

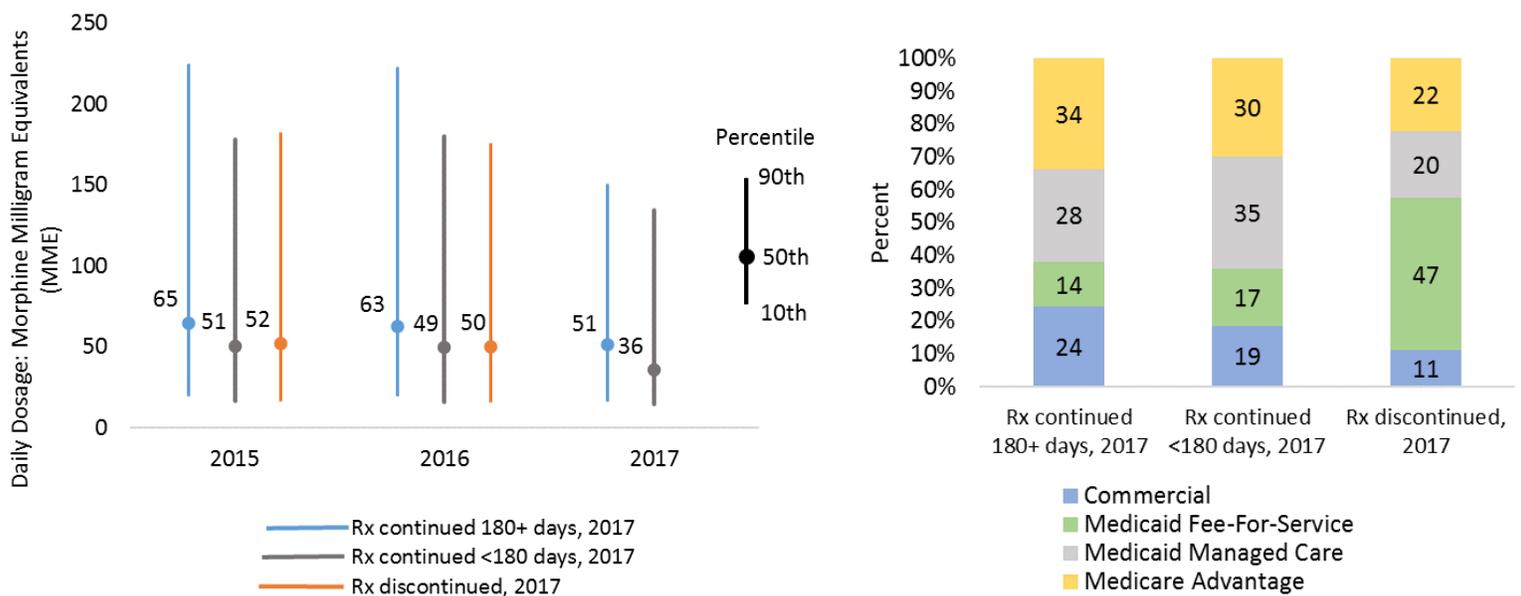
Changes in Long-Term Opioid Prescriptions Following Closure of the Seattle Pain Center

Washington All-Payer Claims Database, 2015-2017

In July, 2016, the Seattle Pain Center closed after the state of Washington suspended the license of its medical director alleging that over-prescribing of opioids had contributed to up to 16 deaths. About 8,000 patients were affected by the closure. Also in 2016, the Centers for Disease Control (CDC) issued guidelines for primary care physicians prescribing opioids to patients with chronic pain,¹ and Washington state formally adopted the Washington State Opioid Response Plan. In this study, we identify a cohort of long-term opioid users in 2015 and 2016, and examine changes in their opioid prescriptions in 2017 following the closure of the Seattle Pain Center and the release of CDC guidelines.

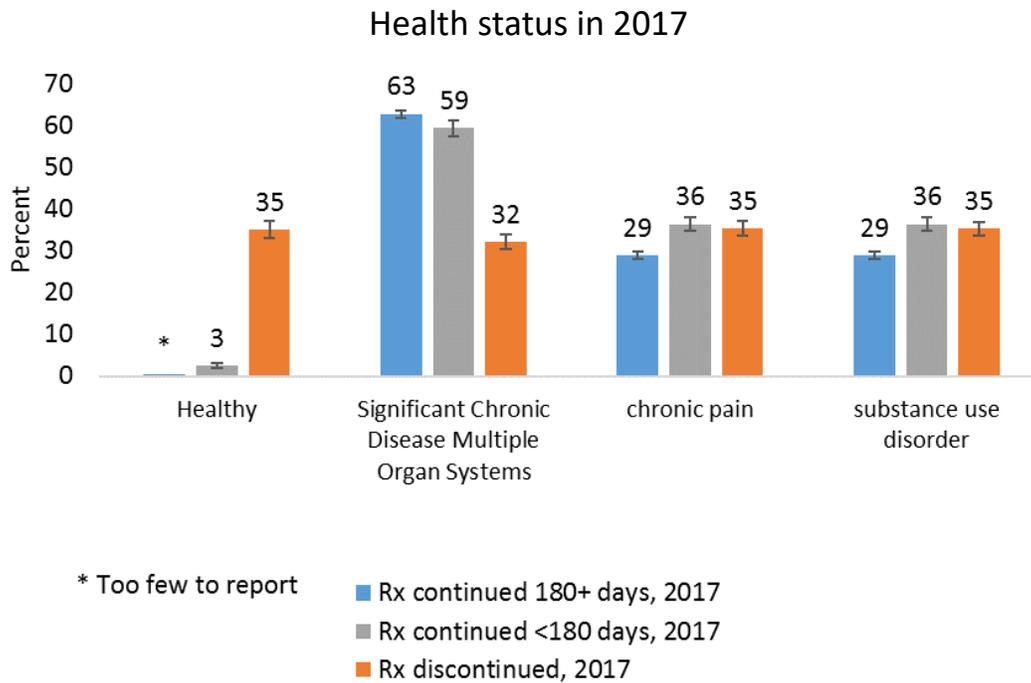
Study Population: Washington State All-Payer Claims Database members, age 18+, without cancer, non-hospice, with 180+ distinct days of opioid use (excluding addiction treatment medications) in 2015, 90+ days use in 2016 before July 1, and 11 or 12 months prescription drug coverage in 2017.

Results: Of 16,305 patients in the study population, 9,930 (61 percent) had 180+ days of opioid prescription continued through 2017, and 3,109 (19 percent) had opioid prescriptions in 2017, but for less than 180 days. Opioid prescriptions were discontinued in 2017 for 3,266 patients (20 percent). Among patients with prescriptions continuing in 2017, the median prescription strength, measured in daily morphine-milligram equivalents decreased by 24 percent. Dose reduction was greatest for those in the upper dosage percentiles. Overall, 70 percent of the study population had their prescription discontinued or reduced in 2017.



Nearly half (47 percent) of members with discontinued opioid prescriptions in 2017 had Medicaid Fee-For-Service as their primary payer. Patients with commercial payers were least likely to have discontinued opioid prescriptions. Unfortunately, our data cannot determine which patients received their prescriptions through the Seattle Pain Center.

Patients whose opioid prescription was discontinued were a healthier population in 2017 than those with continued opioid prescriptions, with 35 percent classified as healthy, and only 32 percent with significant chronic disease in multiple organ systems based on 3M™ clinical risk groups. By contrast, very few of those with continued opioid prescriptions were classified as healthy, while 63 percent had significant chronic disease. A diagnosis of chronic pain was common in all groups. Diagnosed substance use disorder was prevalent in about a third of patients in all groups.



The study population was selected to represent established patients who were receiving continuous long-term opioid treatment for chronic pain management prior to the closure of the Seattle Pain Center in July 2016. The decrease in prescription strength in 2017, even among patients with continued 180+ days of opioid use, may represent patients who had their dosages carefully tapered back from levels that had previously been dangerously high. However, it is also consistent with the suggestion that misinterpretation of guidelines has led to unintended consequences for pain patients.^{2,3} Unfortunately, we cannot distinguish well managed pain from poorly managed pain using claims data alone.

The cohort that had their opioid prescriptions discontinued in 2017 suggests several possibilities. For some, the sudden discontinuation of opioid prescriptions may have disrupted treatment of previously well managed chronic pain. Others may have experienced improvement in health status, or it was determined that their pain was better managed without opioids. Still others may have had no legitimate medical need, and been diverting medical prescriptions for illicit purposes.

The high prevalence of substance use disorder among patients with discontinued opioid prescriptions raises disturbing considerations. Abrupt discontinuation of opioids can cause the patient to experience withdrawal symptoms together with a return of uncontrolled pain.³ Prescription claims cannot tell us how many of these patients received addiction treatment medications (methadone, buprenorphine, naloxone, suboxone), as these medications are generally administered directly by a physician. Unless accompanied by expanded access to treatment, policies that merely restrict access to opioids may cause unintended harm.

References:

- Guidelines for Prescribing Opioids for Chronic Pain. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>)
- Joseph, A. and E. Silverman. Faced with an outcry over limits on opioids, authors of CDC guidelines acknowledge they've been misapplied. STAT. April 24, 2019.
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