
Bree Collaborative | Opioid Prescribing in Older Adults Workgroup

May 12, 2021 | 3:00 – 4:00 p.m.

Virtual

MEMBERS PRESENT

Gary Franklin, MD, MPH (Co-chair), Washington State Department of Labor and Industries

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

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

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

Rose Bingham, Patient Advocate

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

Nancy Fisher, MD, ex-officio

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

Clarissa Hsu, PhD, Kaiser Permanente Washington Research Institute

Dawn Shuford-Pavlich, Department of Health and Social Services

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

Steven Stanos, DO, Swedish Medical Center

Michael Parchman, MD, Kaiser Permanente Washington Research Institute

Kushang Patel, MD, Anesthesiology and Pain Medicine, University of Washington

Kara Shirley, PharmD, Community Health Plan of Washington

STAFF AND MEMBERS OF THE PUBLIC

Amy Etzel, Bree Collaborative

Anne Farqua

Monica Salgaonkar, MHA, Washington State

Medical Association

Ginny Weir, MPH, Bree Collaborative

Yuliya Shirokova, University of Washington

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.

Action: To adopt the minutes

Result: Unanimously approved

CO-PRESCRIBING WITH OPIOIDS

Jaymie Mai, PharmD, outlined the scope of work within co-prescribing with opioids including members and the literature review search terms and results. Members discussed:

- Prevalence and use patterns – higher with older adults. Use of co-prescribing increases in a stepwise fashion with each increased age year.
- Additive adverse effects.
 - Gabapentinoids have increased as opioids have decreased as a pharmacological treatment for pain.
 - How often used for non-having neuropathic pain.
 - Used for general anxiety disorder.
 - Muscle relaxants don't have a direct effect on muscles.
 - Older adults also see many providers who may not communicate.
 - Whether drugs are efficacious for the reason they are being used.

- Papers use different definitions for what co-prescribing means.
- Need to have strong recommendation about oversight of the person's prescribing.
- Intervention themes: comprehensive medication review by different disciplines, enhanced care coordination, provider and patient outreach when they identify co-prescribing, system-based EHR clinical dashboard.
 - HCA has a number of programs for care coordination especially for dual eligibles. Encourage medication review. Not a code to bill. Some formally include pharmacists. Dual eligibles recommended to health home.
 - Need to define medication review more.
 - We do have tools to perform assessment.
 - Some Medicaid programs are expanding coverage to non-pharmacologic interventions. Still in pilot phase. Vermont, Oregon on hold. National state Medicaid organization may have coverage innovations.
 - These interventions are some universal for assessment and also what they do with that.
 - Inclusion of shared decision making. These interventions bring to light the decisions. This is part of the PACE program.
 - Rational polypharmacy vs irrational polypharmacy.
- Preliminary Recommendations
 - Perform comprehensive medication review with enhanced coordination. Might need to be system specific.
 - Team-based (nurse, pharmacist and/or provider)
 - Use tools (e.g. STOP, START, Beers, Clinical Decision Support System)
 - Focus on co-prescription of opioids and benzodiazepines, Z-drugs, gabapentinoids, antipsychotics, antidepressants
 - Leverage electronic medical record (EMR) system
 - Identify older adults at risk from co-prescribing opioids and selected drug classes
 - EMR is a screen-in, first step. Then you are referred to comprehensive medication review. All older adults have increased risk for bad outcomes if they are being co-prescribed benzos and opioids – the first step is to look at whether they need higher intervention. Every person should get counseling.
 - Some cases where alerts have not been helpful and you get alert fatigue. Reports need to be worth it.
 - Use PMP as you may not know if someone is on a prescription.
 - Provide direct-to-provider outreach and direct-to-patient education.
 - Send patients educational deprescribing brochure in parallel to sending physician recommendation for deprescribing after targeted medication review.
 - Clarify what deprescribing means and the mechanisms of medication. General education.
- Documented evidence that MTM leads to better outcomes.
- Plans often get pushed back when they suggest types of interventions to providers.
- Subset of older adults who are in assisted living is pharmacy regulated distribution.
- Federally qualified health center pharmacists can bill as mid-level providers.
- Next steps
 - Continue drafting.
 - Identify other areas.
 - Jaymie to touch base with Kara.
- What is the role of cognitive services of a pharmacist.

- For first time in 20 years CMS changed from just system based to time based also.
- In many states pharmacists can bill. In many cases they do vaccines.
- Next month will be Dr. Ekstrom will present an initial look at the non-pharmacologic pain control for older adults.

GOOD OF THE ORDER

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

DRAFT