Bree Collaborative Implementation Survey Results | Medical Group
Agency Medical Directors Group Guidelines on Prescribing Opioids for Pain

This report summarizes adoption of the Agency Medical Directors Group Guidelines on Prescribing Opioids for Pain, completed by Washington State medical groups in 2016. We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical group.

Results: 10 Medical Groups Responding

0 -No action taken; **1** -Actively considering adoption; **2** -Some/similar adoption; **3** -Full adoption

	AVERAGE SCORE
All pain phases	
Non-opioid therapies, such as behavioral intervention, physical activity and non-opioid analgesics, are used when appropriate	*2.20*
Opioids are avoided if the patient has significant respiratory depression, current substance use disorder, history of prior opioid overdose, or a pattern of aberrant behaviors	*2.00*
Function and pain are assessed and documented using a validated tool at each visit where opioids are prescribed	*1.50*
Opioids are not prescribed with benzodiazepines, carisoprodol, or sedative-hypnotics	*1.60*
Acute phase (0–6 weeks)	
The state's Prescription Monitoring Program (PMP) is checked before prescribing	*1.70*
Opioids are not prescribed for non-specific back pain, headaches, or fibromyalgia	*2.10*
The lowest necessary dose is prescribed for the shortest duration	*2.20*
Perioperative pain	
Patients are evaluated thoroughly preoperatively: the PMP is checked and the patient is assessed for over-sedation and difficult-to-control pain risk	*1.50*
Patient is discharged with acetaminophen, NSAIDs, or very limited supply (2–3 days) of short-acting opioids for some minor surgeries	*1.70*
Patients on chronic opioids have doses tapered to preoperative levels or lower within 6 weeks following major surgery	*1.80*
Subacute phase (6–12 weeks)	
Patients are not continued on opioids without clinically meaningful improvement in function and pain	*1.60*
Patients are screened for comorbid mental health conditions and risk for opioid misuse using validated tools	*1.70*
If opioids are prescribed beyond 6 weeks, PMP is rechecked and a baseline urine drug test is administered	*1.40*
Chronic phase (>12 weeks)	

Read the endorsement here: http://www.breecollaborative.org/wp-content/uploads/2015AMDGOpioidGuideline.pdf and summary here: http://www.agencymeddirectors.wa.gov/Files/FY16-288SummaryAMDGOpioidGuideline_FINAL.pdf

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Opioids are continued to be prescribed only if there is sustained clinically meaningful improvement in function and pain, and no serious adverse events, risk factors, or contraindications	*1.70*
PMP checked and urine drug test are rechecked at frequency determined by the patient's risk category	*1.70*
Opioids are prescribed in 7-day multiples to avoid ending supply on a weekend	*1.90*
120 mg/day morphine equivalent dose is not exceeded without a pain management consultation	*2.20*
Discontinuing	
Prescriptions discontinued: • At the patient's request • No CMIF • Risks outweigh benefits • Severe adverse outcome or overdose event • Substance use disorder identified (except tobacco) • Aberrant behaviors exhibited • To maintain compliance with DOH rules or consistency with AMDG guideline	*2.10*
Considerations are made prior to taper:	
Patient helped to understand that chronic pain is complex and opioids cannot eliminate pain	*2.10*
Outpatient taper considered if the patient isn't on high-dose opioids or doesn't have comorbid substance use disorder or other active mental health disorder	*2.11*
Consultation obtained if the patient failed previous taper or is at greater risk for failure due to high-dose opioids, concurrent benzodiazepine use, comorbid substance use disorder or other active mental health disorder	*1.90*
How to discontinue	
Opioids tapered first if patients are also on benzodiazepines	*1.60*
Unless safety considerations require a more rapid taper, taper is started with 10% per week and adjust based on the patient's response	*1.60*
Reverse taper avoided; it can be slowed or paused while managing withdrawal symptoms	*1.70*
Unmasked mental health disorders are watched for, especially in patients on prolonged or high-dose opioids	*1.70*
Recognizing and treating opioid use disorder	
Patient assessed for opioid use disorder and/or referred for a consultation if the patient exhibits aberrant behaviors	*2.10*

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Patients are helped to get medication-assisted treatment along with behavioral therapies	*1.90*
Naloxone prescribed (especially if heroin use suspected) and patient's contacts educated on how to use it	*1.50*
Special populations	
Women counseled before and during pregnancy about maternal, fetal, and neonatal risks	*2.10*
For children and adolescents, prescribing opioids avoided for most chronic pain problems	*2.20*
In older adults, opioids initiated at 25–50% lower dose than for younger adults	*1.80*
For cancer survivors, recurrence or secondary malignancy ruled out for any new or worsening pain	*1.90*

Scale

We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical groups.

0 - No action taken	• No leadership awareness of Bree Collaborative Topics • No team formed
1 - Actively considering adoption	• Bree topics, aims and components have been discussed • Education, assessment, information gathering • Changes planned but not tested • Information gathering and baseline measurement begun
2 - Some/similar adoption	• Initial test cycles completed for more than one element • Quality metrics and data available demonstrating adoption/effectiveness • Other similar (Bree-like) changes adopted for this topic
3 - Full adoption	• Changes implemented in all areas • All components integrated into care process (i.e. orders, etc.) • Partial or complete closure of gap between baseline & target outcomes

Participating Medical Groups

Confluence Health
The Everett Clinic
Evergreen Health Partners
Group Health Cooperative
Northwest Physicians Network
Polyclinic
Providence: Pacific Medical Centers
Providence Medical Group: SE Region
Providence: Swedish Medical Group
Vancouver Clinic
Virginia Mason
MultiCare

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