Bree Collaborative Long-Term Opioid Therapy
Public Comments Summary
April 20, 2020

- Background
  - Does not address legacy patients v initiation of opioids
  - Ignores 2019 HHS Interagency task force recommendations
- Engagement
  - Important to educate patients on their pain
  - Mention trauma-informed care
  - Suggestion to include multiple components that are mentioned later – e.g. treatment including acupuncture, psychology, function as goal
  - Time consuming
- Assessment
  - Need to assess sleep hygiene
  - Need for additional diagnostic testing
  - Need for additional or condition specific validated instrument
  - PCPs would not be able to perform assessment
  - Should include a fellowship trained and board-certified pain medicine subspecialist when possible
  - Providers query EDIE once or twice yearly to assess for ED visits for pain/OD/pulmonary disease, suicidal attempts/ideation.
  - Add health record review for Hepatitis C (proxy for h/o IVDA)
- Develop a treatment plan
  - Include interventional pain procedures
  - treatment plan…be expanded to include a complete list of therapy options, including device-based therapies
  - Add formal pain conferences
  - Pain medication stratification in high risk patients with formal psychology consultations/pain medicine specialists involvement
  - Add appropriate involvement with surgeons who have a better understanding of pain
  - Clarify patients are those without obvious or with mild bodily pain generators often with symptoms more due to sensitized nervous system
- Maintain and Monitor
  - Pathways too non-specific (e.g., define serious adverse events)
  - What about lyrica/gabapentin?
  - Each treatment option also includes counseling, prescription (or dispensing) of naloxone.
  - Add timeline (e.g., maintain and monitor for 6 weeks) beyond that patients deserve Interventional Options
  - Critique of WAC timeline to review prescribing
- Tapering or Discontinuation
  - Table 1 implies OUD=addition, too stigmatizing, remove addition language
  - Function can be difficult to assess e.g., patient with spinal cord injury

Commented [MJ(1]: The guideline focuses on legacy opioid not on initiating COT

Commented [MJ(2]: Not relevant to scope of this guideline

Commented [MJ(3R2]: Review of all possible treatment for chronic pain was not in scope of this guideline/review. Additionally, the main stated purpose for HHS task force review is to identify research gap in chronic pain care.

Commented [MJ(4]: Added a sentence under Engagement

Commented [MJ(5]: Already addressed under Assessment

Commented [MJ(6R5]:

Commented [MJ(7]: See Assessment section

Commented [MJ(8]: See Health System section

Commented [MJ(9]: Added to Assessment section

Commented [MJ(10]: Added a sentence in Assessment introduction

Commented [MJ(11]: Guideline focuses on practical, publically available brief instruments for use in primary care

Commented [MJ(12]: Only available for EDs

Commented [MJ(13]: Added to comorbidities

Commented [MJ(14]:

Commented [MJ(15R14]: Not in scope of guideline

Commented [MJ(16]: Not in scope of guideline

Commented [MJ(17]: ?

Commented [MJ(18]: Addressed in Assessment section

Commented [MJ(19]: Not in scope of guideline

Commented [MJ(20]: Already considered, consensus to remove

Commented [MJ(21]: See Appendix D

Commented [MJ(22]: Not in scope of guideline or review

Commented [MJ(23]: Added to Treatment Pathways intro

Commented [MJ(24]: Not in scope of guideline

Commented [MJ(25]: Not in scope of guideline

Commented [MJ(26]: Changed to OUD

Commented [MJ(27]: See Assessment section

- "Avoid dismissing patients from care" may need caveats such as, "unless clinically indicated"
- Provider who originally prescribed should be responsible
- Naloxone
- Add interventional pain procedures
- Add line protecting physicians who feel that high doses might be justified for certain conditions/situations (ie: muscular pain) although patients vehemently believe they should continue therapy. A patient's desire to continue opiate therapy should not alone justify continued prescription.
- Interventions listed not covered by payors
- Prefer tizanidine 2mg TID over clonidine due to hypotention

- Medications for Opioid Use Disorder
  - Add off label type treatments
  - Link to another more detailed guide
  - PCPs or pain Drs should not be managing people with OUD
- Health Systems
  - These interventions are not realistic, favors larger systems.
  - Six building blocks helping clinics make changes when collaborative care not feasible.
  - Interventional pain management
  - Define SIMP
  - Other terminology issues (e.g. multidisciplinary vs interdisciplinary)
  - Need better reimbursement
  - Develop centralized prescribing/deprescribing clinic
- Evidence
  - Skewed to least expensive not most effective
  - Add positives for opioids
  - Make an appendix. Organize with intros for each section.
  - Gabapentin
  - Need more on interventional pain management
  - Suicidality as comorbidity
  - Nore up-to-date reference on harms from long-term opioid therapy than the one you cite here: Chou R, et al. Ann Intern Med. 2015;162:276-286. doi:10.7326/M14-2559
  - Appendix F appears to have been copied from another document, and the first statement "These criteria not considered to be met for those individuals taking opioids solely under appropriate medical supervision." requires some context. As noted here, it is not clear.
- General
  - Lack of interventional pain physicians on workgroup
  - Add section on telehealth
  - Re-organize sections to clearly state the gap the section is filling (e.g, the documents that are being updated)
  - Buprenorphine for pain

Commented [MJ(28): Recommendation is from HHS guideline

Commented [MJ(29): ?

Commented [MJ(30): Added to Treatment Pathways intro

Commented [MJ(31): Not in scope of guideline

Commented [MJ(32): Not focusing on condition specific for treatment pathway

Commented [MJ(33): ?

Commented [MJ(34): Already in table 2

Commented [MJ(35): There are effective FDA approved treatment for OUD

Commented [MJ(36): Already have a link to Bree Treatment for OUD guideline

Commented [MJ(37): Not in scope of guideline, scope of practice

Commented [MJ(38): Agree not currently, broadly available but health systems should strive to implement or provide access to these services

Commented [MJ(39): Already mentioned in Bree Collaborative Care guideline

Commented [MJ(40): Not in scope of guideline

Commented [MJ(41): Multidisciplinary term was used in the Bree Collaborative Care guideline

Commented [MJ(42): Agree, see recommendation under Health Plan

Commented [MJ(43): ?

Commented [MJ(44): Intervention is out of scope

Commented [MJ(45): See Maintain and Monitor section

Commented [MJ(46): ? See Appendices

Commented [MJ(47): Not in scope of guideline

Commented [MJ(48): Not in scope of guideline

Commented [MJ(49): See Assessment section

Commented [MJ(50): Actual comment is about intervention, not in scope of guideline

Commented [MJ(51): Context provided in title of appendix and end of document

Commented [MJ(52): Not in scope of guideline

Commented [MJ(53): Added under Health System

Commented [MJ(54): ?

Commented [MJ(55): Not in scope of guideline. Guideline did not address differential effectiveness of ...