WA OPIOID PRESCRIBING TASK FORCE (OPTF) – ESHB 1427 IMPLEMENTATION

Workgroup Notes

December 12, 2017 Meeting (Kent)

Attendees:

Task force members in attendance:

Roger Ludwig, Board of Osteopathic Medicine & Surgery

Alden Roberts, Medical Quality Assurance Commission

Donna Poole, Nursing Care Quality Assurance Commission

Ron Marsh, Dental Quality Assurance Commission

D.J. Wardle, Podiatric Medical Board

Shannon Phipps, Board of Osteopathic Medicine & Surgery

Randy Anderson, Podiatric Medical Board

John Carbery, Dental Quality Assurance Commission

Helen Myrick, Nursing Care Quality Assurance Commission

Clair Trescott, Medical Quality Assurance Commission

Also at the task force table:

Jerrie Allard, Pharmacy Quality Assurance Commission

Kat Khachatourian, Pharmacy Quality Assurance Commission

Guest Experts:

Mark D. Sullivan, MD, PhD

Michael Urakawa, PA-C

Additional attendees:

Department of Health staff; Debbie Rough-Mack (facilitator), AMDG members, technical experts, association representatives, and other interested parties. Please see attached sign in sheets for a complete listing of attendees.

General Meeting Activities

- The meeting opened with a brief recap of the November 15, 2017 presented by Blake Maresh and Chris Baumgartner.
- Debbie Rough-Mack reviewed the overall goals for the two projects. She provided an overview of intentions and agenda for the present meetings, a review of meeting protocols, and an overview/review of the "Table of Contents" topic framework.
- Debbie further reviewed the roles of the task force, DOH staff and public attendees. She also discussed the roles of the present meeting's guest experts.
- All attendees were invited to introduce themselves.
- Chris Baumgartner provided an overview of Washington prescribing data (Bree metrics).
- Attendees where then invited to either remain with the Opioid Prescribing Task Force for the morning work session, or move to a different room to provide input and discuss the Prescription Monitoring Program's (PMP) individual prescriber report, CMO report, draft PMP rules, and draft overdose letters.

OPTF Specific Meeting Discussion Overview – Review of Draft Conceptual Rules

Proposed Section 6 – Informed Consent

- Blake Maresh opened the session by discussing the challenges the task force faces in drafting these conceptual rules; the first draft was lengthy and now the task force needs to focus on best practices and minimum standards. Blake introduces the second version conceptual draft rules that are annotated and highlighted to aid the task force in their focus on particular sections. The focus today is minimum standards and universal requirements.
- The TF discussed proposed section 6 – Informed consent. Questions included whether informed consent should be required for every prescription, and whether there was agreement as to the definition of "informed consent." Discussion also included whether the rule was appropriate for all situations (e.g. acute prescribing does not need informed consent), and whether this section of rule needed enforcement.
- The TF discussed the different between a rule and a guideline.
- Lilia Lopez, AAG and Kristen Brewer, AAG provided an offer of legal context for rule enforcement. Lilia discussed the broad rulemaking authority contained in ESHB 1427 and the need to harmonize existing pain rules with the rules that will be produced as a result of this project. Kristen discussed and described her experience prosecuting cases and the interaction between statute and rule. She reminded the task force that they can't hold people to best practices in rule – the authority is limited to conduct, such as documentation, periodic review, etc.
- The TF resumed their conversation regarding proposed section 6 with respect to whether there were special situations, such as pregnancy, where informed consent may

not be appropriate, and whether to rely on something like a patient information sheet as opposed to informed consent.

- PQAC representatives asked how a pharmacist would know about informed consent if a patient information sheet were provided. Pharmacists verify informed consent, and prefer it for all prescriptions. Providers did not agree with this position.
- **The task force voted on the issue: *Should special populations be incorporated into proposed Section 6?* Vote result*: 9 yes; 1 no (concern re public protection and young athletes who may be acutely injured.***

Proposed Section 7 – Naloxone for High Risk Patients

- The task force discussed the dosage that should be used when co-prescribing, and whether "rescue" Naloxone should be available for high risk patients.
- Discussion include patient safety, high risk in acute settings, whether exceptions should be considered, and how pharmacists will know whether a patient is high risk or not.
- ***The task force voted on the issue: Rescue Naloxone should be available for high risk patients.* Result: 10 yes, 0 no.**

Proposed Section 8 – Perioperative Pain

- The task force discussed the differences between chronic and acute pain; noting that the section seemed to combine the two. Discussion included how the section should match what is done with acute pain, the differences between a planned surgery and a traumatic event, and coordinating care (such as when does the surgeon become involved in pain management).
- The task force noted that chronic opioid therapy patient rules may need additional attention, and that perhaps the section should be broken out into two sections: non-opioid therapy and chronic, on-going therapy.
- ***The task force voted on the issue: Minimum effective dose to achieve pain management should be the standard for perioperative pain.* 10 yes; 0 no.**

Proposed Section 9 – Patient Evaluation and Treatment plan

- The task force discussed striking most of the section since the majority of the concepts are covered in the current pain rules. Discussion included how to harmonize this section with current pain rules, standard of care, and which elements of the concept rules to keep when prescribing opioids for acute, subacute and chronic pain, such as:

  List 1
  Physical exam and patient history;
  Nature and intensity of pain;
  Medications including type/date;
  PMP check;
  Indicating applicable diagnosis on prescription.

And when prescribing for special populations and chronic pain:

List 2
Effect of pain psychologically and with respect to physical function;
Risk screening;
Checking for current substance use disorder;
Family or personal history of substance use disorder;
Add cite to current rule in this section.

- ***The task force voted on the proposed lists:*** **Results*: List 1*: 7 yes; 3 no. Concern around the idea of listing diagnosis on prescription. List 2: 9 yes, 1 no. Concern around risk assessment discrimination.**

Proposed section 10 – Acute Pain Episode, 0 – 6 weeks

- The task force discussed the necessity of documentation and what level of documentation is necessary.
- ***The task force voted on the concept:*** **Opioids shall not be prescribed as the first line of pain control unless documented in the patient record as clinically appropriate. Results: 7 yes; 2 neural; 1 no. Concern: Medical director monitoring; unnecessary tasks/paperwork,**
- ***The task force voted on the intent statement:*** **If a patient has not been seen for pain reduction within 6 weeks, re-assessment of patient's progress must be documented (alternative modalities, etc.) Result: 10 yes; 0 no.**

Proposed Section 12 – Written agreement – Subacute and chronic pain

- The task force discussed that this section applies to subacute and is limited to chronic pain; whether and in what form warnings should be provided; cautions around contraindications.
- ***The task force voted on the issue*****: All chronic pain management prescriptions should be provided by a single prescriber or practice. Result: 10 yes; 1 no.**

Discussion Regarding Technical Expert Presentations re Co-Prescribing

- The task force agreed that when a patient is on both benzodiazepine and opioids, that a provider shall document a plan for medication management.
- The task force agreed that a provider shall not initiate prescribing both benzodiazepines and opioids together.
- The task force discussed consulting the PMP in co-prescribing circumstances and the circumstances around a patient being on one medication or another without the provider's knowledge. Discussion also included MAT and how to avoid increased risk.

OPTF Conclusion

- *Task force homework*:

  Review draft rule document and submit comments (as noted, by section) by December 22 to Kathy Hoffman.

  Alden: Prepare perioperative recommendations

  Complete issues matrix for co-prescribing and sent comments to Blake Maresh.

- *Next meeting*:

  PMP progress report
  Revisit draft rules: co-prescribing; sections not reviewed during this meeting; chronic pain (Section 14)

ESHB 1427 PMP Breakout Notes

A/V issues: 253-395-9226 – Jean

PMP Breakout

State common measures
- Tie to specific measures
- Make report patient centric to "encourage" use of PMP by "contributing" prescribers
- Data Sources and Limitations
    - Include additional resources
        - Bree flyer – WA health alliance: No Opiates flyer
        - Disposals – Take back your meds
    - Include clause that Bup prescribing is included on PMP even though not included on this report.

Clinical / CMO Report
- Add facility NPI
- Maybe add an aggregate for the whole facility.
    - We'd need to control for the specialty someway
- Add NPI as identifier for prescribers
- Base report can stand alone, but PMP may provide CSV file if facilities want to pull data to their own data analytics or visualization systems
- Maybe provide numerator and denominator (# of patients) for the metrics
- Report is quarterly – by statute – only prescriber level data
- Possible to work with insurers to incentivize facilities to request this report.

PMP Draft Rules
- New definitions
- Add local health officer to 0505
- Add facility and provider groups to 052

- Haven't filed 102 yet. Keep this open for public comment for a couple of weeks and then file 102 and schedule public hearing

- Definitions
    - Indirect patient identifiers – n/c
    - Local health office – mirror of RCW - n/c
- 050
    - Local health officer access – provide authority to access for OD follow up. – individual patient access. Delegate access only for licensed HCP staff.

- 054 – CMO Report

    - Must request report and provide list of providers
    - Establish process to verify secure delivery point for report
    - When does implementation start? - working on templates. Define report (product) and then let Epi team come up with a schedule for production. --- Access for health officers is live now.
    - 3rd quarter 2018 ACHs are moving from paying for performance to paying for reporting
- 082 – WSHA CQIP reports
    - DSA needed
    - Define fields to be provided
    - No attempt to re-identify patients
    -

Non-Fatal OD letter

- Logo – ask to HCA if ok to use that one
- Medicaid MCOs may assign a PCP. These may never have seen patient.
- Can this be flagged in EDIE for the care team / identify the care team? --- pg 2
- Add recommendation to become a waivered provider

Fatal OD letter

- Statement whether or not we can determine Rx'd opioid contributed to fatal OD
- For FATAL move naloxone recommendation to the top
-

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Meeting Date: December 12, 2017 Meeting Location: Kent, WA

Do You Wish to Provide Public Comment on the Conceptual Draft Rules at 11:00AM?	NAME/TITLE	ORGANIZATION	ADDRESS	PHONE	EMAIL
Yes/No	First/Last Name	Self or Organization represented	Street Address City, State, Zip	Contact phone #	Youremail@address.com
No	Angie McDaniel	Virginia Mason Medical Center			
No	[illegible]	Self			
	Wee Chua	Self			
Yes	Cyndi Hoenhous	ATIP			
NO	Charles Hoenhous II				
No	Amanda Locke	vmmc/self			
	ASIF KHAN	Northwest Integrated Health			
Yes	Rose Bigham	ATIP			
No	Jaymie Mai	L+I			
No	Jeb Shepard	WSHA			

SIGN IN SHEET

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Yes/No	First/Last Name	Self or Organization represented	Street Address City, State, Zip	Contact phone #	Youremail@address.com
Maybe	JON OLSON MD	Self			
Maybe	JOHANNA KATE ARNP	self			
NO	Jessica Fjerstad	Kaiser Permanent			
YES	DANIEL WARREN	VIRGINIA MASON			
No	Jodi Perlmutter	Washington Osteopath Medical Ass			
No	Amanda Avalos	HCH			
Yes	Medea Karr ARNP	Willow fibromyalgia + Hypermobility Clinic			
no	Ashley Plauché	"			
no	Diane Karr	"			
no	Christina Bockman	Harborview UW medicine			

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NO	Brad Fraser	King Co.			
—	TOM SCHAAF	WSMA			
NO	Chelsea Markle	Harborview			
yes	Rolf Christensen	UW Dentistry			
NO	Steven Stanos	Swedish Health Services			
NO	Corinda Lucas	Self WCU student			
Yes	Lori Grassi	Chiropractic Assoc			
?	Gregory Tem	Univ. of Wa			
	Erin Hudson	AWC			
NO	Kaylee Law	PNCWA			

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	Mike Kirakawa	WAPA			
Y	Jim Anderson	DOH MQAC			
Y	Jennifer Davies	WA Pain Advocacy			
Y	Andrew Sandler	Self			
Y	Dr. Bob Small	MQAC			
N	Mark Sullivan	VW			
Y	Valerie Hauk Past	WA Pain advocacy			

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Yes/No	First/Last Name	Self or Organization represented	Street Address City, State, Zip	Contact phone #	Youremail@address.com
No	Emily Lovell	WSDA			

SIGN IN SHEET