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## Bree Collaborative | Opioid Prescribing in Older Adults Workgroup

April 14<sup>th</sup>, 2021 | 3:00 – 4:00 p.m.

Virtual

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### MEMBERS PRESENT

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Gary Franklin, MD, MPH (Co-chair), Washington

State Department of Labor and  
Industries

Darcy Jaffe, ARNP, FAAN, Washington State  
Hospital Association

Judy Zerzan-Thul, MD, MPH (Co-chair),  
Washington State Health Care Authority

Mark Sullivan, MD, PhD (Co-chair), University of  
Washington

Rose Bingham, Patient Advocate

Denise Boudreau, PhD, RPh, MS, Kaiser  
Permanente Washington Health  
Research Institute

Siobhan Brown, MPH, CPH, CHES, Community

Health Plan of Washington

Jason Fodeman, MD, Washington State  
Department of Labor and Industries

Debra Gordon, RN, DNP, FAAN, University  
of Washington School of Medicine

Shelly Gray, PharmD, School of Pharmacy,  
University of Washington

Jaymie Mai, PharmD, Washington State  
Department of Labor and Industries

Yusuf Rashid, RPh, Community Health Plan of  
Washington

Steven Stanos, DO, Swedish Medical Center

Michael Parchman, MD, Kaiser Permanente  
Washington Research Institute

### STAFF AND MEMBERS OF THE PUBLIC

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Anne Farqua

Monica Salgaonkar, MHA, Washington State  
Medical Association

Richard Martin

Ginny Weir, MPH, Bree Collaborative

### WELCOME

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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.

**Action:** To adopt the minutes

**Result:** Unanimously approved

### ACUTE PRESCRIBING

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Dr. Franklin began the group's discussion by proposing outlining the acute prescribing guidelines. Deb Gordon reviewed the evidence including the lack of data specific to older adults, about 6% go on to have persistent opioid use after surgery and is the individual patient characteristics more than type of surgery that lead to long-term use (e.g., being older, being female, using nicotine). Members discussed:

- Not a higher rate than younger age groups (except for spine surgery that is about 25%)
- Among wisdom teeth about 1% transition to long-term opioid use.
- Having a separate paragraph for transitions of care.
- Subacute prescribing in cases where too many pills are prescribed for those already being prescribed opioids.
- How to address situations in which people may be better served by chronic opioid use.
- Looking for those at high risk for developing opioid use disorder.
- System-level interventions (clinical decision support, telephone-based motivational interviewing)

- Caregiver perspective. Covid has changed a lot for reimbursement for virtual health for behavioral health. Easier to push hospitals to keep supporting virtual care.
- Lack of literature for health plan reimbursement and practical interventions for smaller clinics.
- Goal is maximizing function AND pain control in advance using shared decision making. Realistic expectations.
  - o Pain management care plan prior to surgery with shared decision making.
  - o Shared decision making was in the first draft but was removed.
  - o Add proactive pain care planning – pharmacologic and nonpharmacologic
- Long-acting opioid. Higher peak effect and longer duration of action.
  - o More likely to have a breathing problem at night.
  - o And more likely to go on to chronic use.
- Lowest dose for shortest duration, add beyond this you have to justify.
- A suggestion to not reference the CDC guidelines.
- Address refill policy.
  - o Easier to refill than not refill.
- Proactive conversations with the person about the pain control process should be comprehensive.
- Goal is to prevent unnecessary transition to long-term use.
  
- Public comments
  - o Richard Martin is concerned about language indicating that those over 65 after surgery being able to get opioid pain medications if indicated.
  - o Rose Bigham concerned that there is no language that there is no language that some patients may be appropriate for long-term opioid therapy.
  - o Anne Fuqua echo what Richard said that metrics may drive down prescribing for appropriate patients.

#### **GOOD OF THE ORDER**

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