**Some Breakout Thoughts**

Identify the limitations at your facility that will impede provider change (e.g. lack of data, physician access, non-standardized approach to pain management, suboptimal administrative support, patient resistance to change etc.) and how to overcome them.

**What to measure and trend? Other tools from the Electronic record, Pharmacy, Mental Health, Physical Therapist?**

Examples:

1. Morphine Equivalent Dose (MED), Benzodiazepine Equivalent dose
2. Rank Order of prescribers by MED, number of opioid patients
3. Concomitant opioid and benzodiazepine prescribing
4. Provider’s improvement
5. Prescribing and utilization of Naloxone kits

**Where to begin: prioritizing individual patients, clinics, provider’s, pharmacy, mid-level and upper management?**

Examples:

1. High dose Opioids
2. Opioids + Sedative Hypnotics
3. Patients stratified to high risk by validated tools
4. Patient doctor shopping
5. Prescribing opioids outside of primary care (Emergency Department, Mental Health)
6. Establishing an interdisciplinary Pain Clinic
7. Establishing a close relationship with Pharmacy Service to implement prescribing limitations.

**What is most effective (Best Practices) to achieve change at your facility**?

Examples:

* 1. Standardized Patient Opioid Consent focusing on functional goals
  2. Patient responsibilities when prescribed Opioids (AKA Opioid Agreement)
  3. Risk Stratification
  4. Distrust and Verify: PDMP queries, Random Urine Drug screens, pill counts
  5. Referral to support services: Pain specialist, Mental Health, alternative care
  6. Monthly Opioid Renewal Tool for schedule 2 medications.

**Establishing guidelines and rules (education of patient, provider and institution)**

Examples:

1. Provider and the Standard Operating Procedures (SOP)
2. Patient responsibilities when prescribed opioids
3. Opioid educational summit for mental health and primary care
4. Signage in ER waiting area regarding quantity limits of scheduled medications
5. Pharmacy limits on prescribing of Schedule 2 medications

**Academic detailing interactions: which individuals would you prioritize for subjecting to your enhanced motivational detailing techniques?**

Examples:

Director of the institution

Chief of Pharmacy

Chief of Staff

Congressional Staffers

Chief of Consumer Affairs

Information Technology representative

Head of Systems Redesign

Chief of ER

Chief of Primary Care

Interdisciplinary Pain Clinic Providers

Chief of Mental Health

Individual providers in general or selected by outlier status

Patients at risk