POSITION STATEMENT

Optimizing Patient Access to Opioid Analgesics in Long-Term Post-Acute Care (LTPAC) Facilities

Position

The current Drug Enforcement Agency (DEA) regulations surrounding access to opioid analgesics and other controlled substances in long-term post-acute care facilities (LTPAC) create unintended and unnecessary barriers to timely care. To reduce these barriers, the American Society of Consultant Pharmacists (ASCP) recommends that the DEA, and individual states where necessary, develop alternative requirements such as the use of chart orders as a valid prescription order, electronic prescribing, and use of automated dispensing systems. These alternatives will allow skilled nursing facilities (SNFs), prescribers, and pharmacies to be able to provide timely and effective pain management to the residents of these facilities. ASCP also recommends that regulations be amended to allow nurses in the SNF to act as an agent of the prescriber. Pharmacists working in this setting play an integral role in the proper management and use of opioid analgesics and work closely with practitioners and nursing facility staff to ensure all controlled substances are properly prescribed and utilized.

Background

Most pharmacies servicing LTPAC facilities are licensed as retail pharmacies. Thus, existing DEA rules for dispensing controlled substances to residents in LTPAC facilities are the same as those for community-dwelling residents. These DEA requirements for pharmacies in the retail/community sector are reasonable for the traditional retail pharmacy but pose barriers when meeting the needs of residents in LTPAC facilities. Retail pharmacy regulations regarding dispensing, as outlined below, can create delays in access to controlled drugs by LTPAC residents, especially upon admission to a facility. Even though the DEA has made some allowances to address the issue of delayed access, such as the use of emergency supplies, problems with delays persist. Emergency provisions by the DEA are not intended to resolve the ongoing issues.

Discussion and Research

One of the most critical times that patients require opioid analgesics is during the transition from an acute hospitalization. This transition of care is complicated and requires intensive work by LTPAC staff. Prescribers, residents, and their families are also navigating these complex transitions. Continuation of care in the LTPAC facility should represent a smooth transition from the acute hospital to ensure highest quality of care for the patient. Deficiencies in hospital-to-SNF transitions can lead to significant
patient care consequences, including untreated or undertreated pain and rehospitalization risk. Delays in receiving pain medications for several hours can lead to severe pain, especially in individuals who did not receive a scheduled pain medication before leaving the hospital. These issues often occur because valid, written orders for opioid analgesics that are sent with the discharged patient cannot be immediately filled by the pharmacy because the transfer order for controlled substance does not meet current requirements for a controlled substance prescription. Discharge orders are intended to enable medical staff to administer the appropriate pain medication in a timely manner upon admission to the LTPAC facility, but the nurse in the facility is not recognized by the DEA as an agent of the prescriber and therefore cannot send an order for an opioid analgesic or other controlled substance to the pharmacy.

Availability of medication for pain management is improved when transitions of care follow a coordinated process. Health care professionals from both care settings should engage in a systematic dialogue to assure the availability of medication for pain management when the patient arrives at the new setting. ASCP supports strategies to eliminate communication barriers, such as those identified by the National Transitions of Care Coalition:

- Implement electronic medical records that incorporate standardized medication reconciliation elements
- Establish points of accountability for sending and receiving medical plans of care; increase the use of case management and professional care coordination
- Expand the role of the pharmacist in transitions of care
- Develop performance measures
- Use standardized forms, tools and communication methods at all hand-offs (e.g. checklists, SBAR [Situation-Background-Assessment-Recommendation] tool).

As a result of multiple steps involved in transitioning a patient between the hospital and a LTPAC facility, current requirements for a valid written prescription can lead to a gap in availability of opioid pain medication treatment. During transition to the next level of care, the admitting facility reviews discharge orders and verifies admission orders, then transmits the validated admission orders to the pharmacy. The pharmacy receives, processes, dispenses, and delivers medication orders, except any controlled substance for which a valid written prescription is not available. A delay in obtaining a valid paper prescription containing all the required elements or a verbal emergency authorization from the prescriber may result in severe or breakthrough pain. This is especially true for patients who did not receive scheduled pain medication before leaving the hospital. To mitigate adverse outcomes from these potential delays in availability, ASCP recommends ensuring that the patient receives scheduled pain medications at the point of discharge to maintain pain control until the next dose is available. Discharge preparation should include the prescriber either electronically prescribing the order directly to the pharmacy or providing a signed hard copy prescription to the LTPAC facility in addition to calling the pharmacy with an emergency request.

Because chart orders are not currently recognized as a valid order for controlled substances in LTPAC settings, the practitioner not only has to issue a chart order for these medications to be administered in the nursing facility, but must also issue a valid and timely prescription for the pharmacy to dispense them. As is often the case, when the physician assuming care in the LTPAC facility is not at the facility
at the time the patient is admitted or a need arises, the prescriber must phone the pharmacy with an emergency verbal prescription, supply a valid written prescription to “cover” the verbal prescription that they authorized, and then supply a valid written continuation prescription for therapy that is required beyond the emergency period. Additionally, written prescriptions, as well as routinely signed chart orders, are required for chronic use of controlled substance medications. There are regulatory and legal implications for pharmacists if the physician forgets or fails to supply the pharmacy with a written prescription in follow-up to an emergency verbal prescription.

To circumvent the difficulty in issuing prescriptions for controlled substances, particularly Schedule II narcotics in the LTPAC facility, prescribers might choose to order an alternative pain medication that is less than optimal at controlling the patient’s pain. For example, acetaminophen and tramadol have been used in LTPAC settings to treat severe pain, even though these or other agents have not always demonstrated adequate pain control.\(^5\)

Additionally, consideration should be given to use of automated dispensing systems for both immediate use as well as continuous use of controlled substances as per DEA regulations passed in 2005,\(^6\) as this leads to instant availability of medication, reduced staffing needs and reduced medication waste.

**Summation**

ASCP recommends that the DEA, and individual states where necessary, should develop alternate requirements for the provision of opioid analgesic medications in the LTPAC setting, such as the use of chart orders as valid prescriptions, the use of automated dispensing systems, and electronic prescribing. ASCP also recommends that regulations be adopted to allow the nurse in the LTPAC facility to be able to act as an agent of the prescriber.

Pharmacists working in LTPAC settings play an integral role in the proper management and use of opioid analgesics while working closely with practitioners and nursing facility staff to ensure all controlled substances are properly prescribed and utilized with the goal of providing better patient care.

**Approved by the American Society of Consultant Pharmacists Board of Directors, April 26, 2021**

**References**

4. Transitions of Care, Tools for the Senior Care Pharmacist, American Society of Consultant Pharmacists, 2018, pgs. 18, 35.