
Bree Collaborative | Opioid Guideline Implementation Workgroup

August 28th, 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) Medical Director, Washington State Department of Labor and Industries

Cyndi Hoenhaus* and Rose Bigham, Washington Patients in Intractable Pain

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

Andrew Saxon, MD, (Co-Chair) Director, Center of Excellence in Substance Abuse Treatment and Education (CESATE), VA Puget Sound Health Care System

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

Kelly Golob, DC, Chiropractor, Tumwater Chiropractic Center

Sara McElroy,* PharmD, Polyclinic

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

Jennifer Sandler,* Patient Advocate

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

Mark Sullivan,* MD, PhD, University of Washington

Gregory Terman,* MD, PhD, Professor Department of Anesthesiology and Pain Medicine and the Graduate Program in Neurobiology and Behavior, University of Washington

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

STAFF AND MEMBERS OF THE PUBLIC

Jason Fodeman, MD, MBA, LNI

Negar Golchin,* PharmD, MPH, Qualis Health Medicare

Deb Gordon,* DNP, RN, FAAN, Teaching Associate, Co-director, Pain Service, Anesthesiology & Pain Medicine Harborview

Medical Center

Kristin McGarity, Patient Advocate

Alicia Parris, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

Morgan Young,* LNI

* 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 8/2/19 minutes

Outcome: Approved with unanimous support

DEVELOPING DRAFT RECOMMENDATIONS: PATIENT ENGAGEMENT

The workgroup viewed the [Draft Chronic Opioid Management](#) and discussed:

- The need to acknowledge patients with good function that are following their treatment plan that will not be changed
 - A dose decrease still is always consideration when approached in a non-threatening manner even when patients are doing well

- The goal is for every patient to be engaged and assessed
 - Goal will be added to the *Background*
 - The focus of the assessment is not a taper, rather to determine if the pain management strategy is working and what can be done to improve

Group reviewed the *Background* of the draft and discussed:

- The group considered adding a patient-directed version
 - The Bree Collaborative's directive is to improve health care and delivery systems, but can include patient education
 - There may be existing materials to be referenced but would likely be out of date in terms of information on tapering

Group reviewed the *Patient Engagement* content of the draft and discussed:

- Reference to Collaborative Care for Chronic Pain recommendations may not be feasible as it is not available in many areas
 - Work being done on additional recommendations to *Health Systems* to address that issue
- Majority of the references in the *Patient Engagement* section are in reference to tapers
 - References will be updated to include a variety of sources
- Language in the *Patient Engagement* section seems geared toward making changes
 - Providers always consider changes, changes may be additional medications or treatments, not always a taper
 - References will be updated to reflect that tapers are not the main focus of patient engagement
- Removed section of sentence about addressing fear in second introductory paragraph "*and around potentially changing their treatment*" and replaced with "*and treatment*"
- Removed "*not what they want to be (e.g., pain free)*" from first sub-bullet under *Goals of Care*
- Removed second sub-bullet under *Goals of Care* about functional goals

Action Items: Cyndi Hoenhous, Washington Patients in Intractable Pain will send language about making action plans for goals and followup at future appointments

- Removed statement about abandonment from *Set expectations* bullet
- Added sub-bullet under *Set Expectations* that reads "*Talk about realistic expectations around pain (e.g. becoming pain free is unlikely)*"
- Removed first portion of second sub-bullet, "*Unless there has been a recent overdose event or the clear demonstration of patient harm from a patients' chronic opioid use*"
- Added final sub-bullet that reads "*Assure the patient that you will act as a partner with them and support continuity of care.*"

Action Item: Charissa Fotinos, MD, Deputy Chief Medical Officer Washington State Health Care Authority, will draft language acknowledging that some patients will not be capable to act as a partner due for various reasons (e.g. cognitive impairment, literacy, traumatic brain injury etc.)

- Added to *Respect* bullet "*and validate concerns*"
- Changed bullet titled "*Involve Others*" to "*Engage and educate others, where appropriate.*"
- Ms. Hoenhous shared questions that families may ask

Action Item: Ms. Hoenhous will share the list of questions families may find important to ask a provider

- Added to the end of last bullet under *Engage and Educate Others*, “What can I do to make sure these are safely stored?”
- Group discussed possible missing pieces to the *Patient Engagement* section
 - Added a “*Cultural competency*” bullet
 - Discussing past tried treatments and medications
 - Will address in the *Assessment* section
 - Reimbursement codes for complex assessments

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