

Resources for Implementing the *CDC Guideline for Prescribing Opioids for Chronic Pain*

Christina A. Mikosz, MD, MPH, FACP
Medical Officer

Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Medicine Responds to Addiction: Implementing Physician Training

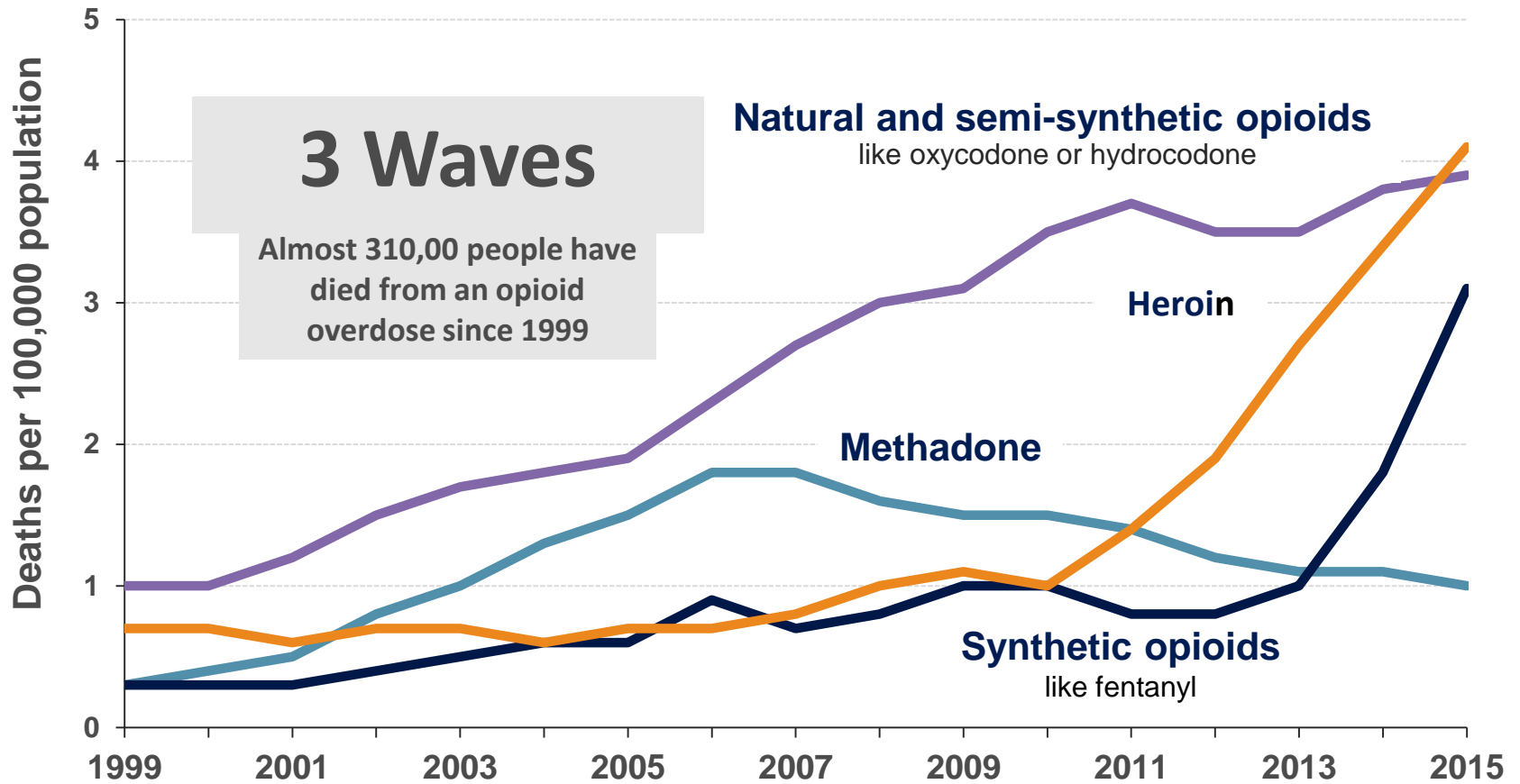
National Institutes of Health

January 30, 2018

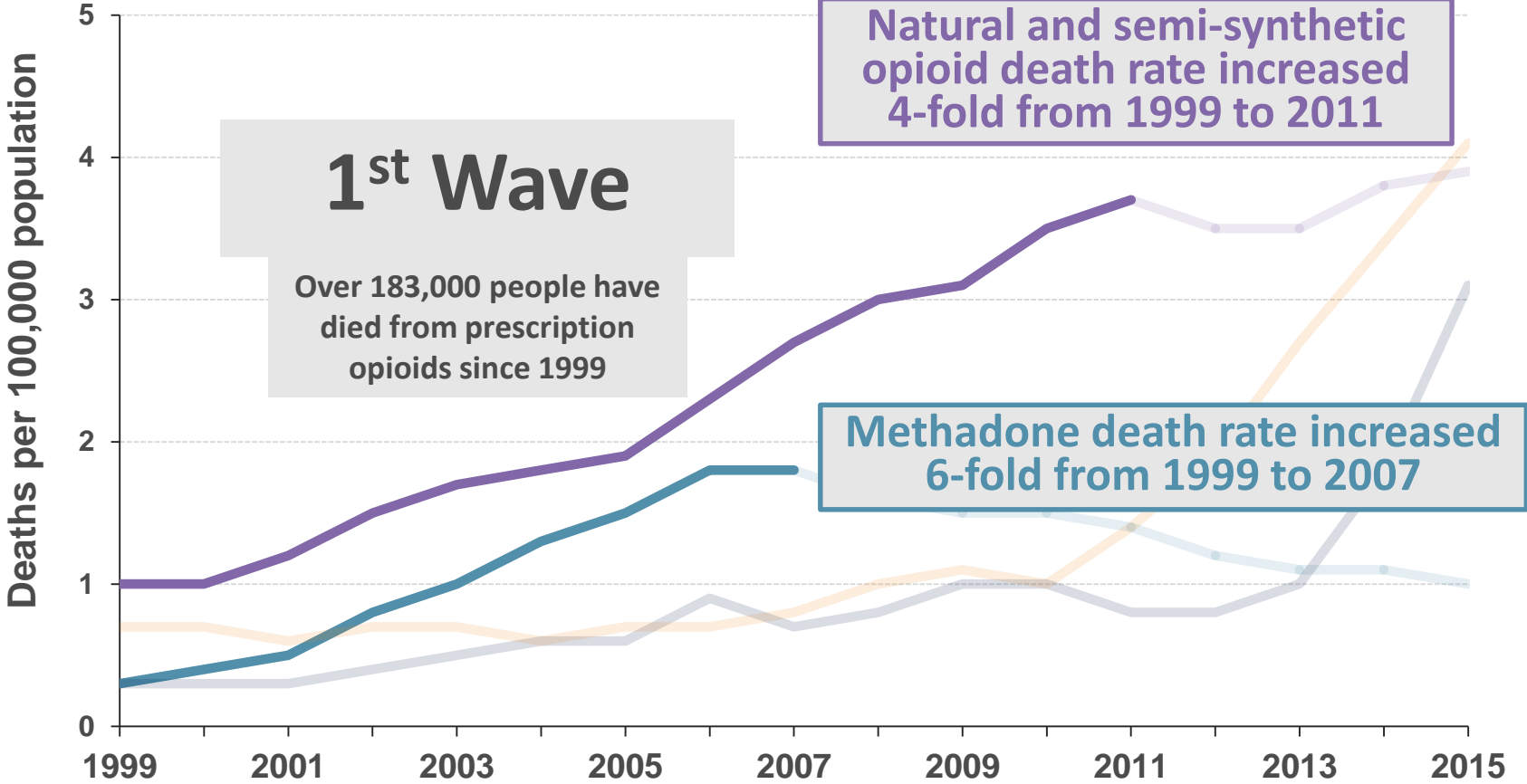


RISE IN OPIOID DEATHS

Overlapping, Entangled but Distinct Epidemics



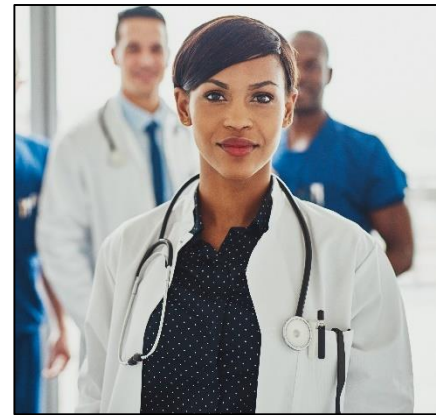
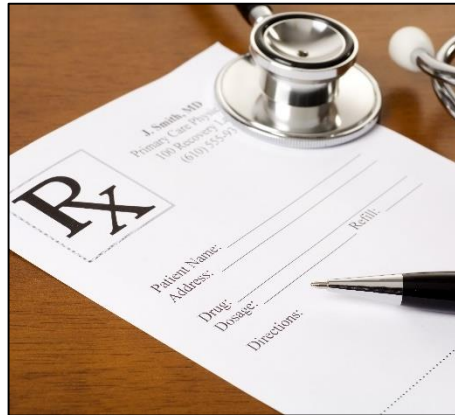
Rise in Prescription Opioid Deaths in United States



SOURCE: National Vital Statistics System Mortality File.

Pillars of CDC Activity

- **Improve data quality and track trends**
- **Strengthen state efforts** by scaling up effective public health interventions
- **Supply healthcare providers with resources** to improve patient safety



Centers for Disease Control and Prevention

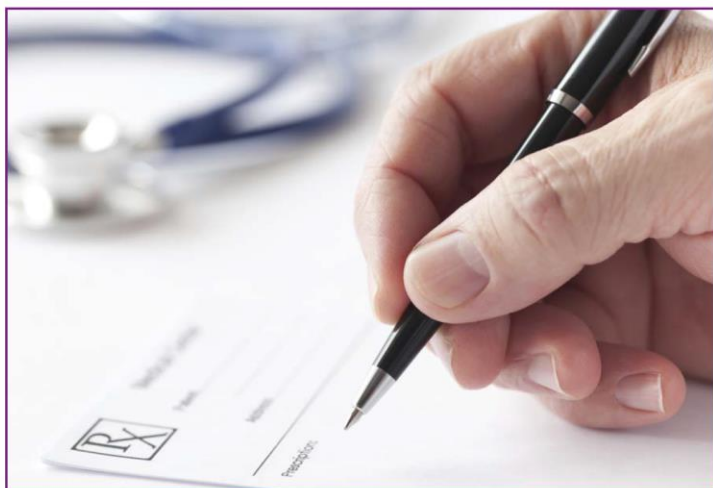
MMWR

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

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

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



<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>



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

1



Translation and Communication

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

2



Clinical Training

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

3



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.

4



Insurer/Pharmacy Benefit Manager Implementation

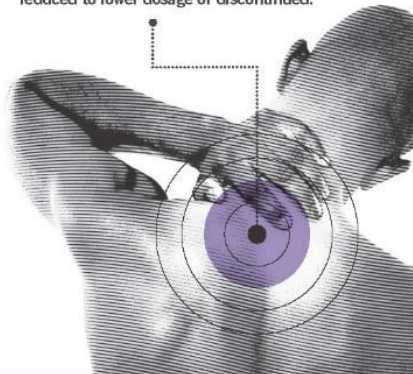
Proactive use of claims information and improvement in coverage and service delivery payment models – including reimbursement for clinician counseling; coverage for non-pharmacological treatments; and drug utilization review or prior authorization.

Guideline Resources: Clinical Tools

- Checklist
- Pocket Guides
- Mobile App
- Fact sheets
 - Assessing Benefits and Harms of Opioid Therapy
 - Non-opioid Treatments
 - Prescription Drug Monitoring Programs
 - Calculating Total Daily Dose of Opioids for Safer Prescribing

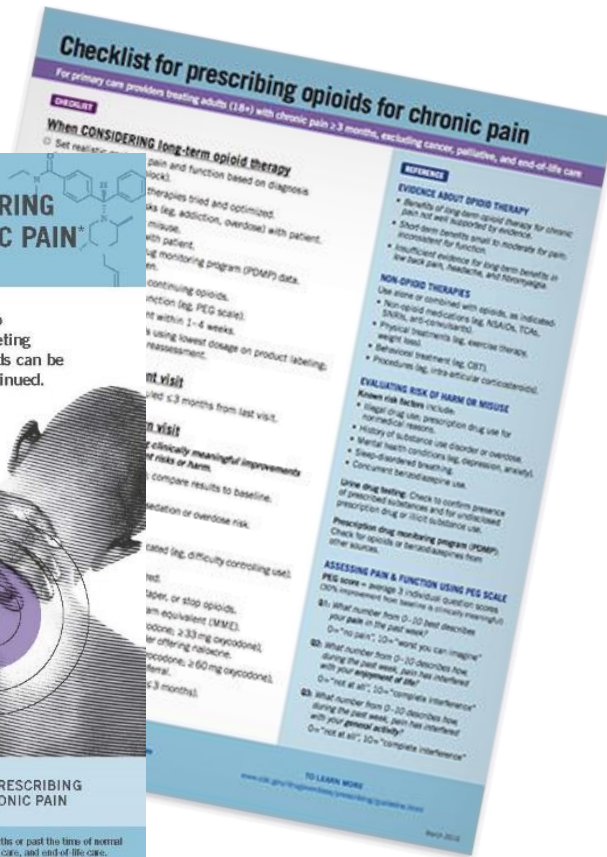
POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN*

Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.



GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

*Recommendations focus on pain lasting longer than 3 months or past the time of normal tissue healing, outside of active cancer treatment, palliative care, and end-of-life care.



<https://www.cdc.gov/drugoverdose/prescribing/resources.html>



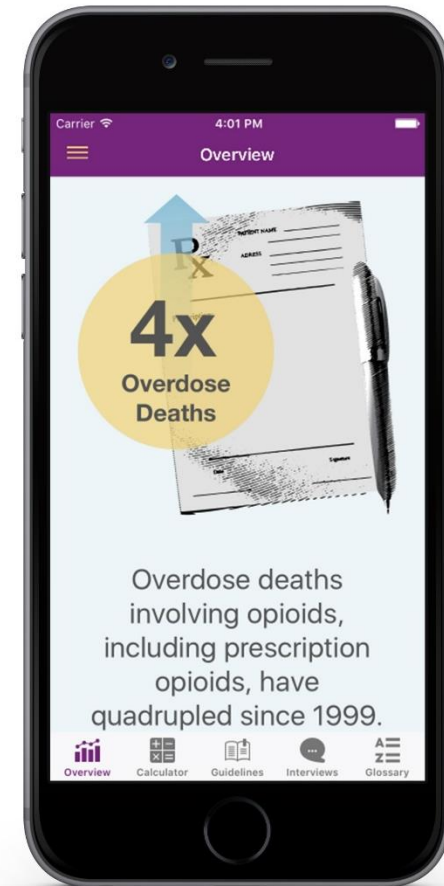
EMPOWERING PROVIDERS.

www.cdc.gov

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

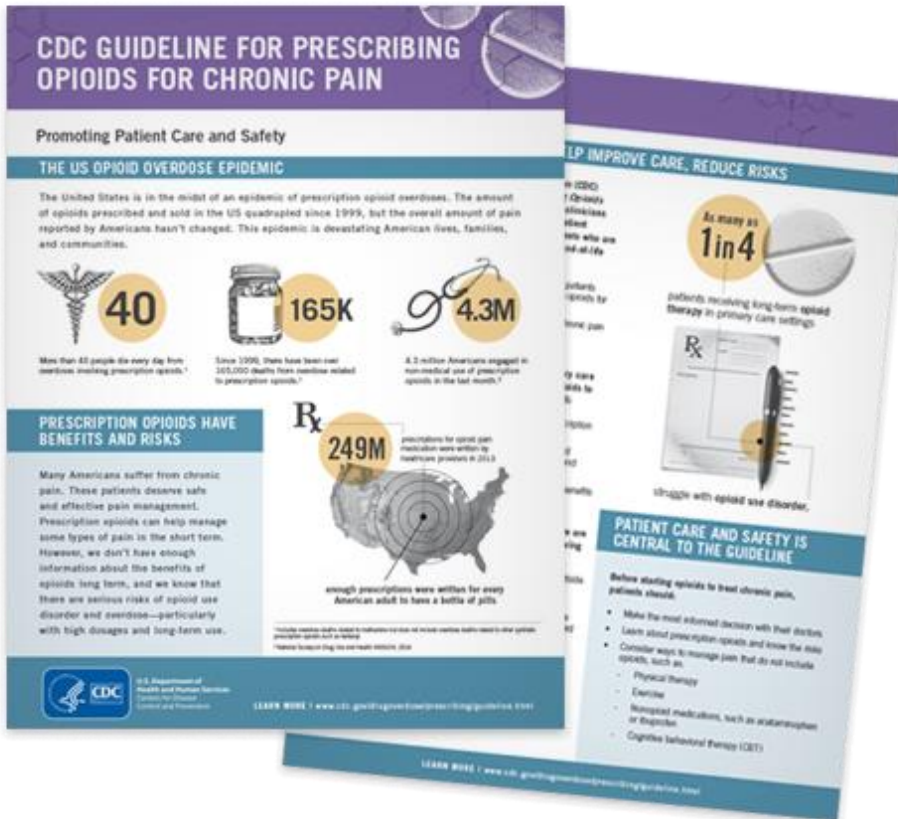
Mobile App: Prescribe with Confidence

- Features include:
 - MME Calculator
 - Prescribing Guidance
 - Motivational Interviewing



<https://www.cdc.gov/drugoverdose/prescribing/resources.html>

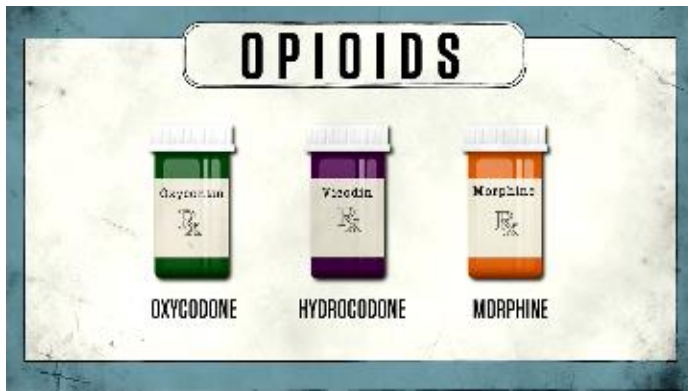
Guideline Resources: Patient Education



- Graphics
- Fact sheets
- Posters
- Podcasts
- Infographics

<https://www.cdc.gov/drugoverdose/prescribing/resources.html>

Guideline Resources: Videos



- Help improve communication between prescribers and patients
- Can easily feature in trainings



<https://www.cdc.gov/drugoverdose/prescribing/resources.html>

Guideline Resources: Online training modules & webinars



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

Module 1: Addressing the Opioid Epidemic

Menu | Resources | Exit



Applying CDC's Guideline for Prescribing Opioids

Addressing the Opioid Epidemic:
Recommendations from CDC

www.cdc.gov

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

Select the first image to continue.

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

Transcript 00:00 | 00:17 n of m

<https://www.cdc.gov/drugoverdose/training/index.html>



Mitigating Opioid Risk Scenario 6 - Patient Chart

Menu | Resources | Exit

Patient: Sanders, Robert
DOB: 04/20/1967

Medical History:

- Chronic neck pain
 - Onset 2 years ago following a whiplash injury
 - Takes extended-release oxycodone 10mg twice per day
 - Physical therapy helped to alleviate the pain
 - Has ongoing regular massage therapy sessions to help manage pain
- Anxiety
 - Prescribed alprazolam 1 mg three times per day by his psychiatrist

No documentation of UDT is found. Medications are confirmed by the PDMP.

Sanders, Robert



6 7 S A N



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

Select Next to continue.

Transcript

00:00|00:00

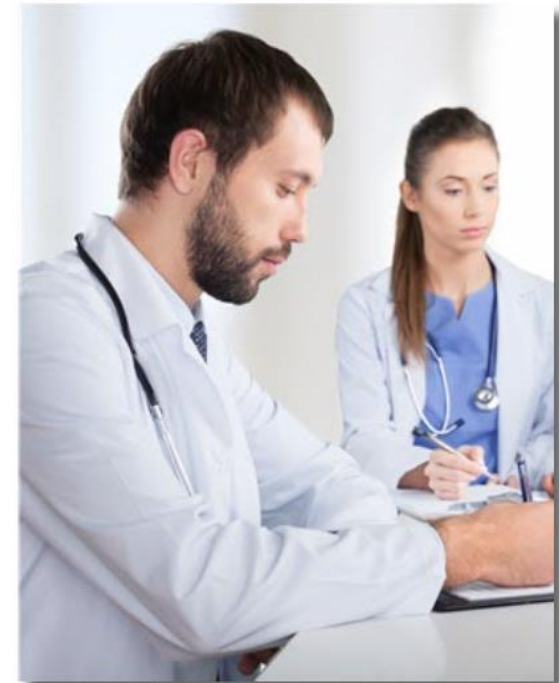
51 of 64





What should you discuss with your patient to increase the safety of his current medication regimen? Select all that apply.

- A. Explain that taking both opioids and benzodiazepines increases the risk of overdose
- B. Discuss that treatment options other than opioids or benzodiazepines are available to treat the pain and anxiety
- C. Explain that if the opioid is tapered, it will be done slowly to minimize the likelihood of withdrawal symptoms
- D. Discuss that the risk of tapering opioids is less than the risk of tapering benzodiazepines



Submit



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

Answer the question and then select Submit.

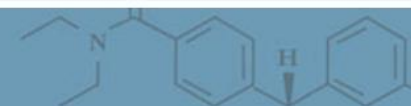
[Transcript](#)

00:00|00:00

52 of 64



Module 2: Treating Chronic Pain without Opioids

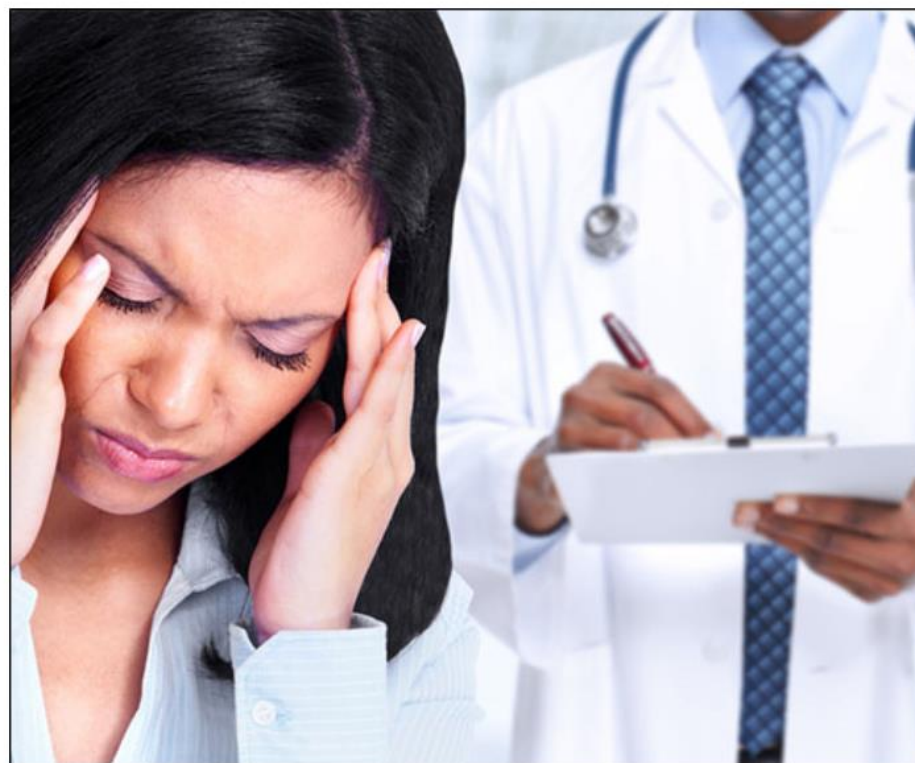


Check Your Knowledge: Question #1

[Menu](#) | [Resources](#) | [Exit](#)

Which of the following are considered preferred treatments for a patient suffering from osteoarthritis? Select all that apply.

- A. Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)
- B. Weight loss in overweight/obese patients
- C. Exercise
- D. Hydrocodone



Submit



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

Answer the question and then select Submit.

Transcript

00:00|00:00

15 of 29





You would be right to say, "We know more about the risks of opioids now than we used to, and we now know that a high dosage of opioid medication poses significant risk, especially for the long term. Let's work together to find a safer pain management plan for you that involves less opioids." However, this is where conflict often begins.

Melissa pleads, "Please, please refill my opioid medications; if I didn't have them I surely couldn't manage my job and my family!"



Confronting Melissa directly by refusing to continue her current opioid prescription will only heighten the conflict. Instead, **acknowledge the patient's concerns and work to understand her perspective.** Ask open-ended questions if you need clarification. Then, reiterate what you heard to ensure understanding.



"How is the medication helping you? Do you have any side effects?"

"I agree that stopping your prescription abruptly would not be a good idea. Given that, what do we need to do going forward?"

"Well, it does make me drowsy, and I am constantly constipated. Sometimes I completely forget things I am supposed to be doing."

"But, it is helping me deal with the pain, and that's why I can't imagine not having it."

"You're not just going to take away my pain pills, are you?"



Next, you want to **validate her concerns and emotions** while sharing how her situation isn't unique or troubling.

Be empathetic and help to normalize her situation.





CDC

**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

**EDWARD R. ROYBAL
CAMPUS**

Contact:

Christina Mikosz, MD, MPH, FACP

CMikosz@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.