

WA OPIOID PRESCRIBING TASK FORCE (OPTF) – HB 1427

Workgroup Notes

November 15, 2017 Meeting (Yakima)

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

Randy Anderson, Podiatric Medical Board

John Carbery, Dental Quality Assurance Commission

Kathleen O'Connor, Medical Quality Assurance Commission

Also at the task for table:

Michael Sieg, Pharmacy Quality Assurance Commission

Elizabeth Jensen, Pharmacy Quality Assurance Commission

Guest Experts:

Greg Terman, MD, PhD

Gary A. Walco, PhD, ABPP

Mark Koday, DDS

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 October 19, 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/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.
- 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 the Prescription Monitoring Program’s proposed overdose letters and individual prescribing metrics.

OPTF Specific Meeting Discussion Overview – AM Session – Review of Conceptual/Draft Rules re Acute Prescribing

- The task force discussed the differences between rules and guidelines, including what is and is not enforceable under each.
- There was extended discussion regarding proposed Section 5 of the conceptual rules, and whether a check of the PMP should be mandatory before any prescription for an opioid is written. Concerns were raised with respect to this concept: for smaller/rural offices, the increased reporting and form completion requirements create operational and administrative challenges; practitioners should be focused on coordination of patient care.
- Several members of the group noted that the PMP helps to figure out high/low risk in every prescribing instance.
- The task force discussed whether consent to consult the PMP can or should be a delegated duty.
- Task force members discussed what numbers to consider for opioid prescribing in excess of 120 MED (described under the last bullet in proposed Section 5), as well as CDC guidelines related to this issue. CDC recommends 50 MED.
- Task force members discussed whether “acute” and chronic” should be separated in the conceptual rules, as well as pain management and coordination of outpatient care, etc.
- Discussion also included differing circumstances where mandatory use of the PMP should be required – some members found that the PMP should be consulted the first time a patient is prescribed an opioid; others noted that the PMP should be consulted every time an opioid is prescribed because the provider can delegate the task.

- **The task force voted on the issue: *Is there a circumstance where there should be a PMP requirement in Washington state?* Vote result: 9 yes (thumbs up); 1 no (thumb down).**
- Some task force members agreed that the PMP should be required, at a minimum:
 - The first time a patient is prescribed an opioid;
 - If the patient is high risk;
 - Any time you prescribe a Schedule II and III opioid drug to an outpatient (although, the prescriber may consult the PMP for Schedule IV drugs).
 - *The reservation to these proposed requirements was for acute prescribing (e.g. dentistry where patients are prescribed a higher dose at first) – can these physicians opt out of these proposed requirements?*
- Additional discussion included whether requiring a mandatory check of the PMP will cause providers to opt out of prescribing for acute pain episodes (conceptual rules, proposed Section 7). However, if registration with the PMP program is mandatory, this may increase PMP use.
- **The task force voted on the issue: *Should there be mandatory PMP registration for every licensed prescriber?* Vote result: 10 yes.**
- The task force discussed ideas and concepts related to integrating the PMP into EPIC and how to operationalize such a “bridge” if one is possible.

OPTF Specific Meeting Topic Discussion – AM Session – Perioperative

- Discussion included the distinction in rules between perioperative versus general, non-surgical acute care.
 - Perioperative involves standardized stimulus (e.g. surgery) that makes pain prescription more predictable. Consider the variables between surgical removal of a mole compared to a lung transplant.
 - Perioperative allows for pre-operative management of pain and pain expectations.
- Additional discussion included differences in care for emergent and elective care, and whether to highlight or differentiate with perioperative care because it is different.
- **The task force voted on the issue: *Is it important to distinguish between perioperative and acute care in the conceptual rules?* Vote result: 10 yes.**
- Further discussion included:
 - How long should pain management be the responsibility of the surgeon?
 - Best practice for chronic pain – written note as part of discharge?
 - View post op pain as breakthrough, short-acting pain because the surgeon does not see the patient again.
 - What about violating the pain management contract with the pain doctor?
 - Hospital patients should be carved out as not a part of this rulemaking activity;
 - Remember the patient.

OPTF Specific Meeting Discussion Overview – PM Session – Review of Conceptual/Draft Rules re Chronic, Non-cancer Prescribing

- The task force discussed conceptual draft proposed Section 14 – consultation. Discussion included whether there was a need for mandatory requirements in rule since this is detailed in statute. Three questions arose:
 - Does the task force want to keep the “mandatory requirement” in rule?
 - Is there an alternative that the task force would rather see?
 - What are the legal issues with this concern? (related to “exigent or special circumstances”)

OPTF Specific Meeting Topic Discussion PM Session – Special Populations

- Discussion included whether pediatric patients are a special population in the context of opioid prescribing.
- **The task force voted on the issue: *Are pediatrics a special population for purposes of opioid prescribing? Should the task force leave the existing 2010 pediatrics language as it currently exists in rule? Vote result: 10 yes.***
- Further discussion occurred regarding whether “legacy” (chronic pain) patients should be considered a special population.
 - Tie “legacy” patients to functionality
 - MED exceptions/protection to providers (e.g. high dose >200 MED)
 - Provision of chronic opioid therapy for 2+ years
 - Provide a definition for “legacy patient”
 - Protect legacy patients on high dose opioids when they change providers
 - The need for a dosing number for exceptions, high does, long term or ? consistent with mandated referral

OPTF Meeting Conclusion

- The task force discussed items for discussion and inclusion in the December agenda:
 - Alternative modalities
 - New
 - Experts
 - PMP progress
 - Draft rule reviews:
 - Acute
 - Perioperative

 - Co-prescribing

HB1427 – PMP breakout

Attendees:

Ian Corbridge WSHA

Michael Sieg, PQAC

Jeff Kaplan, Health systems Memorial Physicians – Yakima administrator; CQIP

Betty Alajajian, Student MHCA WSU

Jaymie Mai (joined 11am)

Fatal Opioid Overdose letter – The group reviewed and made suggestions for the Fatal and Non-Fatal Opioid Overdose letters

Ian – Letter should be seen that the letter should be interpreted – written to be interpreted – as an aid or guide for a provider and their prescribing.

PQAC – Letters give guidance on how to avoid these outcomes. We should be careful to imply that the provider hasn't/hadn't followed good prescribing practice

Administrator – Death by opioid toxicity would require a coroner/ME report. This letter with just diagnosis code from ED should describe OD death where opioids were involved. Letters should go to someone in addition to the provider. – Rule allows EDIE to send to EDIE know PCP – only other allowed ave other than directly to the provider. Could receipt of this letter be delegated by the intended recipient? CMO, risk management. Can docs check a box to share with CMO?

Ian – Timeframe? ...

HAS – Possibly go back 12 mo as the letter is meant to be punitive but informative.

Include ICD 10 code to identify if it was an illicit or prescribed substance? --- HAS – I'd want to know.

HAS – Add that long acting opioids should not be used for acute pain. Tie to second bullet.

Prescriber Feedback Report – The group reviewed and made suggestions for the prescribing feedback reports (prescriber level and HCO level)

The group felt that there should be separate reports/metrics for chronic and acute prescribing

Cerner – Donna Smity @ Virginia Mason



ESHB 1427 Implementation Workgroup Meeting

Meeting Date: November 15, 2017 Yakima WA

Providing Public Comment Y/N	NAME/TITLE	ORGANIZATION	ADDRESS	PHONE	EMAIL
Providing comment during public comment times? Y/N, 10:00AM Acute/Periop and/or 1:00PM Chronic/Non-cancer/Special Pop.	First Name Last Name	Self or Organization represented	Street Address City, State, Zip	Contact phone #	Youremail@address.com
Y 1:00pm 1 PM	MICHAEL SCHMIDTKE MICHAEL SCHMIDTKE	CHCLD QUALITY CARE WAPA			
Y	COLENE DYGHOFF COLENE DYGHOFF	WA East Area Med. Assn			
Y 10:00 1:00	Ayndi Heinhaus				
Y 10:00am	Charles Heinhaus	SELF			
NO NO	Rose Bigham Cornelius Groeneveld	Self Seattle Children's			
N	Jeff K. Pl	Ms Mennel Physician			
N	Blair Orr	Depomed			
N	Arlington Betts	SELF			



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Yes	Tammie Weber	Walla Walla Hospice Palliative Care			
Yes	Nancy Bushm	ARUPs United			



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	Jeff Kochon	WA State Pharmacy Assn			
	Rosemarie DeKuro	Charltonley Healthcare & Hospice			
	Jannette Weber	"			
	Bobby Sparks	Community Health			
	Marcy Easton	AHP's United of Washington			
	Greg Jam	Univ of WA			