2016 Washington State Interagency Opioid Working Plan

INTRODUCTION

Washington State is currently experiencing an opioid abuse and overdose crisis involving prescription opioids and heroin. Approximately 600 individuals die each year from opioid overdose with an increasing proportion of those deaths involving heroin. The largest increase in heroin overdose deaths from 2004 to 2014 occurred among younger people ages 15 to 34 years. According to a recent statewide survey of syringe exchange clients, 57% of those who inject heroin said they were "hooked on" prescription opiates before they began using heroin.[1]

State government agencies, local health departments, professional groups and community organizations across Washington State have been actively building networks and capacity to reduce morbidity and mortality associated with opioids. Several agency members of the Department of Health's Unintentional Poisoning Workgroup collaborated to develop a statewide working plan for opioid response.

The **WA State Interagency Opioid Working Plan** outlines the goals, strategies and actions that are being implemented by a number of stakeholders across diverse professional disciplines and communities. This working plan outlines both current efforts as well as new proposed actions to scale up response and will be regularly updated as the epidemic and response evolve over time.

PLAN OVERVIEW

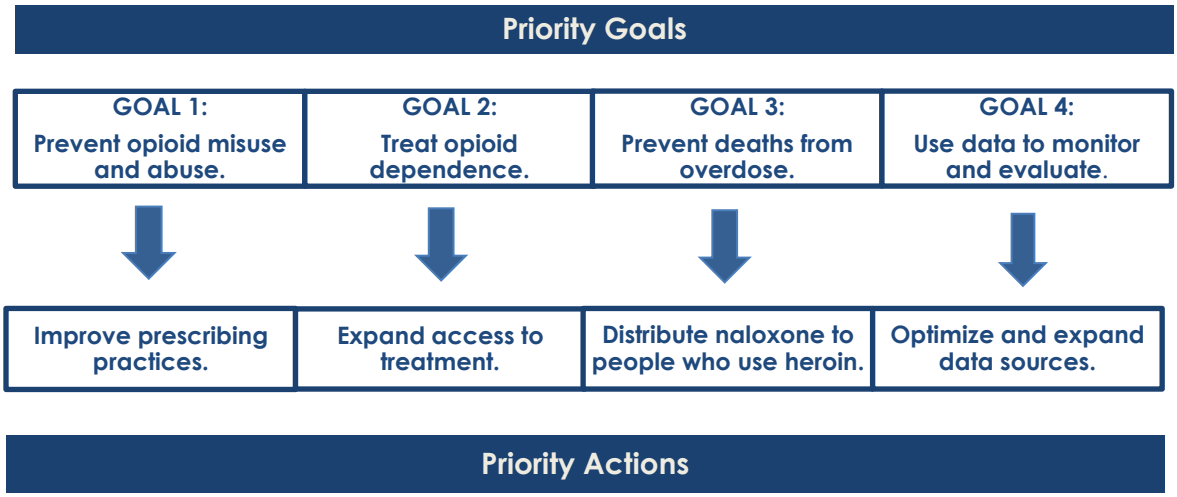
The WA State Interagency Opioid Working Plan includes four priority goals:

1. Prevent opioid misuse and abuse.
2. Treat opioid abuse and dependence.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

Collectively, the strategies and specific actions to achieve these goals target:

- Individuals: Those who use prescription opioids and/or heroin at any level of use or dependence. Special populations include pregnant women, adolescents and clients of syringe exchange programs.
- Professionals: Includes health care providers, pharmacists, first responders/law enforcement, social service providers and chemical dependency professionals.
- Communities: Includes family members, tribes, local municipalities, schools, community prevention coalitions and citizen groups.
- Systems: Includes policies, financing structures, and information systems in medical, public health, criminal justice and other fields.

[1] 2015 Drug Injector Health Survey, University of Washington and Public Health – Seattle & King County.



COORDINATION AND IMPLEMENTATION

Partners from all sectors are driving forward implementation of these strategies including state-level agencies and policy makers, professional associations, law enforcement, local health departments, tribal authorities, service providers, community coalitions and many others. The following stakeholders have expressed a particular interest and commitment to addressing opioid use and overdose prevention:

State-level agencies:

Department of Health (DOH)
Department of Labor & Industries (L&I)
Department of Social and Health Services (DSHS)
Division of Behavioral Health and Recovery (DBHR)
Health Care Authority (HCA)
WA Poison Center (WPC)
Office of Superintendent of Public Instruction (OSPI)
WA State Patrol (WSP)
Northwest High Intensity Drug Trafficking Area (NWHIDTA)
Department of Corrections (DOC)
US Attorney General's Office (USAG)
Administrative Office of the Courts (AOC)
Prevention Enhancement Policy Consortium

Professional associations:

Agency Medical Directors' Group (AMDG)
WA State Medical Association (WSMA)
WA State Hospital Association (WSHA)
WA State Nurses Association (WSNA)
WA Chapter-American College of Emergency Physicians (WA-ACEP)

WA State Pharmacy Association (WSPA)
WA State Dental Association (WSDA)
WA Society of Addiction Medicine (WSMA)
Dental Quality Assurance Commission (DQAC)
Medical Quality Assurance Commission (MQAC)
Nursing Care Quality Assurance Commission (NCQAC)
Board of Osteopathic Medicine and Surgery (BOMS)
Podiatric Medical Board (PMB)
Bree Collaborative (Bree)
WA State Association of Police Chiefs (WASPC)
WA Association of Prosecuting Attorneys (WAPA)

Academic institutions:

University of Washington: Alcohol and Drug Abuse Institute (UW ADAI)
Center for Opioid Safety Education (COSE)

Local entities:

Local Health Jurisdictions
County drug and alcohol services coordinators
Drug treatment and mental health service providers
Syringe exchange programs
Tribal authorities
Community drug prevention coalitions and task forces

Four workgroups have been designated to coordinate the action steps under each of the four goals of the plan. Workgroups communicate and meet regularly to assess progress and identify emerging issues that require new actions. The lead contacts for each workgroup are:

- **Prevention Workgroup** (Goal 1):

  Julia Havens, Division of Behavioral Health and Recovery *greesjr@dshs.wa.gov*
  Jaymie Mai, Department of Labor & Industries *maij235@lni.wa.gov*

- **Treatment Workgroup** (Goal 2):

  Thomas Fuchs, Division of Behavioral Health and Recovery *fuchstj@dshs.wa.gov*

- **Naloxone Workgroup** (Goal 3):

  Susan Kingston, UW Center for Opioid Safety Education *kingst1@uw.edu*

- **Data Workgroup** (Goal 4):

  Kathy Lofy, Department of Health *kathy.lofy@doh.wa.gov*

GOALS AND STRATEGIES

GOAL 1: Prevent opioid misuse and abuse.		
STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.		**Lead Agency**
Ongoing	Educate health care providers on revised Agency Medical Directors' Group *Interagency Guideline for Prescribing Opioids for Pain* and the *Washington Emergency Department Opioid Prescribing Guidelines* to ensure appropriate opioid prescribing.	L&I (with Bree)
	Promote the use of the Prescription Drug Monitoring Program (PMP), including use of delegate accounts, among health care providers to help identify opioid use patterns, sedative co-prescribing, and indicators of poorly coordinated care/access.	DOH
NEW ACTIONS	Enhance medical, nursing, and physician assistant school curricula on pain management, PMP, and treatment of opioid use disorder.	*TBD*
	Train, coach and offer consultation with providers on opioid prescribing and pain management (e.g., TelePain video conferencing and e-newsletters).	HCA
	Partner with professional associations and teaching institutions to educate dentists, osteopaths, nurses, and podiatrists on current opioid prescribing guidelines.	*TBD*
	Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.	*TBD*
	Require health plans contracted with the Health Care Authority to follow best practice guidelines on opioid prescribing.	HCA
	Encourage licensing boards of authorized prescribers to mandate CEUs on opiate prescribing and pain management guidelines.	*TBD*
	Advocate for reimbursement of non-opioid pain therapies.	*TBD*
STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.		**Lead Agency**
Ongoing	Distribute counseling guidelines and other tools to pharmacists, chemical dependency professionals, and health care providers and encourage them to educate patients on prescription opioid safety (storage, disposal, overdose prevention and response). *www.stopoverdose.org/docs/Naloxone_PRO_brochure.pdf* and *www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx*	*TBD*
	Provide targeted health education to opioid users and their social networks through print and web-based media.	COSE
	Promote accurate and consistent messaging about opioid safety and addiction by public health, law enforcement, community coalitions and others.	COSE

NEW ACTIONS	Promote national social marketing campaigns on prescription opiates at the state level.	DBHR
	Conduct an inventory of existing patient materials on medication safety for families and children. Develop new materials as needed as tools for health care providers and parents.	*TBD*
STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.		**Lead Agency**
Ongoing	Work with community coalitions to implement strategies to prevent youth prescription drug misuse from the Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan. (http://www.theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf)	DBHR
	Identify prevention funds from which mini grants can be awarded to organizations and coalitions to implement key actions of the State Opioid Response Plan.	DBHR
STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.		**Lead Agency**
Ongoing	Educate patients and the public on the importance and ways to properly store and dispose of prescription pain medication.	*TBD*
	Promote the use of home lock boxes to prevent unintended access to medication.	*TBD*
NEW ACTION	Explore funding and regulatory enhancements to sustain and evaluate Drug Take Back programs.	*TBD*
STRATEGY 5: Decrease the supply of illegal opioids.		**Lead Agency**
Ongoing	Partner with law enforcement to decrease illicit distribution of opioids.	DOH
NEW ACTIONS	Increase the number of investigations on unlawful prescribing practices. Coordinate with law enforcement if prescribers are arrested so that patients can be adequately treated.	WSP
	Educate law enforcement on the PMP and how it works.	DOH
	Educate local law enforcement about how to handle reports of illegal prescribing. If necessary, develop and monitor an anonymous tip line for health providers, pharmacists and the public to report unlawful prescribing practices.	WSP

GOAL 2: Link individuals with opioid use disorder to treatment support services.		
STRATEGY 1: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder (OUD), and link patients to appropriate treatment resources.		**Lead Agency**
Ongoing	Educate providers across all health professions on how to recognize signs of opioid misuse among patients and how to use appropriate tools to screen for OUD.	*TBD*
	Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options.	*TBD*
NEW ACTIONS	Strengthen addiction education in all health teaching institutions and residency programs.	*TBD*
	Give pharmacists tools on where to refer patients who may be misusing prescription pain medication.	*TBD*
STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.		**Lead Agency**
Ongoing	Identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and develop policy solutions to expand capacity.	HCA
	Provide technical assistance and resources to county health officers to advocate for expanded local access to OUD medications.	COSE
NEW ACTIONS	Build up structural supports (e.g., case management capacity) to support medical providers and staff to implement and sustain buprenorphine treatment. • Consider use of "hub and spoke" and Center of Excellence models. • Leverage funding and human resources for telemedicine support.	DBHR, UW ADAI
	Increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine.	DBHR
	Pilot new models of community-based buprenorphine to prevent overdose (e.g., stabilizing individuals on buprenorphine without mandates counseling, urinalysis, etc.)	UW ADAI
	Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on care standards/medications for OUD.	*TBD*
	Develop and pilot a model to stabilize individuals on buprenorphine while in residential substance use treatment.	DBHR, HCA
	Expand peer-based recovery support/coach programs within medication-assisted treatment programs.	DBHR
	Separate buprenorphine from existing daily reimbursement rate for opioid treatment program providers and create a differential reimbursement rate for buprenorphine.	DBHR, HCA
	Identify critical workforce gaps in the substance use treatment system and develop new initiatives to attract and retain skilled professionals in the field.	DBHR

STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.		**Lead Agency**
Ongoing	Train and provide technical assistance to criminal justice professionals to endorse and promote opioid agonist therapies for people under criminal sanctions.	*TBD*
NEW ACTIONS	Optimize access to chemical dependency treatment services for offenders who have been released from prison into the community and for offenders living in the community under correctional supervision.	DBHR, HCA
	Work with jails and prisons to initiate and/or maintain incarcerated persons on medications for opioid use disorder.	DBHR, HCA
	Incentivize state-funded drug and other therapeutic courts to provide access to a full range of medications for opioid use disorder.	DBHR
STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.		**Lead Agency**
Ongoing	Regularly collect primary data to document current health needs of individuals who inject heroin.	COSE
	Frequently map SEP services and funding levels to determine critical gaps and unmet levels of need among people who inject drugs.	COSE
NEW ACTIONS	Identify and leverage diversified funding for SEPS to adequately provide supplies, case management, health engagement services, and comprehensive overdose prevention education.	DOH, DBHR
	Provide technical assistance to local health jurisdictions and community-based organizations to organize or expand syringe exchange and drug user health services.	DOH, DBHR, COSE
STRATEGY 5: Identify and treat opioid use disorder among pregnant and parenting women (PPW) and Neonatal Abstinence Syndrome (NAS) among newborns.		**Lead Agency**
Ongoing	Improve ability of health care providers to effectively screen and identify PPW with opioid use disorder and refer for treatment. Disseminate the *Substance Use during Pregnancy: Guidelines for Screening and Management* best practice guide.	DOH
NEW ACTIONS	Add overdose education (including how and where to obtain naloxone) to care recommendations in the *Substance Use during Pregnancy: Guidelines for Screening and Management* best practice guide.	DOH
	Disseminate the *WA State Hospital Association Safe Deliveries Roadmap* standards to health care providers to improve screening and referral of substance use disorders in pre-pregnancy, pregnancy, and post-partum care.	DOH, WSHA
	Create a DBHR/WSHA partnership to provide SBIRT training to obstetric and primary care clinicians.	DBHR, WSHA
	Add overdose education (including how and where to obtain naloxone) to the Parent-Child Assistance Program and Safe Babies Safe Moms websites and websites of host agencies.	PCAP
	Educate pediatric and family medicine providers to recognize and appropriately refer newborns with NAS.	DOH

GOAL 3: Intervene in opioid overdoses to prevent death.		
STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.		**Lead Agency**
Ongoing	Provide technical assistance to opioid treatment programs to develop site-specific protocols to implement overdose education and naloxone access for clients.	COSE
	Provide technical assistance to criminal justice programs to implement overdose education for people under criminal sanctions (i.e., jail, prison, drug courts).	COSE
	Provide technical assistance to first responders/law enforcement on opioid overdose response training and naloxone programs.	
NEW ACTIONS	Mandate overdose education in all state-contracted detox, residential and outpatient treatment programs.	DBHR
	Assist emergency departments to develop and implement protocols on providing overdose education and take-home naloxone to individuals seen for opioid overdose.	COSE, ACEP
STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.		**Lead Agency**
NEW ACTIONS	Establish standing orders in all counties to authorize community-based naloxone distribution and lay administration.	DOH
	Create a centralized naloxone procurement and distribution process at the state level.	DOH, DBHR
	Allocate SAMHSA block grant or other funding to scale up and sustain naloxone distribution at syringe exchange programs.	DOH, DBHR
	Substantially increase the number of naloxone doses paid for by Medicaid. • Ensure Medicaid contracts require naloxone with no prior authorization. • Promote Medicaid as a resource for naloxone.	HCA
	Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability.	WSPA, COSE
	Promote co-prescribing of naloxone for pain patients as best practice per AMDG guidelines. Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids.	DOH, LNI
STRATEGY 3: Promote awareness and understanding of WA State's Good Samaritan law.		**Lead Agency**
Ongoing	Educate law enforcement, prosecutors and the public about the law.	COSE
NEW ACTION	Incorporate Good Samaritan law education into standard law enforcement academy curriculum.	WSP

GOAL 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.		
STRATEGY 1: Improve PMP functionality to document and summarize patient and prescriber patterns to inform clinical decision making.		**Lead Agency**
NEW ACTIONS	Increase PMP reporting frequency from weekly to daily.	DOH
	Provide easy access to the PMP data for providers through electronic medical record systems.	DOH
	Reduce current policy and technical barriers to enable sharing of PMP data with border states.	DOH
	Provide MED calculations within the PMP for chronic opioid patients with automated program alerts for providers.	DOH
	Explore options to require health care systems to connect to the PMP through the statewide electronic health information exchange.	DOH
STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.		**Lead Agency**
Ongoing	Link PMP data to overdose death and hospitalization data to determine relationships between prescribing, patient risk behavior, and overdoses. Disseminate results to individual counties.	DOH
	Develop and disseminate population-level PMP reports on buprenorphine prescribing practices.	UW ADAI *funding ended 09-15*
NEW ACTIONS	Develop measures using PMP data to monitor prescribing trends and assess impact of interventions on prescribing practices.	DOH
	Explore options to aggregate and analyze PMP data by health plan/payer.	DOH
STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.		**Lead Agency**
Ongoing	Monitor and publish data on opioid-related hospitalizations and deaths, treatment admissions and police evidence data.	UW ADAI
	Publish Information Briefs to promote evidence-based policymaking and service planning.	UW ADAI
NEW ACTION	Develop a plan to use new data sources (e.g., statewide ER and EMS data) to support public health surveillance and impact assessment.	DOH
STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.		**Lead Agency**
Ongoing	Evaluate policy interventions for effectiveness and impact (e.g., pain management rules, mandatory PMP registration).	*TBD*
NEW ACTION	Develop and track performance measures to determine whether goals and strategies of this plan are being achieved.	*TBD*