

# CONSENSUS MATRIX

1. For each of the recommendations for WG1 and 2, circle ONE answer. ✘ = Disagree ✔ = Agree

## WG1- Enhancing Public Knowledge of Opioid Misuse

What We Agreed On

What the public needs to know: Statistics on death and overdose	✘	✔	Needs more discussion
What the public needs to know: Availability and importance of lock boxes	✘	✔	Needs more discussion
What the public needs to know: Unused pills in medicine cabinets and closets are major source of opioids in community	✘	✔	Needs more discussion
What the public needs to know: How to appropriately dispose of narcotics	✘	✔	Needs more discussion
What people taking opioids need to know: Effectiveness of opiates (short- and long-term)	✘	✔	Needs more discussion
What people taking opioids need to know: Side effects may become more dangerous as you age (adverse effects on bone density, sleep, constipation, heart, testosterone, etc.) and as you add meds (benzos, alcohol, etc.)	✘	✔	Needs more discussion
What people taking opioids need to know: It's important to take opioids responsibly	✘	✔	Needs more discussion
What people taking opioids need to know: Meds in the home are a risk for family, so keep them securely	✘	✔	Needs more discussion

## WG2 - Implementing Clinical Guidelines for Managing Chronic Pain

What We Agreed On

Highest priority for implementation: Reduce co-prescribing of benzos	✘	✔	Needs more discussion
Highest priority for implementation: Reduce number of patients on high-dose methadone and other long-acting meds	✘	✔	Needs more discussion
Highest priority for implementation: More consistent patient education	✘	✔	Needs more discussion
Highest priority for implementation: Reduce inappropriate new starts of chronic opioids in low-evidence situations	✘	✔	Needs more discussion
Highest priority for implementation: Reduce doctor shopping through consistent use of CURES and urine screening	✘	✔	Needs more discussion

What We Discussed/Have Not Agreed On

We will adopt a morphine equivalent dosing limit of 120 meqs as a benchmark. Patients over that limit should be flagged for additional education and weaning.	✘	✔	Needs more discussion
UTox should be a part of chronic opioid management, and there should be a consistent protocol as to how the results are used.	✘	✔	Needs more discussion
All chronic pain patients on opioids should be evaluated by behavioral health.	✘	✔	Needs more discussion

2. When you finish, spend 5 minutes discussing answers at your table.

### 3. For each of the recommendations for WG3 and 4, circle ONE answer.

#### **WG3 - Bolstering Non-Opioid Treatments for Chronic Pain**

##### What We Agreed On

Recommendation: More education on alternative/complementary modalities for patients, providers, and public	✘	✔	<b>Needs more discussion</b>
Recommendation: Use motivational interviewing to identify patient goals, with emphasis on intervention	✘	✔	<b>Needs more discussion</b>
Recommendation: List of accessible modalities should be broad and customized for patient geography and cultures	✘	✔	<b>Needs more discussion</b>

##### What We Discussed/Have Not Agreed On

Attempting CBT or a pain group should be a requirement for anyone on chronic opioids.	✘	✔	<b>Needs more discussion</b>
All primary care clinics should offer pain management groups and CBT as a routine part of treatment.	✘	✔	<b>Needs more discussion</b>

#### **WG4 - Management of Opioid Dependent Patients**

##### What We Agreed On

Recommendation: Conduct population-based reviews looking for high-dose methadone patients, co-prescribed pts; check EHR for criteria	✘	✔	<b>Needs more discussion</b>
Recommendation: Implement peer evaluation and advice process. Must be provided consistently by a physician who is recognized as judicious and a good communicator. The patient may or may not be present	✘	✔	<b>Needs more discussion</b>
Recommendation: Embed a medication dose calculator in the EHR for decision support	✘	✔	<b>Needs more discussion</b>
Recommendation: Education for providers (and patients!) on: Physical risks of chronic opioid use; needed lab and EKG monitoring for patients on chronic opioids	✘	✔	<b>Needs more discussion</b>
Recommendation: A multi-disciplinary team organized and available to support patients weaning off opioids	✘	✔	<b>Needs more discussion</b>

##### What We Discussed/Have Not Agreed On

CURES should be checked on every patient in the practice as part of intake.	✘	✔	<b>Needs more discussion</b>
All patients currently on long acting opioids (methadone or OxyContin) should be encouraged to switch to buprenorphine.	✘	✔	<b>Needs more discussion</b>
Naloxone should be routinely prescribed for people on high dose opioids.	✘	✔	<b>Needs more discussion</b>

### 4. When you finish, spend 5 minutes discussing answers at your table.

### 5. We will collect and tabulate the answers.