
Bree Collaborative | Opioid Prescribing in Older Adults Workgroup

February 9, 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

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

Shelly Gray, PharmD, University of Washington

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

Steven Stanos, DO, Swedish Medical Center

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

Lee Brando, Graduate Student

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 (February) the workgroup will begin to review the draft recommendations from the final document. Review of the final recommendations will continue in March, before being sent to the full Bree Collaborative to approve for public comments.

Dr. Franklin also introduced and reviewed January minutes.

Action: To adopt the minutes

Result: Unanimously approved

DRAFT RECOMMENDATION REVIEW

Debra Gordon, RN, DNP, FAAN, University of Washington, prepared slides to summarize the current draft recommendations covering each of the focus areas previously discussed. Workgroup members present provided comments for the sections covered by the presentation.

- Background:
 - The introduction mentions that opioid overdose among older adults has increased by 4.8% which is a relative rate to previous year. This sentence can be clarified.
- Health Care Site/Delivery System:
 - The phrase “high-dose” should be removed as a qualifier for integrating pharmacists into care. Pharmacists are important team members for all patients with ongoing opioid prescriptions.

- Additionally, workgroup members talked about clarifying the recommendation for clinical decision support.
- Acute Prescribing:
 - Workgroup member requested that the phrase “use with caution” be added to references to morphine.
 - Discharge and Follow-Up: The phrase “exaggerated” should be removed and replaced with “more severe side effects” to avoid stigma against patients. The phrase “readable written instructions” should be clarified to be more precise. The phrase “disposal of unused controlled substances” should be added to cautions about handling of opioids.
- Intermittent Use:
 - Intermittent use should be prefaced with text about “insufficient” available evidence.
 - The phrase “no more than once per day” should be examined to see if there are clearer prescribing guidelines.
 - The phrase “immediate-release” should be changed to “short-acting”
- Co-Prescribing:
 - “Non-pharmacologic alternatives” was changed to “non-pharmacologic modalities”
 - Referral to an integrated behavioral health provider should be more specific about what kind of referral, specifically to a provider capable of writing a prescription, such as a psychiatrist or an ANRP.
 - Z-drugs should be changed to benzodiazepine receptor agonists (BZRAs)
- Non-Opioid Pain Management
 - Avoid the phrase “never” when dealing with prescriptions. Even pharmaceuticals to be used with extreme caution may be necessary in individual planning.
 - The discussion about TCA “anticholinergic properties” should be more specific to describe how TCAs act and cause harmful side effects.
- Non-Pharmacologic Modalities
 - Specific times listed for exercise and tai chi should be explained better or omitted
 - Nutritional counseling, which was recommended, was not actually examined on its own, only as a part of other interventions. This individual bullet should be removed.
 - This section should include text about how these non-pharm modalities also need expanded payment to ensure access.
- Tapering:
 - The bullet about engaging with patients to discuss benefits and harms of opioids should be reconsidered to avoid the implication that long-term opioid use is beneficial. Perhaps it can be amended to recommend motivational interviewing overall.

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Franklin wrapped up the meeting and invited public comments. The next meeting will continue the review of the draft document. Workgroup members are invited to share feedback/comment to the current draft via email. The workgroup will review final changes at the next meeting on Wednesday, March 9th, 2022.