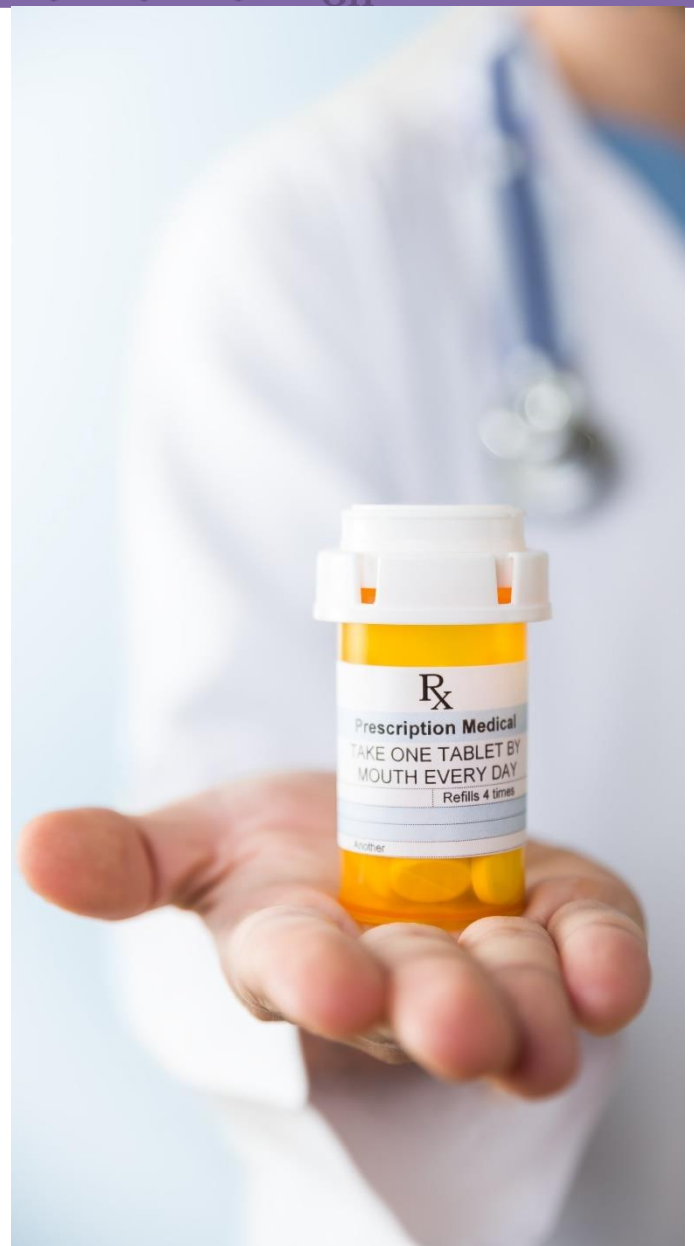


Strategies for Promoting the Safe Use and Appropriate Prescribing of Prescription Opioids

Session 1

Establishing Guidelines and Defining Success for Safe and Appropriate Opioid Prescribing

John Halpin, MD, MPH
Medical Officer
Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

February 15, 2018

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 65 / No. 1
March 18, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

Continuing Education Examination available at http://www.cdc.gov/mmwr/cme/conted.html.

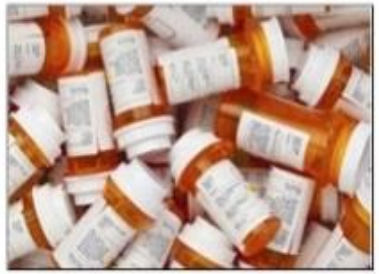
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

www.cdc.gov

Organization of Guideline Recommendations

12 recommendations grouped into 3 conceptual areas:

Determining when to initiate or continue opioids for chronic pain	Opioid selection, dosage, duration, follow-up, and discontinuation	Assessing risk and addressing harms of opioid use
		

CDC Guideline Implementation

Focus on four priority areas to maximize the uptake and use of the opioid prescribing guideline for chronic pain outside of active cancer, palliative, & end-of-life care

Translation and Communication

Develop tools and resources about the guidelines for a variety of audiences – including providers, health systems, and the general public.

Clinical Training

Educate providers through medical schools and ongoing continuing medical education (CME) activities.

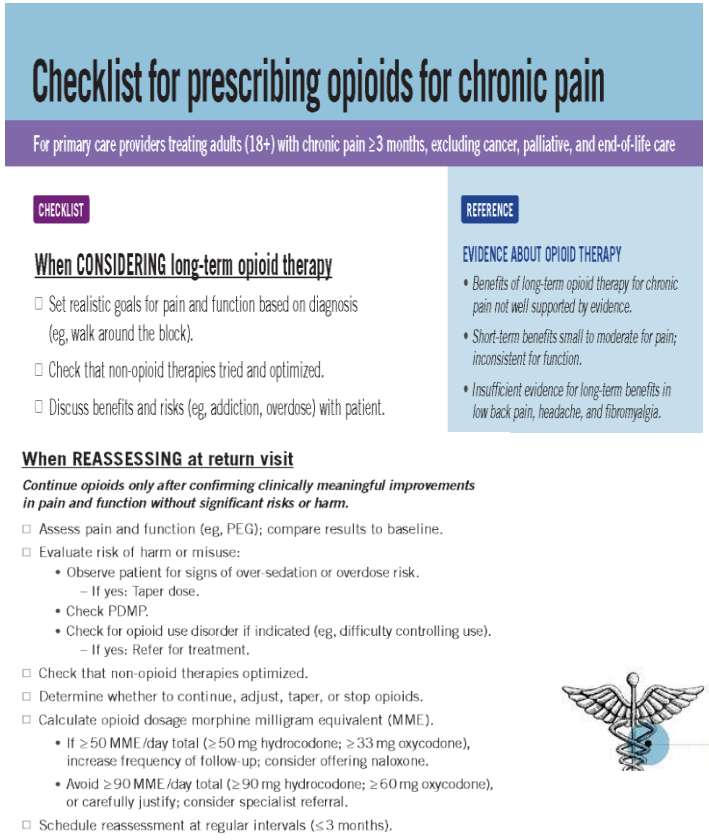
Health System Implementation

Educate providers, integrate into EHRs and other clinical decision support tools, adopt and use quality metrics, and leverage within broader coordinated care activities.

Insurer/Pharmacy Benefit Manager Implementation

Proactive use of claims information and improvement in coverage and service delivery payment models – including reimbursement for clinician counseling; coverage for non-pharmacological treatments; and drug utilization review or prior authorization.

Translation & Communication



Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- ☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- ☐ Check that non-opioid therapies tried and optimized.
- ☐ Discuss benefits and risks (eg, addiction, overdose) with patient.

When REASSESSING at return visit

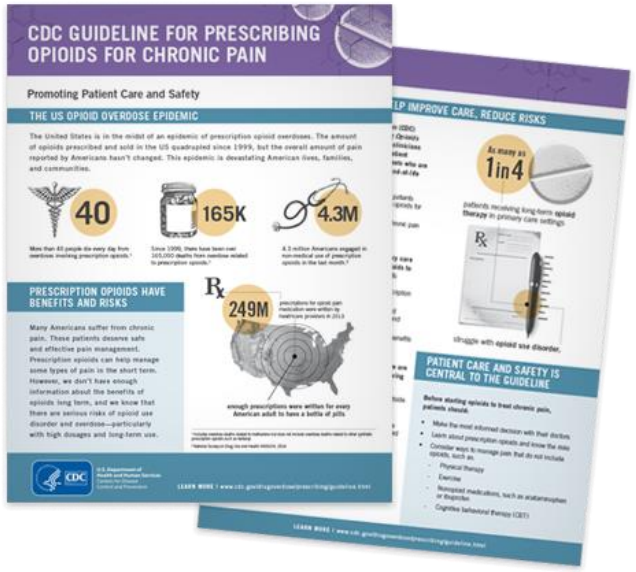
Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- ☐ Assess pain and function (eg, PEG); compare results to baseline.
- ☐ Evaluate risk of harm or misuse:
  - Observe patient for signs of over-sedation or overdose risk.
    - If yes: Taper dose.
  - Check PDMP.
  - Check for opioid use disorder if indicated (eg, difficulty controlling use).
    - If yes: Refer for treatment.
- ☐ Check that non-opioid therapies optimized.
- ☐ Determine whether to continue, adjust, taper, or stop opioids.
- ☐ Calculate opioid dosage morphine milligram equivalent (MME).
  - If ≥50 MME/day total (≥50 mg hydrocodone; ≥33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  - Avoid ≥90 MME/day total (≥90 mg hydrocodone; ≥60 mg oxycodone), or carefully justify; consider specialist referral.
- ☐ Schedule reassessment at regular intervals (≤3 months).

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- *Benefits of long-term opioid therapy for chronic pain not well supported by evidence.*
- *Short-term benefits small to moderate for pain; inconsistent for function.*
- *Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.*



CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Promoting Patient Care and Safety

THE US OPIOID OVERDOSE EPIDEMIC

40 | 165K | 4.3M

PRESCRIPTION OPIOIDS HAVE BENEFITS AND RISKS

249M

1 in 4

PATIENT CARE AND SAFETY IS CENTRAL TO THE GUIDELINE

EMPOWERING PROVIDERS.

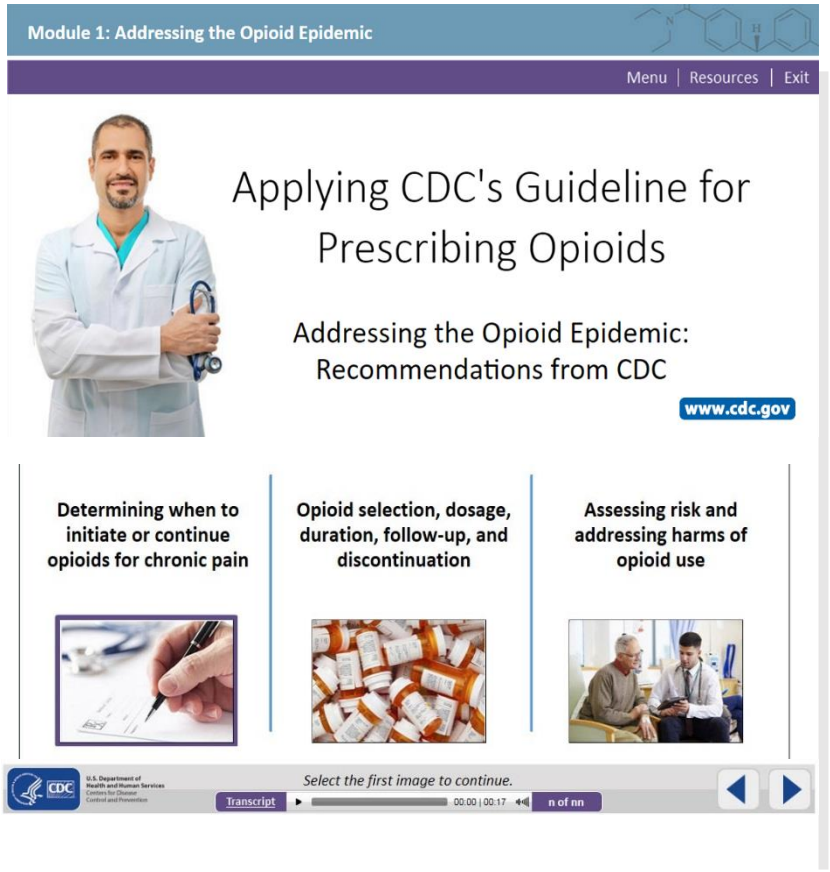
www.cdc.gov GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

App includes:

- MME Calculator
- Prescribing Guidance
- Motivational Interviewing

Clinician Education & Training

Online training modules & webinars for clinicians



To learn more:
www.cdc.gov/drugoverdose/training/index.html

Clinical Outreach and Communication Activity (COCA) Free Webinars

1. Overview of Guideline
2. Nonopioid Treatments for Chronic Pain
3. Assessing Benefits and Harms of Opioid Therapy
4. Dosing and Titration of Opioids
5. Opioid Use Disorder—Assessment and Referral
6. Risk Mitigation Strategies
7. Effective Communication with Patients

To learn more:
emergency.cdc.gov/coca/calls/2016/index.asp

Health Systems Interventions

- Integrating EHRs and PDMPs
- Clinical Quality Improvement Measures
- Clinical decision supports embedded in EHRs

Five things insurers can do to address the opioid epidemic

1. Cover non-pharmacologic therapies like exercise and cognitive behavioral therapy
2. Make it easier to prescribe non-opioid pain medications
3. Reimburse patient counseling, care coordination, and checking PDMP
4. Promote more judicious use of high dosages of opioids using drug utilization review and prior authorization
5. Increasing access to evidence-based treatment of opioid use disorder

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov
www.cdc.gov/injury