Bree Collaborative | Opioid Prescribing in Older Adults Workgroup
April 13th, 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
Elizabeth Eckstrom, MD, MPH, Oregon Health Sciences University
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
Judy Zerzan-Thul, MD, MPH, Washington State Health Care Authority
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

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. Dr. Franklin and the co-chairs incorporated comments from the group's previous workgroup meeting (in February) and will use this meeting (April) to discuss final comments before sending to the Bree Collaborative to approve for public comments.

Dr. Franklin also introduced and reviewed April minutes.

Action: To adopt the minutes
Result: Unanimously approved

DRAFT RECOMMENDATION REVIEW

Dr. Franklin walked the workgroup through the current draft recommendations on opioid prescribing for public comments. Dr. Franklin acknowledged that several workgroup members had sent in emailed comments earlier in the week, but those comments had not yet been incorporated into the draft. Workgroup members present provided comments for the draft recommendations and evidence review.

- Introduction:
    - Workgroup members discussed the importance of including language about "individual patient care," in part due to CDC opioid draft recommendations. The workgroup, however, will not point to the CDC draft recommendations as they have not been finalized and have not gone through their own public comment process.

    - Workgroup members described adding a definition for “deprescribing” and decided to include “deprescribing or tapering” as there are many different definitions for these terms, especially for geriatric populations.
- Acute Prescribing:
    - Since the last meeting – some recommendations had been reworded and a new table on acute prescribing levels was added.
    - Added language about “reduce and discontinue acute therapy and avoid “unintended” long-term use.
    - Workgroup members discussed “starting opioids at 25% to 50% of what would be initiated in a younger adult.” Members agreed that doctors would understand what common doses are for younger adults.
    - Workgroup members discussed how providers can “maintain a high vigilance for opioid side effects.” Members decided that recommendations for health systems describe how systems can follow-up on side effects after discharge.
- Intermittent Use:
    - No additional comments were needed. The goal of this section is to ensure that patients with flare-up pain can still receive pain management.
- Co-Prescribing:
    - Workgroup members ensured that co-prescribing was recommended against, but tried to not develop any hard rules about “never” prescribing certain medications.
    - Workgroup discussed how which providers can provide consults to patients on benzodiazepines.
    - Workgroup members discussed language to re-evaluate pain care plan “where appropriate.” Members agreed that providers understand that recommendations are only intended “where appropriate” in specific sections. Members did consider adding a sentence about the introduction.
- Non-Opioid Pain Management
    - Workgroup members discussed how to describe “pain control” as the goal of healthcare is not always pain control, other indicators of health and wellness. Members agreed to use the phrase “pain management” and use the phrase “Rather than the goal of managing chronic pain alone” to describe the many goals of the healthcare visit.
    - Members also discussed whether or not gabapentinoids should be co-prescribed with opioids. Members discussed updated evidence about gabapentinoids and opioids. Members edited the language to describe the risks of gabapentinoids while acknowledging their benefits.
    - Members discussed topical analgesics and the efficacy of topical analgesics. Members agreed that topicals are often effective, but perhaps not the only solution to pain management. Plan representatives discussed coverage of topical analgesics as well. Recommendations will be based on consensus review, not evidence.
- Non-Pharmacologic Modalities
    - Members discussed the difference between “recommend” and “consider” for non-pharm recommendations. Certain modalities have more research/evidence than others. Members discussed including a list of potential resources without endorsing single programs (like technological apps for mindfulness)
    - Members recognized that the evidence for non-pharm recommendations is not certain, but discussed accessibility for non-pharm modalities and the importance of providing multiple pain management options.
- Tapering and De-Prescribing:

    - No additional coments. The main idea: supported and negotiated tapers work well, unsupported/abrupt tapers do not work well.
- Health Care Systems
    - Workgroup members agreed on the importance of making recommendations for health care systems – including tracking adverse outcomes, comprehensive medication review, a team-based approach, education, and expanding access. Members especially emphasized expanded access.
    - No additional comments/recommendations were added.

PUBLIC COMMENT AND GOOD OF THE ORDER

Dr. Franklin wrapped up the meeting and invited public comments. The current draft will be sent to the Bree Collaborative may meeting to approve for public comment. The workgroup will reconvene after the month-long public comment period, in July 2022.