Opioids in Nursing Home Residents

Presented by:
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October 11, 2022
Jennifer Massey, PharmD

AHS TECHNICAL ADVISOR, PHARMACY SERVICES

Jennifer has 15 years of health care experience, including clinical pharmacy in the acute care hospital setting and various roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network-Quality Improvement Organization (QIN-QIO).

She currently serves as the subject matter expert for opioids and adverse drug events for HQIC.

Contact: Jennifer.Massey@allianthealth.org
Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is on the EMR transition and implementation team for the health system, providing direction to EMR entity adapt to the LTC environment. She also consulted with post-acute long-term care companies to optimize medical services into PALTC facilities, integrate medical directors and clinicians into the QAPI framework and creates frameworks of interdisciplinary work in the organization. She established the Palliative Care service line at the Northeast Georgia Health System. She also is an attending physician in several nursing facilities. Prior to that, Dr. Gaur was a medical director at the LTC in Carl Vinson VA Medical Center and a member of the G&EC for VISN 7.
Objectives

• Assessing pain and need for opioids in long-term care resident
• Anticipating and proactively managing opioid-related side effects
• Examining alternate modalities for pain control
• Discussing the role of the interdisciplinary team in opioid management
Assessing Pain and Need for Opioids in Long-Term Care Resident

• A 96-year-old woman fell in the nursing home while transferring from a chair to the bed and hit her left shoulder. The x-ray did not show a fracture.

• Three days later, the staff reported that she had stopped getting out of bed, and her appetite had steadily declined to where she’s only eating 25% of her meals.

• A meeting was held with her son, who was appraised of the situation, and he decided not to transfer his mom to the hospital.
Is There an Association Between Pain and Delirium?

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201828/
# Optimal Length of Treatment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Optimal length in days</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgical</td>
<td>7</td>
</tr>
<tr>
<td>Women’s health</td>
<td>10</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>14</td>
</tr>
</tbody>
</table>

Approach to Acute Pain in LTC

Is there a mod to severe acute musculoskeletal pain at rest?

Yes
- Schedule and taper

No
- Interdisciplinary pain control
Assessing Pain and Need for Opioids in Long-Term Care Resident

• A 78-year-old male was admitted with MS Contin 40mg BID and Dilaudid 2 mg every four hours as needed. Staff report that he’s irritable and is demanding no change in medication.

• He’s also on Xanax 1 mg BID and Neurontin 800mg Q12H.

• On further history, he lost his spouse, lives alone and had recently been approached about cutting down his meds. He also has short-term memory loss.

• He has a history of overdose.
Mortality and Concurrent Use of Opioids and Hypnotics in Older Patients: A Retrospective Cohort Study

Wayne A. Ray et al

July 15, 2021

https://doi.org/10.1371/journal.pmed.1003709
Managing Opioid-Related Side Effects

Opioid-induced constipation (OIC) Opioid-induced bowel dysfunction (OIBD)

- 4-6/10 will have it
- Slow peristalsis- increase in fluid absorption – hard stool and constipation
- Start laxative proactively
- Never use psyllium

<table>
<thead>
<tr>
<th>Meds</th>
<th>Typical cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senna</td>
<td>$10/100 pills</td>
</tr>
<tr>
<td>Polyethylene glycol</td>
<td>$10/100 gm of powder</td>
</tr>
<tr>
<td>Relistor</td>
<td>$430/15 pills</td>
</tr>
<tr>
<td>Amitiza</td>
<td>$470/60 pills</td>
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</tbody>
</table>
Start laxatives (osmotic ± stimulant) & lifestyle changes

Consider alternative reasons for symptoms (depression, metabolic disorders, other medications, etc.)

Consider opioid tapering, opioid rotation and alternative analgesics

Start treatment with opioid antagonists:
Choice of antagonist is dependent on diagnosis, life expectancy, experience, price and patient preferences

Examining Alternate Modalities for Pain Control

Local pain control - Capsaicin

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4161117/
## Use of physical therapy and subsequent use of opioids

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Odds Ratio (95% CI)</th>
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</thead>
<tbody>
<tr>
<td>LOWER BACK</td>
<td></td>
</tr>
<tr>
<td>Childs et al. 2015</td>
<td>0.62 (0.60, 0.64)</td>
</tr>
<tr>
<td>Fritz et al. 2012</td>
<td>0.78 (0.66, 0.93)</td>
</tr>
<tr>
<td>Frogner et al. 2018*</td>
<td>0.56 (0.53, 0.59)</td>
</tr>
<tr>
<td>Sun et al. 2018</td>
<td>0.93 (0.88, 0.98)</td>
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<tr>
<td>NECK</td>
<td></td>
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<tr>
<td>Horn et al. 2018</td>
<td>0.36 (0.17, 0.74)</td>
</tr>
<tr>
<td>Sun et al. 2018</td>
<td>0.92 (0.85, 0.99)</td>
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<td>KNEE</td>
<td></td>
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<tr>
<td>Stevans et al. 2017</td>
<td>0.67 (0.62, 0.72)</td>
</tr>
<tr>
<td>Sun et al. 2018</td>
<td>0.84 (0.77, 0.91)</td>
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<tr>
<td>SHOULDER</td>
<td></td>
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<tr>
<td>Sun et al. 2018</td>
<td>0.85 (0.77, 0.95)</td>
</tr>
<tr>
<td>PERSISTENT MSK PAIN</td>
<td></td>
</tr>
<tr>
<td>Karmali et al. 2020</td>
<td>0.75 (0.64, 0.89)</td>
</tr>
</tbody>
</table>

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7808685/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7808685/)
Adjuvant Therapies

Gabapentin
- Used for opioid-sparing effects postoperatively (new)
- Most effective in neuropathic pain
- Needs adjusted for CrCl
- Can cause Hypotension, sedation

Muscle relaxant
- Used as a part of multimodal pain management perioperatively
- Continued use can cause falls, delirium
- Increase use with concurrent use of opioids
Opioid stewardship – right time, right dose, right duration

Empower your IDT consultant pharmacist, nursing, therapists

Empower staff with education and tools

Make it a part of QAPI

PAR (patient at risk) Meeting
Questions?
Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS

**OPIOID UTILIZATION AND MISUSE**
- Promote opioid best practices
- Reduce opioid adverse drug events in all settings

**PATIENT SAFETY**
- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections

**CHRONIC DISEASE SELF-MANAGEMENT**
- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes

**CARE COORDINATION**
- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers

**COVID-19**
- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans

**IMMUNIZATION**
- Increase influenza, pneumococcal, and COVID-19 vaccination rates

**TRAINING**
- Encourage completion of infection control and prevention trainings by front line clinical and management staff
CMS requested Alliant Health Solutions, your QIN-QIO, to work with select nursing homes to understand emerging healthcare needs in nursing homes. Alliant Health Solutions is engaging nursing home leadership on each of these key areas to ensure plans are in place to achieve and maintain health quality and equity!

Please scan the QR codes below and complete the assessments.

**Nursing Home Emergency Preparedness Program (NH EPP) Self-Assessment**

- Support nursing homes by establishing a safe visitor policy and cohort plan.
- Provide virtual events to support infection control and prevention.
- Support nursing homes and community coalitions with emergency preparedness plans.


**Nursing Home Infection Prevention (NHIP) Initiative Training Assessment**

- Encourage completion of infection control and prevention trainings by frontline clinical and management staff.


**Nursing Home Safe Visitor Policy and Cohorting Plan Verification**

- Support nursing homes by establishing a safe visitor policy and cohort plan.
- Provide virtual events to support infection control and prevention.
- Support nursing homes and community coalitions with emergency preparedness plans.

Save the Date

Register for our next session:

**Opioids in Nursing Home to Home Transitions**
- **Date:** Wednesday, Nov. 9, 2022
- **Time:** 2-2:30 p.m. ET
- **Hosted by:** Madison McRainey, PhamD

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