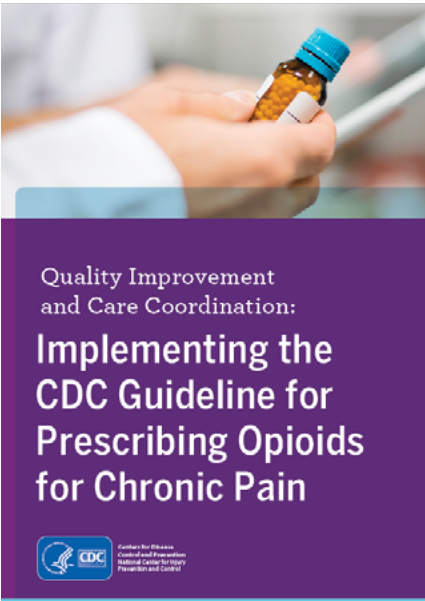


Quality Improvement and Care Coordination: *Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain*



The Centers for Disease Control and Prevention (CDC) created this companion resource to encourage careful and selective use of opioid therapy and to facilitate actual implementation of the *CDC Guideline for Prescribing Opioids for Chronic Pain*. The resource is intended to help health systems and primary care providers integrate quality improvement (QI) measures into their clinical practice.

The resource has four components:

- ▶ Evidence-Based Opioid Prescribing
- ▶ Clinical QI Opioid Measures
- ▶ Practice-Level Strategies for Care Coordination
- ▶ Toolkit



Evidence-Based Opioid Prescribing

CDC developed and published the Prescribing Guideline in 2016 to provide evidence-based recommendation statements for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (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. This chapter summarizes the 12 recommendation statements that are organized into 3 conceptual areas:

1 Determining When to Initiate or Continue Opioid Therapy for Chronic Pain

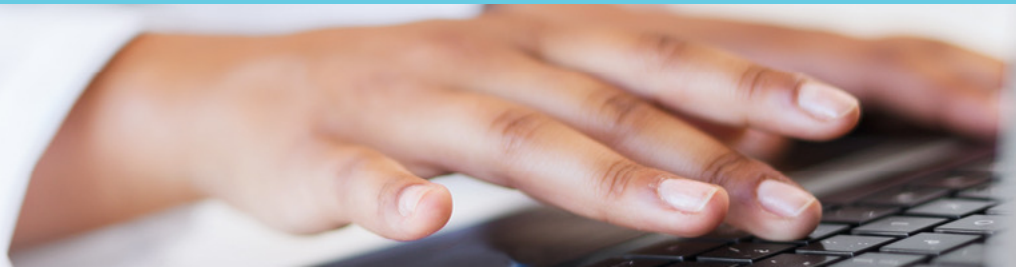
Before starting or continuing opioid therapy, consider the patient's current pain, past treatments, and discuss risks and benefits.

2 Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation

If opioids are prescribed, use caution with any dosage, and prescribe the lowest effective dosage of immediate-release opioids.

3 Assessing Risk and Addressing Harms of Opioid Use:

Opioid use by all patients on long-term therapy should be monitored regularly, while frequency may vary based on risks.



Clinical Quality Improvement (QI) Opioid Measures

This chapter provides 16 clinical QI measures that map to the 12 Guideline recommendation statements to support safe and effective opioid prescribing and pain management. These voluntary QI measures support practice improvement and are not meant for performance measurement. The measures can be implemented in five steps and are meant to be flexible in terms of how a system or practice incorporates them into the workflow.



Practice Level Strategies for Care Coordination

This chapter provides practical guidance for specific strategies to improve the coordination of long-term opioid therapy at the healthcare system and practice level.

1 Use an Interdisciplinary Team-based Approach:

Using a team-based approach across multiple disciplines and specialties improves the management and coordination of care.

2 Establish Opioid Policies and Standards:

Develop and implement practice-wide policies or standards to support and encourage consistent long-term opioid therapy management and coordination.

3 Use EHR Data to Develop Patient Registries and Track QI Measures:

EHRs are critical sources of information for managing and monitoring implementation by care teams and registries are useful to identify patients to target for specific interventions and care coordination.



Toolkit

The Toolkit contains examples of existing materials, tools, and resources developed and used by practices which have been found to be useful and readers can use or modify to their own needs.

► To view this full Resource and to learn more, visit:
www.cdc.gov/drugoverdose/prescribing/resources.html

