

# Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices: *Opioid and Pain Management Tools and Resources*



February 26, 2021

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# Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices: *Opioid and Pain Management Tools and Resources*

**Prepared for:**

Agency for Healthcare Research and Quality (AHRQ)  
5600 Fishers Lane  
Rockville, MD 20857  
[www.ahrq.gov](http://www.ahrq.gov)

**Contract No. HHSP 2332015000131**

**Prepared by:**

Abt Associates  
Rockville, MD

Rosanna M. Bertrand  
Nicole Keane  
Sarah Shoemaker-Hunt  
Michael Parchman  
Clarissa Hsu  
Morgan Michaels

**AHRQ Publication No. 21-0013**  
**February 2021**



## **Disclaimer of Conflict of Interest**

None of the investigators has any affiliations or financial involvement that conflicts with the material presented in this report.

## **Funding Statement**

This project was funded under Contract Number HHSP 2332015000131 from the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS). The opinions expressed in this document are those of the authors and do not reflect the official position of AHRQ or HHS.

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Suggested citation: Bertrand, RB, Keane, N, Shoemaker-Hunt, S, Parchman, M, Hsu, Clarissa, & Michaels, M. Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices: Opioid and Pain Management Tools and Resources. (Prepared by Abt Associates Inc. under Contract Number HHSP 2332015000131, Task Order No. 75P00119F37006). Rockville, MD: Agency for Healthcare Research and Quality; February 2021. Publication No. 21-0013.

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# Tools and Resources

Misuse of opioids has increased at an alarming rate. Although most national attention has focused on opioid use in younger and middle-aged adults, older adults have also been affected by the widespread use of opioids. To improve the management of opioids in older adults in primary care practices, the Agency for Healthcare Research and Quality (AHRQ) funded a four-year project to improve the management of opioid use, misuse and opioid use disorder (OUD) in order to reduce opioid related morbidity and mortality and improve outcomes for older adults in primary care practices.

The first step in achieving this goal was to complete a literature review/environmental scan. The environmental scan identified tools and resources that are currently used for the management of opioids and OUD in healthcare settings. Although not all the tools assembled were developed specifically for older adults in primary care settings, they are potentially useful for this population, either in their current form or with modification. Table 1 lists and describes the tools and resources identified through the environmental scan including descriptions, empirical evidence, applicability to older adults and/or primary care practices and corresponding URLs.

We identified the tools through methodical searches of the published and grey literature and through individual searches for specific kinds of tools. Because the management, use and misuse of opioids specifically among older adults is a new field of practice, we anticipated that there would be limited published studies evaluating the effectiveness of various tools and resources specific to older adults and primary care settings. As a result, we focused primarily on publicly available tools and resources on pain, opioids and geriatrics currently used by relevant organizations through website searches and a public request for information. Through an iterative process of independent review and then group discussions, members of the team assessed the face validity of each resource or tool to make decisions about what tools and resources to include and how to categorize them.

We conducted two searches concurrently – one focused on governmental, geriatrics and organizational websites related to pain or opioids, and the second search focused on payers, states and health systems' websites for potentially-relevant tools and resources. Each of the searches is summarized below.

## ***Search of Governmental, Geriatric and Pain or Opioid-Related Websites***

With input from AHRQ, Abt compiled a list of known websites to target for the environmental scan. This initial list included reputable organizations known by the team's senior advisors for providing pain, opioid or geriatric-related tools and resources; governmental health agencies; and organizations from which sources in AHRQ's *The Academy: Integrating Behavioral Health and Primary Care* and the *Medication-Assisted Treatment for Opioid Use Disorder Playbook* were identified. We conducted a systematic search of each website, probing all relevant tabs and/or utilizing the website's search function to search for related topics.

Following is the list of websites that were searched.

- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ) CDS Connect
- Agency for Healthcare Research and Quality (AHRQ) Opioids
- American Academy of Family Physicians (AAFP)
- American Association of Retired Persons (AARP)
- American Geriatric Society
- American Medical Association (AMA)
- American Psychological Association (APA)
- Association of Directors of Geriatric Academic Programs
- Center for Disease Control and Prevention (CDC)
- Consortium Centers of Excellence in Pain Education (CoEPEs)
- Gerontological Society of America (GSA)
- Hartford Institute for Geriatric Nursing (ConsultGERI)
- National Academy of Medicine
- National Council on Aging
- National Institute on Aging
- National Institute of Health (NIH) Pain Consortium
- Oregon Pain Guidance
- Robert Wood Johnson Foundation (RWJF)
- Six Building Blocks of Opioid Management
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- United States Department of Veterans Affairs

### ***Search of Payers, States and Health Systems***

A subset of the environmental scan included a search of opioid tools and resources implemented by payers, states, and health systems. The rationale for including these tools is that each of these parts of the healthcare system touch some aspect of patients and opioids. Payers need to determine amount and types of coverage for opioids and services affected by opioid use/misuse. The states have been active in enacting state-specific policies and interventions to manage OUD in areas such as housing and treatment and with tailoring Medicaid benefits to suit the healthcare needs of the state. Health systems, particularly those serving a large Medicaid-based population, have been on the frontline of developing strategies to assess, manage and treat patients with OUD.

We conducted a website search of the top healthcare insurers by volume and the highest performing commercial health plans for the 2017-18 plan year invested in consumer satisfaction, preventive care and chronic disease management. This included a targeted search of the websites of states most heavily impacted by the opioid epidemic. We reviewed the state's department of public health (DPH) website, which often led us to other community organizations and health systems working on opioid reduction strategies, sometimes in tandem with the state. For instance, in Massachusetts, the state DPH has worked with Boston Medical Center (BMC), located in an area of the city hit hard by the opioid epidemic. We discovered that BMC had been funded to start a consortium with other medical centers in the state to focus on OUD treatment. This allowed us to review ten more healthcare systems, some of which were academically affiliated, and so these institutions were reviewed as well. This process was replicated for multiple states including New Hampshire, Washington, Ohio, Oregon, West Virginia, Maryland and New York.

### ***Additional Sources***

Due to the exploratory nature of the environmental scan, additional websites and resources were identified through citations, references, and cross-postings as the search progressed, which were incorporated as deemed relevant. Additionally, we conducted a Google search to identify additional websites and/or tools and resources and identified some peer-reviewed articles of potential relevance in the search described in 2.3.1. Finally, the TEP recommended websites that were scanned, as well as specific resources that were considered.

It is important to note that the tools detailed in these tables do not represent everything that has been developed. Some items were excluded based on TEP feedback, and other items created after the close of the environmental scan are not included. The inclusion of any of these tools does not imply endorsement by AHRQ, HHS, or the U.S. Government.

### ***Next Steps***

A subset of the tools and resources identified in Table 1 will be compiled into a compendium of strategies to be implemented and tested by primary care providers in two learning collaboratives. A technical expert panel (TEP) and the Abt Team will review the evidence and consider items based on demonstrated reliability and validity. Once the learning collaboratives have tested the tools and resources, Abt will reconsider the evidence and refine the inclusion criteria to create a final compendium.



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## **Table 1**

# **Opioid and Pain Management Tools and Resources**

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## Table 1—Opioid and Pain Management: Tools and Resources

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
Opioid Use and Fall Risk Checklist	Checklist for clinicians to use with patients to assess opioid use and the risk of falls.	Comagine (QIO/QIN)	It does not appear that this tool has been validated or tested for reliability.	Yes	Yes	Co-Occurring Medical Conditions	Medical Providers	Instrument/Protocol	<a href="http://medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/OpioidFallChecklist.pdf">http://medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/OpioidFallChecklist.pdf</a>
Opioid Tapering Flow Sheet	Flow sheet for prescribing clinicians to use when deciding how, when and rate at which to taper patients on opioids.	Oregon Pain Guidance	Flow sheet: Evidence N/A.	No	Yes	Terminating Opioid Therapy; Prescribing Opioids	Medical Providers	Guide	<a href="https://www.oregonpainguidance.org/app/content/uploads/2016/05/Opioid-and-Benzodiazepine-Tapering-flow-sheets.pdf?x91687">https://www.oregonpainguidance.org/app/content/uploads/2016/05/Opioid-and-Benzodiazepine-Tapering-flow-sheets.pdf?x91687</a>
Who Needs Opioids? Psychologist-Developed Screening Instruments Help Determine which Pain Patients Should Receive Opioids and which are at Risk for Misuse	Psychologist-developed screening instruments help determine which pain patients should receive opioids and which are at risk for misuse. The article discusses new (e.g., smartphone pain app) and classic assessments used in new ways to respond to the opioid epidemic (e.g., Minnesota Multiphasic Personality	American Psychological Association	Screening/assessments <ul style="list-style-type: none"> <li>Smartphone pain app: Analyses demonstrated that group classification of better, same, and worse could be reliably determined, even with as few as 5 assessments.<sup>1</sup></li> <li>The Screener and Opioid Assessment for Patients in Pain (SOAPP and SOAPP-R)<sup>2</sup> (see above).</li> <li>Current Opioid Misuse Measure (COMM). 17 of the 40 COMM items appeared to adequately measure aberrant behavior, demonstrating excellent internal consistency and test-retest reliability. Overall, the COMM was found to have promise as a brief, self-report measure of current aberrant drug-related behavior.<sup>3</sup></li> </ul>	No	Yes	Prescribing Opioids; Adherence, Diversion & Misuse	Medical Providers	Report/Poster/Issue Brief	<a href="https://www.apa.org/monitor/2019/06/cover-opioids-needs">https://www.apa.org/monitor/2019/06/cover-opioids-needs</a>

  

Opioid Use and Fall Risk Checklist	<b>Checklist for clinicians to use with patients to assess</b>	<b>Comagine (QIO/QIN)</b>	<b>It does not appear that this tool has been validated or tested for reliability.</b>	<b>Yes</b>	<b>Yes</b>	<b>Co-Occurring Medical Conditions</b>	<b>Medical Providers</b>	<b>Instrument/Protocol</b>	<b><a href="http://medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/OpioidFallChecklist.pdf">http://medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/OpioidFallChecklist.pdf</a></b>
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<sup>1</sup> Jamison, R.N., Xu, X., Wan, L., Edwards, R.R & Ross, E L. (2018). Determining pain catastrophizing from daily pain app assessment data: Role of computer-based classification. *The Journal of Pain*, 20(3), 278-287.

<sup>2</sup> Butler, S.F., Budman, S.H., Fernandez, K.C., Fanciullo, G.F., & Jamison, R.N. (2009). Cross-validation of a screener to predict opioid misuse in chronic pain patients (SOAPP-R). *J Addict Med.*, 3(2), 66-73. doi: 10.1097/ADM.0b013e31818e41da.

<sup>3</sup> Butler, S.F., Budman, S.H., Fernandez, K.C., Houle, B., Benoit, C., Katz, N. & Jamison R.N. (2007). Development and validation of the Current Opioid Misuse Measure. *Pain*, 130(1-2), 144-156.

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
	Inventory-2- Restructured Form (MMPI-2-RF)). The article also discusses a monitoring tool (i.e., Opioid Compliance Checklist), and assessments used with patients who have already developed problems with opioid misuse (e.g., Substance Abuse Subtle Screening Inventory (SASSI-4).		<p>Monitoring</p> <ul style="list-style-type: none"> <li>• Opioid Compliance Checklist. Tested among 157 patients with chronic non-cancer pain, results suggest that the OCC is an easy-to-use, promising measure in monitoring opioid adherence among persons with chronic pain.<sup>4</sup></li> <li>• Assessment for patients who have developed problems</li> <li>• Substance Abuse Subtle Screening Inventory (SASSI-4) demonstrates high sensitivity and specificity, and consistency across heterogeneous samples of adults in substance use treatment. Results also demonstrate accuracy of screenings for lifetime and past year presence of SUD.<sup>5</sup></li> <li>• Pearson's Quality of Life Inventory (QOLI). The QOLI was found to be reliable and sensitive to intervention-related change across reviewed randomized trials.<sup>6</sup></li> </ul> <p>Classic Assessments</p> <ul style="list-style-type: none"> <li>• Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF). Reliability and validity were established for most of the MMPI-20-RF items when tested with a sample of 811 chronic low back pain patients.<sup>7</sup></li> <li>• Millon Behavioral Medicine Diagnostic (MBMD) has demonstrated utility for screening</li> </ul>						

**opioid use and the risk of falls.**

[health.org/OpioidFallChecklist.pdf](https://www.health.org/OpioidFallChecklist.pdf)

- <sup>4</sup> Jamison, R.N, Martel, M.O., Edwards, R.R., Qian, J., Sheehan, K A., & Ross, E.L (2014). Validation of a Brief Opioid Compliance Checklist for patients with chronic pain. *J Pain*, 15(11), 1092-1101.
- <sup>5</sup> Lazowski, L.E. & Geary, B.B. (2019). Validation of the adult Substance Abuse Subtle Screening Inventory-4 (SASSI-4). *European Journal of Psychological Assessment*, 35(1), 86-97. DOI: 10.1027/1015-5759/a000359. Accessed September 3, 2020.
- <sup>6</sup> Frisch, M.B. (2013). Evidence-based well-being/positive psychology assessment and intervention with Quality of Life Therapy and Coaching and the Quality of Life Inventory (QOLI). *Soc Indic Res*, 114, 193-227. DOI 10.1007/s11205-012-0140-7. Accessed September 3, 2020.
- <sup>7</sup> Tarescavage, A.M., Scheman, J. & Ben-Porath, Y.S. (2015). Reliability and validity of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) in evaluations of chronic low back pain patients. *Psychol Assess.*, 27(2), 433-446. doi: 10.1037/pas0000056. Epub 2014 Dec 1. Accessed September 2, 2020.

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
			for potential impairments in mental and physical health functioning in prostate cancer patients. <sup>8</sup> • Pearson's Battery for Health Improvement 2 (BHI-2). Evidence of psychometric testing was not found. However, it was reported that the BHI-2 (or BBH1-2) offers a standardized means for the multidimensional assessment of pain. <sup>9</sup>						
Factor Structure of Pain Medication Questionnaire in Community-Dwelling Older Adults with Chronic Pain	This article reports on a factor analytic study to create a brief Pain Medication Questionnaire (PMQ) for use with older adults. The original PMQ is a self-report screening instrument for use in clinical settings. It was developed to measure opioid medication misuse among chronic pain patients in the general population.	Park et. al. (2011) <sup>10</sup>	The factor analysis to devise the brief PMQ computed responses from 150 with community-dwelling older adults from pain management clinics who were receiving opioid medications. The findings suggest that a brief, seven-item PMQ may be useful in measuring opioid medication misuse in this population because a smaller number of items will be easier to complete and administration time will be decreased compared with the full 26-item PMQ scale. Reliability and validity of the seven-item brief PMQ were established, although the authors note that additional studies are needed to confirm the reliability and validity in this population.	Yes	Yes	Adherence, Diversion, & Misuse; Assessing & Managing Pain; Prescribing Opioids; Screening for SUD/OD	Medical Providers	Report/Peer/Issue Brief	N/A
Screen of Drug Use: Diagnostic Accuracy for Opioid Use Disorder	This article reports on the validation of the Screen of Drug Use (SoDU) to screen for OUD in the primary care setting.	Tiet et.al. (2018). <sup>11</sup>	The authors concluded that the 2-item SoDU tool had excellent statistical properties and is suitable for primary care practices.	Yes	Yes	Adherence, Diversion, & Misuse, Screening for SUD/OD	Medical Providers	Report/Peer/Issue Brief	<a href="https://doi.org/10.1016/j.drugalcdep.2019.01.044">https://doi.org/10.1016/j.drugalcdep.2019.01.044</a>
Prevalence and Detection of Prescription Opioid Misuse and	This article reports on a validation study of the Prescription Drug Use Questionnaire, patient	Beaudoin et. al.	The authors concluded that the PDUQp may be a viable instrument to screen for prescription opioid misuse and OUD, but likely requires	No	No	Adherence, Diversion, & Misuse, Screening	Medical Providers	Report/Peer/Issue Brief	N/A

<sup>8</sup> Cruess, D.G., et. al. (2013). Millon Behavioral Medicine Diagnostic (MBMD) predicts health-related quality of life (HrQoL) over time among men treated for localized prostate cancer. *J Pers Assess* 95(1), 54-61. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4347933/>. Accessed September 2, 2020.

<sup>9</sup> Disorbio, J.M. & Bruns, D. (2004). A multidimensional approach to pain assessment using The BHI™ 2. *Health Psychology and Rehabilitation*. [http://www.healthpsych.com/chronic\\_pain/bhi2painscale.html](http://www.healthpsych.com/chronic_pain/bhi2painscale.html). Accessed September 2, 2020.

<sup>10</sup> Park, J., Clement, R., & Lavin, R. (2011). Factor structure of pain medication questionnaire in community-dwelling older adults with chronic pain. *Pain Practice*, 11(4), 314-324.

<sup>11</sup> Tiet, Q.Q., Leyva, Y.E., & Moos, R. H. (2018). Screen of drug use: Diagnostic accuracy for opioid use disorder. *Drug and Alcohol Dependence*, 198, 176-179.

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
Prescription Opioid Use Disorder Among Emergency Department Patients 50 Years of Age and Older: Performance of the Prescription Drug Use Questionnaire, Patient Version	version (PDUQp) for identifying opioid misuse and OUD. The sample was emergency department patients known to have used opioids in the previous 30 days who were aged 50 and older. The sample included a subset of patients aged 65 and older.	(2016). <sup>12</sup>	modifications to optimize its predictive ability in adults over age 50 years.			for SUD/OUD			
The Severity of Dependence Scale Detects Medication Misuse and Dependence among Hospitalized Older Patients	This article reports on a study that assesses diagnostic accuracy, reliability, validity, and the factor structure of the Severity of Dependence Scale (SDS) in detecting medication misuse and dependence among hospitalized older patients.	Cheng et.al (2019). <sup>13</sup>	The SDS is reliable, valid, and capable of detecting medication misuse and dependence among hospitalized older patients, with good diagnostic performance. The scale thus holds promise for use in both clinical and research contexts.	Yes	No	Adherence, Diversion, & Misuse, Screening for SUD/OUD	Medical Providers	Report/Poster/Issue Brief	<a href="https://doi.org/10.1186/s12877-019-1182-3">https://doi.org/10.1186/s12877-019-1182-3</a>
Elder Care A Resource for Interprofessional Providers: Opioids in Older Adults: Initiating Therapy	Fact sheet for inter-professional providers on initiating opioid therapy in older adults. Content includes types and duration of pain; how to initiate opioid therapy, and non-opioid pain management alternatives.	Portal of Geriatrics Online Education (POGOe)	Fact sheet: Evidence N/A. References and resources listed include American Pain Society, U.S. Department of Justice (definitions related to controlled substances), and peer-reviewed medical literature.	Yes	Yes	Prescribing Opioids	Medical Providers	Fact Sheet/Brochure	<a href="https://pogoe.org/sites/default/files/Opioids%20for%20Older%20Adults%20-%20Initiating%20Therapy.pdf">https://pogoe.org/sites/default/files/Opioids%20for%20Older%20Adults%20-%20Initiating%20Therapy.pdf</a>
Review of Pain Assessment Instruments	Conference presentation on a study of pain measurement	Gerontological Society	The study presented reviewed 23 self-reported pain assessment tools. Only the Geriatric Painful Event Inventory (GPEI) and the	Yes	Yes	Assessing & Managing Pain	Behavioral Health Providers;	Conference	<a href="https://doi.org/10.1093/geroni/gx004.3122">https://doi.org/10.1093/geroni/gx004.3122</a>

<sup>12</sup> Beaudoin, F. L., Merchant, R. C., & Clark, M. A. (2016). Prevalence and detection of prescription opioid misuse and prescription opioid use disorder among emergency department patients 50 years of age and older: Performance of the prescription drug use questionnaire, patient version. *American Journal of Geriatric Psychiatry*, 24(8), 627-636.

<sup>13</sup> Chen, S., Siddiqui, T. G., Gossop, M., Krstoffersen, S. S., & Lundquist, C. (2019). The severity of dependence scale detects medication misuse and dependence among hospitalized older patients. *BMC Geriatrics*, 18, 174-182.

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
Available for Older Adults	tools appropriate for older adults. The two tools developed specifically for use with older adults were the Geriatric Painful Event Inventory and the Geriatric Pain Measure.	of America (GSA) Innovation in Aging Journal	Geriatric Pain Measure (GPM) were developed specifically for older adults, but the GPM was suggested as being more appropriate. The following were the tools selected as most useful: <ul style="list-style-type: none"> <li>• The Iowa Pain Thermometer-revised (IPT-R): Reliability and validity were tested among 75 adults (age 65-95 years) with varying levels of cognition. The IPT-R demonstrated good validity and reliability.<sup>14</sup></li> <li>• The 6-point Verbal Descriptor Scale (VDS): Cross-modality matching among 20 subjects were highly correlated with subjects and between scales.<sup>15</sup></li> <li>• The Verbal Numeric Rating Scale (VNRS): Tested with 121 adults (age 40 – 80) with osteoarthritic pain. Excellent reliability was reported, and it was found to be valid in assessing pain levels.<sup>16</sup></li> <li>• The short form Brief Pain Inventory (BPI): The BPI demonstrated excellent internal consistency and test-retest reliability when tested in a sample 123 patients with COPD.<sup>17</sup></li> <li>• GPM: Significant validity and reliability estimates were reported among a sample of 176 ambulatory geriatric clinic patients (mean 84 years +/- 6 years).<sup>18</sup></li> </ul>				Graduate Education; Medical Providers; Policy Makers; Academics	Presentation	

- <sup>14</sup> Ware, L.J, Herr, K. A., Booker, S.S., Dotson, K., Key, J., Poindexter, N., Pyles, G., Siler, B., & Packard, A. (2015). Psychometric evaluation of the revised Iowa Pain Thermometer (IPT-R) in a sample of diverse cognitively intact and impaired older adults: A pilot study. *Pain Management Nursing*, 16(4), 475-482. <https://www.sciencedirect.com/science/article/abs/pii/S1524904214001519>. Accessed August 24, 2020.
- <sup>15</sup> Gracely, R. H. & Dubner, R. (1987). Reliability and validity of verbal descriptor scales of painfulness. *Pain*, 29(2), 175-185.
- <sup>16</sup> Algahadir, A. H., Anwer, S., Iqbal, A., & Iqbal, Z. A. (2018). Test-retest reliability, validity, and minimum detectable change of visual analog, numerical rating and verbal rating scales for measurement of osteoarthritic knee pain. *J Pain Res.*, 26(11), 851-856. Doi:10.2147/JPR.S158847.eCollection 2018. Accessed September 1, 2020.
- <sup>17</sup> Chen, Y-W., HajGhanbari, B., Road, J. D., Coxson, H. O., Camp, P. G. & Reid, W. D. (2018). Reliability and validity of the Brief Pain Inventory in individuals with chronic obstructive pulmonary disease. *Eur J Pain*, 22(10), 1718-1726. Doi: 10.1002/ejp.1258.Epub 2018 Jun 22. Accessed September 1, 2020.
- <sup>18</sup> Ferrell, B.A., Stein, W.M., & Beck, J.C. (2015). The Geriatric Pain Measure: Validity, reliability and factor analysis. *Journal of the Am Geriatrics Society* 48(12). First published: 27 April 2015] <https://doi.org/10.1111/j.1532-5415.2000.tb03881.x>. Accessed August 24, 2020.



Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
Prevention, Diagnosis, and Management of Opioids, Opioid Misuse and Opioid Use Disorder in Older Adults	Description of a future technical brief (release TBD) on developing a framework and evidence map of current evidence base in order to understand which issues are driving the current opioid-related morbidity and mortality in older adults.	Agency for Healthcare Research and Quality	Technical brief: Evidence N/A.	Yes	Yes	Assessing & Managing Pain; Medication Considerations; Prescribing Opioids; Terminating Opioid Therapy	Medical Providers	Report/Poster/Issue Brief	<a href="https://effectivehealthcare.ahrq.gov/products/opioids-older-adults/protocol">https://effectivehealthcare.ahrq.gov/products/opioids-older-adults/protocol</a>
Pain: You Can Get Help	Fact sheet showing types of pain, facts about pain, and various treatments geared toward older adults.	National Institute on Aging	Fact sheet: Evidence N/A.	Yes	Yes	Assessing & Managing Pain	Patients	Fact Sheet/Brochure	<a href="https://www.nia.nih.gov/health/pain-you-can-get-help#alternative">https://www.nia.nih.gov/health/pain-you-can-get-help#alternative</a>
Substance Use and Misuse Among Older Adults	Conference presentation that details background and screening techniques for older adults with potential substance use disorder (SUD).	American Geriatric Society (AGS)	Study presented included the validated (reported by the author). • Brief Screening for Drug Use in Primary Care Settings (single-item and two-item screeners). No additional evidence was found. • Opioid Risk Tool and the Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R) was found to be a reliable and valid screening tool for risk of aberrant drug-related behavior among 302 chronic pain patients. <sup>19</sup> • Tobacco, Alcohol, Prescription Medication, and other Substance Use Tool (TAPS). Among 2000 adult, primary care patients TAPS was found to identify unhealthy substance use with a high level of accuracy, and may have utility in primary care for rapid triage. <sup>20</sup>	Yes	No	Screening for SUD/OD	Behavioral Health Providers; Graduate Education; Medical Providers; Policy Makers; Academics	Conference Presentation	<a href="https://www.americangeriatrics.org/sites/default/files/inline-files/GWEP%202019%20Substance%20Use%20%26%20Misuse%20Among%20Older%20Adults_0.pdf">https://www.americangeriatrics.org/sites/default/files/inline-files/GWEP%202019%20Substance%20Use%20%26%20Misuse%20Among%20Older%20Adults_0.pdf</a>
Opioids and Fall Risks in the Older Adult	Factsheet on opioid use and falls risk in older adults.	NCOA	Factsheet: Evidence N/A.	Yes	No	Medications Considerations	Medical Providers	Fact sheet/Brochure	<a href="https://www.ncoa.org/wp-content/uploads/Opioid">https://www.ncoa.org/wp-content/uploads/Opioid</a>

<sup>19</sup> Butler, S.F., Budman, S.H., Fernandez, K.C., Fanciullo, G.F., & Jamison, R.N. (2009). Cross-validation of a screener to predict opioid misuse in chronic pain patients (SOAPP-R). *J Addict Med.*, 3(2), 66-73. doi: 10.1097/ADM.0b013e31818e41da.

<sup>20</sup> Gryczynski, J. et.al. (2017). Validation of the TAPS-1: A four-item screening tool to identify unhealthy substance use in primary care. *J Gen Intern Med.*, 32(9), 990-996. doi: 10.1007/s11606-017-4079-x. Epub 2017 May 26. Accessed September 1, 2020.

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
									<a href="#">s-and-fall-risks-graphic-.pdf</a>
The Role of Chronic Disease Self-Management Education in the Opioid Epidemic	Presentation that gives background on OUD, chronic pain, and resources geared towards treating older adults.	NCOA	Presents evidence-based programs including: <ul style="list-style-type: none"> <li>• Chronic Pain Self-Management Program</li> <li>• Chronic Disease Self-Management Program</li> <li>• Enhanced Fitness, Enhanced Wellness, Pears (depression).</li> </ul> As of the date of this presentation (1/2019), none of the evidence-based programs had been evaluated among older adults or as an adjunct to medical treatment for opioid use.	Yes	No	Assessing & Managing Pain; Prescribing Opioids	Medical Providers	Conference Presentation	<a href="https://d2mkcg26uvvg1cz.cloudfront.net/wp-content/uploads/Final-Slides-1.7.19-Role-of-Chronic-Disease-Self-Management-Education-in-the-Opioid-Epidemic.pdf">https://d2mkcg26uvvg1cz.cloudfront.net/wp-content/uploads/Final-Slides-1.7.19-Role-of-Chronic-Disease-Self-Management-Education-in-the-Opioid-Epidemic.pdf</a>
The Opioid Public Health Emergency and Older Adults	Report on the state of OUD in older adults. Background, treatment, education and State-based case studies are presented.	Administration for Community Living	Review article: Evidence N/A. Addresses treatment for OUD and provides available resources from across federal agencies.	Yes	No	Assessing & Managing Pain; Medication Considerations; Prescribing Opioids; Terminating Opioid Therapy	States	Report/Paper/Issue Brief	<a href="https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/OD%20Issue%20brief%20final%20508%20compliant%202-8-17.docx">https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/OD%20Issue%20brief%20final%20508%20compliant%202-8-17.docx</a>
Predicting Opioid Overdose Risk in Older Adults Discharged from the Emergency Department	2018 GSA conference presentation of a study that identified the proportion of patients ≥ 55 years discharged from the emergency department with a prescription opioid who were at risk for an opioid overdose as measured by the Risk Index for Overdose or Serious Opioid-induced Respiratory Depression CIP-RIOSORD, and to determine their CIP-	GSA Innovation in Aging Journal	Conference presentation reporting on a study that tests a validated tool: <ul style="list-style-type: none"> <li>• The Risk Index for Overdose or Serious Opioid-induced Respiratory Depression (CIP-RIOSORD) has excellent predictive accuracy in a large population of U.S. medical users of prescription opioids.<sup>21</sup></li> </ul>	Yes	No	Overdose	Behavioral Health Providers; Graduate Education; Medical Providers; Policy Makers; Academics	Conference Presentation	<a href="https://academic.oup.com/innovateage/article/21/suppl_1/988/5184151?searchresult=1">https://academic.oup.com/innovateage/article/21/suppl_1/988/5184151?searchresult=1</a>

<sup>21</sup> Sedler, B.K., Saunders, W.B., Joyce, A.R., Vick, C.C. & Murrelle, E.L. (2018). Validation of a screening risk index for serious prescription opioid-induced respiratory depression or overdose in a US commercial health plan claims database. *Pain Medicine*, 19(1), 68-78. <https://doi.org/10.1093/pm/pnx009>. Copyright 2020. Accessed September 2, 2020.

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
	RIOSORD risk class (or average predicted probability for an overdose). Their findings illustrated that a considerable proportion of older emergency department patients discharged with a prescription opioid have a high predicted probability for an overdose within 6 months.								
Barriers to Care for Older Adults in Medication-Assisted Treatment for Opioid Use Disorder	2019 GSA conference poster presentation that reports on the results of interviews, focus groups, and a survey of adult patients over 50 regarding barriers to medication assisted treatment (MAT) for OUD.	GSA Innovations in Aging Journal	Qualitative data collection: Evidence N/A. Recommendations to improve communication based on interviews with 20 treatment staff, focus groups with 18 patients, and surveys with 100 patients over the age of 50 at eight diverse Opioid Treatment Programs (OTPs).	Yes	No	Screening for SUD/OUD	Behavioral Health Providers; Graduate Education; Medical Providers; Policy Makers; Academics	Conference Presentation	<a href="https://academic.oup.com/innovateage/article/31/Supplement_1/S141/5615357">https://academic.oup.com/innovateage/article/31/Supplement_1/S141/5615357</a>
Increasing Rates of Opioid Misuse Among Older Adults Visiting Emergency Departments	2019 GSA presentation of three research aims: "identifying patient characteristics associated with opioid misuse; conducting a trend analysis of change in emergency department visit rates over multiple years of study, and investigating factors associated with opioid misuse related outcomes, including hospitalization and death." Table 3. Most Frequently Listed Diagnoses Among Older Adults With and	GSA Innovations in Aging Journal	Prevalence of opioid-misuse-related emergency department visits: Evidence N/A. The data came from multiple years (2006, 2009, 2011, 2014) of nationally representative, cross-sectional data from the Nationwide Emergency Department Sample that were used to retrospectively describe prevalence rates, risk factors, trends, and outcomes among opioid-related patient encounters by older adults.	Yes	No	Adherence, Diversion, & Misuse	Behavioral Health Providers; Graduate Education; Medical Providers; Policy Makers; Academics	Conference Presentation	<a href="https://academic.oup.com/innovateage/article/31/igz002/5369972">https://academic.oup.com/innovateage/article/31/igz002/5369972</a>

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
	Without Opioid Misuse Indicator.								
GeriatricsCareOnline.org: Addictions Chapter	Website-based chapter geared toward clinicians' key points on older adults and SUD, including SUD identification and resources for older adults.	AGS	Overview of SUD: Evidence N/A.	Yes	No	Screening for SUD/OD	Behavioral Health Providers; Graduate Education; Medical Providers; Policy Makers; Academics	Report/Paper/Issue Brief	<a href="https://geriatricscareonline.org/FullText/B030/B030_VOL001_PART001_SEC005_CH043">https://geriatricscareonline.org/FullText/B030/B030_VOL001_PART001_SEC005_CH043</a>
Medical Education Core Competencies for the Prevention and Management of Prescription Drug Misuse and Suggested Education Modules	State-generated opioid prescribing/OD core competencies for all medical, dental, advance practice nursing, and physician assistant programs within Massachusetts.	Massachusetts Medical Society	Core Competencies: Evidence N/A. Modules were developed by Boston Medical Center, Massachusetts Medical Society, and Massachusetts Department of Public Health, in collaboration with several medical schools in Massachusetts.	No	Yes	Assessing & Managing Pain; Medication Considerations; Prescribing Opioids; Terminating Opioid Therapy	Medical Providers	Website; Web-based Course	<a href="http://www.massmed.org/corecomp/#.XglLpvIKhpZ">http://www.massmed.org/corecomp/#.XglLpvIKhpZ</a>
Opioid Stewardship and Safety in the ESRD Population	Conference presentation discusses opioids in the end-stage renal disease (ESRD). The presentation outlines pain, prevalence, treatment of chronic kidney disease, monitoring and use of naloxone and treatment for OUD.	CMS Quality Conference - 2019	Informative presentation based on CDC guidelines and CMS Roadmap to address the opioid epidemic: Evidence N/A.	No	No	Prescribing Opioids	Medical Providers	Conference Presentation	<a href="http://www.mnacvpr.org/wp-content/uploads/2019-Laurie-Willhite-mn-rehab-conf-opioid.pdf">http://www.mnacvpr.org/wp-content/uploads/2019-Laurie-Willhite-mn-rehab-conf-opioid.pdf</a>
Stewards of the Opioid Universe: Take II	Multiple presentation from health systems and QIO's about opioid stewardship.	CMS Quality Conference - 2019	Four presentations: Evidence N/A <ul style="list-style-type: none"> <li>• Reported on a pilot study with a sample of 32 Premier hospitals across 11 states to reduce and/or prevent opioid-related harm among adult surgical patients having hip or knee arthroplasty or colectomy procedures.</li> <li>• Tested prescribing practices across approximately 40 rural hospitals.</li> <li>• Discussed an electronic over sedation alert &amp;</li> </ul>	No	No	Screening for SUD/OD	Medical Providers	Conference Presentation	None. Copy available upon request

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
			<p>dashboard.</p> <ul style="list-style-type: none"> <li>• Presented information on reducing overdose and naloxone dispensing and co-prescribing.</li> <li>• Discussed improving treatment access for OUD and MAT during hospital stay and at discharge.</li> </ul>						
Opportunities to Increase Screening and Treatment of Opioid Use Disorder among Healthcare Professionals	Report on a study that explores the perceptions and barriers to screening and treating patients with OUD among health-care professionals. The intent is to better understand treatment gaps, identify opportunities to support and educate healthcare professionals, and address and reduce the stigma associated with OUD while empowering those diagnosed with OUD. The report includes an update on the progress being made in Massachusetts and training and through the presentation of case studies, offers suggestions for opportunities for change.	Massachusetts - Shatterproof in collaboration with the Massachusetts Medical Society	Mixed-methods study on a provider attitudes/behaviors regarding screening and treatment: Evidence N/A.	No	No	Screening for SUD/OUD	Medical Providers	Report/Poster/Issue Brief	<a href="https://rizema.org/wp-content/uploads/2019/07/GE-Rize-Shatterproof-White-Paper-Final.pdf">https://rizema.org/wp-content/uploads/2019/07/GE-Rize-Shatterproof-White-Paper-Final.pdf</a>
Pain Assessment for Older Adults	An overview on pain assessment for older adults using the following three pain scales: the Iowa Pain Thermometer (IPT), the Numeric Rating Scale (NRS), and the Faces	Hartford Institute for Geriatric Nursing (Consult GERI)	The author reported that the following three scales demonstrated good internal consistency and test-retest reliability:	Yes	Yes	Assessing & Managing Pain	Medical Providers	Instrument/Protocol	<a href="https://hign.org/consult/eri/try-this-series/pain-assessment-older-adults">https://hign.org/consult/eri/try-this-series/pain-assessment-older-adults</a>

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
	Pain Scale-Revised (FPS-R).		<ul style="list-style-type: none"> <li>• Iowa Pain Thermometer (IPT)<sup>22</sup></li> <li>• Numeric Rating Scale (NRS).<sup>23</sup></li> <li>• Faces Pain Scale-Revised (FPS-R).<sup>24</sup></li> </ul> <p>A factor analysis revealed that all three scales were valid, although the FPS-R was the weakest.<sup>25</sup></p>						
Implementing Evidence-based Program to Address Chronic Pain	Issue brief on evidence-based programs to manage chronic pain in older adults. Topics include self-management, physical activity, and falls prevention.	National Council on Aging (NCOA)	<p>Issues brief: Evidence N/A. Secondary references indicate that prospective results from epidemiological studies demonstrate that a:</p> <ul style="list-style-type: none"> <li>• Physically active lifestyle may reduce the risk of developing chronic pain.<sup>26</sup></li> <li>• Evidence-based falls prevention and physical activity programs can help individuals in the community increase their activity level by strengthening muscles, learning balance exercises, and reducing their fear of falling.<sup>27</sup></li> </ul>	Yes	Yes	Assessing & Managing Pain	Medical Providers	Report/Poster/Issue Brief	<a href="https://www.ncoa.org/wp-content/uploads/2018-NCOA-Implementing-Evidence-Based-Programs-to-Address-Chronic-Pain-Issue-Brief-.pdf">https://www.ncoa.org/wp-content/uploads/2018-NCOA-Implementing-Evidence-Based-Programs-to-Address-Chronic-Pain-Issue-Brief-.pdf</a>
HealthInsight Relief+ Toolkit	The RELIEF+ toolkit provides a series of eight primary care-focused video training modules featuring national and local experts on pain management and	HealthInsight	<p>Videos: Evidence N/A. Centers for Medicare &amp; Medicaid Services (CMS) funding; produced by the Oregon Health &amp; Science University School of Medicine, which is accredited by Accreditation Council for Continuing Medical Education (ACCME).</p>	Yes	Yes	Adherence, Diversion, & Misuse; Assessing and Managing Pain; Overdose	Medical Providers	Webinar/Video	<a href="https://healthinsight.org/relief-plus">https://healthinsight.org/relief-plus</a>

- <sup>22</sup> Ware, L.J., Herr, K.A., Booker, S.S., Dotson, K., Key, J., Poindexter, N., Pyles, G., Siler, B., & Packard, A. (2015). Psychometric evaluation of the Revised Iowa Pain Thermometer (IPT-R) in a sample of diverse cognitively intact and impaired older adults: A pilot study. *Pain Management Nursing*, 16(4), 475-482. <https://www.sciencedirect.com/science/article/abs/pii/S1524904214001519>. Accessed August 24, 2020.
- <sup>23</sup> Algahadir, A.H., Anwer, S., Iqbal, A., & Iqbal, Z.A. (2018). Test-retest reliability, validity, and minimum detectable change of visual analog, numerical rating and verbal rating scales for measurement of osteoarthritic knee pain. *J Pain Res.*, 26(11), 851-856. Doi:10.2147/JPR.S158847.eCollection 2018. Accessed September 1, 2020.
- <sup>24</sup> Flaherty, E. (2007). Pain Assessment for older adults. Try this: Best Practices in Nursing Care to Older Adults. Hartford Institute for Geriatric Nursing. <https://pa-foundation.org/wp-content/uploads/Pain-Assess-Older-Adults-Try-This.pdf>. Accessed August 25, 2020.
- <sup>25</sup> Herr, K.A., Spratt, K., Mobily, P.R. & Richardson, G. (2004). Pain intensity assessment in older adults: use of experimental pain to compare psychometric properties and usability of selected pain scales with younger adults. *Clin j Pain*, 20(4), 207-219. doi: 10.1097/00002508-200407000-00002. Accessed September 1, 2020
- <sup>26</sup> Bruce, B., Fries, J.F., Lubeck, D.P. (2005). Aerobic exercise and its impact on musculoskeletal pain in older adults: A 14-year prospective, longitudinal study. *Arthritis Research & Therapy*. 7: Issue 6, 1263-1270
- <sup>27</sup> National Council on Aging. Evidence-based falls prevention programs: Saving lives, saving money." <https://www.ncoa.org/resources/falls-prevention-programs-saving-lives-saving-money-infographic-3/> Accessed August 25, 2020.

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
	opioid safety best practices, as well as links to additional practice resources and publicly available data.								
Brief Intervention and Treatment for Elders	Website detailing the Florida BRITE project, which served individuals 55 years and older to identify non-dependent substance use or prescription medication issues and to provide effective service strategies prior to their need for more extensive or specialized substance abuse treatment. Over the five year grant, a total of 30 provider agencies in 18 counties conducted 85,001 screenings in over 70 different locations.	Florida-University of South Florida	Details of the Florida BRITE project: Evidence N/A. Some materials are in the public domain and available from SAMHSA Center for Substance Abuse Treatment (CSAT). Other instruments were developed for BRITE by Dr. Robert Hazlett. SAMHSA and the U.S. Administration on Aging (AoA) included BRITE in its listing of evidence-based and evidence-informed programs and practices for older adult behavioral health. These programs have been scientifically studied and have been shown to improve the health and functioning of older adults. The website includes a link to a training manual for screening potential substance use, abuse and dependence disorders in a hospital, primary care or clinic setting.	Yes	Yes	Screening, Brief Intervention, Referral to Treatment (SBIRT)	Medical Providers	Report/Poster/Issue Brief	<a href="http://brite.fmhi.usf.edu/">http://brite.fmhi.usf.edu/</a>
Treatment Provider Update: Substance Use Problems Among Older Adults	Treatment provider update brief on communication and treatment approaches for clinicians and organizations treating older adults with SUD.	Massachusetts Department of Public Health (DPH)	Brief: Evidence N/A.	Yes	No	Screening for SUD/ODU	Medical Providers	Report/Poster/Issue Brief, Guide	<a href="http://files.hria.org/files/SA1016.pdf">http://files.hria.org/files/SA1016.pdf</a>
Adapting SBIRT for Older Adults	Chapter overview of the adaptation of the SBIRT initiative based on experience with the Florida BRITE Project (BRief Intervention and Treatment for Elders) involving over 85,000 screenings. Lessons learned from BRITE when comparing implementation in non-	Journal of Alcohol and Aging	Details of the Florida BRITE project: Evidence N/A.	Yes	No	Screening, Brief Intervention, Referral to Treatment (SBIRT)	Medical Providers	Other-Book Chapter	<a href="https://link.springer.com/chapter/10.1007/978-3-319-47233-1_14">https://link.springer.com/chapter/10.1007/978-3-319-47233-1_14</a>

Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
	healthcare vs. healthcare settings are shared and when to consider age-appropriate screening criteria to determine risk of substance misuse in the older adult population.								
Practice Guidance: Treatment Services for Older Adults	Practice guidance on treatment services for older adults. Areas of guidance include: policy and operations; supervision, staff development and training; program measurement; and resources.	Massachusetts DPH Bureau of Substance Addiction Services	Practice Guidance: Evidence N/A.	Yes	No	Screening for SUD/ODU	Medical Providers	Guide	<a href="https://www.mass.gov/files/documents/2016/07/vp/care-principles-guidance-older-adults.pdf">https://www.mass.gov/files/documents/2016/07/vp/care-principles-guidance-older-adults.pdf</a>
Raising Awareness and Seeking Solutions to the Opioid Epidemic's Impact on Rural Older Adults	Report characterizing the opioid crisis in rural communities and how it affects older adults. Appendices include an overview of Project Lazarus, age-specific treatment tips, programming ideas, and resources.	Grantmakers in Aging	Descriptive report: Evidence N/A.	Yes	No	Assessing & Managing Pain; Medication Considerations; Prescribing Opioids; Terminating Opioid Therapy	Medical Providers	Report/Paper/Issue Brief	<a href="https://www.giaging.org/documents/170818_Benson-Aldrich_paper_for_GIA_web_FINAL.pdf">https://www.giaging.org/documents/170818_Benson-Aldrich_paper_for_GIA_web_FINAL.pdf</a>
HEARTACHE, PAIN, AND HOPE: Rural Communities, Older People, and the Opioid Crisis	An Introduction for funders. Report on the opioid crisis among older adults in rural communities and its effects on those with OUD and those caring for those with OUD. It shares background information and policy prescriptions.	Grantmakers in Aging	Fact Sheet: Evidence N/A.	Yes	No	Adherence, Diversion, & Misuse; Assessing and Managing Pain; Overdose	Medical Providers	Report/Paper/Issue Brief	<a href="https://www.giaging.org/documents/170823_GIA_Rural_Opioid_Paper_FINAL_for_web.pdf">https://www.giaging.org/documents/170823_GIA_Rural_Opioid_Paper_FINAL_for_web.pdf</a>
TopCare - For Prescribers	Boston Medical Center's website, "my TOPCARE" is geared	TCare	Most of the hyperlinks are linked to processes and would not have been tested for psychometric properties (e.g., "Find Your	No	Yes	Assessing & Managing Pain;	Medical Providers	Website; Instrument/Protocol	<a href="http://mytopcare.org/prescribers/">http://mytopcare.org/prescribers/</a>



Title	Description	Source	Evidence	Specific to Older Adults	Ready for Use in Primary Care	Resource/Tool Topic	Audience	Resource Format	URL Link
	towards prescribers with 26 hyperlinks to tools and processes grouped by the following topics; before starting opioids, risk assessment and monitoring, starting opioids, continuing opioids, and stopping opioids.		State's Prescription Monitoring Program"). Following are the three tested risk and monitoring tools: <ul style="list-style-type: none"> <li>• Assessing Analgesia and Function Tool (PEG Pain Screening Tool). Strong initial evidence for reliability, construct validity, and responsiveness of the PEG among primary care and other ambulatory clinic patients.<sup>28</sup></li> <li>• Assessing Future Opioid Risk Tool (ORT)<sup>29</sup> (see above).</li> <li>• Assessing Current Opioid Risk Tool (COMM)<sup>30</sup> (see above).</li> </ul>			Medication Considerations; Prescribing Opioids; Terminating Opioid Therapy			

<sup>28</sup> Krebs, E.E. et al. (2009). Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. *J of Gen Internal Med*, 24, 733-738.

<sup>29</sup> Webster L.R. & Webster, R.M. (2005). Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain Medicine*, 6(6), 432-442.

<sup>30</sup> Butler, S.F., Budman, S.H., Fernandez, K.C., Houle, B., Benoit, C., Katz, N. & Jamison R.N. (2007). Development and validation of the Current Opioid Misuse Measure. *Pain*, 130(1-2), 144-156.

