Washington Apple Health (Medicaid) Opioid Prescribing Report

Dr. Strange  
NPI: XXXXXXXXXX  
Category: Other

Chronic Use
- Opioid prescriptions that are ≥ 60 days supply (chronic opioid use).
- Prescribers can reduce the risk of long-term opioid use in the first 12 weeks of acute opioid treatment.

High Dose
- Opioid prescriptions ≥90 mg/day MED (morphine equivalent dose).
- Prescriptions >90 mg/day MED have a greater association with fatal overdose than prescriptions with lower MED.

Concurrent
- Opioid prescriptions plus sedative hypnotics, benzodiazepines, carisoprodol, and/or barbiturates.
- Co-prescribing of opioids and sedatives increases the likelihood of overdose.

Patients with Chronic Opioid Prescriptions 2017

<table>
<thead>
<tr>
<th>% chronic in category</th>
<th>% chronic all prescribers</th>
<th>N= 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.62%</td>
<td>13.02%</td>
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</table>

Patients with High Dose Opioid Prescriptions in 2017

<table>
<thead>
<tr>
<th>% high dose in category</th>
<th>% high dose all prescribers</th>
<th>N= 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.99%</td>
<td>17.74%</td>
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</tbody>
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Patients with Concurrent Sedative Prescriptions 2017

<table>
<thead>
<tr>
<th>% concurrent in category</th>
<th>% concurrent all prescribers</th>
<th>N= 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.65%</td>
<td>24.70%</td>
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Best Practices

Chronic Use: Prescribe the lowest effective dose of immediate-release opioids.

High Dose: Avoid increasing dosage to ≥90 mg/day MED or carefully justify a decision to titrate dosage to ≥90 mg/day MED.

Concurrent: Check your patient’s prescription history in the prescription drug monitoring program database.

At a Glance: The Opioid Epidemic

- 115 Americans die every day from an opioid overdose (www.cdc.gov/drugoverdose).
- Inappropriate prescribing practices and opioid prescribing rates are substantially higher among Medicaid patients than among privately insured patients (www.cdc.gov/drugoverdose).

HCA 19-064 (6/18)
Data Sources and Definitions

- Technical definitions are based on the Opioid Prescribing Metrics developed by the Dr. Robert Bree Collaborative
- HCA Medicaid claims, calendar year 2017
- Washington State Department of Health Prescription Drug Monitoring Program (PDMP or PMP)
- Exclusions: cancer and hospice patients; all prescriptions for buprenorphine
- Includes all ages
- Technical specifications are available at www.hca.wa.gov/opioids

Chronic Use

- **NUMERATOR:** Number of patients with at least one chronic (≥60 days supply) opioid prescription
- **DENOMINATOR:** Number of patients in the identified Medicaid population with at least one opioid prescription

High Dose

- **NUMERATOR:** Number of patients prescribed an opioid, that are on chronic opioid therapy (≥60 days supply) for ≥90 mg/day MED
- **DENOMINATOR:** Number of patients in the identified Medicaid population prescribed ≥60 days supply of opioids

Concurrent

- **NUMERATOR:** Number of patients with ≥60 days supply of opioids and sedative hypnotics, benzodiazepines, carisoprodol, or barbiturates
- **DENOMINATOR:** Number of patients in the identified Medicaid population prescribed ≥60 days supply of opioids

What resources are available?

The information provided in this report reflects the CDC guidelines available at: www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf

Access information about UW TelePain services: www.depts.washington.edu/anesth/care/pain/telepain

UW also provides free consultations for treating patients with pain via their UW Pain Hotline. Read the flyer: www.hca.wa.gov/assets/billers-and-providers/12-380.pdf

Access the Washington State Prescription Monitoring Program: www.doh.wa.gov/pmp

Visit the Agency Medical Directors’ Group website for more resources: www.agencymeddirectors.wa.gov

COPE offers online training (free CME) for providers treating chronic non-cancer pain: www.coperems.org

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Thank you for being a Medicaid provider.