MEMBERS PRESENT

Gary Franklin, MD, MPH (Co-chair), Washington State Department of Labor and Industries
Darcy Jaffe, ARNP, FAAN, Washington State Hospital Association
Judy Zerzan-Thul, MD, MPH (Co-chair), Washington State Health Care Authority
Mark Sullivan, MD, PhD (Co-chair), University of Washington
Rose Bingham, Patient Advocate
Denise Boudreau, PhD, RPh, MS, Kaiser Permanente Washington Health Research Institute
Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington

Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine
Shelly Gray, PharmD, School of Pharmacy, University of Washington
Jaymie Mai, PharmD, Washington State Department of Labor and Industries
Yusuf Rashid, RPh, Community Health Plan of Washington
Steven Stanos, DO, Swedish Medical Center
Michael Parchman, MD, Kaiser Permanente

Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington

STAFF AND MEMBERS OF THE PUBLIC

Anne Farqua
Monica Salgaonkar, MHA, Washington State Medical Association

Richard Martin
Ginny Weir, MPH, Bree Collaborative

WELCOME

Gary Franklin, MD, MPH (Co-chair), Medical Director, Washington State Department of Labor and Industries welcomed members to the workgroup and those present introduced themselves.

Action: To adopt the minutes
Result: Unanimously approved

ACUTE PRESCRIBING

Dr. Franklin began the group’s discussion by proposing outlining the acute prescribing guidelines. Deb Gordon reviewed the evidence including the lack of data specific to older adults, about 6% go on to have persistent opioid use after surgery and is the individual patient characteristics more than type of surgery that lead to long-term use (e.g., being older, being female, using nicotine). Members discussed:

- Not a higher rate than younger age groups (except for spine surgery that is about 25%)
- Among wisdom teeth about 1% transition to long-term opioid use.
- Having a separate paragraph for transitions of care.
- Subacute prescribing in cases where too many pills are prescribed for those already being prescribed opioids.
- How to address situations in which people may be better served by chronic opioid use.
- Looking for those at high risk for developing opioid use disorder.
- System-level interventions (clinical decision support, telephone-based motivational interviewing)
- Caregiver perspective. Covid has changed a lot for reimbursement for virtual health for behavioral health. Easier to push hospitals to keep supporting virtual care.
- Lack of literature for health plan reimbursement and practical interventions for smaller clinics.
- Goal is maximizing function AND pain control in advance using shared decision making. Realistic expectations.
  - Pain management care plan prior to surgery with shared decision making.
  - Shared decision making was in the first draft but was removed.
  - Add proactive pain care planning – pharmacologic and nonpharmacologic
- Long-acting opioid. Higher peak effect and longer duration of action.
  - More likely to have a breathing problem at night.
  - And more likely to go on to chronic use.
- Lowest dose for shortest duration, add beyond this you have to justify.
- A suggestion to not reference the CDC guidelines.
- Address refill policy.
  - Easier to refill than not refill.
- Proactive conversations with the person about the pain control process should be comprehensive.
- Goal is to prevent unnecessary transition to long-term use.
- Public comments
  - Richard Martin is concerned about language indicating that those over 65 after surgery being able to get opioid pain medications if indicated.
  - Rose Bigham concerned that there is no language that there is no language that some patients may be appropriate for long-term opioid therapy.
  - Anne Fuqua echo what Richard said that metrics may drive down prescribing for appropriate patients.

GOOD OF THE ORDER
Dr. Franklin thanked all for attending and adjourned the meeting.