Handout: Key Messages

1. **Use non-opioid treatment as the first line for acute or chronic pain**
2. **If opioids are needed, start prescribing at the lowest effective dose**
3. **Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications**
4. **Offer patients with Opioid Use Disorder (OUD) a range of treatment options, including medication assisted treatment (MAT).**
5. **Complete training for suboxone prescribing to be able to offer MAT to patients with OUD.**

1. Use non-opioid treatment as the first line for acute or chronic pain

FEATURE	BENEFIT
Most acute pain gets better spontaneously Recent JAMA study showed that acute pain relief was no better when opioids were added to NSAIDs/Tylenol **Other examples:**	Patients will recover without being exposed to opioids Can offer patients effective treatment options without going to opioids

2. If opioids are needed, start prescribing at the lowest effective dose

FEATURE	BENEFIT
Most patients do not get increased pain relief with increasing doses of opioids, but do get increased physical dependence Opioid side effects keep increasing with dose **Other examples:**	Your patients can get just as good pain relief with less risk of developing a problem with opioid use Your patients will have a lower risk of constipation, falls, and other complications

3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications

FEATURE	BENEFIT
PDMPs identify all filled opioid prescriptions within the past year PDMPs also identify if a patient is on a benzodiazepine. **Other examples:**	You can treat patients who may need opioids with less concern about "doctor shopping". You can identify patients with problematic opioid use patterns You can avoid concurrent prescribing of opioids and benzodiazepines, which, when prescribed together, increase the risk of overdose.

4. Offer patients with Opioid Use Disorder (OUD) a range of treatment options, including medication assisted treatment (MAT).

FEATURE	BENEFIT
Most patients with OUD want to quit Both medication and counseling can be parts of treatment for OUD **Other examples:**	Many of your patients and their families will appreciate you trying to treat this issue Customizing treatment recommendations can increase patients' chances of success

5. Complete training for suboxone prescribing to be able to offer MAT to patients w/OUD.

FEATURE	BENEFIT
Suboxone treatment has been shown to help keep patient detox safely as outpatients Suboxone training can be completed in 8 hours, either in person or online **Other examples:**	Can get patients treatment without having to admit them to hospital or find an inpatient rehab with beds You can offer a critical clinical service to your patients with OUD.

Handout: Barriers and Enablers

Discuss the enablers for each of the barriers to the key messages listed below.

1. Use non-opioid treatment as the first line for acute or chronic pain

BARRIERS	ENABLERS
Patients expect to receive opioids	That is true, but with all the news stories about opioid overdoses it is more possible to explain the dangers to patients (maybe have a handout for patients also)
Other medications are less effective	Cite JAMA study mentioned above
Other examples:	

2. If opioids are needed, start prescribing at the lowest effective dose

BARRIERS	ENABLERS
If I do a low dose the patient will come right back asking for higher dose	Higher doses usually don't lead to increased pain relief, but do cause more side effects
We should not be withholding effective pain relief	Communicating to patients the balance between treating their symptoms and doing so safely can help build trust
Other examples:	

3. Use available PDMP Data to determine if patients have previously filled prescriptions for opioids or other controlled medications

BARRIERS	ENABLERS
I can't/don't know how to access the PDMP	We can help you (cards, handouts, CDC resource on how to do this.)
I don't feel comfortable altering benzodiazepine prescriptions I see in the PDMP since they are usually written by the patients' mental health providers	Identifying co-prescribing creates an opportunity to educate patients about the increased risk from using opioids and benzodiazepines together
Other examples:	

4. Offer patients with Opioid Use Disorder (OUD) a range of treatment options, including medication assisted treatment (MAT).

BARRIERS	ENABLERS
Treatment is not available in my area	We can help connect you with (local resources, medication-assisted treatment options, etc.)
Treatment doesn't work, patients go right back to using	It is true that people with OUD often relapse, but many patients require multiple treatment attempts
Other examples:	

5. Complete training for suboxone prescribing to be able to offer MAT to patients with OUD.

BARRIERS	ENABLERS
I don't have the time for suboxone training	This can be an important service to offer your patients and can increase the scope of your practice
Suboxone just substitutes one addiction for another	By becoming a properly trained suboxone prescriber, you can ensure that your patients are using it appropriately and effectively
Other examples:	

Notes: