WA OPIOID PRESCRIBING TASK FORCE (OPTF) - HB 1427

Workgroup Notes

9/20/17 Meeting (Tumwater)

Attendees:

Task force members in attendance:

Randy Anderson, Podiatric Medical Board

Roger Ludwig, Board of Osteopathic Medicine & Surgery

Shannon Phipps, Board of Osteopathic Medicine & Surgery

Tracy Rude, Nursing Care Quality Assurance Commission

Helen Myrick, Nursing Care Quality Assurance Commission

Ron Marsh, Dental Quality Assurance Commission

Alden Roberts, Medical Quality Assurance Commission

D.J. Wardle, Podiatric Medical Board

Clair Trescott, Medical Quality Assurance Commission

John Carbery, Medical Quality Assurance Commission

Also at the task force table:

Steve Saxe, Pharmacy Quality Assurance Commission

Kat Katchatourian, Pharmacy Quality Assurance Commission

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 was opened with welcoming comments from Kristen Peterson, JD, Assistant Secretary HSQA.
- Debbie Rough-Mack described overall goals for the two projects, including purposes and outcomes, intentions and agenda.
- Debbie provided expectations for meeting conduct, and described her role as facilitator, along with the roles of the task force members and DOH staff. She explained how task

force members were chosen. She further described the role of the public in this rulemaking process.

- All attendees were invited to introduce themselves.
- Presentations were provided by:
 - Dr. Gary Franklin: <u>Overview of AMDG/CDC/Bree Collaborative</u>
 - Blake Maresh, DOH: Overview of Current Pain Management Rules
 - Chris Baumgartner, DOH: Overview of Prescription Monitoring Program.
- Following the presentations, attendees were invited to remain with the Opioid Prescribing Task force for a lunch work session and additional discussion, or move to a breakout room with to provide input and discuss rule making concerning the Prescription Monitoring Program (PMP).

OPTF Specific Meeting Discussion Overview

- The OPTF discussed and agreed upon overall guiding principles and specific meeting protocols for the project. See the document OPTF Meeting Protocols.
- The OPTF also voted to include a representative from a Patient Advisory group and an ARNP Pain Specialist to sit among the Technical Advisors at future meetings.
- The OPTF also recommended splitting the public comment periods one in the morning and one in the afternoon to accommodate some pain patients.
- In reviewing the list of Topics, the group indicated where their "energy" was, as a way of prioritizing the issues.
- The OPTF decided that the following focus topics should be considered first:
 - Revisions to existing chronic non-cancer rules (what needs to be revisited?) The OPTF would like information from the AMDG, CDC recommendations and outlined items.
 - Acute Pain
 - Security/ Disposal
 - Prescription Monitoring
- The floor was opened for a public comment period. Thirteen individuals provided comment and shared experiences. Each presenter was offered a three-minute time slot.

Conclusion

- The groups (OPTF and PMP) reconvened; closing remarks were provided; next steps were briefly discussed.
- The meeting adjourned.

WA PMP HB 1427 Workgroup Notes

9/20/17 Meeting (Tumwater)

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

<u>Guidelines for Participants</u> 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.

<u>Assessing Overdose</u> – The following comments were shared.

- Can we get EMS to participate (send in OD data, etc..)? Ian
- Can we get 911 calls? Gary
- Can we link data to assess NAS as well? Mariana
- Can we link with WA Poison Center? Gary
- Ensure we consider the caveats around underreporting of OD deaths. Joyce

Prescriber Feedback Reports - The following comments were shared.

- Make the reports low barrier for providers to get. Amanda
- Ensure you have the resources to respond to question about the reports. Jaymie
- Coordinate these with the ones LNI & HCA send out. HCA may phase their's out if DOH gets theirs going. Chris. Jaymie, Amanda
- Consider HEDIS (providers already have to report a lot). Katie
- Should the metrics follow Bree or the new rules set by the B/C? Perhaps start with Bree and then move to the rules. Chris
- What should happen when a prescriber continues to show up as an outlier and does not change their practices? What does LNI & HCA do if they have this happen? Chris, Joyce

Local Health Officer Access - The following comments were shared.

• ? on if in a county where public health and behavioral health (BHO) are split can the BHO get this access? Amanda

Federal & Tribal Access – No comments received.

<u>Overdose Notification</u> - The following comments were shared.

• Ensure you have OD resources and info to assist providers looking for help. Amanda

- Coordinate with LNI & HCA who are still sending these out as well. Chris, Jaymie, Amanda
- Could we add this as a flag in the PMP record for the patient as well? Does the authority to assess PMP data with morbidity/mortality data provide this ability? Jaymie

Facility/Group Prescribing Reports - The following comments were shared.

- DOH could use the individual prescriber feedback reports to educate solo practitioners who would not get any education under this provision. Amanda
- Should the metrics follow Bree or the new rules set by the B/C? Perhaps start with Bree and then move to the rules. Chris
- This is a focuses effort on quality improvement of prescribing practices. Ian
- Can we have both individual prescriber reports and rollup reports for the facility? Ian
- Would you also have specialty break outs in the reports? Katie
- Would a provider group of 5 or more use this type of report? Joyce
- Could we look at a state average for facilities?

Hospital Association Access - The following comments were shared.

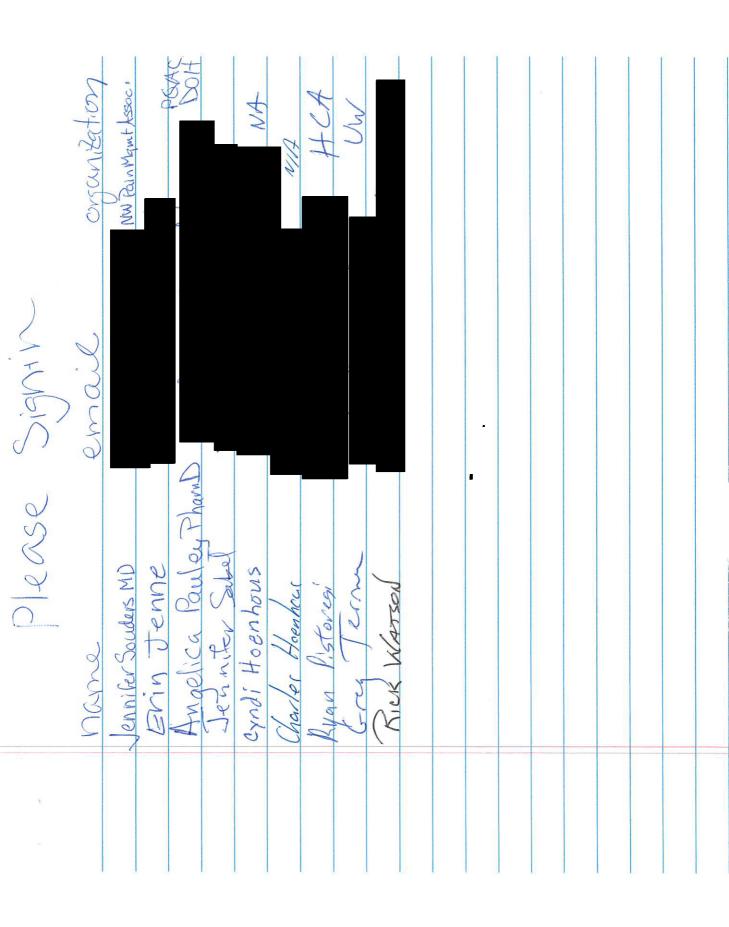
• Does this overlap or duplicate work the WSHA CQIP will do? Amanda

<u>Prioritization of Issues</u>: The group agreed upon the following recommendation for prioritizing the issue for DOH to consider.

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

<u>Review Issue Matrix</u> – the group was introduced to the form used for feedback.

<u>Wrap Up/ Next Steps</u> – the group discussed where to find a summary of comments and when the next meeting is.



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