Opioid Prescribing Estimate Workgroup Formation

Arlene Greenspan, DrPH, MPH, PT
Associate Director for Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Board of Scientific Counselors Meeting
June 19, 2018
Opioid Prescribing Estimates Project: BSC Workgroup Formation Request

• Request formation of BSC Workgroup: Opioid Prescribing Estimates (OPE) to provide expert input and considerations on development of prescribing estimates or reference points for acute and chronic pain

• Opioid Prescribing Estimates Workgroup charge:
  – Identify key recommendations from evidence-based guidelines for prescribing opioids for acute and chronic pain conditions, on which to develop estimates and goals
  – Identify key diagnoses and procedures for which opioids might be prescribed to manage acute and chronic pain
Opioid Prescribing Estimates Project: BSC Workgroup Formation Request (B)

- Opioid Prescribing Estimates Workgroup charge (continued):
  - Identify key clinical and epidemiological studies that provide information for estimating opioid need for specific diagnoses and procedures
    - Identify additional sources
  - Provide expert input on methods for generating opioid prescribing estimates and reference points
  - Identify guidelines and recommendations for acute pain that could be further communicated by CDC through translation materials
  - Identify other activities needed for the development, interpretation, dissemination, and implementation of opioid prescribing guidelines, recommendations, and reference points
Opioid Prescribing Estimates Project: Determination of Best Practice Estimates

- Examples of possible questions for the OPE Workgroup:
  - What is an appropriate length of time for opioids for \textit{acute diagnosis or procedure} not already defined in the literature?
  
  - What is an appropriate dosage of opioids for \textit{acute diagnosis or procedure}?
  
  - In your clinical experience, what percentage of the time are opioid prescriptions aligned with best practice for \textit{chronic diagnosis}?
Opioid Prescribing Estimates Project: 
**Proposed OPE Workgroup Members**

1. Represent a wide range of clinical specialties that may treat acute and chronic pain
   - Dentistry
   - Pediatrics
   - Obstetrics/Gynecology
   - Oncology
   - Hematology
   - Neurology
   - Internal Medicine/Family Medicine
   - Emergency Medicine
   - Pain Medicine/Anesthesiology
   - Surgery (including subspecialties)
   - Palliative Medicine
   - Physical Medicine & Rehabilitation

• Additional inclusion of:
  - Patient representatives
  - Other federal partners
  - Bioethics
  - NCIPC BSC representatives
Opioid Prescribing Estimates Project: 
*Proposed OPE Workgroup Members (B)*

2) Demonstrate clinical interest and expertise in pain management especially in opioid prescribing

3) Demonstrate strong record of academic scholarship in pain management especially opioid prescribing

4) Recommended by medical professional societies, when applicable
   
   – American Dental Association
   – American Society of Hematology
   – American Academy of Pediatrics
Opioid Prescribing Estimates Project: OPE Workgroup Process

• Assemble workgroup, ensuring maximal breadth of expertise and diversity in clinical perspectives
  – Disclosure of competing conflicts of interest
• Convene workgroup members via a series of webinars/online forums to gather clinical and methodologic feedback on key opioid prescribing parameters
  – Subject-focused meetings (i.e. not all specialties in attendance at each convening)
  – Follow-up conference calls
• Final OPE Workgroup report summarizing the expert input obtained via the webinars/online forums
  – Report to be presented at next NCIPC BSC meeting (TBD – Nov. or Dec., 2018) for BSC approval or modification
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.