

The Bree Collaborative
Opioids and Older Adults Workgroup Charter and Roster

Problem Statement

Opioid overuse poses challenges for all populations and especially for adults over 65 years of age due to psychological changes from aging causing individuals can have less predictable responses and specific risks such as from falls.¹ 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.²

Aim

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

Purpose

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.

Duties & Functions

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.

Structure

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 | 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 | 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, A/GNP, ACHPN, RN-BC, FAANP | Adult/Geriatric Nurse Practitioner | University of Washington |
| Elizabeth Eckstrom, MD | Division of General Internal Medicine and Geriatrics | Oregon Health Sciences University |
| Nancy Fisher, MD | Ex Officio Member | |
| Jason Fodeman, MD | | Washington State Department of Labor and Industries |
| Debra Gordon, RN, DNP, FAAN | Integrated Pain Care | Harborview Medical Center |
| Shelly Gray, PharmD | School of Pharmacy | University of Washington |
| Jaymie Mai, PharmD | | Washington State Department of Labor and Industries |
| Blake Maresh | | 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 |

¹ 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)

² 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