



Creating a Culture of Safety for Opioid Prescribing: A Handbook for Healthcare Executives



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

Table of Contents

Letter from Dr. Grant Baldwin	1
The Value of Evidence-Based Opioid Prescribing	2
Collecting and Using Data.....	5
Engaging with External Stakeholders.....	8
Establishing Policies and Standards that Support Safer Opioid Prescribing Practices	10
Training and Educating Providers	13
Supporting the Continuum of Care	14
Helpful Resources, Trainings, and Tools Referenced in this Handbook.....	16

This handbook features insights and advice from healthcare executives and quality improvement leaders from the following health systems:

- ▶ **Montefiore Medical Center**
Bronx, New York
montefiore.org
- ▶ **St. Mary's Hospital & Clinics**
Cottonwood, Idaho
smh-cvh.org
- ▶ **Atrius Health**
Newton, Massachusetts
www.atriushealth.org
- ▶ **Stormont Vail Health**
Topeka, Kansas
stormontvail.org





Letter From Dr. Grant Baldwin

As a healthcare executive, you've undoubtedly seen the devastating impact that opioid overdose deaths and opioid use disorder have had in your health system and in your community.

Forty-one people die every day from overdoses involving prescription opioids. From 1999 to 2018, more than 232,000 people died in the United States from overdoses involving prescription opioids.

In order to create health systems and communities that embrace safer opioid prescribing, multifaceted efforts and commitments are needed from teams of dedicated interdisciplinary experts—both internal and external. Healthcare executives like you are critical to leading these efforts to cultivate a culture of safer opioid prescribing.

In this handbook, you'll find insights and advice from healthcare executives and quality improvement leaders from four different health systems representing urban, suburban and rural settings. They share their experiences with engaging with internal and external stakeholders, working across interdisciplinary teams, leveraging data to inform efforts, implementing training and educational efforts, and much more. Also included is a list of resources, tools, and trainings that you and your team may find helpful.

We hope this handbook inspires and supports you and your teams' ongoing efforts to improve patient outcomes, quality of care, and safety related to opioid prescribing. Thank you for your leadership in improving the health of your patients and your communities.



Dr. Grant Baldwin

Director, Division of Overdose Prevention (DOP), National Center for Injury Prevention and Control

CDC's efforts to support safer opioid prescribing

In response to the critical need for consistent and current opioid prescribing guidelines, the CDC released the [Guideline for Prescribing Opioids for Chronic Pain](#) (CDC Guideline) in 2016. These recommendations focus on clinical practice and provide evidence and guidance to improve how these drugs are prescribed—and ultimately improve patient care. CDC also launched an [online training series](#) to help providers understand how to implement the CDC Guideline into clinical care. In addition, CDC developed the [Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain](#) resource, which is intended to help healthcare systems integrate the Guideline and associated quality improvement (QI) measures into their clinical practice.

The Value of Evidence-Based Opioid Prescribing

CDC released the [CDC Guideline for Prescribing Opioids for Chronic Pain](#) (CDC Guideline) in March 2016. The CDC Guideline offers recommendations about the appropriate prescribing of opioids to ensure patients who are 18 years and older have access to safer, more effective treatment for chronic pain (pain lasting longer than three months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care. Implementing evidence-based opioid prescribing practices that align with the CDC Guideline can significantly improve the safety of prescribing. It can also help reduce the harms associated with opioids, including opioid use disorder (OUD) and overdose.

The CDC Guideline provides 12 recommendations, grouped into three sections:

Section 1: Determining When to Initiate or Continue Opioids for Chronic Pain

1 *Opioids are not the first line therapy.*

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Providers should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2 *Establish goals for pain and function.*

Before starting opioid therapy for chronic pain, providers should establish treatment goals with all patients, including realistic goals for pain and function and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Providers should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3 *Discuss risk and benefits.*

Before starting and periodically during opioid therapy, providers should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.



"We're adhering to our process measures— making sure that patients who have been on opioids long-term have a urine drug screen, a treatment agreement, and that they're seen at least two to four times per year. As a result, we've seen a decrease in opioid use among patients with chronic pain and an increase in non-opioid therapies to treat pain more safely and effectively. We're also seeing improvements in interdisciplinary collaboration among our staff, which helps us improve our performance."

Thomas Isaac, MD
Senior Medical Director of Quality,
Safety, and Patient Experience
Atrius Health

Section 2: Opioid Selection, Dosage, Duration, Follow-Up, and Discontinuation

4 *Use immediate-release opioids when starting.*

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

5 *Use lowest effective dose.*

When opioids are started, providers should prescribe the lowest effective dosage. Providers should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME) per day, and should avoid increasing dosage to ≥ 90 MME per day or carefully justify a decision to titrate dosage to ≥ 90 MME per day.

6 *Prescribe short-durations for acute pain.*

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, providers should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

7 *Evaluate benefits and harms frequently.*

Providers should evaluate benefits and harms with patients within one to four weeks of starting opioid therapy for chronic pain or of dose escalation. Providers should evaluate benefits and harms of continued therapy with patients every three months or more frequently. If benefits do not outweigh harms of continued opioid therapy, providers should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

Section 3: Assessing Risk and Addressing Harms of Opioid Use

8 *Use strategies to mitigate risk.*

Before starting and periodically during continuation of opioid therapy, providers should evaluate risk factors for opioid-related harms. Providers should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME per day), or concurrent benzodiazepine use, are present.

9 *Review prescription drug monitoring program (PDMP) data.*

Providers should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Providers should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every three months.

10 Use urine drug testing.

When prescribing opioids for chronic pain, providers should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

11 Avoid concurrent opioid and benzodiazepine prescribing.

Providers should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12 Offer treatment for opioid use disorder.

Providers should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain

CDC developed the [Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain](#) resource, which is intended to help healthcare systems integrate the CDC Guideline and associated quality improvement (QI) measures into their clinical practice. This resource offers primary care providers, practices, and healthcare systems a framework for managing patients who are on long-term opioid therapy.

It offers 16 clinical QI opioid measures that align with the CDC Guideline recommendation statements, as well as guidance on operationalizing each QI measure to monitor progress.

It also describes practice-level strategies to organize and improve the management and coordination of long-term opioid therapy, such as:

- Using an interdisciplinary team approach
- Establishing practice policies and standards
- Using electronic health record (EHR) data to develop patient registries and track QI measures



"Since joining the CDC QI Collaborative, we have seen an overall reduction in opioid prescribing. More importantly, we've focused on high-dose, high-risk, and unnecessary opioid prescribing. Critically, we have also enrolled more patients than ever in treatment for opioid use disorder."

Sharon Rikin, MD, MS
Director of Ambulatory
Quality Improvement
Montefiore Medical Center

Consider augmenting your team's training with these resources.

Implementing CDC's Opioid Prescribing Guideline into Clinical Practice
www.cdc.gov/drugoverdose/training/implementing

Quality Improvement (QI) and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain
www.cdc.gov/drugoverdose/prescribing/qi-cc.html

Pocket Guide: Tapering Opioids for Chronic Pain
www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf

HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics
www.hhs.gov/opioids/sites/default/files/2019-10/8-Page%20version__HHS%20Guidance%20for%20Dosage%20Reduction%20or%20Discontinuation%20of%20Opioids.pdf

Collecting and Using Data

Collecting and using opioid prescribing and overdose data in your health system plays a crucial role in reducing patient harm and improving outcomes by informing prevention and response efforts. Integrating routine checks of the prescription drug monitoring program (PDMP) into standard procedures has the potential to reduce patient risk by assessing for concurrent substance use or dangerous combinations that put patients at higher risk for opioid use disorder and overdose.

Sharing data can help health systems better anticipate education, treatment, and follow-up services needed to support patients. For example, sharing emergency department (ED) overdose data can inform a coordinated community response.

Finally, data can inform public awareness campaigns to increase prevention efforts, promote treatment and recovery, and reduce misuse and overdose. Here you'll find insights and advice from health leaders on leveraging data to inform safer prescribing practices:

Putting Data to Work

A rise in opioid overdoses seen in the ED may indicate the need to provide more community-based drug overdose prevention efforts. In addition, it may indicate the need to bolster behavioral health and substance use treatment services. Health systems can also work with their local health departments to plan and coordinate responses and ensure an adequate supply of services and resources, such as naloxone.



Use Prescription Drug Monitoring Program Data and Integrate in Electronic Health Records

PDMPs can provide potentially lifesaving information and interventions.

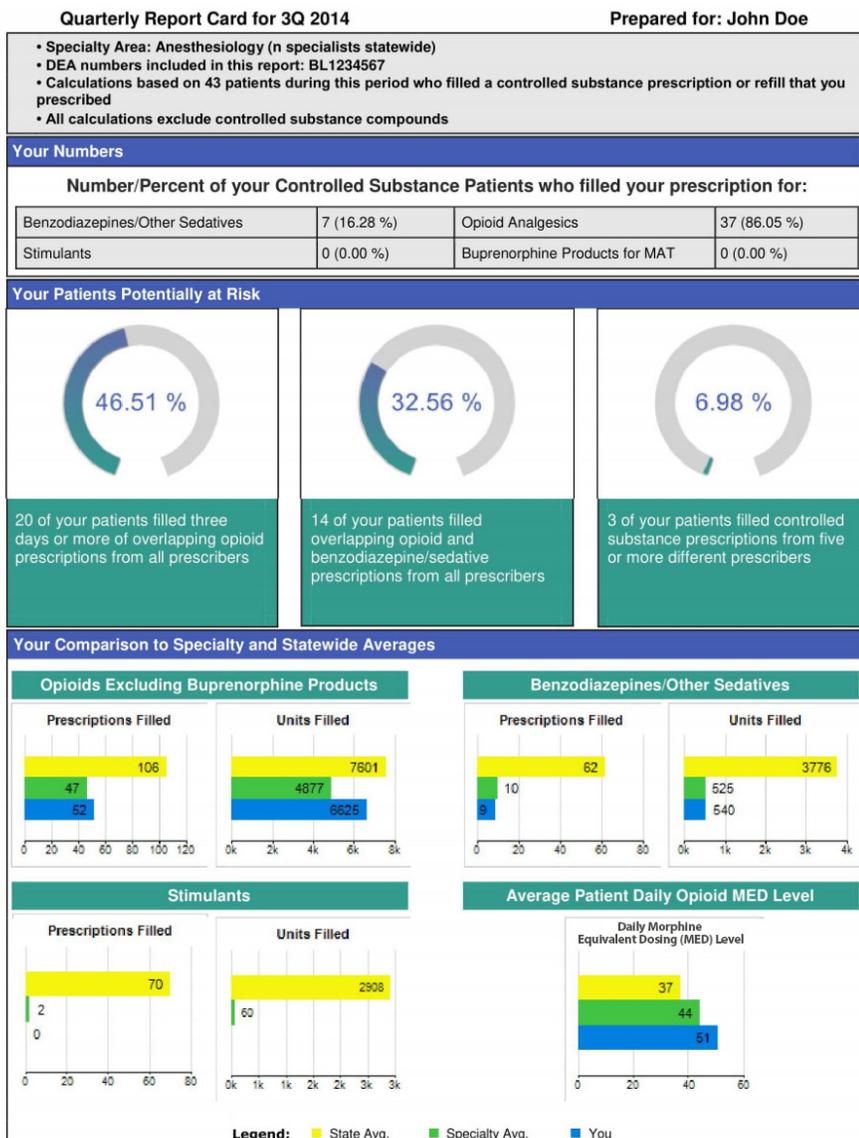
PDMPs can be used to generate provider reports that summarize their prescribing history and show how they compare to the average provider of the same specialty. This information allows providers to examine their own practice and identify opportunities for improvement.

The report may also include condensed patient prescription records, risk status, and other clinically relevant information, thereby offering an efficient method for reviewing patient prescription histories and associated risk.

If you are interested in promoting the integration of your PDMP with your health system's electronic medical record system, several resources are available to assist you:

- ▶ Using the Prescription Drug Monitoring Program to Promote Patient Safety in Opioid Prescribing and Dispensing www.cdc.gov/drugoverdose/training/pdmp/index.html
- ▶ What States Need to Know about PDMPs www.cdc.gov/drugoverdose/pdmp/states.html

Prescriber Report Card Example



"We're fortunate to have an integrated solution for the prescription drug monitoring program in our electronic medical record. With the click of a button, we get access to the prescription monitoring drug information."

Thomas Isaac, MD
Senior Medical Director of Quality, Safety, and Patient Experience
Atrius Health

Make the Data Useful and Actionable

"We had a really sophisticated data infrastructure but it was not in a form that could provide the answers we needed. Over the past two years, we have harnessed the power of our enterprise data warehouse and the supporting data and analytics infrastructure. Recently, we created an 'opioid data mart' that allowed us to build a separate dashboard that houses opioid data. This will give us the unique ability to slice and dice the data and analyze areas of high volume, high variability, and high opportunity. This will assist us in prioritizing targets for our interventions."



Jeffrey Weiss, MD
Vice President for Medical Affairs
Montefiore Health System

Use Provider Opioid Prescribing Data as a Conversation Starter

"Data have limitations -- we know they don't tell the full story. But they can kick off important conversations. Presenting aggregate data to medical directors of the practices can help them get a sense of opioid prescribing at their practices and in comparison to other practices. They give individual providers a real tool for managing their panel of patients in a safer way."



Joanna Starrels, MD, MS
Associate Professor in the
Department of Medicine
Montefiore Health Center

CDC's Overdose Data to Action (OD2A) Program

Overdose Data to Action (OD2A) supports state, territorial, county, and city health departments in obtaining high quality, more comprehensive, and timelier data on overdose morbidity and mortality. It also supports recipients in using those data to inform prevention and response efforts. OD2A supports CDC's goal to prevent opioid-related harms and overdose in the following ways:

- Using data to monitor emerging trends and direct prevention activities
- Strengthening state, local, and tribal capacity to respond to the opioid overdose epidemic
- Working with providers, health systems, and payers to reduce unsafe exposure to opioids and treat addiction
- Coordinating with public safety and community-based partners to rapidly identify overdose threats, reverse overdoses, link people to effective treatment, and reduce harms associated with illicit opioids
- Increasing public awareness about the risks of opioids

Is your state health department part of CDC's OD2A? Learn more: www.cdc.gov/drugoverdose/od2a

Engaging with External Stakeholders

A culture of safer opioid prescribing cannot be created in a vacuum. It takes a team of community stakeholders working together to create a comprehensive approach to improving patient safety. Local health departments can support health systems by collecting and analyzing relevant data. These data may highlight the need for naloxone programs and local policy and programmatic changes. In addition, public education campaigns facilitated by local health departments and Federal agencies play a critical role in connecting with community members on key issues, such as the risks of diversion, misuse, and overdose and availability of support services.

In this section, you'll find insights and advice from health leaders on engaging with external stakeholders to promote a community-based response:

Partner with Public Safety

Public safety officials and first responders can identify changes in the illicit drug supply, such as increases in the availability of synthetic opioids, such as illicitly manufactured fentanyl.



"We work closely with the local police departments to learn more about opioid prescription diversion. We also coordinate with other critical access hospitals in our area on shared patients and policies."

Christine Packer, M.Ed.
Chief Strategy Officer
St. Mary's & Clearwater Valley
Hospitals & Clinics

Partner with Community-Based Organizations, Health Departments, and Others

The healthcare system, through collaboration with community-based organizations, can also more adeptly integrate prevention, treatment, and recovery services to support patients along the entire continuum of care. Consider engaging with pharmacists in your community who are in a position to counsel patients on the risks of dose, duration, and dangerous drug combinations, help prevent diversion, and educate patients on proper storage to prevent accidental misuse. Pharmacists can reduce risk by utilizing the PDMP, providing naloxone to patients at high risk for overdose, and educating patients and families on how to use naloxone.





“The partnership with government and community-based organizations in this fight is critical. I think part of the success that we’ve been having is due to the symbiotic relationship that we formed with the city and state health departments. Several of those senior leaders are people who have trained or worked at Montefiore, so they really understand what we’re dealing with. We have great respect for their abilities and what they’re trying to do to help us.”

Jeffrey Weiss, MD
Vice President for Medical Affairs
Montefiore Health System



“We have a good relationship with our state’s Department of Public Health. We have a government relations team that is very involved with knowing the legislation or the changes in guidelines that are coming out from the state. There’s a whole host of those things, and we were part of a lot of those work groups that helped think it through to make sure it was fair, operational, and doable. We continue to meet with that group as needed to make sure that ambulatory systems can meet the spirit and need of the guidelines.”

Thomas Isaac, MD
Senior Medical Director of Quality,
Safety, and Patient Experience
Atrius Health

Engage with Others, Locally and Nationally, to Share Best Practices

“One of the things that was really beneficial was hearing the perspectives of those other organizations and the things that they were doing. I think that helped us to address what we wanted to update or adjust. And I think one of the new things that we’re going to try to push forward is the co-prescribing of naloxone, which at the beginning wasn’t on our radar as much.”

Thomas Isaac, MD
Senior Medical Director of Quality,
Safety, and Patient Experience
Atrius Health

See the Big Picture

“This is not a problem you can solve from an ivory tower. There’s an interface that needs to take place between many stakeholders. And we must understand that, without working with each other, we cannot solve this problem and win this fight.

This is not solely a medical problem. This is a socioeconomic problem. This is a cultural issue. And a solution needs to factor in all of those pieces to have a reasonable chance to bend the curve.”

Jeffrey Weiss, MD
Vice President for Medical Affairs
Montefiore Health System

Establishing Policies and Standards That Support Safer Prescribing Practices

Practice-wide policies and standards informed by the CDC Guideline support providers in making clinical decisions that protect patient safety (for example, decisions to avoid inappropriate dose escalation).

They also promote consistency in long-term opioid therapy management and coordination. Improving management and coordination to support safer prescribing practices requires not only a refined approach to the clinical care of patients but also strategies that can be deployed at the practice- and system-level of care delivery. These strategies include establishing or revising internal opioid policies, developing registries, using panel management, employing team-based approaches, and effectively using technology. All of these strategies can be used together to create a comprehensive approach. When establishing policies and standards, it is important to avoid going beyond or misapplying the recommendations in the CDC Guideline.

For more information on practice-level strategies, see chapter 3 of [Quality Improvement \(QI\) and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids](#). Below, we have provided examples from health leaders on how they have established policies and standards:

Implement Safer Prescribing for Acute Pain

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, providers should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

"We have our central team working with quality improvement staff and the Emergency Department to study this issue. We've established an agreement with our local department of health and the Greater New York Hospital Association stating that no patient would leave the ED with more than three days of opioids for acute pain.

That doesn't mean you don't get good care. It means that 90% of the people will feel better within three days. If you're one of the 10% who doesn't, a quick appointment is arranged."

Jeffrey Weiss, MD
Vice President for Medical Affairs
Montefiore Health System

Learn more

- ▶ Read about the importance of avoiding misapplication of the CDC Guideline:

No Shortcuts to Safer Opioid Prescribing by Deborah Dowell, M.D., M.P.H., Tamara Haegerich, Ph.D., and Roger Chou, M.D.

[N Engl J Med 2019; 380:2285-2287](#)
DOI: 10.1056/NEJMp1904190

- ▶ Review Vital Signs: Opioid Overdoses Treated in Emergency Departments—Identify opportunities for action.

www.cdc.gov/vitalsigns/pdf/2018-03-vitalsigns.pdf



"We set a policy a long time ago that we would not refill opioid prescriptions through the emergency room. So a patient, if they were to come in and need something, if we needed to, we can give them a very small amount—a three-day supply and that's it."

Christine Packer, M.Ed
Chief Strategy Officer
St. Mary's & Clearwater Valley
Hospitals & Clinics

Institute a Quality Improvement Program

"We promoted the ability to participate in the CDC QI Collaborative as a way to strategically provide support to frontline clinicians for care that is often viewed as challenging to deliver. By developing local guidelines for opioid management, clinicians would feel better supported to implement tools (such as treatment agreements and urine drug screens) that can reduce opioid-associated harms. We saw the most success when we had buy-in and strong leadership from the medical directors at the practice level—they developed site-specific workflows, solicited feedback to make improvements to new tools, and shared data with their teams in order to highlight areas for improvement and celebrate change."

Sharon Rikin, MD, MS
Director of Ambulatory
Quality Improvement
Department of Medicine
Montefiore Medical Center



Take-aways

- ▶ Celebrate team successes around safer opioid prescribing.
- ▶ Encourage QI champions to solicit feedback from the team to continue to make improvements to your program.
- ▶ Encourage your QI teams to adapt practice-level strategies to site-specific workflows.

Build an IT Infrastructure That Provides Decision Support at the Point of Care

"We can educate people all day, which is important. But we need to complement and supplement that with processes and the use of our electronic medical records that really make it easy for doctors, nurses, physician assistants (PAs), nurse practitioners (NPs), and all of our providers to do the right things.

So, we've spent a lot of time not only educating people, but building an IT infrastructure that provides decision support at the point of care, that guides providers to prescribe more safely."

Jeffrey Weiss, MD
Vice President for Medical Affairs
Montefiore Health System

Support the Use of Nonopioid and Nonpharmacologic Therapy

"We utilized a clinical decision support tool so, when patients are coming into the office for their chronic pain, we're making sure that everyone is following a standard system, like making sure we're looking at non-opioid options first.

Have they considered doing additional evaluation to see where this pain is coming from? Have they considered physical therapy? So, really providing all of the stepwise approach that our physicians can utilize in order to take care of these patients and doing it in a very structured fashion."

Brandy Ficek, MD
Medical Director, Palliative Medicine
and Supportive Care
Stormont Vail Health

Work Across Disciplines and Specialties for Quality Improvement and Care Coordination Efforts



"I think one of our biggest successes is that we have a very active Opioid Stewardship Committee and the representation on that committee is multidisciplinary. Not only do we have physician representation, but we also have pharmacy, physical therapy, nursing, social work, and administrative support.

In addition, our IT team is instrumental in all of the changes that we make. When we ask, 'Can we do this?,' they figure out a way to get it done. So, having all of that representation at the table means our meetings are truly working meetings, and we are able to make changes in a relatively rapid fashion."

Brandy Ficek, MD
Medical Director, Palliative Medicine
and Supportive Care
Stormont Vail Health

Training and Educating Providers

Systemwide provider education and training are crucial to supporting practice changes to prescribe opioids safely. Many states and state licensing boards require opioid prescribing training. CDC provides a suite of free online training modules, educational videos, morphine milligram equivalent (MME) prescribing tools, and patient education materials that can be integrated into health systems' learning management systems. Below you'll find insights and advice from health leaders on implementing provider education and training around safer prescribing practices and overdose prevention:

Employ Academic Detailing or Individual Instruction

"We found that education was the cornerstone of every change we made. And that education can't simply be an email, because that's not going to be enough. We took a multifaceted approach to education including presenting at grand rounds, incorporating opioid topics as a part of our annual risk management conference, and developing an opioid education section within our electronic library for point of care support. We also participated in individual department meetings on a quarterly and monthly basis.

We took a unique approach where we have physician liaisons go to individual clinic locations and meet one-on-one with providers in order to discuss the process, to get feedback. After looking at the numbers, we provide individual instruction for those falling behind their peers."

Brandy Ficek, MD
Medical Director, Palliative Medicine
and Supportive Care
Stormont Vail Health

Develop a Common Language of Safer Opioid Prescribing, Overdose Prevention, Treatment, and Recovery

"We've used the CDC Guideline to create a common language across our health system. It also allows us to have a constructive dialogue with other health systems who are utilizing these same tools. And more importantly, education of our providers leads to education of our patients.

We give patients and families tools to prevent opioid use disorder and overdose. This includes educating them on how to use naloxone kits, which is critical."

Jeffrey Weiss, MD
Vice President for Medical Affairs
Montefiore Health System

Training and Tools for Providers

► **Applying CDC's Guideline for Prescribing Opioids Training Series**

CDC's interactive, web-based training series integrated resources is designed to help providers gain a deeper understanding of the CDC Guideline for Prescribing Opioids for Chronic Pain.

www.cdc.gov/drugoverdose/training/online-training.html

► **Clinical Tools for Primary Care Providers**

CDC's clinical tools help providers carry out the complex task of balancing pain management with the potential risks that prescription opioids pose.

www.cdc.gov/drugoverdose/prescribing/clinical-tools.html

Use Provider Training as an Engagement Strategy

"Whenever we have a new guideline, policy, or standard, we have to make sure we have all the appropriate stakeholders engaged and buying in and signing off. After, we need to initiate an education effort in order to make sure that everyone is aware of it."

We often go site to site, from clinician group to clinician group, to different specialists to make sure that they understand the standard. We also make sure they have tools that will help them in the electronic medical record, and other helpful educational resources to help them adhere to the standard."

Thomas Isaac, MD
Senior Medical Director of Quality,
Safety, and Patient Experience
Atrius Health

Supporting the Continuum of Care

Health systems can improve the likelihood of positive patient outcomes by integrating prevention, treatment, and recovery services across the healthcare system and community. This begins with providers working collaboratively with patients to meet them where they are on their journey of treatment and recovery, while addressing the stigma surrounding opioid use disorder. Health systems can bolster prevention and risk mitigation by instituting clinical decision-making tools, patient registries, and specific assessments for high-risk patients, like urine drug testing (UDT), PDMP checks, and assessments for opioid use disorder (OUD).

Health systems can promote recovery and patient engagement by expanding connections with treatment centers and mental health providers, initiating OUD treatment in the ED, and connecting patients with peer navigators or case managers. The following are insights and advice from health leaders on ways to support patients across the continuum of care:



Educate Providers About Naloxone and Prescribing Medications for Opioid Use Disorder (MOUD)

Health systems can educate providers about monitoring patients for risk of overdose; prescribing naloxone when overdose risk factors are present; counseling patients and their loved ones on how to use naloxone; and prescribing MOUD for patients with opioid use disorder.

"We're training our providers in both the inpatient setting and our emergency departments about giving out naloxone kits and being able to prescribe buprenorphine."

Jeffrey Weiss, MD
Vice President for Medical Affairs
Montefiore Health System

Make Connections That Can Help Address Patient Care Challenges in Rural Health Settings

"We have engaged with clinicians outside our health system to support our culture of safe opioid prescribing using Extensions for Community Health Outcomes (ECHO) Idaho, a resource from the University of Idaho that helps connect clinicians in Idaho's remote or underserved communities with specialist-level expertise to treat complex chronic diseases.

Clinicians across the state engage in ECHO using video conferencing for one-hour sessions that include brief lectures, case reviews, resource sharing, and discussion of what works. They've featured sessions on various topics, such as how to manage pain in geriatric and pediatric patients, how to have the tough conversations with patients about weaning off opioids, and more."



Margaret Gehring, DNP
Provider Champion, Opioid Prescribing Quality Improvement and Care Coordination
St. Mary's Hospital & Clinics

Bridge Treatment Gaps with Medications for Opioid Use Disorder

- ▶ Providing an initial dose of buprenorphine-based medications for OUD in the emergency department eliminates these delays in care and allows the patient to begin experiencing the benefits of medication for opioid use disorder immediately.

Learn more by reviewing:

[Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States.](#)



Helpful Resources, Trainings, and Tools Referenced in This Handbook:

CDC Guideline for Prescribing Opioids for Chronic Pain
www.cdc.gov/drugoverdose/prescribing/guideline.html

Quality Improvement (QI) and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain
www.cdc.gov/drugoverdose/prescribing/qi-cc.html

Implementing CDC's Opioid Prescribing Guideline into Clinical Practice
www.cdc.gov/drugoverdose/training/implementing

Pocket Guide: Tapering Opioids for Chronic Pain
www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf

HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics
www.hhs.gov/opioids/sites/default/files/2019-10/8-Page%20version__HHS%20Guidance%20for%20Dosage%20Reduction%20or%20Discontinuation%20of%20Opioids.pdf

Using the Prescription Drug Monitoring Program to Promote Patient Safety in Opioid Prescribing and Dispensing
www.cdc.gov/drugoverdose/training/pdmp/index.html

What States Need to Know about Prescription Drug Monitoring Programs (PDMPs)
www.cdc.gov/drugoverdose/pdmp/states.html

CDC Overdose Data to Action
www.cdc.gov/drugoverdose/od2a

No Shortcuts to Safer Opioid Prescribing by Deborah Dowell, M.D., M.P.H., Tamara Haegerich, Ph.D., and Roger Chou, M.D.
N Engl J Med 2019; 380:2285-2287 DOI: 10.1056/NEJMp1904190
www.nejm.org/doi/full/10.1056/NEJMp1904190#article_citing_articles

Vital Signs: Opioid Overdoses Treated in Emergency Departments—Identify opportunities for action
www.cdc.gov/vitalsigns/pdf/2018-03-vitalsigns.pdf

Applying CDC's Guideline for Prescribing Opioids Training Series
www.cdc.gov/drugoverdose/training/online-training.html

Clinical Tools for Primary Care Providers
www.cdc.gov/drugoverdose/prescribing/clinical-tools.html

Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf



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