

Opioid Use Best Practices

Welcome!

- All lines are muted, please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that will pop up on the lower righthand side of your screen

**We will get
started shortly!**



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Opioid Use Best Practices



October 20, 2021

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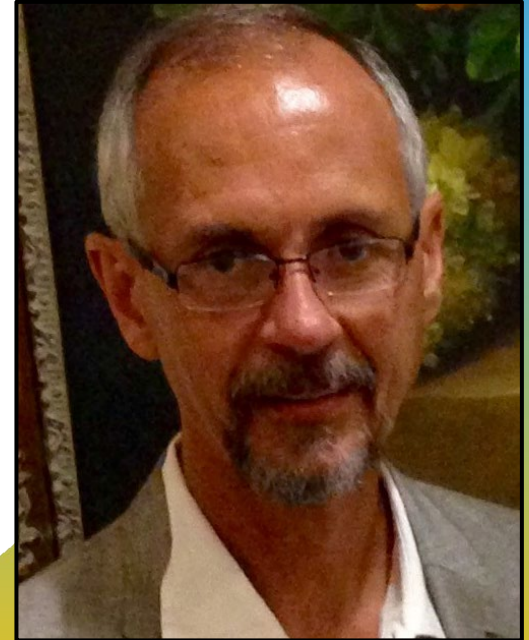
I have been a social worker for over 20 years in multiple areas of healthcare, primarily hospice. I have also worked in dialysis, home health, long-term care and inpatient hospital settings. I also worked in higher education as Director of Field Instruction at my alma mater, Valdosta State University. I have been a clinical reviewer for over five years with Alliant Health Solutions. I have been married for 23 years and have two children, a daughter and a son.

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Dr. Hayden D. Center, Jr. was most recently on faculty at Auburn University at Montgomery in the Department of Psychology, where he taught for ten years. He has taught at several universities over the past thirty years. He has also been a licensed professional counselor (LPC) specializing in addiction issues for over 30 years.



Opioid
Response
Network
STR-TA

Opioids Involved in the Crisis

- Commonly prescribed opioids
- Other synthetic opioids
- Heroin



Working with Communities to Address the Opioid Crisis

- SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Working with Communities to Address the Opioid Crisis

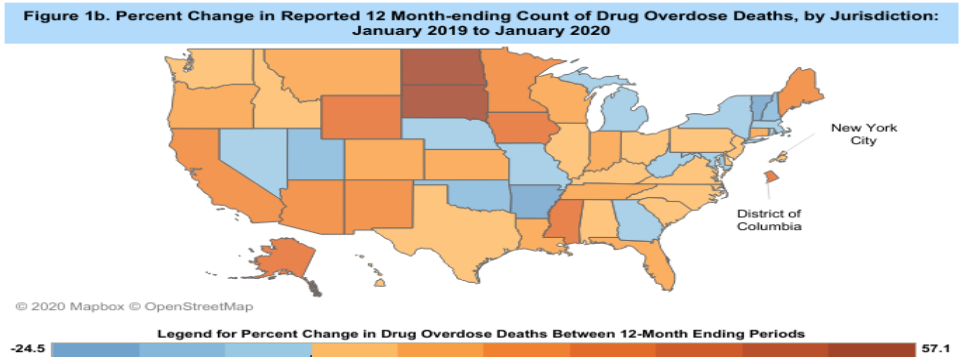
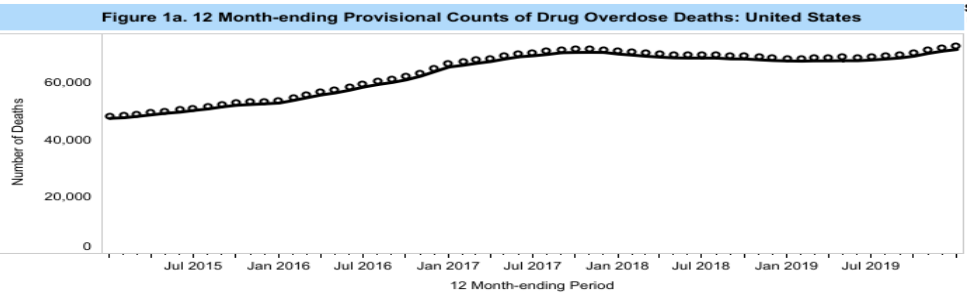
- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- The ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional technology transfer specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org
 - Call 401-270-5900

Current Provisional Rates of Overdose Deaths

Based on data available for analysis on: **8/2/2020**

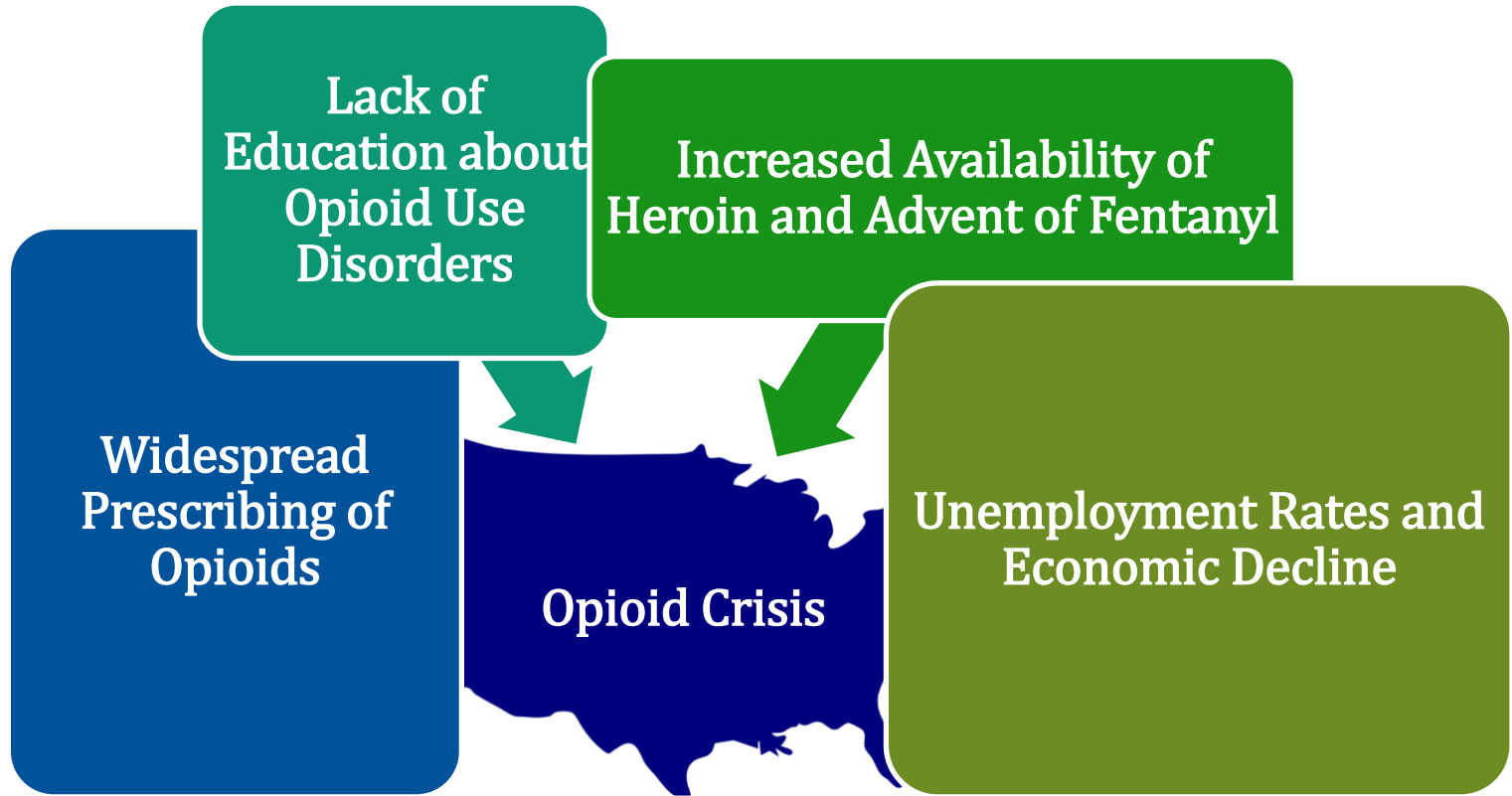


NOTES: *Reported* provisional counts for 12-month ending periods are the number of deaths received and processed for the 12-month period ending in the month indicated. Drug overdose deaths are often initially reported with no cause of death (pending investigation), because they require lengthy investigation, including toxicology testing. Reported provisional counts may not include all deaths that occurred during a given time period. Therefore, they should not be considered comparable with final data and are subject to change. *Predicted* provisional counts represent estimates of the number of deaths adjusted for incomplete reporting (see **Technical notes**). Deaths are classified by the reporting jurisdiction in which the death occurred. Percent change refers to the relative difference between the reported or predicted provisional numbers of deaths due to drug overdose occurring in the 12-month period ending in the month indicated compared with the 12-month period ending in the same month of the previous year. Drug overdose deaths are identified using ICD-10 underlying cause-of-death codes: X40–X44, X60–X64, X85, and Y10–Y14.

Prevalence of the Problem

- In 2011, 252,000 prescriptions were written for opioids. This represents a prescribing rate of 80.9 per 100 persons.
- By 2017, the number decreased to 191,000 and a prescribing rate of 58.7 prescriptions per 100 persons.

Opioid Crisis



Categorization of Strategies



Preventing Opioid Overdoses

- Education
- Prescription drug disposal programs
- Prescription drug monitoring programs
- Prescribing and dispensing regulations
- Law enforcement actions
- Treatment and follow-up services



Preventing Death and Disability from Overdoses

- Naloxone access and promotion strategies
- 911 Good Samaritan laws and policies

Education for Patients

- Education topics include:
 - Risks of prescription opioids and non-opioid alternatives
 - How to safely use prescriptions
 - Proper medication storage and disposal
 - How to recognize the signs of an opioid use disorder
 - Available treatment and support



Education for People Who Use Illicitly

- Education topics include:
 - Personal characteristics or behaviors that increase overdose risk
 - Changes in the local drug supply that increase overdose risk (e.g., types, purity or negative effects of available drugs)
 - Where to access risk reduction, treatment and support services

Prescription Drug Storage/Disposal Programs

- Encourage community members to voluntarily and safely dispose of their unwanted, expired, and/or unused medications
- Strategies include:
 - Dropbox programs
 - Take-back programs
 - Mail back programs
 - Opioid deactivation kits



National Drug Take Back Day

[National Prescription Drug Take Back Day \(usdoj.gov\)](https://www.usdoj.gov)

October 23, 2021

Prescription Drug Monitoring Program (PDMP)



- PDMP data can be used to:
 - Identify individuals at risk for opioid misuse and overdose
 - Target prevention efforts (e.g., identify “hot spots”)
 - Change prescriber behavior (e.g., through prescriber report cards)

Breakout Discussion

- What strategies have you seen used in your community to educate people on the dangers of opioid misuse?
- What additional strategies do you think could be effective?

Prescribing and Dispensing Regulations

- Limit the number, quantity and duration of prescriptions
- Restrict the circumstances under which prescriptions can be issued or refilled
- Establish requirements for monitoring patients who are using prescription medications



CDC Guidelines

Determining when to initiate or continue opioids for chronic pain:

1. Selection of non-pharmacologic therapy, nonopioid pharmacologic therapy and opioid therapy
2. Establishment of treatment goals
3. Discussion of risks and benefits of therapy with patients

CDC Guidelines

Opioid selection, dosage, duration, follow-up and discontinuation:

1. Selection of immediate-release or extended-release and long-acting opioids
2. Dosage considerations
3. Duration of treatment
4. Considerations for follow-up and discontinuation of opioid therapy

CDC Guidelines

Assessing risk and addressing harms of opioid use:

1. Evaluation of risk factors for opioid-related harms and ways to mitigate patient risk
2. Review of prescription drug monitoring program (PDMP) data
3. Use of urine drug testing
4. Considerations for co-prescribing benzodiazepines
5. Arrangement of treatment for opioid use disorder

Naloxone

- The opioid overdose-reversal drug Naloxone is an opioid antagonist that can rapidly restore normal respiration to a person who has stopped breathing as a result of overdose on prescription opioids or heroin.
- Naloxone can be used by emergency medical personnel, first responders and bystanders.

Naloxone Access and Promotion Strategies

- Expand Naloxone access to those likely to be on the scene of an overdose emergency
- Promote the use of Naloxone among people who use drugs, professional groups, social service agencies, family members, those that live near the patient and the broader public



Who Needs Access?

Preventing Death and Disability from Overdoses



Professional First Responders



Lay First Responders

Types of Naloxone Access

- Traditional prescriptions
- Third-party prescriptions
- Collaborative practice agreements
- Pharmacist prescribing authorities
- Standing orders
- Protocol orders



Naloxone Education

Preventing Death and Disability from Overdoses



Prescribers and Dispensers



Potential First Responders



Broader Community

911 Good Samaritan Laws/Policies^{65,66}

Preventing Death and Disability from Overdoses

Strategies to encourage help-seeking in the event of an opioid overdose include:

- 911 Good Samaritan Laws and Policies
- 911 Good Samaritan Education



Questions

Please provide any questions in the chat.



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CMS 12th SOW Goals



Behavioral Health Outcomes & 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. diff 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)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



Quality of Care Transitions

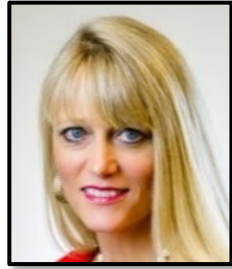
- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events



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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