WASHINGTON
Medical Commission
Licensing. Accountability. Leadership.

Opioid Prescribing and Monitoring

Washington Medical Commission

Washington Association Medical Staff Services

4.25.2019

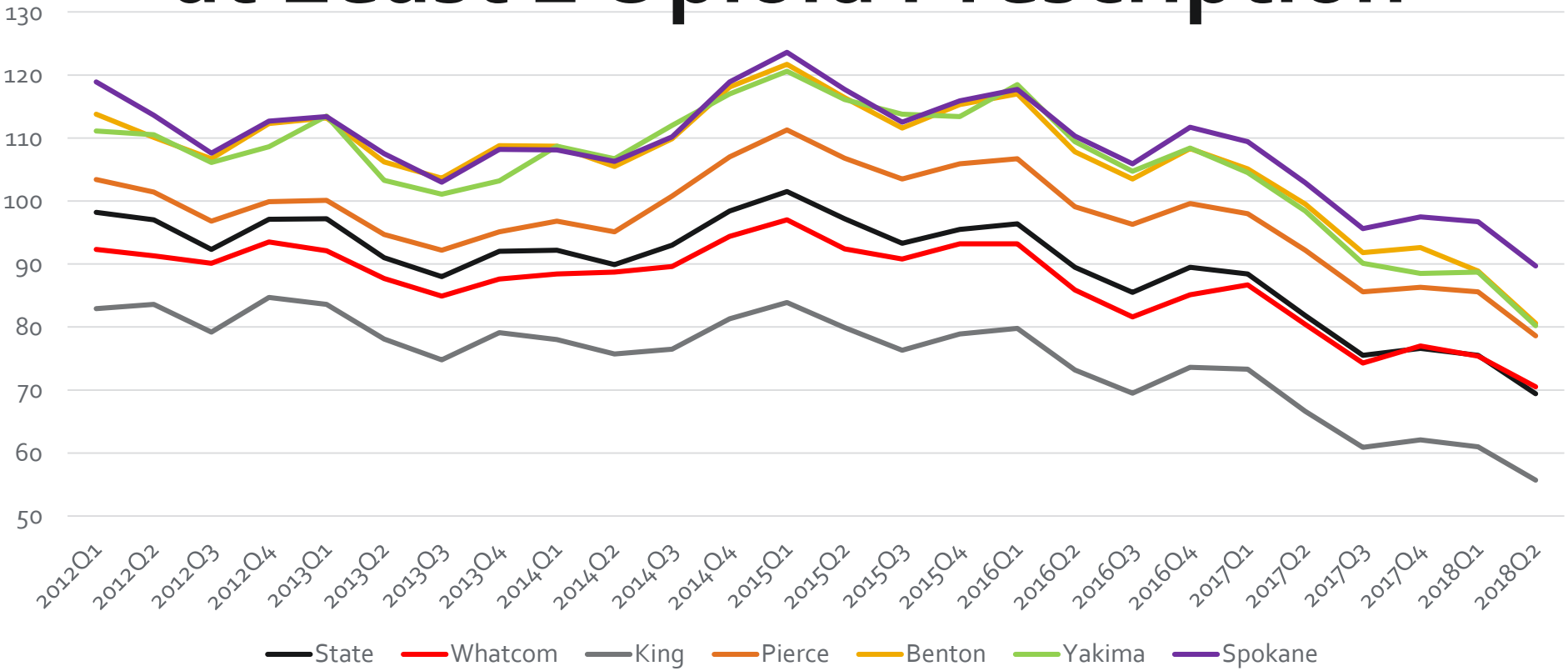
Jimmy Chung, MD

Congressional District 1

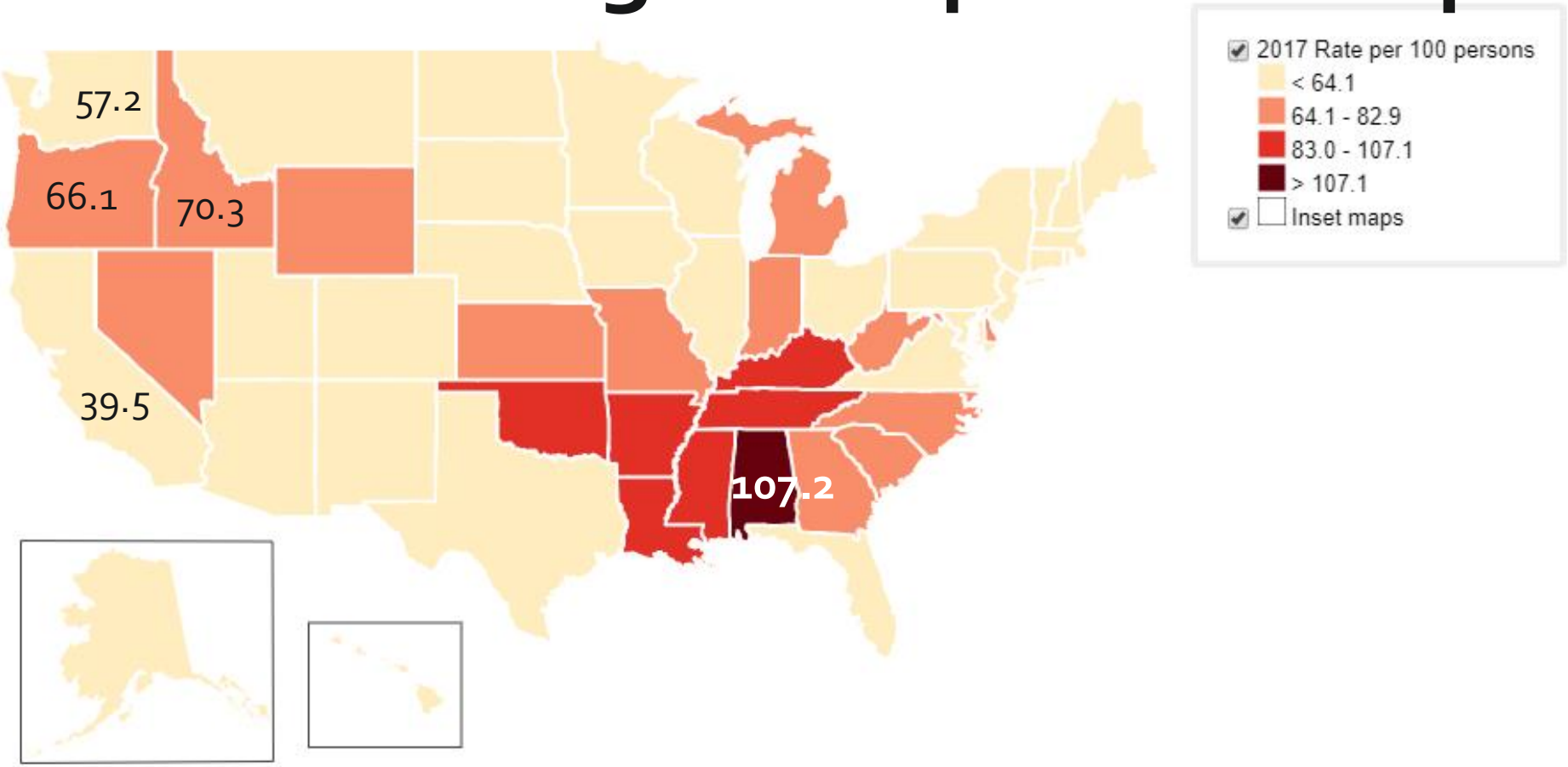
Objectives

- Identify the types of pain governed by these rules;
- Identify WA and national opioid trends;
- Identify exclusions;
- Understand CME & PMP Requirement;
- Understand how the WMC evaluates cases;

Rate per 1000 of the Population With at Least 1 Opioid Prescription

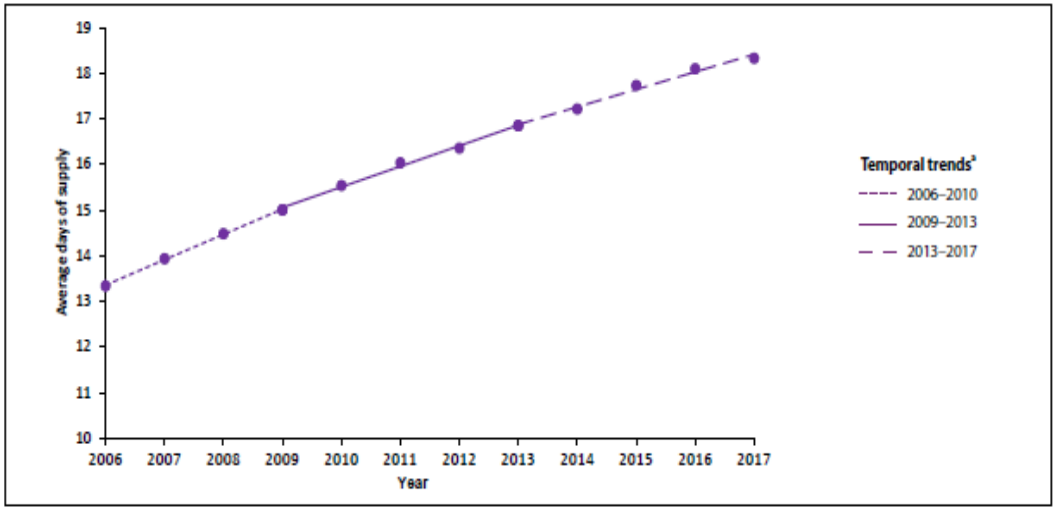


US Prescribing Rates per 100 People



All numbers in thousands	All illicit drug use and prescription drug misuse	Prescription pain relievers	Heroin
All	48,501 (18.0%)	11,517 (4.3%)	948 (0.4%)
Age 12-17	**3,941 (15.8%)**	**881 (3.5%)**	**13 (0.1%)**
18-25	**13,034 (37.7%)**	**2,454 (7.1%)**	**227 (0.7%)**
26-34	10,885 (28%)	2,671 (6.9%)	331 (0.9%)
>34	20,640 (12.1%)	5,510 (3.2%)	377 (0.2%)
>65	2,521 (5.3%)	577 (1.2%)	Low
White	31,580 (18.5%)	7,698 (4.5%)	726 (0.4%)
Black	6,466 (20.1%)	1,257 (3.9%)	96 (0.3%)
Hispanic	7,107 (16%)	1,867 (4.2%)	99 (0.2%)
Am. Indian or AK native	362 (23.6%)	60 (3.9%)	5 (0.3%)
Asian	1,340 (9.2%)	269 (1.8%)	Low

Average days of supply per opioid prescription[2] — United States, 2006–2017



- 2016: Enough opioids Rxed to give all American adults 30mg hydrocodone/day for one month

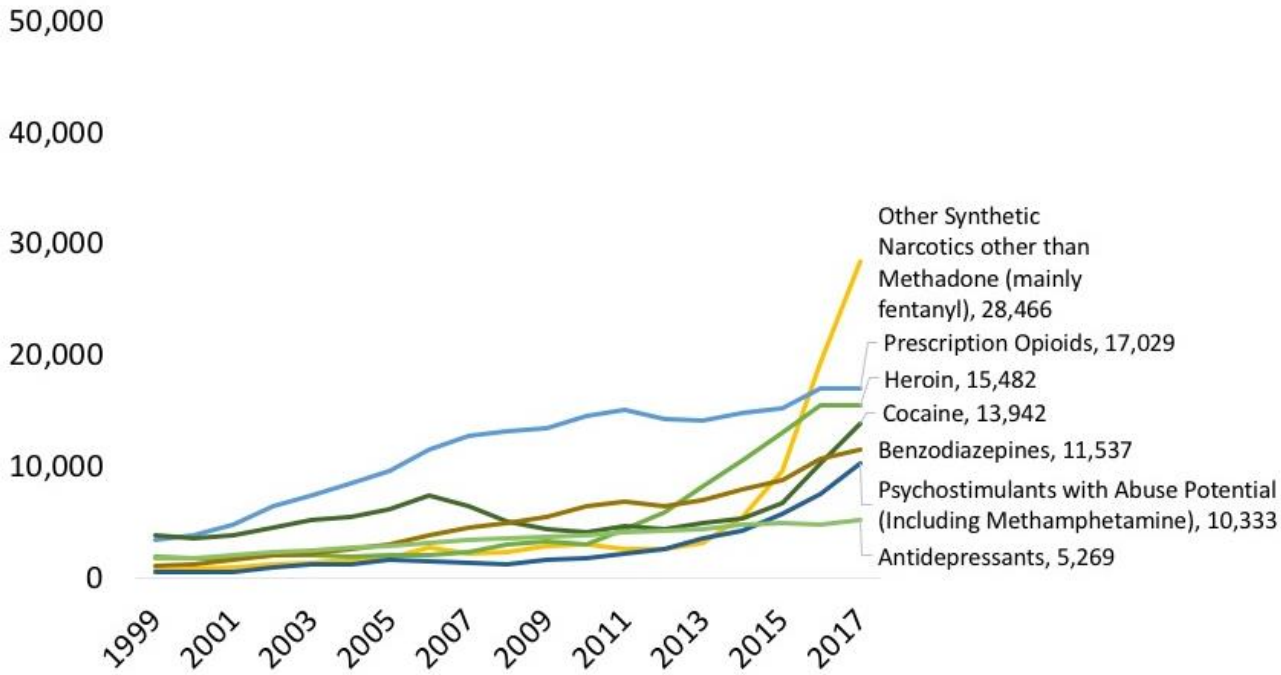
Source: Center for Disease Control and Prevention: 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes

After Surgery….

- 12% of opioid-naïve patients become addicted (5% of pediatrics);
- 70% of patients have pills left over;
- 70% of pills go unused;
- 20% of patients admit to sharing pills;
- 30% of pills are diverted;

National Drug Overdose Deaths

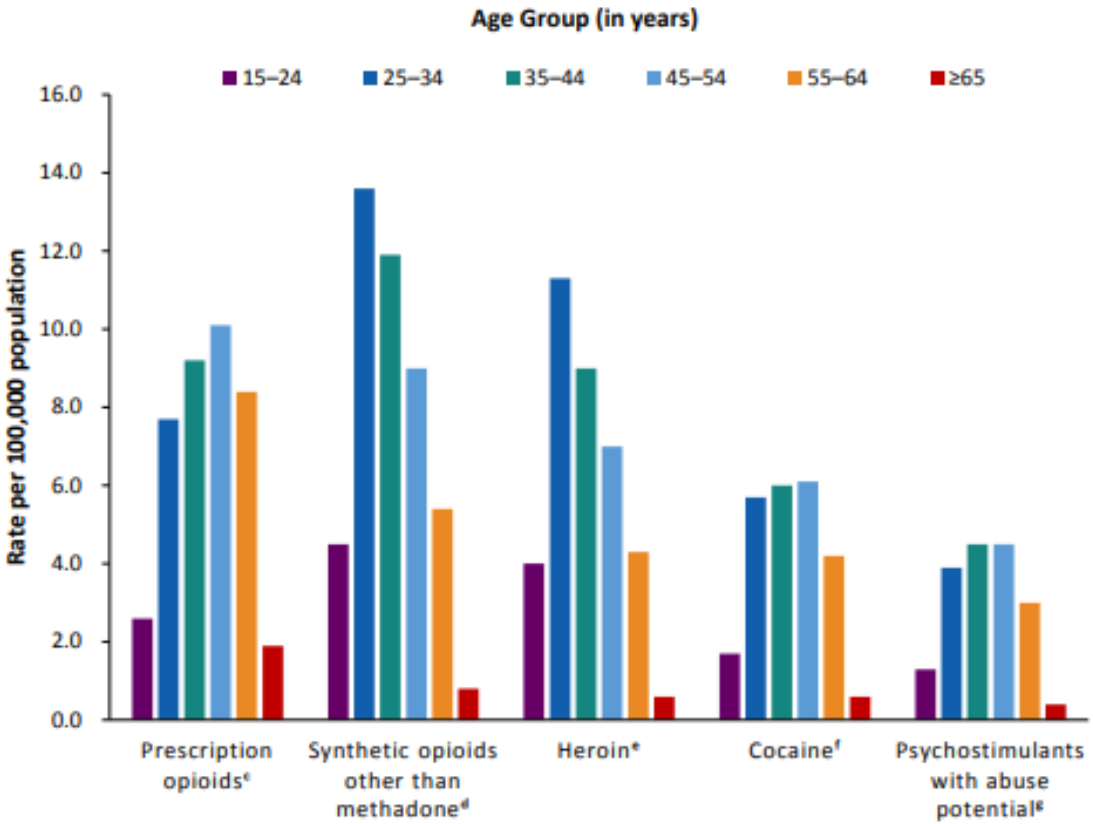
Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

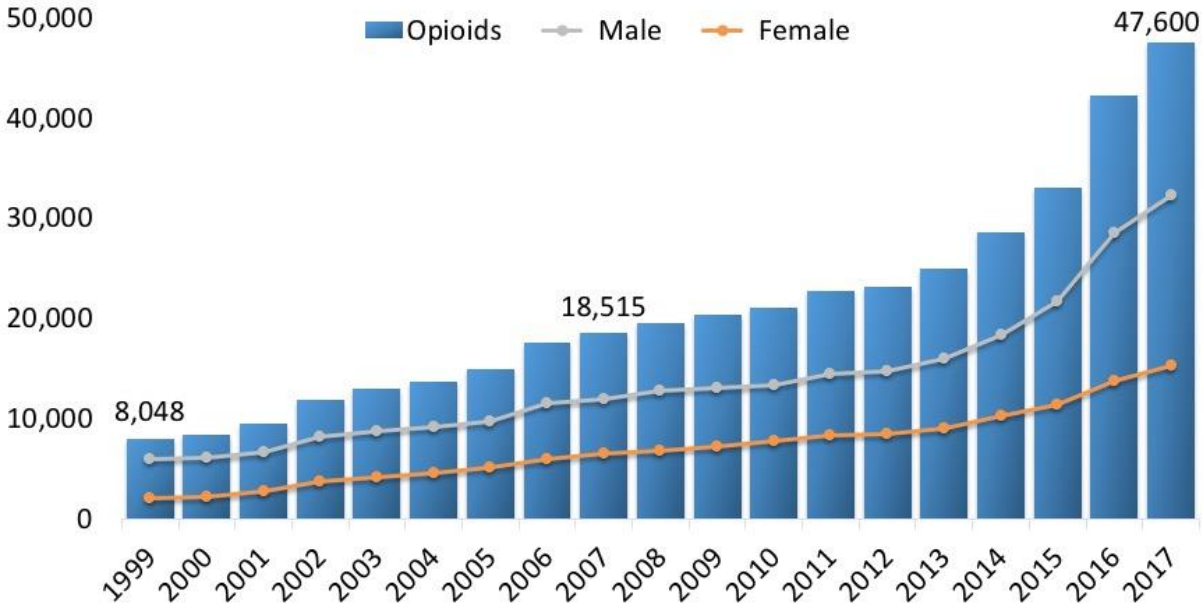
Rates of Drug Overdose Deaths by Drug or Drug Class and Age Category – United States, 2016

- In 2016, 1 out of 5 deaths in age group 18-25 was due to opioids.



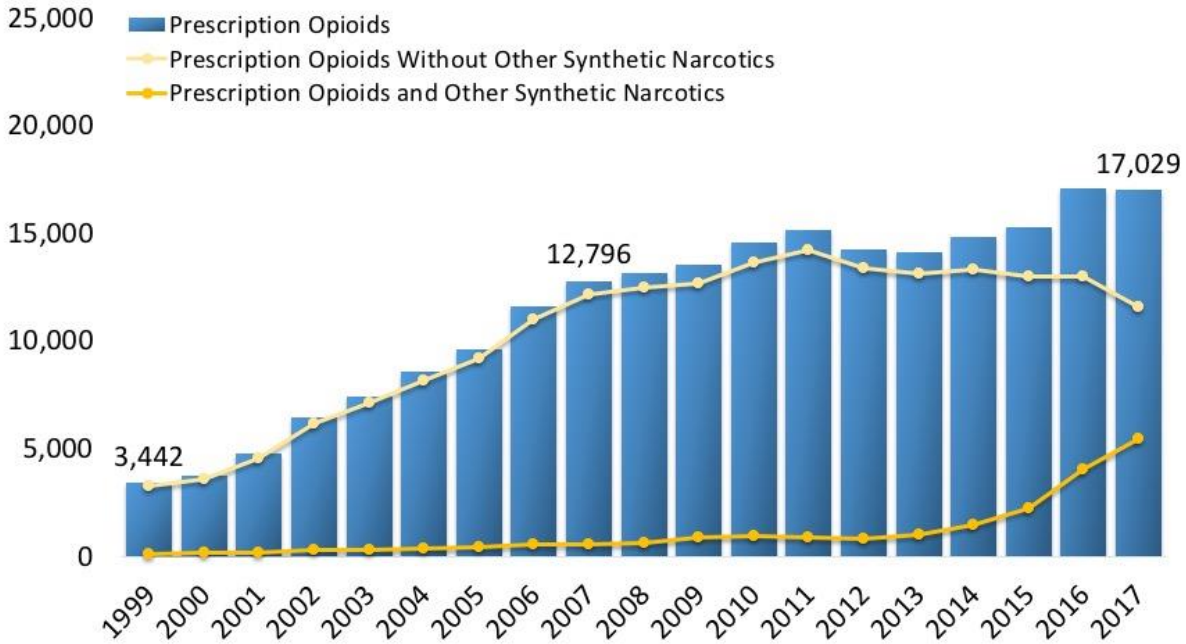
Source: National Vital Statistics System, Mortality File, CDC WONDER

National Drug Overdose Deaths Involving Any Opioid,
Number Among All Ages, by Gender, 1999-2017



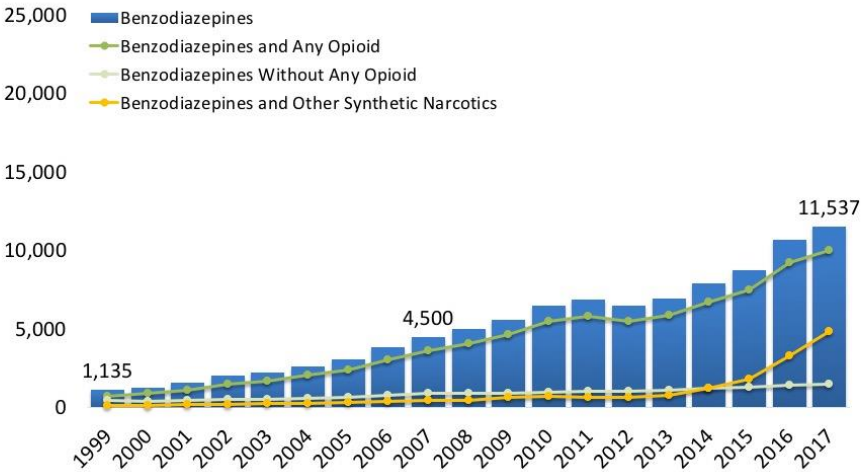
Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

National Drug Overdose Deaths Involving Prescription Opioids, Number Among All Ages, 1999-2017



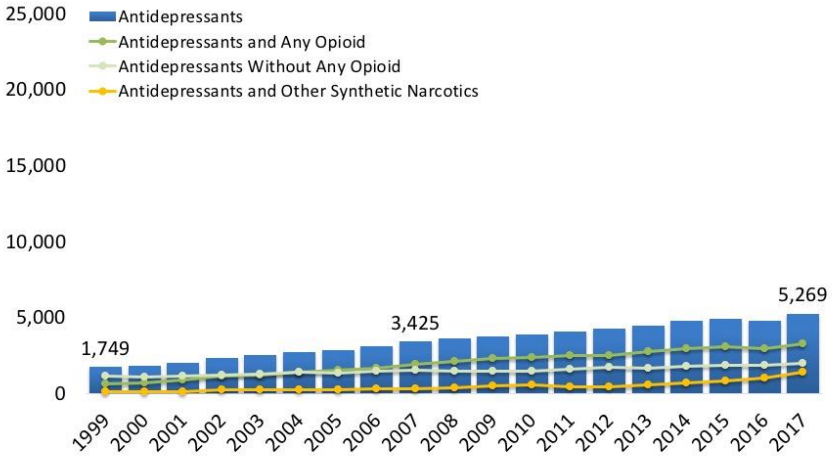
Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

National Drug Overdose Deaths Involving Benzodiazepines, by Opioid Involvement,
Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

National Drug Overdose Deaths Involving Antidepressants, by Opioid Involvement,
Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Updated Opioid Prescribing Rules

- Update of 2012 rules;
- "What", not "How";
- Collaborative effort with other boards and commissions;
- Other states have implemented similar processes;

Why Did This Happen?

- Instructed by the legislature as ESHB 1427
- Legislative response due to the doubling of opioid related deaths between 2010 and 2015
- WMC must adopt rules that would establish prescribing requirements with the goals of:
  - Reduce addiction rates;
  - Reduce burden to opioid treatment programs;
- Opioid Taskforce was created
  - Meetings were held with expert testimony and public comment;

Covered Phases of Pain

- Acute;
- Perioperative;
- Subacute;
- Chronic;

Excluded from the Rules

- Cancer-related pain;
- Palliative, hospice, or other end-of-life care;
- Inpatient hospital patients;
- Procedural medications;

Coprescribing

You cannot knowingly prescribe opioids in combination with the following medications without documentation of medical decision making:

- Benzodiazepines;
- Barbiturates;
- Nonbenzodiazepine hypnotics
- Carisoprodol
- Sedatives

Continuing Medical Education (CME) Requirements

- One-time CME regarding best practices in the prescribing of opioids;
- At least one hour in length;
- Completed by the end of your first full CME reporting period after January 1, 2019 or reporting period after initially being licensed, whichever is later.

Prescription Monitoring Program (PMP)

- You are required to register or have access.
- If you are using an electronic medical record (EMR) that integrates access to the PMP, you must perform a PMP query for every opiate or medications on the PMP.
- Pertinent concerns discovered in the PMP must be documented in the patient record.

PMP Query Check

PMP query must be completed prior to:

- First refill or renewal of an opioid prescription;
- At each pain transition treatment phase;
- Periodically based on the patient's risk level;
- Providing episodic care to a patient who you know to be receiving opioids for chronic pain.

PMP Search Screen

Search Criteria

Last Name: skywalker
First Name: luke
Date of Birth: 01/01/1977
Gender: All

County:
ZIP Code:
Dispensed Start Date: 05/06/2015
Dispensed End Date: 05/05/2016

Search Results

To select a name,click on the desired name. To select multiple names, hold down [Ctrl] while clicking the desired names.

	Last Name	First Name	DOB	County	Address	City	State	ZIP
	SKYWALKER	LUKE	12/01/1977	King	77 S Washintong St	Seattle	WA	98107
[2]	SKYWALKER	LUKE	12/01/1977	King	77 S Washington St A	Seattle	WA	98104
=>	SKYWALKER	LUKE	12/01/1977	King	77 S Washington St	Seattle	WA	98104
	SKYWALKER	LUKE	12/01/1977	King	3190 160th Ave SE	Bellevue	WA	98008
	SKYWALKER	LUKE	12/01/1977	Thurston	112 Jefferson St NE	Olympia	WA	98501
	SKYWALKER	LUKE	01/12/1977	Lee	391 Industry Dr	Auburn	AL	36832
	SKYWALKER	LUKE	01/12/1977	Thurston	310 Industry Dr	Olympia	WA	98501
	SKYWALKER	LUKE	01/12/1977	Spokane	1616 S Windsor Rd	Spokane	WA	99224
	SKYWALKER	LUKE	01/12/1977	Spokane	1616 S Windsor Rd	Spokane	WA	99224
	SKYWALKER	LUKE	01/12/1977	King	391 Industry Drive	Seattle	WA	98101

Sort: SORT by Date Only

Submit Clear Previous

PMP Recipient Report

Recipient Report

Last Name: skywalker
First Name: luke
Date of Birth: 01/01/1977
Gender: All

County:
Zip Code:
Dispensed Start Date: 05/06/2015
Dispensed End Date: 05/05/2016

Recipients: 10 out of 10 Recipient(s) Selected - Click to View

Date Dispensed/ Date Prescribed	Drug Name/ NDC	Quantity Dispensed/ Days Supply	RX#	Prescriber	Dispenser	Recipient	*Payment Method
03/12/2016 03/12/2016	ZOLPIDEM TARTRATE 10 MG TABLET 16714062201	30 30	ABCTEST	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 391 INDUSTRY DRIVE Seattle, WA 98101	99
12/17/2015 12/17/2015	TRAMADOL HCL 50 MG TABLET 65162062711	30 30	789	Prescriber	Prescriber Seattle, WA	SKYWALKER, LUKE 01/12/1977 391 INDUSTRY DRIVE Auburn, AL 36832	01

***Pmt. Method:**01=Private Pay; 02=Medicaid; 03=Medicare; 04=Commercial Insurance; 05=Military Installations and VA; 06=Worker's Compensation; 07=Indian Nations; 99=Other

Generate PDF | MAP Results

Opioid Prescriber Feedback Report

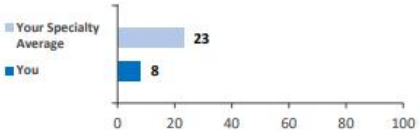
- Sent by DOH.
- WMC does not receive this report.
- It is not reviewed by the WMC.
- It is only for your information as required by 1427.

Specialty:
NPI #:
No. of patients aged ≤20 years:
No. of patients aged ≥21 years:
Reporting Period: 01/2018–04/2018

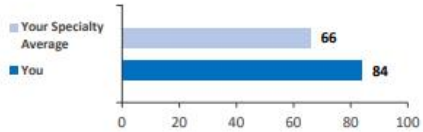
Washington State Department of Health

Washington State Opioid Prescriber Feedback Report

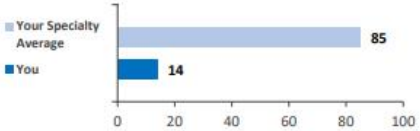
You are receiving this feedback report from the Washington State Department of Health because at least one of your prescribing measures below lies at or above the 95th percentile of all prescribers within your specialty. This report is authorized by Engrossed Substitute House Bill 1427, and in partnership 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 self-assess your opioid prescribing practices compared to those of your peers. Please review the following metrics based on your prescribing data in the Prescription Monitoring Program (PMP), and see recommendations for improving care on page 2.



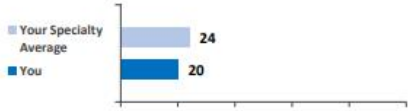
% ACUTE OPIOID PRESCRIPTIONS >18 DOSES FOR PEDIATRIC PATIENTS
Number of acute (<60 days' supply) opioid prescriptions for pediatric patients (≤20 years) containing >18 doses divided by the total number of acute opioid prescriptions for pediatric patients containing any dose in the current quarter



% ACUTE OPIOID PRESCRIPTIONS >42 DOSES FOR ADULT PATIENTS
Number of acute (<60 days' supply) opioid prescriptions for adult patients (≥21 years) containing >42 doses divided by the total number of acute opioid prescriptions for adults containing any dose in the current quarter



% NEW PATIENTS WITH >7 DAYS' SUPPLY OF OPIOIDS
Number of patients with a new (no opioid prescription in the previous quarter) 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



% 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

Legacy Patients

When accepting a new patient receiving chronic opioid pain medications:

1. It is normally appropriate to initially maintain the current opioid doses.
2. Over time, tapering or adjustments should be considered into the treatment plan.
3. Treatment of a new high dose chronic pain patient is exempt for the mandatory consultation requirement if:
   - The dosage in excess of 120 MED is under an established written agreement
   - The dose is stable and nonescalating
   - The patient has a history of compliance with treatment plans
   - Documented pain control.
   - This exemption applies only to the first three months of care

Differences From Other Professions

	Medical Commission	Osteopathic Medicine and Surgery	Nursing Commission	Podiatric Medical Board
Acute Pain Prescribing Limits	7 Days (acute non-operative) and 14 Days (acute perioperative) unless clinically documented			
Subacute Pain Prescribing Limits	14 days unless clinically documented			
Chronic Pain	Mandatory Consultation when prescribing over 120 MED // provide naloxone (high risk patients) Written agreement for treatment // periodical review of treatment plan and PMP			
PMP Requirement	Prior to first refill or renewal	Prior to every opioid or Benzo Prescription	First Prescription or First refill or renewal in clinical exception documented	Second refill or renewal
ICD Code, Diagnosis or Indication for Use Included on Prescription	Not Required		ICD Code or diagnosis must be included on all opioid prescriptions	Not Required

Acute Pain 0-6 Weeks	Subacute Pain 6-12 Weeks	Chronic Pain 12+ Weeks
Conduct and document a patient evaluation.	Conduct and document a patient evaluation.	Conduct a patient evaluation and document in the patient record.
If authorizing a re-fill, query the Prescription Monitoring Program (PMP). Document any concerns.	Consider risks and benefits for continued opioid use.	Complete a patient treatment plan with objectives.
Document a patient treatment plan.	Consider tapering, discontinuing, or transitioning patient to chronic pain treatment.	Complete a written agreement for treatment.
Provide patient notification on opioid risks, safe storage and disposal.	Document transition to chronic pain if planning to treat patient with opioids beyond 12 weeks in duration.	Periodically review the treatment plan and query the PMP quarterly for high-risk, semiannually for moderate-risk and annually for low-risk patients.

How Does the WMC Review These Cases?
Step 1: Case Management Team (CMT)

A Complaint / Report is Filed

- Anyone can file a complaint.

The case is compiled for review by CMT

- Cases should be brought before CMT within 21 days of receipt.
- (At least) 3 clinical & 1 Public member.

CMT decides whether to open an investigation

- Is the complaint within WMC jurisdiction?
- Enough information?

How Does the WMC Review These Cases?

Step 2: Investigation

Licensee Notification

- The licensee is notified.
- They may choose to retain a lawyer.
- A response within 2 weeks is requested.

Information Gathering

- Prior History.
- Interviews.
- Medical Records.
- Insurance.

Investigative Report

- Objectively gathers info relevant to allegations.
- Provides report to the Medical Commission

How Does the WMC Review These Cases? Step 3: The Reviewing Commission Member

- Review case file.
- Consider the evidence presented.
- Make a recommendation with only the information presented and their subject matter experience.
- After reviewing the case, the RCM has five basic options:
  - Present the case to a panel at the next commission meeting.
  - Request an additional investigation.
  - Summary Limitation or Suspension.
  - Request a mental or physical examination.
  - Obtain Expert Review.

How Does the WMC Review These Cases?

Step 4: The Panel

The RCM presents the case

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The Panel asks clarifying and probing questions.

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Panel Outcomes

- Request More Information
- Case Closed
- Informal Action
- Formal Action
- Summary Action

Questions That May Be Asked During Panel Discussion

- Was treatment justification documented?
- Was the PMP checked?
- Does the respondent have a history that indicates a pattern?
- Is this a systems issue or medical error?
- Does the patient have a history of non-compliance?
- Was physical and history properly documented?
- Was the patient neglected?
- Was a consult requested?
- Was the co-prescribing appropriate?

Questions?

Contact Information

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General Questions:

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jimi.bush@wmc.wa.gov

More Resources

- AMDG Opioid Guidelines
- CDC Opioid Guidelines
- Bree Collaborative
- WMC Opioid Prescribing Webpage