## Checklist for Safe Opioid Prescribing

Purpose of this document: this document describes a checklist extracted from the establishment of a Chronic Opioid Therapy Management System within a primary care practice.

Disclaimer: this is provided for informational purposes only and does not constitute medical advice.

This checklist describes the data elements that will help you to:

* Understand the scope of the problem of chronic opioid management for your practice
* Understand the opportunity for improving the safety of chronic opioid prescribing or de-escalation in your practice

It would be ideal for you to be able to obtain this data by querying your electronic medical record. We also recognize that this is not often possible and share that we used primarily a manual process initially to help define the problem.

* Number of providers in your practice
* Number of patients in your practice
* Number of opioid prescriptions in your practice per year
* Number of patients receiving opioids prescriptions for greater than 90 days (which we define as chronic opioid use)

For patients with a chronic opioid prescription

* Number of providers prescribing chronic opioids
* Number of patients with a narcan prescription
  + And [documentation of education of caregiver](https://www.ama.assn.org/delivering-care/opioids/how-administer-naloxone)
  + And confirmation of availability of narcan at home
* Number of patients with [an opioid treatment agreement](https://www.drugabuse.gov/sites/default/files/SamplePatientAgreementForms.pdf) in the last 2 years
* Number of patients with a urine toxicology test within the last year
* Number of patients with an aberrant urine toxicology test within the last year and documentation of either: reason for aberrancy, retesting that was expected, change in treatment (such as tapering, referral to substance use disorder treatment)

Clinical practice parameters:

* Number of providers who prescribe opioids
* Number of providers who feel confident assessing opioid risk
* Number of providers who feel confident interpreting urine toxicology results

Community of care parameters:

* What resources are available for patients who are identified as being at risk of substance use disorder?
  + How quickly can patients be seen for substance use disorder?
  + Is there a mechanism for a warm handoff/trust transference to the substance use provider?
* What resources are available for your clinicians in:
  + Interpreting urine toxicology
  + In creating a tapering plan for opioids
* What alternative of adjunctive treatment modalities are available to your clinicians to refer patients to:
  + Addiction psychiatry
  + Pain Medicine
  + General Psychiatry
  + Physical Therapy
  + Mindfullness Training
  + Other