INDIAN HEALTH SERVICE NATIONAL COMMITTEE ON HEROIN, OPIOIDS, AND PAIN EFFORTS (HOPE COMMITTEE)

INDIAN HEALTH CARE: ENSURING A COORDINATED, HOLISTIC RESPONSE TO THE OPIOID AND HEROIN EPIDEMIC

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2022 CDC PAIN GUIDELINES AND IHS OPIOID SURVEILLANCE DASHBOARD

2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain: A Summary

The CDC released new clinical practice guidelines on opioid prescribing for pain. The guideline provides updated recommendations for the treatment of acute, subacute, and chronic pain. The new guideline broadens the scope of the clinical audience to include additional practitioners, which further supports integrated care team models. For example:

Outpatient Clinicians: Dental and other oral health clinicians, Emergency clinicians managing pain for patients being discharged from emergency departments, Surgeons, Occupational medicine physicians, Physical medicine & rehabilitation physicians, Neurologists, Obstetricians & Gynecologists, Pharmacists

Primary Care Clinicians: Family physicians, Nurse practitioners, Physician assistants, Internists

The guidelines now recommend separating initial and ongoing opioid therapy, both requiring a risk versus benefit conversation between the clinician and patient. The guideline also discusses recommendations for appropriate opioid tapering, considerations for opioids dosages and guidance on non-opioid options for pain treatment.

The heart of the new guidelines support a strong patient-provider relationship and treatment plans developed through a shared-decision making process. The IHS opioid strategy supports 3 essentials of good pain management:

1. Promotes overall patient wellness through individualized care planning and patient goal-setting that incorporates patient preferences, culturally responsive practices, and local resources
2. Uses patient-centered, interdisciplinary and integrated systems to deliver evidence-based treatment and care
3. Establishes metrics to monitor pain care and outcomes at both the individual and population level

The IHS recognizes the complexity of implementing and sustaining evidence-based strategies for treatment of pain and opioid use disorder. Developing innovative approaches to the opioid crisis and sharing best practices through enhanced communications is fundamental to the overall IHS opioid strategy. Effective opioid stewardship strategies emphasize safe opioid prescribing, team-based care, leadership support, and use data to inform clinical decisions that will improve health outcomes. The IHS Opioid Surveillance Dashboard (OSD) is a tool used to support local stewardship initiatives.

- Register Now for the 2023 Office Hours to ask questions, understand OSD capabilities, and provide feedback on utility
- Three videos were released to support dashboard integration into facility opioid stewardship activities: IHS OSD Overview, Getting Access, and Incorporating Data

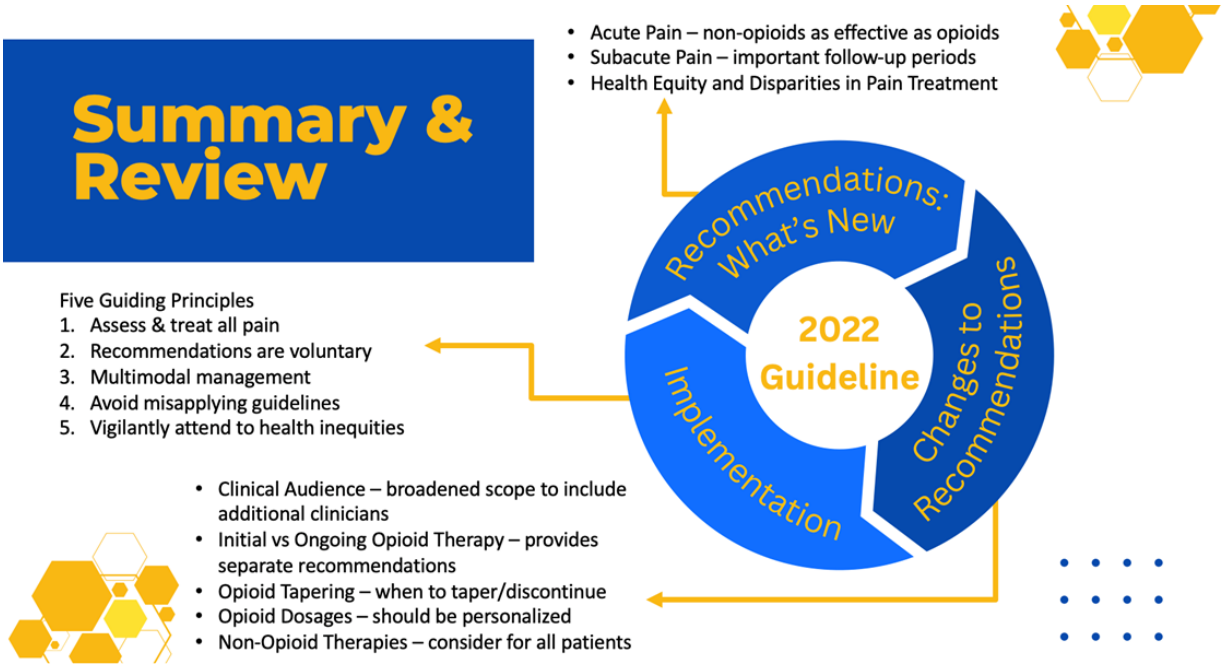
CDC Guideline for Prescribing Opioids: At-A-Glance Recommendations

1. Non-opioid therapies are at least as effective as opioids for the treatment of many types of acute pain.
2. Non-opioid therapies are preferred for the treatment of subacute and chronic pain.
3. Immediate-release opioids should be prescribed for initial opioid therapy (rather than extended-release or long-acting opioids).
4. If prescribing opioids, the lowest effective dosage should be initiated for opioid-naïve patients with any type of pain.
5. If patients are already on opioid therapy, carefully weigh the benefits and risks of changing dosages and exercise extreme care.
6. Prescribe only the quantity of opioids needed for the expected length of pain severe enough to require opioid use for patients with acute pain.
7. For patients with subacute or chronic pain, evaluate the benefits and risks of opioid therapy within one to four weeks of initiating opioid therapy or escalating dosages.
8. Evaluate the risk of opioid-related harms prior to initiating and periodically during continuation of opioid therapy and discuss risks with the patient.
9. Review Prescription Drug Monitoring Program (PDMP) data when prescribing initial opioid therapy and periodically during continuation of therapy to assess risk of overdose.
10. Consider the benefits and risks of toxicology testing to assess for prescribed medications and other controlled substances when prescribing opioids for subacute or chronic pain.
11. Use particular caution and consider the risks and benefits when prescribing opioids and benzodiazepines or other central nervous system depressants concurrently.
12. Offer or arrange for patients to receive treatment with evidence-based medications to treat opioid use disorder; detoxification alone is not recommended due to increased risk of resuming drug use, overdose, and death.

Opioid Stewardship

Unsure Where to Begin? Start here:

1. Look at local dispensing data & attend IHS OSD Office Hours
2. Screen for SUD and link patients to treatment
3. Promote universal access to naloxone: visit HOPE's naloxone page!



Newsletter written by HOPE Committee, contact LCDR Kristin Allmaras with questions.