

Best Practice 5 - Prescribing

Best practice:

Measure 1a: ≥90% of workers have an initial opioid prescription of ≤ 3 days (**non-surgical** comparison groups).

Measure 1b: ≥90% of workers have an initial opioid prescription of ≤ 7 days (**surgical** comparison groups).

Measure 2: <5% of workers taking opioids are transitioned to chronic¹ opioid therapy.

Measure 3: ≥90% of workers on chronic¹ opioid therapy are dosed at <50mg/day MED.

Purpose of these measures:

- To ensure that providers are consistent with L&I's opioid prescribing guidelines.

NOTES:

- Includes all prescribed opioids – not just what L&I authorized and/or paid for.
- Source information is gathered from the Washington State Department of Health's Prescription Monitoring Program (PMP).
- Only L&I's Pharmacy Program has access to prescribing data.
- In 2016, the Bree Collaborative endorsed the 2015 Agency Medical Directors Group Guidelines on Prescribing Opioids for Pain.
- Based on the Bree Collaborative and the Centers for Disease Control and Prevention prescribing opioids for chronic pain (<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>), this Best Practice has been selected by the Department of Labor & Industries.
- This best practice doesn't pertain to non-prescribing providers.

How to meet this best practice:

Since prescribing is done by each individual medical provider, care coordinators will only provide education and knowledge on prescribing measures based on this best practice. If a medical provider has questions about an opioid prescribing report sent from the L&I that is outside the guidelines for prescribing opioids, the care coordinator will not have this information. They should refer the medical provider to one of the relevant COHE's medical directors.

¹ Chronic, as it pertains to these opioid measures, is defined as number of days filled ≥60 (non-consecutive) days in a 90-day period.