



CO's CURE FAQ & ANSWERS

How will participating specialty societies get access to the best evidence and decrease redundant work?

CO's CURE and its editorial board will try to work as efficiently as possible by sharing work via a transparent platform. Scientific papers, existing guidelines, and best practices will be shared on Basecamp, which will allow societies to share among each other, as well as to borrow from one another. The editorial board will be built to oversee all specialty societies and help share information between different work groups.

How does CO's CURE address the different settings and specialties that apply to groups of physicians?

While there is overlap in the applicability of much of the scientific and clinical literature, CO's CURE leadership recognizes that different specialties and clinicians practice in different work environments with different challenges. Therefore, CO's CURE leadership is asking participants to only write recommendations for their specific specialty. However, the plan is to capitalize on some of the tremendous expertise that exists in this collective work group. By leveraging specialists, the hope is to provide all specialties with guidance on the CO's CURE pillars of Limiting Opioids, Alternatives to Opioids (ALTOs), Treatment of Addiction, and Harm Reduction. Fortunately, CO's CURE has societies as part of the initiative that specialize in these areas, have deep understanding of the literature, and will be able to help identify and write the best evidence-based guidelines. As editors are assigned, there will be editors for each of these priorities that will work across different specialties.

How does CO's CURE plan to engage other health professionals, such as nurses?

CO's CURE hopes to engage with its nursing and pharmacy colleagues who are part of care teams. Nursing and pharmacy representation will be available throughout the process of creating guidelines, as well as during implementation. Ultimately, the plan is to utilize peer-to-peer teaching where physicians teach physicians, nurses teach nurses, and pharmacists teach pharmacist once guidelines are written and ready for implementation.

Once guidelines are developed, will resources be available for training physicians who are being asked to prescribe new drugs, adopt new protocols, or perform new procedures?

Yes, funding is available through various grants that the leadership organizations have in place.

Will there be a methodology to develop CO's CURE guidelines?

The editorial staff will be creating templates for all our specialties to use and will likely predicate the guidelines on the RAND/UCLA Appropriateness Method.

The timeline given for the amount of work involved within and across medical societies is aggressive. Is there flexibility for CO's CURE deadline?

Yes, there is flexibility to this. CO's CURE leadership is happy to re-evaluate what will work for each specialty society involved.



What staffing and other support do CHA, the Consortium, and CMS plan to provide throughout the process?

CHA will provide project management support and editorial support. CMS will provide the virtual space to store and update documents. The Consortium will provide resources for society meeting space. CO's CURE leadership is here to support all its participating societies and asks you to reach out if there are any needs.

How will the leadership organizations reconcile specialty guidelines that may conflict?

The editorial team will be overseeing all specialty society guideline writing and making sure that the guidelines are evidence-based. In areas where there are considerable discrepancies in evidence, these items will likely not be included as guidelines or recommendations. The editorial team and specialty society may choose to discuss these discrepancies and uncertainties as part of the guideline manuscript.

Would CO's CURE consider developing guidelines in a multidisciplinary manner focused on conditions and/or care settings as opposed to the specialty-by-specialty approach described thus far?

While there are many ways to approach guidelines, CO's CURE leadership believes that leveraging specialty expertise is the clearest path forward. However, as shared previously, the hope is to make this progress as collaborative as possible so that these guidelines have a multispecialty influence and draw from everyone's respective strengths.