
Bree Collaborative | Opioid Guideline Implementation Workgroup

October 10, 2018 | 3:00 – 5:00

Foundation for Health Care Quality705 2nd Avenue, Suite 410 | Seattle, WA 98104

Members Present

Chris Baumgartner,* Washington State Department of Health	Consulting
Gary Franklin, MD, MPH, (chair) Labor and Industries	Andrew Saxon, MD, VA Puget Sound Health Care System
Charissa Fotinos, MD, Deputy Chief Medical Officer, Health Care Authority	David Tauben, MD, Chief of Pain Medicine, University of Washington Medical Center
Jaymie Mai,* PharmD, Labor and Industries	Michael Von Korff,* ScD, Senior Investigator, Kaiser Permanente WA
Mark Stephens, Change Management	

Staff and Members of the Public

Ivan K. Lesnik, MD, University of Washington Medical Center	Mena Raouf,* Kaiser Permanente WA
Blake Maresh,* Washington State Department of Health	Alicia Parris, Bree Collaborative
Joe Merrill, MD, MPH, University of Washington Medicine	Steven Saxe,* Washington Department of Health

* By phone/web conference

CHAIR REPORT & APPROVAL OF MAY 2ND, 2018 MINUTES

Gary Franklin, MD, MPH, Labor and Industries, welcomed members to the workgroup and those present introduced themselves.

REVIEW OF 2015 AMDG AND SCOPING

Dr. Franklin discussed past work of the opioid workgroup and the need for a systematic approach to legacy opioid patients. Dr. Franklin then asked for high level comments on relevance, necessity, and scope, and the group discussed:

- Need for a systematic approach to addressing legacy opioid patients
 - David Tauben, MD, Chief of Pain Medicine, University of Washington Medical, recalled that the 2015 AMDG group agreed it was necessary topic to address but did not have the evidence to make recommendations at the time.
 - Data is not currently available to make recommendations as specific as necessary, but combination of clinical consensus and best evidence may be used
- Group is unable to merge two documents without reconvening original group
- Inclusion of guidance for small subset of persons who may benefit from opioids
- Michael Von Korff, ScD, Senior Investigator, Kaiser Permanente WA, suggested that legacy patients should be addressed separately from those using opioids for an acute event
- Mark Stevens brought up discussion in Oregon for forced tapering within 12 months for Medicaid patients

Group discussed terminology and problem of an opioid use disorder (OUD) diagnosis

- May be considered a pre-existing condition and become a barrier to obtaining health insurance
- Lack of capacity to treat OUD in primary care.

- OUD can be stigmatizing
 - Not enough doctors with buprenorphine waivers to treat in primary care
 - Alternative, opioid dependency so that patients may be treated in primary care

As first steps, Dr. Franklin suggested looking for best practices and current actions being taken. A 1 to 2 day, state-of-the-art conference could be conducted. Asked for comments and the group discussed:

- Conference funding
 - Possible Centers for Disease Control funds
 - Dr. Tauben suggested National Institute of Health conference funding
 - Dr. Franklin suggested using funds from Substance Abuse and Mental Health Services Administration
 - Charissa Fotinos, MD, Deputy Chief Medical Officer, Health Care Authority confirmed that there are remaining funds that could have some flexibility to put toward a conference

Action Item: Charissa Fotinos will follow up about carryover funding to put toward a conference

- Critical to involve patient stakeholders who have successfully tapered or are legacy patients who may be struggling with tapering
- Other persons to include
 - Jane Ballantyne
 - Malcolm Butler
 - Pam Pentin
- Lack of an evidence based screening tool for OUD
- Agencies (i.e. LNI, HCA etc.) present data on patient estimates broken down by dose, combination drugs, or risk

Group discussed more detailed scoping including:

- Dr. Franklin asked group to consider what to call the effort and goal statement
- How to approach every patient
- Inclusion/exclusion criteria
 - To be discussed at a future meeting
- How to approach patients identified for inclusion
 - Screening
 - Family interview
- Consideration of developing of a screening tool due to lack of a good tool
 - Michael Von Korff, ScD, Senior Investigator, Kaiser Permanente WA development of a screening tool would involve a great deal of research
 - Defining operational criteria for what patients that are doing “well” actually means would be a tremendous contribution and a more productive focus
 - Where risk stratification fits in

Action Item: Michael Von Korff, ScD, Senior Investigator, Kaiser Permanente and Joe Merrill WA will give a presentation on experience with data and screening for problem opioid use and opioid use disorder

Action Item: Mark Stephens, Change Management Consulting, will give a presentation on his study findings and understanding of tapering

- Should group focus on highest risk patients
 - Would do the most good but would not accomplish the patient centered approach of benefiting as much of the population possible
- Addressing system capacity as to not overwhelm primary care and give recommendations that are implementable
 - Need as work progresses to begin discussions with agencies and health plans
 - Jaymie Mai, PharmD, Labor and Industries, suggested prioritizing highest and moderate risk patients initially and assessing the rest of the population as the second wave
 - How telehealth fits into either assessment or treatment
- David Tauben questioned availability of funds
 - Charissa Fotinos discussed Medicaid has begun to pay for collaborative care codes
 - Codes are underutilized and may be used for behavioral health
 - Additional payment for chronic care management codes in January along with health and behavior related codes
 - Future presentation about codes that have already been implemented and how some of these services can be reimbursed
- Addressing what happens when tapering fails
 - What is the goal of tapering
 - Not defaulting to OUD when tapering fails
 - Opioid dependency and treating within primary care
 - Group agreed to discuss opioid dependence and opioid use disorder at a future meeting

Additional objectives for next meeting:

- Presentation
- Literature review next draft
- State of the art conference planning
 - Funding
- Summary of current practices

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.