



Targeted
Investments

Core Component #8 for the Justice Area of Concentration

How to utilize the Arizona Opioid
Prescribing Guidelines for Acute and
Chronic Pain



Opioid Epidemic and Overdose Deaths

In 2015, over 33,000 people died nationwide from opioid-related overdoses. Arizona, like most states in the country, has witnessed the fall out of the opioid epidemic and the rising tide of opioid-related deaths.

Between June 2017 and January 2018, 812 Arizonans died from suspected opioid overdoses. The Arizona Department of Health Services has found that more than two Arizonans die every day from an opioid overdose with the majority being from prescription (Rx) opioids.

Updating the *Arizona Opioid Prescribing Guidelines* was a deliverable from the 2017 State of Public Health Emergency as declared by Arizona Governor Doug Ducey.



Key concepts of the Updated Opioid Prescribing Guidelines

- The TI requirement focuses on the information found in the 2nd version of the Arizona Opioid Prescribing Guidelines
- The updated Guidelines include best practices from other states, and Arizona data. Most references are recent, and guided the inclusion of newer concepts such as “high-impact chronic pain,” “complex persistent opioid dependence” and “opioid exit strategies.”
- There is a shift in pain care that avoids unnecessary exposure to opioids in order to reduce the risk of adverse outcomes. These guidelines aim to prevent initiating unnecessary opioid therapy while addressing patients’ pain from a whole -person perspective.
- These guidelines employ person-first language (“Patients with substance use disorder” instead of “addicts”), nonjudgmental terminology (“negative urine drug test” instead of “dirty”) and supportive terms (“recovery” instead of “no cure”).
- There is an increased focus on prevention, recognition, and treatment of opioid use disorder in patients receiving long-term opioid therapy for chronic pain, given the high risk of developing opioid use disorder in this population.
- A key element of success of implementing the guidelines is how seamlessly it can be incorporated into a clinician’s normal activities. This revised version includes specific operationalization actions under each guideline. and summarizes them in *Appendix A*.

Core Component #8

- In order to improve prescribing practices to address the opioid epidemic, providers at TI Participating sites will need to be trained on the **Arizona Guidelines for Opioid Prescribing for Acute and Chronic Pain** by **September 30, 2018**

8.	Utilize the <u>Arizona Opioid Prescribing Guidelines</u> for acute and chronic pain (excluding cancer, palliative and end-of-life-care)	
<p>Milestone Period Measurement Period 1 (October 1, 2017–September 30, 2018**)</p> <p style="text-align: center;">↔</p> <p>Practice Reporting Requirement to State</p>	<p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019**)</p> <p style="text-align: center;">↔</p> <p>Practice Reporting Requirement to State</p>	
<p>By September 30, 2018, demonstrate that all providers in the practice have been trained on the AZ guidelines for opioid prescribing.</p>	<p>Based on a practice record review of a random sample of 20 members, who were prescribed opioids, attest that the prescriber complied with the AZ guidelines for opioid prescribing 85% of time.</p>	

The 2018 Arizona Guidelines for Opioid Prescribing

The Guidelines have been recently updated and are a result of stakeholders creating a voluntary consensus set of guidelines that promote patient safety and best practices if prescribing opioids for acute and chronic pain.

To download the 2018 Arizona Guidelines for Opioid Prescribing, please click below.

<https://azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/2018opioid-prescribing-guidelines.pdf>

DISCLAIMER

This document should not be used to establish any standard of care or any deviation or variance from an accepted standard of care; nor should it be used solely to establish any health insurance coverage or determination. No legal proceeding, including medical malpractice proceedings or disciplinary hearings, should reference a deviation or variance from any part of this document as evidence of a breach of professional conduct, health insurance coverage policy or determination, or evidence that a deviation or variance from any part of this document demonstrates negligence, misconduct, errors or omissions, or breach of contract in the rendering of health care. These voluntary guidelines are an educational tool for providers, meant to promote informed management of Arizonans with acute and chronic pain. Clinicians should use their own independent clinical judgment and consider but not base clinical decisions solely on this document.

The following guidelines are founded on the best available evidence, national guidance, and Arizona-specific data on opioid overdoses.

TI Year 2 Measurement Period

October 1, 2017 – September 30, 2018

Practice requirement to the state

By September 30, 2018:

Demonstrate that all providers in the practice have been trained in the use of the Arizona Guidelines for Opioid Prescribing.

- Suggestions for providers to meet the training requirement can include hosting an internal meeting on the Guidelines, attending a webinar, inviting a subject matter expert to present to your team, or attending a community/professional education event.
- Please retain documentation such as a sign-in sheet (with a description of the event), flyer, brochure, etc.

Attestation and Document Validation

- AHCCCS will be opening a TI Attestation Portal through AHCCCS Online.
- The portal will be available for milestone attestation in June 2018.
- Not all of the Milestones will require providers to upload documentation through the Attestation Portal for review by AHCCCS.
- More detailed information and guidance about how to use the TI Attestation Portal will be available prior to June 2018.

Sneak Peek into TI Year 3



Sneak Peek: TI Year 3 Measurement Period October 1, 2018 – September 30, 2019

8.	Utilize the <u>Arizona Opioid Prescribing Guidelines</u> for acute and chronic pain (excluding cancer, palliative and end-of-life care)	
	Milestone Period Measurement Period 1 (October 1, 2017–September 30, 2018**)	Milestone Measurement Period 2 (October 1, 2018–September 30, 2019**)
	↔	↔
	Practice Reporting Requirement to State By September 30, 2018, demonstrate that all providers in the practice have been trained on the AZ guidelines for opioid prescribing.	Practice Reporting Requirement to State Based on a practice record review of a random sample of 20 members, who were prescribed opioids, attest that the prescriber complied with the AZ guidelines for opioid prescribing 85% of time.

Sneak Peek: TI Year 3 Measurement Period October 1, 2018 – September 30, 2019

Practice Reporting Requirement to the State By September 30, 2019:

- Based on a practice record review of a random sample of 20 members, who were prescribed opioids, attest that the prescriber complied with the AZ guidelines for opioid prescribing 85% of time.

Thank you

- Please email us at targetedinvestments@azahcccs.gov if you have questions.