

Report of the ASHP Opioid Task Force

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An interdisciplinary ASHP Opioid Task Force ([appendix](#)) was charged by the ASHP Board of Directors with identifying actionable recommendations, solutions, and resources to help address the national opioid epidemic through the engagement of pharmacists as medication therapy experts, clinicians, and providers on the interprofessional team.¹ Specifically, the ASHP Opioid Task Force was charged to examine how pharmacists, as the medication experts on the interprofessional team, can improve patient and public health while driving practice change, engaging in community-wide opioid-related efforts, and advancing policy solutions. Key areas of focus were divided into 5 charges:

1. Identify the roles that pharmacists play in initiating, building, and growing opioid stewardship.
2. Identify best medication-related pain management prescribing practices that optimize the use of nonopioid therapies.
3. Identify the public health roles that pharmacists play in their communities in relation to prevention

and treatment of opioid use disorders.

4. Develop recommendations on a solutions-focused public policy agenda.
5. Identify education, tools, and other resources to help hospitals and health systems address the opioid crisis, including in areas related to drug diversion prevention and mitigation.

Participants were assigned to 2 work groups—the Practice Work Group, which focused on Charges 1 and 2, and the Policy Work Group, which focused on Charges 3 and 4. Charge 5 was addressed on the second day through the lens of each specific work group.

The Task Force identified actionable recommendations that build on existing ASHP policies and national calls to action and collectively provide a synergistic roadmap on how pharmacists can contribute to addressing the opioid epidemic while ensuring safe and effective pain management. The goal of the Task Force was not to duplicate previous work but rather to develop and amplify new or unrealized consensus-based best and promising practices that will address this national crisis and leverage the unique skills and contribution of pharmacists.

The recommendations reflect the breadth and depth of expertise of the Task Force, whose members have direct experiences with managing pain while shaping the national agenda to address the opioid epidemic and developing opioid stewardship programs, policies to increase access to medication-assisted treatment, and opioid-related community programs. This publication is intended as a summary of the Task Force's consensus recommendations; given the compromises inherent in the consensus process, readers are cautioned that the recommendations do not represent the

official position of any of the participants or organizations involved.

Overview of Task Force recommendations

Discussion during an in-person, 2-day meeting was guided by a series of questions that stimulated the generation of recommendations relevant to the charges. At the end of each working session, draft recommendations were presented to the full group for review, clarification of questions, and refinement. Subsequent consensus-building surveying and discussion among Task Force members resulted in 69 recommendations spread among 9 core domains ([Table 1](#)). The domains of the recommendations were compared to ensure the recommendations aligned with the Task Force's charges ([Table 2](#)).

There was some discussion among Task Force members about the definition of terms and the full scope of care implied by the term “opioid stewardship” in its charge. It was recognized that recommendations related to opioid stewardship need to reflect the broader context of pain management, so the phrase “pain management and opioid stewardship” has been used to reflect that broader context in recognition that opioid stewardship is an integral but not necessarily a discrete part of an overall pain management and stewardship strategy. Similarly, the Task Force observed that opioid use disorder (OUD) is not easily detached or distinguished from substance use disorder and associated behavioral health conditions when treating the whole patient; therefore, recommendations were focused specifically on OUD to adhere to the Task Force's scope and charge. Furthermore, behavioral and socioeconomic aspects of care were recognized as an overarching component that needs to be addressed

across the spectrum of patients regardless of whether they are opioid-naive, opioid-treated, or have diagnosed OUD. Throughout their discussion and resulting recommendations, the Task Force recognized the importance of improved use of nondrug therapies, behavioral health services, and strategies to address malign social, economic, and physical determinants of health. Although the Task Force did not address specific prescribing practices, it did identify best practices to effectively manage pain in the context of an opioid epidemic using the full spectrum of available therapeutic modalities, including an emphasis on

nonopioid therapies. The Task Force also addressed the issue of drug diversion, particularly with regard to diversion prevention and support of healthcare professionals who are known diverters with OUD. Finally, the Task Force developed recommendations for policy and advocacy and research and resources that will enable broader access to optimal pain and OUD management strategies across diverse populations.

Recommendations

Domain 1: Organizational Leadership and Structure. Recommendations for the domain Organizational

Leadership and Structure focus on the strategies that can ensure the successful implementation of pain management and opioid stewardship programs within health systems, promoting a collaborative, multidisciplinary culture and approach that includes pharmacists as medication experts. This domain also addresses strategies related to drug diversion by healthcare professionals in organizations.

Recommendations:

- ASHP should reassess and revise the ASHP Controlled Substances Diversion Guidelines to include advances in analytics and technology, employee recovery support services, and recent field experience (eg, Drug Enforcement Administration [DEA] and state inspections), and promote implementation of the guidelines.
- ASHP, healthcare organizations, and payers should support innovative and flexible approaches to adoption of pain management and opioid stewardship programs, particularly where pain management and addiction specialists are scarce, such as in small and rural hospitals, provider groups, individual practices, and other resource-challenged settings.
- Organizations should develop pain management and opioid stewardship strategies, including dedicated infrastructure, that address the full spectrum of multimodal pain management for patients who are opioid-naive, opioid-exposed, or

Table 1. Core Domains and Number of Recommendations

Domain	Number of Recommendations
Organization Leadership and Structure	8
Patient Care (General)	5
Patient Care (Pharmacist's Role)	5
Patient Education and Engagement	7
Provider Education and Engagement	5
Data and Measurement	9
Policy and Advocacy	11
Public Health Approaches (Pharmacist's Role)	8
Research and Resources	11
Total	69

Table 2. Alignment of Task Force Core Domains With Charges

Opioid Task Force Charge	Domain(s)
1. Identify the roles that pharmacists play in initiating, building, and growing opioid stewardship.	<ul style="list-style-type: none"> • Organization Leadership and Structure • Patient Care (Pharmacist's Role)
2. Identify best medication-related pain management prescribing practices that optimize the use of nonopioid therapies.	<ul style="list-style-type: none"> • Patient Care (General) • Data and Measurement
3. Identify the public health roles that pharmacists play in their communities as it relates to prevention and treatment of opioid use disorders.	<ul style="list-style-type: none"> • Public Health Approaches (Pharmacist's Role)
4. Develop recommendations on a solutions-focused public policy agenda.	<ul style="list-style-type: none"> • Policy and Advocacy
5. Identify education, tools, and other resources to help hospitals and health systems address the opioid crisis, including in areas related to drug diversion prevention and mitigation.	<ul style="list-style-type: none"> • Patient Education and Engagement • Provider Education and Engagement • Research and Resources

diagnosed with OUD.

- Organizations should establish multidisciplinary pain management and opioid stewardship committees that (1) include dedicated pharmacist representation; (2) support collaboration and the development of team-based care delivery processes, including provision of behavioral health and patient education; and (3) are supported by medical staff governance structure and oversight.
- Organizations should ensure that pain management and opioid stewardship programs allocate resources for patient and provider support services that incorporate integrative health principles (eg, behavioral health services; social work; and access to pain management experts, including pharmacists).
- Organizations should establish policies applicable across departments and disciplines that require prompt and adequate response to cases of suspected or confirmed diversion and promote organizational lessons learned through root cause analysis of diversion cases.
- Organizations should support a compassionate approach to the rehabilitation and recovery of licensed providers and other healthcare workers with OUD but also initiate appropriate and consistent sanctioning of licensed providers and other healthcare workers guilty of diversion.
- Organizations need to create a culture that eliminates the stigma associated with opioid prescribing that interferes with safe and effective care.

Domain 2: Patient Care (General). Recommendations in the domain Patient Care (General) highlight best practices in collaborative pain management and ensuring access to care across all care settings and for patients across the continuum of opioid prescribing, including prevention, treatment, and supportive therapy. A collaborative approach is also emphasized along with a shared-decision model that puts the patient at the center of care decisions.

Recommendations:

- ASHP and healthcare organizations should advocate for innovative solutions, such as virtual care delivery (eg,

telehealth for patient assessment, distance technology for pain management and addiction medicine consultative services that support generalist providers), that improve access to quality care for patients with pain or OUD.

- ASHP and pharmacists across practice settings should lead team-based efforts to enhance the safe pain medication use and prescribing.
- ASHP should support the development of interprofessional guidelines and educational materials that address the risk of opioid-related adverse events, selection of nonopioid treatment options, and safe application of individualized induction and tapering guidelines.²
- A team-based approach that includes pharmacists should be applied when prescribing and managing therapy for pain management and OUD.
- Pain management care plans should (1) be accessible to all care team members, considering necessary patient consents; (2) be crafted through shared decision-making that includes the patient, caregivers, and healthcare providers; (3) have clearly defined patient expectations and goals; and (4) include functional and biopsychosocial assessments of the patient.

Domain 3: Patient Care (Pharmacist's Role). Recommendations in the domain Patient Care (Pharmacist's Role) describe the unique contribution of pharmacists, functioning as healthcare providers, to collaborative pain management and opioid stewardship strategies. Roles include therapy evaluations, comprehensive medication management, safety and cost-effectiveness analyses, patient education, risk assessment, monitoring, and quality assessment.³⁻⁶ These roles may vary within organizations and should be developed and expanded over time, building on successes and previous experiences.

Recommendations:

- ASHP and pharmacists should identify core pharmacist competencies and services for pain and OUD management, including those that ensure continuity of care.

- Pharmacists should be engaged with the interprofessional team across the spectrum of pain management, including, when opioids are indicated, in screening for and prevention of opioid misuse, management of opioid-exposed patients, and management of patients with OUD.
- Pharmacists should participate in the evidence-based evaluation of therapeutic modalities for pain management to ensure safety and assess cost-effectiveness.
- Pharmacists should be engaged when evaluating multimodal treatments of pain to support appropriate application and integration of therapies into care planning.
- Pharmacists in all settings should have accountability for elements of pain management and opioid stewardship and should actively participate in the quality assessment of outcomes and safety of pain management and opioid stewardship.

Domain 4: Patient Education and Engagement. Recommendations for the Patient Education and Engagement domain focus on enhancing patient engagement and empowerment in their pain management care plan through a shared-decision process, including a mutual understanding of functional goals and expectations between the patient and care team. The Task Force felt that patient education should strategically and responsibly leverage technology and social media and be reinforced by multiple healthcare providers, including pharmacists. In addition to the pain management care plan, patients should also be educated on support and resources available to them, including those that decrease the stigma associated with opioid use and OUD diagnosis and treatment.

Recommendations:

- ASHP and other organizations should create patient-centered education resources (eg, infographics) that promote effective pain management strategies and access to resources

while reducing stigma across the spectrum of opioid use.

- ASHP and pharmacists should advocate for a multidisciplinary approach, with shared accountability, to educating and communicating with patients regarding their pain management care plan.
- All healthcare providers, including pharmacists, should provide consistent and balanced education on the availability and safety of nonprescription medication treatments for pain control.
- All healthcare providers, including pharmacists, should consider engagement with and patient referral to trusted social networking vehicles and peer support resources (eg, podcasts, online communities) for the sharing of pain management experiences and addressing stigmatizing viewpoints.
- All healthcare providers, including pharmacists, should educate and promote awareness among patients, providers, and other stakeholders that opioid-based treatments may be effective and appropriate for the treatment of acute pain but do have intrinsic risks that must be communicated to patients.
- ASHP and pharmacists should foster the development of resources, education, and tools to support providers in managing the behavioral health and social determinants of health impacting the prevention and evidenced-based treatment of OUD.
- All healthcare providers, including pharmacists, should apply behavior change techniques (eg, motivational interviewing) to engage patients with suspected or diagnosed OUD to assess readiness to change, educate on and promote harm reduction strategies, and facilitate access to evidence-based treatment.

Domain 5: Provider Education and Engagement. The domain Provider Education and Engagement provides recommendations that address acquisition and demonstration of core competencies in evidence-based

practices for pain management, opioid stewardship, and OUD treatment for healthcare providers, including pharmacists. The recommendations position pharmacists as educators, participating in training and education of other healthcare providers; and advocate for interprofessional education to promote collaborative approach to pain management. The recommendations also urge healthcare providers, including pharmacists, to gain the knowledge required to engage in screening for and collaborative management of evidenced-based treatment for OUD in all settings of care.

Recommendations:

- Pharmacists and providers should demonstrate and be evaluated on core competencies in evidence-based practices related to pain management, opioid stewardship, and OUD.
- ASHP and pharmacists should educate providers on the emerging tools that support personalized medicine and may influence decision-making when prescribing a tailored pain management strategy.⁷
- ASHP should advocate for interprofessional education programs that promote a collaborative approach to pain management.
- All ASHP residency accreditation standards should include core competencies for pain management and OUD.
- All healthcare providers, including pharmacists, should be empowered to screen and identify patients for OUD and other substance use disorders and trained in mental health first aid (eg, the Substance Abuse and Mental Health Services Administration Technology Transfer Centers Program,⁸ which promotes the skills needed to respond to the signs of mental illness and substance use).

Domain 6: Data and Measurement. The Data and Measurement domain recommendations describe how data and measurement strategies may be used to strengthen pain

management and opioid stewardship program interventions, monitoring, and outcomes assessment. Dashboards and other trend information will also provide the foundation for performance improvement by individual providers and assessment of effectiveness and adoption of processes, guidelines, and other strategies implemented to optimize opioid prescribing and pain management in populations of patients.

Recommendations:

- ASHP and pharmacists should advocate for pharmacist participation with key stakeholders and organizations charged with the development of pain management and opioid stewardship measures (eg, National Quality Forum, Pharmacy Quality Alliance, Physician Consortium for Performance Improvement, Centers for Medicare & Medicaid Services, and National Committee for Quality Assurance).
- ASHP and healthcare organizations should advocate for adoption of evidence-based, national pain management measures that incorporate patient-reported biopsychosocial outcome measures.
- ASHP and healthcare organizations should evaluate the outcomes and unintended consequences of guidelines, measures, legislation, regulation, and corporate policies (eg, prescription limits, coprescribing of benzodiazepines at end of life) on patient outcomes and public health.
- ASHP and healthcare organizations should support the development of outcome measures that document the public health and financial value of pain management and opioid stewardship programs.
- ASHP and pharmacists should promote outcome measures that reflect evidence-based care and patient-functional goals of acute and chronic pain management, including OUD prevention (eg, risk assessment and pain management in opioid-naive patients), patients receiving opioids

- (eg, safety and use of multimodal therapy), and management of OUD.
- Pain management and opioid stewardship programs should leverage data to inform academic detailing efforts, with tailored interventions directed to patients, prescribers, pharmacists, nurses, and other healthcare team members caring for patients.⁹
- Health information systems should integrate data for point-of-care decision support as well as to depict trends over time (eg, dashboards) to inform quality improvement efforts.
- Predictive analytics should be deployed to identify opioid-related risks, including OUD, and inform optimal management strategies.
- When implementing pain management and opioid stewardship policies and strategies, it should be emphasized that therapy must be individualized and that measures may not be broadly applicable to unique patients, patient populations, and practice settings.

Domain 7: Policy and Advocacy.

Recommendations for Policy and Advocacy include broad strategies to address barriers and advance opportunities through legislation, regulation, and standards to achieve optimal pain management and opioid stewardship, such as limited access to care; lack of widely adopted, evidence-based best practices; and inconsistent laws and regulations. Recommendations are focused primarily on removing current barriers to care delivery access, improving access to information and interoperability by providers, and consistency in creation of policies and their application across states and settings.

Recommendations:

- ASHP should advocate for the pharmacist role on the interdisciplinary team(s) addressing pain management, opioid stewardship, and management of patients with OUD.

- ASHP and healthcare organizations should advocate for expanded beneficiary access to supportive recovery services, including behavioral health services, medications used to treat OUD (eg, removal of X waiver requirements and limitations), and naloxone.
- ASHP should advocate for pain management and opioid stewardship by credentialed pharmacists that may include prescribing as part of a collaborative practice model in accordance with state and federal laws.
- ASHP should advocate for legislation regarding state-managed prescription drug monitoring programs (PDMPs) that ensures PDMP interoperability, provides real-time access by all healthcare professionals needing information to provide patient care, and mandates PDMP review before prescribing and dispensing.
- ASHP should advocate for resources that enhance access to pharmacist services, including payment under fee-for-service models and the value proposition for alternative payment models (eg, accountable care organizations) for pain management and opioid stewardship.
- ASHP should advocate for policies that support pharmacists' use of evidence-based screening tools to identify patients at risk for OUD and the potential for overdose.
- ASHP should ensure pharmacy representation on public health, accreditation, and professional organization committees and task forces that impact pain management, opioid stewardship programs, and management of patients with OUD.
- ASHP should advocate that state licensing boards create consistent and universally applicable policies that address rehabilitation, recovery, and sanctions related to diversion by licensed providers.
- ASHP should support the development of pain management guidelines that advocate for the role of pharmacists in acute, chronic, and transitions of care settings.

- ASHP should advocate for local, state, and national funds to support the implementation of and incentives for take-back and disposal programs for unused opioid products as well as other pharmacy harm reduction efforts.
- ASHP should advocate for fair and consistent application of rules and standards throughout the entire opioid supply chain (eg, including DEA and wholesalers).

Domain 8: Public Health Approaches (Pharmacist's Role).

Recommendations for Public Health Approaches emphasize the opportunity for pharmacists to address the opioid crisis as one of the most accessible groups of providers in communities and populations. The recommendations highlight several potential roles, including screening, referrals, and providing supporting treatment.

Recommendations:

- ASHP should promote health equity across the spectrum of pain and OUD management and advocate for enhanced access, particularly in health professional shortage areas.
- ASHP and pharmacists should advocate for increased patient awareness of, access to, and training for naloxone administration.
- Pharmacists should be aware of available evidence and be engaged in public health efforts to implement OUD harm reduction strategies, including needle exchange programs, medication take-back and disposal options, and rapid fentanyl test strip availability.
- Pharmacy education and residency programs should emphasize the public health approach and chronic disease model for opioid and substance use disorder treatment.
- Pharmacists should actively promote and inform patients of community awareness, prevention, risk-mitigation, and recovery programs.
- Pharmacists should be considered as a highly accessible community

resource for triaging and referral of patients to treatment and recovery services.

- Pharmacists should collaborate with school-based nursing programs, community health workers, and social media influencers as partners to address the opioid overdose epidemic.
- Pharmacists should participate in the collaborative diagnosis, treatment, and management of conditions associated with OUD, such as HIV disease, hepatitis C, and other preventable diseases.

Domain 9: Resources and Research. The final domain, Resources and Research, provides a series of recommendations on how ASHP and pharmacy leaders can help pharmacists and other disciplines as they build their support for patients, communities, and organizations to address the opioid epidemic. The recommendations emphasize identifying best practices and providing tools and resources for implementing them. Recommendations also identify areas for research support that contribute to the growing body of evidence for the pharmacist's value in managing pain and OUD, as well as their contribution to improved outcomes and organizational compliance.

Recommendations:

- ASHP should develop a pharmacist resource guide on implementing best practices to enhance public awareness of, training in, and access to harm reduction strategies such as naloxone use.
- ASHP should develop resources to assist pharmacists with managing patients with OUD.
- ASHP should develop tools and resources to support organization leaders in establishing or strengthening evidence-based pain management and opioid stewardship programs.
- ASHP should develop tools and resources (eg, best practices, case studies, and implementation tools) to

support the unique needs of pharmacists in building and strengthening successful pain management and opioid stewardship programs.

- ASHP should develop a health system–focused gap analysis tool that incorporates guidelines, best practices, and evidence-based publications that support the role of pharmacists in pain management and opioid stewardship programs.
- ASHP should facilitate research to identify best practices that enhance pain management strategies and the safe prescribing of opioids.
- ASHP should facilitate publication and dissemination of best practices that recognize the pharmacist's role in collaborative pain management and improving the safe prescribing, dispensing, and disposal of opioids.
- ASHP should develop education and implementation toolkits or roadmaps to support organizational change to achieve effective pain management and opioid stewardship.
- ASHP should support research on the direct and indirect fiscal impact resulting from optimal management of patients with OUD and their retention in treatment and recovery programs.
- ASHP should develop and support a research agenda that evaluates the value of pharmacists' contributions to outcomes related to pain management, opioid stewardship, and OUD treatment and recovery programs.
- ASHP should develop and support a research agenda that evaluates the safety and efficacy of nonopioid therapies and multimodal approaches to pain management and the impact of behavioral interventions on patient outcomes in pain management and OUD.

Conclusions

The Task Force identified actionable recommendations for healthcare organizations, healthcare providers, and society to address the opioid epidemic while ensuring safe and effective care for patients experiencing

acute and chronic pain. The Task Force called on healthcare organizations to implement interdisciplinary pain management and opioid stewardship programs and promote a collaborative, patient-centered approach to opioid use, which includes an informed approach to use of nonopioid therapies as well as strategies to deter drug diversion. The Task Force encouraged the development and dissemination of best practices in collaborative pain management and opioid stewardship that would ensure access to care across all patient care settings, ensure access to care by pharmacists, and provide prevention, treatment, and supportive therapy for patients at risk for or with OUD. The Task Force noted the importance of a shared-decision model that puts the patient at the center of care decisions, activated and empowered to codevelop a formal, individualized pain management care plan that can be shared across care settings and during transitions of care. For these plans to succeed, patients should be educated by their interdisciplinary healthcare team on the support and resources available to them by leveraging technology and trusted sources of information for the broadest effect.

The Task Force also recognized the important roles pharmacists have in ensuring the success of collaborative pain management and opioid stewardship strategies, including therapy evaluations, patient and medication safety and cost-effectiveness analyses, patient education, risk assessment, monitoring, and quality assessment, while recognizing that these roles may vary between and require standardization and consistency among organizations. The Task Force emphasized the urgent need for the identification and elaboration of core competencies for pharmacists to enhance their effectiveness in collaborative pain management and opioid stewardship strategies. The Task Force noted the role of pharmacists as educators who should participate in not only patient education but the training and education of other healthcare providers as well. The Task Force suggested

there are opportunities for pharmacists, as one of the most accessible groups of healthcare providers, to address the opioid crisis through public health initiatives, including screening, referral, and providing supporting treatment for patients with OUD.

The Task Force described how ASHP and pharmacy leaders can help pharmacists and other disciplines address the opioid epidemic by identifying best practices and providing tools and resources for implementing those best practices, as well as by supporting research that provides further evidence of pharmacists' value in collaborative pain and OUD management. Such research and best practices will be built on data, so healthcare organizations and providers will need to leverage and share data and measurement strategies that may be used to optimize pain management and opioid stewardship program interventions, monitoring, and outcomes assessment. For example, trend information can be used for performance improvement by individual providers or to assess the effectiveness of processes and strategies intended to optimize opioid prescribing, utilization of nonopioid therapies, and pain management.

Advocacy will be needed to address the opioid crisis through changes in law, regulation, and standards. Legal and regulatory barriers to optimal pain management and opioid stewardship, such as limits on access to care, restrictions on provider access to information, and inconsistent laws and regulations, will need to be addressed by public advocacy. The lack of widely adopted, evidence-based best practices and their application across different settings can be addressed through improved standards and regulations.

Optimizing the management of pain in the setting of the opioid crisis in the United States requires a multifaceted approach leveraging the strengths and experiences of patients, healthcare providers, communities, and policy-makers. The ASHP Opioid Task Force recommendations seek to enhance patient care outcomes and safety and

overall public health through the domains outlined, particularly by aligning the medication expertise and commitment of the pharmacy profession with the needs of patients, their communities, and the healthcare system overall.

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Appendix—Roster of the ASHP Opioid Task Force

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