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**Bree Collaborative | Opioid Guideline Implementation Workgroup**

June 26<sup>th</sup>, 2019 | 3:00 – 4:30

**Foundation for Health Care Quality**

705 2nd Avenue, Suite 410 | Seattle, WA 98104

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**MEMBERS PRESENT**

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Gary Franklin, MD, MPH, (Co-Chair) Medical Director, Washington State Department of Labor and Industries  
Cyndi Hoenhous and Rose Bigham, Washington Patients in Intractable Pain  
Andrew Saxon, MD, (Co-Chair) Director, Center of Excellence in Substance Abuse Treatment and Education (CESATE), VA Puget Sound Health Care System  
Malcolm Butler,\* MD, Chief Medical Officer, Columbia Valley Community Health  
Andrew Friedman,\* MD, Physical Medicine and Rehabilitation Virginia Mason Medical Center

Dan Kent,\* MD, Chief Medical Officer, UnitedHealthcare  
Mark Stephens,\* President, Change Management Consulting  
Pamela Stitzlein Davies,\* MS, ARNP, FAANP Nurse Practitioner Departments of Neurology & Nursing, University of Washington  
Mark Sullivan,\* MD, PhD, University of Washington  
Mia Wise,\* DO, Medical Director, Collaborative Healthcare Solutions, Premera Blue Cross

**STAFF AND MEMBERS OF THE PUBLIC**

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Jason Fodeman, MD, MBA, LNI  
Deb Gordon,\* DNP, RN, FAAN, Teaching Associate, Co-director, Pain Service, Anesthesiology & Pain Medicine Harborview Medical Center

Katerina LaMarche, Washington State Medical Association  
Sara McElroy, PharmD, Polyclinic  
Alicia Parris, Bree Collaborative  
Dayna Weatherly, Proliance  
Ginny Weir, MPH, Bree Collaborative

\* By phone/web conference

**CHAIR REPORT & APPROVAL OF MINUTES**

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Gary Franklin, MD, MPH, Medical Director, Washington State Department of Labor and Industries, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

*Motion:* Approval of May 22<sup>nd</sup> Minutes with discussed additions

*Outcome:* Passed with unanimous support.

**UPDATE ON PATIENT-CENTERED APPROACH TO CHRONIC OPIOID MANAGEMENT CONFERENCE**

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Ms. Weir reminded the group of the cancellation of the July meeting due to proximity to the state-of-the-art conference and the group discussed:

- Gaps in the agenda
  - Patient engagement
  - Science of assessment
- Mark Sullivan, MD, PhD, University of Washington, informed the group of the VA (Veterans Affairs) state-of-the-art conference
  - No date set currently

**Action Item: Mark Stephens, President, Change Management Consulting, will attempt to get permission to share their evidence review on the benefits and harms of long-term opioid reduction**

#### **PRESENTATION BY CYNDI HOENHOUS AND ROSE BIGHAM: INCLUDING THE PATIENT PERSPECTIVE**

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Cyndi Hoenhaus, Washington Patients in Intractable Pain, and Rose Bigham, Washington Patients in Intractable Pain, gave a presentation on the patient perspective:

- Draft guidelines focus on a worthy topic and contains good points
  - Addressing the systemic culture of fear in providers prescribing long-term opioids
  - Desired effect is to empower providers to treat those with chronic pain and support patients
    - Culture of fear (of investigation or sanction) can lead to inappropriate application of guidelines and inappropriate/non-medical tapers
      - Clinicians may find it easier to refer or dismiss patients from care
    - Including all treatment options in the guideline
      - Maintaining opioid therapy
      - Tapering where risks outweigh benefits
      - Reinstating therapy in the case where a patient has been inappropriately tapered or has uncontrolled pain
- Patients negatively effected by no opioid policies, provider retirement, office closures, or relocations
  - Are often discontinued from opioid therapy with no assessment
  - Are often unable to find replacement care
- Making providers aware that patients may be in a state of where a person is functioning, stable, and has a higher quality of life withdrawal and have uncontrolled pain and need to be stabilized
  - May be at risk for suicidal ideation or illicit drug seeking
  - May be a challenge to address due to uncontrolled pain
- Collaborative Care for Chronic Pain is not readily accessible or reimbursed
- Suggested subjects for inclusion in the recommendations
  - What to do if a patient presents in withdrawal
  - What to do with a patient that has been inappropriately treated

**Action Item: Ms. Hoenhaus and Ms. Bigham will make presentation notes available to group members**

#### **DEVELOPING DRAFT RECOMMENDATIONS EVIDENCE AND BEST PRACTICES**

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

- Three possible pathways
  - Maintain and monitor
  - Taper
  - Identification of opioid use disorder (medication assisted treatment)
- In VA primary care has access to multidisciplinary team to consult with
  - Not feasible outside of such a system
  - System change recommendations
    - Requesting funding for a centralized support system
    - Addressing reimbursement as a barrier to delivery of appropriate care
- Andrew Friedman, MD, Physical Medicine and Rehabilitation Virginia Mason Medical Center provided feedback that structure and main points of recommendations are unclear

- Ms. Bigham advised including a clearly stated objective in the *Background* statement

**Action Item: Dr. Franklin will write a specific goal statement for inclusion in the recommendations**

- Group considered including shared decision making
  - Patients may be in a bad state and unable to make participate properly
    - Should be a future goal
  - Would make more sense in deciding on the rate of taper
    - No aids currently exist
- Ms. Bigham shared the story of an impacted patient subjected to a rapid taper
  - Dr. Franklin thanked her for sharing
- Group discussed geriatric opioid prescribing as a future topic for the Bree Collaborative
  - Oregon and Washington have the most rapidly rising rate of opioid overdose in the geriatric population

**Action Item: Mr. Stephens will send literature review presentation for American Geriatric Society**

**GOOD OF THE ORDER/OPPORTUNITY FOR PUBLIC COMMENT**

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