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AGENDA
CDC Opioid Prescribing Guidelines Core Expert Group Meeting
June 23-24, 2015

Tuesday, June 23

| | |
|-------------|--|
| 8:30-9:00 | Welcome <ul style="list-style-type: none">• Welcome –NCIPC/DUIP/CDC leadership• Introductions and meeting logistics• Overview of PDO Program —Dr. Debbie Dowell, Senior Medical Advisor, DUIP/CDC• Meeting goals & structure (where do we go from here) — (b)(6) Facilitator |
| 9:00-10:15 | Evidence Review – Key Clinical Questions (b)(6) |
| 10:15-10:30 | Break |
| 10:30-11:15 | Evidence Review – Contextual Evidence (b)(6) |
| 11:15-12:00 | Discussion of pre-meeting panel ratings Dr. Debbie Dowell, CDC |
| 12:00-1:00 | Lunch (Lunch will be paid on your own or be available for purchase.) |
| 1:00-2:45 | Panel feedback on key recommendations (b)(6) |
| 2:30-2:45 | Break |
| 2:45-4:15 | Panel feedback on key recommendations (b)(6) |
| 4:15-4:45 | Wrap-up |

AGENDA
CDC Opioid Prescribing Guidelines Core Expert Group Meeting
June 23-24, 2015

Wednesday, June 24

9:00-9:15 **Welcome and Review**

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9:15-10:30 **Panel feedback on key recommendations**

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Facilitator

10:30-10:45 **Break**

10:45-11:45 **New evidence or recommendations for consideration**

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Facilitator

11:45-12:45 **Lunch (Lunch will be paid on your own or be available for purchase.)**

12:45-2:00 **Translation and dissemination planning**

Dr. Tamara Haegerich, Deputy Associate Director for Science

2:00-3:00 **Discussion of next steps and wrap up**

Dr. Debbie Dowell, CDC

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Facilitator

CDC Opioid Prescribing Guideline: Groups, Criteria, and Roles

CORE EXPERT GROUP (CEG)

The Core Expert Group (CEG) is responsible for assisting CDC in reviewing the evidence related to the risks and benefits of opioid prescribing and provide individual consultation on CDC-drafted guidelines and recommendations for opioid prescribing. The CEG will engage in rigorous guideline development methods to ensure that CDC guidelines are consistent with generally accepted best practice in guideline development, including appropriate use of evidence.

Criteria for Opioid Prescribing Guidelines Core Group (CEG)

- A. Group should have approximately 15 members.
- B. Group should have representation from leading primary care professional organizations, given the audience of the guidelines is primary care.
- C. Group should have representation from subject matter experts of high standing (e.g., academic/research investigators) in opioid prescribing, addiction, substance use disorder treatment, and pain (generally, topics that align with anticipated recommended prescriber actions). SMEs will have appropriate academic training and relevant experience, and proven scientific excellence in the aforementioned areas.
- D. Group should have representation from state agencies that have been involved in guideline development efforts in which evidence served as a foundation (e.g., search of empirical literature, even if limited; review of previous guidelines developed based on scientific evidence) and stakeholders from multiple agencies were included in the development effort.
- E. Conflict of interest among group members should be avoided (e.g., lack of conflicts related to employment and consulting, research support, and investments associated with a commercial entity with interests related to controlled substances).
- F. Nominations for group should have broad representation across gender, ethnicity, and geography, as practicable.

Core Expert Group Roles and Responsibilities

- A. Completes conflict of interest form disclosing any actual or perceived conflicts related to duties and responsibilities on the panel
- B. Submit curriculum vitae/resume
- C. Provides input on the scope, research questions, and target audience for the guidelines
- D. Participates in conference calls and virtual meetings
- E. Attends one in-person meeting in Atlanta in Spring/Summer 2015
- F. Reviews evidence tables and reviews draft recommendation statements provided by CDC
- G. Contributes to group discussions on evidence and recommendations
- H. Reviews and provides written comments on draft guidelines document

STAKEHOLDER REVIEW GROUP (SRG)

The Stakeholder Review Group (SRG) is responsible for reviewing the full draft of CDC guidelines and recommendations for opioid prescribing and providing comments to improve the specificity, applicability, and implementability of the guidelines and recommendations.

Criteria for Stakeholder Review Group (SRG) Members

- A. Review group should have representation from professional organizations that represent specialties in which opioids are commonly prescribed, including internal medicine, surgery, obstetrics and gynecology, dentistry, pain medicine, emergency medicine, neurology, physical medicine and rehabilitation, and pediatrics.
- B. Review group should include representation from community stakeholders and advocacy organizations (e.g., American Pain Society, American Association of Pain Management, Physicians for Responsible Opioid Prescribing)

Stakeholder Review Group (SRG) Members Roles and Responsibilities

- A. Reviews and provides written comments on draft guidelines document.

PEER REVIEWERS

The peer reviewers are responsible for reviewing the final CDC guidelines and recommendations for opioid prescribing. This will complete the requirements for review of Influential Scientific Information (ISI).

Criteria for Peer Reviewers

- A. There should be 2 – 3 peer reviewers.
- B. Peer reviewers should be subject matter experts of high standing (e.g., academic/research investigators) in opioid prescribing, addiction, substance use treatment, and pain (generally, topics that align with anticipated recommended prescriber actions). SMEs will have appropriate academic training and relevant experience, and proven scientific excellence in the aforementioned areas.
- C. Peer reviewers will be selected based on expertise and diversity of scientific viewpoints, while addressing conflict of interest concerns.
- D. Peer reviewers should not be members of the CEG or the SRG.

Peer Reviewer Roles and Responsibilities

- A. The reviewers will comment on the reasonableness of recommendations drawn from evidence and expert opinion, and ensure that scientific uncertainties are clearly identified. Peer reviewers will not provide advice on the recommendations (e.g., amount of evidence that is acceptable to make a recommendation, such as only RCTs can inform recommendations).

FEDERAL PARTNERS

Although the guidelines will be CDC guidelines, other federal partners who have expressed an interest in opioid prescribing guidelines (e.g., SAMHSA, NIDA, FDA, VA, DoD, CMS, HRSA, NIOSH, AHRQ) will be engaged. Federal partners are invited to the meeting of the CEG in which experts will provide consultation on the CDC-drafted recommendations. Federal partners can also assist in dissemination and implementation efforts after the completion of the guideline development process.

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- c. In patients with chronic pain, what is the comparative effectiveness of opioids versus nonopioid therapies (pharmacological or nonpharmacological) on outcomes related to pain, function, and quality of life?
- d. In patients with chronic pain, what is the comparative effectiveness of opioids plus nonopioid interventions (pharmacological or nonpharmacological) versus opioids or nonopioid interventions alone on outcomes related to pain, function, quality of life, and doses of opioids used?

Key Question 2. Harms and Adverse Events

- a. In patients with chronic pain, what are the risks of opioids versus placebo or no opioid on: (1) opioid abuse, addiction, and related outcomes; (2) overdose; and (3) other harms, including gastrointestinal-related harms, falls, fractures, motor vehicle accidents, endocrinological harms, infections, cardiovascular events, cognitive harms, and psychological harms (e.g., depression)?
- b. How do harms vary depending on: (1) the specific type or cause of pain (e.g., neuropathic, musculoskeletal [including back pain], fibromyalgia, sickle cell disease, inflammatory pain, headache disorders); (2) patient demographics; (3) patient comorbidities (including past or current substance use disorder or at high risk for addiction); (4) the dose of opioids used?

Key Question 3. Dosing Strategies

- a. In patients with chronic pain, what is the comparative effectiveness of different methods for initiating and titrating opioids for outcomes related to pain, function, and quality of life; risk of overdose, addiction, abuse, or misuse; and doses of opioids used?
- b. In patients with chronic pain, what is the comparative effectiveness of short- versus long-acting opioids on outcomes related to pain, function, and quality of life; risk of overdose, addiction, abuse, or misuse; and doses of opioids used?
- c. In patients with chronic pain, what is the comparative effectiveness of different long-acting opioids on outcomes related to pain, function, and quality of life; and risk of overdose, addiction, abuse, or misuse?
- d. In patients with chronic pain, what is the comparative effectiveness of short- plus long-acting opioids versus long-acting opioids alone on outcomes related to pain, function, and quality of life; risk of overdose, addiction, abuse, or misuse; and doses of opioids used?
- e. In patients with chronic pain, what is the comparative effectiveness of scheduled, continuous versus as-needed dosing of opioids on outcomes related to pain, function, and quality of life; risk of overdose, addiction, abuse, or misuse; and doses of opioids used?
- f. In patients with chronic pain on long-term opioid therapy, what is the comparative effectiveness of dose escalation versus dose maintenance or use of dose thresholds on outcomes related to pain, function, and quality of life?
- g. In patients on long-term opioid therapy, what is the comparative effectiveness of opioid rotation versus maintenance of current opioid therapy on outcomes related to pain, function, and quality of life; and doses of opioids used?

- h. In patients on long-term opioid therapy, what is the comparative effectiveness of different strategies for treating acute exacerbations of chronic pain on outcomes related to pain, function, and quality of life?
- i. In patients on long-term opioid therapy, what are the effects of decreasing opioid doses or of tapering off opioids versus continuation of opioids on outcomes related to pain, function, quality of life, and withdrawal?
- j. In patients on long-term opioid therapy, what is the comparative effectiveness of different tapering protocols and strategies on measures related to pain, function, quality of life, withdrawal symptoms, and likelihood of opioid cessation?

Key Question 4. Risk Assessment and Risk Mitigation Strategies

- a. In patients with chronic pain being considered for long-term opioid therapy, what is the accuracy of instruments for predicting risk of opioid overdose, addiction, abuse, or misuse?
- b. In patients with chronic pain, what is the effectiveness of use of risk prediction instruments on outcomes related to overdose, addiction, abuse, or misuse?
- c. In patients with chronic pain prescribed long-term opioid therapy, what is the effectiveness of risk mitigation strategies, including (1) opioid management plans, (2) patient education, (3) urine drug screening, (4) use of prescription drug monitoring program data, (5) use of monitoring instruments, (6) more frequent monitoring intervals, (7) pill counts, and (8) use of abuse-deterrent formulations on outcomes related to overdose, addiction, abuse, or misuse?
- d. What is the comparative effectiveness of treatment strategies for managing patients with addiction to prescription opioids on outcomes related to overdose, abuse, misuse, pain, function, and quality of life?

Key Question 5. Effect of Opioid Therapy for Acute Pain on Long Term Use

- a. In patients with acute pain, what are the effects of prescribing opioid therapy versus not prescribing opioid therapy on long-term opioid use?

Target Users of the Guideline

The guidelines are intended for primary care providers (e.g. family practitioners, internists) who are treating patients for chronic pain in outpatient settings. Primary care providers account for the greatest number of opioid prescriptions compared to other specialists (e.g., surgeons, dentists, emergency physicians). Some of the recommendations may be relevant for acute care settings, but use in these settings is not the focus of the guidelines. The recommendations are also not intended for guiding medication-assisted treatment for substance use disorders.

Patients to Whom the Guideline Applies

The guidelines apply to patients ≥ 18 years with chronic pain (i.e., pain lasting longer than 3 months or past the time of normal tissue healing) outside of end-of-life care (e.g., in hospice). Patients include those with and without

a current or previous diagnosis of cancer. Patients may or may not have a history of substance use disorder. Special populations (e.g. older adults, pregnant women) will be addressed in supporting text when relevant.

Stakeholders Involved and Method of Engagement

CDC has developed a tiered approach to stakeholder involvement. In the first phase of guideline development, a Core Expert Group (CEG) will consult and provide input on recommendation statements drafted by CDC to be included in the CDC Opioid Prescribing Guidelines. The CEG includes a limited number of primary care professional society representatives, subject matter experts, state agency representatives, and an expert in guideline development methodology. At an in-person meeting, members will review the evidence related to the benefits and harms of opioid use for chronic pain, discuss patient values and preferences and health system costs, and provide individual consultation on draft recommendations. CDC selected members for the CEG in a way to minimize conflict of interest, enhance objective assessment of the evidence, and reduce scientific bias. Representatives from leading primary care professional organizations were chosen to represent the target audience for the guidelines. Subject matter experts were selected with high scientific standing; appropriate academic training and relevant experience; and proven scientific excellence in opioid prescribing, addiction, substance use disorder treatment, and pain management. State agency representatives were selected based on their experience with state guidelines for opioid prescribing that were developed with multiple agency stakeholders and informed by scientific literature and existing evidence-based guidelines.

In the second phase of guideline development, a Stakeholder Review Group (SRG) that includes a larger group of interested parties will be responsible for reviewing the full draft of CDC guidelines and providing comments to improve the specificity, applicability, and implementability of the recommendations. In this group, there is representation from professional organizations that represent specialties by which opioids are commonly prescribed (e.g., internal medicine, surgery, obstetrics and gynecology, dentistry, pain medicine, emergency medicine, neurology, physical medicine and rehabilitation, and pediatrics). The group also includes representation from community stakeholders and advocacy organizations (e.g., pain management societies; societies focused on responsible opioid prescribing).

In the final phase of the guideline development process, public engagement will be solicited through a webinar. This will allow for broad public input on the guidelines and for CDC to consider public perspectives.

Importantly, throughout the guideline development process, federal partners who have expressed an interest in opioid prescribing guidelines will be engaged and may provide input. Interagency collaboration may be leveraged for translation of guidelines into clinical practice through clinical decision support, insurance strategies, and provider education.

Management of Conflicts of Interest

For many of the clinical questions, there will be a lack of consistent research findings; thus, expert judgment based on experience will be a significant element in the development of the opioid prescribing guidelines. For guidelines to be credible, it is important to eliminate or effectively manage sources of bias. These sources of bias might include financial relationships with industry, intellectual preconceptions, and previously stated public

positions. CDC will generally exclude individuals with conflicts of interest from the Core Expert Group (CEG), particularly individuals who have a fiduciary or promotional relationship with a company that makes a product that may be affected by the guidelines (e.g., conflicts related to employment and consulting, research support, and financial investments). To identify potential conflicts, CEG members will be asked to complete a conflict of interest form upon receipt of CEG invitation. Any relevant conflicts of CEG members will be identified by CDC using these forms. If a conflict is anticipated to have a direct and predictable effect on the recommendations, the individual will be excluded from the CEG. Areas in which conflicts are identified beyond financial conflicts (e.g., intellectual property, travel, public statements or positions such as congressional testimony) will be carefully reviewed by CDC to determine if the conflicts would have a direct and predictable effect on the recommendations. If the risk of these types of conflicts is minimal, the individual may serve on the CEG and perceived potential conflicts will be disclosed prior to the CEG meeting and reported in the CDC guideline document. CEG members will be asked to validate their responses to the conflict of interest form prior to the in-person CEG meeting.

Evidence on Which the Guideline is Based

The primary evidence informing the guidelines comes from an AHRQ systematic review on *The Effectiveness and Risks of Long-term Opioid Treatment of Chronic Pain* (Chou et al., 2014; available at: <http://www.effectivehealthcare.ahrq.gov/ehc/products/557/1971/chronic-pain-opioid-treatment-report-140929.pdf>). This review rigorously addressed the effectiveness of long-term opioid therapy for outcomes related to pain, function, and quality of life; the comparative effectiveness of different methods for initiating and titrating opioids; the harms and adverse events associated with opioids; and the accuracy of risk prediction instruments and effectiveness of risk mitigation strategies on outcomes related to overdose, addiction, abuse, or misuse.

Other available evidence is being considered to supplement this review. Specifically, an additional clinical question has been added that focuses on how opioid therapy for acute pain can affect long term use. A systematic review and evidence grading process will be conducted to address this clinical question.

Further, contextual evidence will be considered on:

- The natural history of acute pain;
- The effectiveness of opioid therapy for acute pain and the timing of opioid discontinuation;
- The effectiveness of alternative treatment strategies (e.g., non-opioid pain medication, cognitive-behavioral therapy, physical therapy, interventional treatments, multi-modal pain treatment);
- Patient/provider values and preferences about opioid therapy; and
- Costs, including direct costs, indirect costs, and cost-benefit estimates.

Literature searches will be conducted to identify existing reviews available to address these contextual areas. Rigorous evidence grading will not be conducted on this literature; rather, narrative reviews will be constructed to provide context for the core recommendations.

Methods for Formulating the Recommendations

CDC will use the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) method for guideline development (<http://www.gradeworkinggroup.org/>). This method uses a is based on a systematic

review of the evidence and a transparent approach to grading quality of evidence (based on risk of bias, consistency, precision, and directness) and strength of recommendations (graded strong or weak). Four factors are used to determine the strength of recommendations: the quality of evidence, the balance between desirable and undesirable effects, values and preferences, and costs.

Evidence tables will be constructed to summarize the research findings from systematic reviews addressing the primary clinical questions. Qualitative summaries will be constructed to provide an overview of the research on the natural history of acute pain, effectiveness of opioid therapy for acute pain and the timing of opioid discontinuation, effectiveness of alternative treatment strategies, patient/provider values and preferences, and costs. Based on this evidence, CDC will draft recommendation statements. These recommendations will be presented to the CEG along with the evidence tables and summaries for review and consultation at an in-person meeting. Specifically, the CEG members will be asked to provide consultation on the recommendation grades (e.g., strong vs weak), and the rationale, importance, specificity, and implementability of the recommendations based on the quality of evidence, balance between desirable and undesirable effects, values and preferences, and costs. Consultation will be based on individual opinions expressed at the meeting, rather than voting or formal consensus processes. After obtaining input from the CEG members, CDC will revise the recommendation statements and provide the full CDC Opioid Prescribing Guidelines to the CEG for final comment.

After revisions based on CEG input are completed, the guidelines will undergo an external peer review process. CDC will also share the guidelines with the SRG for comment and offer a public engagement webinar to solicit public input.

Questions for the Core Expert Panel

We would like to obtain feedback from the CEG in the following areas:

1. Is the objective of the guideline clear?
2. Are the clinical questions appropriate and comprehensive?
3. Are the target users adequately specified?
4. Is it clear which patients the guideline applies to?
5. Are the appropriate stakeholders involved?
6. Are conflicts of interest appropriately managed and reported?
7. Are there gaps in the evidence review that need to be addressed? Is the appropriate contextual evidence identified?

Email for Core Expert Panel – Rating Recommendation Statements

Subject: Response requested by June 11 - Rating of draft recommendation statements from CDC's Opioid Prescribing Guidelines

Dear Dr. /Mr. /Ms. Doe:

Thank you for serving as a Core Expert Group member in the development of CDC's Opioid Prescribing Guidelines for Chronic Pain. In preparation for the upcoming Core Expert Panel Meeting on June 23-24, 2015, we are asking you to rate draft recommendation statements that have been developed based on a review of clinical and contextual evidence.

Attached to this email, please find the following documents:

- Draft recommendation statements, and accompanying rationale
- Rating form
- Clinical question evidence review summary and GRADE table
- Contextual evidence review summary

Please review the evidence summaries and draft recommendation statements closely. Use the rating form to provide your ratings for each of the statements. On this form, you are asked to make ratings about the balance of benefits and risks, evidence strength, certainty of values and preferences, cost feasibility, recommendation strength, rationale, importance, clarity, and ease of implementation. You also have the opportunity to suggest additional areas to be addressed not already covered within the draft statements. See the attached rating form for more details. You may also provide comments separately on the evidence reviews that inform the recommendations in a narrative document (e.g., noting if critical pieces of evidence are missing); however, the primary goal of obtaining your feedback at this point in time is to obtain input on the recommendation statements to best prepare for the meeting discussion.

CDC will analyze and synthesize the panel ratings to inform the focus of meeting discussion. We will share panel ratings in the aggregate at the meeting. The ratings will allow for a discussion of initial impressions of the recommendations, and identify where there is agreement (or lack thereof) on the statements. In this way, we can make the best use of our limited time together and discuss the recommendations most in need of improvement.

Background material that might assist you in this task include the initial planning document provided in advance of our first expert panel conference call on January 28, 2015 (see attached). Please note, we are not asking for additional feedback on this document; this is meant only to provide context for your task. You will have an opportunity after the panel meeting to provide comments on the full guidelines document. In addition, the GRADE webinar that was offered on May 5, 2015 provides insight into the methods used for synthesizing and rating the quality of the evidence. An archived recording of this webinar is available at: <https://attendee.gotowebinar.com/recording/6244107109228030721>. If you were not able to attend this webinar live, please review the webinar prior to making your recommendation statement ratings.

Email for Core Expert Panel – Rating Recommendation Statements

Subject: Response requested by June 11 - Rating of draft recommendation statements from CDC's Opioid Prescribing Guidelines

It is critical that we receive your recommendation statement ratings in a timely manner so that we can synthesize results from the panel prepare for the in-person meeting. We ask that you find time in your schedule to review the recommendations and **provide ratings by June 11, 2015**. If your ratings are not provided within this time period, your input cannot be considered for discussion at the panel meeting.

Please note, the attached recommendation statements are considered draft, are confidential, and are for the purpose of the CDC Core Expert Group panel meeting only. We ask that you do not distribute or share the documents with anyone.

We greatly appreciate your participation and look forward to your response. Your recognized expertise is critical to ensuring that CDC's recommendations are credible and actionable.

If you have any questions about this task, please send an email to cdcopioidguidelines@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Deborah Dowell, MD, MPH
Senior Medical Advisor, Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control

Email Heads Up for Core Expert Panel - Opioid Prescribing Guidance Development

Subject: Upcoming request to rate draft recommendation statements from CDC's Opioid Prescribing Guidelines

Dear Dr. /Mr. /Ms. Doe:

Thank you for serving as a Core Expert Group member in the development of CDC's Opioid Prescribing Guidelines for Chronic Pain. In preparation for the upcoming Core Expert Panel Meeting on June 23-24, 2015, we will be asking you to rate draft recommendation statements that have been developed based on a review of clinical and contextual evidence.

Next week on May 28, 2015, you will receive an email that provides you with the draft recommendation statements and an evidence summary. You will be asked to review the draft recommendation statements and make ratings about the balance of benefits and risks, evidence strength, certainty of values and preferences, cost feasibility, recommendation strength, rationale, importance, clarity, and ease of implementation. You will also be offered the opportunity to suggest additional areas to be addressed not already covered within the draft statements.

It is critical that we receive your recommendation statement ratings in a timely manner so that we can synthesize results from the panel prepare for the in-person meeting. We ask that you find time in your schedule to review the recommendations and provide ratings by June 11, 2015. If your ratings are not provided within this time period, your input cannot be considered for discussion at the panel meeting.

Background material that might assist you in this task include the initial planning document provided in advance of our first expert panel conference call on January 28, 2015 (see attached). In addition, the GRADE webinar that was offered on May 5, 2015 provides insight into the methods used for synthesizing and rating the quality of the evidence. An archived recording of this webinar is available at: <https://attendee.gotowebinar.com/recording/6244107109228030721>. If you were not able to attend this webinar live, please review the webinar prior to making your recommendation statement ratings.

Please be alert to an upcoming email in the next week requesting your input. We greatly appreciate your participation and look forward to your response. Your recognized expertise is critical to ensuring that CDC's recommendations are credible and actionable.

If you have any questions about this task, please send an email to cdcopioidguidelines@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Deborah Dowell, MD, MPH
Senior Medical Advisor, Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control

CDC Opioid Prescribing Guidelines for Chronic Pain Meeting Notes

Day 1: June 23, 2015

During the morning session, there were no comments following (b)(6) evidence review. Dialogue began during the (b)(6) Evidence Review.

Evidence Review – Contextual Evidence

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Panel Questions after presentation:

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CDC Opioid Prescribing Guidelines for Chronic Pain Meeting Notes

Day 2: June 24, 2015

****Panel feedback on key recommendations Recs 9, 10, and 12

Panel Feedback on Recommendation #9

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BREAK FOR LUNCH: Continue Panel Feedback on Recommendation on The Risks to providing naloxone

Panel Feedback on Recommendation on The Risks to providing naloxone

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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 12:59:01 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as a Core Expert Group member to consult during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in guideline-concordant care barriers, patient-physician communication, and risk assessment.

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Reviewing evidence tables and recommendation statements drafted by CDC
- Contributing to group discussions on evidence and recommendations
- Reviewing and providing written comments on draft guidelines documents

Your participation will play a critical role in shaping the development of this significant work and we value your input and guidance as a clinician. Further details about disclosure of conflict

of interest, webinars, and in-person meetings will be sent to you in the coming weeks should you choose to accept our invitation.

To accept this invitation, please send an email confirming your commitment to this effort to cdcopioidguidelines@cdc.gov by 12/5/2014. For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Julie Gilchrist, MD
CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
National Center for Injury Prevention & Control
Centers for Disease Control & Prevention
4770 Buford Hwy Mailstop F62
Atlanta GA 30341
Phone: 770-488-1178
Blackberry: 678-451-0927
Email: jrg7@cdc.gov
Telework Wednesdays & Fridays

From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 12:59:26 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as a Core Expert Group member to consult during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in fatal medication overdoses and interventions targeting prescription drug use and overdose prevention.

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Reviewing evidence tables and recommendation statements drafted by CDC
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Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Julie Gilchrist, MD

CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
National Center for Injury Prevention & Control
Centers for Disease Control & Prevention
4770 Buford Hwy Mailstop F62
Atlanta GA 30341
Phone: 770-488-1178
Blackberry: 678-451-0927
Email: jrg7@cdc.gov
Telework Wednesdays & Fridays

From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:00:15 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as a Core Expert Group member to consult during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in improving the quality of chronic pain management through the promotion of evidenced-based opioid management practices.

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:00:54 +0000
To: (b)(6)@gmail.com'
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

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CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in non-pharmacological interventional therapies for pain and risk assessment.

As a member of the Core Expert Group, your responsibilities will include:

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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:09:32 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as a Core Expert Group member to consult during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in addiction, substance use disorder treatment, and use of naloxone.

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:09:57 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as a Core Expert Group member to consult during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in the psychosocial aspects of chronic pain and chronic pain treatment effectiveness.

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:10:41 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

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CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in the areas of drug safety, adverse drug events, and dependence and addiction during opioid prescribing.

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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:11:08 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:11:46 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:12:31 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:13:11 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

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Sent: 19 Nov 2014 13:13:51 +0000
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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:14:32 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

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CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in the development of clinical practice guidelines and pain management.

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Providing input in the development and delivery of a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
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CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
National Center for Injury Prevention & Control
Centers for Disease Control & Prevention
4770 Buford Hwy Mailstop F62
Atlanta GA 30341
Phone: 770-488-1178
Blackberry: 678-451-0927
Email: jrg7@cdc.gov
Telework Wednesdays & Fridays

From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:15:33 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites you, as a representative of the American College of Physicians, to serve as a Core Expert Group member to consult on the development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking representation from professional organizations to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your organization's participation because the American College of Physicians represents primary care physicians. We are inviting your participation as a representative of the American College of Physicians based on your recognized interests and expertise in medical judgment and clinical decision-making.

As a member of the Core Expert Group, your responsibilities as a representative of the American College of Physicians will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Reviewing evidence tables and recommendation statements drafted by CDC
- Contributing to group discussions on evidence and recommendations
- Reviewing and providing written comments on draft guidelines documents

Your participation will play a critical role in shaping the development of this significant work and we value your input as a clinician and representative of the American College of Physicians. Further details about disclosure of conflict of interest, webinars, and in-person meetings will be sent to you in the coming weeks should you choose to accept our invitation.

To accept this invitation, please send an email confirming your commitment to this effort to cdcopioidguidelines@cdc.gov by 12/5/2014. Please feel free to let appropriate ACP leadership know of this invitation. For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Julie Gilchrist, MD

CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
National Center for Injury Prevention & Control
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Telework Wednesdays & Fridays

From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:16:10 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites you, as a representative of the Society of General Internal Medicine, to serve as a Core Expert Group member to consult on the development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking representation from professional organizations to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your organization's participation because the Society of General Internal Medicine represents primary care physicians with strengths in research and training. We are inviting your participation as a representative of the Society of General Internal Medicine based on your recognized interests and expertise in identifying and improving the quality of prescribing medications in patients with complex medical histories.

As a member of the Core Expert Group, your responsibilities as a representative of the Society of General Internal Medicine will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Reviewing evidence tables and recommendation statements drafted by CDC
- Contributing to group discussions on evidence and recommendations
- Reviewing and providing written comments on draft guidelines documents

Your participation will play a critical role in shaping the development of this significant work and we value your input as a clinician and representative of the Society of General Internal Medicine. Further details about disclosure of conflict of interest, webinars, and in-person meetings will be sent to you in the coming weeks should you choose to accept our invitation.

To accept this invitation, please send an email confirming your commitment to this effort to cdcopioidguidelines@cdc.gov by 12/5/2014. Please feel free to let appropriate SGIM leadership know of this invitation. For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Julie Gilchrist, MD

CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
National Center for Injury Prevention & Control
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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 13:16:46 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites you, as a representative of the American Academy of Family Physicians, to serve as a Core Expert Group member to consult on the development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking representation from professional organizations to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your organization's participation because the American Academy of Family Physicians represents primary care physicians. We are inviting your participation as a representative of the American Academy of Family Physicians based on your recognized interests and expertise in pain management and the use of opioids, as well as experience in developing clinical practice guidelines.

As a member of the Core Expert Group, your responsibilities as a representative of the American Academy of Family Physicians will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Reviewing evidence tables and recommendation statements drafted by CDC
- Contributing to group discussions on evidence and recommendations
- Reviewing and providing written comments on draft guidelines documents

Your participation will play a critical role in shaping the development of this significant work and we value your input as a clinician and representative of the American Academy of Family Physicians. Further details about disclosure of conflict of interest, webinars, and in-person meetings will be sent to you in the coming weeks should you choose to accept our invitation.

To accept this invitation, please send an email confirming your commitment to this effort to cdcopioidguidelines@cdc.gov by 12/5/2014. Please feel free to let appropriate AAFP leadership know of this invitation. For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Julie Gilchrist, MD

CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
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From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 18 Nov 2014 18:29:41 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

(b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as a Core Expert Group member to consult during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation as a representative of the (b)(6) based on your experience in developing the (b)(6)

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Reviewing evidence tables and recommendation statements drafted by CDC
- Contributing to group discussions on evidence and recommendations
- Reviewing and providing written comments on draft guidelines documents

Your participation will play a critical role in shaping the development of this significant work and we value your input and guidance. Further details about disclosure of conflict of interest,

webinars, and in-person meetings will be sent to you in the coming weeks should you choose to accept our invitation.

To accept this invitation, please send an email confirming your commitment to this effort to cdcopioidguidelines@cdc.gov by 12/5/2014. For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

From: Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Sent: 19 Nov 2014 12:58:10 +0000
To: (b)(6)
Subject: Invitation: Core Expert Group for CDC Opioid Prescribing Guidelines for Chronic Pain

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as a Core Expert Group member to consult during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation based on your recognized interests and expertise in pain treatment, anesthesiology, opioid prescribing, and opioid dependence.

As a member of the Core Expert Group, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in conference calls to provide input on some issues such as scope
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Reviewing evidence tables and recommendation statements drafted by CDC
- Contributing to group discussions on evidence and recommendations
- Reviewing and providing written comments on draft guidelines documents

Your participation will play a critical role in shaping the development of this significant work and we value your input and guidance as a clinician. Further details about disclosure of conflict

of interest, webinars, and in-person meetings will be sent to you in the coming weeks should you choose to accept our invitation.

To accept this invitation, please send an email confirming your commitment to this effort to cdcopioidguidelines@cdc.gov by 12/5/2014. For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Julie Gilchrist, MD
CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
National Center for Injury Prevention & Control
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From: Dowell, Deborah (Debbie) (CDC/ONDIEH/NCIPC)
Sent: 3 Dec 2014 13:32:49 -0500
To: (b)(6)
Cc: cdcopioidguidelines (CDC); Gilchrist, Julie (CDC/ONDIEH/NCIPC)
Subject: Invitation to Participate in CDC's Opioid Prescribing Guidelines Development as Facilitator

Dear (b)(6)

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) invites your participation as facilitator during development of CDC Opioid Prescribing Guidelines for Chronic Pain. The guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties. Improving the way opioids are prescribed through updated clinical practice guidelines can ensure patients have access to safe, effective treatment while reducing the number of people who misuse, abuse, or overdose from these medications.

CDC is seeking input from subject matter experts to serve on a Core Expert Group. This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. We are inviting your participation as facilitator based on your experience convening and facilitating discussions among diverse stakeholders in several of the areas to be addressed within the guidelines, including opioid prescribing, overdose, addiction, substance use disorder treatment, and pain management.

As facilitator, your responsibilities will include:

- Submitting a curriculum vitae/resume and disclosing real or perceived conflicts of interest (depending on such disclosures, the nature of your participation could be limited)
- Participating in a webinar on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology which will be used in the guidelines development
- Attending one in-person meeting in Atlanta in Summer 2015 (likely mid-June) with travel funded by CDC
- Facilitating group discussions on evidence and recommendations

Your participation will play a critical role in shaping the development of this significant work and we value your contribution. Further details about disclosure of conflict of interest, webinars, and in-person meetings will be sent to you in the coming weeks should you choose to accept our invitation.

To accept this invitation, please send an email confirming your commitment to this effort to cdcopioidguidelines@cdc.gov by 12/15/2014. For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Sincerely,

Deborah Dowell, MD, MPH

LCDR, US Public Health Service

Team Lead, Prescription Drug Overdose Health Systems and State Support Team

Division of Unintentional Injury Prevention

CDC - National Center for Injury Prevention and Control

770-488-1565 | ddowell@cdc.gov

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To: cdcopioidguidelines (CDC)
Subject: RE: SAVE THE DATES for CDC Opioid Prescribing Guidelines conference call and in-person meeting

From: cdcopioidguidelines (CDC) <cdcopioidguidelines@cdc.gov>
Sent: Tuesday, November 24, 2015 3:50 PM
To: Aleshire, Noah (CDC/ONDIEH/NCIPC) <uwo2@cdc.gov>
Subject: FW: SAVE THE DATES for CDC Opioid Prescribing Guidelines conference call and in-person meeting

From: Sargent, Wesley (CDC/ONDIEH/NCIPC) (CTR)
Sent: Wednesday, January 07, 2015 1:29 PM
To: cdcopioidguidelines (CDC)
Subject: SAVE THE DATES for CDC Opioid Prescribing Guidelines conference call and in-person meeting

The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) Opioid Prescribing Guidelines for Chronic Pain Committee has confirmed the dates for Core Expert Group Opioid Guideline meeting. The CDC's Opioid Prescribing Guidelines for Chronic Pain Core Expert Group committee meeting will take place on June 23rd and 24th 2015 at the CDC's Century Center campus in Atlanta, Georgia. Travel and lodging will be funded by the CDC. We will also be sending out further details about travel, lodging, meeting agendas, etc. within the next couple of weeks about the CDC Guideline meeting on **June 23rd and 24th 2015**.

This group will provide consultation on draft recommendations which will be based on an updated systematic review of the scientific evidence. During the CDC Opioid Prescribing Guidelines meeting you will be reviewing evidence tables and recommendation statements drafted by the CDC, contributing to group discussions on evidence and recommendations, and reviewing and providing written comments on draft guidelines documents. These guidelines will be oriented toward primary care providers, as such providers account for the greatest number of opioid prescriptions compared to other specialties.

Also, as a reminder the CDC Opioid Prescribing Guidelines committee has scheduled a planning teleconference to meet with its Core Expert Group. The purpose of this call is to gain input from the Core Expert Group in guidelines scope and questions to be covered through literature reviews. The teleconference meeting will take place on **Wednesday January 28, 2015 from 2-3:30 pm Eastern Time Zone**. If you are unable to participate on this call, you will have the opportunity to provide your thoughts in writing.

We will be sending out the telephone number and pin number and a draft document for your review prior to the call. We sincerely appreciate your efforts as we undertake this process.

For any questions about the CDC Opioid Prescribing Guidelines effort, please contact Dr. Julie Gilchrist, jrg7@cdc.gov.

Thank you for your willingness to participate in these crucial efforts to address safe and effective opioid prescribing.

Julie Gilchrist, MD

CAPT US Public Health Service
Medical Epidemiologist
Division of Unintentional Injury Prevention
National Center for Injury Prevention & Control
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Wesley M. Sargent, Jr., Ed.D., LPC

Evaluation Fellow (ORISE)

Division of Unintentional Injury Prevention/Prescription Drug Overdose
National Center for Injury Prevention and Control
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