Perioperative Management of Buprenorphine Products

Panel Instructions

Dear Panellist,

Thank you for your participation in the national guideline development for managing patients taking buprenorphine products in the perioperative period. Below you will find some definitions and instructions for how to fill out the panel rating forms.

There are 840 indications that you will be required to rate.

How does the Modified Delphi process work?
There are 2 rounds of ratings – the first round is done in a 'blinded' fashion where panellists are not aware of who the other panellists are, and are not meant to discuss their thoughts with each other. They are to fill out rater forms and return them to the **moderator**. There will be a second round where panellists will meet in person and teleconference to discuss discrepancies in their rating and aim to obtain consensus on conflicting areas.

How are the rating forms organized?
There are 3 **chapters** that are focused on the diagnosis of the patient prior to surgery
1. OPIOID USE DISORDER ONLY (No co-occurring pain disorder) – 280 indications
2. OPIOID USE DISORDER AND PAIN DISORDER – 280 indications
3. PAIN DISORDER ONLY (No co-occurring opioid use disorder) – 280 indications

These chapters are then divided into various **sections** that are organized by stage of the patient experience:
1. *PRE-OP PLANNING – Buprenorphine Strategies*
2. *POST-OP PAIN – Buprenorphine in patients experiencing post op pain*
3. *POST-OP PAIN – Analgesic adjuncts to manage pain (i.e. NSAIDS, Tylenol etc)*
4. *POST-OP PAIN –Opioids to manage pain (i.e. fentanyl, hydromorphone)*
5. *DISCHARGE – Discharge strategies*
6. *OUTPATIENT PROVIDER INVOLVEMENT – indications for involving outpatient provider in these settings*

What is the definition of 'Appropriateness'?
The RAND/UCLA appropriateness method (which we are using in this guideline development process) allows panellists to rate appropriateness of therapy from 1-9. Median scores of all panellists will be obtained, and consensus definitions will be provided during the second round (in person/teleconference meeting of panel)

Instructions on how to use the Rater forms:

1) **Print out the forms**
2) **Read the Chapter on the top of the page** – I.e. Chapter 1, Section 1.1 reads: "Opioid Use Disorder Only (No Concurrent Pain Disorder)" – this indicates to the panellist to consider patients with opioid use disorder ONLY and no concurrent pain disorder when rating an indication
3) **Read across the top of the table** - You will see two big categories, patients who are at LOW risk of 'Chapter 1' Disorder Exacerbation and HIGH risk of Chapter 1 Disorder Exacerbation. This directs panellists to stratify patients based on the definitions provided to them and their own experience.
4) **Read down the left most column of the table –** The left most column labels the Section within the chapter – "pre-operative planning". As the panellist scrolls down the left-most column, they will notice that it is divided based on certain clinical characteristics – for example, what dose of buprenorphine the patient is on, how much post-operative pain is expected, and whether a regional anesthesia technique (i.e. nerve block, epidural) is feasible for the surgery for a variety of plausible scenarios.
5) **Read Across the INDICATION ROW –**
   Indications are dichotomized. This row indicates the options available to the panellist when rating from 1-9. For example, the first appropriateness rating available to the panellist is Appropriateness of Continuing Buprenorphine with the numbers 1 to 9 below them. This directs the panellist to choose a score for the indication, with a score of '9' being closest to – 'It is most appropriate to Continue Buprenorphine', and a score of '1' being closest to 'It is most appropriate to stop Buprenorphine'. Any scores in between indicates a lack of certainty around the indication.
   Panelists are urged to use the extremes of the rating scale.
6) **Use a black pen** only to **circle** the most appropriate score for the indication.
7) **Scan and Email** your forms to agoel@hsph.harvard.edu

Example – Refer to the colour coding to clarify – this form can only be viewed online or if printed in colour

Example

_CHAPTER 1: OPIOID USE DISORDER ONLY (NO CO-OCCURRING PAIN DISORDER)_____PANELIST # ___ ROUND 1__

Definitions: High Risk of Exacerbation includes concurrent mood disorder, duration of therapy <1 year, positive urine drug screen within 1 year

Chapter 1: Opioid Use Disorder (OUD)

Section 1.1: Pre-Op Planning

INDICATION ROW	LOW-MODERATE Risk of Exacerbation: Appropriateness of: Continue Buprenorphine Therapy (9) vs Stop (1)	LOW-MODERATE Risk of Exacerbation: Appropriateness of Maintain (1) vs. Reducing Buprenorphine (9) Dose	HIGH Risk of Exacerbation: Appropriateness of: Continuing Buprenorphine Therapy (9) vs. Stop (1)	HIGH Risk of Exacerbation: Appropriateness of: Maintain (1) vs. Reducing Buprenorphine Dose (9)	*(Indication Number)*
A. Patient is on **0-8mg** SL Buprenorphine Daily	——————→	——————→	←——————→	←——————→	*Leave Blank*
Severe Post Op Pain expected in an elective case					
a) With Regional Anesthesia	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	*1-4*
b) WithOUT Regional Anesthesia	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	*5-8*

For a score of 9 on this indication, refer to colour coded elements of the rater box (above) and the composite outcome (below)

For patients who meet the following criteria:
1) Opioid Use Disorder and No concurrent Pain Disorder 2) Low-Moderate Risk of Relapse of underlying disorder 3) Taking 0-8 mg of SL buprenorphine daily 4) Presenting for surgery where regional anesthesia technique is possible 5) Given surgical/patient factors, likely to experience severe post-operative pain *I believe that it is most appropriate to continue buprenorphine (Score 9 out of 9) at the pre-operative dose (No reduction) (Score 1 out of 9)*

Definition of 'Risk of Exacerbation': Please see definitions under specific chapters headings in the panel rating forms