Addressing the Opioid Crisis

Understanding WA’s New Law & Preparing for Implementation

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• Overview of the Opioid Epidemic
• Overview of the PMP
• 2016 & 2017 PMP Legislation
• Next Steps for Preparing for Implementation
• Q&A
Overview of the Opioid Epidemic
Addressing the Opioid Crisis
Trends in the Rate of Opioid Overdose Deaths*
WA State 2006–2015

- All opioid
- Rx Opioid
- Heroin

718 deaths in 2015

Source: DOH Death Certificates
* Includes all intent of drug-related deaths with the additional ICD-10 codes of T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6

Note: Intentional self-poisonings account for ~9% of all opioid overdose deaths
Rates of Opioid Overdose Deaths* by County of Residence, 2011–2015

Source: DOH Death Certificates

* Includes all intent of drug-related deaths with the additional ICD-10 codes of T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6
The heroin increase is an offshoot of the opioid epidemic

3 out of 4 people who used heroin in the past year misused opioids first

7 out of 10 people who used heroin in the past year also misused opioids in the past year

Opioid-related Disease Burden in WA

- Deaths: 695
- Opioid Overdose Hospitalizations: 1552
- Opioid Substance Abuse Treatment Admissions: 13,215
- Persons 12+ years who use prescription opioids non-medically: 259,000

2. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) and Oregon State Hospital Discharge Data, 2014.
Overview of the PMP
Addressing the Opioid Crisis
PMP Data Collection and Access

**Dispensers**

- Approximately 30% with DEA license registered

**Pharmacists**

- Approximately 51% registered

**State PMP**

**Prescribers**

- Approximately 30% with DEA license registered

**Law Enforcement & Licensing**

**Daily Submission (10/1/16)**

Collects all Schedules II-V controlled substances

Average 12 million records a year

*Veterinarians have separate requirements*

*Other groups may also receive reports in addition to those listed.*
Key PMP Benefits for Providers

• CHECK for misuse, multiple prescribers (coordinate care)

• CHECK for drug interactions or other harm

• USE reports for compliance with treatment contracts

• CHECK history of transactions linked to DEA number – fraudulent scripts and monthly reporting
PMP Improvements

**Work Completed or Underway**

- **Improve Timeliness and Accessibility**
  - Moved to daily reporting by dispensers
  - Established Health Information Exchange connection

- **Interstate Data Sharing**
  - Reviewing security of hub

- **Improve Accuracy of PMP Data**
  - Educating pharmacies to correct errors
  - Developing methods for reviewing and correcting errors
  - Improving patient matching

- **Identify Patients at Risk for Overdose**
  - Sharing data with HCA and L&I

- **Public Health Surveillance**
  - Developing county health profiles
  - Developing opioid visualization tool

**Future Improvements**

- **Move Toward Real-time Data Input**
- **Federal and Tribal Facility Access**
- **LHJ Health Officer Access**
- **Reports to Healthcare Providers**
  - Notifications to providers when their patient overdoses
  - Prescribing practices
2016 & 2017 PMP Legislation
Addressing the Opioid Crisis
2016: House Bill 2730

• HB 2730 expands access to PMP data
  • Permits prescribers without a DEA number access to the PMP
  • Additional 14,000 providers

• Permits facility and group registration
  • Streamlines the registration process

• Creates technical pathway for facilities and groups to more easily integrate the PMP with their EHR

Next steps available at: doh.wa.gov/healthit
2017: House Bill 1427
The Premise: HB 1427

Providers respond to feedback and adjust behavior when confronted with valid evidence
2017: House Bill 1427

• Issues **prescribing reports** which include comparisons of a clinician’s prescribing patterns with others in the same specialty and license type

• Issues **quarterly prescribing data** to facilities and group practices with more than five prescribers for the express purpose of quality improvement

• **Data sharing** by the Department of Health with the WSHA Coordinated Quality Improvement Program (**WSMA/WSHA CMO safe table**) for quality improvement initiatives.

• Establishes an **overdose notification system**
2017: House Bill 1427 (cont’d)

• Allows local health officers assess to PMP data to support patient follow up care and care coordination

• Requires various boards and commissions (the ones that regulate prescribers) to adopt rules for opioid prescribing

• Makes improvement in licensing and siting of opioid treatment programs

• Requires DOH to report annually to the legislature the status of PMP/EHR integration
PMP EMR Connectivity Status

• EDIE is currently sending requests for PMP data
  ✓ Averaging over 200,000 queries per month
  ✓ 83 of 93 hospitals live

• 1 health system in production (pilot phase)

• 3 health systems currently testing with their EMRs

• Over 100 registrations of intent (meaningful use) to date representing over 1,000 site locations
PMP to EMR Connection

Prescription Monitoring Program (PMP) Transaction Process
OneHealthPort – HIE Connection

- Emergency Room
- Doctor Office
- Patient Presents
- Pharmacy

Licensed Provider sends query for medication history to PMP repository and receives response.

OneHealthPort HIE

- Multiple connectivity options
- Message encryption, and security
- Query format and content validation

Query

Response

PMP

- Receive query
- Validate requestor license number
- Find patient medication history
- Send synchronous response
Next Steps for Preparing for Implementation

Addressing the Opioid Crisis
Understanding Current Practice

• Are you effectively using the PMP?
• What are your facility opioid prescribing patterns?
• Do you know which patients are at risk for abuse or misuse?
• Have you adopted/integrated prescribing guidelines?
• Are you moving toward PMP/EHR integration?
Leveraging Data to Advance Change

Prescribing Reports

Local/Regional QI Efforts

Success

Overdose Event Notification

PMP/EHR Integration
Question & Answer

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