FACTSHEET: Washington State's Oversight of Opioid Prescribing and Monitoring of Opioid Use

POLICIES AND PROCEDURES

State laws, regulations, guidance, and policies related to oversight of opioid prescribing and monitoring of opioid use (e.g., policies for prescribing opioids).

This factsheet shows Washington State's responses to our questionnaire covering five categories related to opioids:

- Policies and Procedures
- Data Analytics
- Outreach
- Programs
- Other

This information is current as of November 2018. See page 11 for a list of State entities involved with oversight of opioid prescribing and monitoring of opioid use. See page 12 for a glossary of terms used in this factsheet.

State-wide Laws, Regulations, and Guidance Related to Opioids

- Washington's Agency Medical Directors' Group (AMDG) created an interagency guideline in 2007 for prescribing opioids for pain.

- House Bill (HB) 2876, which was passed in 2010, directed State health care boards and commissions to update the existing pain management rules for chronic, noncancer pain related to dosing criteria and minimum training. The updated rules went into effect in 2011 and 2012.

- HB 1427, which was passed in 2017, focused on implementing safer opioid-prescribing rules, expanding access and use of the Prescription Drug Monitoring Program (PDMP), and improving access to medication-assisted treatment:
    - This bill required the boards and commissions of the five major health care professions with prescribing authority to update opioid-prescribing rules for their respective professions.
        - These boards and commissions represent nursing, allopathic medicine, osteopathic medicine, dentistry, and podiatry.
        - These health care professionals are the most likely to prescribe opioids to patients.
    - The rules brought new attention to acute pain, perioperative pain, co-prescribing, and special populations.
    - The rules must be adopted by January 1, 2019.

Medicaid Policies Related to Opioids

- Washington State Health Care Authority's (HCA's) Medicaid Opioid Clinical Policy, effective November 2017, addresses acute and chronic use of opioids and the prescribing limitations for short-acting and long-acting opioids in both uses. The acute limits of this policy do not apply to cancer, palliative, hospice, or end-of-life pain care.
    - The policy includes the following:

        - It focuses on dosages for acute usage rather than day supply or morphine milligram equivalents, with a maximum of 18 dosages per prescription for anyone less than 21 years of age, and a maximum of 42 dosages per prescription for anyone 21 years of age or older.
        - For acute use, there can be no more than 42 days of use in a 90-day period. For exemptions, providers can write "Exempt" on the prescription for pharmacies to override the acute dosage limits. For patients to qualify for an exemption, medical necessity must be documented in the patient charts. Patients with cancer or those in hospice, palliative care, or end-of-life care have a different exemption.
        - For new chronic use (more than 42 days), an attestation form signed by the prescriber is required, confirming that the prescriber is following best practices in chronic pain management.
        - There are no dose limits or a prior authorization requirement for existing (grandfathered) chronic users.
    - The policy was initially developed for long-acting opioids during a review of the drug class in 2016. During policy development, HCA decided to expand the policy to include short-acting opioids and to include criteria on acute and chronic opioid use as a means to respond to the opioid epidemic.
    - HCA is evaluating its clinical opioid policy to measure its effectiveness and for any unintended consequences.
        - HCA has developed a dashboard to help actively analyze and monitor the opioid policy.

- HCA covers certain multidisciplinary pain management care or nonpharmacologic treatment or both, including:
    - physical therapy, occupational therapy, and psychology (cognitive behavioral therapy);
    - spinal manipulation by a doctor of osteopathic medicine but not chiropractic for adults;
    - massage therapy by a physical therapist; and
    - pain clinic consults.

Laws, Regulations, and Guidance on Prescription Drug Monitoring Program Data

- State law (Revised Code of Washington (RCW) § 70.225.040) defines how PDMP data is allowed to be shared with prescribers, State agencies, law enforcement, researchers, and others.
    - Regarding law enforcement, PDMP data can be shared with appropriate law enforcement or prosecutorial officials, including local, State, and Federal officials

and officials of federally recognized Tribes, who are engaged in a bona fide specific investigation involving a designated person.

- New opioid-prescribing rules being implemented as a result of HB 1427 will have requirements for prescribers to check PDMP data. These rules will go into effect between November 2018 and early 2019.
    - Opioid treatment programs (OTPs) are required by State rule to review PDMP data before the first dose of methadone or buprenorphine, at 1-year physical evaluation, and for cause.

Laws, Regulations, and Guidance Related to Treatment

- State regulations (Washington Administrative Code (WAC) § 246-341) address the provision of substance use disorder services, including treatment, assessment, information, and recovery support.

- Washington is one of only two States with the Federal designation as an accreditation body for the purpose of accrediting OTPs as required by 42 CFR § 8.11.

- OTPs have specific criteria for admission, continued service, and discharge, as set by State regulation (WAC § 246-341-1000). Patients must meet *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) diagnostic criteria for opioid use disorder, meet American Society of Addiction Medicine criteria for opioid maintenance therapy level of care, and meet State and Federal eligibility requirements for admission. Pregnant and intravenous drug users are priority populations for admission.

- HCA's Division of Behavioral Health and Recovery (DBHR) uses a contractor to perform an external quality review for mental health and substance use disorder treatment.
    - All licensed treatment agencies must develop, implement, and evaluate quality management plans, which are reviewed during routine onsite surveys.

Laws, Regulations, and Guidance on Naloxone

- State law made naloxone more accessible, especially for those who were most likely to have or witness an overdose.
    - RCW § 69.50.315 prevents law enforcement from using evidence obtained as a result of a person seeking medical assistance for a drug-related overdose to bring criminal charges for possession of a controlled substance. This is referred to as the "Good Samaritan" law.
    - RCW § 69.41.095 expanded access to naloxone by permitting prescribing directly to an entity, such as a police department, homeless shelter, or social service

agency. It also permitted nonmedical persons to distribute naloxone under a prescriber's standing order. RCW § 69.41.095 enhances distribution of opioid-overdose reversal medication to persons at risk or others in a position to assist persons at risk.

- A pharmacist is allowed prescriptive authority to prescribe naloxone if he or she has a collaborative drug therapy agreement.
- Pharmacies with a pharmacist who has such an agreement are permitted to distribute naloxone.
- Washington's Pharmacy Quality Assurance Commission (part of the Washington State Department of Health (DOH)) posted a policy statement that clarifies that this law can be used to distribute opioid-overdose reversal medication from a hospital emergency department.

- Under Medicaid, naloxone (Narcan), buprenorphine/naloxone, and extended-release naltrexone are available without prior authorization.

DATA ANALYTICS

Data analysis that the State performs related to opioid prescribing and monitoring of opioid use (e.g., analyzing data to determine the number of opioid prescriptions written by providers to detect high-prescribing providers).

- HCA has a few teams dedicated to data analytics, including the Analytics, Research, and Measurement (ARM) team; the Clinical Quality and Care Transformation Program Initiatives and Analytics team (in conjunction with a pharmacy team); and a program integrity team.
  - The teams use Medicaid claims data, along with PDMP data, for data analytics.
    - The teams analyze pharmacy, provider, and beneficiary data.
    - The PDMP data is used to identify Medicaid beneficiaries paying in cash instead of using Medicaid and to validate the Medicaid data.
  - The teams work with Washington's nine Accountable Communities of Health (ACHs) to provide analyses for the ACHs' opioid projects.
  - The teams also work closely with related groups, including DOH, L&I, Washington State Hospital Association, and Washington State Medical Association.
  - The ARM team also supports managed-care organizations (MCOs) with data analytics.
  - The Clinical Quality and Care Transformation Program Initiatives and Analytics team creates:
    - internal reports for quality control, internal policy development, and decision making and

    - external reports for intervention purposes and to ensure patient safety and quality health care.

- Washington is working on a system/program to actively monitor prescribers and patients.

- HCA analyzes PDMP data to identify patients getting opioids from four or more prescribers.
    - This information is given to the MCOs, which limit patients' access to prescribers and work to reduce their opioid usage.

- Some data analysis is intended specifically for quality improvement interventions, and other analysis is intended for internal policy development and decision making. Here are examples:
    - Prescriber report cards are sent to prescribers based on data analytics for the measures of chronic use, high dose, and concurrent opioid and sedative prescribing.
    - Emergency room data is analyzed for nonfatal overdoses, and Washington sends overdose notification letters to the prescribers for those patients.
    - Data analysis is also used to evaluate prescribers and patients, and patients identified as at-risk can be "locked into" seeing a specific primary care physician, hospital, or pharmacy.

- There are requirements in the Medicaid MCO contracts for the MCOs to create data analytics to support opioid crisis engagement activities.

OUTREACH

Outreach that the State provides related to preventing potential opioid abuse and misuse (e.g., opioid-related training for providers).

Outreach to Providers

- AMDG has optional free trainings and educational videos for Medicaid providers via the AMDG website.
    - Some of the trainings qualify for Continuing Medical Education credits.
    - Topics cover such items as complex opioid cases and options for treating beneficiaries with chronic pain.

- HCA sends prescriber feedback reports, which allow the prescribers to compare themselves against similar prescribers.

- HCA sends nonfatal overdose letters to providers that are triggered by a patient who had a nonfatal overdose with a concurrent opioid prescription.

- HCA uses the Emergency Room Feedback system to provide reports to directors of emergency departments on emergency room physicians' opioid prescribing.

- DOH has plans to send opioid-prescribing feedback reports to the chief medical officers (CMOs) of health organizations, which allows the CMOs to address their staffs directly. A CMO can request a report at any time for any prescriber it oversees.

Outreach to Patients

- HCA sends warning letters to Medicaid patients with at-risk behaviors (e.g., patients who make cash payments for prescriptions or seek medically unnecessary procedures).
    - HCA re-reviews these patients after 6 months. Most patients stop their at-risk behavior after receiving a warning letter.

- Opioid abuse prevention information is available through DOH.

PROGRAMS

State programs related to opioids (e.g., opioid-use-disorder treatment programs).

Prevention Programs

- HCA and the University of Washington partner to provide the TelePain Program, which provides training and a pain and opioid hotline for clinicians. The program also provides a pain hotline for patients with chronic pain.

- Washington is developing its prescription drug take-back program, which is funded and operated by drug manufacturers and provides safe, secure, and convenient collection sites throughout the State. Washington is working to implement this program, with a target date of summer 2020 to begin collecting drugs.

- The Emergency Department Information Exchange (EDIE) system allows physicians to see whether their patients have received opioids within the last 6 months.
    - Using EDIE and the Emergency Room Feedback system, Washington has seen a reduction in opioid prescribing throughout emergency departments.

Detection Programs

Prescription Drug Monitoring Program

- HCA uses the PDMP data to validate Medicaid data, as well as to identify at-risk patients and prescribers.

- DOH uses the PDMP data to track prescribing practices that put patients at risk at the State, ACH, and county levels.

- DOH is responsible for the PDMP, but HCA receives a bulk data feed of PDMP data for all Medicaid clients. Information from the PDMP is sent to Washington's MCOs and to Patient Review and Coordination (PRC) staff.

- Currently, Washington's PDMP data is not shared with other States; however, Washington is working on interstate sharing of its data through RX Check and PMP InterConnect. Washington is also working on a secondary agreement with Oregon.

Lock-In Program

- HCA's lock-in program, the PRC program, identifies at-risk clients using Medicaid and PDMP data, then locks in the clients by provider type (i.e., pharmacy, hospital, or primary care physician). The PRC program is HCA's accountability to Medicaid's Federal and State requirements to control clients' overutilization and inappropriate use of medical services, allowing restriction of clients to certain providers.
    - Although the PRC program is aimed at any overutilization or inappropriate use, more than 90 percent of the clients have been identified because of drug-seeking behavior.
    - The focus of the PRC program is the health and safety of the client and eliminating unnecessary costs. Many clients are seen by multiple prescribers, have a high number of duplicative medications, use several different pharmacies, and have high emergency-room usage. A client who has a primary care provider that coordinates care will have better health care management, and unnecessary health care costs will be reduced.

- The purposes of the PRC program include:
    - decreasing and controlling overutilization or inappropriate use of medical-assistance-covered health care services;
    - minimizing medically unnecessary and addictive drug usage;
    - assisting clients through education and coordination of care toward the appropriate use of health care services; and

  - assisting providers in the management of PRC clients through education, resource referrals, and coordination of care.

- Based on clinical and utilization findings, a client placed in the PRC program will be assigned to specific providers, which may include a primary care provider; a pharmacy; a controlled substances prescriber; another provider type, such as a mental health provider; or a hospital for nonemergency hospital services.

Opioid-Use-Disorder Treatment Programs

- Washington has 25 licensed OTPs, of which 19 are accredited by Washington.
  - As of March 2018, there were close to 11,000 patients in OTPs, of which an estimated 9,000 were Medicaid beneficiaries.
  - Patients can either be directed to an OTP or enroll directly without a referral.

- DBHR licenses and certifies treatment programs and regulates treatment agencies providing services for substance use disorders. DOH is federally recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an OTP accreditation body.
  - Each OTP must be:
    - licensed by DOH's Board of Pharmacy,
    - licensed by the Federal Drug Enforcement Administration,
    - certified by SAMHSA's Center for Substance Abuse Treatment, and
    - accredited by DOH or another federally recognized accreditation body.
  - Agencies are regulated through State law (RCW §§ 70.96A and 71.24 and WAC § 246-341) and Federal regulations (42 CFR part 8).

- OTPs provide medication-assisted treatment. OTPs are beginning to move toward a biopsychosocial treatment model.

- OTPs provide a combination of outpatient substance-use-disorder counseling services and adjunctive medication reviewed and administered by medical staff. Most OTPs in Washington dispense methadone, buprenorphine products, and naltrexone when treating opioid use disorders. Each patient is seen by medical staff before initially receiving medication.

- Upon entry and during treatment in OTPs, individuals receive:
  - substance-use diagnostic evaluations,
  - medical screening by medical staff,
  - physical examination by a medical practitioner,
  - laboratory testing and urine drug screens,

  - medication-dose evaluations as needed, and
  - weekly counseling for the first 3 months and monthly thereafter.

- OTPs must address an array of comprehensive medical, vocational, employment, legal, and psychological issues, and provide referrals to community-based programs with expertise to address these issues. Take-home medications are regulated by eight-point criteria, including length and participation in treatment, results of urine drug screens, stability in living environment, and anti-diversion procedures.

- Pregnant patients in OTPs are provided information about how medication will affect them and the fetus before the first dose and how not engaging in medication-assisted treatment will affect them and the fetus. In an OTP, they are followed by an obstetrician-gynecologist and the program physician, who regularly evaluates medications.

- HCA uses the Hub and Spokes treatment model, in which the hub is the "center of excellence," and the spokes represent the different prescribers and resources for a patient. For example, if a patient at a needle exchange seeks treatment, the exchange connects the patient with the center of excellence. The center then connects the patient with needed resources, such as a primary care physician, a psychiatrist, or a treatment program.

- Washington has used SAMHSA and State funds to establish 11 Hub and Spokes networks and 10 registered-nurse care managers to support waived providers in treating more patients.
  - As of October 2018, over 2,500 persons had started medication-assisted treatment since the start of the Hub and Spokes model.

OTHER

Other State activities related to opioids that are not covered by the other categories in this factsheet.

- The Governor's Executive Order 16-09 brought together AMDG, DOH, HCA, and related agencies to address the opioid crisis by means of four goals (2016 Washington State Interagency Opioid Working Plan):
  - Prevent inappropriate opioid prescribing and reduce opioid misuse and abuse.
  - Treat individuals with opioid use disorder and link them to support services, including housing.
  - Intervene in opioid overdoses to prevent death.
  - Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

- HCA sponsors the Dr. Robert Bree Collaborative and works to encourage adoption of its recommendations (related to opioids and other health care areas) across communities.

- DBHR maintains a number of Federal grants from SAMHSA that directly address opioid use disorders, including the following:
    - Washington State Medicaid Assisted Treatment—Prescription Drug and Opioid Addiction project grant,
    - Washington State Project to Prevent Prescription Drug/Opioid Overdose grant,
    - State Targeted Response to the Opioid Crisis grant, and
    - State Opioid Response grant.

- The Medicaid Transformation Demonstration Project, effective January 1, 2017, requires each of Washington's nine ACHs to do multiple projects, including a mandatory project on opioids (Project 3A, Addressing the Opioid Use Public Health Crisis). The following describes Project 3A:
    - The objective is to support the achievement of Washington's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery support.
    - The target population is Medicaid beneficiaries, including youth, who use, misuse, or abuse prescription opioids or heroin or both.
    - Implementation plans must target the following essential components:
        - Prevention—prevent opioid use and misuse,
        - Treatment—link individuals with opioid use disorder with treatment services,
        - Overdose Prevention—intervene in opioid overdoses to prevent death, and
        - Recovery—promote long-term stabilization and whole-person care.

- HCA engages with internal and external stakeholders. As of May 2018, HCA was scheduled to meet with internal and external stakeholders to help inform the development of a decision package to request that additional monies be allocated to support nonpharmacologic treatments for pain.
    - HCA's current benefit structure for adults covers physical therapy and manipulation when performed by naturopaths and osteopathic physicians.
        - The Early and Periodic Screening, Diagnostic, and Treatment benefits cover these treatments and chiropractic services.
        - HCA also currently covers pain-clinic consults, psychiatry, and psychology (multidisciplinary approach pieces are covered).
    - The decision package requests that HCA receive funding to add chiropractic therapy, acupuncture, cognitive behavioral therapy, mindfulness-based therapy, and yoga to currently covered services.

WASHINGTON STATE ENTITIES

Accountable Communities of Health: Washington's ACHs bring together leaders from multiple health sectors around the State who have a common interest in improving health and health equity.

Agency Medical Directors Group: AMDG is a collaboration of State agencies, working together to improve health care quality for Washington citizens.

Dr. Robert Bree Collaborative: The Washington State legislature established the Bree Collaborative so that public and private health care stakeholders would have the opportunity to identify specific ways to improve health care quality, outcomes, and affordability.

Washington State Department of Health: DOH promotes and protects public health, monitors health care costs, maintains standards for quality health care delivery, and plans activities related to the health of Washington citizens.

Washington State Department of Labor and Industries: L&I is a diverse State agency dedicated to the safety, health, and security of Washington's 2.5 million workers.

Washington State Health Care Authority: HCA is the single State agency responsible for providing access to Medicaid coverage for Washington residents and State employees. (Medicaid is called Apple Health in Washington.)

Washington State Health Care Authority, Division of Behavioral Health and Recovery: DBHR funds prevention, intervention, and treatment and recovery support services, and follows SAMHSA's guiding principles of recovery.

GLOSSARY OF TERMS

biopsychosocial treatment model: This approach uses a holistic perspective that focuses on the full range of psychological, biological, and sociocultural influences on development and functioning along with their interactions. Emphasis is placed on achieving positive health and functioning across the important areas of patients' lives in addition to relieving psychological distress and reducing symptoms.

medication-assisted treatment: Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

morphine milligram equivalents: The amount of milligrams of morphine an opioid dose is equal to when prescribed.

naloxone: A prescription drug that can reverse the effects of an opioid overdose and can be life-saving if administered in time. The drug is sold under the brand names Narcan and Evzio.

nonpharmacologic pain management: Management of pain without medications, such as the use of acupuncture or mindfulness-based therapy.

opioids: Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin; synthetic opioids, such as fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

opioid use disorder: A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria, such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria.

Prescription Drug Monitoring Program: A State-run electronic database that tracks controlled substance prescriptions. A PDMP helps providers identify patients at risk of opioid misuse, abuse, or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.