

Call to action for health system leaders

Dear health system 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 systems:

- **Register for and encourage routine use of Washington State Prescription Monitoring Program**
- **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**
 - **No more than a 7-day supply of opioids for the first opioid prescription for adults**
 - **No more than a 3-day supply or ten pills of opioids for all prescriptions for youth ages 20 years and younger**
 - **Referral to a pain specialist if more than 90 mg Morphine Equivalent Dose (MED)/day is being considered**
 - **Avoid co-prescribing opioids, benzodiazepines and muscle relaxants whenever possible**

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.

Prescription Monitoring Program (PMP)

Nationwide, state PMPs have been connected to the prevention of nearly one opioid-related overdose death every two hours on average, [reports a new study led by Vanderbilt University](#). Among other organizations, the [American Medical Association](#), [Center for Disease Control](#), [Centers for Medicare & Medicaid Services](#), [the Washington State AMDG Interagency Guideline on Prescribing Opioids for Pain](#), [U. S. Surgeon General](#) and the [National Governors Association](#) recommend increased use of PMPs. Registering your health care system or medical group practice would allow any member of the licensed health care team to check the PMP to ensure that the patient's controlled substance history is consistent with the prescribing record before prescribing controlled substances.

Evidence-Informed Pain Care and Opioid Prescribing

The [CDC Opioid Guidelines-March 2016](#) states, "When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day."

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. The days supplied per patient per year for this age group is also quite concerning, particularly in some communities. For example, in Port Angeles, the average days supplied to girls ages 12–19 years was 46 days; for boys of the same age living in Clarkston, the average was 21 days. This is especially alarming when combined with data suggesting that abuse of prescription drugs may lead to heroin use. Studies report that nearly half of people aged 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.^{1,2,3}

¹Cicero, 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>

²National 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/cewgiune09vol1_web508.pdf

³Pollini 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>

Your organization can play a crucial role in addressing the downstream impacts of the opioid epidemic by reducing the number of patients progressing to chronic, daily opioid use. This starts with responsible prescribing. 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 by taking steps to reduce inappropriate opioid prescribing. Please contact either [Laurie Kavanagh of the Alliance](#) or [Ginny Weir of the Bree Collaborative](#) for more information.

Regards,

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Hugh Straley, MD
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