Despite the multiple publicly available clinical guidelines and research initiatives, many questions remain unanswered regarding pain management and its intersection with 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. 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 epi

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- Better understand and quantify the benefits and risks of opioid tapering, including best practice models for specific patient populations with co-existing conditions (HHS, 2019).
- Establish models for opioid tapering considering individual patient factors such as current opioid dose, preexisting SUD and/or behavioral health issues, and the impact on patient outcomes, including pain reduction, function, and quality of life (Rich et al., 2020).
- Assess the efficacy of interdisciplinary teams in opioid tapering, including the composition of the team, the most appropriate roles for different health care professionals, and the involvement of family members and loved ones as part of the caregiving team (Rich et al., 2020).

Evaluate the essential components of shared decision-making and tapering agreements, including the identification of best practices for patient education, communication, and follow-up (Mackey et al., 2019).

Develop evidence-based guidelines and protocols for follow-up and monitoring of patients during opioid tapering, including the frequency and mode of communication between patients and health care providers to ensure optimal patient outcomut