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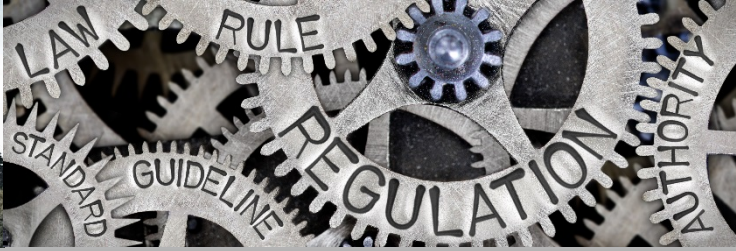
New Rules for Opioid Prescribing: Q&A with the Medical Commission

Washington Medical Commission

2018 Educational Conference

October 6, 2018

Medical Commission Panel



Provide Comments or Ask a Question

Join at
slido.com
#8993



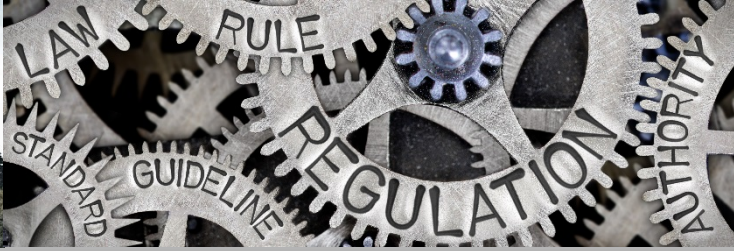
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Objectives

- 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;



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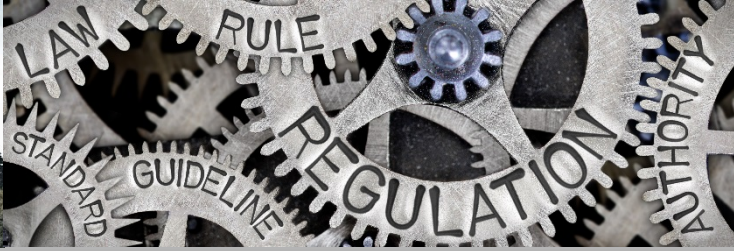


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Why Is This Happening?!?!

- 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;



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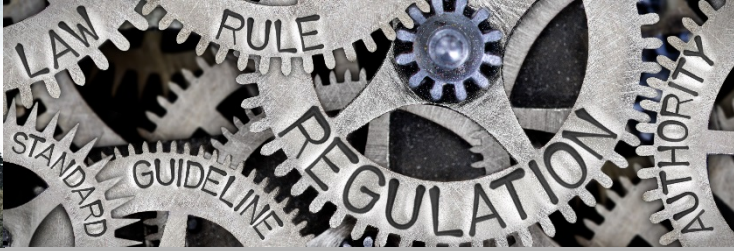


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Opioid Rules: Do's and Don'ts

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;



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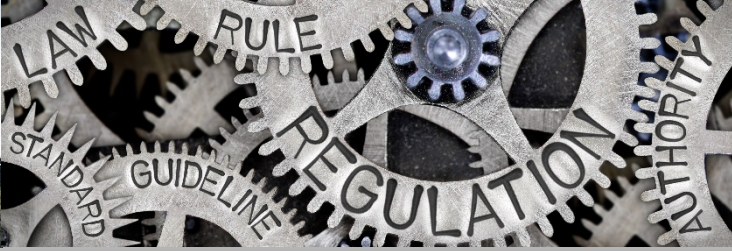


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Coprescribing

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

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



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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.



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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.



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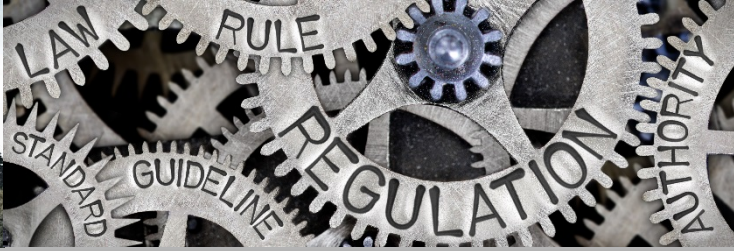


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PMP (continued)

- 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)



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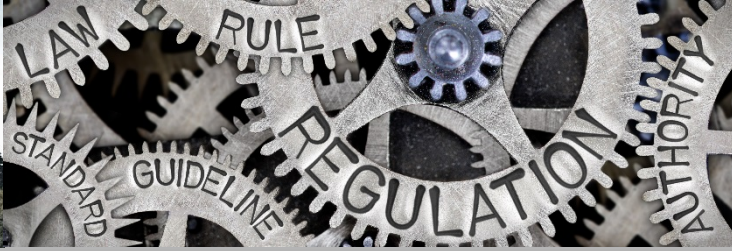


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Panel Comments and Discussion

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](https://www.slido.com)
- Enter the event code #8993

| | 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. |



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