharmacological therapy as a treatment modality to improve functional capacity |  |  |  |
| Discuss best practice for the selection of non-opioid pharmacological therapy to improve functional capacity |  |  |  |
| Incorporate portions of the most recent CDC and AAPM (American Academy of Pain Medicine) guidelines for evidence-based practice for the selection, initiation, and duration of opioid therapy to improve functional capacity and the side effects of opioids |  |  |  |
| Discuss consideration for follow-up monitoring that includes responses reflected in the 5A’s(Analgesia, Activity, Adverse Side Effect, Affect, and Aberrant Drug-Taking Behaviors), tapering, and discontinuation of opioid therapy |  |  |  |
| Review interdisciplinary rehabilitation approach to improve functional capacity |  |  |  |
| Review both risk factors and at-risk populations for opioid related harm, abuse, or addiction |  |  |  |
| Discuss the essential use of the prescription drug monitoring program (PDMP) and Act 82-2017 |  |  |  |
| Discuss the function of informed consent, medication treatment agreements (MTA) and protocols for noncompliance |  |  |  |
| Review the differences between immunoassay UDS and gas chromatography UDS as well as the recommendations on when to perform these tests for compliance and diversion monitoring |  |  |  |
| Discuss complications from co-prescribing CNS depressants like benzodiazepine |  |  |  |
| Discuss symptoms, treatment options, and referral process for opioid use disorder |  |  |  |
| Review the need for Naloxone and the indication to give to selected high risk patients (i.e. hx of SUD, pts with mental health issues, co-prescription of benzos, etc.) |  |  |  |
| **Additional Comments by Research Analyst:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug Diversion Detection & Prevention Training** | **CME PROVIDER**  **Please check all items identified in the course** | **Research Analyst**  **Screen** | **ADOI**  **Final Approval** |
| Define drug diversion and its significant health, legal, and social implications |  |  |  |
| Identify various methods of diversion by patients, healthcare workers and others |  |  |  |
| Identify the most commonly diverted drugs in the United States |  |  |  |
| Review risk assessment tools to stratify patients into moderate or high risk for potential misuse, abuse, and diversion such as the Opioid Risk Tool (ORT) and the Screener and Opioid Assessment for Patients with Pain -Revised (SOAPP-R) |  |  |  |
| Review mechanisms to enforce treatment boundaries and compliance with the Medical Treatment Agreements (MTA) |  |  |  |
| Discuss the role of the PDMP for periodic monitoring to prevent diversion (Act 82) |  |  |  |
| Review prevention strategies for drug diversion |  |  |  |
| Review how to report for suspected diversion to local or state regulatory and/or law enforcement agencies |  |  |  |
| **Additional Comments by Research Analyst:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Appropriate Treatment of Addiction** | **CME PROVIDER**  **Please check all items identified in the course** | **Research Analyst**  **Screen** | **ADOI**  **Final Approval** |
| Define the following terms: tolerance, physical dependence, abuse, addiction,, and recovery |  |  |  |
| Identify the pathophysiology of addiction, DSM-V criteria for diagnosis of addiction, and the stages of addiction |  |  |  |
| Identify DSM-V criteria for substance use disorder |  |  |  |
| Review screening tools for substance abuse disorders such as the screening, brief intervention, and referral to treatment (SBIRT) |  |  |  |
| Discuss various stages of treatment |  |  |  |
| Review treatment strategies for medically supervised detoxification or withdrawal |  |  |  |
| Review pharmacological and nonpharmacological maintenance treatment |  |  |  |
| Review evidence-based standard of care for the treatment of opioid addictions that includes medication assisted treatment (MAT) like buprenorphine + naloxone (Suboxone) and Methadone |  |  |  |
| Review steps needed to ensure effective Medication Assistance Program (MAP) in outpatient Treatment Plans (OTPs) |  |  |  |
| Discuss the role of developing pathways or identifying strategies for primary prevention of addiction |  |  |  |
| **Additional Comments by Research Analyst:** | | | |