From the Board of Directors of the Washington Chapter of the American College of Emergency Physicians

Recently the WA ACEP chapter, along with the Washington State Medical Association, the Washington State Hospital Association, and the Emergency Nurses Association of Washington, has backed several initiatives collectively titled “The Best Practices” under "ER is for Emergencies." A cornerstone of these practices is the adoption of the WA State Guidelines for the Prescribing of Opioids for non-cancer pain. This was done in an effort to decrease the alarming trends in prescription drug abuse and unintentional overdose deaths. The program already has shown many successes, with the rate of opioid-related deaths flattening since its inception. We are aggressively educating providers so that everyone may be successful in this effort, while doing our best to provide quality medical care that is empathetic and compassionate.

There appears to be one anticipated consequence to the prioritization of this policy. There are some patients and their advocates who are angered by the implementation of these guidelines in all Emergency Departments in the state. There has been an anticipated increase in complaint letters, and in some cases a dip in physician rating scores (Press-Gainey, etc.). WA ACEP has attempted to assist providers in having these “Difficult Conversations,” but they continue on a daily basis. We hope all involved with this coordinated effort will understand this anticipated product of the implementation of the Best Practices.

WA ACEP remains committed to access for all patients to quality, compassionate care at all times. We also recognize that we practice in a community where the effects of our efforts impact the entire community. This is why we will continue to spearhead the effort to institute the Best Practices Guidelines. We strongly hope that all complaints generated against providers attempting to follow state and hospital policy will have these cases reviewed in a transparent process that takes into account these efforts to decrease the public health epidemic of unintentional deaths due to opioids. We believe that no providers, motivated by the desire to make their communities healthier, should be unduly chastised or restricted in their practices for such efforts.

These efforts are successful when the providers, administrators, and hospital systems work as a united team. WA ACEP hopes we can function in that fashion toward communal goals. WA ACEP in no way wishes to obstruct a Health Care System's already open, honest processes for quality assurance. The WA ACEP Board of Directors will be happy to act as a resource for institutions that may be experiencing challenges from implementing the Best Practices.

Sincerely,

Stephen H. Anderson MD, FACEP
Immediate Past President, WA chapter, ACEP