

Compass Opioid Stewardship in Practice

Microlearning Series



Sustainable Healthcare Transformation

Module 18: Identifying Patients at Risk for Opioid Misuse or OUD

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Scott Weiner, MD, MPH, FAAEM, FACEP, FASAM; Clinical Coach in the Compass Opioid Stewardship Program.

Case Presentation

This week's case is about a patient, Danielle, a 54-year-old female, with chronic lumbar radiculopathy taking long-term morphine. Her pain is manageable, but she occasionally requests early refills and denies non-medical drug use. Her urine drug screen is consistent with prescribed opioids only.

Goal

Our clinical goal is to incorporate structured validated screening tools into routine chronic opioid management to identify patients at risk for opioid misuse or opioid use disorder, and to intervene early using non-punitive strategies.

Achieving our Goal

Step 1: Understand why structured screen matters.

- Clinical intuition alone is not sufficient to detect opioid misuse.
- Validated tools improve consistency and reduce bias.
- Screening should be routine and universal for patients on chronic opioid therapy, and not just triggered by concerning behavior.

Step 2: Choose the right tool for the clinical context.

- Opioid Risk Tool (ORT): A brief self-report tool used before or early in opiate therapy to assess risk of future misuse. Asks about personal and family history of substance use, age, history or pre-adolescent sexual abuse, and certain psychiatric conditions. (A newer version removes the sexual abuse question)
- Screener in Opioid Assessment for Patients with Pain Revised (SOAPP-R): A longer pre-treatment risk tool used in some pain practices.
- Current Opioid Misuse Measure (COMM): A 17 question self-report assessment designed for patients already receiving chronic opioid therapy. Assesses concerning behaviors in the last 30 days.
 - A score of 9 or higher suggests increased risk of misuse.

Step 3: Implement screening as routine care.

- Introduce the tool in a neutral way.
 - For example say, “We ask all patients on long-term opioid therapy to complete this questionnaire periodically so we can make sure we’re providing the safest care possible.”
- Normalize the process and avoid language that implies any suspicion.

Step 4: Interpret results and respond constructively.

- If patient scores below the threshold, continue routine monitoring.
- If patient scores above the threshold, this does not automatically mean they have opioid use disorder. It does, however, signal increased risk and the need for deeper assessment.
- Review the DSM-5 criteria if concerning behaviors are present.
- You may want to increase visit frequency, consider smaller prescription quantities, reinforce opioid treatment agreements, and assess for co-occurring mental health conditions.
- If OUD is diagnosed, offer medication for opioid use disorder rather than abruptly discontinuing full agonist opioids, as abrupt tapering increases harm.

Step 5: Combine screening with risk mitigation.

- Check PDMP regularly.
- Perform periodic urine drug testing.
- Reassess pain, function, and treatment goals at every visit.
- Offer naloxone.

Clinical Pearls

The clinical pearls we want you to remember are:

1. Use validated screening tools such as the COMM for patients already on chronic opioid therapy, or tools like the ORT or SOAPP-R prior to initiating therapy.
2. Normalize screening by applying it universally.
3. A positive screening result signals the need for further assessment, not punishment or forced taper.
4. Always evaluate the DSM-5 criteria for opioid use disorder if concerning behaviors are present.
5. Screening is part of a larger safety strategy that includes PDMP review, continual reassessing of the appropriateness and effectiveness of opiate therapy, urine drug testing, and naloxone distribution.

The Compass OPSS program provides clinical protocols and patient education tools for your patients. For personalized technical assistance, reach out to your Clinical Coach to schedule a coaching session.

Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.

Resources

- [Opioid Use Disorder | Diagnosis + Treatment](#)