

Clinical Summary

Opioid Prescribing Practices

Project Goal

Immediate: Increase the number of medical and dental providers trained on opiate prescribing practices such as [Interagency Guideline on Prescribing Opioids for Pain](#) and [Dental Guideline on Prescribing Opioids for Acute Pain Management](#)

Long-term: Reduce deaths, non-fatal overdoses, onset of opioid use disorder (OUD), and harm to King County residents from prescription opioids, while expanding use of non-opioid pain management.

Focus Populations

Medicaid members age 18 and older who are receiving a new opioid prescription and emergency departments (ED), primary care practices, and dental practices serving a high volume of Medicaid members.

Key Project Elements

The following interventions are recommended for participating provider organizations. Pursuing the recommended strategies as appropriate for specific focus populations is likely to help Practice Partners achieve their goals related to HealthierHere's 2019 pay for progress incentives.

HealthierHere is taking a broad, portfolio approach to inform King County's transformation efforts. The evidence-based models identified by the Health Care Authority (e.g., Bree Collaborative Model, Coleman Model, Collaborative Care Model, APIC, and the Chronic Care Model), have congruent underlying principles that are foundational to system and service delivery transformation.

Based on the [Washington State Medical Association](#) and [Washington State Hospital Association's Opioid Pain Management clinical guidance](#), implementing organizations are encouraged to utilize the following key strategies.

Utilize Population Health Management Tools:

- Promote the use of the [Prescription Monitoring Program](#) (PMP) and its linkage into electronic health record systems to increase the number of providers regularly using the PMP.
- Distribute the Washington State Medical Association/Washington State Hospital Association/Health Care Authority opioid-prescribing variance reports with prescribers. Use of these variance reports allows prescribers to evaluate their prescribing practices relative to others in the state and to update and improve their practice.

Assess Whole Person Care Needs:

- Whole person care needs include the following: physical health, behavioral health, oral health, and the social determinants of health. Partners will determine their standard assessments and/or adopt HealthierHere's recommended assessments which have yet to be determined.
- Support adoption of non-opioid pain management strategies where appropriate.

Implement Team-based Care:

- Form a person-centered, multi-disciplinary, integrated care team. Composition of the team should be based on an individual’s needs and risk stratification.
- Improve practice management of patients on chronic opioid therapy by adopting best practices such as the [Six Building Blocks](#).
 - Make [Six Building Blocks](#) experts and practice coaches available for individual consultation and practice-level assistance.
- Improve opioid prescribing practices in EDs.
- Refer individual to community support specialist (e.g., community health worker, patient navigator), as appropriate.

Link to Community Resources:

- Promote [safe storage and disposal](#) of opioids and other medication, making those resources available and accessible to individuals who may have unused prescription opioids.
- To address the social determinants of health, the integrated care team will connect individual with appropriate resources, social services agencies and community based organizations depending on the individual’s needs (e.g., transportation, food, shelter).
- The integrated care team will work with the individual and community support specialists to support selected activities. For applicable individuals, the community support specialist will communicate with primary care provider and/or specialist(s) regarding the individual’s treatment and progress. In such cases, the community support specialist will follow-up after referrals to determine whether resources are accessed and needs are met.

Pay for Performance Metrics

Incentive payments for ACHs and partnering provider organizations are dependent on improvement in project-specific Pay for Performance metrics selected by the Health Care Authority. Partnering provider organizations participating in the Opioid Prescribing Practices project will agree to help HealthierHere improve the following set of metrics.

Metric	Definition
Patients Prescribed High-Dose Chronic Opioid Therapy	Percent of Medicaid beneficiaries prescribed chronic opioid therapy according to the following thresholds: 1.) Doses >50 mg morphine equivalent dosage (MED) in a quarter; 2.) Doses >90 mg MED in a quarter. Bree Collaborative specifies for quarterly counts; all qualifying observations for a given quarter will count towards the overall, annual estimate required for DSRIP performance measurement.
Patients with Concurrent Sedatives Prescriptions	Among Medicaid beneficiaries receiving chronic opioid therapy ≥60 days, the percent that had ≥60 days of sedative hypnotics, benzodiazepines, carisoprodol, and/or barbiturates in the same calendar quarter. Bree Collaborative specifies for quarterly counts; all qualifying observations for a given quarter will count towards the overall, annual estimate required for DSRIP performance measurement.

References/Guidelines

CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016.

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

King County Secure Medicine Return Program. <https://kingcountysecuremedicinereturn.org/>



King County Heroin and Prescription Opiate Addiction Task Force, Final Report and Recommendations. September 15, 2016.

<https://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/herointf/Final-Heroin-Opiate-Addiction-Task-Force-Report.ashx?la=en>

Parchman, Von Korff, Baldwin, Stephens, Ike, Crompton, Hsu, and Wagner. "Primary Care Clinic Re-Design for Prescription Opioid Management," JABFM January–February 2017 Vol. 30 No. 1. https://www.improvingopioidcare.org/wp-content/uploads/2018/02/JABFM-article_2017.pdf

Washington State Hospital Association, Opioid-Pain Management. <http://wsha.wpengine.com/quality-safety/projects/opioid-pain-management/>

Washington State Agency Medical Directors Group's Interagency Guideline on Prescribing Opioids for Pain <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>

Washington State Agency Medical Directors Group's Dental Guideline on Prescribing Opioids for Acute Pain Management http://www.agencymeddirectors.wa.gov/Files/20171026FINALDentalOpioidRecommendations_Web.pdf