

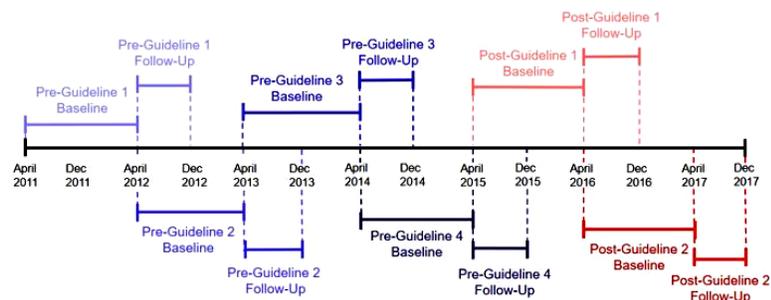
Changes in Initial Opioid Prescribing Practices Following the 2016 Release of the CDC Guideline for Prescribing Opioids for Chronic Pain

Purpose The purpose of this study was to examine how initial opioid prescribing practices among opioid naïve patients changed following the release of the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain.

Background The CDC released the Guideline for Prescribing Opioids for Chronic Pain in 2016, which provides recommendations for primary care clinicians who prescribe opioids for adults with chronic, non-cancer pain. The purpose of the guideline is to a) improve patient/provider communication surrounding the risks and benefits of opioid therapy; b) improve the safety and effectiveness of pain treatment; and c) reduce the risks associated with long-term opioid use. However, the effect that this guideline has had on prescribing practices for opioid naïve patients is unknown.

Methods Using commercial claims data from a large national insurer (including data from those covered by Medicare Advantage by the same insurer), an observational study was conducted to determine if trends in initial prescribing to opioid naïve patients differed from their pre-guideline trends following the release of the 2016 CDC guideline. Sequential cohorts were constructed to estimate pre-guideline prescribing trends, projected forward, and then compared with post-guideline prescribing. Opioid initiation, initial prescribing duration, and dose were all examined.

Appendix Figure 1: Schematic diagram of the time windows for each Pre-Guideline and Post-Guideline cohort.



Note: To qualify for each cohort individuals were required to: 1) be continuously enrolled for the entire 21-month period; 2) have 0 total Morphine Milligram Equivalents (MMEs) during their baseline period; and 3) Not having any diagnoses for cancer, palliative care, or end-of-life care at any time from 2011-2018.

Findings Following the release of the 2016 CDC guideline, opioid initiation decreased; however, this reduction continued a pre-guideline trend and was smaller than projected. Among those receiving prescriptions, initial prescribing duration and dosage were both significantly lower than expected based on the pre-guideline trend.

Discussion

Findings from this study suggest that evidence-based guidelines from trusted sources may affect clinician behavior. Guideline-concordant care has the potential to improve pain management and reduce the risk of harm associated with long-term opioid use.

Goldstick, J. E., Guy, G. P., Losby, J. L., Baldwin, G., Myers, M., & Bohnert, A. S. B. (2021). Changes in Initial Opioid Prescribing Practices Following the 2016 Release of the CDC Guideline for Prescribing Opioids for Chronic Pain. *JAMA Network Open*, 4(7).