Is Your Organization Compliant? 
The Washington PMP and Opioid Prescribing Rules

2018 Health Care Compliance Association Conference

Outline

• Overview of the Opioid Epidemic
• Overview of House Bill 1427 and PMP enhancements
• New Comprehensive Opioid Prescribing Rules
• PMP Overview
• PMP Enhancements under HB 1427
• Q&A

Overview of the Opioid Epidemic
Rate of opioid-related overdose deaths by type of opioid, WA 2000–2016

- All opioid overdoses
- Prescription opioid overdoses
- Heroin overdoses
- Synthetic opioid overdoses

Drug Overdose Death Rates for Selected Drugs, NM, 2012-2016

- Heroin
- Benzodiazepines
- Methamphetamine
- Cocaine
- Fentanyl

Opioid-related disease burden in Washington

- Deaths: 694
- Opioid Overdose Hospitalizations: 1,451
- Opioid Substance Abuse Treatment Admissions: 14,389
- Persons 12+ years who use prescription opioids non-medically: 259,000

Note: Prescription opioid overdoses exclude synthetic opioid overdoses.

Source: DOH Death Certificates
Rates are age adjusted to the US 2000 standard population

Drug categories are not mutually exclusive; fentanyl includes fentanyl analogues

Overview of House Bill 1427

Executive Order 16-09

Key goals from the Order:
• Safer prescribing practices
• Expanding use of non-opioid alternatives
• Expanded access to medication-assisted treatment
• Increased use of the PMP

Legislative Process

ESHB 1427 Key components:
• Expands B/C prescribing rules—
  • Acute, subacute, perioperative pain
  • Update chronic pain rules
• Authorizes health officer and other gov’t access to PMP data.
• Authorizes facility/group access to PMP data.
• Authorizes hospital CQPs to use PMP data.
• Authorizes prescriber feedback reports.
In 2010, HB 2876 directed:

- Dental Quality Assurance Commission (DQAC)
- Medical Quality Assurance Commission (MQAC)
- Nursing Care Quality Assurance Commission (NCQAC)
- Board of Osteopathic Medicine and Surgery (BOMS)
- Podiatric Medical Board (PMB)

to adopt chronic non-cancer pain rules by June 30, 2011.

Specifically excluded both acute and palliative care.

Rules included dosage limits for pain management consultation and any exceptions, education and training requirements, and other practice standards.

Required consultation with Agency Medical Directors Group (AMDG), DOH, UW and professional associations.

New Comprehensive Opioid Prescribing Rules
2017 – Expanded B/C Pain Rules

- Boards and Commissions must adopt general opioid prescribing rules under HB 1427.
- Provides for possible exemptions based on education, training, prescribing level, patient panel, and practice environment.
- Must consider revised AMDG and CDC guidelines.
- May consult with professional associations, DOH, and the UW.
- Must adopt rules by January 1, 2019.
- DOH convened a task force of representatives from each board/commission.

2017 Opioid Rules – Highlights

- Acute pain (0-6 weeks)
  - Patient evaluation and record; treatment plan.
  - 7 day prescribing limit without documentation in patient record.
- Perioperative pain
  - Treatment plan.
  - 14-day prescribing limit without documentation in patient record.

2017 Opioid Rules – Highlights (cont.)

- Subacute pain (6-12 weeks)
  - Patient evaluation and record; treatment plan.
  - 14 day prescribing limit without documentation in patient record.
  - Additional screening, biological testing, and consultation requirements.
  - Consideration of pharmacologic or non-pharmacologic alternatives.
  - Acknowledgement that patient is transitioning to a period of increased risk for opioid addiction.
2017 Opioid Rules – Highlights (cont.)

For chronic non-cancer pain (greater than 12 weeks), most requirements were unchanged.

- History, evaluation, and treatment plan.
- Written provider/patient agreement with periodic review.
- Consultation agreement remains when patient prescription exceeds 120 mg/day MED.
- Consultation exemptions for patients and prescribers.
- Education/experience requirements to be a pain management specialist.
- Tapering requirements.
- High-dose patients with new prescribers.

2017 Opioid Rules – Highlights (cont.)

- Continuing Education—minimum 1 hour in first full CE cycle on opioid prescribing best practices.
- Alternative treatments—must consider pharmacologic and non-pharmacologic alternatives, rather than defaulting to opioids.
- Patient notification—discuss and document:
  - Risk of opioids
  - Safe and secure storage of opioid prescriptions.
  - Appropriate disposal of unused opioids.

2017 Opioid Rules – Highlights (cont.)

- Co-prescribing:
  - With benzodiazepines or sedative hypnotics.
  - With buprenorphine, naltrexone, etc.
  - With naloxone.
- Special populations:
  - Patients under age of 25.
  - Pregnant women.
  - Aging populations.
  - Acute care for chronic pain patients.
2017 Opioid Rules – Highlights (cont.)

• Required PMP checks are a "floor" and each board/commission may enact stricter standards.
• Required PMP registration if you prescribe opioids.
• Required use of PMP:
  • Second opioid refill for acute and perioperative care.
  • Between acute→subacute and subacute→chronic.
• For all acute opioid and sedative hypnotic prescriptions where PMP data are integrated into the electronic health record.

2017 Opioid Rules – Highlights (cont.)

• Required PMP check for patients on chronic opioids (continued):
  • At least quarterly for high-risk patients.
  • At least semiannually for moderate-risk patients.
  • At least annually for low-risk patients.
  • Any aberrant behavior.
  • During episodic acute or perioperative care.

Next Steps

• May/June – boards/commissions will approve draft rules for public comment period.
• July – draft rules (CR-102) will be filed with Office of the Code Reviser; public comment period begins.
• August – boards/commissions will conduct formal rules hearings to consider comments/testimony.
• September – final rules (CR-103) adopted are filed with Office of the Code Reviser.
• October/November – final rules effective.
• September to December – education and outreach.
PMP Overview

PMP Data Collection and Access

Prescriptions Dispensed 2012 – 2016

Generic Name | 2012 Rx | 2013 Rx | 2014 Rx | 2015 Rx | 2016 Rx
--- | --- | --- | --- | --- | ---
HYDROCODONE (all) | 3,043,107 | 2,929,050 | 2,853,277 | 2,521,688 | 2,371,802
HYDROCODONE (IR) | 1,816,170 | 1,837,750 | 1,899,088 | 1,952,742 | 1,907,264
FAMODA IL [ ] | 308,805 | 736,494 | 736,494 | 736,494 | 736,494
FURGEM TARTRATE [ ] | 898,620 | 848,608 | 790,571 | 761,150 | 712,320
FORTESCAPE (THERAPEUTIC) NIFETAMINE [ ] | 446,710 | 323,013 | 579,927 | 626,924 | 701,795
GALADARI [ ] | 322,797 | 324,568 | 649,392 | 649,392 | 623,522
LAMTRAM [ ] | 644,175 | 645,598 | 649,392 | 623,522 | 609,325
LAMRATAM [ ] | 519,642 | 521,425 | 527,935 | 530,610 | 502,604
METHYLMETHOXYDRINE HCl [ ] | 107,632 | 410,612 | 422,454 | 426,892 | 441,325
MORPHINE SULFATE [ ] | 327,191 | 328,568 | 316,190 | 382,480 | 351,330
Total Rx Dispensed | 11,509,488 | 11,434,877 | 11,771,216 | 11,992,986 | 11,796,943

*Veterinarians have separate requirements.

Other group may also receive reports in addition to those listed.

Daily Submission (10/1/16)
- Collects all Schedules II-V controlled substances
- Average 12 million records a year
- Interoperable with state requirements

State PMP

Law Enforcement & Licensing

Pharmacists
- ~51% registered

Prescribers
- ~30% with DEA license registered

Dispensers
EDIE is currently sending requests for PMP data
- 85 of 92 hospitals live
- 5 Oregon ED’s
- 5 entities actively trading (CMT/EDIE, Valley Med, PTSG, LW, Kadlec)
- 2 health systems actively testing with their EMRs (Kaiser and Providence)
- 115 registrations of intent (meaningful use) to date representing 1,285 site locations
PMP Enhancements Under HB 1427

Assessing Overdose...
- Have linked PMP data to death data
  - Look at patterns most associated with deaths
- Would like to also look to do this with hospital overdose data
- Driven by recent high profile license revocations
  - Seattle Pain Center cases
- Over 40 providers, estimated 12,000 patients
- Possibly linked to 18 deaths

Local Health Officer Access
- County LHJ can make overdoses a notifiable condition
- When notified of overdose, the health officer checks PMP to find prescribers for overdose patient
- Three counties funded by CDC to follow up with living patients to refer to treatment with MAT.
Overdose Notification

- Emergency Department Information Exchange (EDIE) already receives:
  - Discharge information (overdose)
  - PMP information (prescribers)
- With this additional authority they can now send a notification to prescriber listed on the PMP report or to other PCPs they may have on record.

SAMPLE Letters to Provider

Prescriber Feedback Reports

- DOH can send providers a report card about their prescribing practices
- Will use NPI to compare prescribing metrics of provider to those of like license type and specialty
- Plan to make the reports available self-service in the PMP portal
- Plan to send the reports out to select providers
Facility/Group Prescribing Reports

- Allows chief medical officers to view prescribing metrics of those they supervise
- Use of quality improvement initiatives to drive adoption of prescribing guidelines
- Cannot be used for employment actions
- CMO must provide list of providers (with DEA #'s) to PMP for creation of metric reports
- Required by law to be sent quarterly
Washington Hospital Association

• Coordinated Quality Improvement Program (CQIP)
  • Purpose: "to improve the quality of health care services by identifying and preventing health care malpractice"
  • Approved by DOH, confidential (no public disclosure)
  • Receive a flat file of records (patients are de-identified)
  • Allows the association's program to evaluate prescribing statewide for quality improvement opportunities

Questions?
www.doh.wa.gov/opioidprescribing