
Bree Collaborative | Opioid Prescribing in Older Adults Workgroup

August 11, 2021 | 3:00 – 4:30 p.m.

Virtual

MEMBERS PRESENT

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

Elizabeth Eckstrom, MD, MPH, Oregon Health Sciences University

Mark Sullivan, MD, PhD, University of Washington

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

Rose Bigham, Patient Advocate, Co-Chair Washington Patients in Intractable Pain

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

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

Kara Shirley, PharmD, Oregon Health Authority

Gina Wolf, DC, American Chiropractic Association

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

Ginny Wier, MPH, FHCQ

Monica Salgaonkar, MHA, Washington State Medical Association

Anne Farqua

Diana Vinh

Yuliya Shirokova, University of Washington

Morgan Young, Labor and Industries

WELCOME

Gary Franklin, MD, MPH (Co-chair), Medical Director, Washington State Department of Labor and Industries welcomed members to the workgroup and ran through roll and introductions. Gary Franklin also went over minutes from July. Two workgroup members requested changes to their titles on the minutes, and Rose requested specific language in the minutes about the potential for a temporary gap in coverage if we encourage patients to reduce opioid intake and instead use multimodal treatment that is not often covered by insurers.

Action: To adopt the minutes

Result: Unanimously approved

Non-pharmacologic Treatment of Pain in Older Adults

Elizabeth Eckstrom, MD, MPH presented the literature on the use of heat therapies to reduce pain.

Members discussed:

- Evidence limitations related to heat therapy:
 - 11 trials on participants over 60, 3 trials on participants over 70. None of the trials compared to a control group, all trials compared to other interventions.
 - Limited evidence links heat therapy to decreased pain for knee and joint pain.
 - Trials used different heat applications instead of a standard approach. The most relevant applications for our purpose are self-care options, but some applications studied required professional assistance from providers like PTs.

- The group agreed that heat is a useful treatment modality to add on top of other types of PT therapy as long as it is low-tech and self-administered. There are still some accessibility issues as these treatments are not currently covered by insurers.

Gina Wolf, DC, presented the literature on chiropractic manipulation for chronic pain, which was compiled with assistance from Morgan Young. Members discussed:

- Evidence and standard best practices for chiropractic manipulation
 - Evidence shows effectiveness of chiropractic intervention and that it is often less risky than pharmacologic interventions.
 - Chiropractors have established best practices and treatment guidelines for providing care to older adults
 - Chiropractic care is associated with reductions in short and long-term opioid use.
 - Main barrier to chiropractic care comes from insurance coverage.
- The group discussed the individual studies on chiropractic manipulation that were discussed, the importance of best practices for chiropractic manipulation of older adults to prevent injury, and how to effectively coordinate care between hospital providers and chiropractic providers.

Kara Shirely, PharmD, presented the literature on ACT (Acceptance and Commitment Therapy), similar to CBT but with a focus on accepting pain as a part of life and learning to live with pain. Members discussed:

- Evidence for ACT from a literature search
 - Not great evidence from literature searches, mainly comes from 2 meta-analyses largely in patients without chronic opioid prescriptions
 - Current gaps include number of studies, studies in older adults, and trials comparing ACT to other evidence based treatments
- Members discussed the limitations of current studies, how to bill for ACT in clinical practice, and providers who are certified to provide ACT (mostly masters or PhD level practitioners).
 - Members were also concerned about community perception of ACT as needing to “think the pain away,” however ACT appears to work for some patients who are willing to give it an honest attempt.

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Franklin opened up space for public comment at the end of the meeting. Those present discussed:

- Making sure that the emphasis on multimodal and individualized treatment does not completely ignore opioids.
- The relevance and origin of opioid prescribing limits (both nationally and state-wide).

Dr. Franklin thanked all for attending and adjourned the meeting. Next month will focus on non-opioid pharmacologic prescribing.