

## Guidance for physicians treating patients affected by state action against Seattle Pain Centers

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*Note: In a recent message to members, the WSMA provided a link to the UW Pain Medicine (aka Center for Pain Relief) as an available resource to help care for patients struggling with opioid misuse and addiction. It is our understanding that UW Pain Medicine is not able to see new patients resulting from the fallout from state action against Seattle Pain Centers, nor can it assume opioid management support for these patients. However, for primary care physicians who are taking these patients, as an immediate measure, the UW can provide multidisciplinary educational consultation support through its weekly **UW TelePain sessions**. We regret any misunderstanding.*

**The WSMA is coordinating with the state Health Care Authority, UW Medicine and others to provide the following guidance for physicians who choose to see former Seattle Pain Center patients.**

The state Health Care Authority has announced it is no longer contracting with Seattle Pain Centers and any prescribers working out of the clinics, affecting patients insured through Apple Health's fee-for-service program and managed care organizations. HCA has stated it will contact affected patients.

As a result of the termination, patients may present at your clinic or in emergency departments. WSMA President Ray Hsiao, MD has **called on physicians** who practice near an affected clinic to help these patients transition to another physician/provider and provide support, as appropriate, to help them manage the use of opioids and other addictive medications. Physician willingness to see these patients will also help prevent unwarranted visits to our state's EDs, which are ill-equipped to handle the needs of these patients.

In an optimal environment, affected patients could get referrals from their insurance carriers to new pain specialists. Given the potential number of patients affected by the action against the Seattle Pain Centers, primary care physicians are urged to consider these patients as having a chronic medical condition that can be managed in their practice using evidence-based tools. **Rather than referring patients to someone else for their pain medication refill, physicians are encouraged to discuss with these patients their pain management care.**

Many of the patients seen in these clinics are on high-dose opioids. For physicians encountering these patients, the CDC guideline published earlier this year offers the following guidance:

“Established patients already taking high dosages of opioids, as well as patients transferring from other clinicians, might consider the possibility of opioid dosage reduction to be anxiety-provoking, and tapering opioids can be especially challenging after years on high dosages because of physical and psychological dependence. However, these patients should be offered the opportunity to re-evaluate their continued use of opioids at high dosages in light of recent evidence regarding the association of opioid dosage and overdose risk.” (“Opioid Selection,

Dosage, Duration, Follow-Up, and Discontinuation,” [CDC Guideline for Prescribing Opioids for Chronic Pain, March 2016](#))

This guidance is closely reflected in the Washington State Agency Medical Director Guideline.

A slow taper is likely going to be the most successful strategy to wean them off of the opioids rather than abrupt cessation, which will lead to withdrawal. In addition, some patients may have developed a substance use disorder.

Note that some patients may also be on long-term benzodiazepines. The [Washington State Agency Medical Director Guideline](#) recommends tapering off high-dose opioids before addressing benzodiazepines use. According to the AMDG, unlike benzodiazepines, opioid withdrawal symptoms are rarely serious.

#### **For patients on high-dose opioids:**

- Develop a plan to taper the patient off of opioids (in the absence of an obvious substance use disorder or concerns for diversion).
- **Prescribe naloxone for patients** on greater than 90 MED or on combination therapy with other CNS depressants.
- Check **Prescription Review**, the state’s prescription monitoring program, to screen for prescriptions from other providers.
- For patients with a substance use disorder, refer to an addiction medicine specialist or the Washington Recovery Help Line at 866.789.1511 (or **online**).
- Refer for case management or care coordination through the patient’s managed care plan.
- Refer to the patient’s managed care plan’s patient review and coordination program.

We are also working to ease concerns in the community about violating the Washington pain rules by accepting the care of patients on more than 120 MEDs. While consultation with a pain specialist would be ideal in this circumstance, the authors of the pain rules recognized this may not always be an option. As such, **the rules outline components of appropriate chronic pain management:**

- Clear documentation.
- Adherence to guidelines. The [Washington AMDG and/or the CDC guidelines](#) are considered recognized and appropriate standards of care.
- Appropriate safeguards.

The pain rules also allow for telemedicine consultations. As an immediate measure in the aftermath of the state’s action, the [UW TelePain program](#) has agreed to assist those primary care providers who are taking Seattle Pain Center patients on high-dose opioids during their scheduled weekly teleconferences. UW TelePain’s free weekly multidisciplinary consult sessions are designed to assist

community providers (both primary and specialty) in the management of complex and challenging chronic pain problems. For a schedule of upcoming sessions, visit the [UW Medicine website](#).

The WSMA has convened and is leading a [task force](#) with the Washington State Hospital Association to look at ways physicians and hospitals can play a more active role in reducing prescription opioid addiction and overdose. We will share more as we develop best practices and recommended standards of care, as well as best practices for patient education.

Please take a moment to familiarize yourself with the clinical resources and CME opportunities on safe prescribing, pain management and addiction medicine listed on [wsma.org/opioid-resources](http://wsma.org/opioid-resources).