Bree Collaborative | Opioid Prescribing in Older Adults Workgroup
January 12, 2022| 3:00 – 4:40 p.m.
Virtual

MEMBERS PRESENT

Gary Franklin, MD, MPH (Co-chair), Washington State Department of Labor and Industries
Carla Ainsworth, MD, MPH, Iora Primary Care – Central District
Clarissa Hsu, PhD, Kaiser Permanente Washington Research Institute
Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine
Gina Wolf, DC, American Chiropractic Association
Jason Fodeman, MD, Washington State Department of Labor and Industries
Jaymie Mai, PharmD, Washington State Department of Labor and Industries
Kara Shirely, PharmD, Community Health Plan of Washington
Mark Sullivan, MD, PhD, University of Washington
Pamela Stitzlein Davies, MS, ARNP, FAANP, University of Washington
Rose Bigham, Patient Advocate, Co-Chair Washington Patients in Intractable Pain
Steven Stanos, DO, Swedish Medical Center

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative
Monica Salgaonkar, MHA, Washington State Medical Association
Lee Brando, Graduate Student
Diana Vinh

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 (January) the workgroup will review evidence and draft recommendations on medication management and intermittent use.

Dr. Franklin also introduced and reviewed December minutes.

Action: To adopt the minutes
Result: Unanimously approved

REVIEW OPIOID RECOMMENDATION OUTLINE

Ginny Weir, MPH, CEO, Foundation for Health Care Quality presented slides on the outline for the opioid prescribing in older adults final recommendations. The main change is that recommendations for providers and health delivery systems will be split to make it easier for readers to find relevant recommendations.

EVIDENCE REVIEW: MEDICATION MANAGEMENT AND INTERMITTENT USE

Jaymie Mai, Pharm D, Washington State Department of Labor and Industries and Kara Shirely, PharmD, Community Health Plan of Washington, prepared slides on Medication Therapy Management from a plan perspective. Dr. Shirely discussed:

- It is ideal to have a pharmacist embedded in every clinic and/or care team, but currently CMS programs for Medication Therapy Management (MTM) and Comprehensive Medication Review have several gaps.
- Key recommendations/takeaways from the presentation include:
    - Plans who offer MTM services should, when resources allow, offer a pathway for CMR provision that involves a pharmacist with a working relationship with the patient.
    - Total Medication Reviews should be leveraged by plans to address opioid safety
    - Care coordination resources about non-pharmacologic options should be available to patients and given to patients each time a CMR is completed
    - Use CMS resources to develop FHiR-enabled medication review platforms for Medicaid Part D enrollees to integrate MTM into prescriber's electronic health records.

Following the presentation, members present discussed:

- Current medication management programs are often disjointed and siloed. Often the MTM report is out of date by the time it reaches the provider.
- There is an opportunity to improve automated medication records
- Medication and cultural literacy is one of the largest barriers to providing medication reconciliation services.
- Pharmacists should be closer to the work, on the clinical care team.
- Medication reconciliation may have several pieces, including plan-level review, but also nurses (or other health professional) working directly with patients to make sure the pills they have are the ones that were prescribed to them.

Gary Franklin, MD, MPH, Washington State Department of Labor and Industries, briefly went over the evidence review for intermittent opioid use.

- There is a lack of evidence on intermittent use of opioids in general, let alone in the older adults population.
- Several studies suggest that the risks associated with intermittent use of opioids are similar to chronic use of opioids.
- Following the evidence, Dr. Franklin made several suggestions for possible recommendations:
    - If there is a clear indication for intermittent use, prescribe low dose and limit to once or twice weekly
    - Re-evaluate frequently for risk of falls, sedation, and other opioid-related adverse effects.
    - In general, avoid prescribing intermitten use greater than 5 mg twice weekly for chronic pain flares.

Following the presentation, members present discussed:

- Most agreed that the recommendations look reasonable for safe practice
- We must be careful to discuss the purpose of intermittent use – it is better to use opioids to prevent anticipated pain (due to a planned activity) as opposed to treating a flare-up. In the case of flare-ups, it is best to try everything beside opioids first.
- It may be difficult to develop recommendations in this space due to the lack of evidence. Providers are also hesitant to prescribe intermittent opioids, as patient compliance may be low.

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Franklin wrapped up the meeting and invited public comments. The next meeting will focus on reviewing the draft recommendations, including a presentation from Debra Gordon, RN, DNP, FAAN, University of Washington School of Medicine. The workgroup's next meeting will be on Wednesday, February 9th, 2022.