

What NPs Can Do in the Opioid Crisis Stephen Ferrara, DNP, outlines key steps

by Stephen Ferrara, DNP, FNP-BC
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The impetus to address -- and combat -- the opioid epidemic that is plaguing our country has never been more urgent. Overdose rates have more than quadrupled since 1999, making opioid overdoses now the leading cause of death in Americans under 50. For every person who obtains opioids on the streets, there are many more who abuse prescription drugs that are prescribed to them.

Nurse practitioners (NPs), in primary care and in specialties, can help break this cycle. Nurse practitioners are on the frontline in patient care and have the skill and authority to intervene. As a provider, I have seen firsthand how pain medication can help patients regain control of their lives, when prescribed and taken correctly. I have also seen people become so dependent on these medications that they will do almost anything to get access to them. Part of my role at Columbia University School of Nursing is to oversee the school's faculty practice, ColumbiaDoctors Primary Care Nurse Practitioner Group, which offers combined primary care and mental health services in New York City.

At the practice, we handle opioid prescriptions with a three-prong approach: comprehensive history and assessment, opioid patient-prescriber agreements, and educating our faculty NPs to engage in Medication-Assisted Treatment, particularly the authority to now prescribe Buprenorphine, an opioid medication used to treat addiction.

Nurse practitioners bring an evidence-based and culturally-competent approach to primary care. I connect with my patients and am able to understand a patient's needs by eliminating barriers to care. This includes a comfortable environment that allows for ample time to interact with the patients and is focused on building the patient-provider relationship. When it comes to pain management especially, we want patients to feel comfortable sharing the root causes of their problems, so that we can provide the most appropriate course of treatment.

If we feel the problem stems from a multitude of factors, we may refer them to our mental health nurse practitioner, or other specialists before prescribing opioid prescriptions. By taking the time to assess the problem, we aim to ensure that opioid medication is methodically prescribed -- and not our first course of treatment.

We know that this alone is not enough, which is why we also ask our patients to sign an opioid patient-prescriber agreement. This helps us to ask for accountability from both the patient as well as the prescriber.

Beyond just promising to take medications at the dose and frequency prescribed, our patients must agree to come in for a random "pill count" whenever asked. They must always bring the original pill bottle with unused pills in to every appointment, and we will even ask for consent for random drug screenings.

The purpose of these precautions is to remind our patients that this treatment modality will be taken away from them at any time if they cannot adhere to our safe practices. It also reminds our prescribers to keep a watchful eye to ensure the patient's treatment does not become habit forming.

For those who come to us already addicted to opioids, NPs can now legally prescribe Buprenorphine, an opioid medication used to treat addiction, thanks to the Comprehensive Addiction and Recovery Act (CARA), passed just last year. This allows patients to come to us when they need help, and allows us to devise a plan of action from the convenience of our primary care practice. Patients appreciate being able to be treated in the familiar surroundings of our practice, and in the care of an NP who knows their complete health history.

Last year, the opioid epidemic claimed 64,000 American lives. Today, there are more than two hundred thousand nurse practitioners in the country who are prepared to help. Perhaps, this is one of our greatest assets. We offer access to quality and patient-centric care, especially in underserved and underinsured communities across the United States. As we recognize Nurse Practitioner Week, November 12-18, it is important to remember our role in combating this escalating health crisis.

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