

## 2017 Washington State Opioid Response Plan Progress Report

Activity updates for December 20, 2016 through June 30, 2017

### Introduction

Since the introduction of the 2016 Washington State Opioid Response Plan (formally the Interagency Opioid Working Plan), four workgroups have met regularly to implement activities in the plan, assess progress, and identify emerging issues related to opioid abuse and opioid overdose in Washington. As activities change, workgroups have modified and added pieces to the work plan. In preparation for implementing Governor Jay Inslee's [Executive Order \(EO\) 16-09](#), *Addressing the Opioid Use Public Health Crisis*, and the 2017 Opioid Response Plan activities a progress report has been created. This progress report highlights completed tasks and identifies areas where work is ongoing.

### Plan Overview

The Washington State Opioid Working Plan includes four priority goals:

1. Prevent opioid misuse and abuse.
2. Treat opioid abuse and dependence.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

Collectively, the focused strategies and specific actions to achieve these goals are targeted at:

- Individuals: Includes those who use prescription opioids and/or heroin at any level of use or dependence. Special populations include pregnant women, adolescents and clients of syringe exchange programs.
- Professionals: Includes health care providers, pharmacists, first responders/law enforcement, social service providers and chemical dependency professionals.
- Communities: Includes family members, tribes, local municipalities, schools, community prevention coalitions and citizen groups.
- Systems: Includes policies, financing structures, and information systems in medical, public health, criminal justice and other fields.

Workgroups communicate and meet regularly to assess progress and identify emerging issues that require new actions. The lead contacts for each workgroup are:

- **Prevention Workgroup** (Goal 1):  
Julia Havens, Division of Behavioral Health and Recovery [julia.havens@dshs.wa.gov](mailto:julia.havens@dshs.wa.gov)  
Jaymie Mai, Department of Labor & Industries [majj235@lni.wa.gov](mailto:majj235@lni.wa.gov)
- **Treatment Workgroup** (Goal 2):

Thomas Fuchs, Division of Behavioral Health and Recovery [thomas.fuchs@dshs.wa.gov](mailto:thomas.fuchs@dshs.wa.gov)

Ahney King, Division of Behavioral Health and Recovery [ahney.king@dshs.wa.gov](mailto:ahney.king@dshs.wa.gov)

- **Naloxone Workgroup** (Goal 3):

Allison Newman, UW Center for Opioid Safety Education [alison26@uw.edu](mailto:alison26@uw.edu)

- **Data Workgroup** (Goal 4):

Jennifer Sabel, Department of Health [Jennifer.Sabel@doh.wa.gov](mailto:Jennifer.Sabel@doh.wa.gov)

**GOAL 1: Prevent inappropriate opioid prescribing and prevent opioid misuse and abuse.**

| <b>STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.</b>   |                                       |  |                |  |
|--|---------------------------------------|--|----------------|--|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b>   |
| Educate health care providers on the 2015 Agency Medical Directors' Group <i>Interagency Guideline for Prescribing Opioids for Pain</i> , the <i>Washington Emergency Department Opioid Prescribing Guidelines</i> and the <i>CDC Guideline for Prescribing Opioids for Chronic Pain</i> to ensure appropriate opioid prescribing. | Ongoing                               | The AMDG continues to collaborate with Bree on the development of a dental guideline on prescribing opioids for acute dental pain, prevent inappropriate transition from acute opioid use to chronic use and avoid opioid therapy altogether when other alternatives for treating pain may be equally effective. The STR grant will be funding two conferences in Washington state to promote the new AMDG/Bree dental guideline. L&I will lead the planning and development of the conferences with DSHS, AMDG and Bree. AMDG members continue to educate health care providers on the guideline through presentations, conferences and meetings. Between January 1 and May 31, 2017, there were 254,336 new and returning visitors to the AMDG website. The top five pages visited include the Opioid Dose Calculator, Other Resources, AMDG Home Page, 2015 AMDG Opioid Guideline and CME Activities.<br>The University of Washington's (UW) TelePain Program continues to provide weekly interactive case-based community provider mentoring through tele-video, promoting adherence to the AMDG and CDC guidelines. |                |  |
| Promote the use of the Prescription Drug Monitoring Program (PMP), including use of delegate accounts, among health care providers to help identify opioid use patterns, sedative co-prescribing, and indicators of poorly coordinated care/access.  | Ongoing                               | DOH has provided education and outreach to increase provider use of the PMP at 10 events since January 1, 2017. In addition, DOH is finishing up testing for prescribers of legend drugs to have access to the PMP. Implementation of delegate accounts for pharmacists occurred on March 1, 2017 and PMP access for healthcare facilities, as authorized in HB 2730, went live on June 1, 2017. DOH continues to provide education and outreach to  | 4.3            | Collaborate with partners to explore policies and processes to enhance functionality and increase the use of the Prescription Drug Monitoring Program among health care providers. |

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|   |                                | <p>dispensers regarding daily reporting with enforcement started on January 1, 2017.</p> <p>All COSE presentations on pain and addiction include PMP promotion. During this period, presentations occurred at UW Ambulatory Nursing Conference, Mason General Hospital, Washington Academy of Physicians Assistants, Lake Roosevelt Community Health Center and an additional 10 through out the state. Upcoming presentations include WSHA, Public Health Seattle King County, ARNP fall conference, School Health Providers, AETC for HIV care, etc.</p> <p>COSE has drafted an article on safe opioid use for Nursing Commission publication in May to all licensed nurses. Drafted principles to be shared next quarter with academic centers to promote evidence based pain treatment that is consistent across health service programs. Need to have WA state government sponsor promote it with academic programs.</p> <p>As part of an educational effort to ensure safe and effective care for injured workers, the L&amp;I has developed an annual opioid prescribing report that delivers opioid prescribing information based on PMP data to providers treating injured workers. The report evaluates opioid prescribing practices based on three indicators associated with significant risk of severe adverse outcomes: high-dose opioids, concurrent opioids and sedatives, and chronic opioids. Only providers who rank above the mean AND at or above the 90th percentile on at least one of the three indicators will receive an opioid prescribing report. L&amp;I mailed the 2016 Opioid Prescribing Report to 350 providers in April so that they can re-evaluate their prescribing practices.</p> |         |                     |

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|  |                                | The Bree Collaborative Opioid Prescribing Implementation Workgroup has developed a set of statewide opioid prescribing metrics critical in tracking state progress. Metrics are meant to help identify effective strategies to intervene in prescribing practice, providing guidance for health plans, health systems, and individual providers to improve quality of care. The <a href="#">draft metrics</a> have been disseminated to the broader health care community for a four week public comment period from May 25 to June 23 and will be presented to the Bree Collaborative for adoption in July. The workgroup is collaborating with Oregon Health Authority for possible adoption of the metrics and is also in discussion with the Centers for Disease Control and Prevention about adoption. |         |   |
| Train, coach and offer consultation with providers on guideline-adherent opioid prescribing and non-opioid alternatives for pain management (e.g., TelePain video conferencing and opioid consultation hotline). | Ongoing                        | UW and HCA continues to offer pain management resources for community-practice providers such as TelePain and Opioid Consult Hotline. The TelePain Program continues to provide weekly interactive case-based community provider mentoring through tele-video with current financial support from HCA, the Governor’s office and the State Targeted Response (STR) to the Opioid Crisis Grant. Unfortunately, UW has encountered obstacles to developing a sustainable funding model that would enable enhancement and wide promotion of this service. TelePain webinar series participation ranges from 194-245 attendees per month. The Opioid Consult Hotline provides “just in time” advice for providers caring for patients with complex chronic pain problems.                                       | 1.3     | Develop tele-mentoring prescriber education programs, such as the UW TelePain, to be a fiscally sustainable telehealth service. Establish support programs for providers, like an opioid prescribing consultation hotline.  |
| Partner with professional associations, teaching institutions, boards and commissions and insurers to reduce unnecessary opioid prescribing for acute pain conditions especially in the adolescent population.   | Ongoing                        | The Bree Collaborative has held two summits on opioid prescribing in dentistry on March 9 and on June 22, convening representatives from the Washington State Dental Association, the University of Washington School of Dentistry, the Dental Quality Assurance Commission, the Washington State Hospital Association, the Washington State Medical Association, Delta Dental, individual  | 1.1     | Consider amendments to the state pain guidelines and other training and policy materials, consistent with the 2015 AMDG and the 2016 CDC opioid guidelines, to reduce unnecessary prescribing for acute pain conditions for the general population, and especially for adolescents. |

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|   |                                | <p>dentists, and others to develop recommendations specific to dental providers.</p> <p>Gov. Jay Inslee signed House Bill 1427 into law on May 16 to help address the opioid crisis. DOH is beginning the rule making process for this legislation which will involve developing opioid prescribing rules.</p>   |         |   |
| Enhance medical, nursing, and physician assistant school curricula on pain management, PMP, and treatment of opioid use disorder. | Ongoing                        | WSU, Pacific NW University and UW interdisciplinary programs have all agreed to work on an interdisciplinary curriculum project teaching about safe opioid prescribing. The UMASS Medical School has been contacted to provide more information about their existing Opioid Safe Prescribing Curricula (OSTI) for the workgroup to consider if they want to use OST or develop a new module.   |         |   |
| Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.                  | Ongoing                        | Bree will be working with health systems, health plans, and advocacy organizations on limiting acute opioid prescribing to adolescents and teenagers.  |         |   |
| Require health plans contracted with the Health Care Authority to follow best practice guidelines on opioid prescribing.          | Ongoing                        | <p>HCA continues to develop opioid authorization criteria. Initial launch date was moved in order to address operational requirements, such ensuring automated system exceptions may be made for clients with cancer or other serious conditions. HCA is refining the clinical policy to align with best practices (Bree, CDC guidelines, and AMDG guidelines) and ensuring the programming, processes, and communications are in place for implementation. To ensure alignment with other policy efforts, HCA is collaborating with Medicaid managed care medical and pharmacy directors. The opioid feedback report to Medicaid providers to improve opioid prescribing patterns is projected to begin by Q4 2017.</p> <p>The Bree Collaborative has formed an Opioid Use Disorder Workgroup and had been meeting since December 2016 to make recommendations on increasing access to evidence-based</p> | 2.4     | Determine if access issues exist and explore and recommend solutions on how insurance payment mechanisms, formularies, and other administrative processes can ensure appropriate availability of medication-assisted services and evidence-based services for treatment of pain and overdoses. Assess whether current payment and coverage decisions support these treatments consistent with evidence-based practices and implement, as soon as feasible, value-based purchasing methods to improve results. |

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|  |                                       | medication assisted treatment, early identification, supportive referrals, treating opioid use disorder as a lifelong, chronic condition across the age span using supported recovery, and alignment with Medicaid Waiver/Transformation project requirements of Accountable Communities of Health. The Office of the Insurance Commissioner is working with providers and insurers to identify and address issues around reimbursement for chronic pain management and medication-assisted treatment. |                |  |
| Advocate for reimbursement of non-opioid pain therapies.   | Ongoing                               | L&I and HCA convened a meeting on “Emerging Practices on Collaborative Care Management of Chronic Pain” with the goal of identifying common components of systems based interventions, such as collaborative care and/or behavioral health intervention, for community action on the prevention and adequate treatment of chronic pain and opioid use disorder on June 14, 2017. Materials from the meeting are available <a href="#">here</a> .   | 1.3            | Explore innovative methods and tools to deliver evidence-based alternatives and other promising practices, such as physical, occupational and cognitive behavioral therapy, to reduce overreliance on opioids while improving access to care and health outcomes with regard to the treatment of pain. |
| Encourage licensing boards of authorized prescribers to mandate continuing education units (CEU) on opiate prescribing and pain management guidelines. | Ongoing                               | Gov. Jay Inslee signed House Bill 1427 into law on May 16 to help address the opioid crisis. DOH is beginning the rule making process for this legislation which will involve developing opioid prescribing rules.   |                |  |

| <b>STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, and focus on reducing the stigma of opiate use disorder.</b>                |                                       |   |                |   |
|---|---------------------------------------|---|----------------|---|
| <b>Activity</b>   | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b>  |
| Distribute counseling guidelines and other tools to pharmacists, chemical dependency professionals, and health care providers and encourage them to educate patients on prescription opioid | Ongoing and Inactive                  | Bree Collaborative finalized fact sheet on Opioid Medication. DSHS/DBHR promotes this on the page for parents on StartTalkingNow.org website <a href="http://www.starttalkingnow.org/sites/default/files/Opioid-Medication-">www.starttalkingnow.org/sites/default/files/Opioid-Medication-</a> | 1.2            | Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs. |

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| safety (storage, disposal, overdose prevention and response).<br><a href="http://stopoverdose.org/docs/Naloxone_PRO_brochure.pdf">stopoverdose.org/docs/Naloxone_PRO_brochure.pdf</a><br><a href="http://doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx">doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx</a> |                                | <a href="#">Pain-Fact-Sheet-revised.pdf</a> . Information from this sheet was used in the social media campaign message development.<br><br>DSHS/DBHR, L&I and Bree Collaborative are planning for two provider education symposiums on Opiate Prescribing and ways to prevent opioid misuse and abuse among youth and adults. Funded by the State Targeted Response to Address the Opioid Crisis grant funds. Symposiums will be held in Winter 2017.  |         |   |
| Provide targeted and culturally appropriate health education to opioid users and their social networks through print and web-based media.   | Ongoing                        | Contracted with ADAI to redesign Good Sam Law awareness and Overdose prevention messaging focused on young adults. Efforts are in progress. ADAI conducted a conversation with youth at the Spring Youth Forum on May 17 <sup>th</sup> to learn more about social messaging appeal for 11 <sup>th</sup> and 12 <sup>th</sup> grade high school students.  |         |   |
| Promote accurate and consistent messaging about opioid safety and addiction.  | Ongoing                        | Conducted a 6-week social media campaign to raise awareness. Messages were sent to all school districts and various community providers. A thorough review of 100 national websites was conducted by ESD 112 and a proposal was submitted to the workgroup for final message selection. The social media campaign in WA was modeled after the CADCA National Medicine Abuse Awareness Month <a href="http://www.preventrxabuse.org/">www.preventrxabuse.org/</a><br>Provided adults with facts about youth misuse and abuse and where to get more information. Promoted Safe Use, Safe Disposal and Safe Storage to prevent youth misuse and abuse. | 1.2     | Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs. |
| As available, promote national social marketing campaigns on the potential harms of prescription medication misuse and abuse and secure home storage for local application.   | Ongoing                        | Conducted a 6-week social media campaign to raise awareness. Messages were sent to all school districts and various community providers. A thorough review of 100 national websites was conducted by ESD 112 and a proposal was submitted to the workgroup for final message selection. The social media campaign in WA was modeled after the CADCA National Medicine Abuse Awareness Month <a href="http://www.preventrxabuse.org/">www.preventrxabuse.org/</a>  |         |   |

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|--|--------------------------------|--|---------|--|
| Activity   | Completed, Ongoing or Inactive | Progress   | EO Goal | Related EO Activity  |
|  |                                | DSHS/DBHR was awarded the State Targeted Response to Address the Opioid Crisis federal funds. A state-wide media campaign will be launched in the late summer/ fall 2017. Efforts currently underway to develop campaign.  |         |  |
| Conduct an inventory of existing patient materials on medication safety for families and children. Develop new materials as needed as tools for health care providers and parents. | Ongoing                        | <p>UW ADAI completed review of existing resources on May 12, 2017. This information is online on ADAI's website and will be used by DSHS/DBHR in future efforts.<br/> <a href="http://adai.uw.edu/pubs/pdf/2017medicationsafetyresources.pdf">http://adai.uw.edu/pubs/pdf/2017medicationsafetyresources.pdf</a></p> <p>Contract was amended to advance messaging for Good Sam Law promotion instead of Dental Best Practices to avoid duplication of Bree Collaborative efforts.</p> <p>DSHS/DBHR added a page on StartTalkingNow.org for parents and influential adults to access resources about opioid misuse and abuse prevention and services. Messaging from social media campaign directed parents to this page for more information.<br/> <a href="http://www.starttalkingnow.org/parents/find-resources/prescription-drugs">www.starttalkingnow.org/parents/find-resources/prescription-drugs</a></p> | 1.2     | This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse. |

| STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.   |                                |  |         |  |
|---|--------------------------------|--|---------|--|
| Activity  | Completed, Ongoing or Inactive | Progress   | EO Goal | Related EO Activity  |
| Work with community coalitions to implement strategies to prevent youth prescription drug misuse from the Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan.<br>( <a href="http://theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20Final.pdf">theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%</a> ) | Ongoing                        | <p>DSHS/DBHR continues to fund the Community Prevention and Wellness Initiative (CPWI) community coalitions to implement evidence-based substance abuse prevention and mental health promotion programs.</p> <p>DSHS/DBHR was awarded the State Targeted Response to Address the Opioid Crisis federal funds. On May 8, 2017, DSHS/DBHR released an RFA for expanding CPWI into 5 new communities.</p> | 1.2     | This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse. |

| <b>STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.</b>   |                                       |  |                |   |
|--|---------------------------------------|--|----------------|---|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b>  |
| <a href="#">20FINAL-20v03%2028%2013%20printed.pdf</a>  |                                       | Request for Applications (RFA) closed on July 14, 2017. There are 20 eligible high-need communities that have been invited to apply.   |                |   |
| Provide prevention funds from which mini grants can be awarded to organizations and coalitions to implement key actions of the State Opioid Response Plan. | Ongoing                               | DBHR funded 5 additional Targeted Enhancement grants to eligible CPWI Community Coalitions to implement secure medicine take-back projects or maintain capacity for existing projects.<br><br>DSHS/DBHR was awarded the State Targeted Response to Address the Opioid Crisis federal funds. Current efforts include a June 2017 release of Request for Applications (RFA) for Community-based Organization grants to provide programs and strategies to reduce opioid use among youth. | 1.2            | Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs. |

| <b>STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.</b>  |                                       |  |                |   |
|---|---------------------------------------|--|----------------|---|
| <b>Activity</b>   | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b>  |
| Educate patients and the public on the importance and ways to properly store and dispose of prescription pain medication. | Ongoing                               | OSPI in collaboration with DBHR, DOH and the Prescription Misuse and Abuse workgroup. Announced a Press Release on the social media campaign and the National DEA Drug Take-Back day on April 29, 2017. In concert with 6-week social media campaign.  | 1.2            | Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs. |
| Promote the use of home lock boxes to prevent unintended access to medication.  | Ongoing                               | Conducted a 6-week social media campaign April 19-May 31. Included messages to parents and caregivers regarding #SafeStorageSafeKids, #SafeDisposalSafeKids, and #SafeUseSafeKids. The messages were developed in collaboration with Office of Superintendent of Public Instruction (OSPI) and Educational Service District 112. Other partners involved include DBHR, Labor and Industries, Department of Health and the Prescription Misuse and Abuse workgroup. |                |   |

| <b>STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.</b> |                                       |   |                |   |
|--|---------------------------------------|---|----------------|---|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b>  |
| Explore funding and regulatory enhancements to sustain and evaluate Drug Take Back programs.                             | Ongoing                               | Workgroup identified initiatives including partnerships with Health Care Authority to purchase home lock boxes. CPWI coalitions, including Targeted Enhancement grantees, reported evaluative outcomes including over 1000 pounds of medications collected and destroyed and promotion and maintenance efforts of secure medicine take back drop boxes. Eight permanent secure drop boxes were installed. | 1.2            | Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs. |

| <b>STRATEGY 5: Decrease the supply of illegal opioids.</b>   |                                       |                               |                |                            |
|--|---------------------------------------|-------------------------------|----------------|----------------------------|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>               | <b>EO Goal</b> | <b>Related EO Activity</b> |
| Partner with law enforcement to decrease illicit distribution of opioids.  | Inactive                              | No update this report period. |                |                            |
| Educate local law enforcement about how to handle reports of illegal prescribing. If necessary, develop and monitor an anonymous tip line for health providers, pharmacists and the public to report unlawful prescribing practices. | Inactive                              | No update this report period. |                |                            |
| Increase the number of investigations on unlawful prescribing practices. Coordinate with law enforcement if prescribers are arrested so that patients can be adequately treated.   | Inactive                              | No update this report period. |                |                            |
| Educate law enforcement on the PMP and how it works.   | Inactive                              | No update this report period. |                |                            |

**GOAL 2: Link individuals with opioid use disorder to treatment support services.**

| <b>STRATEGY 1: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder, and link patients to appropriate treatment resources.</b> |                                       |  |                |  |
|--|---------------------------------------|--|----------------|--|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b>   |
| Educate providers on the effectiveness of Medicaid Assisted Treatment as a tool to reduce the misuse of opioid by offering six MAT presentation in locations across the state of Washington.               | Ongoing                               | HCA/DBHR staff presented trainings to the Washington State Perinatal Collaborative on the increasing rate of maternal opioid abuse, treatments and resources for women who are pregnant and parenting. Delivered presentations on Medication Assisted Therapy to employees of the Washington State Nurse Monitoring Program and the Kelso City Council.  |                |  |
| Educate providers across all health professions on how to recognize signs of opioid misuse among patients and how to use appropriate tools to screen for opioid use disorder.                              | Ongoing                               | The UW Psychiatry and Addictions Case Conference series (UW PACC) began in July 2016 and is a free, weekly teleconference that connects community providers with UW Medicine psychiatrists and addictions experts. This series occurs weekly and includes both an educational presentation on an addictions and psychiatry topic and case presentations where providers who participate receive feedback and recommendations for their patients. |                |  |
| Strengthen addiction education in all health teaching institutions and residency programs.   | Ongoing                               | As part of the DSHS DBHR WA-Opioid STR grant, the University of Washington Division of Pain Medicine together with WA-Opioid STR will continue to offer weekly UW TelePain sessions, an audio and videoconference-based consultative knowledge network of inter-professional specialists with expertise in the management of chronic pain patients, opiate prescribing, and increasing understanding of OUD/MAT services.                        |                |  |
| Give pharmacists tools on where to refer patients who may be misusing prescription pain medication.  | Ongoing                               | HCA has run a list of all opioids prescribed to patients on Medicaid. The MCO plans will be informed of high utilizers and over-prescribers. A CDC grant is helping to fund a position at HCA to better analyze opioid usage from the PMP and Medicaid claims files and do outreach to providers and the MCOs based on the results. Need to develop a plan for PEB employees. This will allow targeted outreach.                                 | 4.2            | Identify persons at high risk for prescription opioid overdose and intervene when appropriate with outreach efforts to provide necessary medical care, including treatment of pain and/or opioid use disorder. |

| <b>STRATEGY 1: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder, and link patients to appropriate treatment resources.</b> |                                       |  |                |                            |
|--|---------------------------------------|--|----------------|----------------------------|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b> |
| Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options.   | Ongoing                               | The Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DSHS) WA-Opioid (STR) grant funding, together with the Department of Health (DOH) will support expanding the current capacity of the Prescription Monitoring Program (PMP) through the implementation of enhanced system analytics, system enhancements, increased data sharing statewide which will include prescribing data that compares prescribing habits to other prescribers in similar areas of medicine, as well as their personal prescribing data. |                |                            |

| <b>STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.</b>   |                                       |   |                |                            |
|--|---------------------------------------|---|----------------|----------------------------|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b> |
| Separate buprenorphine from existing daily reimbursement rate for opioid treatment program providers and create a differential reimbursement rate for buprenorphine.   | Completed                             | HCA and DBHR collaborated on “unbundling” from the daily reimbursement rate, for opiate substitution treatment (OST) program allowing for the utilization of Buprenorphine daily dosing.  |                |                            |
| Identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and develop policy solutions to expand capacity. | Ongoing                               | HCA has removed the Prior Authorization for Naltrexone, consistent with the other MAT FDA approved medications. The change is intended to reduce barriers to utilization of MAT. Five additional OTP programs are in the application process.   |                |                            |
| Provide technical assistance to county health officers to advocate for expanded local access to opioid use disorder medications.                                       | Ongoing                               | DOH recently received a CDC grant to accomplish this work. On November 1st, a public health nurse was hired to provide technical assistance to local health officers on medication assisted treatment. Nurse care managers are beginning to be utilized in MAT facilities to increase access. |                |                            |

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| Activity  | Completed, Ongoing or Inactive | Progress   | EO Goal | Related EO Activity   |
| <p>Build up supports (e.g., case management capacity) to help medical providers and staff implement and sustain buprenorphine treatment.</p> <ul style="list-style-type: none"> <li>Consider use of “hub and spoke” and Center of Excellence models.</li> <li>Leverage funding and human resources for telemedicine support.</li> </ul> | Ongoing                        | <p>DSHS, DBHR WA-STR Opioid grant is developing a Hub and Spoke project will expand statewide access to MAT (naltrexone, buprenorphine, and methadone) and reduce unmet need by developing and implementing six hub and spoke models to create integrated care for patients with an opioid use disorder. The six hubs will provide MAT and integrated care to five or more spokes. The spokes will consist of a wide variety of providers interested in collaborating to provide integrated MAT/ODU treatment and referral services. The goal is to serve 1200 new patients every year of the grant.</p> | 2.2     | Expand availability of evidence-based medication-assisted treatment   |
| <p>Increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine.</p>  | Ongoing                        | <p>House Bill 1427 was signed into law on May 16 to help address the opioid crisis. This legislation requires DOH Boards and Commissions to develop opioid prescribing rules, expands access to Prescription Monitoring Program data, modifies standards for certifying and siting opioid treatment programs, and modifies terminology and declarations regarding treatment for opioid use disorder. An additional Opiate Treatment Program (OTP), Northwest Integrated Health was recently opened in Lakewood.</p>  | 2.2     | Expand availability of evidence-based medication-assisted treatment   |
| <p>Pilot new models of community-based buprenorphine to prevent overdose (e.g., stabilizing individuals on buprenorphine without mandates counseling, urinalysis, etc.).</p>  | Ongoing                        | <p>DSHS, DBHR WA-Opioid STR grant, together with ADAI, will develop a low-barrier buprenorphine model to stabilize highly vulnerable people with OUD on buprenorphine in a community based setting. Using a nurse care manager model, vulnerable clients (i.e. dual-diagnosed, homeless) will be provided buprenorphine quickly, typically within 1-48 hours, and will then receive flexible dosing/prescribing over 30-60 days until they are stable. They will then be transitioned to MAT providers at a community based health clinic and/or other recovery oriented system of care services.</p>    | 2.2     | Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs. |
| <p>Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on standards of care</p>  | Ongoing                        | <p>Goal is hold a presentation to the 29 Family Medicine Residency Program Directors will occur by the end of December 2017.</p>   |         |   |

| <b>STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.</b>   |                                       |  |                |                            |
|--|---------------------------------------|--|----------------|----------------------------|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b> |
| and medications to treat opioid use disorder.  |                                       | Purpose of presentation will be an introduction on the buprenorphine training in the residency curriculum. Work progressing with Caleb Banta-Green and Jim Walsh from the Swedish Addiction Medicine Fellowship to discuss collaborating on tele-health buprenorphine conference. Currently offering monthly program of continuing review for buprenorphine prescribers.   |                |                            |
| Develop and pilot a model to stabilize individuals on buprenorphine while in residential substance use treatment.  | Inactive                              | Currently no progress on this strategy.  |                |                            |
| Expand peer-based recovery support/coach programs within medication-assisted treatment programs.   | Active                                | DSHS/ DBHR WA-Opioid STR project to implement on the already established Projects for Assistance in Transition from Homelessness (PATH) program to provide SUD peers recovery support in two environments. Two Peer Recovery Specialists will be paired to each of the 14 PATH teams in the 10 BHO/MCO regions. Offering an expansion of services in SUD services in the state, peers will work in emergency rooms and homeless encampments to provide peer support to individuals identified with an Opiate Use Disorders. The project will link individuals to services and assist in navigating systems and addressing barriers to independence and recovery. |                |                            |
| Identify critical workforce gaps in the substance use treatment system and develop new initiatives to attract and retain skilled professionals in the field. | Ongoing                               | Newly developed work group. Currently participating in Governor Inslee's Washington Behavioral Health Workforce Assessment to identify the statewide changes to policy and processes to recruit and retain 21 <sup>st</sup> century workforce.   |                |                            |

| <b>STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.</b> |                                       |   |                |                            |
|--|---------------------------------------|---|----------------|----------------------------|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b> |
| Train and provide technical assistance to criminal justice professionals to  | Ongoing                               | A presentation on Medically Assisted Treatment (MAT) occurred at the October 16, 2016, Washington State Association of Drug Court |                |                            |

| STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.   |                                |   |         |  |
|---|--------------------------------|---|---------|--|
| Activity  | Completed, Ongoing or Inactive | Progress  | EO Goal | Related EO Activity  |
| endorse and promote opioid agonist therapies for people under criminal sanctions.   |                                | Professionals Conference. The presentation included information on implementation barriers, legal issues, and research related to the utilization of MAT in Treatment Court.  |         |  |
| Optimize access to chemical dependency treatment services for offenders who have been released from prison into the community and for offenders living in the community under correctional supervision. | Ongoing                        | DSHS, DBHR WA-Opioid STR grant together with the Department of Corrections (DOC) will develop and operate two programs. The reentry work-release and violator programs will be located in five communities across Washington State and provide re-entry services for discharging work-release and parole violators who have been identified as having OUD. They will provide a treatment plan, connections to MAT/OUD services, and naloxone overdose prevention kits.  | 2.3     | Improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating in areas that have achieved behavioral and physical health integration. |
| Work with jails and prisons to initiate and/or maintain incarcerated persons on medications for opioid use disorder.  | Ongoing                        | Washington State was selected to participate in the National Governor's Association (NGA) Learning Lab on strategic planning for alternatives to treating offenders with opioid use disorders (OUD). A team of representatives from DOC, DBHR, Snohomish County, and the Governor's Office attended a two-day training in Boston. The goal of the training was to learn from other states strategies for treating offenders with OUD and to develop a plan on how to improve services in Washington. Washington decided to pilot an OUD offender release project at the Snohomish County jail and (DOC) Monroe Correctional Facility. The pilot will be implemented between July and December 2017. | 2.3     | Improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating in areas that have achieved behavioral and physical health integration. |
| Incentivize state-funded drug and other therapeutic courts to provide access to a full range of medications for opioid use disorder.  | Ongoing                        | Beginning July 1 <sup>st</sup> DSHS - DBHR contract amendment will provide BHO's/ASO's to submit projects plans for SUD treatment in the jail using CJTA funding. These services are allowed for all substance use disorders, including but not limited to those individuals with opiate use disorders.   |         |  |

| <b>STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.</b>    |                                       |   |                |   |
|--|---------------------------------------|---|----------------|---|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b>  |
| Regularly collect primary data to document current health needs of individuals who inject heroin.  | Ongoing                               | The 2015 WA State Drug Injector Survey was completed in February 2016 and is available at: <a href="http://adai.uw.edu/pubs/infobriefs/2015DrugInjectorHealthSurvey.pdf">http://adai.uw.edu/pubs/infobriefs/2015DrugInjectorHealthSurvey.pdf</a> . Both DOH's CDC Grant, DBHR's WA-PDO Grant have components that utilize and augment the survey capabilities.  |                |   |
| Frequently map SEP services and funding levels to determine critical gaps and unmet levels of need among people who inject drugs.  | Ongoing                               | Washington State Department of Health has been developing partnerships with local Accountable Communities of Health to provide technical assistance around integration of syringe service programs (SSPs) to bill for services. Currently providing technical assistance to 3 jurisdictions to bill for services provided within an SSP.  |                |   |
| Identify and leverage diversified funding for SEPS to adequately provide supplies, case management, health engagement services, and comprehensive overdose prevention education. | Ongoing                               | Washington State Department of Health purchased \$75,000 in naloxone to distribute to SSPs and non-traditional partners. Washington State Department of Health did identify a funding partner during the noted time period to increase hepatitis C screening and linkage to care for SSPs in SW Washington. DSHS, DBHR WA-Opioid STR funding will provide additional naloxone (nasal spray) to vulnerable and underserved populations in partnership with ADAI. Despite the resources provided by the 2016 Preventing Death from Opioids (PDO) grant, across much of Washington State there remains a substantial gap between need and availability of take-home-naloxone provided to those at highest risk for witnessing an overdose. | 2.2            | Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs. |
| Provide technical assistance to local health jurisdictions and community-based organizations to organize or expand syringe exchange and drug user health services.               | Ongoing                               | DOH is the contract monitor for 10 SSPs. Together UW ADAI and DOH are providing technical assistance to SSPs and other providers around overdose prevention, testing, care coordination, capacity building assistance, and injection supplies.  | 2.2            | Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs. |

| STRATEGY 5: Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns.  |                                |  |         |                     |
|--|--------------------------------|--|---------|---------------------|
| Activity   | Completed, Ongoing or Inactive | Progress   | EO Goal | Related EO Activity |
| Educate maternity care providers to identify and refer for treatment those women with opioid use disorders who are pregnant or parenting. Disseminate the <i>Substance Use during Pregnancy: Guidelines for Screening and Management best practice guide</i> . | Completed                      | The work group disseminated <i>Substance Use Disorders during Pregnancy: Guidelines for Screening and Management</i> best practice guide. DOH participated the <i>Washington State Hospital Association (WSHA) Safe Deliveries Roadmap</i> standards/QI project. This project includes recommended evidence-based standards for primary care for child-bearing age and pregnancy care. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is included in these care recommendations. The purpose of the Roadmap standards is to improve care and insure comprehensive care including screening and referring for substance use/abuse. Substance use is addressed in pre-pregnancy, pregnancy, and postpartum care bundles. Now available on-line <a href="http://here.doh.wa.gov/materials/guidelines-substance-abuse-pregnancy">http://here.doh.wa.gov/materials/guidelines-substance-abuse-pregnancy</a> |         |                     |
| Offer pregnant and parenting women overdose education and take-home naloxone training.   | Completed                      | DBHR added overdose education, including information on how to obtain a Naloxone kit and Naloxone training, to the <i>Substance Use during Pregnancy: Guidelines for Screening and Management</i> best practice guide and to Washington State Parent-Child Assistance Program (PCAP) website.  |         |                     |
| Educate pediatric and family medicine providers to recognize and appropriately refer newborns with Neonatal Abstinence Syndrome.   | Completed<br><br>Ongoing       | Provided hospital neonatal level of care map to Opioid Workgroup: <a href="http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf">http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf</a><br><br>DOH continues to educate providers on contacting and referring newborns withdrawing with NAS symptoms to levels 2, 3, and 4 facilities.<br><a href="http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf">http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf</a>  |         |                     |
| Disseminate the <i>WA State Hospital Association Safe Deliveries Roadmap</i> standards to health care providers to improve screening and referral of   | inactive                       | No update this report period.  |         |                     |

| STRATEGY 5: Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns.  |                                |   |         |                     |
|--|--------------------------------|---|---------|---------------------|
| Activity   | Completed, Ongoing or Inactive | Progress  | EO Goal | Related EO Activity |
| substance use disorders in pre-pregnancy, pregnancy, and post-partum care.   |                                |   |         |                     |
| Create a DBHR/WSHA partnership to provide SBIRT training to obstetric and primary care clinicians.   | Inactive                       | No update this report period.   |         |                     |
| Add overdose education (including how and where to obtain naloxone) to the Parent-Child Assistance Program and Safe Babies Safe Moms websites and websites of host agencies. | Ongoing                        | Safe Babies Safe Moms (SBSM) is merging with the WA State Parent Child Assistance Program (PCAP) beginning in the 2017-2019 biennium. Information on overdose education and naloxone availability is featured on the PCAP website and PCAP has provided this content to all host agencies to include on their websites: <a href="http://depts.washington.edu/pcapuw/inhouse/FAQs_Naloxone_for_Community_Agencies.pdf">http://depts.washington.edu/pcapuw/inhouse/FAQs_Naloxone_for_Community_Agencies.pdf</a> |         |                     |

**GOAL 3: Intervene in opioid overdoses to prevent death**

| STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose. |                                |   |         |   |
|--|--------------------------------|---|---------|---|
| Activity   | Completed, Ongoing or Inactive | Progress  | EO Goal | Related EO Activity   |
| Provide technical assistance to opioid treatment programs to develop protocols to implement overdose education and naloxone access for clients.                                  | Ongoing                        | OTPs have received rules clarification that they are allowed to store naloxone in their dispensaries, which was an initial barrier. King County is piloting a program to provide naloxone to OTP and drug treatment clients by billing Medicaid. This could become a workable model for OTP naloxone. 5 OTPs in the state are known to be initiating naloxone programs. Sample protocols have been developed and posted on <a href="http://stopoverdose.org">stopoverdose.org</a> . | 3.2     | Ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone. |

| STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose. |                                |   |         |   |
|--|--------------------------------|---|---------|---|
| Activity   | Completed, Ongoing or Inactive | Progress  | EO Goal | Related EO Activity   |
| Provide technical assistance to jails, prisons, and drug courts to implement overdose education and naloxone for people under criminal sanctions.                                | Ongoing                        | COSE produces an online overdose education and personal risk assessment tool for drug court clients:<br><a href="http://www.ndci.org/naloxone-training/story.html">http://www.ndci.org/naloxone-training/story.html</a>   |         |   |
| Provide technical assistance to first responders/law enforcement on opioid overdose response training and naloxone programs.   | Ongoing                        | <ul style="list-style-type: none"> <li>ADAI has developed a complete training curriculum for law enforcement on overdose and naloxone that has been endorsed by the Washington Association of Sheriffs and Police Chiefs. Training manual and PowerPoint slides are available at <a href="http://stopoverdose.org/section/first-responders/">http://stopoverdose.org/section/first-responders/</a></li> <li>WA State was awarded a 5 year grant from SAMHSA to provide overdose and response training and naloxone to professional and first responders in four high-need regions of the state. The grant will be administered by DBHR and ADAI.</li> <li>In 2017 the Thurston County Sherriff, Whatcom County Sherriff, and Swinomish Tribal Police have begun to carry naloxone.</li> </ul> | 3.2     | Ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone. |
| Educate law enforcement, prosecutors and the public about the Good Samaritan Law.  | Ongoing                        | COSE has created a curriculum for law enforcement about overdose response and naloxone. It includes information about the Good Samaritan laws. COSE has created a new Good Samaritan law wallet card for the general public, <a href="http://stopoverdose.org/docs/911card_201703.pdf">http://stopoverdose.org/docs/911card_201703.pdf</a> , and is working to develop a new poster specifically for youth.   |         |   |
| Collaborate with the BHOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to   | Ongoing                        | COSE, DOH and the Board of Pharmacy are working to revise existing guidelines that prevent residential treatment programs from storing or distributing medications that are not prescribed to a specific individual. This currently prevents programs from  |         |   |

| <b>STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.</b> |                                       |  |                |                            |
|---|---------------------------------------|--|----------------|----------------------------|
| <b>Activity</b>   | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b> |
| provide overdose prevention education to all clients.   |                                       | distributing naloxone to clients upon discharge, despite increasing interest in doing so.  |                |                            |
| Assist emergency departments to develop and implement protocols on providing overdose education and take-home naloxone to individuals seen for opioid overdose.                         | Ongoing                               | Sample protocols from Harborview Medical Center have been posted on <a href="http://stopoverdose.org">stopoverdose.org</a> . Three new emergency departments have started naloxone programs. |                |                            |
| Mandate overdose education in all state-contracted detox, residential and outpatient treatment programs.  | Inactive                              | Due to the changeover to the new BHO system for drug treatment services, this action is infeasible at this time.   |                |                            |

| <b>STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.</b>                          |                                       |  |                |   |
|--|---------------------------------------|--|----------------|---|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b>  |
| Allocate SAMHSA block grant or other funding to scale up and sustain naloxone distribution at syringe exchange programs. | <b>Completed</b>                      | Every syringe exchange in Washington State (20 in 19 counties) now have active naloxone distribution programs supported through a number of funding sources.   | 2.2            | Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs. |
| Ensure Medicaid contracts require naloxone with no prior authorization.  | <b>Completed</b>                      | Prior authorization requirement was removed as of May 1, 2016.   |                |   |
| Establish standing orders in counties to authorize community-based naloxone distribution and lay administration.         | Ongoing                               | 12 of the 39 counties now have health officer standing orders to dispense naloxone. Seven other counties have standing orders written by private prescribers for local distribution. Eight more counties are currently negotiating a standard order that should be in effect by the end of 2017. |                |   |
| Create a centralized naloxone procurement and distribution process at the state level.                                   | Inactive                              | Centralizing naloxone distribution at this point would be impractical because of the multiple funding sources for naloxone, and the multiple types of organizations receiving naloxone, i.e. law enforcement, public health, social service, etc.  | 3.3            | Consider a centralized naloxone procurement process. Report recommended solutions when practicable.                 |

| <b>STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.</b>  |                                       |   |                |                            |
|--|---------------------------------------|---|----------------|----------------------------|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b> |
| Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability.   | Ongoing                               | As of June 12, 2017 there are 63 pharmacies and pharmacy chains that have a CDTA and are listed on stopoverdose.org. Safeway/ Albertson's pharmacies all have Narcan Nasal Spray available directly from pharmacists. However, demand for naloxone from pharmacists is very low, and many people are not aware of the service. Additionally, they report that reimbursement by insurance companies is not always sufficient to cover the cost of the product, and that it is unclear if insurance companies will reimburse for naloxone, when a person obtaining it is not the end recipient.<br><br>COSE, DOH, the Office of the Insurance Commissioner, and several independent pharmacists are working to identify, clarify, and resolve these barriers. |                |                            |
| Evaluate the utilization and health impacts of naloxone administered by police, fire department, and emergency medical technicians.  | ongoing                               | ADAI is developing an online database for law enforcement to collect standardized information on naloxone administration by law enforcement. This database will be made available to all law enforcement units in Washington State in July 2017.  |                |                            |
| Promote co-prescribing of naloxone for pain patients as best practice per AMDG guidelines. Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids. | Inactive                              | No update this reporting period.  |                |                            |

**GOAL 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.**

| STRATEGY 1: Improve PMP functionality to document and summarize patient and prescriber patterns to inform clinical decision making.   |                                |  |         |                     |
|---|--------------------------------|--|---------|---------------------|
| Activity  | Completed, Ongoing or Inactive | Progress   | EO Goal | Related EO Activity |
| Increase PMP reporting frequency by pharmacies from weekly to daily to reduce the lag between opioid dispensing and viewing the prescription in the PMP from 10 to 4 business days. | Complete                       | <p>WA PDMP receives compliance reports on pharmacies that have not submitted data in the required time frame. Currently, WA PDMP alerts pharmacies who are out of compliance. Most of the time pharmacies submit the data that was missing after an alert without the need for filing a complaint. No complaints have been filed in the past 6 months.</p> <p>DOH is working with the PDMP data vendor to improve data timeliness, prescriber queries and key data quality indicators, which will help health care providers make more informed prescribing decisions.</p> |         |                     |
| Provide easy access to the PMP data for providers through electronic medical record systems.  | Ongoing                        | The first facility went live in May, 2017 with an electronic connection to between the PMP and their EMR through the Health Information Exchange; in June, 2017 they did a limited pilot with selected providers. In addition, there are currently 3 facilities that are in testing with OneHealthPort, and over 100 registrations for meaningful use. In addition to Epic, DOH continues to engage other EMR vendors to build an electronic connection between their EMRs and OneHealthPort.  |         |                     |
| Reduce current policy and technical barriers to enable sharing of PMP data with border states.  | Ongoing                        | DOH is working on a data sharing agreement that would allow data sharing between Washington and Idaho, and hopes to begin data sharing in Fall, 2017. As of June, 2017 Oregon's law still prohibited sharing of PMP data with other state PMPs.  |         |                     |
| Consider providing MED calculations within the PMP for chronic opioid patients with automated program alerts for providers.   | Ongoing                        | MED calculations were included on the provider interface starting in April 2017. There were some concerns raised by the University of Washington Pain Center because buprenorphine prescriptions are currently included in those calculations. DOH expressed this concern with the PMP vendor, and CDC. The CDC and UW are working with the PMP Vendor to try and resolve these concerns.  |         |                     |

| <b>STRATEGY 1: Improve PMP functionality to document and summarize patient and prescriber patterns to inform clinical decision making.</b> |                                       |  |                |                            |
|--|---------------------------------------|--|----------------|----------------------------|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>  | <b>EO Goal</b> | <b>Related EO Activity</b> |
| Explore methods and possibilities for further increasing reporting frequency towards 'real-time' from dispensers.                          | Ongoing                               | DOH has had conversations with the pharmacy association around the idea of using switch vendors to report the data in real time. We look to continue to explore this option and others that may surface. |                |                            |

| <b>STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.</b>   |                                       |   |                |                            |
|---|---------------------------------------|---|----------------|----------------------------|
| <b>Activity</b>   | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b> |
| Develop measures using PMP data to monitor prescribing trends.  | <b>Completed</b>                      | DOH is currently developing measures to align as closely as possible with the Bree metrics, and also make sense for population surveillance. The goal is to share prescribing metrics through the Washington Tracking Network in fall 2017. Bree metrics will also be run, and posted on the DOH website.   |                |                            |
| Link PMP data to overdose death data to determine relationships between prescribing, patient risk behavior, and overdoses.  | Ongoing                               | DOH linked PMP data to death record data and analyzed these linked data. DOH is in the process of writing up the results of the analyses for dissemination.   |                |                            |
| Disseminate PMP and other opioid measures at the county and accountable community of health level at least annually; and working towards quarterly dissemination and sub county, where appropriate. | Ongoing                               | The 2014 County Profile Reports were published on the DOH website in May 2017. Once the prescribing metrics are shared through the Washington Tracking Network, partner feedback about what is most useful will be solicited. DOH is transitioning the web-based mapping tool to the Washington Tracking Network, and PMP measures should be available in the fall of 2017. |                |                            |
| Explore options to aggregate and analyze PMP data by health plan/payer.   | Ongoing                               | No updates on aggregating data by health plan. HB 1427, Section 9, (3)(j) & (4) & (5) gave DOH the authority to provide data by health care facility or health care provider group, with 5 or more providers, for quality improvement purposes. DOH is working internally on an implementation plan.  |                |                            |

| STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.  |                              |  |         |                     |
|---|------------------------------|--|---------|---------------------|
| Activity  | Complete, Ongoing or Pending | Progress   | EO Goal | Related EO Activity |
| Monitor and publish data on opioid-related hospitalizations and deaths, including neonatal abstinence syndrome (DOH); treatment admissions (DBHR) and police evidence data (UW ADAI). | Ongoing                      | Opioid-related overdose deaths by state, county, and accountable community of health geographies have been uploaded to the Washington Tracking Network ( <a href="https://fortress.wa.gov/doh/wtn/WTNPortal/">https://fortress.wa.gov/doh/wtn/WTNPortal/</a> ). Overdoses involving prescription opioids, heroin, and other synthetic opioids (including fentanyl) are shown separately. Overdose hospitalizations will be added soon. An interagency group is working on standard methodology for measuring neonatal abstinence syndrome in infants.<br><br>Treatment admissions and police evidence data are summarized in an UW ADAI brief report entitled "Opiate trends across Washington State." <a href="http://adai.uw.edu/wadata/opiate_home.htm">http://adai.uw.edu/wadata/opiate_home.htm</a> |         |                     |
| Improve the quality of data on death certificates.  | Ongoing                      | DOH has been working to improve the quality of death certificate data since 2010 by sending back queries to medical examiners and coroners when unspecific drug information is listed on the death certificate. This work is done at DOH by the Center for Health Statistics staff. Resources were not sufficient in 2016 to routinely perform this quality improvement work. DOH Center for Health Statistics staff are continuing this work in 2017.   |         |                     |
| Develop a plan to use new data sources (e.g., statewide ER and EMS data) to support public health surveillance and impact assessment.   | Ongoing                      | DOH has begun receiving monthly aggregate data on opioid overdoses admitted to emergency departments from the Emergency Department Information Exchange vendor Collective Medical Technologies, and is working on a mechanism for dissemination.   |         |                     |
| Publish Information Briefs to promote evidence-based policymaking and service planning.   | Ongoing                      | DOH has posted death overdose data on its website using two different methodologies.   |         |                     |

| <b>STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.</b>  |                                       |   |                |   |
|--|---------------------------------------|---|----------------|---|
| <b>Activity</b>  | <b>Completed, Ongoing or Inactive</b> | <b>Progress</b>   | <b>EO Goal</b> | <b>Related EO Activity</b>  |
| Evaluate policy interventions for effectiveness and impact (e.g., connecting the PMP to the Emergency Department Information Exchange, pain management rules). | Ongoing                               | DOH is working on a data sharing agreement to share PMP data and evaluation plan with UW, and an evaluation plan with HCA to evaluate the effectiveness and impact of the pain management rules among Medicaid clients. | 4.4            | Explore methods to notify health care providers of opioid overdose event.<br>Include how the Emergency Department Information Exchange electronic health information system used by hospitals might use prescription drug monitoring program data to identify health care providers who recently prescribed opioids to an overdose victim and notify them of that overdose event. |
| Develop and track performance measures to monitor progress towards work plan goals and strategies.   | Inactive                              | The workgroup leads identified a set of performance measures to track progress on the state opioid response plan, and will be working in the next 6 months on how to share quarterly progress.                          |                |   |