

Nifty- please include this in the opioid CME agenda item-

Thanks-
Tim

Here's the pertinent language from MED 13.02:

(1g) (a) Except as provided in par. (b), for a renewal date occurring in 2017 or 2018, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

(b) This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.

(1r) (a) Except as provided in par. (b), for a renewal date occurring in 2019 or 2020, a minimum of 2 of the 30 hours of continuing medical education required under sub. (1) shall be an educational course or program related to the guidelines issued by the board under s. 440.035 (2m), Stats., that is approved under s. Med 13.03 (3) at the time of the physician's attendance.

(b) This subsection does not apply to a physician who, at the time of making application for a certificate of registration, does not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances.

So the second biennium language is pretty much the same: 2 of the 30 credits have to be 1) "related to the guidelines" (that's actually a little looser than I thought it read, so maybe there's some flexibility there) and 2) a course approved by the Board at the time the physician takes the course.

That said, here are some Board options:

Status Quo

If the MEB decides to leave everything as it is, physicians will need to take a course that is approved by the MEB. This would mean the possibility that physicians take the same course again (if any are free, perhaps that's what they end up taking). Any new courses would need to be reviewed by the MEB before being added to the approval list.

Separating First-timers from Second-timers The Board could decide that

those who took an appropriate course for the 2017/18 biennium should NOT be allowed to take the same course to satisfy the 2019/20 requirement. That could probably be accomplished fairly easily, with new language added in at MED 13.02(1r)(a) along the lines of "physicians who completed the requirements of (1g)(a) may not retake the same course." or something.

If that's the option the MEB takes, you'd still have the approved course issue & need for review of any new courses, etc.

Flexibility for Second-timers

Under this option, the Board could still require physicians who did NOT, for whatever reason, take a course in the 2017/18 biennium to do so from the approved list in order to satisfy the 2019/20 biennium. The Board could then grant some flexibility for those physicians who DID take an approved course in the first biennium. This would probably mean that you'd have to rewrite (1r) to reflect this difference. The first thing that comes to mind would be adding a new (c) subsection for this scenario - you'd need to amend (1r)(a) to say "Except as provided in par. (b) or (c)," right off the bat. You may also want to add the language in "Separating First-timers from Second-timers" described above to ensure there aren't repeaters.

Then for (c) you'd need to say something laying out the requirement for second-timers that gives some flexibility. Maybe "Physicians who completed a course under (1g)(a) can complete their requirement for the 2019/20 renewal period by taking a course related to opioid prescribing." That's probably all you'd want to say in the actual code. But what you could then do is add a section in the MEB's approved courses page (<http://dsps.wi.gov/Documents/Credentialing%20Forms/Education%20Forms/Continuing%20Education/Physician/List%20of%20Board%20Approved%20Opioid%20Courses.pdf>) that lists - for info only or whatever - courses that are examples of "opioid prescribing"-related.

Some potential issues with that: 1) That involves the Administrative Rule Change process 2) the Board would have to publicize that option in the newsletter, in a mass email or whatever for docs to know about it, and 3) It might be hard for physicians to find those courses - the current approved courses web page runs for four pages. You may need to revamp that link to put the "info" courses first, then list the approved courses for first-timers after that.

This option also assumes that there would be NO MEB approval process for any courses that the 2d-timers would take. Any audit down the road for that physician would have to decide ad hoc whether a course was taken correctly.

Flexibility for Second-timers WITH MEB review Under this option you do

the same as everything in the previous section BUT the MEB also has to approve courses for 2d-timers. This is stickier for a couple reasons: 1) workload included.