Facing Opioid Crisis Head on: Key Considerations for Implementing Prescription Risk Management Plans

by Diane Doherty

Drug overdoses are a leading cause of accidental death in the United States. With the notable uptick in the number of prescriptions written for opioids and millions of patients suffering from daily, severe pain, healthcare providers have expressed concerns around opioid-related risks such as addiction and overdose, as well as a lack of a common understanding of and training on risk-minimizing, pain management.

It is estimated that 11.2% of U.S. adults experienced pain for the preceding three months and 17.6% had severe levels of pain. In addition, an estimated one out of five patients with non-cancer pain or pain-related diagnoses are prescribed opioids. To combat today’s upsurge of opioid prescriptions and overdose occurrences, providers should strive to continue to strike a balance between effective pain management and ethical prescription practices, while managing the new risks the opioid crisis has fueled.

During this watershed moment in the healthcare industry, it will be important for hospitals and healthcare professionals to have a well-developed and tested risk management plan in place to not only help play their part in stemming the opioid crisis, but also to meet patient needs, properly manage care, reduce associated liability, protect revenue streams and ensure safety.

Prioritizing Education, Guidelines

To reduce the possibility of jeopardizing patient care and exposing providers to risks associated with medical professional and workers compensation liabilities—some of the largest insurance costs and sources of pressure for healthcare providers—they need training and an understanding of guidelines.

Providers should keep in mind a number of factors when deciding to initiate—or continue—opioids for chronic pain. This could include not using opioids as a first-line method of therapy, evaluating the benefits and harms on a frequent basis and offering evidence-based treatment (i.e., medication-assisted treatment with buprenorphine/naloxone in combination with behavioral therapies). Healthcare providers should also remember that one-patient-does-not-fit-all and develop specific guidelines for safe opioid prescribing and dosage for post-operative and chronic pain.

Abiding by such guidelines and maintaining patient safety require providers to take the time to educate clinicians at all levels about safe opioid use. For example, providers should consider conducting mandatory training sessions with physicians about best practices and new ways of thinking about pain management and opioid prescription. In addition, during these sessions, it would be important to educate clinicians on non-opioid-related factors when dealing with patients, such as patient mindfulness, non-pharmacological pain management devices and non-medical interventions.

Patient-Forward Thinking, Communication

When prescribing opioids or alternative treatments, providers should make an effort to sit on the same side of the table as patients. This means articulating realistic expectations and goals of treatment with patients and iterating that opioid use (or other pain treatments) is intended to help manage pain rather than erase pain or achieve a pain scale of zero.

Doing so will require a sense of trust, and achieving this level of trust requires good communication and transparency. Providers should take the time to promote written and oral education to patients on safe opioid treatment. This could result in patients better managing pain; increased understanding of potential risks, side effects and potential outcomes of opioid treatment; and helping providers limit exposure to associated liabilities.

Assessing and Prescribing

Implementing a well-thought out method to aid in assessing pain management and executing against expectations benefit providers. They should screen and assess patients using standard tools for pain—or risk of pain—based on diagnosis, planned treatment and risks for respiratory depression. This type of comprehensive assessment, including discussion on medical and family history, pre-existing conditions, comorbidities, current life situations and the presence of abuse-prone
stressors, could set a baseline, helping to better understand and manage patient pain.

There are also alternative treatment modalities for treating opioids that could introduce a more holistic approach to a patient’s pain management and treatment—modalities that hospitals and healthcare providers could use when developing an opioid prescription-risk, management plan. National organizations, such as the National Center on Addiction and Substance Abuse provide information and resources for both providers and patients about alternative options.

Establishing Protocols, Monitoring Practices

The cost of chronic pain is staggering, estimated to be $560 billion to $635 billion annually in the United States. These expenditures include healthcare expenses and lost productivity ($61.2 billion).6

To help retain revenue and effectively manage patients, providers should remain alert for side effects and ensure healthcare professionals are fully aware of these effects and potential signs of overdose. Providers should draft a protocol for handling patients with drug-seeking behavior who present in an emergency room.

To better determine if patients are receiving opioid dosages, or other drugs in combination with opioids that can put patients at greater risk of overdose, providers could access Prescription Drug Monitoring Program (PDMP) data. Studies suggest that PDMPs improve patient safety and reduce the risk of overdose by identifying patients at risk of abuse, reducing inappropriate prescribing and preventing patient "doctor shopping."

With the reorganization of oversight around opioid prescription risk management, hospitals and healthcare providers should stay on the offense and establish clear procedures for the prevention and detection of controlled-substance diversion. Having a standardized system in place to monitor, identify and investigate diversion—and to respond rapidly in the event of a confirmed diversion—could help decrease the likelihood of falling victim to fraud and theft of drugs and controlled substances. This is a problem that can jeopardize patient safety and access to high-quality care.

To keep both patients and providers safe and to best manage risks that can accompany opioid prescriptions, providers should properly identify and designate a clinical leader responsible for the oversight of pain management and opioid prescribing for their organizations.

The oversight designee or team could help reorganize and monitor the success of a risk management prescription plan by collecting data, tracking types of pain interventions and assessments and monitoring durations of opioid prescriptions, while monitoring potential use or misuse of drug prescriptions. A clinical leader also could ensure that patient demands and pain management needs are addressed.

Implementing a risk management plan could help create realistic expectations for healthcare systems and aid in proper patient care and pain assessment and management. As the opioid crisis continues to evolve and become an increasing threat to individuals across the United States, hospitals and healthcare systems will need to institute and test a well-developed risk management plan that can help stem the opioid epidemic, and take strides to protect patients, revenue and exposure to associated liabilities.

(The material presented in this advisory article is not intended to provide legal or other expert advice as to any of the subjects mentioned, but rather is presented for general information only.)


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