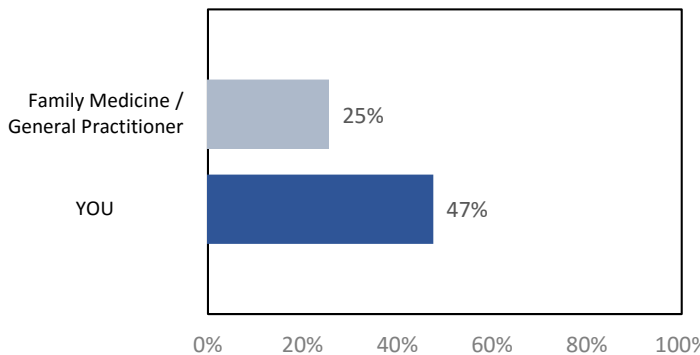


Washington State Opioid Prescriber Feedback Report

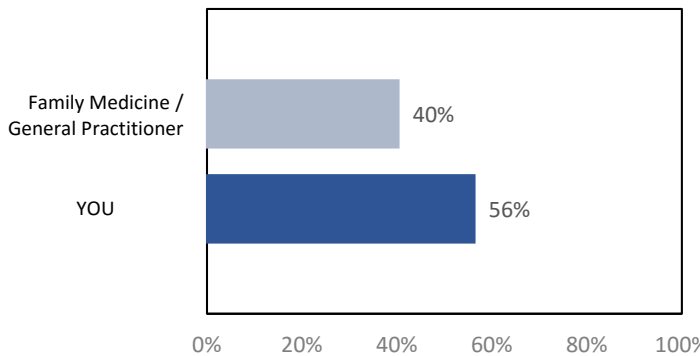
You are receiving this feedback report from the Washington State Department of Health, authorized by [Engrossed Substitute House Bill 1427](#), and in partnership with the Washington State Hospital Association, the Washington State Medical Association, and the Washington State Health Care Authority. The purpose of this report is self-assessing your opioid prescribing practices compared to your peers. Please review the following metrics based on your prescribing data in the Prescription Monitoring Program.



CHRONIC USE

A chronic opioid user is defined as a patient with at least 1 chronic (≥ 60 days' supply) opioid prescription in a calendar quarter

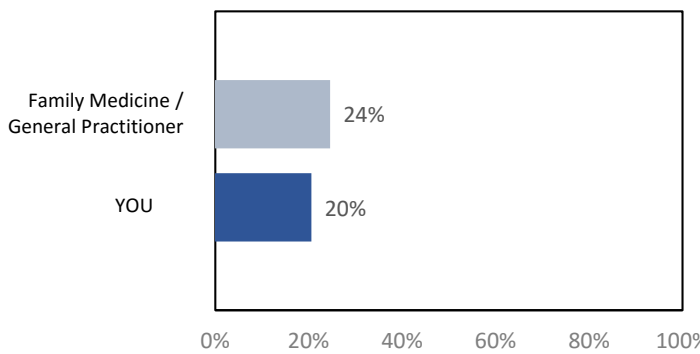
** indicates a recommendation for improving care around this metric (see page 2)*



HIGH DOSE CHRONIC USE

A high dose chronic opioid user is defined as a patient with at least 60 days' supply of opioids prescribed with an average dose of 90 morphine milligram equivalents (MME)/day or more averaged in a calendar quarter

~ indicates a recommendation for improving care around this metric (see page 2)



OVERLAPPING OPIOID AND SEDATIVE USE

An overlapping opioid and sedative user is defined as a patient with at least 1 day during a calendar quarter when an opioid prescription and a sedative prescription overlap, if one is filled on or after the date the other was filled, and on or before the date one prescription would have run out.

indicates a recommendation for improving care around this metric (see page 2)

You [ARE/ARE NOT] currently signed up for access to the Washington State PMP.

Washington State Opioid Prescriber Feedback Report

Recommendations for Prescribing Opioids Based on the Metrics

- Track function and pain at each prescribing visit *
- Use validated assessment tools and best practices to monitor for adverse outcomes and compliance on treatment regimen *
- Do not prescribe chronic opioids for non-specific pain *
- Taper back down or discontinue if an opioid dose increase does not result in clinically meaningful improvement in function (CMIF) ~
- Avoid exceeding 90 mg/day MED, and for patients with one or more risk factors (e.g. tobacco users, mental health disorders), do not exceed 50 mg/day MED ~
- Avoid combining opioids with benzodiazepines, sedative-hypnotics, or Carisoprodol #
- Taper off/discontinue above agents and consider non-scheduled alternatives if needed #

Data Sources and Limitations

- The Washington State Prescription Monitoring Program, collects dispensing records for controlled substances (i.e., schedule II–V drugs) in the State
- Data submission requirements do not apply to:
 - A licensed wholesale distributor or manufacturer
 - Prescriptions days' supply of ≤ 24 hrs or directly administered
 - Prescriptions provided to patients receiving inpatient care at hospitals
 - Pharmacies operated by the Department of Corrections
 - Veterans Affairs, Department of Defense, or other federally operated pharmacies
 - Opioid Treatment Programs (42CFR)
 - Out of state pharmacies not licensed to dispense into Washington State
- You are receiving this report because at least one of your prescribing measures shown on the front lies at or above the 90th percentile of all prescribers within your specialty
- Specialties are defined according to the taxonomies listed in the National Provider Identifier index
- Percentages reported here represent number of patients under your care as defined in each metric, over the total number of patients cared for by providers in your same specialty area, as defined in each metric
- Results presented in this report exclude buprenorphine prescriptions
- MME/day was calculated by dividing the total MME dispensed during a quarter by the 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 Opioid Prescribing Guidelines - <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- AMDG Opioid Prescribing Guidelines - <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>
- UW Chronic Pain CME - <http://www.coperems.org/>
- UW TelePain Calls - <https://depts.washington.edu/anesth/care/pain/telepain/>
- WA Prescription Monitoring Program – www.doh.wa.gov/pmp
- Naloxone Information – www.stopoverdose.org