POLICY STATEMENT

Appropriate Management of Opioid Analgesics in Long-Term and Post-Acute Care Facilities

Policy Statement

Consultant pharmacists and dispensing pharmacists utilize their expertise to promote opioid stewardship in long-term and post-acute care facility (LTPAC) settings to help ensure appropriate use and accessibility of opioid analgesics while minimizing diversion, overuse, and misuse.

Preamble/Background

Opioid stewardship defines a process by which use of opioids is evaluated against established standards for appropriate prescribing, effectiveness of therapy, coordination with other clinical interventions in treating the diagnosis, and appropriate duration of therapy.

Pharmacists engage in opioid stewardship through education, oversight management directed by facility policy and procedures, and clinical expertise to promote appropriate, safe opioid prescribing and dispensing while mitigating opportunity for diversion. Pharmacists work closely with practitioners and nursing staff in long-term care facilities (LTCFs) to ensure opioid analgesics are prescribed and utilized in a proper manner. In this document, “long-term care” refers to skilled nursing facilities (SNFs), post-acute care, nursing facilities, and assisted living communities.

Arguments

Pharmacists practicing in long-term care have the potential to impact the management and appropriate use of opioids at different points in the care continuum: dispensing, admission medication regimen reviews (aMRRs), monthly medication regimen reviews (mMRRs), drug utilization reviews (DURs), and discharge.

Additionally, dispensing pharmacists execute professional responsibilities by reviewing and submitting data to state prescription monitoring programs (PMPs) and by adhering to all federal and state regulations pertaining to the requirements for valid controlled substance prescriptions. Some states further regulate opioid analgesics by imposing restrictions on quantities dispensed. When permissible by state regulation, pharmacy providers may help to ensure timely access to opioid pain medications by furnishing LTPAC facilities with emergency medication supplies and systems. In such situations, the

dispensing pharmacy assures that the use of emergency opioids meets all federal and state criteria for emergency medication supplies before the facility staff may access the medically necessary dose(s).

Pharmacists serving SNF residents may be involved with performing aMRRs and medication reconciliation when patients are transferred from an acute site of care to a nursing facility. When appropriate information is available during the transition of care, the pharmacist can identify actual and potential opioid-related issues at the onset of the resident's planned length of stay. The pharmacist has the clinical expertise to offer recommendations to safely and effectively reduce medication dosages and to address the use of non-opioid pain management options and non-pharmacologic modalities.

During the mMRR conducted in the LTPAC facility, the consultant pharmacist reviews the entire clinical record, evaluates the continued use of opioids (both routine and PRN), and communicates recommendations to the practitioner for dose adjustments and/or reductions. Additionally, the consultant pharmacist is uniquely positioned to provide education and training to ensure that discharge planning addresses the safe storage, use, and disposal of opioids at lower levels of care and in the home environment when use beyond the skilled setting is warranted.

One of the most critical services that a consultant pharmacist provides to a SNF is assurance of the appropriateness of pharmaceutical care delivery, including the oversight of processes regarding controlled substances. This aspect of the consultant pharmacist's expertise is specifically targeted at the prevention of drug diversion and misappropriation. The consultant pharmacist, in collaboration with the facility's management, is responsible for establishing and ensuring that policies and procedures exist to adequately provide for the ordering, receiving, secure storage, administration, record keeping, and disposition of controlled substances. As a means to prevent and identify diversion of controlled substances in the facility, the consultant pharmacist assures that records of receipt and disposition are sufficiently detailed to enable reconciliation and provides oversight of the entire process, including periodic review to ensure compliance.[1] Fear of diversion should not be a barrier of access to medically necessary pain management. Facility adherence to policies and procedures for chain of custody, overseen by the consultant pharmacist, promotes the safe, secure, and appropriate use of opioids in skilled nursing facilities. If diversion is suspected, the consultant pharmacist along with the LTPAC administration report to the relevant law enforcement agencies and develop corrective measures to address any system failures that might have led to the diversion.

Finally, the consultant pharmacist incorporates principles of pain management in geriatrics through on-site in-service education and medication station/supply inspection reports, equipping practitioners and LTPAC staff to recognize, diagnose, assess and treat pain with special consideration for age, opioid tolerance and multiple co-morbidities. The consultant pharmacist applies these principles during the medication regimen review process for all residents.

Discussion

According to the Cleveland Clinic, acute pain is usually a sharp pain that comes on suddenly and has a specific cause.[2] Acute pain usually does not last longer than six months and subsides when there is no longer an underlying cause for the pain. Typical causes of acute pain in transitions of care and LTPAC patients include surgery, broken bones, dental work, burns, or cuts.

Chronic pain is ongoing pain that usually lasts longer than six months. This type of pain can continue even after the injury or illness that caused it has healed or gone away. Pain signals can remain active in

the nervous system for weeks, months, or years. Some people suffer chronic pain even when there is no past injury or apparent body damage. Chronic pain is linked to conditions including headache, arthritis, cancer, nerve pain, back pain, and fibromyalgia pain.

People who suffer from chronic pain can have physical effects that are stressful on the body. These include tense muscles, limited mobility, a lack of energy, and appetite changes. Emotional effects of chronic pain include depression, anger, anxiety, and fear of re-injury.[2]

Pain may not be identified or adequately communicated in individuals with cognitive impairment, in those at the end of life, and especially in the older adult population. This may lead to inadequate pain treatment and highlights the importance of appropriate and compassionate patient care.[3] All patients should receive appropriate pain management while weighing the benefits and risks of various treatment options.

Several risks of pain treatment are associated with opioid medications. Improper use of opioid medication can lead to opioid use disorder and overdose secondary to respiratory compromise and sedation. Besides the detrimental risks of opioid misuse, abuse, and overdose, prescription opioid use can produce various side effects, even when taken as directed.[4] Opioid side effects such as confusion, sedation, and dizziness might increase one's risk of falls, especially in the older adult population with additional fall risk factors. Other side effects that are problematic for older adults include constipation, nausea, vomiting, dry mouth, depression, and increased sensitivity to pain.[3] In the years 1999 to 2018, opioids were involved in 446,032 deaths in the United States.[5] Nevertheless, opioid medication may be warranted when clinically appropriate.

Over time, government agencies and professional organizations have developed guidelines for opioid prescribing that share some common elements. However, these guidelines vary in their specific recommendations and audiences.[3,6] The Centers for Disease Control and Prevention (CDC) states that "improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose from these drugs."[7] In March 2016, the CDC issued the *CDC Guideline for Prescribing Opioids for Chronic Pain-United States*, which offers recommendations to clinicians as they prescribe opioids for chronic pain in patients who do not have a cancer diagnosis or require palliative or end of life care.[3] CDC guidelines focus on initiation and continued use, appropriate selection, dose, duration, follow-up, discontinuation and risk assessment or harm associated with the use of opioids. Clarification of the guidelines in April 2019 advised clinicians on misapplication of the original guidelines that could result in unintended consequences related to inappropriate opioid tapering and discontinuation, which placed patients at risk for inadequate chronic pain management.[8] The CDC encourages clinicians to continue to base treatment decisions on clinical judgement, a risk/benefit analysis, and patient knowledge, and to maximize the use of safe, effective non-opioid treatments with additional guidance on management of opioids in patients already receiving them long-term at high doses. The *CDC Guideline for Prescribing Opioids for Chronic Pain-United States* is a valuable resource for practitioners in PA/LTCF settings.[3]

In May 2019, the US Department of Health and Human Services (HHS) published *Pain Management Best Practices*, which represents the efforts of a 27-member interprofessional task force to address the diagnosis and treatment of acute and chronic pain with an emphasis on individualized patient-centered care within the context of the ongoing opioid crisis.[6] The report emphasizes the development of effective pain treatment plans relevant to different population groups, including older adults and

individuals with chronic pain conditions. This best-practices document outlines development of acute and chronic pain management treatment plans that focus on proper evaluation to establish a diagnosis, with measurable outcomes that target improvements in quality of life, functionality, and activities of daily living.[6]

Summation

ASCP supports the adoption of opioid stewardship programs as a means of engaging key members of the healthcare team (e.g., medical director, director of nursing services, executive director, consultant pharmacist, dispensing pharmacist, and others) in a coordinated and organized effort to oversee appropriate pain management and prevent diversion of opioid analgesics in the LTPAC setting.

References:

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[7] CDC Guideline for Prescribing Opioids for Chronic Pain. Center for Disease Control and Prevention. https://www.cdc.gov/drugoverdose/prescribing/guideline.html (accessed 4/20/20).

[8] Dowell D, Haegerich TM, Chou R. No shortcuts to safer opioid prescribing. New Engl J Med. 2019;380:2285-7.

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