

WSHA WSMA Opioid Prescribing Report

Frequently Asked Questions (FAQs)

The WSHA WSMA Opioid Prescribing Report is an innovative statewide approach building on the success of the Better Prescribing Better Treatment program, made possible through legislation and collaboration between the Washington State Hospital Association and Washington State Medical Association and the Washington State Department of Health. This FAQ is designed to help CMOs, quality leaders and providers understand the intent and interpretation of reports. If you have questions, please reach out to our program leaders at:

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What is the Opioid Feedback Program and where did it come from?

In response to the opioid crisis many programs have been proposed with potentially increasingly damaging impacts on your practice through additional administrative burdens. After initially proposing a mandatory prior authorization for all opioid prescriptions, the HCA, WSHA, and WSMA worked together to craft a three-part program. First, guidelines were established for acute prescribing. Second, an expedited prior authorization (EPA) process was created for prescribing beyond those guidelines. Third, an opioid feedback program was established so that providers could be informed about their performance on those guidelines.

What are the current opioid guidelines for acute prescribing?

The HCA guidelines that form the basis for the opioid feedback program and EPA process were enacted in November 2017. The guidelines state that for pediatric patients (age less than 20) generally not more than 3 days of opioids should be written for an acute episode of pain. For adult patients (age greater than 20), generally no more than 7 days of opioids should be written for acute pain. With a maximum of six tablets per day, that works out to 18 tablets for pediatrics, 42 tablets for adults.

What qualifies as an acute prescription?

For purposes of the report and the guidelines, an acute prescription is defined as a patient who gets a first-time opioid prescription without any prescription in the last 105 days for an opioid.

What qualifies as a non-compliant script?

A prescription written for pediatrics for more than 18 doses or adults for more than 42 doses in an opioid naïve patient (no prescriptions in the last 105 days) will be categorized as a non-compliant.

Are there any exceptions to the policy?

Yes! Hospice, cancer pain, chronic pain that has been on therapy, and many other reasons can qualify. Those are captured in your chart and the reason to use the EPA process by simply writing EXEMPT on your prescription.

Unfortunately, that level of data is not in the PMP dataset so it will show as a non-compliant script. Though some exemptions are reasonable, the goal is to reduce the overall number of unnecessary acute opioid prescriptions across medical specialties and all do our part to use the exemption process when needed, not all the time.

Who can see the reports?

WSHA WSMA Opioid Prescribing Reports are available primarily for the Chief Medical Officer and designated quality leadership at your institution. Any data that is presented beyond your organization is blinded as to the organization. There are no public comparison reports on institutions or intent to do so. The goal is to provide prescribing patterns by specialty with state comparison benchmarks for internal educational and feedback purposes. No metric is perfect, but a snapshot may help facilitate dialogue regarding prescribing variation among provider specialty groups.

What is the purpose of this effort?

We believe that physicians, physician assistants, nurse practitioners, and all Washington State prescribers are generally thoughtful caring individuals working to do their best to combat the opioid epidemic and effectively manage pain. This data is meant to help CMOs and quality leaders identify specialty groups with opportunity to improve and investigate the underlying root causes of opioid prescribing variation.

How can I learn more about my data?

While only a snapshot of system level and provider specialty opioid prescribing data is available via the WSHA WSMA Opioid Prescribing Reports, additional drill downs and summary information for your facility is accessible through WSHA upon request. Please contact TinaS@wsha.org if you'd like to schedule time to review additional information to assist with your quality improvement efforts.

When will the reports be updated?

Reports will be disseminated to CMO and designated quality leaders on a quarterly basis. Please note, report dissemination in 2019 will be staggered to accommodate measure development and piloting.

Will individual provider prescribing reports still be sent out?

Yes, providers will continue to receive a report of their own opioid prescribing performance from the Washington State Medical Association (WSMA). Moving forward, these reports will present data on all patients and not be limited to Medicaid.