Bree Collaborative | Opioid Prescribing in Older Adults Workgroup
January 13th, 2021 | 3:00 – 4:30 p.m.
Virtual

MEMBERS PRESENT

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
Judy Zerzan-Thul, MD, MPH (Co-chair), Chief Medical Officer, Washington State Health Care Authority
Mark Sullivan, MD, PhD (Co-chair), Professor of Psychiatry and Behavioral Sciences, University of Washington
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, 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 Flloyd, MD, 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
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

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

WELCOME

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

Action: To adopt the minutes
Result: Unanimously approved

SCOPE OF WORK

Dr. Franklin began the group's discussion by proposing focus areas for the group. Goal is to agree on these, add and delete content as needed, and then have a few people take over literature assessment for each of the agreed upon areas of focus. Members discussed:

- Acute prescribing including acute injuries and peri-operative
    - Goal-Prevent transition to chronic prescribing
    - Will look at the perioperative Bree report and then see what could be added specific to the older adult population based on the literature
    - How to define unnecessary prescribing—group decided to just say "prevent transition to chronic prescribing" instead of "unnecessary chronic prescribing"
- Co-prescribing with opioids (e.g., sedative hypnotics, gabapentinoids, z-drugs)
    - Goal-Reduce impacts on cognition, falls, delirium
    - Consensus to keep this
    - Whether to include skeletal muscle relaxers—group added z-drugs.
    - Is this focus about harms from co-prescribing or is it about uses of co-prescribing? Harder to get good data on benefits than it is on harms from studies. This isn't a problem that can necessarily be solved, but should be acknowledged.
- Non-opioid pharmacologic pain management
    - Goal-evidence base and risk/benefit
    - Whether to include interventional options, esp. in specific cases like joint replacement. Agreement from other group members that we will exclude interventional approaches specifically related to chronic pain. Consensus on this focus area.
    - In this category, to include discussion of comparative risk benefit for particular therapies—this was added.
    - Telehealth out of scope and telehealth was removed.
    - The group decided to make group 3 into two discrete groups— (#3) pharmacological and (#4) non pharmacological— due to the size of the literature for pharmacological and non pharmacological.
- Non-pharmacologic pain management
    - Goal-evidence base and risk/benefit (e.g., CBT, active exercise)
- Types of opioid therapy-intermittent, low dose, short acting vs others
    - Goal-reduce use of long-acting opioids and COT
    - If you are going to choose opioids, how should you do that?
- Tapering/deprescribing in this population
    - Goal-Any differentiators Re recent Bree recommendations for legacy patients
    - Not a lot in the literature about this—tapering/deprescribing study participants are prone to early drop out. Suggestion that there might be work on this subject by the DEA and Canadian de-prescribing network. Suggested deprescribing.org
- All topics should be looking at how comorbidities play into each of these topics
- Social determinants of health: Older adults can be treated in many different settings and the group should think about how opioids play into functional outcomes and independence
- Functional outcome and independence should be another lens that each workgroup is looking at the literature through.
- Difficulty of engaging families and patients, and caregivers, in pain relief treatment. Group agreed to come back to this topic.
- What to do about people who have dementia or can't respond. Not including palliative care and end of life care, and this category starts to bleed into that. Question asked if this would be all levels of dementia, or if mild levels would still be included. Deb said she would vote to include

this population as they are prone to undertreatment. Kushang said that the evidence base for this subject is very thin, and including it and shining a light on the issue and lack of evidence would be important and not add too much work.

- Whether to include those in nursing homes. Some disagreement here on whether or not to include or leave out. Point made that it might be hard to discern the types of living situations of patients studied in literature—we might not know.
- The group debated inclusion of palliative care—didn't come to a conclusion.
- Other red flags—Angie said that the palliative care issue could be tricky. Thin line between gerontology and palliative care.

Action Item: To volunteer for at least one of the five areas.

GOOD OF THE ORDER

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