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## Bree Collaborative | Opioid Prescribing in Older Adults Workgroup

January 13<sup>th</sup>, 2021 | 3:00 – 4:30 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, MN, ARNP, NE-BC, FACHE (Co  
chair), Washington State Hospital  
Association

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

Carla Ainsworth, MD, MPH, Iora Primary Care –  
Central District

Siobhan Brown, MPH, CPH, CHES, Community  
Health Plan of Washington

Pam Davies, MS, ARNP, FAANP, University of  
Washington

Elizabeth Eckstrom, MD, Oregon  
Health Sciences University

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

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

Elizabeth Phelan, MD, University of Washington  
Yusuf Rashid, RPh, Community Health Plan of  
Washington

Clarissa Hsu, PhD, Kaiser Permanente  
Washington Research Institute

Michael Parchman, MD, Kaiser Permanente  
Washington Research Institute

Mark Sullivan, MD (Co-Chair), University of  
Washington

Rose Bingham, Patient Advocate

Angie Sparks, MD, Kaiser Permanente  
Washington

Steven Stanos, DO, Swedish

### STAFF AND MEMBERS OF THE PUBLIC

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Monica Salgaonkar, Washington State Medical  
Association

Howard Barryman Edwards, Patient Advocate  
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

**Action:** Adopt the minutes from January.

**Result:** Unanimously approved.

### FOCUS AREAS

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Dr. Franklin reviewed the six focus areas. Members discussed:

- Long-term opioid therapy rather than chronic opioid prescribing.
- The scope of work going forward – co-prescribing on April 14.
- Those who have not been assigned a topic will reach out later.
- Cross cutting topics such as social determinants of health, dementia, nursing homes, borderline between this project and end of life care.
- We are excluding anyone who is being actively treated for cancer or who is in recovery from cancer.

### ACUTE PRESCRIBING INCLUDING ACUTE INJURIES AND PERI-OPERATIVE

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Deb Gordon reviewed the large amount of literature but little research focused on older adults and acute prescribing. Will be difficult to draft recommendations specific to older adults. We will need to discuss how many of these are generic definitions.

- Summary: little high-grade evidence about transition from acute to chronic. Some evidence that persistent unintended use is related to age, especially over age 50. About 6% of opioid naive adults over 65 transitioned to chronic use. Many issues related to this – patient, prescriber, system. The individual patient characteristics are more associated with long-term use rather than the injury or surgery.
- Approaches to address this include motivational interviewing but are hard to spread.
- Recommendations include, some of which is generic to working with any patient:
  - Perform a risk assessment for severe acute pain and adverse effects of opioids prior to prescribing as outlined in 2018 Bree guidelines and 2015 AMDG perioperative supplement.
    - Has not been much more published since the previous review.
  - Establish realistic goals and expectations including plans to reduce and discontinue opioid therapy. Use shared decision-making to set goals to maximize quality of life, minimize risk of adverse events, side effects and persistent opioid use.
    - Consider information about patient education. Older adults are all over the place as to their opinion on opioids.
  - ADD: Specific recommendations on discharge instructions and care coordination.
    - Care coordination – health system issue. Many communication issues – transitions from hospital to SNF and transition from SNF to home. Each system should reinforce the same, evidence-based message.
    - Article on risk factors for older adults and poor outcomes. But we don't know how to change the risk factors. Journal of Palliative Medicine paper, March 2020: Multimorbidity and Opioid Prescribing in Hospitalized Older Adults - <https://www.liebertpub.com/doi/full/10.1089/jpm.2019.0260>
    - There should be a provider who is accountable. Single person who is responsible for that person as they move between sites, as they are discharged.
    - With Medicare can be reimbursed for care coordination. Hospital to rehab, back to hospital, back to rehab, to longer-term care, back to home. No one checking at every point the transition. Needs to be an opioid care plan at every transition of care that looks at benefit vs. risk for someone who was not on opioids before.
      - Other factors: patient cognition – no one may realize there is mild cognitive impairment that influences their ability to take medication safely; isolation – patients who live by themselves and are discharged with high doses of opioids and no one is monitoring.
      - No one is saying we can't send this person home on this medication regimen.
      - Should send people home with a plan to get you off your opioids within three days. A schedule to de-prescribe not just how often to take medication.
    - Start at the beginning and ask if a person needs opioids in the first place.
    - Whether to repeat the 2018 guidelines again here.
    - How many recommendations are specific to this subsection or are relevant to others.
    - How discharge may differ in an ambulatory surgery center. Utilization management.
    - Will also include dental care.

## **OVERVIEW OF OTHER GROUPS**

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Members discussed:

- Co-prescribing – first meeting on the 22<sup>nd</sup>. Will present on the 14<sup>th</sup>. (April)
- Non-opioid pharmacologic – started and needs to have a meeting. Will need to go more than 5 years. (May)
- Non-pharmacologic – group has made progress. Made list of things to be included (e.g., mindfulness). Mid-April deadline for lit reviews. (June)
  - Will send collaborative care for chronic pain report.
- Types of opioid therapy – has not started. Dr. McCormick down to two. Steven will join.
- Tapering/deprescribing – has not started.

## **GOOD OF THE ORDER**

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

DRAFT