Prevention and early intervention

KEY QUESTIONS	INITIATIVES	ACTIONS
How do we address the upstream drivers of the chronic pain epidemic and opioid use disorders?	Change the mental model of pain	• Physician education: Develop curriculum, educational materials, and up-to-date modules on the science of pain • Patient education: Develop patient materials, public service announcements, and "nudges"
	Improve early recognition of psychosocial contributors to pain and substance misuse	• Encourage use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool across all settings to identify high-risk patients
	Increase affordable access to behavioral health	
How do we ensure the appropriate use of opioids in the treatment of pain?	Minimize the initial exposure to opioids and increase the use of first-line therapies/ alternatives to opioids (ALTOs) for pain treatment	• Encourage a multimodal approach (pharmacological and non-pharmacological) to pain management • Develop specialty-oriented protocols and guidelines for appropriate opioid prescribing; pilot team-based training and implementation; disseminate best practices
	Make the PDMP universally easy-to-use and more useful	• Integrate into EMRs (decrease costs, IT support); increase feedback to providers and patients (dosing, duration, frequency, refills, MMEs, co-prescribing); include hospital prescriptions and methadone clinics
	Encourage health insurance coverage for ALTOs and easy use of benefits	• Engage plans to catalogue current efforts • Incentivize and possibly mandate affordable, timely access to evidence-based first-line therapies and ALTOs without prior authorizations – pain psych., acupuncture, physical therapy; better access to atypical opioids (e.g. buprenorphine and tapentadol); present cost-effectiveness, benefits of unity
	Provider education	• Educate on ALTOs and atypicals/best practices; addictionology and pain "mentoring" • Make education accessible (virtually, state specialty society) and possibly incentivize education (financial, CME, COPIC ERS) • Marketing, testimonials
	Patient education	• Set appropriate expectations for pain/symptom control and functional goals, depending on disease process • Education regarding opioid use risks and benefits • Handouts (specialty-specific/state society) • Public service announcements
	Create (or leverage) a virtual multi-disciplinary case review/ consultation system	• Similar to tumor board or ECHO
	Dentists/veterinarians – Increase partnership and outreach	• Collaborate with dentists' and veterinarians' specialty societies

Treatment

KEY QUESTION	INITIATIVES	ACTIONS
How do we develop effective addiction treatment (MAT and others) in the community, taking into account the varied cons of care?	Stigma reduction and education so the public understands that opioid addiction is a disease and not simply a poor lifestyle choice	• Public service announcements, flyers for physician offices, and web-based resources for patients • Promote and leverage public awareness campaigns, including Lift the Label • CMS and partners work to publish op-ed in media about stigma and enhancing empathy around opioid use disorder – target public, law enforcement, medical profession
	Clinician outreach through all stages of training and career	• Incorporate training on pain, addiction and treatment, and treatment of both in medical schools • Outreach to practices/doctors/residencies
	Increase practical/technical assistance for substance use disorders treatment, including MAT implementation/expansion	• Links and access to trainings/resources/ shadowing (ECHO, SIM, ALTOs, CBT DBT for pain, biofeedback, guidelines, forms, mentoring, community) to give clinicians on-site experience
	Utilize and optimize hub-and-spoke integrated care models	• Integrate into EMRs (decrease costs, IT support) • Increase feedback to providers and patients (dosing, duration, frequency, refills, MMEs, co-prescribing • Include hospital prescriptions and methadone clinics
	Inventory available resources for substance abuse and mental health	• Monitor and address if there are gaps in treatment options
	Public policy advocacy	• Treatment coverage, parity (42 CFR § 457.496)

Harm reduction

KEY QUESTION	INITIATIVES	ACTIONS
How do we make sure people who are using/ abusing opioids (Rx and illicit) are doing so as safely as possible?	Publish harm reduction position statement based on best evidence	• Develop Colorado Medical Society policy
	Create clinician education revolving around how to implement harm-reduction practices	• Create a harm reduction toolkit for clinicians so they can implement harm reduction in their practices • Link to infectious disease treatment and precautions regarding safe use
	Strive to have every hospital dispense naloxone to high-risk patients at discharge by 2020	• Collaborate with the Colorado Hospital Association on efforts to increase naloxone dispensing
	Increase use of needle exchange programs	• Work with Colorado Hospital Association to create nation's first hospital-based syringe exchange pilot program