Bree Collaborative Meeting

November 17, 2021| Zoom Meeting

Agenda

- **Welcome and Introductions**
  - Adopt Meeting Minutes
- **Final Adoption:** Total Joint Replacement Bundle
  - Adopt Recommendations
- **Topic Update:** Opioid Prescribing in Older Adults
- **Topic Update and Adoption:** Perinatal Bundle
  - Adopt Addendum
- **Discussion:** Scoping 2022 Topics
- **Next Steps and Close**

September 22 Meeting Minutes

Dr. Robert Bree Collaborative Meeting Minutes
September 22, 2021 | 12:30-2:30
Held Virtually

Members Present

Hugh Straley, MD, Bree Collaborative (Chair)
Susie Dade, MS, Patient Representative
DC Dugdale, MD, MS, University of Washington Care Medical Center
Jason Fodeman, MD, (for Gary Franklin, MD) Washington State Department of Labor and Industries
Stuart Freed, MD, Confluence Health
Norifumi Kamo, MD, MPP, Common Spirit
Rick Ludwig, MD, Providence Health
Karen Johnson, PhD, Washington Health Alliance
Mark Haugen, MD, Physician, Walla Walla Clinic
Kimberly Moore, MD, Franciscan Health System
Drew Oliveira, MD, Regence
Carl Olden, MD, Pacific Crest Family Medicine
Mary Kay O'Neill, MD, MBA, Mercer
Susane Quistgaard, MD, Premera Blue Cross
John Robinson, MD, SM, First Choice Health
Jeanne Rupert, DO, PhD, The Everett Clinic
Shawn West, MD, Embright
Laura Kate Zaichkin, MPH, SEIU 775 Benefits Group
Judy Zerzan-Thul, MD, MPH, Washington State Health Care Authority

Updates

- Membership
  - Thank you, Laura Kate Zaichkin (SEIU 775)
  - Welcome Colleen Daly (Microsoft)
  - Welcome Sharon Eloranta (Washington Health Alliance)

- Staffing
  - Thank you, Amy Etzel
  - Welcome Nick Locke (more Bree FTE)

Final Adoption: Total Joint Replacement Bundle

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Workgroup Members

Name	Title	Organization
Bob Mecklenburg, MD (Chair)	Retired	Virginia Mason Medical Center
Matt Albright	Regional Director of Orthopedics & Sports Medicine	Providence St. Joseph Health
Kevin Fleming, MBA	Chief Operating Officer	
Michael Griffin	Associate Vice President	
Lydia Bartholomew, MD, MHA, FAAPL, FAAFP, CHIE	CMO Clinical Health Services West and Southcentral	Aetna
LuAnn Chen, MD, MHA	Senior Medical Director	Community Health Plan of Washington
Michael Chen	Senior Program Consultant	Premera Blue Cross
Andrew Friedman, MD	Physical Medicine & Rehabilitation Specialist	Virginia Mason Medical Center
Kevin Macdonald, MD	Orthopedic surgeon	
Paul Manner, MD	Orthopedic surgeon	University of Washington
Cat Mazzawy, RN	Senior Director, Safety and Quality	Washington State Hospital Association
Linda Radach	Patient Advocate	
Tom Stoll, MD	Chief, Orthopedic Surgery	Kaiser Permanente Washington
Emily Transue, MD, MHA	Associate Medical Director	Health Care Authority

Process

- ✓Members recruited
- ✓Charter Approved
- ✓Review Cycle I: February and March
- ✓Review Cycle II: March
- ✓Review Cycle III – April
- ✓Review Cycle IV – May
- ✓Review Metrics, Quality Standards, and Warranty – June/July
- ✓Same-Day Surgery – August/September
- ✓Review of Public Comment – November

- **Final Adoption– November**

Bundle Architecture

Clinical process standards

Cycle I: Appropriateness

Cycle II: Fitness for surgery

Cycle III: Safe surgery

Cycle IV: Return to function

Business process standards

Quality standards specified by purchasers

Warranty against eight avoidable complications

Five Substantive Changes to 2017 edition
Only open issue remaining is COVID-19 precautions

1. **Personal Care Partner**
   Offer telemedicine visit if infectious disease precautions preclude face-to-face visit.
2. **Social determinants of health**
   Screen for housing instability, food insecurity, and transportation needs.
3. **Surgical implants**
   Implant manufacturers to provide data on device failure and complications.
4. **Same-day discharge**
   When appropriate, providers should allow and facilitate same-day discharge.
5. **COVID-19**
   Vaccination and masking per CDC guidelines.

Only Two Public Comments

1. Patient-reported outcomes (section on Quality Standards and Appendix C)

Lack of numerical alignment between the bundle text and survey instruments.

Work group response:

a. We aligned numbers between bundle and survey instruments.
b. We added URLs for survey tools included in bundle document for version control.

2. COVID-19 precautions (Cycle III – Safe Surgery)

“Change wording to state: Hospital will follow CDC guidelines around vaccinations and other public health practices for circulating illnesses.”

Evolving COVID-19 Draft Statements

Issue is requirement that patients be vaccinated

1. Work group draft, September 3

"All medical, administrative, support staff, volunteers, and patients should be vaccinated for circulating illnesses or wear a mask on campus as per current CDC guidelines."

2. Bree edit to work group draft, September 22

"All medical, administrative, support staff, volunteers, suppliers, and patients ~~should~~ must be vaccinated for circulating illnesses ~~or~~ and wear a mask on campus as per current CDC guidelines."

3. Public comment, October (one submission)

"Hospital will follow CDC guidelines around vaccinations and other public health practices for circulating illnesses."

4. Work group recommendation for final draft, November 5

Bundle should remain silent on COVID-19 precautions, particularly a vax requirement for patients.

Note: CDC guidelines are recommendations.

Rationale behind work group recommendation: Bundle should remain silent on patient requirement for vax and mask

1. Authority

Bree standards are voluntary. Unclear who decides/enforces vaccination requirement for patients.

2. Scope

The bundle states standards for clinical practice; it should not attempt to state public policy.

3. Scale: effect on overall population

Effect would apply only to the small subset of the population receiving care at hospitals using the bundle.

4. Simplicity/consistency

Vax requirement for patients is not aligned with Federal, State, and County public policy on COVID-19.

5. Conflict management

Vax requirements for patients may raise ethical and legal issues.

Discussion

Discussion, critique, counterpoint

Action Step

Vote to Adopt

Topic Update: Opioid Prescribing for Older Adults

DR. ROBERT BREE COLLABORATIVE

November 17, 2021|Zoom Meeting

Workgroup Members

- Gary Franklin, MD, MPH (Co-chair), Washington State Department of Labor and Industries
- Darcy Jaffe, MN, ARNP, NE-BC, FACHE (Co-chair), Washington State Hospital Association
- Mark Sullivan, MD, PhD (Co-chair), University of Washington
- Judy Zerzan-Thul, MD, MPH (Co-chair), Washington State Health Care Authority
- Carla Ainsworth, MD, MPH, Iora Primary Care - Central District
- Denise Boudreau, PhD, RPh, MS, Kaiser Permanente Washington Health Research Institute
- Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington
- Rose Bingham, Patient Advocate
- Pam Davies, MS, ARNP, FAANP, University of Washington / Seattle Pacific University
- Elizabeth Eckstrom, MD, Oregon Health Sciences University
- James Floyd, MD, University of Washington School of Medicine
- Nancy Fisher, MD, Ex Officio
- Jason Fodeman, MD, Washington State Department of Labor and Industries
- Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine
- Shelly Gray, PharmD, University of Washington
- Clarissa Hsu, PhD, Kaiser Permanente Washington Research Institute
- Michael Parchman, MD, Kaiser Permanente Washington Research Institute
- Jaymie Mai, PharmD, Washington State Department of Labor and Industries
- Wayne McCormick, MD, University of Washington
- Kushang Patel, MD, University of Washington
- Elizabeth Phelan, MD, University of Washington
- Yusuf Rashid, RPh, Community Health Plan of Washington
- Dawn Shuford-Pavlich, Department of Social and Health Services
- Steven Stanos, DO, Swedish
- Angela Sparks, MD, Kaiser Permanente Washington
- Gina Wolf, DC , Wolf Chiropractic Clinic

Timeline

- ✓ January: Charter and scope defined
- ✓ March: Acute prescribing I
- ✓ April: Acute prescribing II
- ✓ May: Co-prescribing with opioids
- ✓ June: Non-pharmacologic pain management I
- ✓ July: Non-pharmacologic pain management II & Co-prescribing with opioids review
- ✓ August: Non-Pharmacologic Pain Management
- ✓ Sept: Non-Opioid Pharmacologic Pain Management
- ✓ Oct: Non-pharmacologic pain management

- Dec: Tapering
- Jan: Medication review, Intermittent use

Mapping Focus Areas to Objectives

- ✓**Acute prescribing**
- ✓**Co-prescribing with opioids**
- ✓**Non-opioid pharmacologic pain management**
- ✓**Non-pharmacologic pain management**

- ✓Prevent transition to chronic prescribing
- ✓Reduce impact on cognition, falls, delirium
- ✓Outline/compare risks and benefits
- ✓Outline/compare risks and benefits

- **Types of opioid therapy**
- **Tapering and de-prescribing**

- Reduce use of long-acting opioids and chronic opioid therapy
- Differentiators with recent Bree recommendations for legacy patients

META-ANALYSIS ON MANAGEMENT OF NEUROPATHIC PAIN IN ADULTS

Finnerup, N. B., et al. (2015). Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis. *The Lancet Neurology*, *14*(2), 162-173.

Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis

Nanna B Finnerup, Nadine Attal*, Simon Haroutounian, Ewan McNicol, Ralf Baron, Robert H Dworkin, Ian Gilron, Maija Haanpää, Per Hansson, Troels S Jensen, Peter R Kamerman, Karen Lund, Andrew Moore, Srinivasa N Raja, Andrew S C Rice, Michael Rowbotham, Emily Sena, Philip Siddall, Blair H Smith, Mark Wallace*

Lancet Neurol 2015; 162–73

Published Online January 7, 2015 http://dx.doi.org/10.1016/S1474-4422(14)70251-0

See Comment page 129

*Contributed equally

Danish Pain Research Center, Department of Clinical Medicine, Aarhus University, Aarhus, Denmark (N B Finnerup MD, Prof T S Jensen MD, K Lund MD); INSERM U-987, Centre d'Evaluation et de Traitement de la Douleur, Hôpital Ambroise Paré, Assistance Publique Hôpitaux de Paris, Boulogne-Billancourt, France (Prof N Attal MD); Université Versailles Saint-Quentin, France (N Attal); Division of Clinical and Translational Research, Department of Anesthesiology, Washington University School of Medicine, St Louis, MO, USA (S Haroutounian PhD); Departments of Anesthesiology and Pharmacy, Tufts Medical Center, Boston, MA, USA (E McNicol MS); Division of Neurological Pain Research and Therapy, Department of Neurology, Universitätsklinikum Schleswig-Holstein, Campus Kiel, Kiel, Germany (Prof R Baron MD); Department of Anesthesiology and Department of Neurology, Center for Human Experimental Therapeutics, University of

Summary

Background New drug treatments, clinical trials, and standards of quality for assessment of evidence justify an update of evidence-based recommendations for the pharmacological treatment of neuropathic pain. Using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE), we revised the Special Interest Group on Neuropathic Pain (NeuPSIG) recommendations for the pharmacotherapy of neuropathic pain based on the results of a systematic review and meta-analysis.

Methods Between April, 2013, and January, 2014, NeuPSIG of the International Association for the Study of Pain did a systematic review and meta-analysis of randomised, double-blind studies of oral and topical pharmacotherapy for neuropathic pain, including studies published in peer-reviewed journals since January, 1966, and unpublished trials retrieved from ClinicalTrials.gov and websites of pharmaceutical companies. We used number needed to treat (NNT) for 50% pain relief as a primary measure and assessed publication bias; NNT was calculated with the fixed-effects Mantel-Haenszel method.

Findings 229 studies were included in the meta-analysis. Analysis of publication bias suggested a 10% overstatement of treatment effects. Studies published in peer-reviewed journals reported greater effects than did unpublished studies (r^2 9·3%, p=0·009). Trial outcomes were generally modest: in particular, combined NNTs were 6·4 (95% CI 5·2–8·4) for serotonin-noradrenaline reuptake inhibitors, mainly including duloxetine (nine of 14 studies); 7·7 (6·5–9·4) for pregabalin; 7·2 (5·9–9·21) for gabapentin, including gabapentin extended release and enacarbil; and 10·6 (7·4–19·0) for capsaicin high-concentration patches. NNTs were lower for tricyclic antidepressants, strong opioids, tramadol, and botulinum toxin A, and undetermined for lidocaine patches. Based on GRADE, final quality of evidence was moderate or high for all treatments apart from lidocaine patches; tolerability and safety, and values and preferences were higher for topical drugs; and cost was lower for tricyclic antidepressants and tramadol. These findings permitted a strong recommendation for use and proposal as first-line treatment in neuropathic pain for tricyclic antidepressants, serotonin-noradrenaline reuptake inhibitors, pregabalin, and gabapentin; a weak recommendation for use and proposal as second line for lidocaine patches, capsaicin high-concentration patches, and tramadol; and a weak recommendation for use and proposal as third line for strong opioids and botulinum toxin A. Topical agents and botulinum toxin A are recommended for peripheral neuropathic pain only.

Interpretation Our results support a revision of the NeuPSIG recommendations for the pharmacotherapy of neuropathic pain. Inadequate response to drug treatments constitutes a substantial unmet need in patients with neuropathic pain. Modest efficacy, large placebo responses, heterogeneous diagnostic criteria, and poor phenotypic profiling probably account for moderate trial outcomes and should be taken into account in future studies.

Funding NeuPSIG of the International Association for the Study of Pain.

BEERS CRITERIA RECOMMENDATIONS FOR NON-PHARMACOLOGICAL PAIN MEDICATIONS **GABAPENTINOIDS & ANTIEPILEPTICS**

- Gabapentinoids + opioids → severe sedation, respiratory sedation, and increased risk of overdose death. → **AVOID**
  - Exceptions: when tapering opioids or using gabapentinoids to reduce total opioid dose→ **use caution**
  - (moderate quality evidence, strong recommendation, Table 5, p. 687)
- Drug-drug interaction - Antiepileptics: any combination of 3+ CNS-active drugs→ ↑ risk of falls & fracture → **Avoid** 3 or more CNS-active drugs concurrently, minimize use of CNS-active drugs
  - (moderate quality evidence, strong recommendation; Table 5, p. 687)
- Renal dosing for GFR < 60: gabapentin & pregabalin → CNS adverse effect → **Reduce dose**
  - (moderate quality evidence, strong recommendation; Table 6, p. 689)
- Comment: "**Evidence of substantial harm when opioids are used concurrently with benzodiazepines or gabapentinoids**." Though problematic in all persons "they are growing increasingly common and may lead to greater harm in vulnerable older adults". (p. 688)

By the 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc*. 2019 Apr;67(4):674-694. doi: 10.1111/jgs.15767. Epub 2019 Jan 29. PMID: 30693946.

NON-PHARMACOLOGIC PAIN MANAGEMENT PRELIMINARY RECOMMENDATIONS

PHYSICAL

- **Exercise-Based**
- Tai Chi
- Strength training
- Aerobic exercise
- Yoga
- **Mechanical/Health Professions Interventions**
- Heat therapy
- Massage
- Chiropractic
- Acupuncture

COGNITIVE BEHAVIORAL

Cognitive Behavioral Therapy (CBT)
Mindful Based Stress Reduction (MBSR)
Acceptance and Commitment Therapy (ACT)

Summary

- There is little high-grade evidence on opioid prescribing/use specific to advancing age by decade of life
  - ~6% opioid naïve adults ≥ 65 transitioned to chronic opioid use
- Approaches to opioid prescribing and pain management should be focused on function and safety
- Start low, go slow and “stop soon”
- Individual care plans, comprehensive medication review, and care coordination seem critical
- Use of pharmacists in teams crucial

THANK YOU!

For electronic copies of this presentation, please e-mail Laura Black ljl2@uw.edu

For questions or feedback, please e-mail Gary Franklin meddir@u.washington.edu

Update and Addendum: Perinatal Bundle

November 17, 2021 | Bree Collaborative Meeting

Why Reopen (again)

SB 5068 - 2021-22

Improving maternal health outcomes by extending coverage during the postpartum period.

Sponsors: **Randall, Rivers, Billig, Cleveland, Conway, Darneille, Das, Dhingra, Frockt, Hasegawa, Hunt, Keiser, Kuderer, Liias**

Bill Status-at-a-Glance

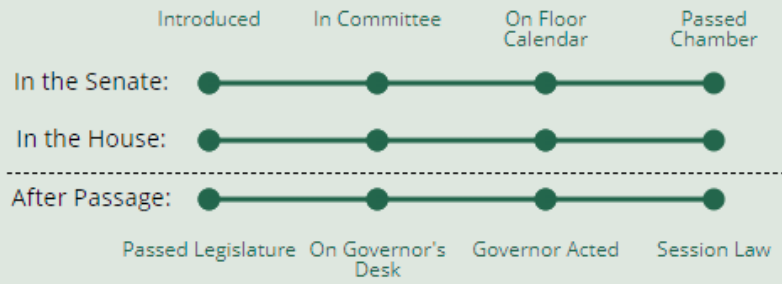
See **Bill History** for complete details on the bill

As of Wednesday, November 3, 2021 10:57 AM

Current Version:
Substitute - SSB 5068

Current Status:
C 90 L 21

Where is it in the process?



Go to documents...
Go to videos...

Appendix K

A per-member-per-month payment starting at 85 days (4 months) postpartum through 365 days (12 months) postpartum. This model allows for different accountable entities in the bundle vs PMPM periods, those who enter or leave the state within the postpartum period, and in managing the pregnancy and immediate postpartum period vs the more chronic health needs within the first year. acute vs. chronic health needs of the population

We encourage the outreach and care coordination components to be provided by the health plan in coordination with the provider and care team.

Timeline: 85 days through 365 days postpartum

Accountable entity: Determined by contract

Services

- **Initial outreach**. At the start of the model, four months postpartum.
  At transfer of care/initiation of model, or if new entry into model, site reaches out to gestational parent to schedule phone or in-person visit.
  - Review problem list from perinatal bundle including cardiovascular health, gestational diabetes, pelvic floor health, and any other issues the patient requests.
  - Screen for depression, anxiety, suicidality, and tobacco, marijuana, alcohol, and/or other drug use at intake and at each visit using a validated instrument(s).
  - Social needs including housing, food security, transportation.
- **Midpoint outreach.** Between six and ten months postpartum.
  Screen for:
  - Behavioral health: depression, anxiety, suicidality, and tobacco, marijuana, alcohol, and/or other drug use at intake and at each visit using a validated instrument(s).
  - Social needs: including housing, food security, transportation.
- **Final outreach.** At eleven months postpartum.

  Screen for:

  - Behavioral health: depression, anxiety, suicidality, and tobacco, marijuana, alcohol, and/or other drug use at intake and at each visit using a validated instrument(s).
  - Social needs: including housing, food security, transportation.

Discussion

Discussion, critique, counterpoint

Action Step

Vote to Adopt

Discussion:
Topics for 2022

From September

- Infection control
- Hepatitis C
- Pediatric asthma
- Low back pain

Infection control

- Review evidence for outpatient prevention and control for prevalent infectious diseases
- Recommend practical and evidence-based methods for implementation of infection control in the outpatient setting

- Chair: Mark Haugen

Hepatitis C

- Review most recent USPSTF and CDC recommendation for Hepatitis C screening
- Develop evidenced based guideline for screening in Washington with assessment of risks, benefits, and implementation strategies.

Pediatric asthma

- Review most recent guidelines for screening, diagnosis, and treatment for pediatric asthma
- Recommend evidence-based guidelines that identify the population at risk, appropriate diagnostic testing, and treatment protocols that should be implemented.

Low Back Pain

*Why reopen? Key stakeholders have reported that delivery systems **are** following guidelines*

- Are evidence-informed practices NOT being followed?
  - YOUR feedback
- Is Bree a value-add to community here?
  - In addition to Washington Health Alliance initiative
- What instead of?
  - Co-occurring substance use and mental health OR

Our Framework

- Must have AT LEAST one of:
  - Population Impacted
  - Variation
  - Patient Safety
  - Cost
  - Equity
- Must have: Proven Impact Strategy
- Must have: Data Available

Bree Collaborative Meeting

TBD