

2016 WA State Opioid Response Plan Progress Report

Activity updates as of December 19, 2016

Introduction

Since the introduction of the 2016 Washington State 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 WA State Interagency 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):
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- **Treatment Workgroup** (Goal 2):
Thomas Fuchs, Division of Behavioral Health and Recovery fuchstj@dshs.wa.gov

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

Susan Kingston, UW Center for Opioid Safety Education *kingst1@uw.edu*

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

Kathy Lofy, Department of Health *kathy.lofy@doh.wa.gov*

Key Accomplishments and Challenges

GOAL 1: Prevent opioid misuse and abuse

Key Accomplishments:

- State agencies continue to educate health care providers on the Agency Medical Directors' Group (AMDG) Interagency Guideline for Prescribing Opioids for Pain through presentations, conferences and meetings and partner with professional associations and teaching institutions to educate primary care providers on pain management and medication assisted treatment. There were nearly 27,000 visitors to the AMDG website and 2,500 guideline downloads during the 2nd quarter of 2016.
- The Division of Behavioral Health and Recovery (DBHR) provided prevention funding for 11 secure medicine take-back grants in 2015 and 2016. The awards went to organizations and coalitions to purchase, install, and promote permanent secure medicine take-back sites in their respective communities. The efforts and experiences of these programs are shared and promoted at state meetings to advance the work in other communities.
- The Goal 1 Workgroup promoted the CDC When the Prescription Becomes the Problem (www.cdc.gov/drugoverdose/media/rx_resources.html) national social marketing and media campaign to partner organizations and coalitions in every county throughout the state. The campaign brings attention and understanding to providers and community members of the true impacts of opiate misuse and abuse and reduces stigma of opiate use disorder.
- The Division of Behavioral Health and Recovery continues to work with 59 community coalitions and tribes to implement strategies to reduce youth prescription drug misuse including evidence and research based substance abuse prevention programs and education about responsible home storage and disposal of medications.

Challenges:

- Resource constraints have limited the development of reimbursement models for evidence-based non-opioid treatment options; integration of behavioral health and treatment of opioid use disorder in primary care; and access to ongoing consultation for complex pain and opioid use disorder management with specialists through innovative models, such as TelePain.
- Funding is not adequate to preform opioid prevention activities in most communities.
- There are limited resources and capacity for communities and law enforcement partners to dispose of the controlled substances collected in secure take-back programs. There is only one incinerator location in Washington State (Spokane) and reverse distributor options are costly.

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

Key Accomplishments:

- Partners provided workshop presentations and focused conference program tracks on developing Medication Assisted Treatment (MAT) options at multiple statewide conferences, including the Washington State Association of Drug Court Professional's Conference and the annual Co-occurring Disorders Conference.
- The DBHR Criminal Justice Treatment Account panel endorsed the National Drug Court's best standards which included the utilization of Medication Assisted Treatment (MAT) for Drug Court participants.
- The University of Washington's Alcohol and Drug Abuse Institute (UW ADAI) and Department of Corrections (DOC) secured the Arnold Foundation grant to provide Treatment Navigators to connect recently released offenders to treatment that including MAT.
- Health Care Authority (HCA) and DBHR conducted six trainings throughout the state on MAT to over 450 behavioral health professionals, primary healthcare workers, tribal and community members, social workers, law enforcement, and other professionals at six training locations across the state (Burlington, Port Angeles, Selah, Spokane, Tukwila, and Longview).

Challenges:

- Resistance and opposition to siting an opiate treatment program in neighborhoods by community residents.
- Need to build linkages to connect MAT and medical services to substance use disorder (SUD) treatment services, specifically Vivitrol and Suboxone provision, including mechanisms related to coordination of care ranging from screening, prevention, treatment, harm reduction and abstinence based recovery.
- Insufficient housing resources compounded by a lack of coordination.
- Lack of funding for SUD peer-support for individuals in recovery and who are also on MAT.

GOAL 3: Intervene in opioid overdoses to prevent death

Key Accomplishments:

- WA State now has workable models and infrastructure in at least one-third of its counties to support community distribution of naloxone (e.g., syringe exchanges with standing orders, pharmacy-based collaborative practice agreements, funding and billing mechanisms).
- The new WA State Prevent Prescription Drug/Opioid Overdose-Related Deaths grant awarded in September 2016 by SAMHSA will support naloxone funding for professional and lay first responders over the next 5 years in high-need areas in the state.
- The number of law enforcement and other first responder agencies carrying naloxone has doubled in 2016.

Challenges:

- Although the infrastructure exists to support naloxone distribution, the rising price of naloxone severely restricts the number of kits that can be purchased and distributed by community-based programs. Naloxone remains too expensive for most pharmacy customers, even with partial insurance coverage.

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

Key Accomplishments:

- The Department of Health completed rulemaking to improve the timeliness of Prescription Monitoring Program (PMP) data submissions by pharmacies.
- The Department of Health was awarded a CDC Prescription Drug Overdose Prevention for States grant to: 1) enhance and maximize the WA PMP; 2) use PMP data to identify and intervene with high-risk patients and providers with potentially problematic prescribing patterns; 3) educate providers about models for buprenorphine distribution; and 4) evaluate the impact of implementing statewide clinical practice and pain management rules.
- The Department of Health completed a project with the electronic medical records company EPIC to electronically connect EPIC to the PMP.
- The legislature passed HB 2730 last session which streamlines PMP access via the health information exchange by allowing facilities and provider groups to register as a group rather than requiring registration by each individual provider

Challenges:

- Competing priorities for health systems with connecting their emergency medical records (EMR) to the PMP
- Overcoming policy and technical barriers that are stalling interstate data sharing

GOAL 1: Prevent opioid misuse and abuse.

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Educate health care providers on Agency Medical Directors' Group <i>Interagency Guideline for Prescribing Opioids for Pain</i> and the <i>Washington Emergency Department Opioid Prescribing Guidelines</i> to ensure appropriate opioid prescribing.	Ongoing	Labor and Industries (L&I) created a poster and 2-page summary of the 2015 AMDG guideline and edited videos from the Pain Conference for posting. These resources are available at www.AgencyMedDirectors.wa.gov . In the 2 nd quarter of 2016, there were nearly 27,000 visitors to the AMDG website and almost 2500 downloads of the 2015 AMDG opioid guideline. L&I continues to educate health care providers on the guideline through presentations, conferences and meetings. In addition, 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 guideline. Bree Collaborative has facilitated linkage to the AMDG guideline on the WA State Medical Association (WSMA) webpage. The Bree Opioid Implementation workgroup plans to convene a summit in January 2017 in coordination with the Washington State Dental Association, the Dental Quality Assurance Commission, the University of Washington School of Dentistry, Delta Dental and others to adapt the AMDG and CDC Guidelines to dentistry for acute prescribing in adolescents (e.g., third molar extraction).	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.
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	Washington State Department of Health (DOH) has performed outreach to increase provider use of the PMP. DOH has filed a CR101 to implement HB 2730, which expands PMP access to prescribers of non-controlled drugs as well as DOH-licensed healthcare facilities and provider groups of five or more connecting through the statewide health information exchange. In addition, DOH has implemented new rules to increase how often the PMP collects data from dispensers to provide more timely data to providers. New rules also allows pharmacists to delegate access to their licensed staff to make access easier. DOH has also performed outreach to increase provider use of the PMP.	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.
Train, coach and offer consultation with providers on opioid prescribing and pain management (e.g., TelePain video conferencing and e-newsletters).	Ongoing	UW continues to deploy its TelePain Program through temporary HCA funding. In addition, with financial support from HCA and the Governor's office, UW Medicine successfully piloted a pharmacy pain "hotline" in October. The "Hotline" has now been rolled out to all providers in the state who have questions regarding management of patients with chronic pain who are on opioids.	1.3	Utilize and make tele-mentoring prescriber education programs a fiscally sustainable and a billable telehealth service. Establish support programs for providers, like an opioid prescribing consultation hotline.

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Enhance medical, nursing, and physician assistant school curricula on pain management, PMP, and treatment of opioid use disorder.	Ongoing	UW School of Medicine has increased didactic pain education curriculum from 6 to 25 hours and increased elective pain education courses from 177 to 320 hours. All six UW health science professional schools, part of the NIH Pain Consortium Center of Excellence in Pain Education, are now developing inter-professional curriculum on evidence-based pain education. The CDC has contracted with the UW Pain Division to promote guideline-adherent opioid use for chronic pain, including the identification and treatment of opioid use disorder, promoting expanded use and access to buprenorphine and referring patients for medication assisted treatments when opioid use disorder is diagnosed.		
Partner with professional associations and teaching institutions to educate dentists, osteopaths, nurses, and podiatrists on current opioid prescribing guidelines.	Ongoing	Bree Collaborative has engaged UW School of Dentistry for the purpose of reducing duration/dose of acute opioid prescribing for dental procedures. Bree has also engaged the Dental Quality Assurance Commission (DQAC) to limit acute opioid prescribing by dentists and wrote a short supporting article for the DQAC newsletter aimed at new graduates – “What you can do to help impact the opioid prescription epidemic”. WSMA and WA State Hospital Association (WSHA) have endorsed the Governor’s executive order identifying the AMDG opioid guideline as one of the key elements to preventing and treating opioid use disorder.		
Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.	Ongoing	Bree is working with health plans to gain consensus on limiting acute opioid prescribing for adolescent dental and sports injury care through prior authorization or changing EMR default to no more than a three days’ supply or ten pills.		
Require health plans contracted with the Health Care Authority to follow best practice guidelines on opioid prescribing.	Ongoing	HCA has drafted the Opioid Medical Policy documenting authorization criteria for approving opioid treatment based on best practices for prescribing opioids and managing patients on opioid therapy. HCA presented a first draft policy to the Washington Drug Utilization Review Board and received feedback in October. The policy was refined further after discussion with the Bree Opioid Guideline Implementation Group. In December, further stakeholdering with WSMA will occur and HCA will be presenting an updated policy to the Drug Utilization Review Board. The tentative goal is to finalize criteria by January, and implement the policy for Medicaid in Spring 2017. L&I is implementing a collaborative care model for chronic pain/behavioral health through Healthy Worker 2020. The Bree workgroup on	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 MAT and evidence-based services for treatment of pain and overdoses. State health care purchasers shall 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.

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		implementing the AMDG opioid guideline has made this issue a priority, but due to constraints, it has been tabled until Fall 2017.		
Encourage licensing boards of authorized prescribers to mandate continuing education units (CEU) on opiate prescribing and pain management guidelines.	Ongoing	The pain management rules required a one-time 4 hour education credit (CE) for providers who prescribe long-acting opioids.		
Advocate for reimbursement of non-opioid pain therapies.	Ongoing	L&I is analyzing a collaborative care model for chronic pain/behavioral health in workers' compensation. The Bree workgroup on implementing the AMDG opioid guideline has made this issue a priority, but due to resource constraints, it has been tabled until Fall 2017.	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 MAT and evidence-based services for treatment of pain and overdoses.

STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Distribute counseling guidelines and other tools to pharmacists, chemical dependency professionals, and health care providers and encourage them to educate patients on prescription opioid safety (storage, disposal, overdose prevention and response). stopoverdose.org/docs/Naloxone_PRO_brochure.pdf doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx	Ongoing and Inactive	DBHR promoted resources on www.TheAthenaForum.org/rx for community education providers to access and include in information dissemination materials locally. New materials are in the development phase. State distribution pending.	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.
Provide targeted health education to opioid users and their social networks through print and web-based media.	Ongoing	UW ADAI redesigned stopoverdose.com tripling the content on opioid safety guidelines and opioid use disorder.		
Promote accurate and consistent messaging about opioid safety and addiction.	Ongoing	The workgroup promoted national messaging via distribution lists and on www. TheAthenaForum.org/rx	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.

STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		The workgroup also promoted Take as Directed materials, www.doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients .		
Promote national social marketing campaigns on prescription opiates at the state level.	Ongoing	Workgroup identified National CDC campaign When the Prescription Becomes the Problem to participate in, and adapt to Washington State, and the Partnership for Drug Free Kids Medicine Abuse Project . The workgroup reviewed National strategies for adaptation in Washington.		
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	DBHR contracted with UW ADAI to complete a review of existing patient materials for children, adults and parents. Expected completion date Spring 2017. DBHR contracted with UW ADAI to develop Practice Brief promoting best practice prescribing opioids for the Dental profession. Expected completion date 06/30/17.	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. (theathenaforum.org/sites/default/files/SP%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf)	Ongoing	DSHS/DBHR funded Community Prevention and Wellness Initiative (CPWI) community coalitions to implement evidence-based substance abuse prevention and mental health promotion programs. DBHR has contracted with UW ADAI to develop a toolkit for communities and coalitions that will provide guidance about incorporating prescription use and misuse data into their assessment planning process; include education information about the continuum of prescription drug misuse, abuse and overdose prevention; and identify current and relevant sources of data related to prescription drug/opioid misuse and abuse. Expected completion date Spring 2017.	1.2	This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse.
Identify 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 provided 9 Targeted Enhancement grants to eligible CPWI Community Coalitions to implement secure medicine take back projects to develop and adopt policies and procedures and to purchase and maintain a permanent secure medicine take back drop box in their respective communities.	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.

STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		DBHR and UW ADAI created and disseminated public education information and news publications increasing awareness of the secure medicine project, local treatment resources, naloxone information and Good Samaritan law.		

STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Educate patients and the public on the importance and ways to properly store and dispose of prescription pain medication.	Complete Ongoing	DSHS/DBHR encouraged Community Prevention and Wellness Initiative (CPWI)-wide promotion and education about responsible storage and disposal of medications including promotion of bi-annual DEA National Prescription Take Back events. Promoted The Washington State Take Back Your Meds Site . Presented at the Summer Coalition Leadership Institute Training in June 2016. DBHR contracted with UW ADAI to develop an educational document for families including information about responsible use of prescription medication, home storage and responsible disposal of prescription medications; responsible prescription medication use, and storage and disposal in households with children. Expected completion date Spring 2017. Workgroup engaged the Washington State Pharmacy Commission in discussions about developing point of purchase (each prescription) patient education handouts.	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	DBHR provided Targeted Enhancement Grants to eligible CPWI Community Coalitions to educate communities and prevention system about responsible storage of medications in homes.		
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.

STRATEGY 5: Decrease the supply of illegal opioids.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Partner with law enforcement to decrease illicit distribution of opioids.	Inactive			
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			
Educate law enforcement on the PMP and how it works.	Inactive			
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			

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

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.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
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	DBHR staff attended the June 24, 2016, WA State Osteopathic Medical Association meeting and provided information on how to recognize signs of opioid misuse, resources on screening for misuse, and referral options.		
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.	Completed	DBHR staff held six trainings on the effectiveness of Medication Assisted Treatment. The attendees at these trainings included chemical dependency professionals, medical providers, nurses, social workers, and law enforcement personnel. Groups who attended included		

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.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		representatives of Optum Behavioral Health Organization (BHO), the Free Clinical Association, and Cowlitz Tribe.		
Strengthen addiction education in all health teaching institutions and residency programs.	Ongoing	DBHR assists the different medical disciplines to understand the requirements for addiction professionals. The University of Washington School of Nursing reported no specific education.		
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.

STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and develop policy solutions to expand capacity.	Ongoing	The U.S. Department of Health and Human Services (HHS) is taking additional steps to address the U.S. opioid epidemic by further expanding access to medication-assisted treatment (MAT) for opioid use disorders. Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), nurse practitioners (NPs) and physician assistants (PAs) can immediately begin taking the 24 hours of required training to prescribe the opioid use disorder treatment, buprenorphine. NPs and PAs who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017. Previously, only physicians could prescribe buprenorphine. Once NPs and PAs receive their waiver they can begin prescribing buprenorphine immediately.		
Provide technical assistance and resources 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 1 st , a public health nurse was hired to provide technical assistance to local health officers on medication assisted treatment.		

STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		Nurse care managers are beginning to be utilized in MAT facilities to increase access.		
Build up structural supports (e.g., case management capacity) to support medical providers and staff to implement and sustain buprenorphine treatment.	Ongoing	DBHR and Health Care Authority (HCA) is considering the merits of providing services through health homes working in cooperation medical providers and SUD treatment agencies, referred to as the “hub and spoke” model and other Center of Excellence models. Another consideration includes leveraging funding and human resources for telemedicine support. DOH is hiring staff to provide training and support to telehealth program.	2.2	Expand availability of evidence-based medication-assisted treatment
Increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine.	Ongoing	DBHR is leading efforts to increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine. DBHR will track development and update annually for the time period 2016-24. Tri-cities and Evergreen Treatment – Renton opened Office Based Opioid Treatment (OBOT) programs in 2016.	2.2	Expand availability of evidence-based medication-assisted treatment
Pilot new models of community-based buprenorphine to prevent overdose (e.g., stabilizing individuals on buprenorphine without mandates counseling, urinalysis, etc.).	Ongoing	Public Health-Seattle & King County is lead on opening a King County “Bup”-first model (beginning in 2017) to include induction within a few days and a protracted, low-requirement, stabilization period lasting 1-2 months.	2.2	Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.
Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on standards of care and medications to treat opioid use disorder.	Ongoing	Presentation to be scheduled (2017) to the 29 Family Medicine Residency Program Directors from the five northwestern states that make up the UW Family Medicine Residency Network on introducing buprenorphine training into residency curriculum. Work progressing with Caleb Banta-Green and Jim Walsh from the Swedish Addiction Medicine Fellowship to discuss collaborating on telehealth 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.	On-hold	Currently no progress on this strategy.		
Expand peer-based recovery support/coach programs within medication-assisted treatment programs.	Inactive			

STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
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 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 st century workforce.		

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
Train and provide technical assistance to criminal justice professionals to endorse and promote opioid agonist/antagonist therapies for people under criminal sanctions.	Ongoing	A presentation on Medically Assisted Treatment (MAT) occurred at the October 16, 2016, Washington State Association of Drug Court 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	UW ADAI and Department of Corrections (DOC) secured the Arnold Foundation grant to pilot the use of Treatment Navigators who will work with newly released inmates and will connect them to treatment resources.	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	The DOC Chief Medical Officer has met twice with the Director of Clark County Community services regarding a possible pilot. At the second meeting, they were joined by representatives from HCA, DSHS, Community Health Plan of Washington, Molina Health Plan, and Clark/Skamania treatment providers, and the director of community services from Skamania County. Next steps following that meeting were for DOC to do a data pull and analysis to give an estimate of potential numbers of offenders released from prison to Clark/Skamania who could be candidates for OUD treatment, and to talk further with HCA about how to get soon-to-be-released individuals with OUD enrolled in Medicaid health plans in order to expedite care coordination before release. DOC is	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.

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
		focusing on Clark/Skamania for this pilot effort because this area of SW WA has a plan and provider network that integrate medical and behavioral health services. DOC plans to convene a follow-up meeting with this group by end of January 2017. DOC is also working with Caleb Banta-Green and UW ADAI to do a study on the effectiveness of using navigators to connect offenders with OUD released to King County to effective treatment services in King County. This work is supported by an Arnold Foundation grant.		
Incentivize state-funded drug and other therapeutic courts to provide access to a full range of medications for opioid use disorder.	Ongoing	The Washington State Association of Drug Court Professionals will adopt "Evidence Based Drug Court Best Practice Standards" which includes utilization of MAT. DBHR held a MAT presentation, on October 21, 2016, at the annual Washington State Drug Court Conference.		

STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
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: http://adai.uw.edu/pubs/infobriefs/2015DrugInjectorHealthSurvey.pdf . Both DOH's CDC Grant, DBHR's WA-PDO Grant have components that utilize and augment the survey capabilities.		
Frequently map services and funding levels of SEPs to determine critical gaps and unmet levels of need among individuals who inject drugs.	Ongoing	The workgroup members provided technical assistance and engaged syringe service programs (SSPs) on a consistent basis. DOH has been going around the state doing community assessments for SSPs and other services available. COSE recently completed an SSP operations report in adjunct to 2015 injector survey.		
Identify and leverage diversified funding for SEPS to adequately provide supplies, case management, health engagement services, and comprehensive overdose prevention education.	Ongoing	The CDC's Determination of Need has been completed. This allows federal funds to support to SSP services, with the exception of the direct purchase of syringes. Bulk purchase of syringes for SSPs project (not using federal funding) is underway.	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.
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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.	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.		
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 Ongoing	Provided hospital neonatal level of care map to Opioid Workgroup: http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf DOH continues to educate providers on contacting and referring newborns withdrawing with NAS symptoms to levels 2, 3, and 4 facilities. http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf		

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 stopoverdose.org .	3.2	Ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone.
Provide technical assistance to jails, prisons, and drug courts to implement overdose education and naloxone for people under criminal sanctions.	Ongoing	Overdose prevention trainings have been completed for 3 municipal courts, 1 federal court and two jails. Federal probation officers in Western District now carry naloxone. Two jails are getting closer to starting naloxone programs. COSE produced new naloxone fact sheet and webinar for drug courts.		
Provide technical assistance to first responders/law enforcement on opioid overdose response training and naloxone programs.	Ongoing	20 new law enforcement units in 6 counties are now carrying naloxone. King County EMS, the state’s largest EMS unit, will soon pilot a naloxone program. COSE provided assistance for most units with protocols, overdose/naloxone training and evaluation strategies.	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	Good Samaritan law is included in the standard overdose/naloxone training curriculum for law enforcement and criminal justice programs. More comprehensive information about the law has been posted on stopoverdose.org .		
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.		
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 stopoverdose.org . Three new emergency departments have started naloxone programs.		

STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
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.		
Create a centralized naloxone procurement and distribution process at the state level.	Inactive	The AMDG will further explore a centralized procurement process in 2017.	3.3	Consider a centralized naloxone procurement process. Report recommended solutions when practicable.
Allocate SAMHSA block grant or other funding to scale up and sustain naloxone distribution at syringe exchange programs.	Completed	DBHR allocated \$50K for syringe exchange naloxone at the end of 2015 with an additional \$30K allocated in July. WA State was awarded a \$5M/5 year SAMHSA overdose prevention grant to continue and expand this naloxone distribution.	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.	Completed	Prior authorization requirement was removed as of May 1, 2016.		
Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability.	Ongoing	Ten new independent pharmacies in 7 counties now offer naloxone. All Walgreens locations in WA State now offer naloxone. Two naloxone webinars were conducted by COSE for current and interested pharmacies. New naloxone start up materials for pharmacies have been posted on stopoverdose.org .		
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.	Ongoing	BREE Collaborative is promoting AMDG guidelines via trainings. AMDG guidelines are widely promoted on local health provider websites. Exploring options for PMP prompts.		

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	The rule making process is complete. The new rule that requires pharmacies to report daily became effective on August 9, 2016, and pharmacies have until October 1, 2016 to begin complying. DOH is educating pharmacies on this new rule. Compliance checks will begin in January 2017.		

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
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.		
Provide easy access to the PMP data for providers through electronic medical record systems.	Ongoing	DOH has established an electronic connection between the PMP and the statewide Health Information Exchange (OneHealthPort). DOH has assisted EPIC with completing a pilot project to connect their electronic medical record to OneHealthPort. Currently, healthcare systems and clinics using EPIC simply need to implement the EPIC PMP module to attain seamless electronic access to the PMP through their EMR. DOH is assisting other EMR vendors with building an electronic connection between their EMRs and OneHealthPort. As of September 2016 there are 3 facilities in testing with OneHealthPort. OHP expects the first systems to "go live" in 2016Q4 as well as to have some larger health systems begin testing. Over 90 registrations for meaningful use have been received.		
Reduce current policy and technical barriers to enable sharing of PMP data with border states.	Ongoing	Currently, there are no legislative or technical barriers in Washington that prohibit sharing of PMP data with border states. Oregon law prohibits sharing of PMP data with other state PMPs. DOH is currently working with states and hub systems to try and find a solution that meets our needs and allows us to share data with states within our proximity.		
Consider providing MED calculations within the PMP for chronic opioid patients with automated program alerts for providers.	Ongoing	The PMP vendor for Washington is working on a series of updates for all their clients. MED calculations may be a part of that update. These updates are scheduled to be released during the first quarter of 2017.		
Work to encourage healthcare systems to develop their EMRs to process PMP data and provide alerts to prescribers.	Inactive			
Explore options to require health care systems to connect to the PMP through the statewide electronic health information exchange.	Ongoing	DOH has performed outreach for over three years to increase provider use of the PMP. Despite this outreach, only about 30% of Washington healthcare providers with a DEA license are registered to use the PMP. DOH is working with partners to explore the acceptability and feasibility of requiring healthcare systems to connect to the PMP through the statewide health information exchange (OneHealthPort).		

STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
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.		
Develop population-level PMP reports on prescribing practices. Disseminate results to individual counties.	Ongoing	The DOH County Profile Report is closer to being complete. This report includes data on prescribing practices by county. A draft partial report was disseminated to select local health officers for feedback. This feedback is being incorporated into the report.		
Develop measures using PMP data to monitor prescribing trends.	Completed	DOH, in collaboration with partners, developed a set of draft measures to monitor prescribing trends and assess the impact of interventions on prescribing practices. DOH also worked with partners to ensure similar methodology will be used to calculate the measures.		
Analyze PMP data using the developed measures to assess the impact of interventions on prescribing practices.	Ongoing	DOH recently received an informatics fellow who will work on this project.		
Develop a tool to disseminate the results of the PMP and other opioid related measures to partners.	Ongoing	DOH hired a contractor to develop a web-based mapping tool to display overdose incidence rates, measures of prescribing practices and availability of resources such as treatment facilities and naloxone distribution sites. The beta version of the web-based mapping tool is complete and has been reviewed by DOH staff. DOH has provided feedback to the contractor and is consulting with spatial epidemiology experts to ensure that current mapping best practices are being utilized.		
Explore options to aggregate and analyze PMP data by health plan/payer.	Inactive	DOH is only legally allowed to share PMP data with the Health Care Authority and the Department of Labor and Industry. Both agencies can aggregate and analyze their data. HCA will be analyzing Medicaid client PMP data, and providing to managed care organizations. There is currently no easy way to analyze PMP data by other health insurers. Options include: 1) changing the PMP law to allow DOH to collect insurance carrier and share PMP data with other insurers, 2) insurers analyzing prescribing practices using their claims/encounter data, or 3) giving DOH resources to link insurer patient lists with PMP data and returning aggregate data files to insurers.		

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	DOH uses two different methodologies to determine the number of overdose deaths due to prescription opioid and heroin overdose. The number of opioid overdose deaths in 2015 has been determined using both methods. These data are posted on the DOH website. http://www.doh.wa.gov/Portals/1/Documents/Pubs/346083.pdf DOH is performing an analysis to determine trends in hospitalizations for neonatal abstinence syndrome.		
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.		
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. DOH is in the process of hiring a new epidemiologist who should be able to routinely publish Information Briefs.		
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 is exploring the use of real time emergency room data for monitoring overdose events. DOH, in collaboration with UW ADAI, is evaluating the capacity to use the Washington Emergency Medical Service Information System (WEMSIS) as an opioid surveillance tool. This is expected to be piloted in five counties. In the meantime, WEMSIS is assisting local EMS agencies to increase reporting to its database using a uniform standard.		

STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Evaluate policy interventions for effectiveness and impact (e.g., connecting the PMP to the Emergency Department	Ongoing	DOH has contracted with UW to evaluate the effectiveness and impact of the pain management rules, and is in the process of hiring an epidemiologist (using federal funding) to assist with mapping PMP data for partners to use in addressing the epidemic.	4.4	Explore methods to notify health care providers of opioid overdose event. Include how the Emergency Department Information Exchange electronic health information system used by

STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Information Exchange, pain management rules).				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 work group leads decided that each work group will develop and track performance measures to monitor progress towards work plan goals and strategies.		