North Carolina Veterinary Medical Board

December 2017

Regulatory Bulletin

Volume 1 Issue 4

Renewal is OPEN! http://www.ncvmb.org/

In order to renew our new software will require you to register via the 'Licensure Gateway'. Please be aware your current **User Name** and **Password** <u>will no longer be</u> <u>effective</u> (you will be prompted to create new ones by going to the **REGISTER NOW** button).



If you are a veterinarian, who owns a facility and/or a corporation, you will only be required to register one time as all entities will be linked.

License renewal is \$170 for Veterinarians and Registration renewal is \$50 for Technicians.



HB 243- The Stop (Strengthen Opioid Misuse Prevention) Act of 2017

Many of you are aware of the recent state legislation passed on June 29, 2017 in an attempt to address the current opioid abuse crisis in our state. While the majority of the law addresses the human side of medicine, the law does charge "the Dept. of Health and Human Services, in consultation with the Office of the Attorney General and the NC Veterinary Medical Board, on how to implement the provisions of this act pertaining to electronic prescriptions and the submission of data to the Controlled Substances Reporting <u>System</u> as they relate to the practice of veterinary medicine." The NCDHHS must submit a report back to the General Assembly by Feb. 1, 2018.

Member of the NCVMB met with the NCDHHS on December 6th to discuss the report due to the General Assembly on February 1st 2018.

Specific guidelines for Veterinarians relating to the Stop Act (HB 243) will be available at the beginning of 2018. The NCVMB will publish these guidelines, as soon as they become available, on our website <u>www.ncvmb.org</u> and Facebook page.

NCVMB FACEBOOK Page https://www.facebook.com/NCVetMedicalBoard

The NCVMB Facebook page has a vast variety of information available for veterinarians, technicians, and pet owners. Examples of recent posting include the following topics:

- A strong veterinarian-farrier relationship is just plain horse sense
- Bile duct obstruction
- Large Animal Vets are sparse but serve vital role
- Why is my dog drinking so much water?
- Feline Interstitial Cystitis: It's not about the Bladder
- Meet the Coywolf: A new hybrid carnivore roams the city
- Telemedicine and its impact on Veterinary Medicine



Veterinary Mental Health Practitioners Group

The Association of American Veterinary Medical Colleges (AAVMC) is addressing mental health issues within the profession through its newly established Veterinary Mental Health Practitioners (VMHP) group.

The group, which includes all licensed mental health practitioners working within colleges of veterinary medicine, is designed to protect and enhance the health and wellness of veterinary students as they conduct their studies and prepare for professional practice.

"Veterinary medical students and doctors grapple with mental health and wellness issues, as do practitioners in other health professions," said Chandra Grabill, Ph.D., VMHP chair, assistant dean for student wellness and engagement at Michigan State University, noting that some of the challenges include depression, anxiety, compassion fatigue, interpersonal challenges, and the struggle of balancing professional and personal responsibilities. "By combining our resources, the VMHP group will be in a stronger position to focus on these important issues." Further information on this effort can be found at: www.aavsb.org

Managing practice risks: Tramadol and managing pain by Dr. F. Schmid

Dr. Schmid is a 1982 graduate of Iowa State University and a graduate of the Kenan Flagler Business School at UNC. He has extensive experience in many aspects of veterinary medicine, including private practice, practice management, and research and development.

One of the toughest challenges a veterinarian faces on a daily basis is trying to manage a patient's pain, while at the same time safe-guarding the public welfare from exposure to potentially dangerous controlled drugs. NSAIDs alone are not always enough, and can also have untoward side-effects that limit their utility. Opiates, while very effective in managing pain, also have a high propensity for human abuse and so must be carefully controlled. Other controlled drugs, *in particular Tramadol*, have grown in popularity over the past several years, largely based on clinical experience derived from humans. There are no well controlled, prospective trials showing that tramadol has any effect at all on non-humans.

Tramadol is an opiate-like mu receptor agonist that the FDA first approved for human use in 1995. On August 18, 2014, tramadol was added to Schedule IV of the Federal Controlled Substances Act. It is approved for human use but there are no veterinary indications.

Tramadol itself has very little analgesic effect. It must be first metabolized into a more active metabolite O-desmethyl-tramadol (ODT), which is 200x more potent than tramadol. Non-human species are not thought to be able to metabolize tramadol into ODT, and so it is unlikely that we are managing pain effectively if we simply rely on tramadol.

So why do so many of us reach for the tramadol? In a quest for pain control where there are not a lot of great options, so does it make sense to try it? Does it make sense to accept the risk of human abuse and keep it in the practice, even though it is increasingly clear that it might not be very effective for pain relief? More practices are answering that question by simply prescribing tramadol through a local pharmacy. This is an effective way to mitigate your risk of abuse and theft, while making it harder for drug-seekers by including the pharmacy in the acquisition cycle. But it doesn't deal with the question of efficacy and optimal patient management.

There are new products recently hitting the market that promise better safety and high efficacy, and so we should look to those newer agents to prove their case. New NSAIDs claim to have much more specific mechanism of

action, thereby avoiding some of the side effects of earlier generation drugs in that class. More liberal use of local anesthesia (including longer acting liposomal formulations) can also augment overall pain reduction.

Clearly pain management is an area that needs attention if we are going to offer optimal medical outcomes for our patients and their owners. It also calls for us to be very careful in our management of pain if it includes the use of controlled drugs. The potential for opioid abuse is a clear and present danger, and we as veterinarians are on the front line.

Good Medical Records—Essential for both you and your clients!

It's a scenario that gives us nightmares: A case has a poor outcome; the owners, angry, file a complaint with the state board; and the board requests a copy of your medical record. You know you did everything right, but how can you be sure that your medical record will protect your license?

Medical records are legal documents that will best protect your license when a complaint is filed. Whether yours is a paper or electronic record-keeping system, these 3 tips will help you create and maintain high-quality medical records.

A good medical record details every aspect of a case.

1. Be thorough

A good medical record details every aspect of a case. Document and discuss everything you do. Others should be able to understand what work was done and conversations discussed in order to pick up where you left off.

The key components of a good medical record include:

- Identifying details about the patient (eg, name, age, sex, markings, tattoo, microchip number)
- Client information (eg, name, address, contact information)
- Presenting complaint(s)
- Patient history, with all medications and supplements (prescription or not)
- Physical examination findings, including normal findings
- Diagnostic recommendations
- Treatment provided
- Prognosis, if indicated
- Written and oral client communication
- Educational materials given to clients

Most veterinarians document examination findings and treatment plans, but many could do better in documenting conversations—both face-to-face and via telephone—about differential diagnoses, zoonosis concerns, and potential risks and adverse effects of treatments or procedures.

As the saying goes, "*If it is not in the medical record, it never happened.*" If you discussed the zoonotic potential of leptospirosis with your client, but it is not documented in the medical record—from a legal perspective—it might as well not have happened.

2. Be inclusive

In most cases, clients must make decisions about recommended treatments or diagnostic tests. It is just as important to document recommendations they chose to decline as it is to document recommendations they choose to accept. With many electronic management programs, it is easy to mark an item as declined

It is also important to document any course of action not recommended but elected by the client, such as discontinuing a prescribed medication or treatment or taking the pet home from the hospital against the veterinarian's recommendations.

3. Be consistent

Every medical record should follow a similar format:

- It should be legible
- It should be easy to identify who made each entry and when
- A quality medical record documents your high level of care for the patient and client.

Each practice should document and explain all abbreviations used in records; or, consider following the American Animal Hospital Association Standard Abbreviations for Veterinary Medical Records for abbreviations.

Records should be completed in a timely manner. Any additions should be recorded as a dated addendum rather than adjusting the initial entry. Electronic medical records offer many advantages, including password protection of all entries, a record of the time and date, and protection against altering a record after a set period of time.

A quality medical record documents your high level of care for the patient and client. A clear, concise, complete medical record is the best protection against a complaint to the state board. Generating good medical records on a daily basis can help eliminate the fear of being contacted by the state board and allow you to focus on what's most important—providing the best possible care to your patients.

Best wishes for Christmas and the Holiday Season

Have a Happy and Healthy 2018!



