
Bree Collaborative | Opioid Prescribing in Older Adults Workgroup

October 13, 2021 | 3:00 – 4:30 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

Angie Sparks, MD, Kaiser Permanente Washington

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

Clarissa Hsu, PhD, Kaiser Permanente Washington Research Institute

Darcy Jaffee, Washington State Hospital Association

Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine

Elizabeth Eckstrom, MD, MPH, Oregon Health

Sciences University

Jason Fodeman, MD, Washington State Department of Labor and Industries

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

Kara Shirley, PharmD, Oregon Health Authority

Mark Sullivan, MD, PhD, University of Washington

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

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

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

Gina Wolf, DC, American Chiropractic Association

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

Monica Salgaonkar, MHA, Washington State Medical Association

WELCOME

Gary Franklin, MD, MPH (Co-chair), Medical Director, Washington State Department of Labor and Industries welcomed members to the workgroup and discussed next steps. At this meeting (October) the workgroup will review final topics and draft recommendations for the non-pharmacological interventions sub-group. The workgroup will review non-opioid pharmacological interventions before the end of 2021. The workgroup plans on reconvening in 2022 for at least three months to wrap up remaining topics.

Dr. Franklin also introduced and reviewed September minutes.

Action: To adopt the minutes

Result: Unanimously approved

Evidence Review Non-Pharmacologic Interventions

Gina Wolf, DC, presented the literature on acupuncture as a non-pharmacologic intervention for pain management. Gina's presentation covered:

- Acupuncture as an effective form of therapy for several chronic musculoskeletal conditions with lasting benefits beyond the course of therapy.
- Acupuncture is well-tolerated with little risk of serious adverse effects
- Multimodal Treatment is recommended, particularly in community dwelling populations (Tang 2019, Axon 2019)

- Currently, Medicare coverage for acupuncture is limited to the treatment of lower back conditions

Those present at the workgroup discussed the presentation on acupuncture:

- There is a lot of literature for acupuncture (and many other non-pharm topics), but sometimes the studies have contradictory results or different results for different treatment methods or types of chronic pain. Additionally, there is a strong body of anecdotal and clinical evidence to suggest acupuncture works. We may need further work to sift through the literature.
- Workgroup members discussed the current state of insurance coverage for acupuncture. Some medicare advantage plans cover acupuncture for conditions beyond lower back pain, but not many reimbursements and many people leave acupuncture provider networks.
- Clinicians in the workgroup have seen several patients use acupuncture to address chronic pain and a wider variety of pain than often seen in the evidence.
- Workgroup members agree that acupuncture should be part of the non-pharm intervention toolbox. However, their conversation focused on whether or not to consider acupuncture as “a promising practice” or to fully endorse acupuncture in payment contracts.

Gina Wolf, DC, also presented on the literature for massage therapy as a non-pharmacologic intervention to reduce chronic pain.

- Massage Therapy has shown to be safe and effective for a number of chronic pain conditions, many of which are specific to the geriatric population.
- Massage therapy is tolerated well in the geriatric population with reported adverse effects to be both temporary and mild.
- In addition to functional improvement and the reduction of pain, massage has a number of beneficial effects that contribute to the overall well-being of the geriatric population including the reduction of anxiety and depression, better emotional health and improved social functioning as well as improved activities of daily living.
- Massage therapy appears to have the most therapeutic benefit when included in a multi-modal approach to pain management

Those present discussed massage therapy in the context of other multimodal non-pharm interventions.

- Workgroup members began to discuss how to prioritize the multimodal non-pharm interventions when it comes to recommendations for payment contracts.
- Members suggested recommending a comprehensive exam/visit with a patient experiencing chronic pain and offering patients the ability to choose from a list of options.

Draft Recommendations for Non-Pharmacologic Interventions

Elizabeth Eckstrom, MD, MPH, presented on the non-pharm sub-group’s draft recommendations. The recommendations presented today were bullet-point recommendations to include non-pharm interventions such as tai chi, yoga, chiropractic manipulation, mindfulness-based stress reduction, heat therapy, acceptance and commitment therapy, aerobic and strength training exercise, and cognitive behavioral therapy. Dr. Eckstrom highlighted the importance of using several of these interventions together for the strongest effects.

Those present continued the discussion on how best to recommend non-pharm interventions:

- While those present agree that these interventions are promising and could go a long way to address chronic pain, there were some concerns about how to present the recommendations.
- Options for recommending non-pharm interventions include:
 - To offer the possible interventions as a simple menu of options for patients to work through with providers

- To offer each intervention as an option, but include more detail about the specific use of these interventions (acupuncture is best for low-back pain, for example).
- To recommend payers offer reimbursement for these interventions on a long-term basis, as many of these interventions must be used as life-style changes.
- To recommend payers offer capitated payments for providers to manage their patients with chronic pain, giving the option of using whichever intervention on the list that works best for the patients.
- The non-pharm subgroup will continue to make edits to their draft recommendations for final review. The remainder of the workgroup will continue to think about some of these questions about multimodal treatment and payment methods.

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Franklin opened up space for public comment then thanked all for attending and adjourned the meeting. The group decided to take a break in November and re-convene in December to discuss non-opioid pharmacologic therapies. The group also currently plans to meet through March 2022.