



MARYLAND
Department of Health

April 5, 2018

Dear Colleagues,

We are asking you for an ongoing commitment of service to help address a major contributor to the opioid epidemic plaguing communities across our state and nation – opioid overprescribing.

Federal and State authorities have recently increased actions to address the overprescribing of opioids across Maryland. These actions may lead to the closure of clinics, practices, and/or an interruption in the continuity of care of patients. We have significant concerns that the interruption in continuity of care may lead to adverse patient consequences. In response, the Maryland Department of Health (MDH) in coordination with the Board of Physicians, the Maryland State Medical Society (MedChi), the Maryland Hospital Association (MHA), and others are providing guidance for providers who may be able to treat displaced patients.

We encourage all providers—particularly those who practice near an affected clinic—to support patients, either by taking on their care for the long-term, or even temporarily, as patients transition to another provider. Provider willingness to see these patients will help reduce unintended consequences and harm from abrupt loss of access to healthcare and help prevent unwarranted visits to our state’s Emergency departments. Emergency departments are ill-equipped to handle the needs of these patients, including helping patients manage the use of their prescribed opioids and other controlled medications.

Please contact the MDH Office of Public Health at 410-767-6525 if you are a willing provider and have the capacity to support continuity of care for displaced patients in your service area. We recognize the need to address the crisis of opioid addiction and overdose across the entire spectrum—from prevention to treatment and we look forward to continuing the conversation.

Most sincerely,

Howard Haft, MD, MMM, CPE, FACPE
Deputy Secretary, Public Health

Dr. Damean Freas
Chair Board of Physicians

Dr. Lisa Burgess
Chief Medical Officer Medicaid

Barbara J. Bazron, P.h. D.
Deputy Secretary, Behavioral Health

Dr. Gary Pushkin
President of MedChi

Robert F. Atlas
President and CEO, MHA

Guidance for Patients on High-Dose Opioids

The following are recommendations for providers treating patients affected by an interruption in services:

Many of the patients seen in these pain centers are receiving high-dose opioids. For providers encountering these patients, the Centers for Disease Control and Prevention (CDC) guidelines published earlier this year offers the following:

“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](#))

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 an opioid use disorder involving their prescription opioids, and if so may need to be assessed and referred to substance use disorder services.

It is important to note that some patients may also be receiving long-term benzodiazepines. The [CDC guidelines](#) recommend tapering off high-dose opioids before addressing benzodiazepines use.

Considerations when prescribing high-dose opioids:

- Develop a plan to slowly taper the patient off opioids, unless the patient meets diagnostic criteria for an opioid use disorder or there is concern for diversion.
- Consider initiation of Medical Assisted Treatment and refer patients to an Opioid Treatment Program if diagnostic criteria for an opioid use disorder are met.
- Co-prescribe [naloxone for patients](#) with a combined opioid dose greater than 90 mg MME per day or on combination therapy with other CNS depressants (even if the high dose or combination is only for 1 day).
- Check the Prescription Drug Monitoring Program (PDMP) to screen for prescriptions from other providers.
- For patients with a substance use disorder, refer to an addiction medicine specialist or Maryland Crisis Connect by calling 211.
- Refer for case management or care coordination through the patient’s managed care plan.
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We are also working to ease concerns in the community about accepting the care of patients on more than 90 mg MME. While consultation with a pain specialist would be ideal in this circumstance, we recognize this may not always be an option. It is good practice to adhere to the below three principles:

- Clear documentation.
- Adherence to guidelines. The [CDC Guidelines for Prescribing Opioids for Chronic Pain, March 2016](#) are considered recognized and appropriate standards of care.
- Appropriate safeguards.

Guidance for Patients on High-Dose Opioids

MDH has compiled several resources and tools to help you care for these patients. We encourage you to:

1. Find more information on medication-assisted treatment for opioid use disorder. For the treatment of opioid use disorders consider becoming an office-based prescriber of buprenorphine. If not already certified, find more information via the following link:
<https://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training>.
2. Take a moment to familiarize yourself with updated CDC prescribing guidelines as well as education and resources on appropriate prescribing practices.
3. Utilize Maryland Addiction Consultation Service to support prescribers of buprenorphine across Maryland in the induction, maintenance, and withdrawal from buprenorphine by calling Maryland's Warm Line at 1-855-337-6227. This includes free phone consultations for clinical questions, resources, or referral information.
4. Continue to use Maryland's Prescription Drug Monitoring Program, as a resource to monitor all controlled medications, including opioids, dispensed to your patients.
5. Contact the Health Officer at the local health department in your jurisdiction if you have any questions.

Insurance Considerations:

- 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 these actions, primary care physicians are urged to consider these patients as having a chronic medical condition that may be managed in their practice using evidence-based tools. Rather than referring patients to someone else physicians are encouraged to discuss interim pain management care with their patients.
- For assistance locating a Medicaid participating provider for those with a substance use or mental health disorder, please contact Beacon Health Options at 1-800-888-1965.
- For assistance with clinical tools and resources for non-behavioral health care providers, visit http://maryland.beaconhealthoptions.com/med_hc_professionals.html.