Call to action for health plan leaders

Dear health plan leader,

Responsible opioid prescribing is an important strategy in the fight against opioid addiction in Washington state. For this reason, the Washington Health Alliance Quality Improvement Committee (QIC) and the Dr. Robert Bree Collaborative have joined together in a call to action to health care leaders across the state to address inappropriate opioid prescribing for acute, short-term pain.

We are inviting you and your organization to join this coordinated response to our state's opioid epidemic. While there are many steps that our community needs to take, we have prioritized the following two areas for health plans:

- **Include use of prescribing guidelines in provider contracting as a quality/safety goal.**
    - **Use evidence-informed pain care and opioid prescribing:**
        - **Unless contraindicated, ensure non-opioid alternatives (such as NSAIDS and acetaminophen, tricyclic antidepressants (TCAs), Serotonin-Norepinephrine Reuptake inhibitors (SNRIs), anti-convulsants, heat/cold, exercise, massage therapy, and cognitive behavioral therapy) are considered prior to use of opioid medications**
        - **Consider a proposed limit of three days or ten pills of prescribed opioid medications for acute conditions, particularly for youth under the age of 21 years**
        - **Consider a lower maximum dose threshold of 90 mg Morphine Equivalent Dose (MED)/day for chronic conditions**
        - **Avoid co-prescribing opioids, benzodiazepines and muscle relaxants whenever possible**
- **Use health data to:**
    - **Identify individual patients who appear to be high utilizers based on prescribing patterns**
    - **Look at variation among prescribing clinicians to identify any patterns of potential overprescribing**

These recommendations are not intended to dissuade practitioners who are not pain specialists from managing their own chronic non-cancer pain patients. Instead, we hope to encourage and guide primary care providers to improve the effectiveness and safety of the care they offer to their patients who are suffering from pain.

Washington Health Alliance Quality Improvement Committee: Comprised of 21 clinician leaders including medical directors and quality directors from health plans and health systems around Washington state who have agreed on five high priority recommendations targeted to consumers, health plans and health care delivery systems and providers.

Robert Bree Collaborative: Includes 23 members representing public and private health care purchasers, health plans, physicians and other health care providers, hospitals and quality improvement organizations. The Collaborative endorsed the Washington State Agency Medical Directors Group comprehensive Guideline on Prescribing Opioids for Pain and has convened a workgroup to implement these guidelines.

Include Use of Prescribing Guidelines in Provider Contracting as a Quality/Safety Goal

Health plans have a unique opportunity to use provider contracting to drive compliance with opioid best practice prescribing guidelines and influence physician practices. Through both financial incentives and administrative controls, plans have mechanisms by which to promote safer opioid prescribing practices.[1]

Use Health Data to Identity Potential High Utilizers or Overprescribers

Once a high utilizer or potential overprescriber is identified, each case should be carefully researched and the patient and clinician involved should be contacted. Address the needs of high utilizers and implement care accordingly, assisting individuals with their care plans. Subsequent interventions may include patient and clinician education and addiction treatment services. Broad-based and targeted clinician education can help prevent inconsistencies in clinical practices and promote evidence-based practices.

Focusing on health data provides an opportunity to potentially prevent addiction before it starts, and to reduce the misuse of prescription opioids. A recent study found that a very small number (the top 0.7%) of the most extreme users of multiple prescribers account for 2% of opioid prescriptions[2] and are seven times more likely to die of an overdose.[3] Identifying high utilizers via health plans would be complementary to use of the Prescription Monitoring Program (PMP) and would serve as another way to potentially identify those seeking multiple or overlapping prescriptions.

Recent analysis by the Washington Health Alliance indicates that a significant percentage of adults—at least one in 12—living in Washington state received a prescription for opioids in the year between July 2013 and June 2014. Disturbingly, in some regions of our state approximately one in ten girls and one in thirteen boys ages 12–19 years received a prescription during the same year. This is especially alarming

[1] The U.S. Centers for Disease Control and Prevention. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. Accessed September 20, 2016 at: http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm .
[2] McDonald DC, Carlson KE. Estimating the Prevalence of Opioid Diversion by "Doctor Shoppers" in the United States. *PLOS One,* July 17, 2013. Accessed September 20, 2016 at: http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0069241
[3] Peirce GL1, Smith MJ, Abate MA, Halverson J. Doctor and pharmacy shopping for controlled substances. Medical Care, 2012 Jun. Accessed September 20, 2016 at: http://www.ncbi.nlm.nih.gov/pubmed/22410408

when combined with data suggesting that abuse of prescription drugs may lead to heroin use. Studies report that nearly half of people ages 18–40 who inject heroin abused prescription opioids before starting to use heroin. Some of these individuals reported switching to heroin because it is cheaper and easier to obtain than prescription opioids.[4,5,6]

Your organization can play a crucial role in addressing the downstream impacts of the opioid epidemic by using available tools to reduce the number of patients progressing to chronic, daily opioid use. By engaging all members of our health care community, we can work to prevent new people from becoming dependent on opioids and support the recovery of those who already are.

We urge you to join us in the fight to reduce opioid addiction. Please contact either Laurie Kavanagh of the Alliance or Ginny Weir of the Bree Collaborative for more information.

Regards,

Daniel Kent, MD
Chair, Washington Health Alliance Quality Improvement Committee

Hugh Straley, MD
Chair, Dr. Robert Bree Collaborative

[4] Cicero, T.J., Ellis M.S., and Surratt H.L. Effect of abuse-deterrent formulation of OxyContin. N Engl J Med 367(2):187–189, 2012. Accessed September 20, 2016 at: http://www.nejm.org/doi/citedby/10.1056/NEJMc1204141#t=article

[5] National Institute on Drug Abuse. Epidemiologic Trends in Drug Abuse, in *Proceedings of the Community Epidemiology Work Group*, January 2012. Bethesda, MD: National Institute on Drug Abuse, 66. Accessed September 20, 2016 at: https://www.drugabuse.gov/sites/default/files/cewgjune09vol1_web508.pdf

[6] Pollini R.A., Banta-Green C.J., Cuevas-Mota J., Metzner M., Teshale E., and Garfein R.S. Problematic use of prescription-type opioids prior to heroin use among young heroin injectors. Subst Abuse Rehabil 2(1):173–180, 2011. Accessed September 20, 2016 at: https://www.ncbi.nlm.nih.gov/pubmed/23293547