

**The Bree Collaborative**  
**Opioids and Older Adults Workgroup Charter and Roster**

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**Problem Statement**

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Opioid overuse poses challenges for all populations and especially for adults over 65 years of age due to psychological changes from aging causing individuals to have less predictable responses and specific risks such as from falls.<sup>1</sup> Opioid use also increases the risk of hospitalization and emergency department use for those over 65 and with a significant increase nationally in opioid misuse and inpatient care use coinciding with the opioid epidemic.<sup>2</sup>

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**Aim**

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To reduce morbidity and mortality related to opioid use for adults over 65 years of age.

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**Purpose**

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To propose evidence-based recommendations to the full Bree Collaborative on reducing opioid-related harms and disorders through screening, assessment of harms and benefits, medication reconciliation, pain management, and person-centered care.

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**Duties & Functions**

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The workgroup will:

- Research evidence-based and expert-opinion informed guidelines and best practices (emerging and established).
- Conduct updated scientific review of pertinent literature
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately ten-twelve months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

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**Structure**

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The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chairs. The chairs of the workgroup will be appointed by the chair of the Bree Collaborative. Bree Collaborative staff will provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

## Meetings

The workgroup will hold meetings as necessary. The program director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
Gary Franklin, MD, MPH (Co-chair)	Medical Director	Washington State Department of Labor and Industries
Darcy Jaffe, MN, ARNP, NE-BC, FACHE (Co-chair)	Senior Vice President, Safety & Quality	Washington State Hospital Association
Mark Sullivan, MD, PhD (Co-chair)	Professor of Psychiatry and Behavioral Sciences	University of Washington
Judy Zerzan-Thul, MD, MPH (Co-chair)	Chief Medical Officer	Washington State Health Care Authority
Carla Ainsworth, MD, MPH Floyd	Provider	Iora Primary Care - Central District
Denise Boudreau, PhD, RPh, MS	Senior Scientific Investigator	Kaiser Permanente Washington Health Research Institute
Siobhan Brown, MPH, CPH, CHES	Senior Analyst, Health Systems Innovation	Community Health Plan of Washington
Pam Davies, MS, ARNP, FAANP	Adult/Geriatric Nurse Practitioner	University of Washington / Seattle Pacific University
Elizabeth Eckstrom, MD	Division of General Internal Medicine and Geriatrics	Oregon Health Sciences University
James Floyd, MD	Internal Medicine	University of Washington School of Medicine
Nancy Fisher, MD	Ex Officio Member	
Jason Fodeman, MD		Washington State Department of Labor and Industries
Debra Gordon, RN, DNP, FAAN	Department of Anesthesiology and Pain Medicine	University of Washington School of Medicine
Shelly Gray, PharmD	School of Pharmacy	University of Washington
Jaymie Mai, PharmD	Pharmacy Manager	Washington State Department of Labor and Industries
Blake Maresh, MPA, CMBE	Deputy Director, Office of Health Professions	Washington State Department of Health
Wayne McCormick, MD	Division of Gerontology and Geriatric Medicine	University of Washington
Kushang Patel, MD	Anesthesiology and Pain Medicine	University of Washington
Elizabeth Phelan, MD	Department of Geriatrics	University of Washington
Yusuf Rashid, RPh	VP of Pharmacy and Vendor Relationship Management	Community Health Plan of Washington
Dawn Shuford-Pavlich	Home and Community Services Division	Department of Social and Health Services
Angela Sparks, MD	Medical Director Clinical Knowledge Development & Support	Kaiser Permanente Washington
Gina Wolf, DC	Chiropractor	Wolf Chiropractic Clinic

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<sup>1</sup> Gazelka HM, Leal JC, Lapid MI, Rummans TA. Opioids in Older Adults: Indications, Prescribing, Complications, and Alternative Therapies for Primary Care. CONCISE REVIEW FOR CLINICIANS | VOLUME 95, ISSUE 4, P793-800, APRIL 01, 2020

[www.mayoclinicproceedings.org/article/S0025-6196\(20\)30145-2/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(20)30145-2/fulltext)

<sup>2</sup> Weiss AJ, Heslin KC, Barrett ML, Izar R, et al. Opioid-Related Inpatient Stays and Emergency Department Visits Among Patients Aged 65 Years and Older, 2010 and 2015: Statistical Brief #244. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs. Rockville (MD)2018.

[www.hcup-us.ahrq.gov/reports/statbriefs/sb244-Opioid-Inpatient-Stays-ED-Visits-Older-Adults.jsp](http://www.hcup-us.ahrq.gov/reports/statbriefs/sb244-Opioid-Inpatient-Stays-ED-Visits-Older-Adults.jsp)