
Bree Collaborative | Opioid Guideline Implementation Workgroup

December 11th, 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
Kelly Golob,* DC, Chiropractor, Tumwater Chiropractic Center

Jennifer Sandler,* Patient Advocate
Negar Golchin,* PharmD, MPH, (for John Vassall, MD, FACP) Comagine Health
Gregory Terman,* MD, PhD, Professor Department of Anesthesiology and Pain

Medicine and the Graduate Program in Neurobiology and Behavior, University of Washington

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

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

Dan Kent,* MD, Chief Medical Officer, UnitedHealthcare

Mark Stephens, President, Change Management Consulting

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative
Jason Fodeman, MD, MBA, LNI

Katerina LaMarche, Washington State Medical Association

* 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 November 13th and December 11th Minutes.

Outcome: Passed with unanimous support.

REVIEW OF CHANGES MADE TO DRAFT RECOMMENDATIONS: ASSESSMENTS

The workgroup viewed the Draft Chronic Opioid Management Assessment and discussed the changes that were made during and after the last workgroup. The general sentiment of the workgroup was that the changes were quite positive. The workgroup then reviewed each new change:

- Under the **Patient history** bullet, the workgroup discussed and changed the following:
 - Added “Location of pain(s). This can be documented using...” to the beginning of the sub-bullet regarding pictorial representation of the body.
 - Changed the sub-bullet on withdrawal symptoms to, “Review the nature and intensity of withdrawal symptoms, if experienced.”
 - Changed “Document other prescriptions...” to “Document other medications including prescribed and over the counter.”
- The group paused their review of changes to discuss whether or not these recommendations should apply only to adults 18+ years in age, or if there should be language added to also cover children under these recommendations. The group was split on whether to limit the scope of these recommendations to patients 18+. Since the draft thus far has focused primarily on adult populations, the workgroup decided to finish the current draft of the document without adding

in language about pediatric treatment. Once the draft is finished, the workgroup will solicit the opinions of experts in pediatric opioid use to make sure that recommendations are appropriate for younger patients. The goal is to have the final version of these recommendations cover child populations as well as adult populations.

- The workgroup returned to discussing changes made to the “Assessments” section:
 - Under the **Pain and functional status** bullet, changed the beginning to “Use a validated tool such as the PEG...”. Changed the second sentence to, “To the extent possible, from medical records and from patient self-report, estimate functional improvement in response to opioids.”
 - **Urine drug test (UDT)** bullet: changed second sentence to “Unexpected results require discussion with the patient and if necessary, confirmation testing.” This was done to account for the possibility that a patient may disclose the use of an unexpected drug, thus eliminating the need for further testing.
 - Changed the **Co-occurring behavioral health conditions** bullet heading to the WAC language that came directly after it: “Review comorbidities with particular attention to psychiatric and substance use.”
 - Also under the above bullet, the group discussed whether or not Adverse Childhood Experiences (ACE) should be its own bullet point, or if it should be combined with the bullet on PTSD. The group decided to leave them as separate bullets because ACEs are increasingly being recognized as important drivers of adverse experiences in adult life and should be equally weighted with PTSD.
 - The group discussed whether or not to remove the WAC language regarding the use of a validated tool to determine risk of opioid or other substance use disorders.
 - Many in the group expressed concern at including this language as there is substantial evidence showing that validated tools are not useful predictors of risk for substance use disorders in patients.
 - Ultimately, the group decided to leave this language in. Since it is a WAC recommendation, health care providers in Washington State are obligated to use a validated tool, and these recommendations are meant to be a comprehensive guide for treatment providers.
 - **Health Record** bullet: “Opioid use disorder or dependence diagnosis” bullet is changed to remove “or dependence”.
- The group discussed whether or not the italicized segment of text on the expanding definition of “opioid dependence” should be left in the document.
 - Some members of the workgroup expressed concern about introducing another diagnosis for which we do not supply a defined treatment pathway. Another concern was raised that this new “dependence” category might lead some clinicians towards tapering stable users of opioids.
 - Other members argue that, since all chronic users of opioids develop opioid dependency, this section is merely meant to demonstrate that there are lesser and worse forms of opioid dependency. In other words, this section offers a method of diagnosing opioid dependence without labeling someone as having an opioid abuse disorder, and does not dictate tapering.
 - Discussion has to be tabled for next time due to time constraints.
- **Action Item: Dr. Franklin to rewrite the italicized section on opioid dependence so that it sounds less like a diagnosis of “complex opioid dependency”.**

GOOD OF THE ORDER

Dr. Franklin thanked all for attending and adjourned the meeting.