Washington Overdose Pilot

January 2019

Danielle Siniscalchi
danielle.siniscalchi@collectivemedical.com
Director of Product
Overdose Notification Pilot Overview
In 2016, there were **694 overdose deaths** in Washington. These deaths represent a tragic loss of life. **Together we can decrease overdose deaths.**

In 2017, WSHA, WSMA and DOH collaborated on HB 1427, which established an **overdose event notification system**. This system is intended to provide clinicians with meaningful information to **help stop overdose deaths**.

A recent study in California found that **170 patients with fatal overdoses** had on average received **opioid prescriptions from over five prescribers**. Increased awareness and timely alerts resulted in **fewer new opioid prescriptions** and **fewer high-dose prescriptions**.
Collective Medical as the names solution for HB 1427

- Pilot in Washington Olympic Peninsula region
- Approximately 275 participating providers
- One PreManage Clinic – Peninsula
- Q4 2017 region had 57 overdose events
Benefits of Participation

Support identifying patients at-risk for opioid addiction and opportunity to select non-opioid treatment options

Timely coordinated communication to all prescribers, care managers and case managers regarding opioid overdose events

Streamlined engagement of patients in opioid use disorder interventions to improve long-term outcomes
How does it work?

1. Washington Stakeholders provide us with participating prescribers contact information
2. Patient encounter at a Washington hospital has an overdose diagnosis
3. EDie evaluates known PDMP prescribers and looks for those providers in the PDS
4. Matched prescribers are sent a fax/email notification for both fatal/non-fatal events
5. Notification will provide detailed information on the overdose event along with some recommendations about prescribing opiates

*Identified providers are pre-loaded into PDS through the data loader to make them eligible for overdose notifications.
Notification of fatal opioid overdose

Dear PROVIDER, FISHER, STEPHANIE MD,

Your patient, MEOW KATZ 11/04/1975, died from an apparent overdose at Sacred Heart Medical Center on 02/12/2018. Data from the Prescription Monitoring Program and the Emergency Department Information Exchange identified you as the patient’s primary care provider and/or as having prescribed a controlled substance to this patient during the six months before the patient died. We do not know whether your prescribing contributed to the death.

We understand that any patient’s death is difficult for health care professionals to accept and process. We are providing you this information to support you in offering safe and effective care to patients.

Here are some important points about managing pain and prescribing opioids:

- Consider providing overdose education and naloxone to patients on opioids. See www.stopoverdose.org
- If a patient needs opioids for acute pain, prescribe the lowest effective dose of immediate-release opioids for the shortest duration. Discuss opioids risks and benefits with your patient. Patients rarely need more than seven days supply.
- Prescribe opioids for chronic pain only if benefits for both pain and function outweigh risks to the patient.
- Avoid co-prescribing opioids, benzodiazepines, or other sedatives. Combining opioids with sedatives, sleeping pills, or alcohol increases the risk of an overdose.
- Use the Prescription Monitoring Program database to verify if patients are receiving controlled substances from other prescribers. Register for the system at www.doh.wa.gov/pmp.
- Participate in UW TelePain. https://depts.washington.edu/anesth/care/pain/telepain/, or call the UW Pain and Opioid Helpline (1-844-520-PAIN) for help in managing patients with complex pain.
- Learn how to recognize opioid use disorder and offer evidence-based treatment. See Recovery Helpline https://www.recoveryhelpline.org/
- Consider providing medication-assisted treatment for your patients. See the federal requirements at https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management

If you have any questions about the Prescription Monitoring Program, please contact the Washington State Department of Health at (360-236-4806 or prescriptionmonitoring@doh.wa.gov).

* We also recognize that some patients with complex and chronic debilitating illness may require opioids along with other psychotropics to effectively manage their symptoms. If multiple providers are involved in writing prescriptions, there may be inadvertent drug-drug interactions which change the speed of the opioid metabolism. Assuring shared and up-to-date medication lists are available to all prescribers can help reduce the risk.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the aforementioned facilities for additional information.

© 2018 Collective Medical Technologies, Inc. - Salt Lake City, UT - info@collectivemedical.com
Anticipated Metrics Over-time

- Number of Overdose Events
- Number of Overdose Events without a Notification
- What type of overdose events are occurring
- Number of repeat overdose events
Anticipated Questions
Question
What are the conditions in which a letter is triggered and sent?

Answer
There are multiple conditions which have to be met in order for Collective to produce and send an overdose letter to prescribing physicians:
• Patient has been admitted to an ED in Washington
• Patient has an overdose diagnosis, list of diagnosis codes can be found here
• Patient has a prescribing physician that is returned in the PDMP query
• Patient has a discharge date
• Provider has opted in and provided WSHA with their contact information
• Provider is found in the provider directory and has been identified as a participating provider
Question
How does Collective attribute prescribing physicians to the patient with an overdose event?

Answer
Collective follows the same PDMP workflow that has already been established for querying the PDMP upon ED admission. Once a patient meets the overdose criteria set Collective will pull all prescribing physicians in the last six months from the PDMP query and then match those providers to providers in Collectives provider directory who have been identified as a participating provider.
**Question**
What if a patient with an overdose event has multiple prescribers returned in the PDMP query?

**Answer**
All participating providers identified in the PDMP as having written an opioid prescription within the last six months will receive a letter.
Question
What if a patient with an overdose event does not have a prescribing physician in the PDMP query?

Answer
An overdose letter will not be sent.
Question
Will I see the participating providers in the Care Team section in the portal as prescribing providers?

Answer
Not as a function of the Pilot work. It’s possible for a provider to be listed in the Care Team from other sources, but none of the providers who are part of the pilot will be added to the Care Team as part of their participation.
Questions

For Additional Information, please see the FAQ Guide
THANK YOU