



## Opioid Use Disorder

*"...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system."*

<b>PROBLEM STATEMENT:</b>	
Opioid use disorder continues to be prevalent in Washington State, with a 10% increase from 2018 to 2019 and 35% for both 2020 and 2021 over the prior year. <sup>i</sup> The Bree Collaborative developed guidelines in 2017, outlining full or partial opioid agonists for treatment (as opposed to treatment without medication).	
<b>RE-REVIEW JUSTIFICATION</b>	
<ul style="list-style-type: none"> <li>• Language change: Medication assisted treatment → Medication for opioid use disorder</li> <li>• Regulatory change: Waiver requirement to prescribe buprenorphine no longer federally required (as of 2023)<sup>ii</sup></li> <li>• Emerging evidence on treating fentanyl addiction</li> <li>• Need for safe consumption facilities and safe opioid agonist supply</li> </ul>	
<b>DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):</b>	
<input checked="" type="checkbox"/> VARIATION IN CARE	<input checked="" type="checkbox"/> SAFETY CONCERNS
<input type="checkbox"/> HIGH COST AND POOR OUTCOMES	<input checked="" type="checkbox"/> EQUITY CONCERNS
<b>PROPOSED SCOPE:</b>	
Need for guidance for providers to improve confidence and competence and for payors on successful and safe initiation, stabilization, and titration of individuals on medication for opioid use disorder in the age of fentanyl with a focus on populations that are underserved.	
<b>EVIDENCE-BASED IMPACT STRATEGY:</b>	
<ul style="list-style-type: none"> <li>• Trauma-informed, non-stigmatized screening and care. Low-barrier access to medication for opioid use disorder focusing on methadone, naltrexone, and buprenorphine.<sup>iii</sup></li> <li>• Prescribing of other medications (e.g., hydromorphone, morphine) are supported by evidence, including the US National Academy of Medicine, but are <b>not currently legal</b>.</li> </ul>	
<b>AVAILABLE DATA:</b>	
Data from the University of Washington Addictions, Drug and Alcohol Institute	
<b>POTENTIAL PARTNERS:</b>	
HCA, DOH, UW, local public health departments	
<b>HOW MAY A BREE REPORT ON THIS TOPIC SUPPORT THE HEALTH OF WASHINGTONIANS:</b>	
Recommendation for updates to language and removal of waiver need but not a rereview.	

<sup>i</sup> [https://adai.uw.edu/wadata/opiate\\_home.htm](https://adai.uw.edu/wadata/opiate_home.htm)

<sup>ii</sup> <https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act>

<sup>iii</sup> <https://www.samhsa.gov/newsroom/press-announcements/201802150200>