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

**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 multimodal pain management
- Improve Access to SUD treatment
  - Expansion of health system access and insurance coverage of evidence-based substance use disorder (SUD) treatment