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## Bree Collaborative | Opioid Guideline Implementation Workgroup

April 29<sup>th</sup>, 2020 | 3:00 – 4:30

Held Remotely Due to COVID-19

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### MEMBERS PRESENT

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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

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

David Tauben, MD, Chief of Pain Medicine University of Washington Medical Center

Andrew Friedman, MD, Physical Medicine and Rehabilitation Virginia Mason Medical Center

Kelly Golob, DC, Chiropractor, Tumwater Chiropractic Center

Negar Golchin, PharmD, MPH, (for John Vassall, MD, FACP) Comagine Health

### STAFF AND MEMBERS OF THE PUBLIC

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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

### CHAIR REPORT & APPROVAL OF MINUTES

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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. Rose Bigham, Washington Patients in Intractable Pain, asked that the minutes from February 26<sup>th</sup> be updated to reflect the conversation that was had about opioids and sedatives in the “Maintain and Monitor” section of the report.

*Motion:* Approval of February 26<sup>th</sup> Minutes with discussed addition.

*Outcome:* Passed with unanimous support

### REVIEW OF CHANGES MADE TO DRAFT RECOMMENDATIONS BASED ON PUBLIC COMMENTS

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The workgroup viewed the Draft Chronic Opioid Management and discussed the changes that were made as a result of public comments.

- Dr. Franklin had one general note: interventionists had a lot of comments about interventional techniques and pain procedures that were not within scope of this group’s work.
  - A member made a general comment: put in a disclaimer or sentence saying that non-pharmacological interventions are not part of this document’s purview to make it clear what our scope is.
- On page 2 a sentence was added about educating patients “to better understand the influence of psychological factors and the pain experience...”.

- Comment was made to change “catastrophizing” to “fear avoidance”—a clearer term.
  - “Respect” bullet moved up to be the first bullet in this section.
- In the assessment section: a sentence was added about collaboration with pain specialists, structured multidisciplinary pain programs, or a multidisciplinary team. Group discussed wanting to use the term “multimodal care” to really get at what the group is recommending. Group decided that paragraph the was clear as is because multimodal was already used in the first sentence.
- A bullet on the assessment of sleep hygiene was added.
- The group agreed to add links to the WAC guidelines being referenced in the background section.
- At the end of Pain and functional status bullet in the Assessment section, the group agreed to adding instructions to see Appendix E.
- Edit made to the Prescription Monitoring Program bullet to shorten the statement. Changed language to “in accordance with state rules” and removed the individual WAC guidelines.
- Under the “Review comorbidities...” bullet on page 4, a bullet reading “Hepatitis C or other proxy for injection drug abuse” had been added.
  - Multiple members objected to this, saying that Hepatitis C is not necessarily an indicator of drug use. The group reached a consensus to remove this bullet from the final document.
- Under the Health Record bullet on page 4, MED spelled out in full (morphine equivalent dose).
- In the Treatment Pathways section, sentence added about prescribing naloxone.
- In the Maintain and Monitor section, the third bullet about opioids and chronic sedatives was discussed. Ms. Bigham objected to the term “chronic sedatives,” saying that there needs to be a way for stable patients to take intermittent sedatives under appropriate supervision. The group came to consensus on referencing the WAC and including their statement on opioids in combination with sedatives.
  - WAC language was added: “...without documentation in the patient record of clinical judgment and discussion of risks with the patient...”.
  - Ms. Bigham asked for this change to be reflected in the chart on page 22.
- In the bullet directly before Table 2, the group discussed the issue of transitioning to buprenorphine. Cyndi Hoenhous, Washington Patients in Intractable Pain, noted that there should be consultation with a professional if buprenorphine is used for tapering. Another member also mentioned the need for an X Waiver. The group decided to add the exact disclaimer text from the HHS guidelines to the end of this bullet point.
- The group discussed the inclusion of Clonidine in Table 2. Tizanidine is another drug that some think is more effective, but the group agreed that there is not enough evidence to support this. No change made.
  - The group did decide to change “See Table 2 for treatment options” to “See Table 2 for potential treatment options” to communicate that the table is not exhaustive.
- The group discussed the “Medications for opioid use disorder” bullet and sub-bullets. A member pointed out that it seemed out of place for the document to recommend exact buprenorphine dosing. The group decided to remove all the specific medication and dosing recommendations, including the note on sedatives, from this segment. Bree guidelines on OUD treatment are linked in this section and provide more details.
- In the Health Systems segment, a bullet was added on expanding E-consult and TelePain services.
- Ms. Weir went over the next steps for the recommendations. They will be presented at the Bree Collaborative meeting in May. Members will vote on whether to send the recommendations on to the HCA.

- Pamela Stitzlein Davies, MS, ARNP, FAANP, Nurse Practitioner Departments of Neurology & Nursing, University of Washington, commented on the cultural competency bullet on page 2. The group agreed to add a link to relevant information found on ethnomed.org.
- The group unanimously voted to send this recommendation on to the Bree Collaborative for final review.

**GOOD OF THE ORDER**

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