The Bree Collaborative
Opioid Use Disorder Treatment Charter and Roster

Problem Statement

Drug overdose is the leading cause of accidental health in the United States, driven predominantly by opioid addiction.[1] In King County, heroin treatment admissions surpassed alcohol in 2015 for the first time.[2] However, almost 90% of individuals with identified substance use disorders do not receive appropriate care or treatment partially due to substance use being highly stigmatized and patients not being likely to receive or seek treatment themselves.[3] Access to care and variation in treatment are also barriers to recovery.

Aim

To increase access to and align care delivery with existing evidence-based standard of care for the treatment of opioid use disorder while decreasing variation in quality of treatment across the State of Washington.

Purpose

To propose evidence-based recommendations to the full Bree Collaborative on:

- Identifying and evaluating evidence-based quality of opioid use disorder treatment.
- Increasing access to opioid use disorder treatment.
- Early identification of opioid use disorder in primary care as part of integrated behavioral health care in coordination with other Bree Collaborative workgroups and work within Washington State.
- Supportive referrals to opioid use disorder treatment.
- Treating opioid use disorder as a lifelong, chronic conditional across the age span using supported recovery.
- Measuring improvements and access to opioid use disorder treatment.
- Identifying additional areas for recommendations.

Duties & Functions

The Opioid Use Disorder Treatment workgroup will:

- Research evidence-based guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies.

[1] American Society of Addiction Medicine. Opioid Addiction 2016 Facts and Figures. Available: http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf
[2] Alcohol and Drug Abuse Institute. 2015 Drug Use Trends in King County, Washington. http://adai.uw.edu/pubs/pdf/2015drugusetrends.pdf
[3] Center for Behavioral Health Statistics and Quality. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of national findings (HHS Publication No. 14-4863, NSDUH Series H-48). Rockville MD: Substance Abuse and Mental Health Services Administration. www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/NationalFindings/NSDUHresults2013.htm

Adopted by the Bree Collaborative, January 18, 2017.

- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair.

The chair of the workgroup will be appointed by the chair of the Bree Collaborative.

The Bree Collaborative project director will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members to be added at the discretion of the chair.

Name	Title	Organization
Charissa Fotinos, MD (Co-Chair)	Deputy Medical Officer	Health Care Authority
Andrew Saxon, MD (Co-Chair)	Director, Center of Excellence in Substance Abuse Treatment and Education (CESATE)	VA Puget Sound Health Care System
Jane Ballantyne, MD, FRCA	Professor, Department of Anesthesiology and Pain Medicine	University of Washington School of Medicine
Caleb Banta-Green, PhD, MPH, MSW	Senior Scientist	Alcohol and Drug Abuse Institute, University of Washington
David Beck, MD	Immediate Past President	Washington Society of Addiction Medicine
Mary Catlin, BSN, MPH	Consultant	Department of Health
Nancy Lawton, MN, ARNP, FNP	President	ARNPs United of Washington State
Darin Neven, MD, MS	President and Founder	Consistent Care
Richard Ries, MD	Director, Addiction Psychiatry Residency Program	University of Washington
Terry Rogers, MD	Medical Director	Lakeside Milam Recovery
Vania Rudolf, MD, MPH	Addiction Recovery Services	Swedish Medical Center
Mark Stephens	President	Change Management Consulting
Milena Stott, LICSW, CDP	Chief Of Inpatient Services	Valley Cities Counseling

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