Executive Summary for Opioid Prescribing in Snohomish County.

The United States is in the midst of an epidemic of prescription opioid overdoses. The amount of opioids prescribed and sold in the U.S. has quadrupled since 1999, yet the amount of pain reported by Americans hasn't changed. This epidemic devastates lives, families, and communities. More people die of unintentional prescription medication overdoses than motor vehicle accidents. While it is known that opioids are effective analgesics for short-term use, "benefits for pain relief, function, and quality of life with long-term opioid use for chronic pain are uncertain… [However,] risks associated with long-term opioid use are [clear] and significant. Based on the clinical evidence review, long-term opioid use for chronic pain is associated with serious risks" (2016 CDC Opioid Guideline).

Snohomish County has the fourth highest opioid death rate in Washington State, according to Department of Heath death certificates from 2011-2015. Unfortunately, death rates represent only the tip of the iceberg in our state's opioid use burden, with many patients requiring ED visits or hospitalizations for opioid overdose and/or substance abuse treatment.

In the summer of 2016, the Department of Health took legal action that resulted in the closure of a chain of eight pain clinics in Washington State. The closure of the site in Everett abruptly left hundreds of Snohomish County patients without a pain provider. Our community quickly pulled together to meet their needs. Since that time, Snohomish County healthcare organizations have collaborated to continue to address the broader problem created by inappropriate opioid use in our community. Area medical leaders have created Community Pathways, a committee sponsored by Providence Regional Medical Center Everett (PRMCE), which has representation from all major Snohomish County medical groups. This committee has developed common best practice "pathways" of care, modeled after both the CDC Guideline for Prescribing Opioids for Chronic Pain (2016) and the Washington State Agency Medical Directors' Group (AMDG) guidelines. These best practices include:

1. All appropriate non-opioid and non-pharmacologic treatment modalities should be tried and maximized prior to considering long-term opioid therapy.
2. There is no safe opioid dose, but risk increases as opioid dose increases. Prescribers in the outpatient setting should try to limit opioids to ≤50 MED.
3. Avoid concurrent use/co-prescribing of opioids and benzodiazepines.
4. Patients on doses ≥50 MED, or with other risk factors for overdose (such as concomitant benzodiazepine use or conditions that increase risk of respiratory depression (e.g., OSA, severe COPD, history of respiratory failure, history of drug abuse/overdose)) should receive a prescription for naloxone as a potential temporary "antidote" to opioid overdose. Patient's family or friend(s) should be educated on proper use of naloxone.
5. Establish realistic and measureable pain relief and functional goals. Establish patient expectations about management of opioids, and limitations of opioid treatment.
6. Perform a functional assessment on all individuals. Opioid use in non-cancer, non-end-of-life care should result in measurable improvement in pain AND function (at least ≥30%), or should not be continued beyond 12 weeks.
7. Utilize the PMP (Prescription Monitoring Program) prior to issuing opioid prescriptions (either directly or through a link in EDIE (Emergency Department Information Exchange, if available)) to review controlled substance fill history.

8. Obtain random urine drug screens at appropriate intervals (based on results of a validated opioid risk assessment tool, like the ORT) to confirm that the patient is taking their prescribed medication(s) and to identify other substances that they may be using that may increase risk or suggest a substance use disorder.
9. Coordinate in- and out-patient prescriptions whenever possible.
10. Encourage specialty care to have clear plans or protocols for opioid use after surgical procedures.

To help incorporate these community best practices into your care for patients, the Community Pathway committee has developed a resource "toolkit" (including things like sample office visit templates for chronic pain assessment, tapering tools, policies, and other general information), which is available on the Community Pathways website. Feel free to use these resources, and tailor them to your clinic or office needs. Additionally, the CDC has other resources, including a concise, one-page checklist for prescribing opioids.

If you have questions about any of the Community Pathways opioid resources, please feel free to contact Kate Choiniere, PharmD, Irina Goldstein, PharmD, or Nathan Lawless, RPh.

Together we can combat this epidemic and help our community, neighbors, families, and friends. We hope you will find these resources beneficial.