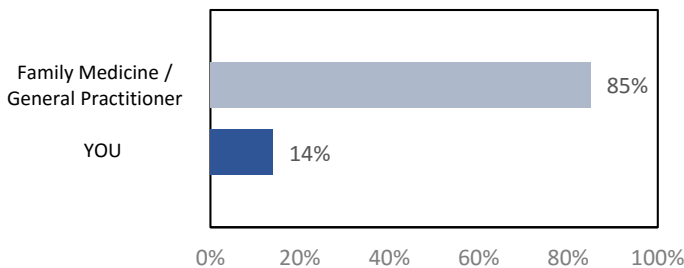


Washington State Opioid Prescriber Feedback Report

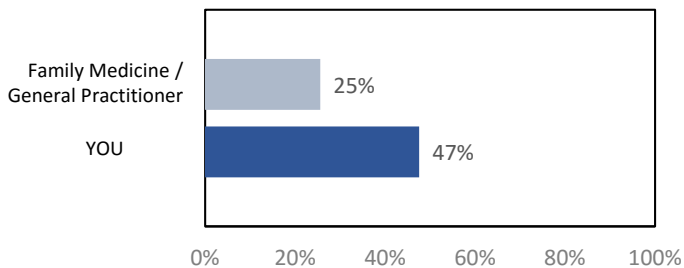
You are receiving this feedback report from the Washington State Department of Health because at least one of your prescribing measures below lies at or above the 90th percentile of all prescribers within your specialty. This report is authorized by [Engrossed Substitute House Bill 1427](#), and in partnership with the Washington State Hospital Association, the Washington State Medical Association, and the Washington State Health Care Authority. The purpose of this report is 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 (PMP).



% 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)

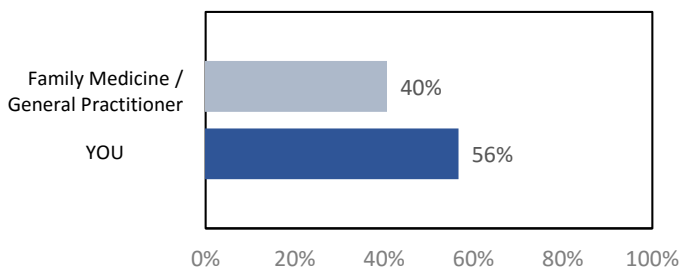
See recommendation for improving care around this metric on page 2



% 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

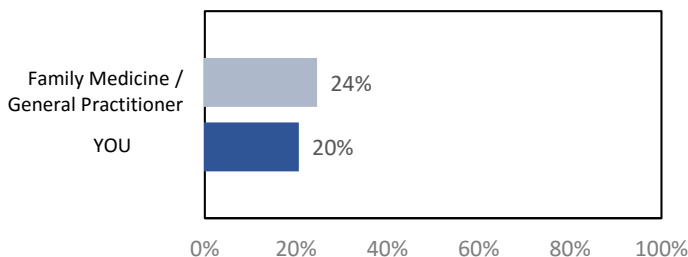
See recommendation for improving care around this metric on page 2



% 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

See recommendation for improving care around this metric on page 2



% 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

See recommendation for improving care around this metric on page 2

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

Washington State Opioid Prescriber Feedback Report

Recommendations for Prescribing Opioids Based on the Metrics

- 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 for adverse outcomes and compliance on treatment regimen
- Do not prescribe chronic opioids for non-specific pain (such as fibromyalgia, headache, or back pain)
- Taper back down 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 (e.g., tobacco use, mental health disorder), 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/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
- 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 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 Guideline for Prescribing Opioids – <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- AMDG Opioid Prescribing Guidelines – <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpiumGuideline.pdf>
- UW Chronic Pain CME – <http://www.coperems.org/>
- WA Prescription Monitoring Program Registration – www.doh.wa.gov/pmp
- PMP EHR Integration – www.doh.wa.gov/healthit
- Naloxone Information – www.stopoverdose.org

Clinical or Technical Questions/Help

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