WA OPIOID PRESCRIBING TASK FORCE (OPTF) – HB 1427

Workgroup Notes

10/19/17 Meeting (Spokane)

Attendees:

Task force members in attendance:

Roger Ludwig, Board of Osteopathic Medicine & Surgery
Tracy Rude, Nursing Care Quality Assurance Commission
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
Lotchie Kerch, Podiatric Medical Board
Clair Trescott, Medical Quality Assurance Commission

Also at the task force table:

Matt Ronayne, Pharmacy Quality Assurance Commission
Elizabeth Jensen, Pharmacy Quality Assurance Commission

Guest Experts:

Lynda Williamson, DO, Chair WOMA PEC
Matthew E. Layton, MD, PhD, FACP, DFAPA

Additional Attendees:

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

General Meeting Activities

- The meeting opened with a brief recap from the September 20, 2017 meeting 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 meeting, a review of meeting
protocols, and an overview of the “Table of Contents” topic framework, highlighting where topics discussed during the present meeting fell within that framework.

- Debbie further reviewed roles of the task force, DOH staff and public attendees. She also discussed the roles of the present meetings guest experts.
- All attendees were invited to introduce themselves.
- Attendees were 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 rules concerning the Prescription Monitoring Program.

OPTF Specific Meeting Discussion Overview – AM Session - Chronic Non-cancer Pain

- Debbie introduced the issue matrix, previously shared with the task force and designed to guide and encourage conversation regarding chronic non-cancer pain.
- Guest experts, Drs. Williamson and Layton then provided comment, insight and observations regarding chronic non-cancer pain in their individual practice areas.
- A topic-based public comment period followed. Three public attendees provided comment.
- Once public comment concluded, the task force engaged in a robust discussion of the use of opioids for chronic non-cancer pain. The task force briefly discussed the pre-populated portions of the issue matrix, and added additional lines to the matrix to address additional issues, how those issues might be addressed, concerns/impact and mitigation strategies. Discussion included, but was not limited to:
  - Benefits of prescribing opioids;
  - Lack of training about treating pain patients, and training beyond the prescription pad;
  - Lack of data about the actual amount of opioids a patient can take;
  - Insurance coverage and reimbursement for opioids;
  - Mail order pharmacies;
  - The amount of time necessary to work with patients;
  - Fear of treating pain patients based on complexity, lack of resources, oversight and insurance coverage;
  - Assertion that current guidelines are not clear; desire for physician discretion.

OPTF Recommendations for Chronic Non-cancer Pain Rules

- Simplify, clarify current rules to assure they are up to date and reflect best practices;
- Consider that long-term, stable opioid patients might have unique pain management plans that differ from new opioid patients;
- Consider recommendations to insurance companies regrading coverage issues;
- Require patient agreements, including treatment plans, in rule, and assure that agreements capture specific elements of the rules (such as best practices, etc.);
• Require mandatory PMP check;
• Consider the tone of education for practitioners treating pain – “enforcement”
• Require genetic testing as a component of treatment plans;
• Identify what a valid UA would be under these rules;
• Utilize a reliable, functional tool for pain as a chronic medical condition (PROMIS);
• Create incentives for education of all providers treating pain.

OPTF Specific Meeting Discussion Overview – PM Session - Acute Pain

• Debbie introduced the issue matrix, previously shared with the task force and designed to guide and encourage conversation regarding acute pain.
• Guest experts, Drs. Williamson and Layton then provided comment, insight and observations regarding acute pain in their individual practice areas.
• A non-topic based public comment period followed. Three public attendees provided comment.

• The task force then engaged in a robust discussion of the use of opioids for acute pain. The task force briefly discussed the pre-populated portions of the issue matrix, and added additional lines to the matrix to address additional issues, how those issues might be addressed, concerns/impact and mitigation strategies. Discussion included, but was not limited to:
  o CDC guidelines, managing pain correctly as opposed to overprescribing;
  o Alternatives to opioids and their associated risks;
  o Initiation of opioid treatment plan, including screening questions for opioid addiction;
  o Concept that no pain management specialist should be responsible for perioperative treatment alone;
  o Concept that ER presentation as pain may have a different root cause such as opioid withdrawal;
  o Operative versus non-operative pain requirements;
  o Overprescribing balanced against the ability of the prescriber being able to use professional judgment when prescribing;
  o Special populations: pregnant women, adolescents, and others who may be opioid naïve may need special guidelines;
  o Methadone patients and tolerance;
  o Operative versus non-operative pain requirements;
  o Needs of “naïve users.”
**OPTF Recommendations for Acute Pain Rules**

- DOH draft/potential rules language should be based on best practices identified in Bree recommendations for acute pain; CDC recommendations for acute pain; and AMDG recommendations for acute pain.
- Consider pain guidance resource (Tel-a-pain or UW pain hotline)
- Look at patient roster as part of education/communication campaign; consider peer review as a strategy?

**OPTF Additional Meeting Discussion – Security and Disposal**

- The task force used the additional meeting time to discuss issues related to the safekeeping of opioids and other controlled substances. The task force briefly discussed the pre-populated portions of the issue matrix, and added additional lines to the matrix to address additional issues, how those issues might be addressed, concerns/impact and mitigation strategies. Discussion included, but was not limited to:
  - The availability and accessibility of prescription take-back programs;
  - Take back opportunities;
  - Co-prescribing narcan;
  - Concept of provider writing opioid prescription shares the responsibility of security (providing mail-in bag for take back)
  - Concerns related to theft of mail-order prescriptions; lack of security.

**Conclusion**

- The groups (OPTF and PMP) reconvened; closing remarks and a summary were provided and next steps were briefly discussed:
  - The November agenda will include a review of draft concept rules for both acute and non-cancer chronic pain;
  - Next topics will be: Perioperative pain, use of alternative modalities for pain treatment (plus for non-CS medications).

- The meeting adjourned.

**WA PMP HB 1427 Workgroup Notes**

10/19/17 Meeting (Spokane)

*Attendees:* DOH (Chris, Mariana, Gary, Katie, Sarah), LNI (Jaymie Mai), HCA (Amanda Avalos), ATG (Joyce Roper), WSHA (Ian Corbridge)

*Guidelines for Participants* were reviewed and all attendees agreed to follow them.

*Methods for collecting input* were provided.
Identification of Issues – The list of issues was reviewed and no one felt any were missing.

Prioritization of Issues: The group reviewed the following prioritization of the issues for DOH to consider.

1. Overdose Notification Letter
2. Individual Prescriber Report
3. Facility/Group Reports
4. Rules for all PMP parts of 1427

Issue Matrix for Overdose Letter:
The issue matrix was reviewed and discussed for the overdose letter. Key ideas included:

- Drafting a letter for fatal and non-fatal overdoses
- Ensure letter is supportive or the provider and gives resources
- Start with a pilot and then expand the system as we move forward
- Review options for transmission and availability of read receipts
- Looked at data options to consider as additions for a phase II

Issue Matrix for Individual Prescriber Feedback Reports:
The issue matrix was reviewed and discussed for the individual prescriber feedback reports. Key ideas included:

- What metrics to use and should we align them with the Bree, HCA or LNI
- How should we handle specialty groupings
- Should this be the same report the CMO sees to review prescribers within a facility or group
- Can we get better contact info (email) for all prescribers
- Ensure metrics are well defined
- Provide resources and best practice direction
- Start with a pilot and then refine

Issue Matrix for Facility/Group Prescribing Reports?
The issue matrix was reviewed and discussed for the facility/group prescribing reports. Key ideas included:

- What metrics to use and should we align them with the Bree, HCA or LNI
- Should we include specialty groupings
- Should this be the same report the individual prescriber receives
- How do we get the reports to the facility and identify a point of contact to send them to
- How do we send them securely and in what format (Excel)
- Ensure metrics are well defined
- Provide resources and best practice direction
- Select pilot sites and start with a basic report that can then be enhanced after feedback

Wrap Up/Next Steps – the group discussed where to find a summary of comments and when the next meeting is. Draft letters and metrics for individual reports will hopefully be reviewed at the next meeting.
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**ESHB 1427 Implementation Workgroup Meeting**

**Public Comment Period Sign-Up**

**10:15 AM – 10:35 PM Public Comments – Chronic Non-Cancer Pain**

Meeting Date: 10/19/17

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ESHB 1427 Implementation Workgroup Meeting

Public Comment Period Sign-Up

**1:05 PM – 1:25 PM Open Public Comment**

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