

Oregon Health Authority Oregon Opioid Taper Guidelines Task Force MEETING NOTES



Oregon Opioid Taper Guidelines Task Force Meeting Summary- August 27, 2019

Welcome, goals, agenda review, introductions

Diana Bianco, Principal of Artemis Consulting, welcomed the Task Force and asked Task Force members to introduce themselves. Diana reviewed the agenda.

Updates

Dana Hargunani, Chief Medical Officer of the Oregon Health Authority, reported on a meeting she had with chronic pain stakeholders and advocates who shared concerns about some of the content of the draft guidelines. They raised the following issues: the guidelines shouldn't indicate or imply that everyone should be tapered; the importance of good pain management should be highlighted along with tapering; we should be thoughtful about how we address mental health issues in the guidelines; and we should be mindful of how the guidelines may impact stigma. Dana noted that we would consider these issues as we review the draft guidelines.

Roger Chou, Task Force member, provided an overview of an article he co-authored that was just published in the Annals of Internal Medicine entitled, "Rethinking Opioid Dose Tapering, Prescription Opioid Dependence, and Indications for Buprenorphine."

Task Force communication

Several Task Force members had asked for talking points about the background and purpose of the Task Force and OHA drafted a document that was distributed to members for consideration. Members of the group expressed that the Task Force is focused on collaborative pain management and some wondered if we should eliminate the word "taper" from the name of the Task Force. We decided not to change the name of the Task Force, given that we are focused on tapering and we are many months into the process. Members noted the importance of reframing the work and underscoring that not everyone needs to be tapered. The guidelines are focused on patient safety and are meant to ensure that tapering is done in a person-centered and safe manner. This frame should be clearly reflected in the guidelines.

Resource list interval updates

OHA shared the updated resource list. This set of resources submitted by Task Force members is not meant to be included in the guidelines (that's a separate list), but is meant to inform our work. We discussed the DIRE tool and learned it wasn't validated (only looked at in one study in 2006). We also talked about the opiate conversion chart from Kaiser Permanente; some members thought we shouldn't include it in these guidelines because that would represent a switch from what Oregon has used in previous opioid guidelines.

Oregon Health Authority Oregon Opioid Taper Guidelines Task Force MEETING NOTES



Working draft guideline review

Introduction, Background, Principles

The Task Force wants an introductory paragraph based on the highlighted language on page 13 that emphasizes the importance of patient-centered care and that states that not all patients need to be tapered. Additionally, the Task Force would like the principles re-ordered to reflect the importance of individualized care and patient-centered pain management. We discussed, but did not decide whether we should change the title of the guidelines and not use the word “taper.”

Definitions

The Task Force reviewed the updates to the definitions section. We changed the term “opioid dependence” to “physiologic opioid dependence.” The Task Force also suggested updating the trauma-informed care definition to underscore that trauma and SUD are interconnected. Task Force members also suggested removing the words “providing care” from the definition of patient-centered care.

Determining when to taper

The Task Force recommended suggested changing the language from “opioid tapering should be considered” to “opioid tapering may be considered.” The Task Force discussed how to balance content, length and audience in this section. We don’t want the section to be determinative of when people should be tapered, but want providers to consider certain factors. At the same time, the document should provide sufficient guidance. We also considered listing the “most concerning” factors at the top. After some discussion, Eve Klein volunteered to revise this section for the Task Force to review at our September meeting.

Specific changes to this section that were agreed upon by the Task Force include:

- Change the language pertaining to polypharmacy to “patients taking medications that include but not limited to: those that produce risk of drug-drug interactions or increase risk of overdose, such as but not limiting to sedating medications.” The group also suggested adding language so that providers are mindful of both renal and hepatic function, which impacts the drug-drug interaction and risk profile.
- For the language pertaining to mental health, the group suggested revised language as follows: “the patient develops suicidality or worsening mood.”

Patient Engagement and Education

The Task Force reviewed the patient education and provider education sections. We will combine these sections as well as the engagement section. We will continue to include framing language that focuses on patient care throughout the taper process. OHA will review the content in these sections, crosswalk with current OHA Opioid website resources, and propose a new combined section at the September meeting.

Oregon Health Authority Oregon Opioid Taper Guidelines Task Force MEETING NOTES



Tapering Plan

The Task Force agreed to update the tapering plan sections with framing that emphasizes patient safety and patient centeredness. The Task Force also discussed whether to include a reference to a taper rate, noting that the focus should be on individualization. We agreed that a starting point for reference may be useful. We decided to include 2.5-10% as a potential rate of taper per month, while noting that individualization is paramount. Task Force members noted that some individuals at higher doses may tolerate faster tapers, while slower tapering may be necessary at the end of a taper.

Handling Complicated Tapers

Section content reviewed by the Task Force with no recommended edits. We will move this section above the “managing opioid use disorder” section.

Managing Opioid Use Disorder

The Task Force reviewed this section and requested adding information about how to apply for an X waiver.

Addressing Special Populations

The Task Force didn't have edits for this section.

Multidisciplinary Support

The Task Force recommended adding acupuncture to this section.

Patient Follow up and Monitoring

The Task Force recommended that this section immediately follow the “taper plan” and “managing withdrawal” sections.

Managing Withdrawal

The Task Force did not have edits to this section, but suggested it be moved before “patient follow up” section.

When to Refer

The Task Force did not have edits to this section.

Long-term Support

The Task Force wanted to highlight that this section is relevant after completion of a safe and effective taper.

Oregon Health Authority Oregon Opioid Taper Guidelines Task Force MEETING NOTES



Patient and Provider Resources

Task Force members agreed to combine the patient and provider resources sections. OHA staff will review patient and provider resources on the OHA opioid page, align content with the working draft, and bring back to the Task Force for review.

Organizational Support

The Task Force affirmed the importance of this section. Dr. Koreshi will provide ideas for content and we will discuss at the September meeting.

Community-level Interventions

The Task Force reviewed this section and agreed that the community-based interventions should be combined with the information listed in the “patient and provider resources” section.

Public comment

Two individuals provided in-person public comment. In addition, we received three written public comments prior to the meeting and shared those with Task Force members. We also received written public comment after the deadline for this meeting. These comments will be collated and shared with Task Force members prior to the next meeting.

Next steps and summary

The final two Task Force meetings are:

- September 23, 1:00-4:00
- October 25, 9:00-12:00