

# Provider Education

- S Screen and Assess risk for opioid abuse, for example with the SBIRT, SOAPP or ORT, UDT, PMP, mental health screening, substance abuse
- M Methadone Safety Precautions: don't use conversion tables, start low go slow (start <5 mg TID and not increase more than 10 mg weekly), Qt prolongation
- A Avoid unsafe combinations i.e. benzodiazepines, alcohol, sleep aids, CNS depressants with opioids
- R Reduce opioids by 20 % with URI's, flu and asthma
- T Treat acute pain without long acting opioids or CR formulations
- S Sleep Apnea assessment at > 50 mg/day methadone or >150 mg/day of morphine equivalent opioids

# Guiding Principles that Change Prescriber Behavior

- Specific training should be mandated for all opioids with a competency text (careful that it is not excessively burdensome)
- Teaching through interactive cases
- Financial incentives, i.e. med- mal premium reduction, Increase fees
- Academic Detailing is a proven technique
- Prescribers must change a system within their practice to change behavior
- Make relevant to the providers practices
- Areas that could be implemented in system changes:
  - PMP- access, and use
  - UDT-understand how to use
  - Risk assessment- implement a system
  - Sleep studies-standardize protocol
  - Develop referral and consultant list