

OREGON OPIOID RECOMMENDED PRACTICES

I. Approaches to Decrease New Starts and Support Safer Pain Management

	Provider Network
	Offer or support provider education on current pain science and pain management
	Facilitate the development and sharing of taper plans for patients on high opioid doses or combinations of opioids and benzodiazepines
	Facilitate provider networks to evaluate data systems available to look at comparative opioid prescriber patterns for purposes of education and coaching
	Evaluate and develop network adequacy for current pain science providers to help with peer consultation or secondary case review
	Offer financial incentives or alternative payment models to encourage PCP's to treat pain
	Evaluate and participate in local opioid safety coalitions and current pain science coalitions to support community prescribing guidelines and approaches to patients with pain
	Work with inpatient and outpatient provider network to evaluate and disseminate information related to preset opioid prescribing order sets
	Medical Management
	Remove prior authorization requirements for a predetermined number of visits for first courses of physical therapy for back pain
	Develop and collect outcome measures related to physical therapy and back pain
	Train care managers on common issues in acute pain, chronic pain, and current pain science
	Increase access to behavioral health services for patients with chronic pain
	Coordinate referrals to multi-disciplinary non-interventional/non-opioid pain management resources or addictions treatment where needed
	Pharmacy Benefit (all interventions should have an exception for palliative/hospice care)
	Develop and share formulary dose limits (based on Morphine Equivalent Dose) and quantity limits with intent to apply consistently across payers
	Remove high dose formulations from formulary (further discussion of defining "high dose")
	Limit concurrent prescriptions for opioids and benzodiazepines
	Evaluate feasibility of implementation of a pharmacy lock program for patients using multiple prescribers
	Evaluate feasibility of implementation of prescriber lock program for patients using multiple prescribers
	Member Services
	Provide member education on current pain science, opioid risks and non-opioid pain management strategies

II. Strategies to Increase Access to Addiction Treatment and Naloxone

	Provider Network
	Define and evaluate network adequacy for specialty addiction treatment and develop action plan to meet demand
	Evaluate network adequacy for primary care addiction treatment and develop action plan to meet demand
	Define and evaluate opportunities for telehealth Medication Assisted Treatment (MAT)
	Offer or support provider education on buprenorphine prescribing (e.g. Waiver training)
	Explore and offer alternative payment models to encourage primary care providers to treat addiction with buprenorphine, when appropriate
	Work with emergency departments to recognize addiction, offer brief interventions for addiction and refer to ongoing management. This could include buprenorphine and dispensing of naloxone
	Place navigators in ED's to facilitate entry into addiction treatment
	Assess feasibility of having hospitalists start buprenorphine or methadone treatment for patients hospitalized with diagnoses that are related to their addiction (e.g. endocarditis, osteomyelitis)
	Work with correctional settings to offer buprenorphine, methadone and naltrexone on re-entry to avoid lapses in treatment
	Support adequate access to buprenorphine and methadone for pregnant women
	Support hospitals to ensure evidence-based treatment of neonatal abstinence syndrome
	Incentivize behavioral health integration through alternative payment methodologies, value-based payments or direct grants
	Offer or support provider education on co-prescribing of naloxone
	Work with local opioid safety coalitions and community resources to build new MAT access points
	Utilization Management (Medical, Pharmacy) and Benefit Design
	Train care managers to guide members to addictions treatment
	Notify outpatient prescribers about hospital and ED admissions for overdose events. Explore EDIE/PreManage as a vehicle
	Standardize and evaluate removal of authorization requirements for initiating and maintaining buprenorphine for addiction, including eliminating requirements for detox in lieu of maintenance
	Minimize or eliminate co-pays for addictions treatment (prescriber visits, behavioral health)
	Explore removal of authorization requirements, co-pays and limits on naloxone coverage
	Work with contracted network pharmacy network to support dispensing of naloxone
	Member Services
	Provide education on naloxone to support individuals and their families
	Ensure that members at high risk of addiction or opioid use disorder receive outreach from peers, recovery support or care manager