



# ETHICAL BOUNDARIES IN MEDICAL AND VOCATIONAL CASE MANAGEMENT AND THE OPIOID UTILIZATION RULES

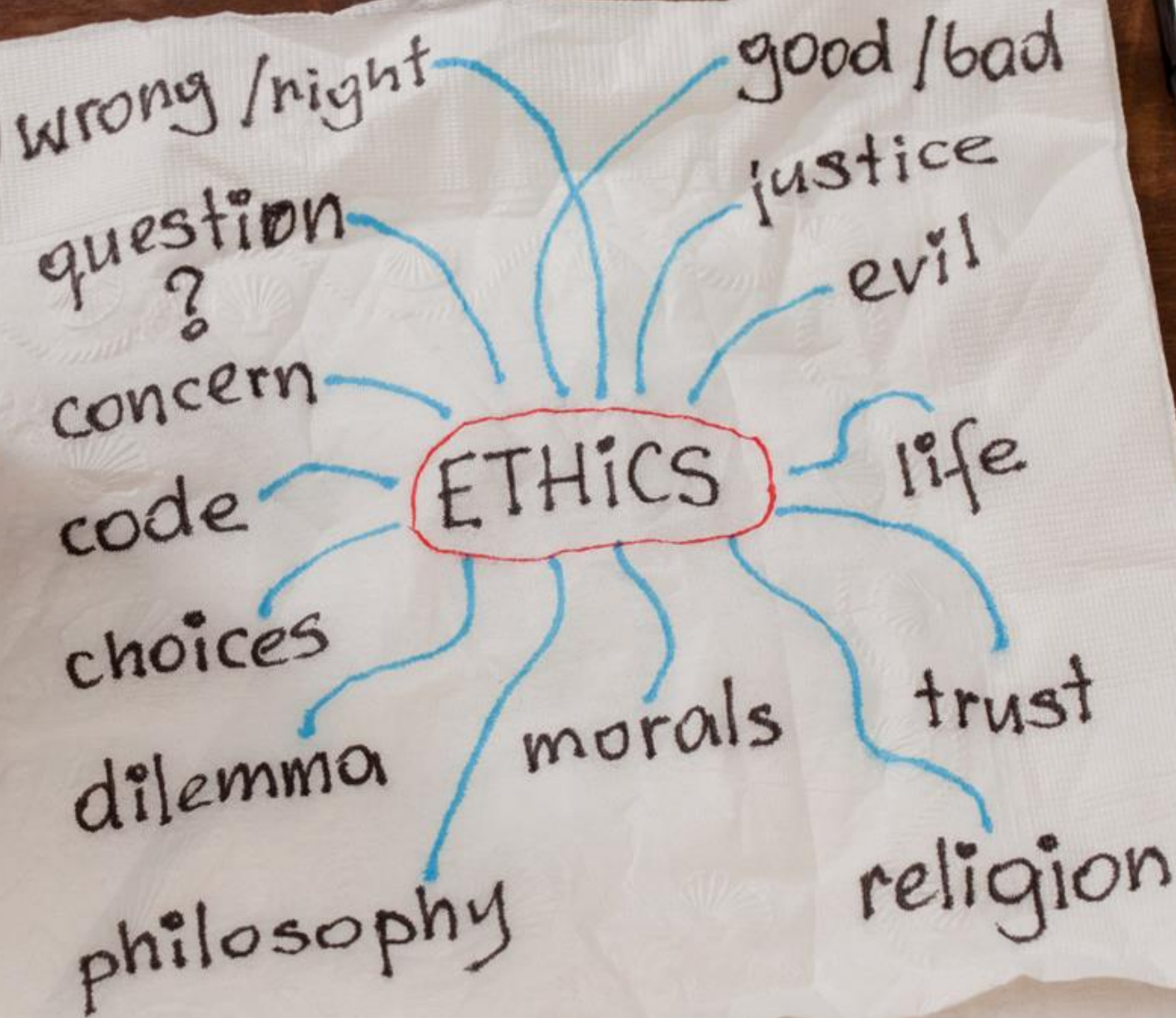
# OBJECTIVES

- Identify ethics commonalities found in all the disciplines of case managers.
- Explore the case manager's role in the opioid crisis.
- Discuss the contents of the NCIC Opioid Rules.
- Discuss the communications permitted by case managers pursuant to the NCIC Opioid Rules.
- Explore other ethical issues surrounding the subject of opioids such as influence of pharmaceutical marketing on a physician's prescribing behavior (pharmaceutical marketing, off label prescriptions, and incentivizing in drug marketing), ethical prescribing, abandonment due to pain contract violations, and W/C opioid use vs the general population.

# ETHICS DEFINED

- **1 ethics** *plural in form but singular or plural in construction* : the discipline dealing with what is good and bad and with moral duty and obligation
- **2 a** : a set of moral principles
- **b: ethics** *plural in form but singular or plural in construction* : the principles of conduct governing an individual or a group professional *ethics*
- **c** : a guiding philosophy
- **d** : a consciousness of moral importance forge a conservation *ethic*
- **3 ethics** *plural* : a set of moral issues or aspects (such as rightness) debated the *ethics* of human cloning
- <https://www.merriam-webster.com/dictionary>





# CULTURE

- “Normal” and “Right” or “Strange” and “Wrong” is based on culture.
- Cultural imprinting begins at an early age so most of us are unaware of our own cultural biases.

# CODES OF ETHICS

- Do You Know What They Are?





# ETHICS BOARDS FOR CASE MANAGERS

- **CERTIFIED REHABILITATION COUNSELOR (CRC)**, AS CERTIFIED BY THE COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION;
- **CERTIFIED REGISTERED REHABILITATION NURSE (CRRN)**, AS CERTIFIED BY THE REHABILITATION NURSING CERTIFICATION BOARD;
- **CERTIFIED DISABILITY MANAGEMENT SPECIALIST (CDMS)**, AS CERTIFIED BY THE CERTIFICATION OF DISABILITY MANAGEMENT SPECIALISTS COMMISSION;
- **CERTIFIED VOCATIONAL EVALUATOR (CVE)**, AS CERTIFIED BY THE COMMISSION ON REHABILITATION COUNSELOR CERTIFICATION;
- **CERTIFIED OCCUPATIONAL HEALTH NURSE-SPECIALIST (COHN-S)**, AS CERTIFIED BY THE AMERICAN BOARD OF OCCUPATIONAL HEALTH NURSES;
- **CERTIFIED OCCUPATIONAL HEALTH NURSE (COHN)**, AS CERTIFIED BY THE AMERICAN BOARD OF OCCUPATIONAL HEALTH NURSES;
- **ORTHOPAEDIC NURSE CERTIFIED (ONC)**, AS CERTIFIED BY THE ORTHOPAEDIC NURSES CERTIFICATION BOARD; OR
- **CERTIFIED CASE MANAGER (CCM)**, AS CERTIFIED BY THE COMMISSION FOR CASE MANAGER CERTIFICATION

# THE REHAB RULES AND CODES OF ETHICS

- 11 NCAC 23C .0105 QUALIFICATIONS REQUIRED
- (a) Rehabilitation professionals in cases subject to the rules in this Subchapter shall follow the Code of Ethics specific to their certification as well as any statutes specific to their occupation.
- This includes the Nurse Practice Act as well as NC Administrative Code 21 NCAC 36 – Nursing.



# COMMONALITIES AMONG ALL ETHICS BOARDS

- CONFIDENTIALITY/PRIVACY
  - ADVOCACY
- APPRECIATING/RESPECTING CULTURAL DIVERSITY
  - PROFESSIONAL RESPONSIBILITY

# THE ROLE OF THE CASE MANAGER IN THE OPIOID CRISIS

- Foster and maintain a therapeutic working relationship
- Advocate for our clients
- Educate
- Maintain and respect confidentiality

# CONFIDENTIALITY AND SERIOUS OR FORESEEABLE HARM AND LEGAL REQUIREMENTS

The general requirement that rehabilitation counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm, or when legal requirements demand that confidential information must be revealed.



# THE OPIOID RULES

- Limits number and type of opioids prescribed at different phases of treatment
- Limits on the days' supply prescribed
- Maximum dosages in different phases
- Provisions regarding non-oral opioids, Fentanyl, Methadone, Benzodiazepines, and Soma
- Medications prescribed by other providers
- CSRS (Controlled Substances reporting System)
- Urine Drug Testing
- Opioid risk evaluation tools
- Review of increased opioid risk by provider

**The North Carolina Industrial Commission Rules for the Utilization of Opioids, Related Prescriptions, and Pain Management in Workers' Compensation Claims, 11 NCAC 23M .0101-.0501, went into effect on May 1, 2018. This page contains links below to the Rules and the Companion Guide to the Rules.**

- [North Carolina Industrial Commission Rules for the Utilization of Opioids, Related Prescriptions, and Pain Management in Workers' Compensation Claims](#)
- [Companion Guide to the North Carolina Industrial Commission Rules for the Utilization of Opioids, Related Prescriptions, and Pain Management in Workers' Compensation Claims, including all Exhibits](#)
- [Exhibit B to the Companion Guide](#): One-page table covering the basics of the phases of treatment under the Opioid Utilization Rules (11 NCAC 23M .0201-.0203)
- [Exhibit C to the Companion Guide](#): Employer/Carrier Request to Health Care Provider for Additional Information Regarding Non-Pharmacological Treatment Recommendation
- [Exhibit D to the Companion Guide](#): Employer/Carrier Request to Health Care Provider for Additional Information Regarding Recommendation for Opioid Tapering or Discontinuation
- [Exhibit E to the Companion Guide](#): Employer/Carrier Request to Health Care Provider for Additional Information Regarding Recommendation for Substance Use Disorder Treatment



# ETHICAL CONSIDERATIONS

- OBLIGATORY COMMUNICATION FOR CASE MANAGEMENT ASSIGNMENTS SPECIFICALLY TO ADDRESS OPIOID USE
- QUESTIONABLE ASSIGNMENTS – WHAT IS THE PURPOSE AND WHO DOES IT BENEFIT?
- PHYSICIAN DISPENSING OF ALTERNATIVE TREATMENT SUCH AS HEMP OR CBD OIL – PHYSICIAN GAIN OR QUALITY CONTROL?
- THE PROVIDER CONTINUES TO PRESCRIBE OPIOIDS DESPITE INDICATIONS OF INAPPROPRIATE DRUG USE, INAPPROPRIATE UDS, OR IRREGULARITIES WITH THE PRESCRIBED DRUG



# OTHER POTENTIAL ETHICAL CONSIDERATIONS

- Influence of pharmaceutical marketing on a physician's prescribing behavior (pharmaceutical marketing, off label prescriptions, and incentivizing in drug marketing)
- Ethical prescribing
- Abandonment due to pain contract violations
- W/C opioid use vs the general population

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