



ACUTE CARE

# OPIOID PRESCRIBING GUIDE

**OPEN**

Evidence. Resources. Engagement.

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SECTION 1.0

# ACUTE CARE OPIOID PRESCRIBING GUIDE

This Guide is a compilation of resources for administrators and leaders to use within their health systems or departments to drive behavior change related to acute care opioid prescribing.

Several physician leaders were interviewed in the making of this Guide.

# ADMINISTRATOR/ LEADER RESOURCES

These resources for administrators and leaders in their respective departments are meant to serve as a tool for educating those prescribing opioids in excess of guidelines.

## SECTION 2.1

### USING THE GUIDE

While all interviewees agreed that determining the root cause of high-prescribing was the first step to changing prescribing practice, the approaches varied.

#### **This Guide's resources:**

- Are meant to be educational and non-punitive
- Allow for a tailored approach to coaching high prescribers based on your root cause findings
- Can be used in a variety of settings for counseling, including:
  - Emailing specific sections/resources
  - Face-to-face private meetings
  - Online self-study of specific sections/resources
  - Department meetings
  - Mandatory Annual Education
  - Grand Rounds presentations

## SECTION 2.2

### COUNSELING HIGH-PRESCRIBING PROVIDERS

#### **Recommendations:**

- 1. Plan the conversation prior to meeting:** Anticipate how the request to change their prescribing practice may be received. Familiarization with available Guide resources allows for a targeted response to the root cause of the current high-prescribing practices.
- 2. Be direct, professional, and empathetic:** Be open to hearing the prescriber's rationale.
- 3. Be specific:** Provide physician-specific data if available, benchmarking with hospital/specialty/peers' data when available.
- 4. State the desired outcome:** Adopt a tailored approach to acute care pain management that incorporates appropriate opioid prescribing, non-opioid medications (unless contraindicated), and non-pharmacologic options to create a comprehensive pain management plan for patients.
- 5. Provide tailored resources for desired outcomes:** See "[Prescriber Resources](#)" section.

# PRESCRIBER RESOURCES

These resources, designed for prescribers, are meant to be used in making the case for changing prescribing practice, dependent upon the root cause of the high opioid prescribing.

## SECTION 3.1

### OPEN PRESCRIBING RECOMMENDATIONS

These procedure-specific prescribing recommendations were informed by patient-reported data from our Collaborative Quality Initiative (CQI) partners, published studies, and expert opinions.

<https://michigan-OPEN.org/prescribing-recommendations/>



## SECTION 3.2

### EVIDENCE FROM STUDIES:

A 5-minute, narrated PowerPoint, outlining the evidence behind OPEN's evidence-based findings.

This brochure, created for healthcare professionals, uses recently published data to compel prescribers to change their opioid prescribing practice. Available in a condensed format as a [flyer](#).

This brochure, created for dentists, uses published data to support the use of over-the-counter medications in combination with reduced opioid prescribing.

### THE USE OF NON-OPIOID MEDICATIONS IN ACUTE CARE PAIN MANAGEMENT

A condensed one-pager on using acetaminophen and NSAIDs for post-operative pain management.

A condensed two-pager on using acetaminophen and NSAIDs for post-dental pain management.

A resource guide outlining a multimodal approach to managing postoperative pain through the use of non-opioid medications.



### SECTION 3.3

## OPEN'S KEY PUBLICATIONS

OPEN Key [Publications](#) are updated regularly, as new manuscripts become available.



### SECTION 3.4

## ACUTE CARE BEST PRACTICES

These one-page documents outline acute care best practices within specific care settings.

[Acute Care: Surgical Best Practices](#)

[Acute Care: Dental Best Practices](#)

[Acute Care: Emergency Department Best Practices](#)



SECTION 3.5

## LEGISLATION

At the end of 2017, the state of Michigan passed a multi-bill package into law, in order to combat the ongoing opioid epidemic. The links below provide information on the various bills and how they impact your acute care opioid prescribing practice.

[Legislation](#)

[FAQs](#)

SECTION 3.6

# COUNSELING PATIENTS

As part of post-operative pain care, OPEN strongly advocates patient counseling prior to surgery, to include the use of over-the-counter (e.g. acetaminophen and NSAIDs) medications when indicated. To ensure appropriate pain management, all patients should receive counseling (see examples below) addressing the following topics:

## SET EXPECTATIONS

*“Some pain is normal. You should be able to walk and do light activity, but may be sore for a few days. This will gradually get better.”*

## SET NORMS

*“Half of patients who have this procedure take less than X number of pills.”*

## NON-OPIOIDS

*“Take acetaminophen and ibuprofen around the clock. Use the stronger pain pills only as needed for breakthrough pain.”*

## APPROPRIATE USE

*“These pills are for your acute pain (e.g., surgery), and should not be used to treat pain from other conditions.”*

## ADVERSE EFFECTS

*“We are careful about opioids because they have been shown to be addictive, cause you harm, and even cause overdose if used incorrectly or misused.”*

## SAFE DISPOSAL

*“Disposing of your unused opioids prevents others, including children, from accidentally overdosing. You can take your opioids to an approved, year-round collector, or as a last resort, mix the pills with kitty litter in a bag and throw them in the trash.”*

## ADDITIONAL PROVIDER-PATIENT COUNSELING RESOURCES

### [Oregon Pain Guidance \(OPG\) Difficult Conversations](#)

Resources to assist providers in building rapport and addressing challenging medical conversations.

### [A Provider Resource on Pain Management Conversations](#)

PDF outlining questions to use with patients, recommendations for approaching and/or responding to potentially challenging patient interactions, how to respond compassionately to patients, and examples of patient conversations. Pages 34 - 39 outline questions to use with patients, recommendations for approaching and/or responding to potentially challenging patient interactions, how to respond compassionately to patients, and examples of patient conversations.

### [Provider Guide to Difficult Conversations](#)

Key principles and specific scripts to assist providers in navigating difficult conversations.

### [A Guide to Difficult Conversations About Opioids for Chronic Pain](#)

A video detailing how to build rapport with your patients and navigate challenging conversations around pain management.



# PATIENT RESOURCES

These patient-facing resources educate patients regarding opioid use in pain management while supporting the prescriber's reduced opioid acute care prescribing. These resources, available in English, Spanish, and Arabic, can be co-branded with your institution's logos for free upon request by visiting the [patient education](#) section at OPEN.

## SECTION 4.1

# EDUCATIONAL RESOURCES

## Brochures & Stockcards

Includes all the legislatively mandated opioid educational information and more. Also available for [dental](#) patients.

How to use over-the-counter acetaminophen/ibuprofen to manage post-procedural pain. Also available for [dental](#) patients.

How to safely store opioids while using as directed, and how to dispose of any leftover pills.

Two non-medication strategies for managing pain and anxiety:

- Mindful breathing
- Positive daily reflection

## SECTION 4.2

# EXAM ROOM POSTERS

Helps patients understand the requirements and limitations, mandated by Michigan law, when writing for prescription opioids.

Prompts both patient and healthcare providers to discuss a safe disposal plan for any unused opioids, thereby decreasing opportunities for misuse.

# ABOUT US

The Opioid Prescribing Engagement Network (OPEN) launched in October 2016 with support from the Michigan Department of Health and Human Services, Blue Cross Blue Shield of Michigan (BCBSM) Value Partnerships, and the Institute for Healthcare Policy and Innovation (IHPI) at the University of Michigan.



OPEN was founded in an effort to develop a preventive approach to the opioid epidemic by tailoring acute care opioid prescribing.

# OPEN

**Evidence. Resources. Engagement.**

To learn more, please visit  
[Michigan-OPEN.org](https://michigan-open.org)

For all correspondences, please email:  
[MichiganOPEN@umich.edu](mailto:MichiganOPEN@umich.edu)