Assessing and Reducing Opioid Prescribing in Long Term Care

June 16th 2020
2pm ET/1pm CT

Welcome!

- All lines are muted, so please ask your questions in chat
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in the poll that will pop up on the lower righthand side of your screen at the end of the presentation

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We will get started shortly!

CMS Aims

Behavioral Health Outcomes and Opioid Misuse

- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

Patient Safety

- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce C. difficile in all settings

Chronic Disease Self-Management

- Increase performance on ABCS clinical quality measures (i.e. aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- Smoking cessation
- Identify patients at high-risk for developing kidney disease and improve outcomes
- Identify patients at high risk for diabetes –related complications and improve outcomes

Quality of Care Transitions

- Convene community coalitions
- Identify and promote optimal care for superutilizers
- Reduce community-based adverse drug events

Nursing Home Quality

- Improve the mean total quality score
- Develop national baselines for healthcare related infections in nursing homes
- Reduce emergency department visits and readmissions of short stay residents

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Tanya is an IPRO pharmacist with 17 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, NY. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

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Objectives

- Review CMS Regulations
- List recommended guidelines and policies
- Identify ways to incorporate the recommended guidelines and policies into assessment and reduction of opioid prescribing

CMS Regulations[1]

CMS requires that LTC facility residents be **free from unnecessary drugs** and, to **minimize adverse consequences related to drug therapy** to the extent possible, the regulations also require that **the drug regimen of each resident be reviewed at least once a month by a licensed pharmacist**.

CMS Regulations[1] (continued)

- Furthermore, the regulations require that **any irregularities be reported to the attending physician and the director of nursing, and that facility staff act on these reports**.

- The interpretive guidelines also discuss the drug-related risks that are involved in care transitions, a period when drugs are often added, discontinued, omitted, or changed, and how these increased risks necessitate the need for safeguards, such as drug regimen review.

Older Adults = At Risk[2,3,4]

- To date, data commonly implicate age as a principle underlying risk factor for ADEs and suggest that older adults are particularly vulnerable to ADEs, likely owing to altered pharmacokinetics, polypharmacy, or cognitive decline.

AMDA – The Society for Post-Acute and Long-Term Care Medicine[5]

Resolution and Position Statements

Primary Policies:

1. Provide access to opioids when indicated to relieve suffering and to improve or maintain function, and
2. Promote opioid tapering, discontinuation and avoidance of opioids when the above goals are not achievable, to prevent adverse events, dependence and diversion.

Things to consider…

- Policies and procedures to reduce or discontinue opioid therapy should not be used for cancer treatment or end of life care

- The BEERs Criteria[6] discourages the use of any medication which can produce drowsiness, confusion and/or falls. This includes opioids.

AMDA – The Society for Post-Acute and Long-Term Care Medicine[5] (continued)

Specific opioid stewardship strategies in nursing homes include the following:

1. Nursing home practitioners who prescribe opioids should do so based on thoughtful interprofessional assessment indicating:
   - A clear indication for opioid use
   - Inadequate response to non-pharmacologic treatments
   - Inadequate response to appropriate non-opioid pharmacologic treatments
   - Appropriate response that justifies risks and benefits of continued opioid use

Key points

- Interprofessional – include the prescriber, pharmacist and nurses in the selection of best medication/treatment for the patient
- Have non-opioid treatments failed?
  - Physical therapy, chiropractic care, acupuncture, heat/cool, comfort measures, etc.
  - Medications that are not opioids…NSAIDs, depression medications, etc.
- Do benefits outweigh risks?

Use of a Pain Scale

- Multiple options available
- Choose 1 scale to be used throughout the entire facility
- Can help in decision making for medication initiation, escalation and reduction.
- ALL staff must be trained on proper use of the scale

AMDA – The Society for Post-Acute and Long-Term Care Medicine[5] (continued 2)

2. Nursing home practitioners who manage patients prescribed opioids have a responsibility to minimize the risk of adverse events, dependency and diversion by:
   - Never prescribing long-acting opioids for opioid naïve patients
   - Tapering opioids to the lowest dose necessary to maximize functional ability
   - Tapering and stopping opioids when risks outweigh benefits
   - Prescribing opioids at the time of discharge in a quantity that represents the minimal amount necessary to transition the resident to a follow-up appointment

Key points (continued)

- Always follow the most up-to-date opioid prescribing guidelines
- Set patient and family expectations
  - The patient will never be pain free
- Reduce doses slowly to avoid withdrawal
- D/C opioids ONLY after tapering
- Always prescribe the lowest dose & quantity possible to avoid diversion and overdose

AMDA – The Society for Post-Acute and Long-Term Care Medicine[5] (continued 3)

3. Nursing home and hospice medical directors, as part of the inter-professional team, have a responsibility to:
   - Oversee policies and processes that guide appropriate prescribing and use of opioids
   - Participate in efforts to prevent opioid diversion
   - Provide ongoing education related to opioid prescribing, safety and monitoring

Naloxone

Have naloxone on hand to use in the event of an overdose

AMDA – The Society for Post-Acute and Long-Term Care Medicine[5] (continued 4)

4. Legislation, regulations and other policies:
   - That prevent needed access to opioids for relief of symptoms are unacceptable
   - Should be consistent across states with respect to the nursing home resident and patient population
   - Must promote access to substance use disorder specialists
   - Must reduce barriers to obtaining medications used to treat opioid dependence

Opioid Tapering

- Go very slowly
  - Will be patient specific
- Get patient to lowest dose possible
  - Minimal sedation with maximum functional ability
  - Can be difficult to determine depending on patient cognition
- Discontinue opioid therapy
  - ONLY after tapering
  - When risks outweigh benefits

How to Begin Incorporating These Into Your Facility

- Hopefully, policies and procedures are coming from top down
  - Sometimes information needs to move upward as well
- Work in interprofessional teams to find the best treatment for the patient
- Speak up when you believe there is an issue for your patient (bring it up with the prescriber, pharmacist, DON, etc.)

Questions

Discussion

References

1. https://health.gov/hcq/pdfs/ADE-Action-Plan-508c.pdf
2. Cresswell KM, Fernando B, Mckinstry B, Sheikh A. Adverse drug events in the elderly. *Br Med Bull.* 2007;83:259-74.
3. Wachter R. In Conversation with..J. Bryan Sexton, PhD, MA. Agency for Healthcare Research and Quality: WebM&M Interview (2006). Available from: http://webmm.ahrq.gov/perspective.aspx?perspectiveID=34.
4. Salvi F, Marchetti A, D'angelo F, Boemi M, Lattanzio F, Cherubini A. Adverse drug events as a cause of hospitalization in older adults. *Drug Saf.* 2012;35 Suppl 1:29-45.
5. https://paltc.org/opioids%20in%20nursing%20homes
6. https://qioprogram.org/sites/default/files/2019BeersCriteria_JAGS.pdf

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Upcoming Events

Nursing Homes Tuesdays, 2pm ET/1pm CT	Community Coalitions Thursdays, 12:30 pm ET/11:30am CT
July 21st, 2020: How to Create a Trauma Responsive Environment: Covid-19 Protective Factors and Responses ***Special 60-minute Presentation***	June 25th, 2020: This Changes Everything: Grief in the Time of COVID-19
August 18th, 2020: Initiating an Effective Medication Reconciliation Program	July 30th, 2020: The Power of Engaging Local Government in Community Coalitions
September 15th, 2020: High risk medication use and quality practices to prevent ADE	August 27th, 2020: Using SBIRT for Effective Screening and Referral to Treatment ***Special 60-minute Presentation***
October 20th, 2020: Understanding and using QAPI elements in day to day care processes	September 24th, 2020: Opioid Use in the Aging Population ***Special 60-minute Presentation***
November 17th,2020: Preventing and Managing C. difficile	October 29th, 2020: Blood Glucose Targets And Adapting Treatment Goals For Special Populations

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