

**Prescribing Opioids for Pain**

**Rank: 7 (medium provider adoption)**

**Survey Responses- Hospitals: 6**

**Medical Groups: 11**

**Health Plans: 7**

Adopted July 2015 | 17 months from adoption to survey

Read the Washington State Agency Medical Directors Interagency Guideline on Prescribing Opioids for Pain here: [www.breecollaborative.org/wp-content/uploads/2015AMDGOpioidGuideline.pdf](http://www.breecollaborative.org/wp-content/uploads/2015AMDGOpioidGuideline.pdf)

**Implementation Roadmap**

Current State	Transition Activities	Ideal State and Sustainability
<b>Hospitals, Clinics, and Individual Clinicians</b>		
<ul style="list-style-type: none"> <li>• Patients receive inappropriate opioid prescriptions and are not educated on the risk of opioids</li> <li>• After procedures, patients have leftover prescriptions</li> <li>• Providers unsure how their prescribing practice compares</li> </ul>	<ul style="list-style-type: none"> <li>• Providers are educated on the:                             <ul style="list-style-type: none"> <li>○ AMDG Guideline on Prescribing Opioids for Pain</li> <li>○ The Prescription Monitoring Program (PMP), how to put data into the PMP, and how to access data from the PMP</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• AMDG Guidelines are followed for all phases of pain, including acute, perioperative, subacute and chronic pain</li> <li>• PMP is routinely queried prior to opioid prescribing</li> <li>• Population prescribing tracked using Bree Collaborative metrics</li> </ul>
<b>Health Plans</b>		
		<ul style="list-style-type: none"> <li>• Prescribing guidelines are used provider contracting as a quality/safety goal</li> <li>• Claims data is used to identify individual patients who appear to be high utilizers and identify patterns of potential overprescribing from clinicians</li> <li>• Number of prescriptions for opioids, and deaths from overdose are significantly reduced throughout the state</li> </ul>

Read the full Roadmap here: [www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf](http://www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf)

## Background

The Bree Collaborative endorsed recommendations developed by the Washington State Agency Medical Director's Group (AMDG) and developed a workgroup focused on implementing the guidelines. Work has expanded to look at prescribing in the dental setting. An important tool in AMDG's recommendations is the Prescription Monitoring Program (PMP). This database records opioids and other controlled substances dispensed in the state of Washington. The database allows prescribing physician to be aware of other drugs dispensed for a patient, avoiding multiple prescriptions for the same medication, or prescribing drugs that have dangerous interactions. Work continues on opioid use at the federal, state and local levels.

## Implementation Survey Results

Recommendations scoring lowest on the implementation survey for this topic in hospitals and medical groups include:

- All pain cases:
  - If opioids are prescribed beyond 6 weeks, PMP is rechecked and a baseline urine drug test is administered
  - Function and pain are assessed and documented using a validated tool at each visit where opioids are prescribed
  - Opioids are not prescribed with certain pain-reducing medications and other drugs deemed to be dangerous when combined with opioids
- Surgical pain:
  - Patients are evaluated thoroughly preoperatively: the PMP is checked and the patient is assessed for over-sedation and difficult-to-control pain risk
  - Patient is discharged with a safer type of pain reliever, or very limited supply (2–3 days) of short-acting opioids for some minor surgeries
  - Patients on chronic opioids have doses reduced to preoperative levels or lower within 6 weeks following major surgery

Other than these lower scoring recommendations, the AMDG recommendations scored well on our implementation survey, with the majority of recommendations rated a 3, or fully adopted. Nonetheless, opioid addiction and overdoses continue to be a problem both locally and nation-wide and our response rate was low.

## Next Steps

The Bree Collaborative has convened a workgroup that is developing population based measures on opioid prescriptions. This will allow better monitoring of prescribing practices and trends, and planning further improvements. More information on the workgroup is available here:

[www.breecollaborative.org/topic-areas/opioid/](http://www.breecollaborative.org/topic-areas/opioid/)

Read the full Roadmap here: [www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf](http://www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf)