



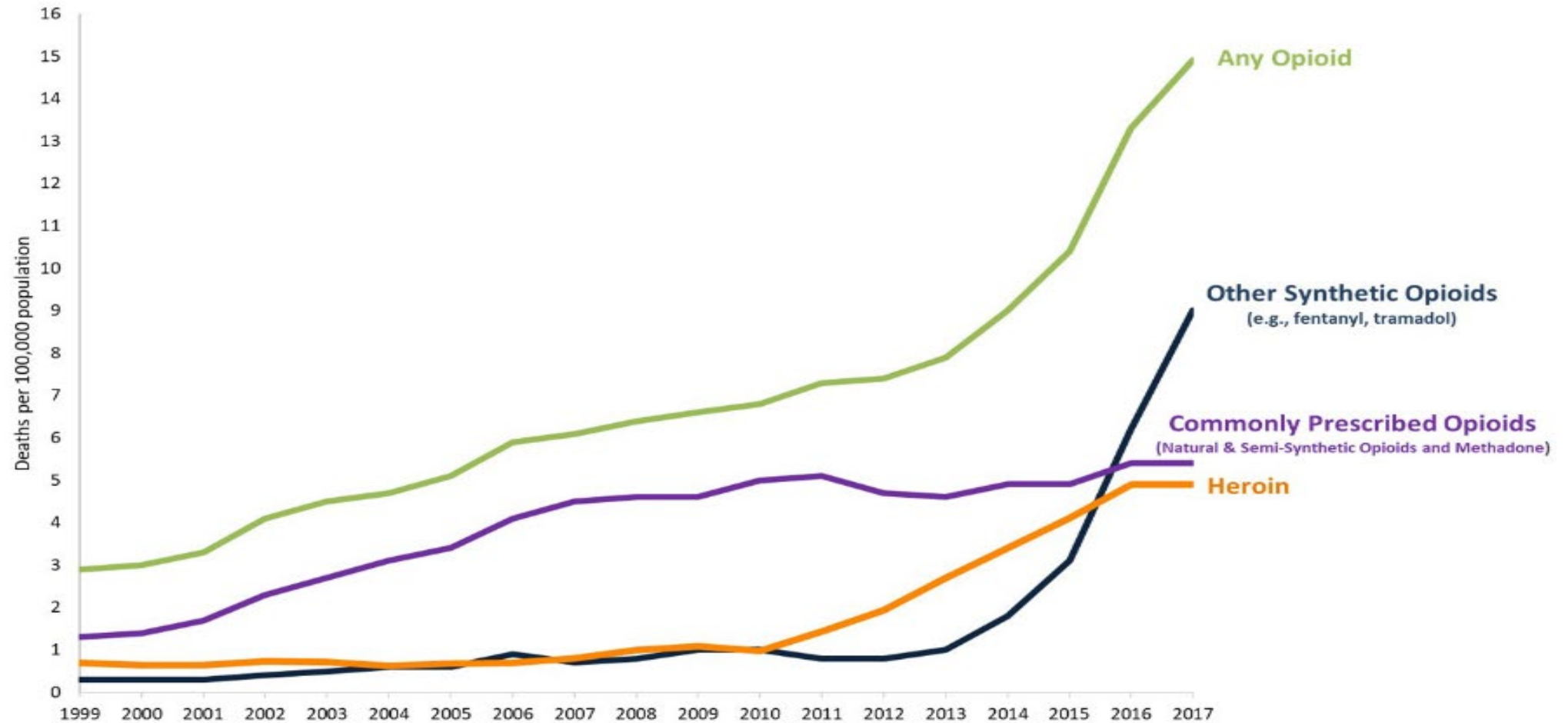
# Maximizing the Use of Prescription Drug Monitoring Programs: CDC Health Systems Interventions

Wesley Sargent, EdD, MA  
Health Scientist

Division of Overdose Prevention  
National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention



## Overdose Death Rates Involving Opioids, by Type, United States, 2000-2017



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality, CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018.  
<https://wonder.cdc.gov/>.

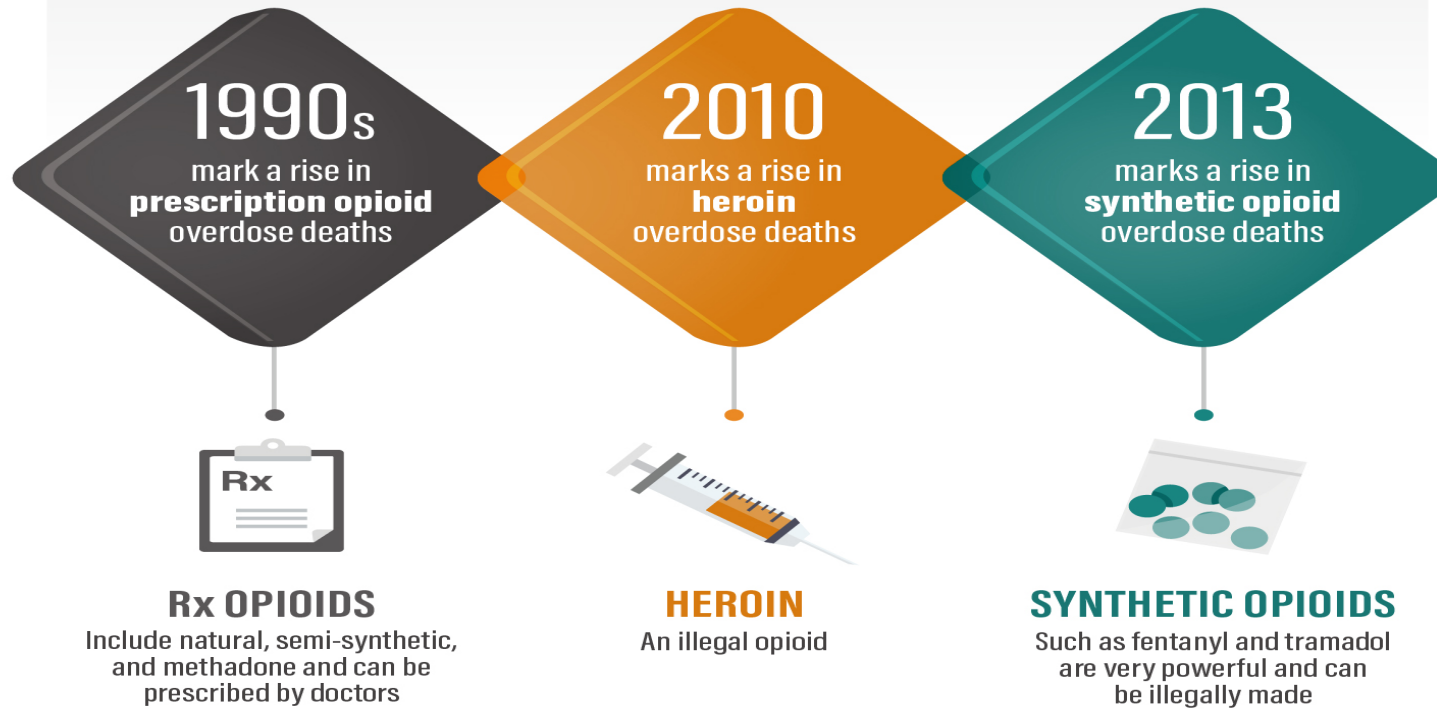
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Your Source for Credible Health Information



# RISE IN OPIOID OVERDOSE DEATHS IN AMERICA

## A Multi-Layered Problem in Three Distinct Waves

**399,000** people died from an opioid overdose (1999–2017)



Learn more about the evolving opioid overdose crisis: [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose)

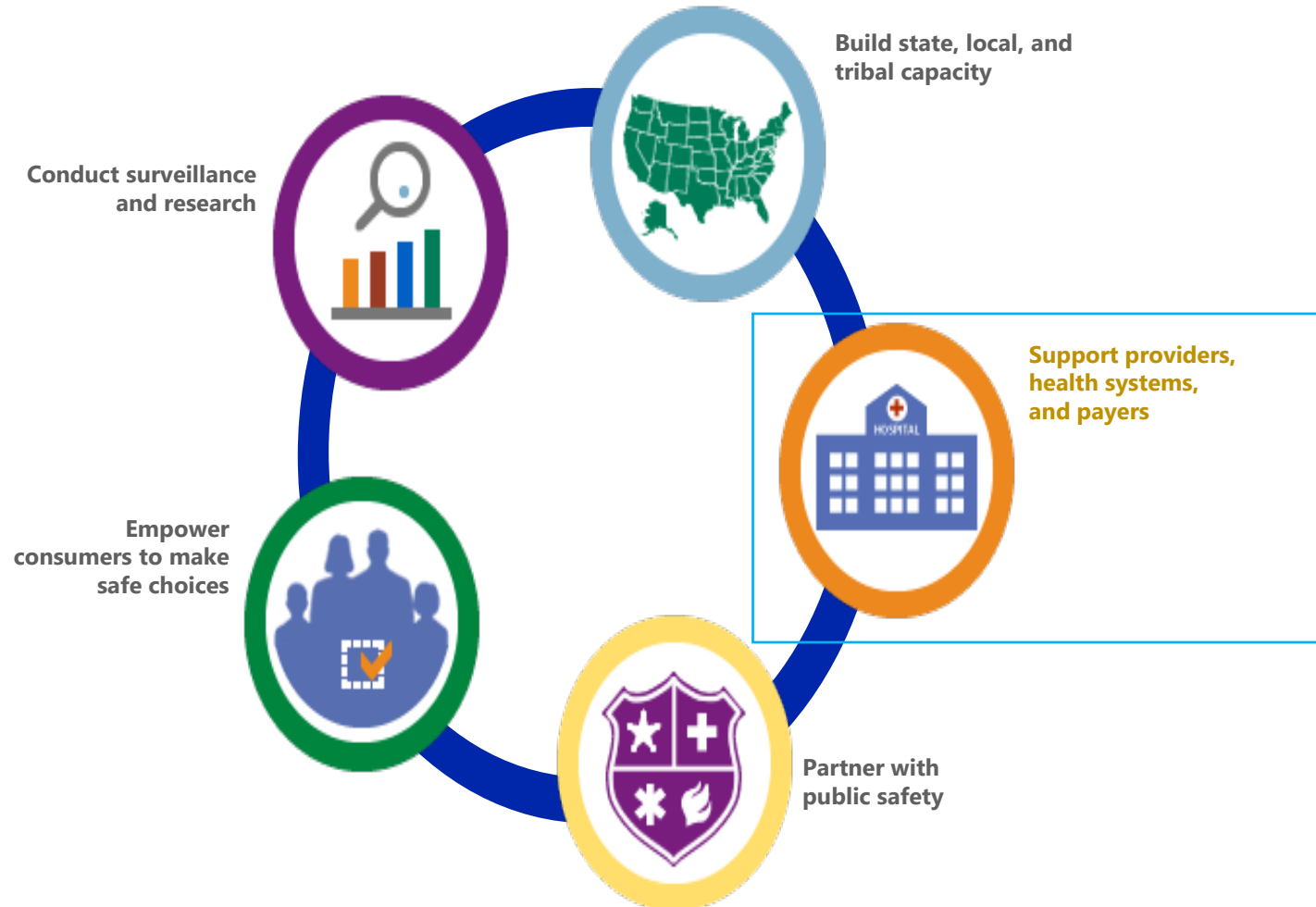
# CDC North Star

## VISION

Prevent opioid-related harms & overdose deaths



# Preventing Opioid Overdoses and Opioid-Related Harms



# Support Health Systems and Providers



- Promote use of the *CDC Guideline for Prescribing Opioids for Chronic Pain*
- Train healthcare providers on implementation of Guideline
- Provide tools to help integrate into clinical practice

## CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



Continuing Education Examinations available at <http://www.cdc.gov/mmwr/ce/continuing.html>



U.S. Department of Health and Human Services  
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- Primary care providers
- Patients 18 years or older with chronic pain
- Outpatient settings
- Outside of active cancer, palliative, and end of life care

**GUIDELINE FOR  
PRESCRIBING  
OPIOIDS FOR  
CHRONIC PAIN**

[www.cdc.gov](http://www.cdc.gov)

# Organization of Guideline Recommendations

**12 recommendations grouped into 3 conceptual areas:**

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use



**EMPOWERING PROVIDERS.**

[www.cdc.gov](http://www.cdc.gov)

GUIDELINE FOR PRESCRIBING  
OPIOIDS FOR CHRONIC PAIN



# Comprehensive Implementation Approach for the CDC Prescribing Guideline

Translation &  
Communication

Education &  
Training

Insurer  
Interventions

Health System  
Interventions



# Translation & Communication

## OVERDOSE DEATHS involving prescription opioids have quadrupled since 1999

As many as **1 in 4** PATIENTS



receiving long-term opioid therapy in a primary care setting struggles with addiction.

### Tips for Communicating with Patients

- Ask open-ended questions
- Be empathetic
- Use active listening
- Use clear explanations—avoid jargon
- Include verbal and written materials

### SIMPLE WAYS TO START CONVERSATION

- ✓ What medications are you taking?
- ✓ What medications have you taken to manage pain and how did you respond?
- ✓ Describe how you normally take your medications.
- ✓ How well is your medication controlling your pain?
- ✓ Are you experiencing any side effects from your pain medications?
- ✓ In addition to medications, what other ways are you managing your pain?
- ✓ Do you know which medications you should avoid while taking opioids?
- ✓ What questions do you have about your medications?

### RESOURCES AND EDUCATION

- American Pharmacists Association: [www.pharmacist.com/](http://www.pharmacist.com/)
- CDC Injury Prevention and Control Opioid Overdose: [www.cdc.gov/drugoverdose/](http://www.cdc.gov/drugoverdose/)
- CDC What Patients Need to Know factsheet: [www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf](http://www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf)
- Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)
- PDMP Resource: [www.namsdl.org/prescription-monitoring-programs.cfm](http://www.namsdl.org/prescription-monitoring-programs.cfm)
- Drug Enforcement Administration: [www.dea.gov/index.shtml](http://www.dea.gov/index.shtml)



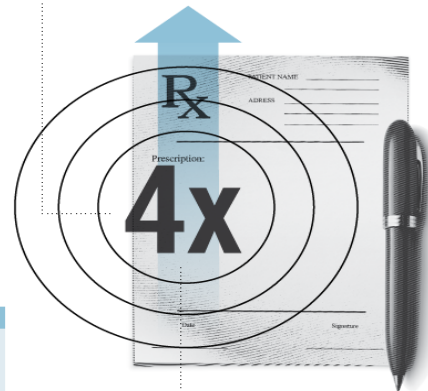
U.S. Department of Health and Human Services  
Center for Disease Control and Prevention

[www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose)

## PHARMACISTS: ON THE FRONT LINES

Addressing Prescription Opioid Abuse and Overdose

Sales of prescription opioids in the U.S. nearly **QUADRUPLED** from 1999 to 2014,



but the amount of pain Americans reported remained **UNCHANGED**



GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

\*Recommendations focus on pain lasting longer than 3 months or past the time of normal tissue healing, outside of active cancer treatment, palliative care, and end-of-life care.



### App includes:

- MME Calculator
- Prescribing Guidance
- Motivational Interviewing



## EMPOWERING PROVIDERS.

[www.cdc.gov](http://www.cdc.gov)

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

# Provider Resources

- Guidance
- Clinical Tools
- Mobile App
- Trainings (CME)
- Digital & Print Resources

Module 4: Reducing the Risks of Opioids

Mitigating Opioid Risk Scenario 6 - Knowledge Check Menu | Resources | Exit

What should you discuss with your patient to increase the safety of his current medication regimen? Select all that apply.

- A. Explain that taking both opioids and benzodiazepines increases the risk of overdose
- B. Discuss that treatment options other than opioids or benzodiazepines are available to treat the pain and anxiety
- C. Explain that... it will be done slowly to minimize...
- D. Discuss the...







**Checklist for prescribing opioids for chronic pain**  
For primary care providers treating adults (18+) with chronic pain > 3 months, excluding cancer, palliative, and end-of-life care

**When CONSIDERING long-term opioid therapy**

**POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN**

Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.

**GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN**

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

# Clinician Education & Training

## Online training modules & webinars for clinicians



### Free Interactive Trainings:

1. Addressing the Opioid Epidemic: Recommendations from CDC
2. Treating Chronic Pain Without Opioids
3. Communicating with Patients
4. Reducing the Risk of Opioids
5. Assessing and Addressing Opioid Use Disorder
6. Dosing and Titration of Opioids: How Much, How Long, and How and When to Stop
7. Determining Whether to Initiate Opioids for Chronic Pain
8. Implementing CDC's Prescribing Guideline into Clinical Practice
9. Opioid Use and Pregnancy
10. Motivational Interviewing
11. Collaborative Patient-Provider Relationship in Opioid Clinical Decision Making

To learn more: [www.cdc.gov/drugoverdose/training/index.html](http://www.cdc.gov/drugoverdose/training/index.html)



### Clinical Outreach and Communication Activity (COCA)

#### Free Webinars:


1. Overview of Guideline
2. Nonopioid Treatments for Chronic Pain
3. Assessing Benefits and Harms of Opioid Therapy
4. Dosing and Titration of Opioids
5. Opioid Use Disorder—Assessment and Referral
6. Risk Mitigation Strategies
7. Effective Communication with Patients

To learn more: <https://www.cdc.gov/drugoverdose/training/webinars.html>


# Interactive Trainings

**Module 3: Communicating with Patients**


Addressing Conflict: Addressing Patient Concerns and Expectations [Menu](#) | [Resources](#) | [Exit](#)




You would be right to say, "We know more about the risks of opioids now than we used to, and we now know that a high dosage of opioid medication poses significant risk, especially for the long term. Let's work together to find a safer pain management plan for you that involves less opioids." However, this is where conflict often begins.



Melissa pleads, "Please, please refill my opioid medications; if I didn't have them I surely couldn't manage my job and my family!"



Confronting Melissa directly by refusing to continue her current opioid prescription will only heighten the conflict. Instead, **acknowledge the patient's** open-ended questions if you need understanding.

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**Module 4: Reducing the Risks of Opioids**

Mitigating Opioid Risk Scenario 6 - Knowledge Check [Menu](#) | [Resources](#) | [Exit](#)


What should you discuss with your patient to increase the safety of his current medication regimen? Select all that apply.

- A. Explain that taking both opioids and benzodiazepines increases the risk of overdose
- B. Discuss that treatment options other than opioids or benzodiazepines are available to treat the pain and anxiety




**Module 3: Communicating with Patients**

Addressing Conflict: Addressing Patient Concerns and Expectations (Cont'd) [Menu](#) | [Resources](#) | [Exit](#)




"How is the medication helping you? Do you have any side effects?"


"I agree that stopping your prescription abruptly would not be a good idea. Given that, what do we need to do going forward?"



"Well, it does make me drowsy, and I am constantly constipated. Sometimes I completely forget things I am supposed to be doing."  
"But, it is helping me deal with the pain, and that's why I can't imagine not having it."  
"You're not just going to take away my pain pills, are you?"





Next, you want to **validate her concerns and emotions** while sharing how her situation isn't unique or troubling.  
**Be empathetic and help to normalize her situation.**

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red, it will be done slowly  
thdrawal symptoms  
opioids is less than the  
s

Answer the question and then select Submit.

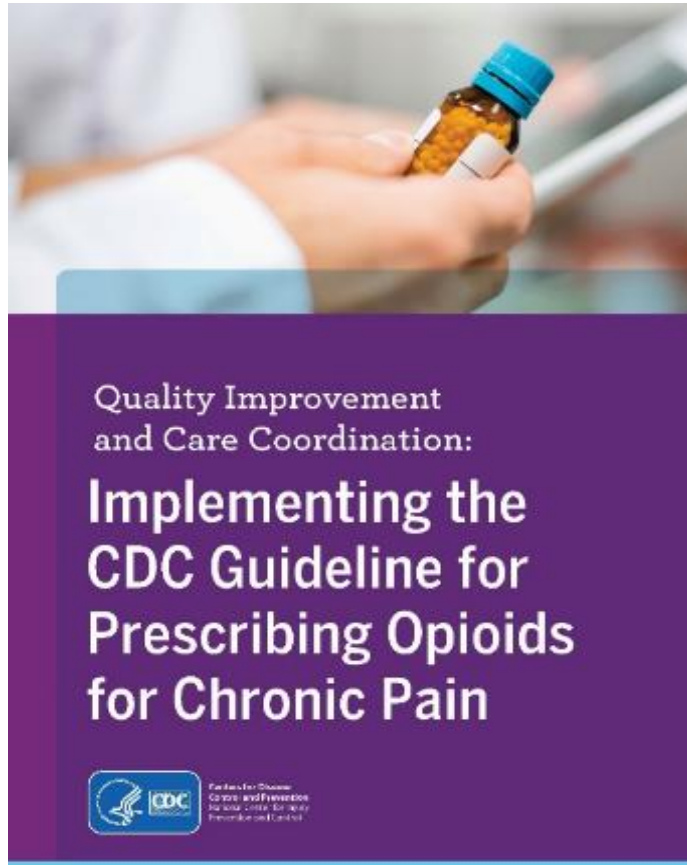
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# Health Systems Interventions

- **Clinical Quality Improvement and Care Coordination**
- **EHR and PDMP (prescription drug monitoring program) Data Integration**
- **Clinical decision support (CDS) tools embedded into electronic health records (EHRs)**



# Quality Improvement (QI) and Care Coordination Resource



- Companion resource to facilitate implementation of the Guideline recommendations into practice
- Intended to help healthcare systems and providers integrate QI measures and care coordination into their clinical practice

# Quality Improvement (QI) Measures

- 16 clinical QI opioid measures align with the 12 Guideline recommendation statements
- Support safe and effective opioid prescribing and pain management and treatment—rather than performance management
- Should be tailored to individual practice policies on opioid prescribing and pain management, or reflect state laws or regulations
- Organized into two categories:
  - 1) New opioid prescriptions
  - 2) Long-term opioid therapy





# Resource Toolkit

- Examples of comprehensive management approaches
  - Kaiser Permanente's Patients on Chronic Opioid Therapy for Chronic Non-Cancer Pain Safety Guideline
- Oregon Pain Guidance's Opioid Prescribing Guidelines
- Example policies
- Sample treatment agreements
- Telemedicine consultation initiatives
- Examples of training resources and educational resources
- Challenges or barriers to implementing long-term opioid management strategies and potential solutions
- Diagnostic tools and patient questionnaires

# CDC Resources

## CDC Opioid Overdose Prevention Website

[www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose)

## State Efforts

<https://www.cdc.gov/drugoverdose/states/index.html>

## CDC Guideline for Prescribing Opioids for Chronic Pain

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

## Resources for Patients

<https://www.cdc.gov/drugoverdose/patients/index.html>

## Resources for Providers

<https://www.cdc.gov/drugoverdose/providers/index.html>

## Clinical Decision Support Resources

- **Implementation Guide Output:** <http://build.fhir.org/ig/cqframework/opioid-cds/>
- **Source for the implementation guide:** <https://github.com/cqframework/opioid-cds>
- **Supporting Java packages for the CQL-to-ELM translator and CQL Engine:** <https://github.com/cqframework/opioid-cds-logic>
- **Agency for Healthcare Research Quality's CDS Connect:** <https://cds.ahrq.gov/cdsconnect/artifact/factors-consider-managing-chronic-pain-pain-management-summary>



**CDC**

**CENTERS FOR DISEASE  
CONTROL AND PREVENTION**

**EDWARD R. ROYBAL  
CAMPUS**

**Contact:**

Wes Sargent

[Wsargent@cdc.gov](mailto:Wsargent@cdc.gov)

Please note that 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.



The Office of the National Coordinator for  
Health Information Technology

# Contact ONC

**Wes Sargent**

**Wsargent@cdc.gov**



**Phone:** 202-690-7151



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<https://www.healthit.gov/form/healthit-feedback-form>



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