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
Elizabeth Eckstrom, MD, MPH, Oregon Health Sciences University
Mark Sullivan, MD, PhD, University of Washington
Carla Ainsworth, MD, MPH, Iora Primary Care – Central District
Pamela Stitzlein Davies, MS, ARNP, FAANP, University of Washington
Rose Bigham, Patient Advocate, Co-Chair Washington Patients in Intractable Pain
Siobhan Brown, MPH, CPH, CHES, Community Health Plan of Washington
Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine
Clarissa Hsu, PhD, Kaiser Permanente
Jaymie Mai, PharmD, Washington State Department of Labor and Industries
Angie Sparks, MD, Kaiser Permanente
Steven Stanos, DO, Swedish Medical Center
Michael Parchman, Kaiser Permanente Research Institute
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
Diana Vinh

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. Dr. Franklin also reviewed August minutes.

**Action:** To adopt the minutes

**Result:** Unanimously approved

After adopting the minutes the workgroup discussed next steps. In October the workgroup will review draft language from the non-pharmacologic pain management draft language and intermittent prescribing piece that Dr. Franklin will briefly look into.

**Report out on Non-Opioid Pharmacologic Pain Management Workgroup**

Pamela Stitzlein Davies, MS, ARNP, FAANP, presented the literature on non-opioid pharmacologic pain management. The presentation included:

- Evidence Limitations and Beers Criteria:
  - There is a lack of studies on non-opioid pharmaceuticals, especially those that compare a non-opioid pharmaceutical to opioids.
  - Most of the evidence for non-opioid pharmeceuticals for older adults comes from the Beers Criteria – which lists “potentially inappropriate” medications that are usually best avoided by older adults.
The Beers Criteria recommends:
- Avoiding concurrent gabapentinoids, CNS-active drugs, or benzodiazepines with opioids.
- Avoid SNRIs for people with a history of falls
- Avoid TCAs due to anticholinergic activity
- Avoid NSAIDS due to effects on hypertension
- Avoid skeletal muscle relaxants for anticholinergic activity.
- Avoiding concurrent CNS-active drugs

The workgroup discussed: the difficulties of prescribing medication with older adults when many currently available medications are considered potentially harmful. We may need to consider other options in addition to pharmaceuticals – dose reduction, multimodal care options. Unfortunately, insurers often require trials of TCA or NSAIDs as opioid alternatives, and it is hard to change the landscape.

- Pamela Stitzlein Davies discussed preliminary recommendations for non-opioid medications:
  - Goal is improvement in function of life and quality. Healthcare should consider comprehensive medication reviews and reconciliation considering rational polypharmacy
  - First line drugs (safest in older adults) include acetaminophen and topical analgesics
  - Drugs that can be used with caution include NSAIDs, SNRIs, and Gabapentinoids
  - Drugs to avoid include TCAs and muscle relaxants
  - Health care systems should provide decision support tools and expand access/payment for topical medications and non-pharmacological support therapies.

- The workgroup discussed the presentation and initial recommendations:
  - What other non-opioid pharmaceuticals have we not mentioned? Should we include a statement on medical CBD (“as this product is not FDA approved, we cannot comment on effectiveness or safety”).
  - Some members expressed concerns about the placebo effect for topical analgesics.
  - We should consider the importance of deprescribing across medications, not just opioids
  - Medication review may be important “at every visit” for older adults.

- Workgroup members had some lingering questions for future iterations of recommendations.
  - How do we guide providers and patients on which potential risks are acceptable? Can we include information about shared decision making?
  - How do you chose between opioids and non-opioids if both bring risks?

PUBLIC COMMENT AND GOOD OF THE ORDER
Dr. Franklin opened up space for public comment then thanked all for attending and adjourned the meeting. Next month will focus on reviewing draft recommendations for non-pharmaceutical treatment options.