
Bree Collaborative | Opioid Guideline Implementation WorkgroupFebruary 26th, 2020 | 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

Charissa Fotinos,* MD (Co-Chair), Deputy Chief Medical Officer, Washington State Health Care Authority

Cyndi Hoenhous* and Rose Bigham, Washington Patients in Intractable Pain

Gregory Terman, MD, PhD, Professor Department of Anesthesiology and Pain Medicine and the Graduate Program in Neurobiology and Behavior, University of Washington

Jaymie Mai,* PharmD, Pharmacy Manager,

Washington State Department of Labor and Industries

Andrew Saxon,* MD, (Co-Chair) Director, Center of Excellence in Substance Abuse Treatment and Education (CESATE), VA Puget Sound Health Care System

Mark Stephens, President, Change Management Consulting

Pamela Stitzlein Davies,* MS, ARNP, FAANP Nurse Practitioner Departments of Neurology & Nursing, University of Washington

Jason Fodeman, MD, MBA, LNI

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Katerina LaMarche, Washington State Medical Association

Sara McElroy,* PharmD, MS Clinical Pharmacist, Quality & Safety, The Polyclinic/Physician Care Alliance

* 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 January 29th Minutes with discussed typo fixed

Outcome: Passed with unanimous support

REVIEW OF CHANGES MADE TO DRAFT RECOMMENDATIONS

The workgroup viewed the Draft Chronic Opioid Management and discussed the changes that were made.

- In the Health Record bullet of the Assessment section, Dr. Franklin reviewed the addition of “assessment but not replace the provider’s decision making regarding the treatment pathway” to the end of the first sentence. The group approved of this addition.
- The group moved on to discussion changes made to the Treatment Pathways subsection of the report.
 - A number of changes were made to the Tapering section and noted by Dr. Franklin. The HHS document was reproduced in the appendix. A bullet was added: “Review important considerations prior to taper in the 2019 HHS Guide”. There was agreement from the group on these changes.

- Rose Bigham, Washington Patients in Intractable Pain, raised a concern regarding the last bullet in the Tapering or Discontinuation section before Table 2. This bullet discusses opioid dependence which may not meet criteria for opioid use disorder.
 - Ms. Bigham was concerned that the language here would lead to people who are benefiting from opioids being taken off of them, in some cases.
 - Dr. Franklin says that this bullet is only saying that there are people who do not meet DSM 5 OUD criteria but who are still dependent and would benefit from buprenorphine.
 - Dr. Franklin does want to add a quote from the HHS that addresses when to use buprenorphine, and the group agreed to this idea.
 - Cyndi Hoenhous, Washington Patients in Intractable Pain, asked if there are any recommendations for providers who do not know how to use buprenorphine.
 - A member replied that this information is widely available and providers will know of resources to access.
 - Ms. Bigham asked if there is language in the report that explains how to go back to opioids if Buprenorphine does not work. Dr. Franklin answered that there is not enough literature on this to be included in the report.
 - Ms. Weir finished the discussion by adding that this bullet is meant for people who are already tapering and are not being well served by opioids, so they would probably not want to go back on them.
- The group discussed the third bullet under the Maintain and Monitor treatment pathway. Ms. Bigham expressed concern that this bullet would preclude patients who were benefiting from opioids from taking intermittent sedatives. Other members commented on the dangers of combining opioids and sedatives, and the group agreed to return to this topic in the next meeting to decide on changes.
- The group moved on to reviewing the changes that were made to the Health Systems section. Jason Fodeman, MD, MBA, LNI, took over to discuss this section.
 - The first bullet in the Health Care Systems subsection was added to encourage the development of metrics.
 - Mark Stephen, President, Change Management Consulting, asked how these would be different than CDC metrics; they would be about patient outcomes.
 - Charissa Fotinos, * MD (Co-Chair), Deputy Chief Medical Officer, Washington State Health Care Authority, suggested removing the hub and spoke bullet from this section because that model has not been developed enough across the state to be recommended. Dr. Fotinos suggested adding replacement language to tell providers to develop relationships with specialty providers so that hand-offs can occur when needed.

Action Item: Dr. Fotinos to send language to Ms. Weir.

- Dr. Franklin requested that Dr. Fodeman add recommendations for reimbursement for care coordination into this section.

Action Item: Dr. Fodeman to draft language and send to Ms. Weir.

- The group moved on to discussing the Evidence section of the recommendations.
 - In the assessment sub-section, a group member asked if the document is saying that the PEG assessment specifically should be done. Ms. Weir and Dr. Franklin clarified that the evidence section is not our recommendations; it exists to summarize the evidence that the workgroup used.
 - For clarification, language added the PEG assessment sentence: “PEG has been shown to be accurate in assessing pain intensity”.
- Ms. Weir asked if there was anything else missed in the document.
 - In the references section, a URL was agreed to be added linking to a presentation by Butler M. that was given to the Bree collaborative.

- Dr. Stephens asked if the group could include recommendations for funding Buprenorphine—plans are not reimbursing for it because it is used off-label. Ms. Weir added that people are getting variable care depending on whether or not their insurance covers it, and the Bree would like to address this.
 - The group agreed to revisit this issue after public comments.
- Ms. Weir reviewed the process going forward:
 - Dr. Franklin will present the recommendations to the Bree and receive comments.
 - Then, the group will reconvene at the end of April to review those comments and create a final draft.
 - The final draft will then be presented to the committee in May.
- Ms. Davies asked that the font size be increased in Appendix H. She also mentioned that the third line of boxes is hard to follow.

Action Item: Jaymie Mai and Gary Franklin to revisit this chart to think about how it might be improved visually.

GOOD OF THE ORDER

Dr. Franklin thanked all for attending and adjourned the meeting. There were no public comments.

DRAFT