CHAIR REPORT & APPROVAL OF JUNE 27TH AND OCTOBER 10TH, 2018 MINUTES
Gary Franklin, MD, MPH, Labor and Industries, welcomed members to the workgroup and those present introduced themselves.

Motion: Approval of June 27th and October 10th Minutes.
Outcome: Passed with unanimous support.

PRESENTATION: COLLABORATIVE CARE FOR CHRONIC PAIN
Ginny Weir, MPH, Bree Collaborative gave a summary of the Draft Collaborative Care for Chronic Pain Report and Recommendations currently available for public comment.

- Focus areas of the report
- Areas of overlap
PRESENTATION: DATA FROM L&I AND HCA
Charissa Fotinos, MD, Health Care Authority shared data about the number of Medicaid members on chronic opioid therapy by Bree Collaborative definitions excluding hospice and cancer care.

Jaymie Mai, PharmD, Labor and Industries, shared data about the number of persons in Workers’ Compensation on chronic opioid therapy.

Kathy Lofy, MD, Washington State Department of Health also shared information available on the State DOH online opioid dashboard regarding chronic opioid use.

LITERATURE ON SCREENING FOR OPIOID RELATED PROBLEMS
Michael Von Korff, ScD, Kaiser Permanente, shared information from literature focused on screening for problem opioid use and opioid misuse. The conclusion was that there is currently no validated tool and existing screeners have variable sensitivity and specificity.

- The literature recommends asking patients simple direct questions about opioid use.

LITERATURE ON TAPERING
Mark Sullivan, MD, PhD, University of Washington presented on the literature about tapering.

- Dr. Franklin asked group to consider what to call the effort and goal statement
- How to approach patients who are being prescribed chronic opioids
- 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 reported that developing a screening tool would involve a great deal of research and work
    - 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 the work that is going on in Oregon via the Oregon Health Authority, other work, and the BRAVO protocol

- Should group focus on highest risk patients
  - Would do the most good but would not accomplish benefiting as much of the population as 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 that 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
  - 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.