

The Bree Collaborative
Draft Treatment for Opioid Use Disorder Charter and Roster

Problem Statement

Opioid use disorder continues to be prevalent in Washington State, with a 10% increase from 2018 to 2019 and 35% for both 2020 and 2021 over the prior year. The Bree Collaborative developed guidelines in 2017, outlining full or partial opioid agonists for treatment (as opposed to treatment without medication). As the number of opioid overdose death rate has continued to climb, the Bree Collaborative members decided to revisit the previous guidelines and report. In the time since the last report, the X waiver requirement has been removed, and the increase in fentanyl in Washington's drug supply has complicated opioid overdose response. A significant number of methamphetamine overdoses involve opioids, and most people who use drugs use multiple substances. According to the Washington DOH, the stimulant-related overdose death rate has increased 388%. As a result, the response to opioid use and overdose should address strategies that are associated with many drugs not just opioids. Fentanyl and analogues carry a higher overdose risk than other opioids; in 2022, a survey by the UW's Addiction, Drug & Alcohol Institute (ADAI) found that 18% of respondents had used fentanyl within the past 3 months. There is a need for guidance for providers to improve confidence and competence and for payors on successful and safe initiation, stabilization, and titration of individuals on medication for opioid use disorder in the age of fentanyl and with a focus on populations that are or have been underserved.

Aim

To increase access to evidence-informed treatment for opioid use disorder and prevent opioid overdose in Washington state.

Purpose

To propose evidence-informed recommendations to the full Bree Collaborative around access to evidence-based treatment for opioid use disorder and prevent opioid overdose in Washington state, including:

- Defining topic area and scope
- Review current Treatment for OUD Guidelines and report evaluation to inform updates of guidance
- Update report language to reflect shift toward prioritization of medication for OUD (e.g., MAT -> MOUD)
- Reflect current regulatory and policy environment
- Identify evidence-informed strategies to screen for and address fentanyl use, co-occurring polysubstance use and/or other behavioral health diagnoses
- Promoting use of trauma-informed care and harm reduction principles across care settings
- Review best practices for low barrier, increased access to MOUD (e.g., teleprescribing, EMS initiation)
- Review evidence for safe consumption facilities and safe opioid agonist supply
- Funding mechanisms for and barriers to high quality treatment for OUD
- Outline barriers and identify possible solutions to evidence-informed, low barrier OUD treatment (e.g., funding, regulatory environment)
- Recommending a cadence for evaluation and update of the report

Duties & Functions

The workgroup will:

- Review current Treatment for OUD Report for necessary updates
- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.

- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.
- Identifying measures and metrics that are meaningful to understand the effectiveness of guidelines
- Identifying implementation strategies for guidelines

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Charissa Fotinos, MD (Chair)	Deputy Chief Medical Officer	WA HCA
Nikki Jones, LCSW, SUDP, CMHS, DDMHS, GMGS	Behavioral Health Addictions Administrator	UnitedHealth Community
Michael Sayre, MD	Medical Director	Medic One
Brad Finegood	Strategic Advisor Opioids and Health	King County
Everett Maroon	Director	Blue Mountain Heart to Heat
Tina Seery	Senior Director, Quality and Rural Programs	WSHA
Tawnya Christiansen, MD	Behavioral Health Medical Director	CHPW
Susan Petersohn, RN, MBA, CARN		Multicare
Mark Murphy, MD	Medical Director Addiction Services	Multicare
Libby Hein, LMHC	Director for Behavioral Health	Molina Healthcare
Ryan Caldeiro, MD	Psychiatrist	KP
Herbie Duber, MD	Regional Medical Officer, Northwest WA	DOH
Bob Lutz, MD, MPH	Regional Medical Officer, Eastern Plains	DOH
Amanda McPeak, PharmD	Pharmacist and Director of Long-term Care	Kelley-Ross
Jason Fodeman, MD		LNI

Maureen Oscadal, RN, CARN		Harborview/Addictions, Drug & Alcohol Institute
John Olson, MD, MHA	Addiction Medicine Physician	Sound Health
Daniel Floyd	Care Coordination and Recovery Section Manager	King County Behavioral Health and Recovery Division