

Overseeing Opioid Use in Your Facility



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Steven Levenson, MD, CMD

Steven Levenson, MD, CMD, has spent 43 years providing and overseeing long-term and post-acute care. He has been a medical director in 22 different nursing homes in Maryland and has reviewed and guided the care of thousands of patients in facilities in 28 states. He has authored or co-authored more than 80 articles and four books on medical direction, subacute care, quality improvement and many other topics.

Between 1988 and 2013, he was extensively involved with CMS in developing and refining various aspects of the OBRA process, including surveyor guidance, the MDS, and training materials for surveyors and facilities. This included several updates to the Unnecessary Drugs guidance, including those related to psychopharmacologic medications. He also recently chaired the workgroup that revamped the AMDA Pain CPG.



Tanya Vadala, PharmD

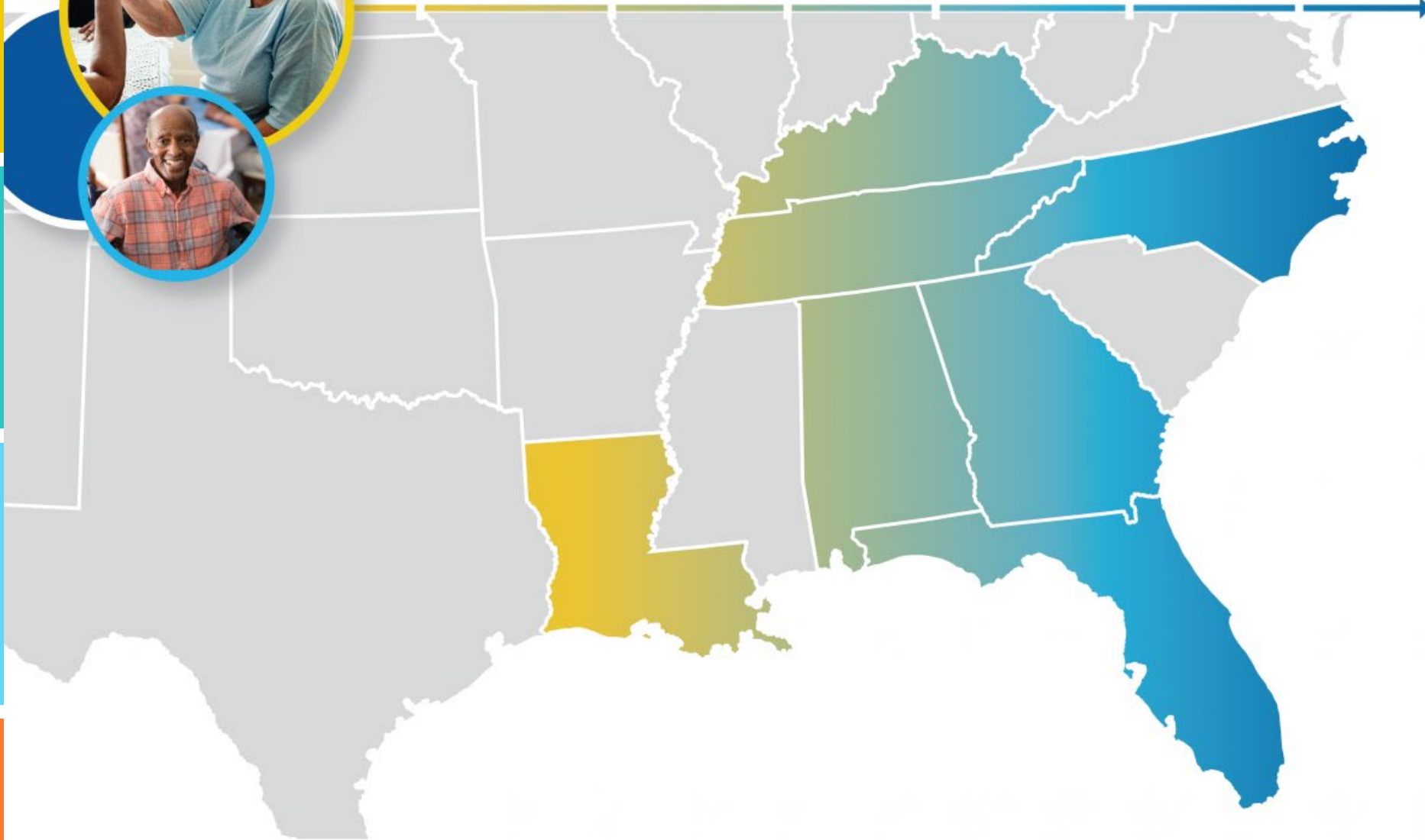
MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 18 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 the Albany College of Pharmacy and Health Sciences in Albany, N.Y. 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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About Alliant Health Solutions



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Objectives

- Have a meaningful and useful tool to review opioid-related considerations in your facility
- Identify how to use an oversight tool in your facility
- Identify how to involve your medical practitioners and medical director in supporting appropriate opioid use

The Care Delivery Process

- Assessment/Problem Definition
- Diagnosis/Cause Identification
- Selecting and Ordering Treatments
- Monitoring

Assessment/Problem Definition

- **Details** of pain (including a detailed description, exact location, and frequency, intensity, duration) *identified and documented*
- Patient **screened** carefully for evidence of opioid *dependency/addiction*
- Clinically pertinent **rationale** is **documented** for *why opioids are indicated* for the type, nature and location of pain

Cause Identification

- Pertinent causes of pain (including medication-related adverse consequences) are investigated and either *ruled out or identified* and documented

Selecting and Ordering Treatments

- **Realistic goals** for pain and function set, based on diagnosis and prognosis
- Reasonable and relevant **non-opioid therapies** *tried and optimized*
- **Benefits and risks** of opioid treatment reviewed realistically with patient/family, as feasible
- **Cause-specific interventions** *identified, ordered, and documented*

Selecting and Ordering Treatments

- IF opioids are indicated, then **short-acting opioids are prescribed** using the *lowest dosage* on product labeling
- ANY ongoing **long-acting opioids** are used ONLY with *documented rationale* as to why a continuous dose of opioids is medically necessary

Selecting and Ordering Treatments

- **Fentanyl** is *used very sparingly* and only for individuals who need a continuous dose of medication that is 100 times more potent than morphine, with detailed, documented rationale
- **Benzodiazepines** (lorazepam, clonazepam, alprazolam, etc.) are *not given concurrently* with opioids unless a clear and compelling clinically pertinent rationale based on medical necessity is documented for using both together

Monitoring

- **Need for continuing opioids** for ANY reason is *reviewed and documented* at each scheduled reassessment
- Adequately detailed **evaluation to confirm** that patient has clinically meaningful *improvements* in pain and function *without significant risks or harm*
- At revisit, **opioids are only continued after confirming** 1) clinically meaningful *improvements* in pain and function, 2) *without significant risks or harm*, AND 3) a clearly identified reason why tapering or stopping is contraindicated
- **Tapering** of opioids done **correctly and safely**

Monitoring

- **Pertinent rationale** is always documented for any *long-acting opioids*, including reasons for the inadequacy of non-opioid alternatives or shorter-acting opioids
- **Observations made and documented** regarding *adverse consequences* such as signs of oversedation or overdose risk, falls, anorexia, or increasing confusion and behavior issues
- **Verification** that *non-opioid* approaches have been implemented and optimized

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



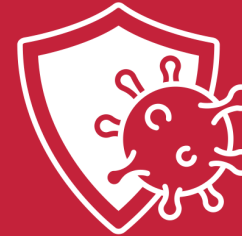
CHRONIC DISEASE SELF- MANAGEMENT

- 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



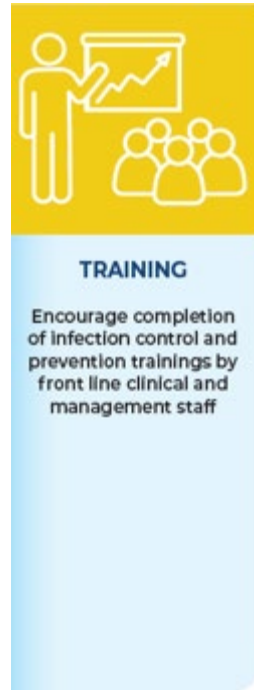
TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

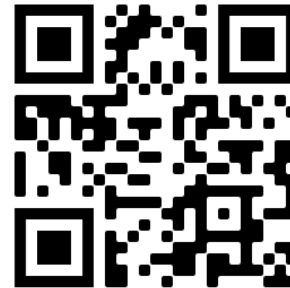
Scan the QR code or Click the Link to Complete the Assessment!

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 code below and complete the assessment.

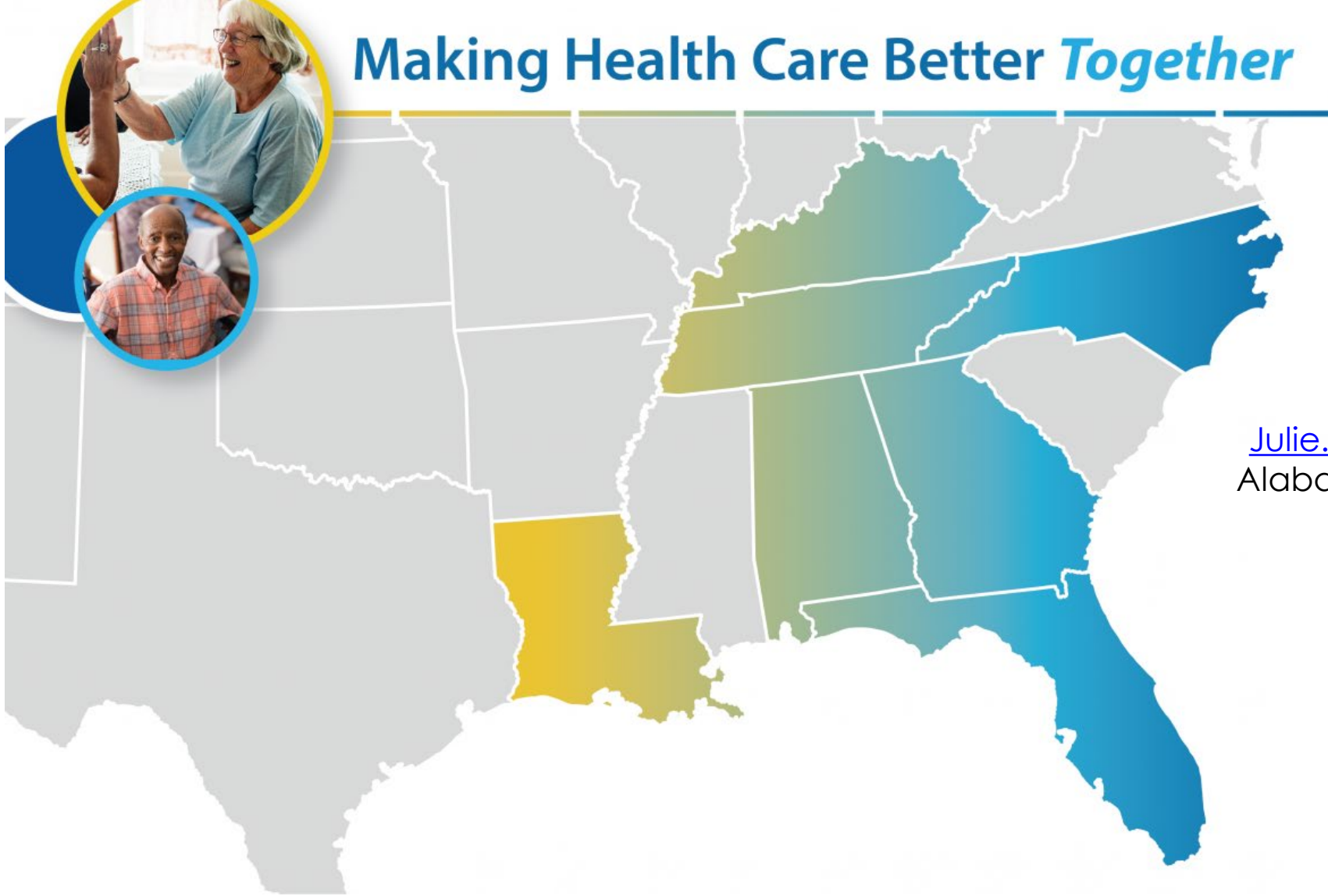


Nursing Home Infection Prevention (NHIP) Initiative Training Assessment



<https://bit.ly/NHIPAssessment>

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