

QI and Compliance for Opioids, Chronic Pain, and Managing Chronic Pain (MAT)

Maine Independent Clinical Information Service, 2021-2022



Some of the various mitigation strategies to reduce opioid misuse and diversion in Maine law and rules:

- ▶ Informed consents reviewed by provider and patient
- ▶ Patient and Provider agreement
- ▶ Review of the Prescription Monitoring Program on initial opioid/benzo scripts; every 90 days for recurring scripts
- ▶ Yearly urine drug screens (including correct interpretation and action with results)
- ▶ Consider yearly random pill counts
- ▶ Documentation of functional improvement
- ▶ Exit strategy
- ▶ Lowest effective dose (i.e. maximum of 100 MMEs)
- ▶ Shortest possible duration (i.e. 7 days or less for acute)

Other strategies to reduce risk of opioid misuse:

- ▶ Regular monitoring and reassessment
- ▶ Practice protocols that designate non-prescriber staff roles and responsibilities
- ▶ Screening tools to identify “non-reassuring” behaviors
- ▶ Increased frequency of monitoring when “non-reassuring” behaviors identified

Disclaimer

These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition. This document presents only general information regarding prescribing laws in the state of Maine.

Additional Resources

- ▶ Maine based resources micismaine.org/education-topics/clinical-toolkit/
- ▶ 2-page summary of CDC guidelines cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf
- ▶ MME calculator agencydirectors.wa.gov/Calculator/DoseCalculator.htm
- ▶ QI tools for opioid prescribing oregonpainguidance.org/tools/

Education Statement

This monograph was created in support of accompanying live educational activities. This monograph is not approved for medical education credit.

FMI: Maine Independent Clinical Information Service (MICIS) c/o Maine Medical Association, [MICISMaine.org](https://micismaine.org), 207.622.3374

2016 CDC Guidelines

1. Opioids are not first-line therapy
2. Establish goals for pain + function
3. Discuss risks + benefits
4. Use immediate-release opioids when starting
5. Use the lowest effective dose
6. Prescribe short durations for acute pain
7. Evaluate benefits + harms frequently
8. Use strategies to mitigate risk
9. Review PDMP data
10. Use urine drug testing
11. Avoid concurrent opioid + benzodiazepine prescribing
12. Offer treatment for opioid use disorder

IMPORTANT PATIENT EDUCATION POINTS

- 1 Store opioids in a lock box
- 2 Inform dangers of sharing
- 3 Proper disposal