Bree Collaborative | Opioid Guideline Implementation Workgroup
February 28, 2018 | 3:00 – 4:30
Foundation for Health Care Quality
705 2nd Avenue, Suite 410 | Seattle, WA 98104

DRAFT

Members Present

Chris Baumgartner,* Washington State Department of Health
David Buchholz, MD, Premera
Gary Franklin, MD, MPH, (chair) Labor and Industries
Jaymie Mai,* PharmD, Labor and Industries
Frances Gough,* MD, Molina Healthcare
Dan Kent,* MD, UnitedHealthcare
Mark Stephens,* Change Management Consulting
Gregory Terman, MD, PhD, University of Washington
Cathy Wasserman,* PhD, MPH, (for Kathy Lofy), Washington State Department of Health

Staff and Members of the Public

Helen Kim, MD, Overlake Medical Center
Deb Gordon, DNP, RN, FAAN, University of Washington
Ginny Weir, Bree Collaborative
Ivan K. Lesnik, MD, University of Washington
Medical Center
Gary Walco, MD, Seattle Children's Hospital
Blake Maresh,* Washington State Department of Health

* By phone/web conference

CHAIR REPORT & APPROVAL OF DECEMBER 6TH, 2017 MINUTES

Gary Franklin, MD, MPH, Labor and Industries, welcomed members to the workgroup and those present introduced themselves. Dr. Franklin showed a slide of NCHS data from showing the change in opioid deaths indicating Washington State had an overall decline in opioid deaths. A motion was made to approve the minutes from the previous meeting.

> *Motion*: Approve 12/6/2017 Minutes.
> *Outcome*: Passed with unanimous support.

CREATING THE 2015 AMDG SUPPLEMENT

Dr. Franklin explained that the group would not be amending the 2015 AMDG guideline. Jaymie Mai, PharmD, Labor and Industries, explained that rather than amending the 2015 guideline the group would be creating a supplement to existing guidelines based on new data. A full review would be reviewed in a future group next year. The group reviewed the "Supplemental Guidance on Prescribing Opioids for Postoperative Pain Table 1" and discussed:

- Addition to postoperative discharge table of nonsteroidal anti-inflammatories and acetaminophen as first line therapy
- Redundancies in Table 1 with adults and adolescents in minor procedures
  - If no evidence can be found for differences in recommendations between adults and adolescents the recommendations will be combined
- Add to introduction "and are in addition to those within the 2015 guideline (e.g., to check the PMP)"
- Changes to language
  - Addition to the Clinical Recommendations to help classify surgeries not listed based on those specifically classified in the supplement.

- Made changes to wording of recommendations to make recommendations more specific and emphasize dangers of chronic opioid use, abuse, and overdose
  - Removal of the reference to opioid pills and "necessary"
  - Add "This may results in dangerous and illegal diversion of opioids to those for whom opioids were not prescribed. Increased duration of initial opioid prescription has been associated with increased incidence of chronic opioid use and incidence of increased opioid abuse and overdose."
  - Add "To the extent possible, the durations and numbers in the table are based on the best currently available evidence. The Bree classifications in table I are based on this evidence to date and may serve as a guide for procedures with similar pain burden."
- Definition of "minor surgery"
  - Inclusion of laparoscopic, gall bladder, hernia repair (body cavity entry) vs. carpal tunnel surgery or subcutaneous mass as minor surgery
  - Possible loss of credibility due to perceived misclassification of surgeries
- Rather than classify surgeries as minor, moderate, major surgery, reclassify surgeries based on "types" or "class" of procedures that have clearer guidelines based on narcotic requirement.
  - More vague classifications may lead to misclassifications
  - May be confusing
  - Using unfamiliar terminology (Bree classifications) might break preconceived notions
- Greater emphasis on a two week limit on initial opioid prescription
  - Possibility of leading to under treatment
  - Two week limits should apply to even exceptional cases. Reiterate in blue box "Even in these exceptions the initial prescription should not exceed two weeks."
- Next meeting scheduled for March 22 3:00 – 4:30pm

  Action Items:
  - Dr. Walco to write additions for pediatrics guidelines
  - Dr. Mai to remove term "adolescent" from tables where there is no difference between adult and adolescent recommendations
  - Dr. Terman to add a greater variety of procedures to Table 1
  - Ms. Weir to send updated draft of "Supplemental Guidance on Prescribing Opioids for Postoperative Pain" to members to make additions and edits

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT

Dr. Franklin thanked all for attending and asked for final comments and public comments. The meeting adjourned.

DRAFT