



New Rules for Opioid Prescribing and Monitoring

Washington Medical Commission



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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;



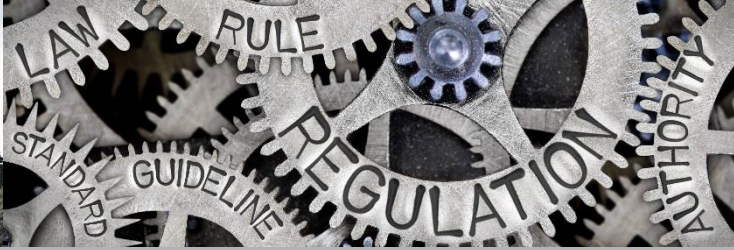
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Why Is This Happening?!?!

- 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;



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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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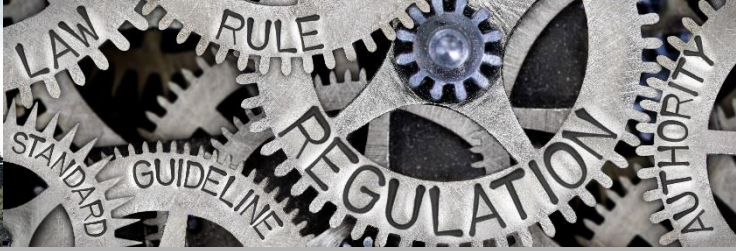


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Coprescribing

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

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



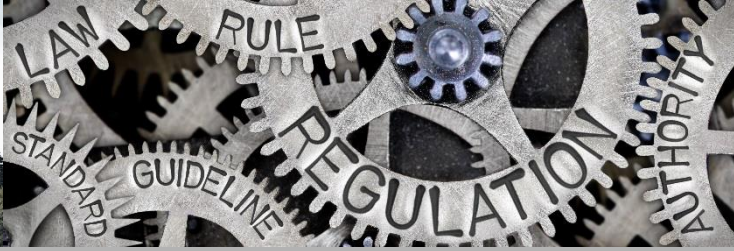
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Continuing Medical Education (CME) Requirements

- 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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PMP (continued)

- 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 preform a PMP query for every opiate or medications on the PMP.
- Pertinent concerns discovered in the PMP must be documented in the patient record.



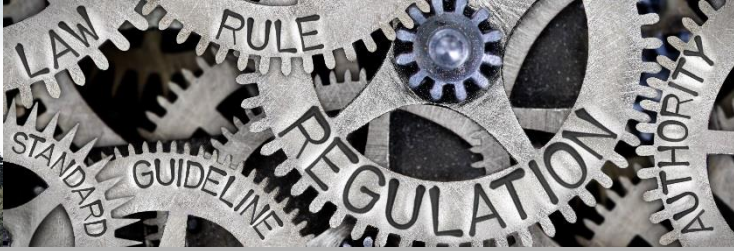
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Legacy Patients

When presented with 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



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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



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



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Questions?

Contact Information

General Questions:

Jimi Bush

jimi.bush@doh.wa.gov

More Resources

- [AMDG Opioid Guidelines](#)
- [CDC Opioid Guidelines](#)
- [Bree Collaborative](#)
- [WMC Opioid Prescribing Webpage](#)



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