
Bree Collaborative | Opioid Guideline Implementation WorkgroupFebruary 27th, 2019 | 3:00 – 4:30**Foundation for Health Care Quality**705 2nd Avenue, Suite 410 | Seattle, WA 98104

MEMBERS PRESENT

Gary Franklin, MD, MPH, (co-chair) Labor and Industries

Jane Ballantyne, MD, FRCA, UW Medicine

Katharine Bradley,* MD, MPH, Senior Investigator, KP

Malcolm Butler,* MD, Columbia Valley Community Health

Andrew Friedman,* MD, Physiatrist, Virginia Mason Medical Center

Kelly Golob,* DC, Tumwater Chiropractic Center

Kathy Lofy,* MD, Washington State Department of Health

Jaymie Mai,* PharmD, Labor and Industries

Joseph Merrill,* MD, MPH, Associate Professor of Medicine, UW

Mark Stephens, Change Management Consulting

Mark Sullivan,* MD, PhD, University of Washington

David Tauben, MD, University of Washington Medical Center

Gregory Terman,* MD, PhD, University of Washington

John Vassall MD, FACP, Qualis Health

Michael Von Korff, ScD, Kaiser Permanente

STAFF AND MEMBERS OF THE PUBLIC

Trish Anderson,* Washington State Hospital Association

Peter Dunbar, MBA, ChB, Foundation for Health Care Quality

Deb Gordon, DNP RN FAAN, University of Washington

Charles Hoenhous

Cyndi Hoenhous, Washington Patients in Intractable Pain, Alliance for the Treatment of Intractable Pain

Blake Maresh,* MPA, CMBE, Washington State Department of Health

Mena Raouf,* Kaiser Permanente WA

Alicia Parris, Bree Collaborative

Steven Saxe,* Washington Department of Health

Ariel Smits,* MD, MPH, Medical Director, Health Evidence Review Commission, Oregon Health Authority

Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

CHAIR REPORT & APPROVAL OF MINUTES

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

Motion: Approval of December 5th Minutes.*Outcome:* Passed with unanimous support.**DISCUSSING TERMS OF ART**

Dr. Franklin discussed three strategic goals for combating the opioid crisis:

- Prevent acute prescribing to avoid unnecessary transition to chronic use
- Appropriate pain treatment and patient-centered multimodal care to treat pain
- Get help for patients with chronic pain on chronic opioid therapy
 - This workgroup is focused on the third strategic goal

Dr. Franklin asked group to discuss terms of art to address patients and the group discussed:

- Jane Ballantyne, MD, FRCA, UW Medicine, questioned the need for a new term aside from “legacy”
 - Dr. Franklin suggested new terminology could reflect a new way of doing things
 - John Vassall MD, FACP, Qualis Health, suggested “legacy” not a patient centered term
 - Mark Stephens, Change Management Consulting, shared that the CDC and OHA was most recent term used by the CDC is “Long term opioid therapy”
 - Ms. Weir suggested mirroring CDC language
- Discussion tabled for future meeting

PRESENTATION: REPORT FROM OREGON BY MARK STEPHENS

Mark Stephens, Change Management Consulting, gave a presentation on the tapering guidelines and tools available on www.oregonpainguidance.com

- Tapering Guidance and Tools
 - Tapering benefit risk assessment flowchart
 - BRAVO protocol
 - Complex persistent opioid dependence
- Can this be done in primary care?
 - Need for provider education
 - Risk benefit assessment not entirely clear
- Ariel Smits, MD, MPH, Medical Director, Health Evidence Review Commission, Oregon Health Authority, described Oregon Medicaid
 - Prioritized list of health services
 - Clarification of taper to zero controversy
 - A question of coverage and reimbursement, not preventing providers from prescribing
 - Ultimate coverage decisions are left up to Coordinated Care Organizations who have the flexibility to make coverage decisions
 - Cyndi Hoenhaus, Washington Patients in Intractable Pain, Alliance for the Treatment of Intractable Pain asked if there are exceptions
 - Patients have a right to appeal
 - Dr. Franklin asked if there is information on nonpharmacological pain treatments being used by CCOs
 - There is coding information on which treatments are being reimbursed

PLANNING FOR STATE OF THE ART CONFERENCE

Dr. Franklin gave an update on the state of the art conference and discussed:

- Definite funding secured for the conference
 - Current speaker commitments
- Dates have been set for August 7th and 8th
 - August 9th day for legacy in Vancouver, WA
- Participation from Oregon, Washington, Idaho, and Alaska
- Speakers and panels
 - Risk/benefit assessment, patient communications, not abandoning patients
 - Adjunctive treatments

- Assessing patients
- Primary care inclusion
 - Joseph Merrill, MD, MPH, Associate Professor of Medicine, UW volunteered to speak from a primary care perspective
- Epidemiology and prescribing trends

Action Item: Group to send ideas to complete the outline in the coming weeks

- Peter Dunbar, MBA, ChB, Foundation for Health Care Quality, asked who the conference is intended for
 - Purpose is shared learning to generate information for the workgroup
 - Possible policy makers to target
- Suggested to include speakers from MA, VT, or other states outside of WA employing innovative methods

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