

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: July 1, 2013
 ATTENTION: Board Members
 SUBJECT: Prescribing Strike Force
 STAFF CONTACT: Laura Sweet

REQUESTED ACTION:

Direct staff to prepare a Budget Change Proposal in order to justify the creation of two teams to investigate prescribing violations, one in northern and one in southern California.

STAFF RECOMMENDATION:

Recommend a Budget Change Proposal be prepared for Fiscal Year 2015-2016 in order to establish two units dedicated to the investigation of overprescribing by physicians in the state of California. Requested positions include two (2) Supervising Investigator I positions, twelve (12) investigator positions, two (2) staff services analyst positions, and two (2) office technicians.

BACKGROUND AND ANALYSIS:

During 2010, there were over 38,000 unintentional drug overdose deaths in the United States; over 22,000 attributable to prescription drugs. Drug-induced deaths became the leading cause of injury-related deaths, beating out motor vehicle accidents. Studies show that prescription drugs are the gateway drug to heroin use. The economic impact is also devastating.

During 2011, 6.1 million Americans reported current non-medical use of prescription drugs. One in five people using drugs for the first time in 2011 began by using a prescription drug non-medically. Of the 38,329 drug overdose deaths in 2010, approximately 22,100 involved prescription drugs of which, 16,651 involved opioid pain killers (versus 4183 for cocaine and 3038 for heroin).

Investigating allegations of inappropriate prescribing is time consuming. Due to the harrowing consequences of an unscrupulous practitioner, as described above, investigations must be undertaken quickly. Most overprescribing allegations involve a minimum of five patients. The Board investigator will be required to contact and interview each patient or their next-of-kin and ancillary witnesses; will visit each pharmacy the patient patronized, which often exceeds ten or fifteen pharmacies; obtain every prescription that has been filled (which may exceed 500 physical prescriptions); will procure medical records for each patient via a release, subpoena or search warrant (from the subject physician and any subsequent or prior treating physicians); etc. There are numerous other additional tasks involved in the investigation of a prescribing case, but this provides a glimpse into the complexity and volume of most overprescribing investigations.

Currently, there are 161 overprescribing investigations pending in the field. This figure does not include any proactive investigative work. This figure alone, divided by 12 investigators, would equal a caseload of 13 cases per investigator, which is slightly high for the complexity of these types of cases but is immensely superior to the current situation where each investigator has between 20-29 cases, including the complicated prescribing cases. Were the Board to factor proactive case investigation work into the equation, the overprescribing caseload would likely reach 200 cases at any given point in time, for an average caseload of 16.6 cases per investigator.

FISCAL CONSIDERATIONS:

<i>Title</i>	<i>Monthly*</i>	<i>Yearly*</i>
Investigator x 12	\$74,328	\$891,936
Supervising Investigator I x 2	\$13,604	\$163,248
Office Technician x 2	\$6,528	\$78,336
Staff Services Analyst x 2	\$8,892	\$106,704
Total per Year	\$103,352	\$1,240,224

* This does not include benefits nor equipment

IMPLEMENTATION PLAN:

- Summer 2013 – Spring 2014: Obtain statistics including number of cases, time necessary to conduct these types of investigations, location of the complaints, etc. from the current cases being performed by re-directed staff.
- Summer 2013 – Spring 2014: Obtain information from other entities, including other state medical boards, other law enforcement agencies, etc., on best practices for these types of cases.
- Spring 2014 – Summer 2014: Draft Budget Change Proposal with information gathered from the re-directed staff working in a specialized unit. Submit Budget Change Proposal to the Department of Consumer Affairs to initiate the review process.
- Summer 2014 – Winter 2015: Budget Change Proposal continues through the review process and if approved goes into the Governor’s Budget on January 10, 2014.
- Winter 2015 – July 2015: Budget Change Proposal goes through legislative hearings and becomes effective July 1, if approved.
- July 2015: Board begins recruitment to fill positions
- Fall 2015 – Winter 2016: Board trains new investigators

PREVIOUS MBC AND/OR COMMITTEE ACTION:

The Board has currently re-directed existing resources to attempt to address the most serious overprescribing cases in the Enforcement Program’s caseload. The Enforcement Program needs additional resources to continue to make progress with reducing case aging and performing targeted investigations on overprescribing cases.