



This feedback report includes a summary and an individual report of your prescribing practices and those of the providers within your group, compared to those in the same specialty area. Some of the prescribers within your group might have already received their individual reports, if he or she had at least one prescribing measure lie at or above the 90th percentile of all prescribers within his or her specialty.

This report is authorized by Engrossed Substitute House Bill 1427, and provided by the Washington State Department of Health 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 for you to assess your opioid prescribing practices and those of the providers within your group for quality improvement opportunities. Please review the following metrics based on your and your group's prescribing data in the Prescription Monitoring Program (PMP).

Some recommendations for prescribing opioids were provided to those prescribers who have already received an individual report. These include:

- 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
- Track function and pain 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)
- Consider prescribing take-home naloxone for patients with one or more risk factors (see AMDG guidelines)
- 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 < 24hrs 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
- Metrics based on Bree Collaborative opioid prescribing metrics http://www.breecollaborative.org/topic-areas/opioid/
- Specialties are defined according to the taxonomies listed in the National Provider Identifier index
- 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
- Results presented in this report exclude buprenorphine prescriptions

- 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 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 registration www.doh.wa.gov/pmp
- PMP EHR Integration www.doh.wa.gov/healthit
- Naloxone Information www.stopoverdose.org

Washington State Department of Health | Prescription Monitoring Program www.doh.wa.gov/pmp | prescriptionmonitoring@doh.wa.gov



Clinical or Technical Questions/Help

- For clinical consults join the UW TelePain weekly meetings https://depts.washington.edu/anesth/care/pain/telepain/) or UW Medicine Pain Consult line (1-844-520-PAIN)
- For technical questions about the report please contact the Department at prescriptionmonitoring@doh.wa.gov



Health Facility Name CMO last name, first name

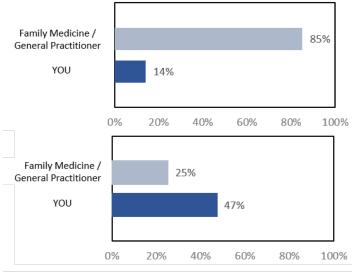
Reporting Period: MM/YYYY–MM/YYYY

Washington State Opioid Prescriber Feedback Report

Prescriber	Has WA PMP access	Prescriber's Specialty	Number of WA Prescribers in Specialty	% NEW PATIENTS WITH >7 DAYS' SUPPLY OF OPIOIDS		% PATIENTS WITH CHRONIC OPIOID PRESCRIPTIONS		% PATIENTS WITH HIGH- DOSE CHRONIC OPIOID PRESCRIPTIONS		% PATIENTS WITH CONCURRENT OPIOID AND SEDATIVE PRESCRIPTIONS	
				Prescriber	Specialty Average	Prescriber	Specialty Average	Prescriber	Specialty Average	Prescriber	Specialty Average
YOU	yes	Internal medicine	25,699	55%	48%	30%	29%	13%	32%	27%	18%
Last name, first name	no	Psychiatry	19,002	14%	85%	47%	25%	56%	40%	20%	24%
Last name, first name	yes	Pediatrics	15,682	84%	45%	55%	60%	43%	21%	32%	45%
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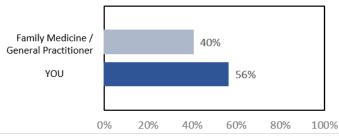


% NEW PATIENTS WITH >7 DAYS' SUPPLY OF OPIOIDS

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)

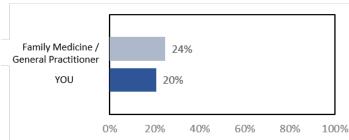
% PATIENTS WITH CHRONIC OPIOID PRESCRIPTIONS

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

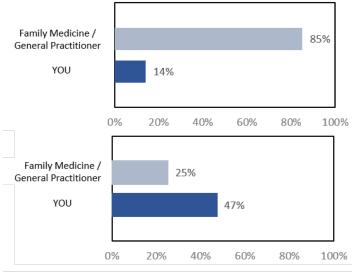


% PATIENTS WITH CONCURRENT OPIOID AND SEDATIVE PRESCRIPTIONS

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





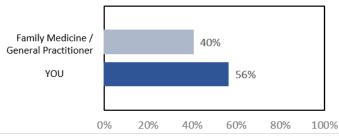


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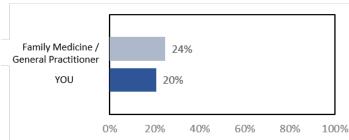
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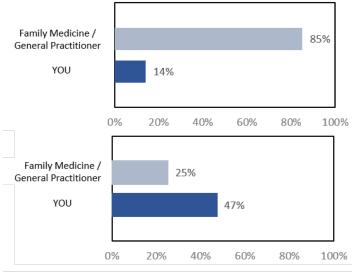


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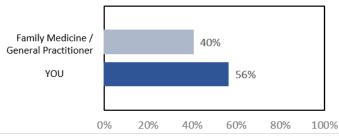


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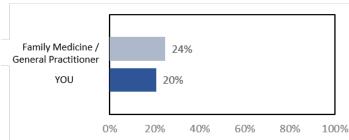
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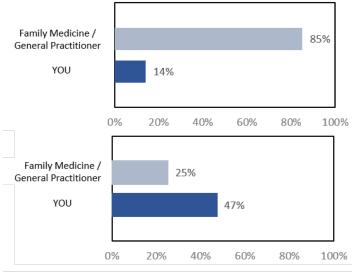


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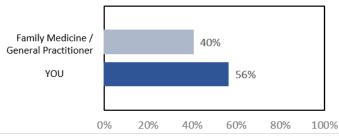


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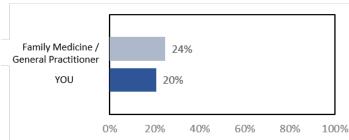
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