Bree Collaborative | Opioid Guideline Implementation Workgroup
August 28th, 2019 | 3:00 – 4:30
Foundation for Health Care Quality
705 2nd Avenue, Suite 410 | Seattle, WA 98104

MEMBERS PRESENT

Gary Franklin, MD, MPH, (Co-Chair) Medical Director, Washington State Department of Labor and Industries
Cyndi Hoenhous* and Rose Bigham, Washington Patients in Intractable Pain
Charissa Fotinos, MD (Co-Chair) Deputy Chief Medical Officer Washington State 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
Andrew Friedman,* MD, Physical Medicine and Rehabilitation Virginia Mason Medical Center
Kelly Golob, DC, Chiropractor, Tumwater Chiropractic Center
Sara McElroy,* PharmD, Polyclinic
Mark Murphy,* MD, Family Medicine and Addiction Medicine, MultiCare
Jennifer Sandler,* Patient Advocate
Pamela Stitzlein Davies,* MS, ARNP, FAANP Nurse Practitioner Departments of Neurology & Nursing, University of Washington
Mark Sullivan,* MD, PhD, University of Washington
Gregory Terman,* MD, PhD, Professor Department of Anesthesiology and Pain Medicine and the Graduate Program in Neurobiology and Behavior, University of Washington
John Vassall, MD, FACP, Physician Executive for Quality and Safety, Comagine Health

STAFF AND MEMBERS OF THE PUBLIC

Jason Fodeman, MD, MBA, LNI
Negar Golchin,* PharmD, MPH, Qualis Health Medicare
Deb Gordon,* DNP, RN, FAAN, Teaching Associate, Co-director, Pain Service, Anesthesiology & Pain Medicine Harborview Medical Center
Kristin McGarity, Patient Advocate
Ginny Weir, MPH, Bree Collaborative
Morgan Young,* LNI

* By phone/web conference

CHAIR REPORT & APPROVAL OF MINUTES

Gary Franklin, MD, MPH, Medical Director, Washington State Department of Labor and Industries, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

> *Motion*: Approval of June 26th Minutes with discussed additions
> *Outcome*: Passed with unanimous support.

CHIROPRACTIC CARE AND OPIOID USE: PRESENTATION BY KELLY GOLOB

Kelly Golob, DC,Chiropractor, Tumwater Chiropractic Center, shared recent data on the relationship between opioid use and access to chiropractic care. Data shared is based on retrospective, claims-based data.

- Initial provider specialty associated with long-term opioid use
    - Less likelihood of patients receiving an early opioid prescription with a non-MD provider

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        - Less likelihood of patients receiving a long-term opioid prescription with a non-MD provider
            - Further breakdown of non-MD providers
                - Top two non-MD groups (PA, ARNP) had 10x prescribing rates of the other non-MD groups
- Per-capita supply of doctors of chiropractic and opioid use in younger Medicare beneficiaries
    - Per-capita spending on DC care inversely correlated with opioid prescription
- Chiropractic's collaborative role in tapering patients

PATIENT PERSPECTIVE: PRESENTATION BY CYNDI HOENHOUS AND ROSE BIGHAM

Cyndi Hoenhous, Washington Patients in Intractable Pain, expressed concerns about the current draft recommendations including but not limited to:

- Statements made early on in the workgroup that only 10-20% of patients on long-term opioid therapy are benefiting
    - Additional statements that the majority of patients on opioid therapy could qualify for having mild to moderate opioid use disorder
- A focus on a new diagnosis for patients on long-term opioid therapy akin to opioid use disorder
- Focus of the workgroup on tapering
- Lack of evidence base for benefits of tapering
    - Need for large scale, peer reviewed studies
- New criteria definitions for opioid dependence and mild opioid use disorder (e.g., difficulty tapering)
    - Inconsistent with DSM-V criteria
    - Converging treatment pathway of opioid dependence with opioid use disorder
- Only 20% of Washington providers still prescribe opioids
    - Only 2% consider themselves pain management specialists

Rose Bigham, Washington Patients in Intractable Pain, expressed concerns about the current draft recommendations including but not limited to:

- Altered diagnostic criteria and broad definition of opioid dependence could be applied to most on opioid therapy even if taken as directed and compliant with treatment plans
- Message sent may be that no one should be on chronic opioid therapy
- State rules authored by the taskforce are adequate guidance for primary care providers
- King County Overdose Report for 2017 did not reflect prescription opioids alone as a major contributor to overdose
- Lack of experts in chronic pain management included in the state-of-the-art conference
- Lack of accurate high quality, independently peer reviewed studies
- Lack of inclusion of practicing pain specialists in the workgroup
- Need for an accurate scope of the problem

The group gave feedback to Ms. Hoenhous and Ms. Bigham's presentation:

- Dr. Franklin disagreed with the portrayal of the work being done within the group as a fringe element.
    - Ms. Hoenhous clarified her concern lies with the broad definition of opioid dependence.
- Charissa Fotinos, MD, Deputy Chief Medical Officer Washington State Health Care Authority, reiterated that the current document is a draft and will go through many changes, and agreed with need for clarification around talking about opioid dependence and opioid misuse.

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    - Not the intent to create a new diagnosis
    - Appreciated comments and changes will be made
- Andrew Saxon, MD, Director, Center of Excellence in Substance Abuse Treatment and Education (CESATE), VA Puget Sound Health Care System, also expressed appreciation of the patient perspective provided
    - It may be a minority of persons being harmed, but to keep those people in mind
    - Reasonable fair critiques
        - Asked Ms. Bigham and Ms. Hoenhous to contribute what should be included in the draft
- Ms. Weir reiterated the goal of removing barriers to care
    - Asked all patient advocates to partner and make changes in the draft where needed

Kristin McGarity, Patient Advocate, shared additional concerns with the group:

- Interstitial cystitis categorized "central sensitization syndrome" and excluded from maintain and monitor pathway
    - Multiple subtypes of interstitial cystitis not considered
        - Autoimmune subtype
            - In clinical practice the most effective method of reducing symptom scores was opioid therapy
            - Supporting literature shared with the group
            - Patient centered tapers with all possible support can still sometimes result in extreme loss of function
            - Concern over statement in draft that taper in general should not be reversed
                - Need for a last resort palliative track for patients who have exhausted other options
- Dr. Fotinos asked patient advocates to consider how to help providers distinguish between those who are increasing in function and benefiting and those who are not
    - Lack of access to pain specialists for those on Medicaid
- Dr. Franklin discussed a potential pilots of the assessment created by the group in patients on long term opioids at LNI's Centers of Occupational Health and Education to attempt to generate real-time information and learning
- Ms. Bigham discussed a desire to measure patient outcomes of those who tapered both successfully and unsuccessfully
- Dr. Franklin asked the group if they were in agreement with the focus areas
    - Also emphasized alignment with the Collaborative Care for Chronic Pain Recommendations
    - Group agreed it would be ideal to use community partnerships to look at a sample of patients to determine the scope of approximately how many patients should be tapered, how many should be maintained etc. to include with the report, though it may not be possible before presenting to the committee

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT

Dr. Franklin thanked all for attending and asked for final comments and public comments. The meeting adjourned.

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