Opioid Stewardship Road Map

Minnesota Hospital Association

MHA's road maps provide clinics, hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

Operational definitions are included to assist organization teams with road map auditing and identifying whether current work meets the intention behind each road map element.

Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools that organizations need to assist in implementation of best practices.

This road map is not intended for treating patients who are in active cancer treatment, palliative care or end-of-life care.

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:

Leadership and culture	☐ The organization, including leadership and staff, identifies safe opioid prescribing (dose based on bestpractice) as a priority for the clinic/hospital and supports a culture of opioid reduction.
	  - Put information for patients in waiting room that came from leadership-attend safe opioid prescribing task group.
	☐ The organization surveys and adopts the latest information on opioid use.
	☐ Pain/functional assessment and pain management, including safe opioid prescribing, is identified as an organizational priority for the clinic and hospital.
	☐ The organization has a multidisciplinary committee/subgroup that reviews opioid-related events and make recommendations to improve patient safety to reduce morbidity and mortality [i.e., opioid stewardship program (OSP)].
	☐ Members of the OSP are responsible for staying current with relevant evidence-based best practices and are competent in pain management and opioid stewardship.
		• Opioid stewardship implementation resources:
		  - Opioid Stewardship Collaborative, AHA AHA has a comprehensive curriculum, materials, action plan template, guidelines, recorded training webinars and valuable resources to build an opioid stewardship program
		  - A Health System–Wide Initiative to Decrease Opioid-Related Morbidity and Mortality, The Joint Commission Journal on Quality and Patient Safety 2018; 000:1-11
		
		• Bemidji Area Opioid Stewardship Workbook, Indian Health Services.
		
		• First, Do No Harm, Marshaling Clinician Leadership to Counter the Opioid Epidemic, National Academy of Medicine

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Leadership and culture, cont.	☐ The members of the opioid multidisciplinary committee include leaders and a representative group of caregivers and support staff that include individuals with competency in pain management and opioid stewardship. ☐ The organization has created an interdisciplinary pain management team to provide consultation services related to managing complex patients, including medical addiction specialists, pain specialists and mental health professionals.	• The Time for Opioid Stewardship is Now (TJC) • TJC Sentinel Event Alert 57, 2017 • AHRQ Survey on Patient Safety Culture™

Policies and procedures	☐ The organization's policies and protocols meet national best practice guidelines for opioid prescribing, patient monitoring , safe dosing and tapering that meet best practice standards.
	☐ Policies and procedures are used to prevent opioid diversion.
	☐ Function and pain assessments are fully and accurately documented.
	☐ Facility policies support evidence-based guidelines and system requirements.
	  - Utilization of the Minnesota Prescription Monitoring Program (PMP).
	  - Minnesota Opioid Prescribing Guidelines.
	  - CDC's Guideline for Prescribing Opioids for Chronic Pain.
	☐ Policies and pain order sets are standardized for procedural areas and specialties (e.g., family practice, labor and delivery, endoscopy, orthopedics, surgery).
	☐ Policies are used to establish processes for training, monitoring and adhering to best practices for pain management and opioid prescribing.
		• Standardized approaches and policies are helpful to create uniformity and reduce stigma associated with opioid therapy. Example of a standardized approach: CHI St. Gabriel's https://www.aha.org/system/files/content/16/161213behavhealthcall.pdf
		
		• Articles around reducing variation following surgeries: https://pubmed.ncbi.nlm.nih.gov/32309760/
		
		• MHA's Controlled Substance Diversion Prevention Roadmap
		
		• Changes in Provider Prescribing Patterns After Implementation of an Emergency Department Prescription Opioid Policy
		
		• CDC's Guideline for Prescribing Opioids for Chronic Pain

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Track, monitor, report and respond to data	☐ Opioid prescribing is monitored, comparing like specialties and service lines for outliers. ☐ The organization has a means to gather prescribing practices that may include reports or dashboards with information (e.g., MME... opioids and benzodiazepines). ☐ Use data from external sources to identify patients at risk for overdose (i.e., pharmacy, emergency department and PMP). ☐ Data are collected and widely available for quality improvement purposes (e.g., number of new opioid prescriptions that exceed three days for acute pain, number or percentage of patients taking a long-acting opioid, number or percentage of patients taking > 50 or 90 MME per day, number or percentage of patients on both opioids and a benzodiazepine, etc.). ☐ The organization appoints a senior executive to oversee analyze and respond to data-reporting activities to the multidisciplinary committee (i.e., peer review).	• [Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain](#) includes 16 measures related to opioid analgesia • [SHM RADEO Toolkit](#) (Reducing Adverse Drug Events Related to Opioids Implementation Guide) • [The Health Care Data Guide: Learning from Data for Improvement](#) • [Science of Improvement: Establishing Measures](#) • [Data-Driven Approach Successfully Engages Orthopedic Surgeons in Decreasing Opioid Use](#) • [Opioid Epidemic & Health IT](#)
Accountability	☐ Leadership at all levels of the organization set measurable goals and support the work to improve pain management and opioid prescribing practices. ☐ Individual opioid prescribing patterns are included in ongoing professional practice evaluation. ☐ The multidisciplinary pain and opioid team have a mechanism to keep up with the current literature and guidelines on opioid use and pain management. ☐ The organization has a process in place to address providers whose opioid prescribing practices are not meeting established measurement goals and are outliers amongst their peers.	• Bemidji area [IHS Opioid Stewardship toolkit](#) includes a sample peer review tool for chronic non-cancer pain management and a sample Opioid Professional Practice Evaluation tool • [Accountability Program May Prevent Opioid Overprescribing](#) • [Doctors hold the solution to the opioid crisis in our hands](#) • [Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain](#)

Patient and family/ caregiver education	☐ Patient and Family Advisory Council members provide feedback related to patient education material and opioid related therapies.
	☐ Patient education includes the following:
	  – Appropriate use of opioids
	  – Risks of opioid therapy
	  – Safe and secure storage of opioids
		• The CDC, [Patient educational materials](#)
		
		• [Helpful Materials for Patients](#), CDC pamphlets
		
		• [How to use opioids safely](#), Mayo Clinic

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Patient and family/ caregiver education, cont.	- Safe disposal of opioid analgesics in the home. - Pain management rather than the elimination of pain as the goal of treatment. - The organization provides an appeal process for individual patients to have physician/APP decisions reviewed at patient request. - Safe tapering instructions. ☐ Patient and families are educated on how to activate the rapid response team.	• Substance Abuse and Mental Health Services Administration (SAMHSA) Rx Pain Medications • IHI Rapid Response Family Activated Safety Team Tools • Naloxone / Narcan Use (Patient Education) • Naloxone / Narcan Use (Provider guide to educate patients)
Pain management	☐ The organization uses best-practice guidelines in pain management (i.e., The Joint Commission Opioid Prescribing Guidelines and ICIS recommendations). ☐ Multimodal and other nonopioid pain management is the most appropriate, first-line treatment for most acute and chronic pain conditions. (Opioids are not indicated for fibromyalgia, headache/ migraine, self-limited illness, uncomplicated neck and back pain, dental pain and uncomplicated musculoskeletal pain). ☐ An interdisciplinary team approach is used when managing complex chronic pain. ☐ Pain treatment plans are based on the patient's clinical condition, past medical history and pain management goals. ☐ Pain order sets are standardized for procedural areas and specialties e.g. endoscopy, orthopedics, surgery, labor and delivery, etc. ☐ The Prescription Monitoring Program is checked whenever prescribing opioid therapy. ☐ Prescribing opioids and benzodiazepines or other sedatives concurrently is to be avoided whenever possible. ☐ Discuss and document the risks and benefits whenever prescribing opioids. ☐ A patient provider agreement or understanding is initiated prior to beginning chronic analgesic therapy. ☐ Monitor patients receiving chronic opioid analgesia therapy (COAT) for the presence of opioid use disorder (OUD). Note: Clinicians who are unable to diagnose OUD using the DSM-5 criteria can use a brief, standardized screening tool and make a referral as appropriate.	• VA_DoD-CLINICAL-PRACTICE-GUIDELINE-FOR-OPIOID-THERAPY-FOR-CHRONIC-PAIN • The Joint Commission's R³ Report Beginning in 2019, the Joint Commission released New and Revised Pain Assessment and Management Standards for hospitals and outpatient care settings. • Minnesota Opioid Prescribing Guidelines • Iowa Pain Management Toolkit • Agency for Healthcare Research and Quality: Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review • Institute for Clinical System Improvements Health Guideline: Pain Assessment, Non-Opioid Treatment Approaches and Opioid Management Care for Adults, 2019 • Pain Management Best Practices Inter-Agency Task Force • Clinical Tools for Primary Care Providers, CDC • Hospital Strategies for Pain Management and Reducing Opioid Use Disorder, CDC

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Pain management, cont.		• CDC [Resource Center](#) • National Institute on Drug Abuse. Benzodiazepines and Opioids. March 2018. Available at: https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids • [Expectations for Opioid Therapy](#), CDC • Minnesota Opioid Prescribing Guidelines: [Opioid Prescribing Assessment (Appendix B)](#) • [CDC Guidelines for Prescribing Opioids for Chronic Pain](#) • [Calculating Total Daily Dose of Opioids for Safer Dosage](#)
Prescriber and staff education and competency	☐ The organization has developed core competencies for best practice in pain management for clinical staff. Training and proficiency testing are required for all multidisciplinary team members. ☐ Clinical and support staff receive ongoing education on evidence-based protocols and guidelines. ☐ Interdisciplinary team (IDT) onboarding includes training on opioid policies, procedures and protocols, including the risks and symptoms of opioid addiction and diversion. ☐ The organization encourages continued learning by pharmacists, prescribers and support staff. ☐ The multidisciplinary team receives training on the Minnesota Hospital Association opioid adverse drug event prevention road map. ☐ Staff receive education to understand how mental health can impact the patients dealing with pain.	• [SAMHSA-HRSA Center for Integrated Health Solutions for Substance Use Training](#) • [Provider Clinical Support System for Opioid Therapies – Education and Training](#) • AMA Ed Hub – [A Primer on Opioid Morbidity and Mortality Crisis: What Every Prescriber Should Know](#) • [University of New Mexico Project ECHO Chronic Pain and Opioid Management](#) • Implement an Opioid Stewardship Program, [Thomas Vissering, RPh, MBA](#); Pharmacy Purchasing & Products: https://www.pppmag.com/article/2343 • [Integrated Opioid and Addiction Care ECHO](#) • [Midwest Tribal ECHO](#) • Opioid Knowledge Self-Assessment (PA Pt. Safety Authority): http://patientsafety.pa.gov/pst/Documents/Opioids/assessment.pdf

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Technical support	☐ The electronic health record (EHR) pain management templates and order sets support alternative treatments to opioid therapy (i.e. nonopioid multi-modal). ☐ When clinicians are prescribing opioids, they have quick, easy access to the PMP from the ordering template. – Repetitive sign on not required. ☐ MME conversion calculator and guidance in MME dose based on type of pain. ☐ Medication order alerts are used to prevent adverse events related to opioid prescribing. (i.e., contraindications, allergies, unsafe dose, etc.). ☐ The EHR includes best practice screening/assessment tool templates to be used when considering prescribing opioids for acute, postacute and chronic pain. (e.g., GAD7, PHQ-2/9, CAGE). ☐ EHR has functionality to calculate cumulative and daily MME and provide guidance on MME dose based on type of pain.	• Opioid offensive: UCHealth teams turn to electronic health record for help managing patients with chronic pain • How EHRs Can Help Prevent Opioid Addiction • Electronic Medical Record Alert Associated With Reduced Opioid and Benzodiazepine Coprescribing in High-risk Veteran Patients • Using Health Information Technology to Improve Adherence to Opioid Prescribing Guidelines in Primary Care • Partnership for Health IT Patient Safety, Measures and Clinical Decision Support for Safer Opioid Prescribing: Recommendations and Implementation Strategies
Tapering	☐ Best-practice standards are followed for tapering patients off long-term opioid analgesics. Example: HHS Guide for Clinicians. ☐ Unless there are life-threatening or usage concerns, opioids are not tapered abruptly. ☐ Taper rates are individualized to minimize opioid withdrawal symptoms with regular input sought from the patient. ☐ Taper COAT patients receiving additional opioid therapy for acute pain to the pre-surgical or pre-injury dose as tissue healing progresses. ☐ Clinicians follow the HHS guidelines when tapering patients safely off of long-term opioid use.	• Tapering and discontinuing opioid use (mn.gov), 2021 • HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics (2019) • Tapering: How to Safely Transition Off Opioid Pain Medications
OUD & MAT	☐ The organization supports early identification and treatment of patients with OUD utilizing evidence-based best practices. ☐ The organization encourages and supports clinicians in achieving the DATA 2000 waiver to provide medication-assisted therapy (MAT) for opioid use disorder (OUD). ☐ Options of MAT, addiction screening and treatment within your organization or referral pathways that are clear and easy to use. ☐ Clinicians offer or arrange evidence-based treatment for patients with OUD if not an option within the organization.	• After Opioid Addiction: What It's Like to Go Through Medication-Assisted Treatment • Opioid Use Disorder on the Rise in Pregnant Women • Hennepin Healthcare Project ECHO • Blueprint for Operating Successful OUD Treatment, Providers Clinical Support System

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Community collaboration	☐ Community-based coalitions, law enforcement, public nursing, mental health specialists, county personnel and other social service agencies review data and work on community-based interventions. (e.g., drug take-back days). ☐ Work with appropriate community champions to review data and work on community-based interventions. ☐ The health care organization has processes in place to provide information-sharing with law enforcement and directly communicate to troubleshoot emergency situations, which complies with HIPAA and Minnesota Health Records Act.	• MHA's Health Care and Law Enforcement Road Map • The Role of Community Coordinated Efforts in Combating the Opioid Overdose Crisis, The Pennsylvania Opioid Overdose Reduction Technical Assistance Center • Collaborating with Communities, AHA • Community in Crisis - A Collaborative Approach to Responding to the Opioid Epidemic ASPMN • Community Forums to Address the Opioid Crisis: An Effective Grassroots Approach to Rural Community Engagement - PubMed Central (PMC)

CONTRIBUTORS INCLUDE:

Bret Haake, M.D., Regions Hospital, Saint Paul

Jennifer Watson, PharmD, CMSO, CentraCare, Saint Cloud

Joseph Bianco, M.D., Essentia Health, Duluth

Karen A. Brill MHA, RN, Gillette Children's Specialty Healthcare, Saint Paul

Katie Nixdorf, M.D., M Health Fairview Clinic, Blaine

Kelly Black, MA, BS, Essentia Health, Duluth

Ken Flowe, M.D., Carris Health, Wilmar

Kristen Beyer, PharmD, Gillette Children's Specialty Healthcare, Saint Paul

Kristie Bryant, RN, Welia Health, Mora

Lori Amborn, Gillette Children's Specialty Healthcare, Saint Paul

Mallory Mondloch, BS, RN, PHN, CMSRN, CBN, CentraCare, Saint Cloud

Melissa McGinty-Thompson, MA, ACNS-BC, Swift County- Benson Health Services

Minnesota Department of Human Services, Alcohol and Drug Division, Anoka

Nick Van Deelen, M.D., St. Luke's Hospital, Duluth

Rachel Uzlik, CPHQ, Revo Health, Golden Valley

Randy Hemann, M.D., Olmsted Medical Center, Rochester

Sarah Young, Carris Health, Willmar

Steve Meister, M.D., Avera Marshall Regional Medical Center

ADDITIONAL RESOURCES

- NHIVC online screening tools for mental health and drug use are available at: https://www.hiv.uw.edu/page/mental-health-screening/ihds
- CDC Implementation Toolkit
- AHA Adaptive Leadership webinar
- Institute for Healthcare Improvement, Improving Opioid and Pain Management
- The Stanford Opioid Management Model, Risk Stratification

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