The importance of widespread and effective pain management in combating the opioid crisis cannot be overstated. Advances in evidence-based multimodal and multidisciplinary treatment options for patients with pain and/or OUD can reduce unnecessary opioid exposure and improve patient quality of life [19]. Lack of aligned, evidence-based, subpopulation-specific pain management guidelines has likely contributed to suboptimal pain care and undesirable patient outcomes [18]. Thus, a critical component of addressing the opioid epidemic will be increased support for the development and judicious implementation of multimodal, population, and setting-specific pain management guidelines. In addition, inconsistent pain management prescribing practices contribute to persisting challenges in the prevention, management, and treatment of pain, and exacerbate disparities across patient groups [29]. The COVID-19 pandemic has further marginalized access to and disparities in traditional pain care for BIPOC [25], highlighting the critical need to improve prevention and multimodal care models. Such differences in pain treatment and care are not evidence-based, and necessitate research efforts to develop new standards of care grounded in science and health equity.

Several government agencies and health clinician associations have issued clinical pain management guidelines. The 2016 CDC Guideline for Prescribing Opioids for Chronic Pain offers guidance to primary care clinicians who treat adults with chronic non-cancer pain [2]. More recently, HHS released a 2019 pain management report that emphasizes the importance of interdisciplinary, patient-centered care and the use of multimodal approaches, including pharmaceutical, behavioral, restorative, and complementary therapies in the treatment of pain and OUD [29]. Pain management guidelines are increasingly recognizing the need for individualized care and are tailoring their recommendations to diverse patient populations [19]. In addition, current pain management research priorities include development of safer opioids and non-opioid analgesics, nonpharmacologic therapy, and comprehensive evaluation of pain management care models and integration of precision medicine into pain management across the spectrum of care [11].
Despite the multiple publicly available clinical guidelines and research initiatives, many questions remain unanswered regarding pain management and OUD care. Therefore, research on best practices for pain management, including practices for interdisciplinary coordination and strategies to overcome barriers to care is needed to improve the state of pain care during the COVID-19 pandemic and beyond [32]. Once established, support for the implementation and dissemination of evidence-based approaches for multimodal care and appropriate payment models for the provision of this care will be critical. Highlighting and advancing opportunities to strengthen integral aspects of pain management and the translation of pain guidelines into practice can contribute to sustainable improvements across the pain care continuum and ultimately help curb the opioid epidemic.

**RESEARCH, DATA, AND METRICS NEEDS**

**Priority:** Better Understand and Address Gaps in the Prevention and Treatment of Pain and OUD, Including Payment Barriers

- Produce ancillary frameworks and tools to address key practice- and system-level gaps in chronic pain management [19]
- Better understand the unintended consequences of opioid prescribing guidelines, laws, and regulations [2]
- Identify and characterize the influence of healthcare disparities and racism on acute and chronic pain management [11]
- Identify and characterize the influence of COVID-19 and shelter-in-place orders on chronic pain management [32]
- Collect data on co-prescribing of central nervous system depressants including which medications increase the chance of opioid overdose
- Determine how long-term use of opioids increases risk of co-occurring conditions (besides kidney and liver disease)
- Investigate current payment barriers to pain management and OUD care while considering the future role of alternative payment models [19]
Priority: Investigate Opioid Tapering Strategies and Best Practices

- Better understand and quantify the associated benefits and risks of opioid tapering [29], including best practices for specific patient-populations with co-existing conditions
- Determine the most effective tapering speed in the context of individual patient factors such as current opioid dose, preexisting OUD and/or behavioral health issues [20]
- Determine the best use of opioid agonists in opioid tapering and best practices involving the use of non-opioid pharmacologic and non-pharmacologic treatments as adjunctive therapy in specific patient populations, including those with and without behavioral health disorders [20]
- Assess the efficacy and composition of interdisciplinary teams in opioid tapering, including the most appropriate roles for family members and loved ones as part of the caregiving team [20]
- Evaluate essential components of shared decision making and tapering agreements [14]
- Identify best practices for frequency of follow-up and interaction between clinicians and patients while a taper is ongoing to ensure a safe and well-tolerated taper [20]
- Investigate and compare tapering processes and outcomes for different patient populations and evaluate the impact of the COVID-19 pandemic on tapering outcomes

Priority: Evaluate Opioid, Non-Opioid Pharmacological, and Non-Pharmacological Therapies for Management of Acute and Chronic Pain

- Investigate the potential relationship between non-pharmacological pain management interventions and the need for opioids to control pain across diverse patient populations [4]
- Better understand levels of clinical pain and available methods to optimize recovery [19]
- Research how to best select and provide non-pharmacologic therapies for specific acute and chronic pain conditions [11]
- Collect data on pain and opioid use trajectories after common surgeries [11] including interventions in the postoperative period to prevent chronic pain and opioid use after surgery
- Identify successful models of multimodal pain management for acute, transitional, and chronic pain that could be scaled outside of integrated delivery systems [4]
ABOUT THE ACTION COLLABORATIVE

The National Academy of Medicine’s Action Collaborative on Countering the U.S. Opioid Epidemic is a public-private partnership composed of more than 60 organizations representing federal, state, and local governments; health systems; associations and provider groups; health education and accrediting institutions; pharmacies; payers; industry; nonprofits; and academia. The Action Collaborative is committed to developing, curating, and disseminating multi-sector solutions designed to reduce opioid misuse and improve outcomes for individuals, families, and communities affected by the opioid crisis. The Action Collaborative’s work focuses on four key areas: health professional education and training; pain management guidelines and evidence standards; prevention, treatment, and recovery services; and research, data, and metrics needs. Learn more about the Action Collaborative at: nam.edu/OpioidCollaborative.

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Please note this in an excerpt from the full research agenda. The research agenda and complete list of references can be found here: www.nam.edu/opioid-collaborative-agenda

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