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Opioid Prescribing Learning Collaborative

Session 3 - Selecting and Determining Opioid Dosages

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Objectives

Participants will be able to:

- Describe when opioid therapy may need to be included in a patient's treatment plan.
- Recognize how opioids are prescribed safely and monitored.
- Discuss the risks and benefits of opioid therapy.
- Identify when and how to safely taper a patient off opioid therapy.



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Polling Question

How familiar are you with prescribing opioids and determining dosages?

- a) Very knowledgeable
- b) Somewhat knowledgeable
- c) Minimal knowledge
- d) Not at all

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Recommendation Three

When starting opioid therapy for acute, subacute or chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release and long-acting (ER/LA) opioids.



[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 - PMC \(nih.gov\)](#)

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Implementation Considerations: Recommendation Three

- Clinicians should not treat acute pain with extended release/long acting (ER/LA) opioids and should not prescribe ER/LA opioids for intermittent or as-needed use.
- ER/LA opioids should be reserved for severe or continuous pain.
- Reduce daily dosage to account for incomplete opioid cross tolerance.
- Prescribe with caution to patients with renal and/or hepatic dysfunction.
- Methadone should not be the first choice for an ER/LA opioid.
- Prescribe fentanyl with extreme caution.

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 - PMC \(nih.gov\)](#)



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Recommendation Four

When opioids are initiated for opioid-naïve patients with acute, subacute, or chronic pain, clinicians should prescribe the lowest effective dosage.

If opioids are continued for subacute or chronic pain, clinicians should use caution when prescribing opioids at any dosage.



[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 - PMC \(nih.gov\)](#)



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Implementation Considerations: Recommendation Four

- The recommendations related to opioid dosages are not intended to be an inflexible guideline.
- For patients not already taking opioids, prescribe the lowest effective dosage.
 - The lowest starting dose for opioid-naïve patients is often equivalent to a single dose of approximately 5–10 MME or a daily dosage of 20–30 MME/day.

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 - PMC \(nih.gov\)](#)



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Recommendation Five



For patients already receiving opioid therapy, clinicians should carefully weigh benefits and risks and exercise care when changing opioid dosage.

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 - PMC \(nih.gov\)](#)



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Implementation Considerations: Recommendation Five

- Carefully weigh both the benefits and risks
- Clinicians should collaborate with patients to optimize non-opioid treatments while on continuing opioids
- Appropriately taper and discontinue opioid therapy as needed.
- Shared decision-making with patients.
- Clinicians and patients might not be able to agree on whether tapering is necessary.
- Consider patient goals

[CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 - PMC \(nih.gov\)](#)



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Case Study

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Summary and Takeaways: Recommendations 3, 4, 5

- Identify chronic pain vs. acute pain to guide treatment needs
- Prescribe opioids as a last resort
- If prescribing opioids - start low, go slow
- MME >20 doubles the risk of overdose
- Determine risks and benefits of opioid therapy
- Don't miss an opportunity to change or taper opioid therapy
- Collaborate with the patient about their treatment plan

Polling Question

Having attended this session, how familiar are you now with prescribing opioids and determining dosages?

- a) Very knowledgeable
- b) Somewhat knowledgeable
- c) Minimal knowledge
- d) Not at all

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Opioid Prescribing and Overdose Prevention Toolkit for Health Care Organizations

Last updated: June 15, 2023

Overview
 Superior Health Quality Alliance is dedicated to helping community prescribers reduce opioid overdoses and deaths. In the updated [Clinical Practice Guideline for Prescribing Opioids for Pain](#), the Centers for Disease Control and Prevention (CDC) states, "Opioids can be essential medications for the management of pain, however, they carry considerable potential for harm. In the last couple of decades, overdose requires have spiked concern about the safety of these drugs, and overdoses have been on the rise. The CDC reports that in 2021, around 50,000 deaths occurred – more than 40,000 – died from drug overdoses."

The CDC's updated [2022 Clinical Practice Guideline for Prescribing Opioids for Pain](#) is grouped into the four areas of consideration listed below. This toolkit contains resource materials and recommendations supporting these considerations and their 12 recommended prescribing best practices.

Opioid Prescribing Considerations

Determine Whether or Not to Initiate Opioids for Pain (CDC Recommendations 1 and 2)	Resource Materials
Determine the possible use of non-opioid therapies that are potentially as effective as opioids for acute pain and chronic pain. Evaluate the patient's symptoms, consider the response rate with non-opioids, consider the response rate with with patients to establish specific and measurable treatment goals.	<ul style="list-style-type: none"> Abuse-Resistant Pain Relief (CDC) Guidance for Clinicians with Approaches to Address Opioid-Related Risks (CDC) Guidance for Clinicians on Opioid Prescribing (CDC)
Select and Determine Opioid Dosages (CDC Recommendations 3, 4 and 5)	Resource Materials
When initiating opioid therapy, prescribe immediate-release opioid instead of extended-release and long-acting opioid – starting with the lowest effective dosage. Weigh the benefits and risks. Exercise care when changing opioid dosage while optimizing non-opioid treatment. Tapering opioids if or when needed.	<ul style="list-style-type: none"> Initial Opioid Therapy (CDC) Nonopioid Therapies (CDC) Prescriber Guide: Tapering Opioids by Chronic Pain (CDC)

* Toolkit uses the Superior Health Quality Alliance (SHQA) logo.

Superior Health Quality Alliance | 855.821.1975 | superiorhq.org

Opioid Prescribing and Overdose Prevention Toolkit

<https://buff.ly/3qZleTz>

Questions?



Thank You

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Upcoming Sessions

Future 30-Minute sessions will cover CDC recommendations six through 12.

- September 26, 2023
- October 24, 2023
- November 7, 2023

Register at
<https://buff.ly/43YxBiR>



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Continue the Conversation in Superior Health Connect



Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally, and nationally.

<https://bit.ly/3BhfHc1>



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