
Bree Collaborative | Opioid Guideline Implementation WorkgroupMay 22nd, 2019 | 3:00 – 4:30**Foundation for Health Care Quality**705 2nd Avenue, Suite 410 | Seattle, WA 98104

MEMBERS PRESENT

Charissa Fotinos,* MD, (Co-Chair) Deputy Chief Medical Officer, Washington State Health Care Authority

Rose Bigham, (Co-Chair) Washington Patients in Intractable Pain

Anne Blake-Nickels, Patient Advocate

Katharine Bradley,* MD, MPH, Senior Investigator, Kaiser Permanente Washington Research Institute

Malcolm Butler,* MD, Columbia Valley Community Health

Pamela Stitzlein Davies,* MS, ARNP, FAANP Nurse Practitioner Departments of Neurology & Nursing, University of Washington

Andrew Friedman,* MD, Physical Medicine and Rehabilitation Virginia Mason Medical Center

Kelly Golob,* DC, Tumwater Chiropractic Center

Kathy Lofy,* MD, Chief Science Office, Washington State Department of Health

Jaymie Mai,* PharmD, Labor and Industries

Mark Murphy,* MD, Family Medicine and Addiction Medicine, MultiCare

Jennifer Sandler, Patient Advocate

Mark Stephens,* Change Management Consulting

Mark Sullivan,* MD, PhD, University of Washington

Gregory Terman,* MD, PhD, University of Washington

John Vassall, MD, FACP, Physician Executive for Quality and Safety, Comagine Health

STAFF AND MEMBERS OF THE PUBLIC

Abby Berube,* Washington State Hospital Association

Jesse Burnham,* Washington State Office of the Attorney General

Rebecca Fleckenstein,* Michigan Arthroplasty Collaborative Initiative

Jason Fodeman, MD, MBA, LNI

Shane Johnson,* Providence St. Joseph's Health

Katerina LaMarche, Washington State Medical Association

Sara McElroy, PharmD, Polyclinic

Alicia Parris, Bree Collaborative

Greg Rudolf,* MD, Swedish Pain Services

Steven Saxe,* Washington Department of Health

Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

CHAIR REPORT & APPROVAL OF MINUTES

Charissa Fotinos, MD, Deputy Chief Medical Officer, Washington State Health Care Authority, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

Motion: Approval of April 24th Minutes with discussed additions

Outcome: Passed with unanimous support.

UPDATE ON PATIENT-CENTERED APPROACH TO CHRONIC OPIOID MANAGEMENT CONFERENCE

- Jaymie Mai, PharmD, Labor and Industries, gave an update of the conference agenda. Some slots still need speakers.

- Rose Bigham, (Co-Chair) Washington Patients in Intractable Pain, asked if Sean Mackey confirmed
 - No commitment currently, Dr. Franklin may have a further update when he returns
- Ms. Bigham expressed concern that if Dr. Mackey is unable to attend that all positions will not be represented
 - Additionally, Ms. Bigham expressed concern that there is a gap in the agenda with regard to patient experience aside from Michelle Marikos who may not represent the typical patient
 - Jennifer Sandler, Patient Advocate, suggested Paul B. Brown, MD, as a backup
 - Greg Rudolf, MD, Swedish Pain Services suggested Steven P. Stanos, Swedish, as a backup
 - Ms. Bigham would like to add a patient experience of someone who was less successful tapering
- Kelly Golob, DC, Tumwater Chiropractic Center, asked if any speakers of the Innovations in Health Care Systems Panel will be speaking on non-pharmaceutical interventions being integrated
 - Malcolm Butler, MD, Columbia Valley, will be speaking to integrating primary care team with behaviorists
 - Pamela Stitzlein Davies, MS, ARNP, FAANP, Nurse Practitioner Departments of Neurology & Nursing, University of Washington, pointed out that no nurse practitioners are represented
 - Volunteered to sit on panel
 - Can speak on geriatric pain
- Mark Stephens, Change Management Consulting, shared that Veterans' Affairs is planning a state-of-the-art conference, invitation only, but could be an opportunity for collaboration
- Ms. Stitzlein-Davies commented that the agenda looks interesting and engaging, but the patient but would like to see more time for patient voices
- Group discussed including a patient panel, or where more patient voices could fit in the agenda
 - Many of the confirmed speakers are traveling from out of town so complicated to cancel
 - Ms. Bigham offered to help find potential patients for a panel

PATIENT PERSPECTIVE PRESENTATION BY ANNE BLAKE-NICKELS

Anne Blake-Nickels, Patient Advocate, shared her patient experience, including the impact of having an undiagnosed illness, being prescribed high dose opioids long-term, experience tapering, and her life after tapering.

- Ms. Sandler shared her patient perspective
- Dr. Fotinos thanked Ms. Blake-Nickels for sharing her story and pointed to the two experiences as evidence that an individualized approach is required. There will be a continuum of choices that people make about their treatment
 - Dr. Fotinos advised the group that as sponsors of the work, to consider how to make the recommendations accessible so that the recommendations are not to meant to remove things that are benefitting them

DEVELOPING DRAFT RECOMMENDATIONS: EVIDENCE AND BEST PRACTICES

The group viewed the [Draft Opioid Prescribing Recommendations](#) and discussed:

- Ms. Bigham pointed out that nothing is currently included in the draft regarding who should be tapered

- Ms. Weir explained that it will be the work of the group to create recommendations that work for the community
- Ms. Stitzlein-Davies reference the opinion piece “*No Shortcuts to Safer Opioid Prescribing*”
 - CDC guidelines are not inflexible, hopefully conference can help clarify
- Mr. Stephens suggested that Roger Chou’s and Anna Lembke’s paper may provide guidance on systematic risk/benefit assessment
- Ms. Bigham recommended the AMDG DIRE Risk assessment as thorough yet concise
- Ms. Sandler suggested including someone in nursing informatics to give a systems perspective

Action Item: Ms. Sandler will send a recommendation

Ms. Weir asked for feedback on the structure of the draft and the *Patient Engagement* section group discussed:

- Finding patients’ baseline knowledge on the medications they’re being prescribed
 - Sara McElroy, PharmD, Polyclinic, suggested placing under *Discussing Goals*
 - Questions, “what do you know about your medications?” and “the physiology of pain?”
- Katharine Bradley, MD, MPH, Senior Investigator, Kaiser Permanente Washington Research Institute, shared the importance discussing patient’s conception of addiction. Asking about common addictive symptoms and explaining when to initiate therapy
 - Discussion is an important part of de-stigmatizing
 - Educational video by Mike Evans on pain
- Gregory Terman, MD, PhD, University of Washington, advised that the focus should be taking good care of the patient rather than reducing opioids
 - Ensuring medication is part of the solution and not the problem
 - Some doctors get complaints based solely on dosage without looking at how the patient is doing
 - Third bullet under *Patient Engagement* changed from “*do not discuss the process of reducing opioid prescriptions (tapering)*” to read “*do not discuss the possibility of changing prescriptions*”
 - Pam Davies pointed out that it is not realistic to wait until the third visit as she only sees people once every three months, the third visit would be nearly a year
 - At least the second visit
 - Rules give 3 months
- Ms. Sandler would like to attempt to address the gap in care that occurs when providers are shut down
 - How to protect doctors from complaints based on dosage alone
- Ms. Bigham suggested including language expressing that sometimes opioids are appropriate

Action Item: Ms. Bigham will send language

- Ms. Blake-Nickels shared some of the treatments that helped her in coming off of opioids
 - Restorative yoga, and acupuncture (not covered by Medicaid)

GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT

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