Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

Opioid Prescribing Learning Collaborative

Session 4 - Deciding Prescription Duration and Providing Follow-up Care

Rachel Dibble, MSN, DNP

September 26, 2023

Empowering patients, families and caregivers to achieve health care quality improvement

1

Objectives

Participants will be able to:

- Determine the duration of initial opioid prescription and conducting follow-up.
- Assess risks of opioid therapy during treatment phase.
- Evaluate risk for opioid-related harms and incorporate into management plan strategies.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

2

Polling Question

Which patient, presenting in the ED, could be prescribed opioids?

A) A patient with a fractured toe
B) A patient who just had a hip replacement one day ago
C) A patient who has a migraine headache for the last hour
D) None of the above

Initiating Opioid Therapy

The CDC recommends addressing the following four areas:

1. Determine whether to initiate opioids for pain, or not
2. Select opioids and determine dosages
3. Decide duration of initial prescription and conduct patient follow-up
4. Assess patient's risk and potential harms of opioid use

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

Recommendation Six

When opioids are needed for acute pain, clinicians should **prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioid** therapy.

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

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH Quality Alliance

5

Implementation Considerations: Recommendation Six

- Nontraumatic, nonsurgical acute pain can often be managed without opioids.
- Avoid prescribing additional opioids to patients, in case pain continues longer than expected.
- For postoperative pain related to major surgery, procedure-specific opioid prescribing recommendations are available with ranges for amounts of opioids needed.
- To minimize unintended effects on patients, clinicians, practices, and health systems should have mechanisms in place for the subset of patients who experience severe acute pain that continues longer than the expected duration.
- Patients should be evaluated at least every 2 weeks if they continue to receive opioids for acute pain.
- If opioids are continued for ≥1 month, ensure that potentially reversible causes of chronic pain are addressed and that opioid prescribing for acute pain does not unintentionally become long-term opioid therapy simply because medications are continued without reassessment.
- If a taper is needed, taper durations might need to be adjusted depending on the duration of the initial opioid prescription

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

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH Quality Alliance

6

Recommendation Seven

Clinicians should **evaluate benefits and risks with patients within 1–4 weeks** of starting opioid therapy for subacute or chronic pain or of dosage escalation.

Clinicians should regularly reevaluate benefits and risks of continued opioid therapy with patients.

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

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH Quality Alliance

7

Implementation Considerations: Recommendation Seven

- Evaluate patients to assess benefits and risks of opioids within 1–4 weeks of starting long-term opioid therapy or of dosage escalation.
- Consider follow-up intervals within the lower end of this range when ER/LA opioids are started or increased, because of the increased risk for overdose within the first 2 weeks of treatment, or when total daily opioid dosage is ≥50 MME/day.
- Consider shorter follow-up intervals (every 2–3 days for the first week) when starting or increasing the dosage of methadone, because of the variable half-life of this drug (see Recommendation 3) and the potential for drug accumulation during initiation and during upward titration of dosage.
- An initial follow-up interval closer to 4 weeks can be considered when starting immediate-release opioids at a dosage of <50 MME/day.
- When seeing new patients already receiving opioids should establish treatment goals, including functional goals, for continued opioid therapy.
- Ensure that treatment for depression, anxiety, or other psychological comorbidities is optimized.
- Create realistic goals with patients on non-opioid therapy and opioid therapy including assessment, treatment and follow up plan.

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

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH Quality Alliance

8

Case Study

Mary, a 65-year-old female presents with a right strained ankle from a fall 3 weeks ago. After the fall, she went to the ED for assessment.

Patient was given 5/325 mg Hydrocodone, prescribed for 14 days every 6 hours for pain (scheduled).

After the 14 days, Mary is still complaining of pain. Upon physical exam:

- She can flex, point and rotate her ankle with pain 3 out of 10
- She states that she's sleeping, and the pain is not waking her up at night, and she can perform her activities of daily living (ADLs)
- She can ambulate with her boot on, and can bear weight without pain when the boot is removed
- X-ray reveals no fracture or break

Mary is requesting a refill of her hydrocodone.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH Quality Alliance

9

Summary and Takeaways: Recommendations 6 and 7

- Ensure opioid therapy is necessary vs. non-opioid therapy
- Prescribe the appropriate duration of opioid therapy
- Re-evaluate opioid therapy with the patient
- Weigh the risks and benefits of continued opioid therapy

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH Quality Alliance

10

Questions?

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

11

Polling Question

Having attended this session, which patient, presenting in the ED, would you now say could be prescribed opioids?

A) A patient with a fractured toe

B) A patient who just had a hip replacement one day ago

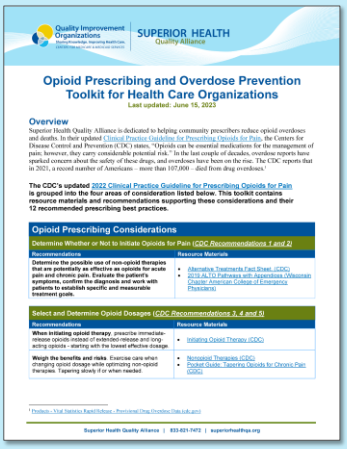
C) A patient who has a migraine headache for the last hour

D) None of the above

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

12



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 their 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 risk." In the last couple of decades, overdose reports have sparked concern about the safety of these drugs, and overdoses have been on the rise. The CDC reports that in 2021, a record number of Americans – more than 107,000 – died from drug overdoses.[1]

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)

Recommendations	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, confirm the diagnosis and work with patients to establish specific and measurable treatment goals.	• Alternative Treatments Fact Sheet (CDC) • 2019 ALTO Pathways with Appendices (Wisconsin Chapter American College of Emergency Physicians)

Select and Determine Opioid Dosages (CDC Recommendations 3, 4 and 5)

Recommendations	Resource Materials
When initiating opioid therapy, prescribe immediate-release opioids instead of extended-release and long-acting opioids - starting with the lowest effective dosage.	• Initiating Opioid Therapy (CDC)
Weigh the benefits and risks. Exercise care when changing opioid dosage while optimizing non-opioid therapies. Tapering slowly if or when needed.	• Nonopioid Therapies (CDC) • Pocket Guide: Tapering Opioids for Chronic Pain (CDC)

[1] Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data (cdc.gov)

Superior Health Quality Alliance | 833-621-7472 | superiorhealthqa.org

buff.ly/3qZIeTz

Opioid Prescribing and Overdose Prevention Toolkit

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

13

Thank You

Rachel Dibble, MSN, DNP

Quality Improvement Advisor
Superior Health Quality Alliance

rdibble@improve.health

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

14

Upcoming Sessions

Future 30-minute sessions will cover CDC recommendations.

- October 24, 2023
- November 7, 2023

Register:
buff.ly/43YxBiR

View previous recorded sessions:
bit.ly/Opioid-Prescribing-Recordings

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

15

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

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

16

SUPERIOR HEALTH
Quality Alliance

This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.
12SOW-MI/MN/WI-CC-23-306 092523

Empowering patients, families and caregivers to achieve health care quality improvement

17