

CDC'S GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: WEBINAR SERIES OBJECTIVES

CDC's National Center for Injury Prevention and Control (NCIPC) has partnered with CDC's Clinician Outreach and Communication Activity (COCA) and the University of Washington to present a series about the Guideline for Prescribing Opioids for Chronic Pain. This series is intended to use a data-driven approach to help providers choose the most effective pain treatment options and improve the safety of opioid prescribing for chronic pain.

FOCUS AREAS

CDC's Guideline has 12 specific recommendations, outlined into three focus areas that are especially important to improving patient care and safety:

1. Determining when to initiate or continue opioids for chronic pain
2. Opioid selection, dosage, duration, follow-up and discontinuation
3. Assessing risk and addressing harms

At the conclusion of this webinar series, participants will be able to accomplish the following objectives.

To learn more about the COCA Call series and to access webinar materials, resources, and on-demand recordings after each live webinar, visit

<https://emergency.cdc.gov/coca/calls/opioidresources.asp>

OVERVIEW OF THE GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: JUNE 22, 2016

- Describe what is known about effectiveness and risks of long-term opioid therapy for chronic pain
- Discuss how to determine when opioids should be initiated or continued for chronic pain, and when should they be discontinued
- Discuss recommendations for opioid selection and dosage for chronic pain
- Describe strategies that can be used to assess risk and address harms of opioid use
- Identify practice and process improvements in your own clinical setting that would facilitate application of the guideline to support informed clinical decision making

Call
#1

Addressing
Recommendations
1-12
of the Guideline



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

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NONOPIOID TREATMENTS: JULY 27, 2016

- Describe the evidence of the effectiveness of nonopioid treatments, as well as the potential risks
- Outline nonopioid treatment options for chronic pain, including nonpharmacologic and nonopioid pharmacologic options for different chronic pain conditions
- Review methods for evaluating patients to establish or confirm diagnosis and identifying the most appropriate treatment options
- Describe role of patient beliefs and expectations, and value of exercise, education, and non-opioid drug treatments in the management of musculoskeletal pain complaints

Call #2

Addressing Recommendation 1 of the Guideline

ASSESSING BENEFITS & HARMS OF OPIOID THERAPY: AUGUST 3, 2016

- Describe the evidence for the benefits and harms of opioid therapy for chronic pain outside of active cancer treatment, palliative, and end-of-life care
- Review methods for setting goals for pain management with patients
- Summarize factors that increase risk for harm and how to assess for such factors (e.g., history of substance use disorder, anxiety or depression)
- Review methods for assessing patients' pain and function, and for conducting appropriate follow-up

Call #3

Addressing Recommendations 1, 2, 7, and 8 of the Guideline

DOSING AND TITRATION OF OPIOIDS: AUGUST 17, 2016

- Describe the evidence for the association between dosage and harms (e.g., opioid use disorder, overdose)
- Describe the evidence for IR vs ER/LA formulations, and for different ER/LA formulations
- Identify methods for calculating morphine milligram equivalent dosage
- Describe recommendations for steps to take when titrating to specific dosage thresholds (e.g., 50 MME/day; 90 MME/day)
- Identify best practices for tapering a patient on high dose opioids to lower dose opioids or tapering and discontinuing

Call #4

Addressing Recommendations 4, 5, and 7 of the Guideline

ASSESSMENT FOR OPIOID USE DISORDER AND REFERRAL TO EVIDENCE-BASED TREATMENT: NOVEMBER 29, 2016

- Describe the evidence for medication-assisted treatment (MAT) of opioid use disorder (OUD)
- Assess for opioid use disorder using DSM-5 criteria
- Describe different medications that are used in medication-assisted therapy and the different settings where MAT can be provided
- Review considerations for buprenorphine, methadone, and naltrexone use for opioid use disorder
- Negotiate and execute an opioid taper when opioid harms exceed opioid benefits but DSM-5 criteria for OUD are not met

**Call
#5**

Addressing
Recommendation
12
of the Guideline

RISK MITIGATION STRATEGIES TO REDUCE OPIOID OVERDOSES: DECEMBER 6, 2016

- Describe the evidence for risk mitigation strategies
- Review different risk mitigation strategies, including checking the prescription drug monitoring program (PDMP), conducting urine drug testing (UDT), and co-prescribing naloxone
- Summarize steps that providers can take when concerning information is discovered through PDMP checks or UDT
- Evaluate factors that increase risk for opioid overdose and determine when co-prescribing naloxone would be beneficial

**Call
#6**

Addressing
Recommendations
8,9, and 10
of the Guideline

EFFECTIVE COMMUNICATION WITH PATIENTS ABOUT OPIOID THERAPY: DECEMBER 13, 2016

- Describe key elements to communicate to a patient when starting opioid therapy
- Provide practical strategies to help motivate patient commitment to changes such as tapering opioids
- Review a six-step process for remaining patient-centered without sacrificing clinical judgment when there is a conflict

**Call
#7**

Addressing
Recommendations
2, 3, and 7
of the Guideline