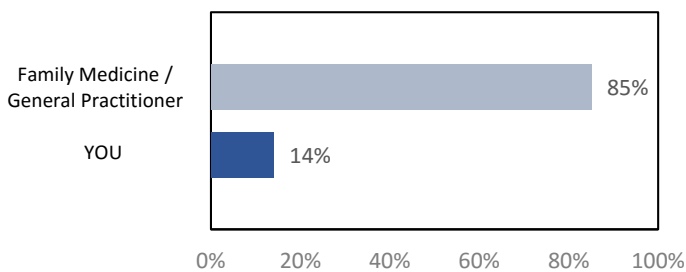


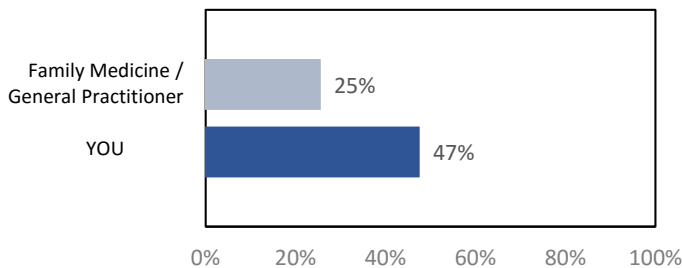
## Washington State Opioid Prescriber Feedback Report

You are receiving this feedback report from the Washington State (WA) Department of Health because at least one of your prescribing measures below lies at or above the 90<sup>th</sup> percentile of all prescribers within your specialty. This report is authorized by [Engrossed Substitute House Bill 1427](#), and in partnership with the Washington State Hospital Association, the Washington State Medical Association, and the Washington State Health Care Authority. The purpose of this report is to give you information on your opioid prescribing practices compared to your peers and to provide you with useful recommendations and resources. Please review the following metrics based on your prescribing data in the Prescription Monitoring Program (PMP).



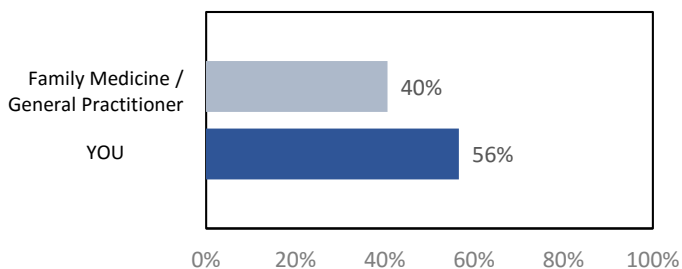
### % PATIENTS WITH NEW >7 DAYS' SUPPLY OF OPIOIDS

Number of patients with a new opioid prescription with >7 days' supply (but less than 60) in the current quarter divided by the total number of patients with a new opioid prescription in the current quarter (and none in the previous quarter)



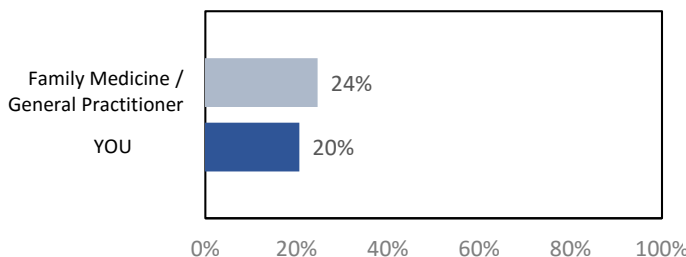
### % PATIENTS WITH CHRONIC OPIOID PRESCRIPTIONS

Number of patients with ≥1 chronic (≥60 days' supply) opioid prescription in the current quarter divided by the total number of patients with an opioid prescription in the current quarter



### % PATIENTS WITH HIGH-DOSE CHRONIC OPIOID PRESCRIPTIONS

Number of patients with a chronic (≥60 days' supply) opioid prescription of 90 morphine milligram equivalents (MME) per day or more averaged in the current quarter divided by the total number of patients with a chronic opioid prescription in the current quarter



### % PATIENTS WITH CONCURRENT OPIOID AND SEDATIVE PRESCRIPTIONS

Number of patients who receive ≥1 day(s) of overlapping opioid and sedative prescriptions in the current quarter divided by the total number of patients with an opioid prescription in the current quarter

You [ARE/ARE NOT] currently signed up for access to the Washington State PMP.  
Healthcare providers should check the PMP before prescribing controlled substances.

You can also connect your EHR for seamless access – [www.doh.wa.gov/healthit](http://www.doh.wa.gov/healthit)

# Washington State Opioid Prescriber Feedback Report

## Recommendations for the Safe Prescribing of Opioids

- Ensure that you check WA PMP to review accurate controlled substance history of patients in your care, prevent duplicative prescribing, identify patterns of misuse and addiction, and coordinate care
- If needed for acute pain, prescribe the lowest effective dose of immediate-release opioids for the shortest duration of time. More than a 7 days' supply is rarely needed
- Evaluate pain by tracking patients' status towards their functional goals at each prescribing visit
- Use validated assessment tools and best practices to monitor adverse outcomes and treatment regimen compliance
- Do not prescribe chronic opioids for non-specific pain (such as fibromyalgia, headache, or back pain)
- Taper or discontinue if an opioid dose increase does not result in clinically meaningful improvement in function
- Avoid exceeding 90 MME/day, and for patients with one or more risk factors (refer to AMDG guidelines), do not exceed 50 MME/day
- Consider prescribing take-home naloxone for patients with one or more risk factors (refer to AMDG guidelines)
- Avoid combining opioids with benzodiazepines, sedative-hypnotics, or Carisoprodol
- Taper off or discontinue above agents and consider non-scheduled alternatives if needed

## Data Specifications

- [Further information](#) on data submission requirements to the WA PMP
- Metrics based on [Bree Collaborative opioid prescribing metrics](#)
- Percentages of patients under your care are being compared to the percentages of patients cared for by providers in your same specialty area, as defined in each metric
- Specialties are defined according to the taxonomies listed in the National Provider Identifier index
- Buprenorphine prescriptions, while collected in the PMP, are excluded from the results presented in this report
- MME/day was calculated by dividing total MME dispensed during a quarter by number of days in the quarter
- Sedatives include: Alprazolam, Midazolam, Secobarbital, Chlordiazepoxide, Oxazepam, Carisoprodol, Clonazepam, Quazepam, Chloral Hydrate, Clorazepate, Temazepam, Eszopiclone, Diazepam, Triazolam, Meprobamate, Estazolam, Butabarbital, Suvorexant, Flumazenil, Butalbital, Zaleplon, Flurazepam, Mephobarbital, Zolpidem, Lorazepam, and Phenobarbital

## Additional Resources/Recommendations

[CDC Guideline for Prescribing Opioids](#)

[AMDG Opioid Prescribing Guidelines](#)

[Bree Collaborative & WA Health Alliance Provider Fact Sheet:](#)

[Opioid Prescribing Guidelines](#)

[Bree Collaborative & WA Health Alliance Patient Fact Sheet:](#)

[Opioid Medication & Pain: What You Need to Know](#)

[UW Chronic Pain CME](#)

[Veterans Administration Academic Detailing Service](#)

[S.T.O.P. P.A.I.N.](#)

[WA PMP Registration](#)

[PMP EHR Integration](#)

[Naloxone Information](#)

[Safe Disposal of Medications](#)

## Clinical or Technical Questions/Help

- For clinical consults join the [UW TelePain weekly meetings](#) or call the UW Medicine Pain Consult line at 1-844-520-PAIN
- For technical questions about the report please contact the Department at [prescriptionmonitoring@doh.wa.gov](mailto:prescriptionmonitoring@doh.wa.gov)