
Bree Collaborative | Opioid Guideline Implementation Workgroup

December 6th, 2017 | 3:00-4:30

Foundation for Health Care Quality

705 2nd Avenue, Suite 410 | Seattle, WA 98104

Members Present

Gary Franklin, MD, MPH, Labor and Industries
Gary Garrety,* (for Chris Baumgartner),
Department of Health
Jaymie Mai,* PharmD, Labor and Industries
Blake Maresh,* (for Kathy Lofy), Department of
Health
Yusuf Rashid,* Community Health Plan of
Washington

Mark Stephens,* Change Management
Consulting
David Tauben, MD, UW Medical Center
Gregory Terman, MD, PhD, University of
Washington
Emily Transue, MD, Health Care Authority

Staff and Members of the Public

Aruna Bhuta*
Rose Bigham, ATIP
Mary Fliss, Washington State Hospital
Care Authority
Deb Gordon, RN-BC, MS, ACNS-BCFANN,
University of Washington - Harborview
Ivan Lesnik, MD, University of Washington –
Harborview

Mellani McAleenan,* Washington State Dental
Association
Kathleen O'Connor, Patient Advocate
Steve Overman, MD MPH, KenSci
Jennifer Sabel,* Department of Health
John Vassall, MD, Qualis
Ginny Weir, MPH, Bree Collaborative
Emily Wittenhagen, Bree Collaborative

* By phone/web conference

CHAIR REPORT & APPROVAL OF OCTOBER 25TH, 2017 MINUTES

Gary Franklin, MD, MPH, Labor and Industries, welcomed members to the workgroup and those present introduced themselves. A motion was made to approve the minutes from the previous meeting. Ginny Weir, MPH, Bree Collaborative made a few announcements: that two Opioid Prescribing in Dentistry meetings are coming up in Seattle and Spokane January 8th and 9th, that the Opioid Prescribing Metrics were presented to the Performance Measures Coordinating Committee, who will meet again on December 18th to decide whether to adopt them, and that two MHA student groups involved in opioid research projects curated by the Bree, one of which is focusing on opioid overdose reporting will be presenting this Friday.

Motion: Approve 10/25/2017 Minutes.

Outcome: Passed with unanimous support.

Action Item: Ms. Weir to send PDF about Opioid Prescribing in Dentistry meetings coming up so people can pass them around.

OVERVIEW OF SCOPE AND REVIEW 2015 AMDG PERIOPERATIVE SECTION

Dr. Franklin introduced the focus on perioperative opioids for today's meeting and the group discussed:

- Updating the 2015 AMDG Guidelines Part III: Opioids for Perioperative Pain.
- The challenge of differences between the AMDG guidelines and the CDC guideline.

- Focusing on best practices more than rules, and where possible adapting best practices into rules.
- Blake Maresh, Department of Health, shared an update from the Department of Health rulemaking outreach.
 - Goals of having a boilerplate of rules to offer the Boards and Commissions to start the public comment period.
 - Ensuring that rules support good practice.
 - Distinguishing between rules and best practices.
 - Whether reimbursement policy can drive what constitutes good patient care.
 - The appropriate balance of “shalls” and “shoulds.”
 - Rules will be put into practice by January 2019.
- Recognizing the pushback from practitioners who interpret guidelines as law and worry about prosecution, and considering how best to toe this line.
- Considering the difficulty of changing rules and greater adaptability of guidelines.

PERIOPERATIVE OPIOID PRESCRIBING LITERATURE

Dr. Franklin presented prospective approaches to an addition to the 2015 AMDG interagency opioid prescribing guidelines that will be more specific to perioperative prescribing:

- Clarifying that the guidelines do not apply to palliative, hospice, or end-of-life care patients.
- Considering prescriber rates for perioperative opioid prescribing by specialty.
- Dealing with the high amounts of pills that on average are left over after prescribing.
- JAMA Study: [New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults](#).
- Looking at evidence that education reduces post-operative opioid prescribing ([slide 21 here](#)).
- Considering people with ongoing/chronic pain who require pain management, possibly in the form of opioids.
- Considering when pain may be neuropathic and whether the pain management treatment is appropriate.
- Considering biopsychosocial ideologies for chronic pain.
- Journal of Pain Study: [Management of Postoperative Pain: A Clinical Practice Guideline](#).
- Acknowledging that guidelines are for a broad cast of providers – physicians, nurses, etc.
- Consider special populations: Geriatric, Women, Children.
- Clarifying where omissions apply, such as active cancer pain management, and considering where modifications should be made regarding cancer-related pain management.

PERIOPERATIVE OPIOID PRESCRIBING LITERATURE

Dr. Franklin proposed using the next meeting to open up the table to ideas for updating the guidelines.

Action Item: David Tauben, MD, UW Medical Center to send note RE: omissions and cancer-related pain modifications to Ms. Weir.

Action Item: The Department of Health will send proposed rules to the group when available.

Ms. Weir proposed scheduling a January 31st meeting.

NEXT STEPS AND PUBLIC COMMENTS

Ms. Weir thanked all for attending and asked for final comments and public comments. The meeting adjourned.