

Opioid Workgroup
Board of Scientific Counselors, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Terms of Reference

PURPOSE

This document defines the activities, membership, and administrative requirements associated with the establishment of an Opioid Workgroup (OWG) as a workgroup of the Board of Scientific Counselors, National Center for Injury Prevention and Control (BSC/NCIPC) of the Centers for Disease Control and Prevention (CDC).

BACKGROUND

Receipt of appropriate pain management is important for patient care and warrants careful consideration of the balance of benefits and harms of available treatment options. In the United States, opioids are commonly prescribed for pain. In 2017, more than two-thirds of 70,237 reported drug overdose deaths involved an opioid, and 17,029 (36%) of the 47,600 opioid-related overdose deaths involved prescription opioids.

The [*CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*](#) provided twelve recommendations for prescribing opioid pain medications for outpatients aged ≥ 18 years in primary care settings. Recommendations focused on the use of opioids in treating chronic pain (defined as pain lasting longer than 3 months or past the time of normal tissue healing). The guideline was not intended for use in active cancer treatment, palliative care, or end-of-life care. Following the release of the guideline, accelerated decreases in overall and high-risk prescribing (e.g., co-prescribing an opioid and a benzodiazepine; high-dosage opioid prescribing) were documented. The 2016 prescribing guideline indicated that an update would be considered when new evidence sufficiently addressed research gaps such that a guideline update was warranted.

In order to identify whether evidence gaps are sufficiently addressed to warrant updates to, or expansion of, the Guideline, CDC funded the Agency for Healthcare Research and Quality to conduct five systematic reviews on the effectiveness of opioid, nonopioid pharmacologic, and nonpharmacologic treatments for acute and chronic pain. Preliminary evidence from draft updated systematic reviews pertaining to chronic pain treatment suggests that a guideline update should be considered. Findings from two evidence reviews regarding acute pain are expected to be available in 2020 and will further inform potential guideline planning. In addition to assessment of the systematic evidence reviews, key steps to facilitate updating and possibly expanding CDC's opioid prescribing guidelines include formation of an expert BSC/NCIPC workgroup to provide input on a potential updated guideline.

DESCRIPTION OF ACTIVITIES

The primary purpose of the Opioid Workgroup will be to review a draft, updated CDC clinical guideline for opioid prescribing and develop a report that will provide the workgroup's findings and observations about the draft guideline to the BSC/NCIPC (i.e., the "parent" committee comprised of all appointed BSC/NCIPC members). The BSC/NCIPC will subsequently review the workgroup's product, discuss, deliberate, and provide advice and recommendations for CDC to consider as part of the potential update

and expansion of the *CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*. The updated guideline would be anticipated to be released during late 2021.

Within the scope of the BSC charter, and if requested by the NCIPC director to meet evolving public health needs, the Opioid Workgroup will also provide observations on other matters related to the opioid crisis.

Tasks related to the provision of observations for the opioid prescribing guideline include:

1. Reviewing the quality and implications of clinical and contextual evidence reviews.
2. Reviewing each guideline recommendation statement and accompanying rationale.
3. Considering for each recommendation:
 - a. The quality of the evidence supporting the recommendation (assessing the accuracy of the evidence quality rating; i.e., evidence “type”);
 - b. The balance of benefits and risks associated with the recommendation (including the degree to which the benefits of issuing the recommendation can be anticipated to outweigh the harms);
 - c. The values and preferences of clinicians and patients related to the recommendation (including the degree to which there is variability or uncertainty in values and preferences);
 - d. The cost feasibility of the recommendation (including the degree to which implementation is anticipated to be feasible for health systems and patients financially); and
 - e. The category designation of the recommendation (whether Category A or Category B is justified). Category A recommendations apply to all patients; Category B recommendations require individual decision making where different choices will be appropriate for different patients so that clinicians must help patients arrive at a decision consistent with patient values and preferences and specific clinical situations.
4. Developing a summary, including points of agreement and disagreement, of the workgroup’s observations associated with items #1–3 above for the draft 2021 Guideline for Prescribing Opioids for Pain.

Workgroup members will be provided with the draft 2021 Guideline for Prescribing Opioids for Pain and other supporting materials to assist with items #1–4.

MEMBERSHIP

The OWG will be established as a workgroup under the BSC/NCIPC and will include at least two BSC members. One of the BSC members will serve as chair. A CDC/NCIPC subject matter expert will serve as the workgroup Designated Federal Officer (DFO) in consultation with the BSC/NCIPC DFO. The OWG will be composed of 12–20 persons (including the chair and at least one other BSC/NCIPC member) with diverse areas of expertise, including clinical medicine, dentistry, pharmacology, epidemiology, research methodology, ethics, and public health. Workgroup members will represent varied collaborators and partner organizations including academia, patients and families, and state/local health departments. Other expert consultants, including representatives from additional federal agency partners, may be invited to participate as ad hoc experts/consultants.

MEETINGS, ADMINISTRATION, AND TIMELINES

- 1) Administrative Oversight: The OWG co-chair and the workgroup DFO will work cooperatively to plan and arrange meetings, document meeting proceedings, and report to the BSC/NCIPC on workgroup findings and outcomes. NCIPC staff may be asked by the workgroup DFO to perform specific tasks such as assisting with arranging meetings and documenting meeting proceedings.
- 2) Meeting Frequency: At minimum, the OWG will meet at least four times annually, but will convene more often as necessary to conduct its activities on this urgent public health issue.
- 3) Meeting Structure: Meetings must include the workgroup chair, at least one additional BSC Member who belongs to the workgroup, and the workgroup DFO in attendance. Meetings may be conducted in person or via teleconference. The OWG Chair will work with the workgroup DFO to develop an agenda in advance of each meeting. The chair and workgroup DFO will also work collaboratively with other workgroup members to arrange for any presentations or advance materials to inform the workgroup's activities. In addition, the OWG DFO may request that NCIPC subject matter experts, workgroup members, or external experts be invited to provide presentations or other information to inform the workgroup's activities.
- 4) Confidentiality and Conflicts of Interest: Workgroup members must complete the *Conflict of Interest and Confidentiality Certification for Work Group Members* (CDC Form 0.1473) to disclose interests (e.g., employment, special interests, grants, or contracts) that a reasonable person would view as a conflict or potential conflict of interest. Workgroup members will also disclose any potential or actual conflict of interest and will be advised to recuse from participation in workgroup discussions that implicate such a conflict of interest concern.
- 5) Timelines: The workgroup will hold its first meeting by or before September 30, 2020. The workgroup co-chair and workgroup DFO will report to the BSC/NCIPC during its regular meetings with topics including the workgroup's efforts, findings, observations, and recommendations. The OWG will continue to meet and provide updates until its dissolution by the BSC/NCIPC.
- 6) Subject Matter: The findings, observations, and outcomes of the OWG members' reviews will be discussed at workgroup meetings. As necessary, the findings, observations, and recommendations of the OWG will be reported to the BSC/NCIPC during its regular meetings for discussion, deliberation, and decision.
- 7) CDC Staff Involvement: The OWG may seek input from CDC subject matter experts for consultation or informational presentations that contribute to the workgroup's activities. Participation by and contributions of CDC staff will be transparent and evident, to minimize the risk of, or the appearance of, undue influence that would compromise the independence of the workgroup. The BSC/NCIPC DFO and workgroup DFO will ensure that the OWG products are appropriate and not unduly influenced by CDC, ATSDR or by any special interest group.

RECORDKEEPING AND REPORTING

- 1) Minutes of OWG meetings will include at minimum the meeting logistics (e.g., date, location), participant list, conflict of interest assessment, outcomes or observations, and action items, if applicable. The finalized minutes will be submitted to the BSC/NCIPC.
- 2) The OWG chair will present meeting summaries to the BSC/NCIPC for discussion, deliberation, and decision. BSC/NCIPC recommendations derived from the work of the OWG will be included in the BSC/NCIPC annual report.