

Prescriber Name:

Specialty:

NPI #:

No. of patients aged ≤20 years:

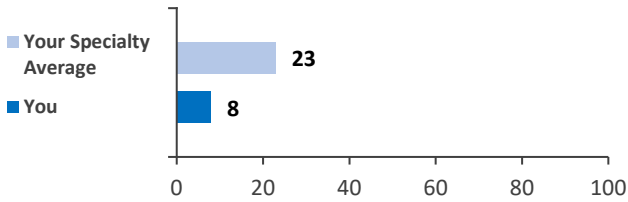
No. of patients aged ≥21 years:

Reporting Period: 01/2018–04/2018



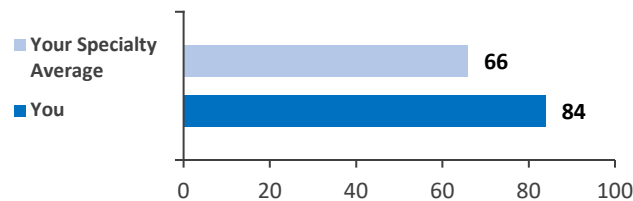
Washington State Opioid Prescriber Feedback Report

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.



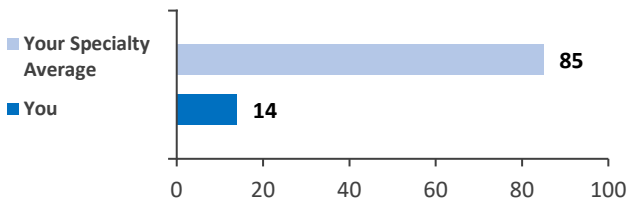
% ACUTE OPIOID PRESCRIPTIONS >18 DOSES FOR PEDIATRIC PATIENTS

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



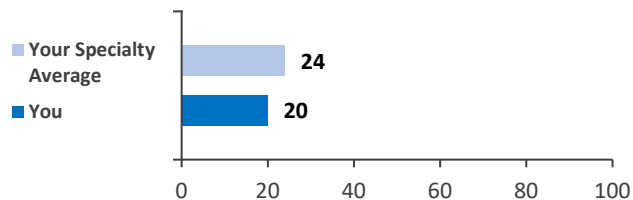
% ACUTE OPIOID PRESCRIPTIONS >42 DOSES FOR ADULT PATIENTS

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

Healthcare providers should check the PMP before prescribing controlled substances.

You can connect your EHR for seamless access – www.doh.wa.gov/healthit



Prescriber Name:
Specialty:
NPI #:
Reporting Period: 01/2018–04/2018



Washington State Opioid Prescriber Feedback Report

Recommendations for Prescribing Opioids

- 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 < 24hrs 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 primary 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
- 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/2015AMDGOpoidGuideline.pdf>
- UW Chronic Pain CME – <http://www.coperems.org/>
- UW TelePain Calls – <https://depts.washington.edu/anesth/care/pain/telepain/>
- WA Prescription Monitoring Program registration – www.doh.wa.gov/pmp
- PMP EHR Integration – www.doh.wa.gov/healthit
- Naloxone Information – www.stopoverdose.org