Bree Collaborative | Opioid Prescribing in Older Adults Workgroup
June 9, 2021| 3:00 – 4:00 p.m.
Virtual

MEMBERS PRESENT

Gary Franklin, MD, MPH (Co-chair), Washington State Department of Labor and Industries
Darcy Jaffe, Washington State Hospital Association
Mark Sullivan, MD, PhD, University of Washington
Judy Zerzan-Thul, MD, MPH, 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
Clarissa Hsu
Jaymie Mai, PharmD, Washington State Department of Labor and Industries
Angie Sparks, MD, Kaiser Permanente Washington
Steven Stanos, DO, Swedish Medical Center
Michael Parchman, Kaiser Permanente Research Institute
Kushang Patel, MD, Anesthesiology and Pain Medicine, University of Washington
Kara Shirley, PharmD, Oregon Health Authority

STAFF AND MEMBERS OF THE PUBLIC

Amy Etzel, Bree Collaborative
Anne Farqua
Monica Salgaonkar, MHA, Washington State Medical Association
Ginny Weir, MPH, Bree Collaborative
Janice Tufte
Diana Vihn
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 via chat.

- Add clarification that co-prescribing means opioids and benzos and duel-eligibles means Medicare/Medicaid

Action: To adopt the minutes
Result: Unanimously approved

Non-pharmacologic Treatment of Pain in Older Adults

Elizabeth Eckstrom, MD, Oregon State University introduced the literature review on non-pharmacologic treatment of pain in older adults. Members discussed:

- To include physical therapy as a separate line item. Not specific studies that look at manipulation from PT perspective.
- Tai Chi
    - 2016-2021 literature search. Few trials specific to older adults except for one.
    - Multiple conditions studied. Multisite pain – all four studies found significant pain reduction. Most studies did not have a non-active control group – mainly control to some other exercise like PT.

    - As useful as other more expensive exercises. Many ways to access tai chi.
    - Very good for fibromyalgia.
    - Occupational therapists do tai chi through benefits.
    - Gaps: whether you need a no exercise control, need more studies on pain and older adults.
    - Good to prevent falls – much of the literature is older adults.
- Mindfulness-Based Stress Reduction
    - Developed by university of Massachusetts medical school to help people draw on own mental resources based on different techniques.
    - Studies are within and some outside of the US
    - 20% focused on older adults
    - Difficult for people to come to sessions
    - Mainly compared to usual care
    - Could this be recommended instead of opioids but not if people have already used opioids for a long time.
    - Some trials only women
    - Very helpful in reducing anxiety and depression but not in reducing pain
    - A priori definitions of clinically meaningful change in pain scores, used well-validated pain scores. Primary outcome is change in pain score.
    - How MBSR is different from CBT
    - People do experience a reduction in pain but not the main/direct purpose. Teaching people to be in the moment and experience their bodily sensations.
    - Ways you can do this without the structured approach – MBSR is helpful as it is structured for a study – but aspects can be made more accessible.
    - MBSR is about attending to pain with the idea of tolerating it/changing your relationship to it.
    - How older adults accept MBSR therapies. Pain acceptance is different than reduction in pain intensity. Very old adults have good pain acceptance they understand there are anatomical problems that are not fixable. Cultural and historical barriers to MBSR feeling accessible. Mindfulness can feel like it is not meant for people of color.
        - Integrated behavioral health allows these to be introduced and be non threatening.
    - Concerning that people might be tapered from opioids and have it replaced with mindfulness etc.
    - These are nice evidence reviews but what do you say to a primary care provider here.
- Cognitive Behavioral Therapy
    - Some people consider MBSR a component of CBT.
    - Small effect size that may not be clinically meaningful.
    - These were combined as they all have a cognitive component.
    - Psychologists are usually combining CBT and MBSR
    - American College of Rheumatology criteria for determining what should be offered.
    - Add-on strength training, aerobics training
- Adding hydrotherapy
- Need to include recommendations to health plans. In Oregon, many plans only allow one type of treatment at one time so that a person cannot do massage and acupuncture.
- think going beyond RCTs is really important if we are talking about real world applications. I can talk a bit about what happened in Oregon when they based their guidelines only on RCTs.

- the AHRQ evidence review on integrated pain program is still open for public review https://effectivehealthcare.ahrq.gov/webform/products/integrated-pain-management/submit-comments
- Quick search brings up one example of hydrotherapy and MS: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3138085/
- There is good evidence for PT directed water based therapy for LBP, OA, and Fibromyalgia.
- I just want to put a plug in for our study combining CBT with multicomponent exercise for older adults with knee OA. https://sites.google.com/uw.edu/pacific-study/
- Yoga for pain management
    - 67 articles, does a better job of enrolling specifically older people in trials. 24 included.
    - May provide useful pain reduction for variety of conditions
    - Most studies women
    - More need to include older adults and more comparing yoga to other pain reduction
- People need all of these things to be available. Issue with payment.
- July: Exercise and co-prescribing.

GOOD OF THE ORDER

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