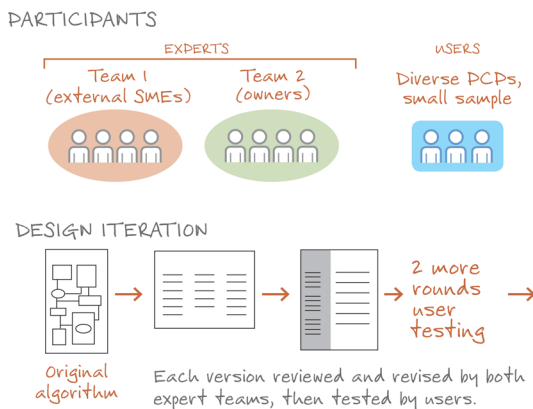


Help the CDC create a decision checklist that supports new opioid prescribing guidelines.



Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (eg, addiction, overdose) with patient.
- Evaluate risk of harm or misuse.
 - Discuss risk factors with patient.
 - Check prescription drug monitoring program (PDMP) data.
 - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (eg, PEG scale).
- Schedule initial reassessment within 1–4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- Benefits of long-term opioid therapy for chronic pain not well supported by evidence.
- Short-term benefits small to moderate for pain; inconsistent for function.
- Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.

NON-OPIOID THERAPIES

- Use alone or combined with opioids, as indicated:
- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anti-convulsants).
 - Physical treatments (eg, exercise therapy, weight loss).
 - Behavioral treatment (eg, CBT).
 - Procedures (eg, intra-articular corticosteroids).

EVALUATING RISK OF HARM OR MISUSE

Situation

The United States faces an unprecedented opioid and heroin addiction crisis. Rising rates of prescription opioid use correspond with increased harm to patients, and fuel use of cheaper illicit opioids like heroin, resulting in a serious and urgent public health challenge.

In response, the Centers for Disease Control and Prevention published the CDC Guideline for Prescribing Opioids for Chronic Pain. The guideline provides recommendations for primary care practices, including strategies for assessing and reducing the potential for harm that can result from prescribed opioids.

Emphatic Communications was hired to work with a team of independent experts and a team at the CDC to create a practical tool that could help clinicians understand and follow the new guidelines.

How we helped

Our role was to coordinate input from both teams, develop prototypes, analyze feedback from user testing cycles, optimize the information design, and create a visual design compatible with related opioid materials and resources.

We helped the teams define and describe critical pause points in clinical workflow, prioritize key assessment and prescribing behaviors, craft actionable language that is both concise and clear, and present the content in a practical user-friendly format.

Services provided

- Design strategy and facilitation
- Prototyping and research
- Information design and layout

Outcomes

- Transformed a complex preliminary treatment algorithm into a practical tool shaped by leading addiction experts and validated by primary care physicians
- Delivered a validated decision checklist tool (multiple prototype/test/revision cycles) within a 10-week development cycle