Confronting the Opioid Epidemic
 Appropriately Treating Pain while Stopping Abuse

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Objectives

• Provide an overview of the opioid epidemic at national and state level

• Discuss the state Prescription Drug Monitoring Program (PMP) and its role in supporting appropriate prescribing

• Review legislative changes to the PMP in 2016 and discuss implementation timelines and strategies

• Discuss potential policy opportunities to further address the opioid epidemic
Opioid Epidemic

Every day, 44 people in the U.S. die from overdose of prescription painkillers...and many more become addicted.

Drug overdose – mostly from painkillers – now kill more people than car crashes.

http://www.cdc.gov/drugoverdose/epidemic/index.html
Painkillers for All

Health care providers in different states prescribe at different levels.

Number of painkiller prescriptions per 100 people

Lowest

AZ 82
ME 70
WA 77
ND 75
TN 71
CT 72
CO 71
WY 70
VT 67
AK 65
NJ 63
NY 60
HI 52

Average

GA 91
SC 102
NC 97
WI 78
FL 73
IN 72
MA 71
IL 68
SD 66

Highest

MS 120
AR 116
LA 118
MI 107
IN 109
AL 143
WV 138
TN 148
OK 128
KY 128

State Abbreviation

Number of painkiller prescriptions per 100 people

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Prescription Opioids – Leading Cause of Overdose Deaths

![Graph showing drug overdose deaths involving opioids by type of opioid from 2000 to 2014.](https://www.cdc.gov/drugoverdose)

Unintentional Prescription Opioid Overdose Deaths
Washington 1995-2014

Source: Washington State Department of Health, Death Certificates
Unintentional Opioid Overdose Deaths Washington 1995-2014

Source: Washington State Department of Health, Death Certificates
Opioid Overdose Death Rates by County of Residence, 2012–2014

State Rate = 9 per 100,000

Source: Washington State Department of Health, Death Certificates
Unintentional Prescription Opioid Involved Overdoses
Washington State

Sources: Washington State Department of Health, Death Certificates and Hospital Discharge Data
The PMP Solution- “An Overview”

• A PMP is a program designed to improve patient safety and protect public health with the goal of reducing overdose deaths, hospitalizations, and other related prescription drug abuse issues.

1. Records for dispensing of controlled substances are submitted to a central database by pharmacies and other dispensers.

2. Health providers and other authorized users are able to register for access, and once approved, can view information through a secure web portal.

3. PMP information helps providers avoid duplicative prescribing and dangerous drug interactions; and helps to identify substance abuse or pain management issues.
System Overview

- Weekly Submission
- Schedules II-V
- ASAP 4.2

* Veterinarians have separate requirements

*Other groups may also receive reports other than those listed
Key PMP Benefits for Healthcare Providers

• **CHECK** for drug interactions or other harm

• **CHECK** for misuse or addiction

• **COORDINATE** care with other prescribers

• **USE** reports for compliance with treatment contracts

• **CHECK** history of transactions linked to DEA number – fraudulent scripts and monthly reporting
Commitment to Addressing the Epidemic
Historical Challenges with the PMP

- Access limited to prescribers with a DEA number
- Registration burden lead to low registration/use rates
  - As of 2015, approximately 68% of eligible providers were not registered for the PMP
Enhancing the PMP – 2016 Legislative Session

- HB 2730 expands access to PMP data
  - Additional 14,000 providers
  - Streamline the registration process
- Changes promote wider use of PMP
- HB 2730 had broad bi-partisan support
HB 2730 Implementation

• Effective date, June 9, 2016

• Rulemaking is required in order to fully implement
  • Final rule expected in June of 2017

• DOH has developed an interim strategy to ensure providers can take full advantage of the new law
HB 2730 Implementation – Interim Strategy

- DOH has authority to implement law while working on rule-making
- Until the final rule is in place facilities can query the PMP using the authority of a Medical Director
  - Similar to what Emergency Departments do with EDIE
- The final rule and system update will allow facilities in the future to query the PMP under the facility license
- DOH is working with the PMP vendor to establish a timeline
What do Providers/Health Systems Need in Order to Address the Opioid Epidemic?
State and National Efforts Under Way

Interagency Guideline on Prescribing Opioids for Pain

Developed by the Washington State Agency Medical Directors’ Group (AMDG) in collaboration with an Expert Advisory Panel, Actively Practicing Providers, Public Stakeholders, and Senior State Officials.

www.agencymeddirectors.wa.gov

AMDG | agency medical directors’ group

Written for Clinicians who Care for People with Pain
Potential Policy Solutions for 2017

• Further enhancements to PMP (e.g., multistate data)
• Support overdose feedback system and PMP analysis
• Advocate for federal changes to buprenorphine restrictions
• Support appropriate reimbursement for addiction services and insurance coverage
• Support takeback programs and appropriate regulatory oversite
• ID check for controlled substances
• Increase access to Naloxone
What Could You Do?

• Take advantage of HB 2730
  • Establish structure and support culture change
• Commitment to opioid prescribing guidelines
• Integrate PMP data directly into EMR
Questions?

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