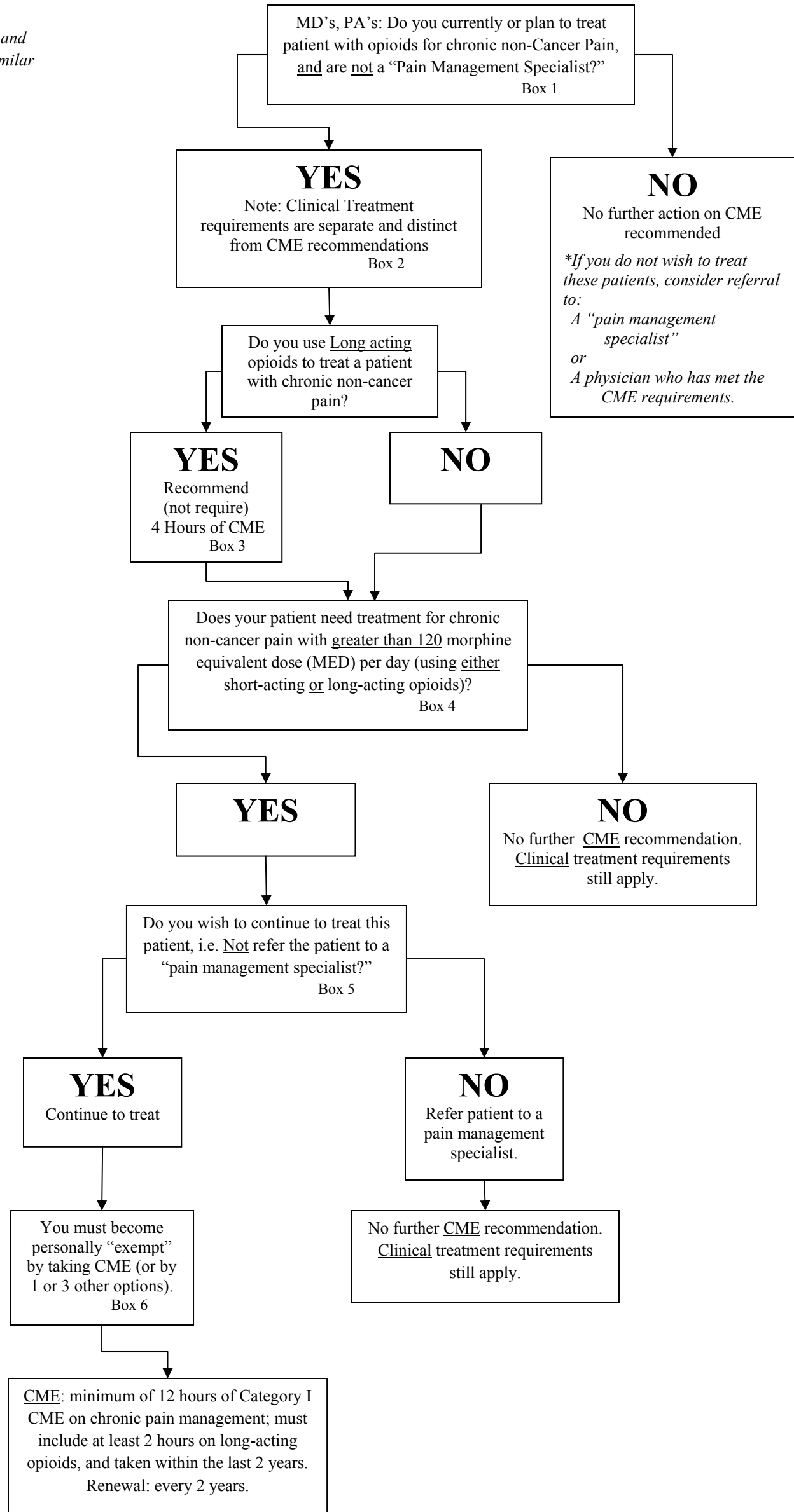


## Decision Chart – CME for MQAC Pain Rules

Footnotes:

*The MQAC Rules address MD's and PA's. Other state boards have similar rules for other professionals.*

*Note the applicability to long-acting opioids.*



*e.g. To be "exempt" and thereby not need to refer a patient to a "Pain Management Specialist," if you already have taken 4 hours of Category I CME on long-acting opioids, then only an additional 8 hours are needed to meet the 12 hours minimum.*

## **Box 1**

### **Do the pain rules apply to me and my practice?**

The newly adopted MQAC rules for the management of chronic non-cancer pain (pain rules) apply to you if you treat patients with opioids for chronic non-cancer pain (as defined in the rules).

The rules do not apply to you if you are providing palliative care, hospice care, or other forms of end-of-life care. The rules also do not apply to the management of acute pain related to an injury or surgical procedure (WAC 246-919-851).

### **What is chronic non-cancer pain according to the pain rules?**

The pain rules define chronic non-cancer pain as a pain not related to cancer which persists beyond the usual course of an acute disease, or the healing of an injury. Chronic non-cancer pain may or may not be associated with a pathologic process (acute or chronic) that causes continuous or intermittent pain over months or years. There is no minimum duration of pain which triggers the definition of chronic non-cancer pain and application of the rules. Of note, however, is that “acute pain” is described as something which is “time limited, often less than three months in duration, and usually less than six months (WAC 246-919-852).”

### **What is a “pain management specialist” under the pain rules?**

A pain management specialist is a physician, osteopathic physician, dentist, advanced registered nurse practitioner (ARNP), or a podiatrist who has satisfied the minimum criteria for training as established in the pain rules, and may see patients with chronic non-cancer pain in consultation as provided in the pain rules (WAC 246-919-863).

### **What are the requirements for a physician to be considered a pain management specialist under the pain rules?**

In order to be considered to be a pain management specialist a physician must:

- Be board-certified or eligible by an American Board of Medical Specialties (ABMS)-approved board in physical medicine and rehabilitation, rehabilitation medicine, neurology, rheumatology, or anesthesiology; or
- Have a subspecialty certificate in pain medicine by an ABMS-approved board; or
- Have a minimum of three (3) years of clinical experience in a chronic pain management care setting, and
  - Be credentialed in pain management by an entity approved by the MQAC; and
  - Successfully complete a minimum of at least eighteen (18) CME hours in pain management during the past two (2) years (for physicians); and

- Have a current practice which consists of at least thirty (30) % direct provision of pain management care, or practice in a multidisciplinary pain clinic.

***Note: The criteria for osteopathic physicians to become pain specialists are slightly different than those for medical doctors. Please review the full text of the pain rules for the criteria for osteopathic pain management specialists.***

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## **Box 2**

The pain rules include sections on initial evaluation, documentation, treatment plans, pain contracts with patients, follow-up, referral, and exemptions, among other matters. For a complete explanation of the pain rules please see the WSMA [pain rules summary](#).

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## **Box 3**

### **Do I have to take CME in order to treat patients with chronic non-cancer pain under the pain rules?**

It depends. Taking a CME course is not required to treat patients with chronic non-cancer pain in general. However, 12 hours of pain-related Category I CME (including at least 2 hours related to long-acting opioids such as methadone) is required if you wish to be exempt from having to send your patients for a mandatory consultation with a pain specialist under certain circumstances (see Box 6) (WAC 246-919-862). The free CME offered by the MQAC counts toward the CME requirement if you wish to become exempt.

Further, the rules suggest, but do not require, a one-time (lifetime) completion of at least four hours of CME related to long-acting opioids (including methadone) if you prescribe those medications (WAC 246-919-858).

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### **Do the pain rules specifically address long-acting opioids such as methadone?**

Yes. The rules state that if you prescribe long-acting opioids, including methadone, you should be familiar with the risks and uses of such medications, and you should be prepared to conduct any necessary, careful monitoring (WAC 246-919-858). This is especially important for your patients who are initiating treatment with such medications. If you use long-acting opioids,

including methadone, the rules recommend you should have a one-time (lifetime) completion of at least four (4) hours of CME related to such medications.

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#### **Box 4**

##### **What does “MED” mean?**

MED is an abbreviation for “morphine equivalent dose,” which means a conversion of the dose of various opioids to the equivalent dose of morphine as designated in an accepted conversion table (WAC 246-919-852). One such table may be found on the Washington State Agency Medical Directors Group [website](#) (click on “Dose Calculator”). You can save the calculator to your computer for convenience.

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#### **Box 5**

##### **Are there mandatory consultation requirements under the pain rules?**

Yes. Unless you qualify for an exemption (see below), you must obtain a consultation from a pain management specialist if you prescribe a dose of opioids which exceeds one hundred twenty (120) mg MED per day (WAC 246-919-860).

The mandatory consultation must consist of at least:

- An office visit with your patient and a pain management specialist; or
- A telephone consultation between you and the pain management specialist; or
- An electronic consultation between you and the pain management specialist; or
- An audio-visual evaluation conducted by the pain management specialist remotely, where the patient is present with you or another licensed health care practitioner you have designated or who has been designated by the pain management specialist.

You must document each mandatory consultation, and each you must maintain any written consultation report as part of your patient’s medical record. The pain management specialist must also maintain a record of each consultation report as a patient medical record.

A consultation with a pain management specialist may also be required as part of a contract with an individual, insurance companies, or other entities.

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## **Box 6**

### **Is there any way I can become personally exempt from the mandatory consultation requirement of the pain rules?**

Yes. The pain rules provide four (4) specific ways you can become exempt personally from the mandatory consultation requirement of the pain rules (WAC 246-919-862).

You may become exempt from the mandatory consultation requirement if you:

- Are a pain management specialist; or
- You have successfully completed a minimum of twelve (12) hours of Category I CME on chronic pain management, which must include at least two (2) hours related to long-acting opioids, within the last two (2) years; or
- You are a pain management practitioner working in a multidisciplinary pain treatment center, or a multidisciplinary academic research facility; or
- You have a minimum of three (3) years of clinical experience in a chronic pain management facility where at least thirty (30) % of your practice has been the direct provision of pain management care.

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