New Rules for Opioid Prescribing: Q&A with the Medical Commission
Provide Comments or Ask a Question

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#8993
Objectives

- Identify the types of pain governed by these rules;
- Identify exclusions;
- Understand additional CME Requirement;
- Understand Prescription Monitoring Program (PMP) requirements;
- Incorporate changes into daily practice;
Why Is This Happening?!?!

- Instructed by the legislature as ESHB 1427
- Response due to the doubling of opioid related deaths between 2010 and 2015
- We (and the other boards and commissions) were asked to 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;
Opioid Rules: Do’s and Don'ts

Covered Phases of Pain

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

Excluded from the Rules

- The treatment of patients with cancer-related pain;
- The provision of palliative, hospice, or other end-of-life care;
- The treatment of inpatient hospital patients;
- The provision of 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 during the first full CME reporting period after initially being licensed, whichever is later.
Prescription Monitoring Program (PMP)

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 (continued)

• Required to register or have access.

• If the physician is using an electronic medical record (EMR) that integrates access to the PMP, the physician shall ensure a PMP query is performed for every opiate or medications on the PMP.

• Pertinent concerns discovered in the PMP must be documented in the patient record.

• NOT A RULE......but a best practice to check the PMP with every prescription (where PMP is not integrated)
Panel Comments and Discussion

Dr. Alden Roberts
- Commission Chair
- General Surgery
- Opioid taskforce member
- Chair of the WMC rulemaking committee

Dr. Claire Trescott
- Congressional District 6
- Family Practice
- Opioid taskforce member

Dr. Gregory Terman
- Pro Tem member
- Anesthesiology
- Expert for WMC rulemaking committee

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### General Discussion and Q&A

- Submit a question
  - Go to slido.com
  - Enter the event code #8993

<table>
<thead>
<tr>
<th>Acute Pain 0-6 Weeks</th>
<th>Subacute Pain 6-12 Weeks</th>
<th>Chronic Pain 12+ Weeks</th>
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<tbody>
<tr>
<td>If authorizing a re-fill, query the Prescription Monitoring Program (PMP). Document any concerns.</td>
<td>Consider risks and benefits for continued opioid use.</td>
<td>Complete a patient treatment plan with objectives.</td>
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<td>Provide patient notification on opioid risks, safe storage and disposal.</td>
<td>Document transition to chronic pain if planning to treat patient with opioids beyond 12 weeks in duration.</td>
<td>Periodically review the treatment plan and query the PMP quarterly for high-risk, semiannually for moderate-risk and annually for low-risk patients.</td>
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