MEMBERS PRESENT

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

Ginny Weir, MPH, Bree Collaborative Nicholas Locke, MPH, Bree Collaborative Amy Etzel, Bree Collaborative Alex Kushner, Bree Collaborative Yuliya Shirokova, MHA Student, University of

Washington Olivia Mora, Cardiology, University of Washington Monica Salgaonkar, Washington State Medical Association

BREE COLLABORATIVE OVERVIEW

Gary Franklin, MD, MPH (Co-chair), Medical Director, Washington State Department of Labor and Industries and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves and gave a short summary of their background.

Ms. Weir gave a short overview of the Bree Collaborative, covering:

- Roberts Rules of Order. •
- Why the Bree Collaborative was formed and how it chooses its members and workgroup topics.
- How recommendations are developed.
- The proposed plan and timeline for this workgroup. •

REVIEW OF OPIOID PRESCRIBING FOR OLDER ADULTS IN WASHINGTON STATE and CHARTER DISCUSSION

Dr. Franklin began the group's discussion by giving a brief overview of opioid prescribing and the opioid epidemic, particularly for those over the age of 65.

- Oregon and Washington had the highest rates of opioid related hospital stays in the United States in 2015.
 - Death rates declined for prescription opioids between 2017-2018 for all age groups except those over 65 years of age, where death rates increased by 4.8%.
 - Dr. Franklin also reviewed statistics on the prevalence, by age group, of concurrent usage of opioids and benzodiazepines
- Dr. Franklin opened up the floor for general discussion. His first question was about the age range under consideration by the group: is over 65 the correct cut off?
 - 65 years of age is standard for Medicare, so it makes sense to have the same range.
 - Group consensus on 65 as the cut off.
- The group discussed the workgroup's scope including the need to highlight shared decision making and the importance of a patient's values and goals in deciding on the care they receive.
- Dr. Franklin asked for members to connect him and Ms. Weir with other potential members who are patients. The group needs more patient participants.
 - Kushang Patel, MD, Anesthesiology and Pain Medicine, University of Washington, and Denise Boudreau, PhD, RPh, MS, Senior Scientific Investigator, Kaiser Permanente Washington Health Research Institute, both offered to connect possible members to Ms. Weir.
- There were suggestions to add caregivers, patients with dementia, patients who have had to navigate Medicaid/Medicare, surrogates, someone involved in shared decision making, and long-term care providers/nursing workers to the workgroup.
- Other suggestions were to discuss differences between acute and chronic prescribing and to think about pain control holistically.
- Dr. Franklin opened up the floor for discussion. The group discussed that patients are often given opioids before they have the opportunity to try non-opioid strategies for pain management.
 - Some patients—in more rural areas—may not have access to other strategies.
- A member suggested adding in Social Determinants of Health to our analysis. Non-opioid pain strategies often require time, transportation, or other resources to access. Some patients, for example, rural patients, may not have access to these resources.
 - An SDoH lens could help the group think about whether recommendations are implementable by rural or more disadvantaged communities.
- A member asked for more patient-education around the importance of other pain-relief mechanisms besides opioids.
- The group discussed using the Delphi method to give recommendations where there is a lack of overwhelming or conclusive data.
- Another member emphasized the need to make sure recommendations are practical and that they do not throw out opioid use where it is useful.
- The recommendations should discuss the kind of cognitive impairment that can happen in older adults who are using Opioids.
- Telehealth could be a real solution for rural communities, especially where there is stigma around seeking care for things related to substance use.

• There was broad agreement that palliative and end of life care would be out of scope for this group.

Action Item: Dr. Franklin reiterated his ask for members to connect Ms. Weir to patients they may have in studies who are either older adults on opioids or older adults who are managing pain with non-opioid methods. The group needs more patient members.

GOOD OF THE ORDER

Dr. Franklin and Ms. Weir thanked all for attending and adjourned the meeting.