

Table 1. National Policies and Standards for Opioid Stewardship	
Centers for Disease Control and Prevention, 2016 & 2017	<p>Guideline for Prescribing Opioids for Chronic Pain (2016) In response to the increase in opioid-related overdose deaths, the CDC published opioid prescribing guidelines, which were rapidly adopted across the continuum of health care for acute and chronic pain management. NOTE: The CDC is updating the 2016 guidelines and plans to release a new suite of materials to assist with implementation of the revised guidelines in late 2022.</p> <p>Quality Improvement (QI) and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain (2017) The CDC published a guide for healthcare systems to integrate the 2016 Guidelines and associated quality improvement (QI) measures into their clinical practice. This resource offers primary care providers, practices, and healthcare systems a framework for managing patients who are on long-term opioid therapy</p>
Centers for Disease Control and Prevention, 2016	<p>Pharmacists: On the Front Lines CDC brochure bringing awareness to the roles of pharmacists in addressing the opioid crisis.</p>
US Department of Health and Human Services, 2017	<p>In 2017, HHS launched a comprehensive 5-Point Strategy to empower local communities on the frontlines to combat the opioid crisis. This included calling for: (1) better addiction prevention, treatment and recovery services, (2) better data, (3) better pain management, (4) better targeting of overdose reversing drugs, and (5) better research.</p>
The Joint Commission, 2018	<p>As part of a national effort to address the opioid crisis in the U.S., the Joint Commission underwent an 18-month standards revision process focused on the safe and judicious prescribing of opioids. The revised pain assessment and management standards for accredited hospitals went into effect January 1, 2018.</p> <p>New requirements included:</p> <ul style="list-style-type: none"> • Identifying a leader or leadership team that is responsible for pain management and safe opioid prescribing • Involving patients in developing their treatment plans and setting realistic expectations and measurable goals • Promoting safe opioid use by identifying high-risk patients • Monitoring high-risk patients • Facilitating clinician access to prescription drug monitoring program databases • Conducting performance improvement activities focusing on pain assessment and management to increase safety and quality for patients
The Joint Commission, 2019	<p>On January 1, 2019, new and revised Joint Commission pain assessment and management standards went into effect for accredited ambulatory care facilities and critical access hospitals. The Joint</p>

	<p>Commission provides a summary of key concepts in the standards to ensure an understanding of the requirements for:</p> <ul style="list-style-type: none"> • Hospitals/Critical Access Hospitals • Ambulatory Care
American Society of Health-System Pharmacists, 2016	<p>In 2016, the American Society of Health-System Pharmacists (ASHP) issued a Statement on the Pharmacist’s Role in Substance Abuse Prevention, Education, and Assistance stating that pharmacists have the unique knowledge, skills, and responsibilities for assuming an important role in substance abuse prevention, education, and assistance. Pharmacists, as healthcare providers, should be actively involved in reducing the negative effects that substance abuse has on society, health systems, and the pharmacy profession.</p> <p>Between 2009-2019 ASHP has issued several Medication Therapy and Patient Care - Specific Practice Area Positions related to opioid stewardship, including: Pain Management (1722), Stewardship of Drugs with Potential for Abuse (1603), Controlled Substance Diversion and Patient Access (1614), and Prescription Drug Abuse (1526).</p>
American Pharmacists Association	<p>The American Pharmacists Association (APhA) seeks to advance the pharmacy profession and pharmacist’s role as a patient care provider. A key APhA advocacy issue is Prescription drug misuse and abuse and the role of the pharmacist is highlighted with respect to the opioid epidemic: <i>Pharmacists’ knowledge, accessibility, and expertise, puts them in a unique position to help combat this epidemic.</i></p>

Table 2 provides a list of available guidance documents from national professional organizations.

Table 2. Guidance Documents to Assist with Implementing Opioid Stewardship

American Hospital Association	<p>The American Hospital Association developed a toolkit, Stem the Tide: Addressing the Opioid Epidemic to provide health systems engaged in opioid stewardship guidance and resources on how to work with patients, clinicians and communities to stem the opioid epidemic. In 2020, AHA Center for Health Innovation released another toolkit focused on measuring opioid stewardship outcomes, Stem the Tide: Opioid stewardship measurement implementation guide.</p>
Society of Hospital Medicine	<p>The Society of Hospital Medicine (SHM) is committed to supporting hospitalists and their teams in developing comprehensive strategies and programs that will promote patient safety in the administration of opioid therapy. SHM’s Reducing Adverse Drug Events related to Opioids (RADEO) Guide, provides step-by-step guidance to assist hospital teams in implementing a quality</p>

	improvement program to improve patient safety and reduce opioid-related adverse events for patients receiving opioids.
American Pharmacists Association	Opioid Use and Misuse Resource Center This APhA resource center provides: <ol style="list-style-type: none">1. interactive tools and publications to help pharmacists treat patients using opioids,2. A compilation of resources to help pharmacist decision-making and improve communication with patients,3. Resources that reflect developments regarding federal and state responses to the opioid epidemic, such as the Surgeon General's Advisory on Naloxone and Opioid Overdose.4. A collection of training, webinars, and learning archives, including Pathways to Safer Opioid Use (free, CPE credit), an immersive, interactive training tool designed using opioid-related recommendations.5. Opportunities for pharmacists and pharmacy technicians to connect with other professionals.
National Quality Forum, 2018	The National Quality Forum (NQF) convened an Opioid Stewardship Action Team in 2017, which included 40+ organizations representing clinicians, patient partners, federal agencies, and other key stakeholders. In 2018, the NQF published the NQF Playbook™: Opioid Stewardship , which provides essential guidance for healthcare organizations and clinicians across care settings committed to appropriate pain management strategies and opioid stewardship.
The College of HealthCare Information Management Executives (CHIME)	The College of HealthCare Information Management Executives (CHIME) put together an Opioid Playbook The CHIME Opioid Task Force was launched in early 2018 with a straight-forward mission: to turn the tide on the opioid epidemic using the knowledge and expertise of the nation's healthcare IT leaders. The CHIME Opioid Playbook has been created by CIOs and CMIOs for CIOs and CMIOs to help them develop a program that will help their providers, healthcare organizations and especially patients be successful. The playbook provides a framework to build IT-based supports for launching and maintaining system-wide initiatives to reduce the disease of opioid addiction in our communities. It is based on the knowledge, experience, and insights from the diverse membership of CHIME and CHIME Foundation partners, with real-world examples, best practices and links to valuable resources.

Table 3 details the Wisconsin specific policies and guidelines related to opioid stewardship.

Table 3. Wisconsin State Policies, Guidelines Related to Opioid Stewardship	
Wisconsin Medical Examining Board Opioid Prescribing Guideline, 2019	<p>In 2019, the Wisconsin Medical Examining Board issued an updated Opioid Prescribing Guideline with the purpose of helping providers make informed decisions about acute and chronic pain treatment -pain lasting longer than three months or past the time of normal tissue healing. The guideline encourages providers to implement best practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration for post-operative care and acutely-injured patients.</p> <p>*Currently, there are no corresponding guidelines about opioids from the Wisconsin Pharmacy Examining Board. However, pharmacists can refer to the physician guideline when presenting to health system leadership about the rationale for opioid stewardship.</p>
Wisconsin Medical Examining Board Rule on Required CME related to opioid prescribing, 2019	<p>The Wisconsin Medical Examining Board (MEB) approved a rule requiring physicians with a DEA number to complete two CME credits on its Opioid Prescribing Guideline during each CME cycle.</p> <p>*Currently, there is not a corresponding rule for pharmacists to complete CE in pain management or opioid-related topics, but pharmacy teams can refer to this requirement when presenting to health system leadership about the rationale for opioid stewardship and the role they can potentially play in pharmacist-delivered provider education.</p>
Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP)	<p>The Wisconsin Enhanced Prescription Drug Monitoring Program (ePDMP) is a tool to help combat the ongoing prescription drug abuse epidemic in Wisconsin. Relevant components of the ePDMP statutes and regulations for health system pharmacists are as follows:</p> <p>Required WI ePDMP Use by Prescribers</p> <p>Effective April 2017, Wis. Stat 961.385(2)(cs)1 requires that the prescriber, or their delegate, view a patient's WI ePDMP record before issuing a prescription order for a monitored prescription drug. The exceptions for review defined by Wis. Stat 961.385(2)(cs)2 are:</p> <ol style="list-style-type: none"> 1. The patient is receiving hospice care, as defined in s. 50.94 (1) (a). 2. The prescription order is for a number of doses that is intended to last the patient 3 days or less and is not subject to refill. 3. The monitored prescription drug is lawfully administered to the patient. 4. Due to emergency, it is not possible to review the patient's records under the program before the practitioner issues a prescription order for the patient.

5. It is not possible to review the patient's records under the program because the digital platform for the program is not operational or due to other technological failure if that failure is reported to the board.

Medical Coordinator Access

A Medical Coordinator for purposes of accessing the WI ePDMP is defined by [Wis. Stat. § 961.385\(2\)\(cm\)2](#). It allows the WI ePDMP to release non-patient-identifiable information to a person who:

1. Medically coordinates, directs, or supervises a practitioner;
2. Establishes standard operating procedures for a practitioner;
3. Evaluates the job performance of a practitioner; OR
4. Performs quality assessment and improvement activities, including outcomes evaluation or developing clinical guidelines.

The Medical Coordinator role in the WI ePDMP allows access to the Prescribing Practice Metrics for individual prescribers only after the prescriber has accepted the Medical Coordinator's request in the WI ePDMP.

The ePDMP has created a [Medical Coordinator Guide](#) with details about how to get an account and what information is available from the PDMP.