Figure 2: Framework for U.S. Healthcare System Strategies to Support Safe and Appropriate Opioid Prescribing

U.S. Healthcare System Strategies to Support the Safe Use and Appropriate Prescribing of Opioid Analgesics

Establish Goals for Safe Prescribing and Appropriate Pain Management

- **Identify Evidence-Based Safe Prescribing Practices**
  - *Continued research on opioid-related risks, impact of current interventions on patient health outcomes*
  - *Identification of current "best practices" based on available data*
- **Develop Guidelines for Safe and Appropriate Prescribing**
  - *CDC Guideline for Prescribing Opioids for Chronic Pain and other prescribing guidelines established by states, health systems, and payers*

Enhance Provider Tools for Screening, Monitoring, and Mitigating Risks of Opioid Therapies

- **Enhance Prescriber Decision-Making at the Point-of-Care**
  - *Screening and risk assessment instruments*
  - *Prescription drug monitoring program (PDMP) and electronic medical record (EMR)-supported "patient risk scores"*
  - *Provider alerts*
  - *Milligram morphine equivalent (MME) dosing calculators*
- **Monitor Patients Receiving Opioid Therapy**
  - *PDMPs integrated into provider workflow*
  - *Regular urine drug testing (UDT) screening*
- **Mitigate Risks for Opioid Therapy**
  - *Opioid tapering or titration*
  - *Naloxone co-prescription*
  - *Opioid treatment agreements (OTAs)*
  - *Screening, Brief Intervention, Referral to Treatment (SBIRT)*

Develop Systems Approaches to Changing Prescriber Behavior

- **Identify Prescribing Behavior Associated with Increased Risk**
  - *PDMP and EMR-supported identification of outlier prescriber behavior*
  - *Prospective and retrospective drug utilization reviews (DURs)*
- **Manage Opioid Access through EMR and Pharmacy Benefit Controls**
  - *Prescribing controls implemented through EMRs*
  - *Pharmacy benefit manager (PBM) formulary design and utilization management controls (e.g., step therapy, prior authorization, clinical criteria, Patient Review and Restriction (PRR) programs)*
- **Promote Changes in Prescriber Behavior**
  - *Prescriber education and outreach; academic detailing*
  - *Dashboards, report cards, or unsolicited reports to inform prescribers of their behavior in relation to peers or established guidelines*
  - *Passive electronic health system interventions (e.g., changing EMR defaults) to reduce overprescribing*

Expand Patient Access to Coordinated Pain Management and Substance Use Disorder Treatment

- **Improve Coordinated Pain Management**
  - *Expansion of health system access and insurance coverage of non-opioid therapies*
  - *"Care teams" and other coordinated health system approaches to multi-modal pain management*
- **Improve Access to SUD treatment**
  - *Expansion of health system access and insurance coverage of evidence-based substance use disorder (SUD) treatment*