

Compass Opioid Stewardship in Practice

Microlearning Series



Sustainable Healthcare Transformation

Module 15: Managing Opioid Risk and Transitioning to Buprenorphine (Part 1)

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. Rachael Duncan, PharmD, BCPS, BCCCP; Clinical Coach in the Compass Opioid Stewardship Program.

Case Presentation

Mary is a 67-year-old woman with chronic pain, diabetic neuropathy, and depression, anxiety, and insomnia. She uses opioids, benzodiazepines, and other medications, and occasionally drinks alcohol to help with sleep.

Goal

To discuss specific risk management strategies for patients on long-term opioid therapy who have increasing risk factors for respiratory depression and accidental overdose.

Achieving our Goal

Review controlled substance agreements:

- Reinforce expectations around safe medication use, including avoidance of alcohol and other sedating substances due to increased risk of respiratory depression and overdose.

Confirm informed consent:

- Ensure documentation is in place acknowledging the risks of concurrent use of opioids, benzodiazepines, gabapentin, and other sedating medications—especially in older adults.

Reassess medications regularly:

- As patients age or health conditions change, review whether current medications and dosages remain appropriate. Balance benefits with safety risks and consider adjustments when needed.

Screen for sleep-related breathing disorders:

- Use validated screening tools (e.g., STOP-BANG) to assess risk for obstructive sleep apnea. Refer for a sleep study when indicated and discuss how untreated sleep apnea increases overdose risk.

Ensure naloxone access and education:

- Prescribe naloxone when appropriate, confirm the patient obtains it, and provide education on overdose risk, recognition, and response. Encourage involvement of family or support persons and ensure they know where naloxone is stored.

Use motivational, patient-centered communication:

- Engage patients in shared decision-making by discussing safety concerns, exploring readiness for change, and providing educational materials about potential future medication adjustments.

Provide take-home resources:

- Offer clear handouts or educational materials on medication safety, overdose prevention, and upcoming care considerations so patients feel informed and prepared for future discussions.

Clinical Pearls

The clinical pearls we want you to remember are:

- Identify the factors and comorbidities that increase risk of respiratory depression and accidental overdose in patients on chronic opioid therapy.
- Don't hesitate to remind patients of the CSA that they've signed, and emphasize any safety concerns.
- Utilize your diagnostic tools to gather more information, such as the STOP-BANG to guide further assessment of potential OSA.
- Prescribe naloxone and provide overdose education to patients and families.
- Use your motivational interviewing skills to prep patients for future changes in therapy.

The Compass OPSS program provides clinical protocols, dosing calculation support through our pharmacists, and patient education tools to help guide transitions. For more personalized technical assistance on this topic, we encourage you to 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 Risks and Side Effects](#)
- [Risk Management: Putting it All Together](#)
- [Recommended Screening Tools for Pain and Opioid Risk Management](#)