MEMBERS PRESENT
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

STAFF AND MEMBERS OF THE PUBLIC
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
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 22nd Minutes with discussed additions
Outcome: Passed with unanimous support.

UPDATE ON PATIENT-CENTERED APPROACH TO CHRONIC OPIOID MANAGEMENT CONFERENCE
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

Cyndi Hoenhous, 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
  o Addressing the systemic culture of fear in providers prescribing long-term opioids
  o 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 affected by no opioid policies, provider retirement, office closures, or relocations
  o Are often discontinued from opioid therapy with no assessment
  o 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
  o May be at risk for suicidal ideation or illicit drug seeking
  o 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
  o What to do if a patient presents in withdrawal
  o What to do with a patient that has been inappropriately treated

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

DEVELOPING DRAFT RECOMMENDATIONS EVIDENCE AND BEST PRACTICES

The group viewed the Draft Opioid Prescribing Recommendations and discussed:

• Three possible pathways
  o Maintain and monitor
  o Taper
  o Identification of opioid use disorder (medication assisted treatment)
• In VA primary care has access to multidisciplinary team to consult with
  o Not feasible outside of such a system
  o 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

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**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.