
STATE OF OREGON
OREGON BOARD OF NATUROPATHIC MEDICINE

2016–2019 Strategic Plan

Summary of May 20 – 22, 2016 Retreat



MEETING SUMMARY

On May 20 – 22, 2016, the Oregon Board of Naturopathic Medicine (OBNM) met for a Board retreat in Astoria, Oregon to develop the OBNM strategic plan for 2016 – 2019.

During the retreat, the Board discussed trends that are influencing the evolution of naturopathic medicine. The Board particularly focused on the increasing expectation that naturopathic physicians serve as primary care physicians, which entails greater responsibility for managing a broad range of medications as well as patients' interactions with all aspects of the mainstream medical establishment. Particularly indicative of this trend is the increasing number of NDs who are responsible for prescribing and managing patient's use of opioids.

Based on these trends, the Board developed:

- 1. An Action Plan to increase NDs' competence in prescribing opioids and managing opioid prescriptions**, with a particular emphasis on requiring NDs applying for a DEA license to take continuing education (CE) on opioid medications and prescribing, pain management, and the identification of drug-seeking and addictive behaviors.
- 2. A Communications Plan to increase the effectiveness of the Board's communications** with (1) NDs throughout the state about opioid prescribing and other critical issues, and with (2) the Oregon Association of Naturopathic Physicians (OANP) and the National College of Naturopathic Medicine (NCCNM), in an effort to develop a more integrated response to developments in the profession.

The Board also discussed the following topics.

- 1. Telemedicine and communicating with patients via digital platforms –** Guidelines for the use of digital communications media will be drafted based on guidelines adopted by other state medical boards. (note: may use information from other states)
- 2. Medical Cannabis –** A statement drafted by the Oregon Attorney General about what NDs can discuss with patients about the use of medical cannabis will be reviewed at the Board's June meeting, for possible approval.
- 3. OBNM Disciplinary Process –** A summary description of the OBNM's process for responding to complaints about NDs will be included in the Board book and reviewed with new Board members.
- 4. Legislative Communications –** Board members agreed to meet with the State Representative for their district to discuss OBNM's responsibilities and profession-related issues.
- 5. Naturopathic Midwives –** The Board received an update on the history and current status of the profession, including discussions within the profession about documenting practice guidelines and standards of care.
- 6. Continuing education for new therapeutic modalities –** The Federation of Naturopathic Medicine Regulatory Authorities (FNMRRA) is developing a national system for CE approval that will relieve the OBNM of most of its current responsibilities in this area. In the meantime, the Board agreed that the current process for CE approval is satisfactory.

Details of the Board's discussions are outlined below. A list of responsibilities assumed during the retreat by each member of the Board is available at the end of the report.

Trends in Naturopathic Medicine

During the retreat, Board members identified and discussed the following trends in the recent evolution of naturopathic medicine:

1. The profession is becoming more accepted and mainstream

- Some NDs are tending to move away from the profession's original basis in traditional healing methods and the therapeutic use of herbs
- Becoming more like allopathic medicine and being held to the same standards as MDs
- How naturopathy is practiced is increasingly diverse, although some continuity is maintained through exams and licensing requirements
- Because the diversity of ND practices, standards of care are more difficult to define

2. Increased financial pressures on NDs

- NDs have similar financial burdens as MDs for education and clinical practice, without the same earning potential

3. Responsibilities of serving as primary care physicians

- Primary care practice provides great opportunities, as well as increased responsibilities for the management of medications, tests, referrals, pre-authorizations, etc., together with the increase in related paperwork
- Without the experience in school of conducting hospital rounds, NDs tend to have less understanding of how the mainstream medical establishment works, making it more challenging for some NDs to feel completely competent and confident
- Many NDs are trained to serve as adjunct care specialists, rather than primary care physicians

4. Patients have greater expectations

- Expect NDs to offer the best of both naturopathic and allopathic medical care

5. Prescription rights

- NDs now have access to a greatly expanded formulary
- Use of narcotics has changed the profession dramatically
- Don't necessarily have the training or clinical know-how for prescribing some types of medications

6. Responsibilities for pain management

- NDs are satisfactorily trained to treat acute pain, but are not always sufficiently trained in managing chronic pain

7. Increasing use of new therapeutic modalities

- Particularly new types of injection, IV, vitamin, and ozone therapies

8. Telemedicine and the use of technology for patient communications

- E-mail, texting, and Skype are not compliant with the Health Insurance Portability and Accountability Act (HIPAA)
- Insurance companies require the use of HIPAA compliant platforms
- Patients often prefer the convenience of digital communication platforms without concern for their security

OBNM Opioid Prescribing Guidelines Action Plan

Issue: Increase the competency of NDs to prescribe and manage opioid medications

Description of the Issue:

Overprescribing of opioids has become the leading source of complaints to the OBNM in recent years. This trend is, in part, the result of insufficient understanding among NDs of opioid prescribing and management, the management of chronic pain, and the ability to identify drug-seeking and addictive behavior.

This trend among NDs is symptomatic of the larger problem of opioid prescribing by all medical professionals. In particular, Oregon has the highest incidence in the United States of abuse of prescribed medications.

Anecdotal evidence also suggests that, in some rural areas, the Oregon Health Plan is assigning to the care of NDs patients on opioid medications who do not have access to other supportive resources such as drug rehabilitation programs and pain management clinics.

This Issue Will Be Resolved When:

NDs in Oregon consistently demonstrate the ability as a profession to appropriately prescribe opioids and effectively manage patients on opioid medications.

Type of Issue (Regulatory, Resources, People, Process, Communication, Technology):

Regulatory, Resources, People, Process, Communication, Technology

Consequences If Ignored:

Increased and ongoing danger to the public of inappropriately prescribed opioid medications

Risk Rating (High, Moderate, Low):

High

Board's Ability to Resolve the Issue:

Although the Board can strengthen NDs' competency through continuing education, the larger public health aspect of the crisis in opioid prescribing requires a systemic address through coordinated action by a series of medically-related boards, agencies, institutions, and professional associations.

Next Steps:

- 1. Post the new CDC opioid prescribing guidelines to the OBNM website.**
- 2. All OBNM members will study the CDC and Southern Oregon opioid prescribing guidelines.**
- 3. Develop a 1-page fact sheet for Board members about opioid prescribing, including:**
 - Definitions of terms
 - How the MED (morphine-equivalent dose) of medications is calculated
 - CDC and Southern Oregon guidelines for opioid prescribing
 - Online MED calculators
- 4. Participate on the Oregon Opioid Prescribing Guidelines Task Force – Charles will discuss the representation of the ND profession on the Task Force with the Task**

Force's Chair and refer her to the OANP for identification of a representative from the ND profession. If the Task Force Chair will allow one representative from the OBNM and one from the profession, then Charles will serve as the OBNM's representative. If not, Charles will serve on the Task Force as an ex-officio member. Representation will also be sought for the NCNM.

5. **Pass a rule at the June Board meeting that requires NDs seeking DEA licensure to take additional continuing education** that is to specific to both the technical and the behavioral aspects of opioid prescribing. NDs who already have DEA licenses will be notified that they are required to fulfill the new CE requirements within a finite period, to be determined.
6. **Identify existing CE that is relevant to opioid prescribing**, pain management, identifying drug-seeking and addictive behaviors, and the use of the Oregon PDMP that can be required for NDs who are applying for or already have a DEA license.
7. **Approach OANP and NCNM about collaborating on the development of CE** specific to opioid prescribing, pain management, and the identification of drug-seeking and addictive behaviors.
8. **Contact the Oregon Prescription Drug Monitoring Program (PDNP)** to determine what information is available about how many NDs are prescribing opioids and which NDs have DEA licenses. Any information obtained is to be used strictly for the purpose of educating NDs about opioid prescribing.
9. **Identify sources of funding to hire expert witnesses** needed for disciplinary cases involving opioid prescribing.

Resources Required:

Time, money, people

Issue Timeframe (Immediate: less than a year, or a range of 1, 2, or 3 years):

Immediate and ongoing, as long as the crisis in opioid prescribing persists

To Be Completed By:

Indeterminate

Logical People to Manage the Solution:

Charles Wiggins – manage the relationship with the Oregon Opioid Prescribing Guidelines Task Force

Patrick Chapman, Charles Wiggins, Lissa McNeil – review and recommend appropriate CE; draft language for the **and** new CE rule

Anne Walsh, Dwight Adkins – identify sources of funding for expert witnesses

OBNM Communications Plan

Description of the Issue:

Insufficient communication between OBNM, OANP, and NCNM is causing tensions between the three organizations and misperceptions of the roles and responsibilities that each organization serves within the profession. As a result, there is a feeling that the profession is fragmented and that the lifecycle of an ND professional, from education through licensure through lifelong practice, is not being served most effectively by all three entities.

This Issue Will Be Resolved When:

OBNM, OANP, and NCNM are working together to serve the needs of the profession in an integrated manner, and OBNM is fostering understanding of its role within the profession and influencing both foundational and continuing education curricula.

Type of Issue (Regulatory, Resources, People, Process, Communication, Technology):

People, Communication

Consequences If Ignored:

Opportunities to serve the profession most effectively will be missed if each entity only pursues its own agenda.

Risk Rating (High, Moderate, Low):

Moderate to High, given the need for collaboration around critical issues such as the current epidemic in opioid over-prescribing.

Board's Ability to Resolve the Issue:

A consistent effort by OBNM to cultivate collaborative relationships with OANP and NCNM could significantly improve the effectiveness of all three organizations and their ability to identify and address professional issues.

OBNM needs to be more strategic about communicating its contribution to the profession through monthly e-mails and the annual newsletter.

Next Steps:

- 1. Meet with OANP and NCNM to explore information sharing and collaboration**
 - Invite OANP Board members to attend the public portion of OBNM's bi-monthly meeting
 - Organize a mixer with OANP and NCNM for Fall 2016
 - Recommend a bi-annual meeting of Board Chairs or other representatives
 - Explore collaboration on the creation of opioid-related CE
- 2. Identify topics for OBNM's Fall newsletter that will attract the attention of NDs, such as new rules for opioid-related CE, the Oregon Opioid Prescribing Guidelines Task Force, guidelines for telemedicine and digital communication practices and discussing medical cannabis with patients.**

Resources Required:

People, time

Issue Timeframe (Immediate: less than a year, or a range of 1, 2, or 3 years):

Immediate contact with OANP and NCNM, and ongoing

To Be Completed By:

Ongoing

Logical Person(s) to Manage the Solution:

- **Dwight Adkins** will contact OANP
- **Jennifer Gibbons** will contact NCNM and OANP
- **Anne Walsh** will request Board input on topics for monthly e-mails and the annual newsletter

Other Topics Discussed

1. Telemedicine and Communicating with Patients via Digital Platforms

The Board discussed the current trend toward increasing communication between NDs and their patients via unsecure platforms such as e-mail servers, texting, and Skype, and the increasing expectation on the part of patients that NDs be available through these forms of digital communication.

Lissa McNeil reviewed current HIPAA guidelines about the need to communicate with patients through password-protected platforms. Board discussion clarified the fact that the use of an unsecure communications platform to communicate with patients is a violation of HIPA rules, whether or not the platform's security is breached.

Lissa and Keivan Jinnah will draft guidelines to be considered for adoption by the Board, based on research about the current HIPAA rules for digital communications, as well as guidelines for digital communication that have been adopted by other Oregon medical boards. Lissa and Keivan will present their research and recommendations at the June meeting.

The Board also discussed and agreed not to change the OBNM's current guidelines for treating patients remotely via video-conferencing technologies.

2. Medical Cannabis

Although NDs are not currently permitted by law to prescribe medical cannabis, the Oregon Attorney General has recently provided the OBNM with a statement about what NDs can discuss with patients about this topic. The statement will be reviewed at the June meeting of the Board for possible approval. The profession will be notified as soon as the Board has approved a statement.

3. OBNM Disciplinary Process

The Board reviewed the OBNM's process for reviewing and responding to complaints about NDs that are filed with the Board. A summary description of the process will be included in the Board book and reviewed with new Board members.

4. Legislative Communications

The Executive Director will inform each Board member of who the State Representative is for their district. Board members agreed to contact and meet with their Representative to introduce themselves as members of the OBNM and discuss OBNM's responsibilities, as well as profession-related issues.

5. Naturopathic Midwives

Jennifer Gibbons briefed the Board on the current status of the Naturopathic Midwives profession, including a brief history of the profession in Oregon, the current process for licensure, distinctions between Naturopathic Midwives and Direct-Entry Midwives, and discussions within the profession about documenting practice guidelines and standards of care. Jennifer will inform the Board as necessary of developments in the profession.

6. Continuing Education for New Therapeutic Modalities

The Board discussed the challenges of approving applications for continuing education courses about therapeutic modalities that the reviewer may not be familiar with. This situation is estimated to affect a maximum of 5% of CE applications.

The Executive Director informed the Board that the Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) is developing a national system for CE approval that will relieve the OBNM of most of its current responsibilities in this area.

The Board agreed that, in the meantime, the OBNM's process for CE approval is satisfactory. Currently, when a reviewer has questions about a CE application, either more information is requested from the applicant or a decision about the application is made at the next Board meeting by the members who are NDs.

Board Member Responsibilities Agreed to at the Retreat

Anne Walsh

- Post the CDC opioid prescribing guidelines to the OBNM website
- Add Charles to the e-mail list for communications to the profession
- Research how patients are assigned to NDs through Coordinated Care Organizations (CCOs)
- Contact the PDMP about what information is available to the OBNM about opioid-prescribing NDs, for education purposes
- Contact NDs recommended by the Board to serve as expert witnesses

Charles Wiggins

- Serve on the Oregon Opioid Prescribing Guidelines Task Force, if possible as the OBNM representative
- Recommend that the Task Force's Chair contact OANP to request a representative from the profession
- Review and recommend CE relevant to opioid prescribing and pain management, with Patrick and Lissa
- Draft language for the new rule requiring CE when applying for a DEA license, with Patrick and Lissa
- Meet with his State Representative

Dwight Adkins

- Work with Anne to finalize the 2017 budget
- Identify with Anne how expert witnesses for the disciplinary process will be funded
- Contact OANP with Jennifer to discuss collaboration and a possible mixer in Fall 2016
- Coordinate with Jennifer about her contact with NCNM
- Recruit new Board members
- Meet with his State Representative

Jennifer Gibbons

- Start the conversation with the Naturopathic Midwives about documenting practice guidelines and standards of care
- Contact NCNM to discuss collaboration and a possible mixer in Fall 2016, and coordinate with Dwight
- Contact OANP with Dwight to discuss collaboration and a possible mixer in Fall 2016
- Write-up the OBNM disciplinary process to be included in the Board book
- Meet with her State Representative

Keivan Jinnah

- Research and recommend telemedicine guidelines, with Lissa
- Recruit new Board members
- Meet with his State Representative

Lissa McNeil

- Research and recommend CE relevant to opioid prescribing and pain management, with Patrick and Charles
- Draft language for the new rule requiring CE when applying for a DEA license, with Patrick and Charles
- Research and recommend telemedicine guidelines, with Keivan
- Meet with her State Representative

Patrick Chapman

- Develop a 1-page fact sheet for Board members on opioid prescribing
- Research and recommend CE relevant to opioid prescribing and pain management, with Lissa and Charles
- Draft language for the new rule requiring CE when applying for a DEA license, with Lissa and Charles
- Recruit new Board members
- Explore the possibility of serving on the Oregon Opioid Prescribing Guidelines Task Force
- Meet with his State Representative