
Bree Collaborative | Opioid Guideline Implementation Workgroup

October 16th, 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

Kelly Golob,* DC, Chiropractor, Tumwater

Chiropractic Center

Dan Kent,* MD, Chief Medical Officer, UnitedHealthcare

Jaymie Mai,* PharmD, Pharmacy Manager, Washington State Department of Labor and Industries

Sara McElroy,* PharmD, Polyclinic
Jennifer Davies-Sandler, Patient Advocate

Mark Stephens,* President, Change Management Consulting

David Tauben,* MD, Chief of Pain Medicine
University of Washington Medical Center

STAFF AND MEMBERS OF THE PUBLIC

Jason Fodeman, MD, MBA, LNI

Negar Golchin,* PharmD, MPH, Comagine Health

Erin Henderson,* Alliance Pain Center

Katerina LaMarche,* Washington State Medical Association

Paula Lozano,* Kaiser Permanente Health Research Institute

Alicia Parris, Bree Collaborative

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 9/16/19 minutes

Outcome: Approved with unanimous support

DEVELOPING DRAFT RECOMMENDATIONS: ASSESSMENT

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

- Providing articles that are not publicly available to all workgroup members

Action Item: Ms. Weir will share requested articles

- Feedback on formatting document to make very clear
 - Formatting will be done by Jaymie Mai, PharmD, Pharmacy Manager, Washington State Department of Labor and Industries once the document is complete

- The alternating terminology used to refer to “long-term opioid therapy” or “chronic opioid therapy”
 - Chronic was used to be consistent with the AMDG guideline but long term therapy is the current term
 - Long term opioid therapy will be used consistently
- Group discussed the report’s consistency with the WAC

Action Item: Ms. Mai will review to ensure consistency

- WAC establishes the minimum standard of care, guidelines establish standards for best practice
- Differentiating between getting a patient history from the medical record and getting a patient history directly from the patient
 - Added language to communicate that patient history should be obtained both from all relevant medical records and from an interview with the patient
- The first sub-bullet of *Patient history* seems challenging to accomplish
 - Question meant to refer to long term opioid use and how it may have changed rather than every single instance where opioids were prescribed
 - Changed sub-bullet to read “*Document history of long-term opioid use including dosage and how dosage has changed.*”
- The intent of the second bullet is unclear
 - Does not express the nuance of the information intended to be gathered about withdrawal and how it is intended to inform the clinician
 - Withdrawal may imply a physiological disturbance not a behavioral disturbance (e.g. opioid use disorder)
- Third sub-bullet, may need more definition around “adverse outcomes”
- Added bullet “*Review current and recent prescription history including over-the-counter medications and cannabinoids.*”

Action Item: David Tauben, MD, Chief of Pain Medicine, University of Washington Medical Center will send additional relevant patient history questions e.g. early refills, urine drug screen etc.

- Need for additional bullet about documenting pain related diagnosis in accordance with WAC
- Interviewing family member may not be possible if there are none or the patient does not want them involved
 - Adding additional language to allow for interviewing a non-family member who would have insight on the person’s condition
- Need for updated language in Electronic Health Record Indicators table to reflect current terminology
 - Limited science behind EHR queries
 - Include additional clarifying statements that such queries should not supersede clinical judgement

Action Item: Cyndi Hoenhaus, Washington Patients in Intractable Pain will send language additions to address EHR usage in risk assessment

- Updated “*abuse/dependence*” language in Electronic Health Record Indicators table to reflect current language

- Under *Physical Exam* language is unclear
 - Changed to “*Complete a general physical exam.*”
- Group discussed arbitrary percentage functional improvement requirement under *Pain and functional status*
 - Included from the 2015 AMDG guideline
 - Discussion was tabled to complete the review of the Assessment section

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