FHCA 2019 Annual Conference & Trade Show

CE Session #48 – The Opioid Epidemic: A Compassionate Approach for Residents and Staff

Wednesday, August 7 – 4:30 to 5:30 p.m.

Celebration 3-4 – Clinical/Care Practices

Upon completion of this presentation, the learner will be able to:

- Summarize the Florida's 2018 Controlled Substance Bill (HB 21) and it's requirements
- Review the Centers for Disease Control and Prevention (CDC) guideline for prescribing opioids for Chronic Pain and improving communication between providers and residents about risks and benefits of opioid therapy
- Recognize impairment in the workplace and explain resources for recovery

Seminar Description:

The 2018 Controlled Substances Bill (HB 21), which created changes for prescribers and dispensers was signed by Governor Rick Scott and became effective July 1, 2018. The new law addresses opioid abuse by establishing prescribing limits, requiring continuing education on controlled substance prescribing, expanding required use of Florida's Prescription Drug Monitoring Program, EFORCSE and more. This session will explain the new requirements for centers and their pharmacy. The CDC Guidelines for prescribing opioids for chronic pain are intended to improve communication between providers and residents about the risks and benefits of opioid therapy for chronic pain and reduce the risks associated with long term opioid therapy including addiction. In addition, this session will assist centers with detecting diversion of narcotics and assisting impaired nurses with recovering from their addictions.

Presenter Bio(s):

Kelley Schild has worked in long term care for 35 years as an owner and nursing home administrator. In 2010, she and Blanca Morales, Rphd opened Partner Care Pharmacy to serve her center and other clients with an emphasis on personal service and reasonable prices. Since selling her center, she has focused on trends in long term care pharmacy issues such as reduction of anti-psychotics, antibiotic stewardship and the opioid epidemic.

The Opioid Epidemic

A Compassionate Approach for Residents and Staff

Learner Objectives

- Recognize impairment in the workplace and explain resources for recovery
- Review the CDC guideline for prescribing opioids for Chronic Pain
- Improve communication with residents about risks and benefits of opioid therapy
- Summarize Florida's 2018 Controlled Substance Bill (HB 21)

PARTNER CARE PHARMACY SERVICES BECAUSE WE CARE

Examples of Opioid C II RX

- hydromorphone (Dilaudid®)
- methadone (Dolophine®)
- meperidine (Demerol®)
- oxycodone (OxyContin®, Percocet®)
- fentanyl (Sublimaze®, Duragesic®)
- **morphine**, opium, codeine, and hydrocodone

Opioid Crisis

ROUGHLY 21 TO 29 PERCENT OF PATIENTS PRESCRIBED OPIOIDS FOR CHRONIC PAIN MISUSE THEM.

BETWEEN 8 AND 12 PERCENT DEVELOP AN OPIOID USE DISORDER.

AN ESTIMATED 4 TO 6 PERCENT WHO MISUSE PRESCRIPTION OPIOIDS TRANSITION TO HEROIN.

ABOUT 80 PERCENT OF PEOPLE WHO USE HEROIN FIRST MISUSED PRESCRIPTION OPIOIDS.

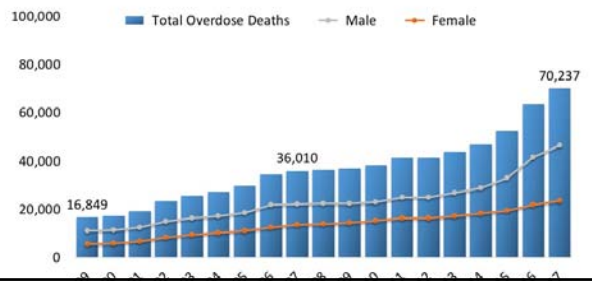
OPIOID OVERDOSES INCREASED 30 PERCENT FROM JULY 2016 THROUGH SEPTEMBER 2017 IN 52 AREAS IN 45 STATES. 10

OPIOID OVERDOSES IN LARGE CITIES INCREASE BY 54 PERCENT IN 16 STATES.

Statistics

- 130 Americans die each day from overdosing on opioids
- 2017, more than 47,000 Americans died from opioid overdose
- 2 million people have an Opioid use disorder
- 591,000 have heroin use disorder
- 2015, 20,000 overdosed due to heroin or fentanyl

Figure 1. **National Drug Overdose Deaths** Number Among All Ages, by Gender, 1999-2017



History of Opiates

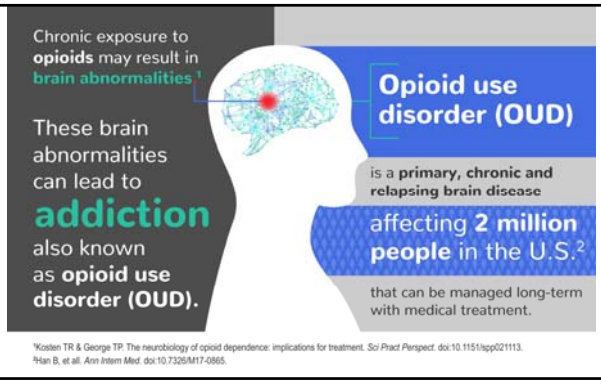
- From history's earliest civilizations to today, societies have been faced with balancing the medicinal properties of opiates in treating pain with the euphoric effects that have induced its misuse and abuse
- Poppy seeds contain small quantities of both morphine and codeine, which are pain-relieving drugs that are still used today
- The **Opium Wars** were two wars in the mid-19th century involving Great Qing and the British Government and concerned their imposition of trade of opium upon China

Why are Opioids so addictive?

Opioids can make your brain and body believe the drug is necessary for survival.

As you learn to tolerate the dose you've been prescribed, you may find that you need even more medication to relieve the pain or achieve well-being, which can lead to dependency.

Addiction takes hold of our brains in several ways — and is far more complex and less forgiving than many people realize.



[1]Kosten TR & George TP. The neurobiology of opioid dependence: implications for treatment. *Sci Pract Perspect*. doi:10.1151/spp021113.
[2]Han B, et all. *Ann Intern Med*. doi:10.7326/M17-0865.

Audience Poll

- Who knows someone that has been addicted to drugs?
- Who knows someone that has died of an overdose?
- Who knows someone that has had a DUI?
- Who has suspected a coworker of taking drugs?
- Who has had a patient that was seeking or withdrawing from opioid drugs?

Staff

- Addiction
  - Disease
  - Crime
- Access to Drugs
- High Stress
- Detection

Access to Drugs

- The diversion of prescription pain killers, in this case oxycodone, contributes to the widespread abuse of opiates, is the gateway to heroin addiction, and is devastating our communities.

Nurses and Addiction

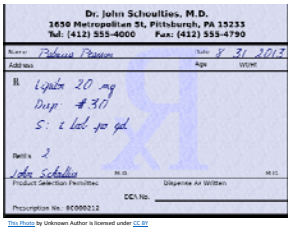
- Substance abuse occurs across all generations, cultures, and occupations, including nursing.
- About 1 in 10, or 10-15% of all nurses, may be impaired or in recovery from alcohol or drug addiction.
- Although nurses aren't at a higher increase risk than the public sector, their
- overall pattern of dependency is unique because they have greater access to drugs in the work environment.

If you are not seeing diversion in your facility, it's likely because you are not looking.

- *Those facilities that seriously look – and put effort into surveillance – find diversion issues.* Without an ongoing detection and surveillance program, what may very well be a significant diversion problem can evolve for years undetected

Chain of Custody

- Starting with wholesaler ordering, through pharmacy storage and perpetual inventory management
- all the way to nurse access to the automated dispensing cabinet followed by administration – generates data.
- The analysis of this data, leveraging sophisticated analytics, forms the backbone of diversion detection.



Detecting diversion

- Successful diversion detection and prevention program takes a team approach.
- It's critical that the team include representatives from key areas, from Nursing, Human Resources, Security, Employee Assistance, and be sponsored by a key member of the hospital's Senior Leadership.

Recent DEA fines

Massachusetts General hospital's $2.3M DEA fine in September of 2016 was a wake-up call

Effingham Health System in Georgia $4.1M Settlement this past May, and then most recently

University Michigan with a $4.3M fine. These actions are painting a clear picture that not only is the DEA serious about clamping down on hospital processes and procedures, but importantly, there's now a growing awareness that diversion is a pervasive problem – no health facility is immune.

AHCA - IJ cited 2019

- Surveyor discovered bingo card for Opioid medication tampered with and medication replaced with unknown pills

Drug Diversion in Health Care Facilities

- 10 percent of HCP are abusing drugs
- True statistics unknown facilities allow people to quit or fire
- Facilities do not report consistently
- HCP go to other facilities and continue to struggle with addiction without treatment
- Addressing their addiction may save lives

Drug Diversion Risks to Patients

- Inadequate pain relief
- Exposure to infectious diseases
- Unsafe care due to impairment

Frequently Abused Drugs

- Opioids
- Depressants
- Hallucinogens
- Stimulants
- Anabolic Steroids

DEA's Drugs of Interest:

- Oxycodone 15mg and 30mg Tablets
- Oxycodone with APAP 10/325mg Tablets
- Hydromorphone 4mg and 8mg Tablets
- Hydrododone with APAP 10/325mg Tablets
- Methadone 10mg Tablets
- Morphine Sulfate IR 15mg and 30mg Tablets

Components of Diversion Prevention Program

Core administrative elements
- Legal & Regulatory
- Organization oversight and accountability

System-level controls
- Human resources management
- Automation and technology
- Monitoring and surveillance
- Investigation and reporting

Provider-level controls
- Chain of custody
- Storage and security
- Internal pharmacy controls
- Prescribing and administration
- Returns, waste and disposal

Effective Controls on Diversion

- Follow policies and procedures – don't be lax
- Don't share passwords
- Verify destructions
- Question and report suspicious activities
- Limit access to drug inventory
- Train and update staff
- Be vigilant of staff members
- Conduct backgrounds of employees
- Audits – discover discrepancies, losses or thefts in inventory (2 persons)
- Keep complete and accurate records
- Security – store Controlled Substances in securely locked, substantially constructed cabinet
- Prescriber personally verifies the prescription orders with pharmacist
- Electronic prescriptions (EPCS) reduces the number of forged/altered/fraudulent scripts
- Never sign prescription blanks in advance
- Request DEA to terminate your DEA # so that no one can use it illegally
- Contractual agreements: Doctor/Patient
- Drug testing at hiring
- Random drug testing

Signs of Opioid Abuse

- Abnormal behaviors
- Altered physical appearance, not bathing
- Poor job performance
- Weight loss
- Flu-like symptoms
- Changes in sleep habits
- Cutting off relationships
- Constant need for money
- Stealing
- Changes in exercise habits

Signs of Opioid Abuse

- Mixing with different groups of people or changing friends
- Spending time alone and avoiding time with family and friends
- Losing interest in activities
- Not bathing, changing clothes or brushing their teeth
- Being very tired and sad
- Eating more or less than usual
- Being overly energetic, talking fast and saying things that don't make sense
- Being nervous or cranky
- Quickly changing moods
- Sleeping at odd hours
- Missing important appointments
- Getting into trouble with the law
- Attending on an erratic schedule
- Experiencing financial hardship

Patterns and trends of diversion

Controlled substances removed •Without doctors order •For patients not assigned to nurse •For recently discharge or transferred patients	Containers compromised	Substitute drug removed and administered when controlled sub ordered	Verbal order for controlled substances not verified by prescriber	Prescription pad diverted
Syringe contents replace with saline solution	Medication documented as given but not administered	Excessive pulls for PRN meds	Drug dispensing machines show discrepancies or overrides	Waste not adequately witnessed
Patient continue to complain about excessive pain, despite documented administration of pain med	Late documentation of certain medications only	Co-workers assisting other in completing documentation	Batching assessments and treatment for pain	Frequent efforts to help other nurses administer pain med

3 essential components to prevent drug diversion

- Prevention
- Detection
- Response

Regulatory requirements for reporting of diversion

- Drug Enforcement Administration (DEA) — report immediately, per federal regulation (21 CFR 1301.76; 2014) 5
- State regulatory board and/or professional assistance
- Law enforcement
- Pharmacy board
- Food and Drug Administration (FDA) Office of Criminal Investigations (OCI) for tampering cases
- Office of Inspector General (OIG)

Florida's Intervention Project for Nurses - IPN

- Established in 1984 through legislative action to ensure public health and safety through a program that provides close monitoring of nurses who are unsafe to practice due to impairment as a result of
  - misuse or abuse of alcohol or drugs, or both
  - due to a mental condition
  - physical condition

which could affect the licensee's ability to practice with skill and safety

https://www.ipnfl.org

Residents

Addiction in the elderly

Family diversion

Proper Disposal of Drugs

Opioid Education

Identify invalid practitioner/patient relationships

Facility staff shall to the best of it's ability ensure valid Practitioner/Patient Relationship

Logical connection between the complaint, history and exam before drug being prescribed

Good Practices

- Complete medical history
- Medical examination
- Appropriate tests
- Diagnosis
- Treatment plan
- Appropriate follow-up

Addiction in the Elderly

- Between 2002 and 2014, opioid abuse nearly doubled in those 50 and older (from about 1 to 2 percent)
- Among people 65 and older, opioid-related emergency room visits were up 74 percent from 2010 to 2015 and opioid-related inpatient stays were up 34 percent.
- In 2016 about 1 in 3 seniors enrolled in a Medicare prescription drug plan, or Part D, received prescription opioids and that "a substantial number received higher doses than recommended for prolonged periods of time, putting them at increased risk of misuse
- The higher number of medications older adults tend to take contributes to the risk individuals will become dependent on drugs like opioids or benzodiazepines, making it harder to stop them.
- This can lead to addiction, which often goes undetected and undisclosed.

Addressing addiction in older adults

ENCOURAGE CONVERSATION.

SEEK OUT AGE-APPROPRIATE SUPPORT GROUPS.

MAKE SURE OTHER MEDICAL PROBLEMS ARE TREATED AS WELL.

ASK ABOUT HAVING MEDICATIONS "DE-PRESCRIBED."

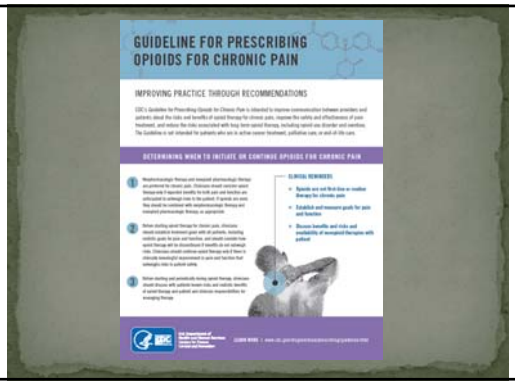
POST OPERATIVE MISUSE OF OPIOIDS

A massive study looked at more than 1 million surgical patients who hadn't previously used opioids

After hospital discharge, of the nearly 570,000 patients who received opioids, each refill and each week of follow-up prescriptions was associated with a large increase in opioid misuse

5 NON-OPIOID PAIN RELIEF OPTIONS

- **Ibuprofen and acetaminophen**
- **Preoperative counseling**
- **Multimodal methods**
- **Alternative and supportive techniques**
- **Dental check**



Prescription Drug Monitoring Program PDMP

- Electronic-Florida Online Reporting of Controlled Substance Evaluation Program
- Created in 2009
- Initiative to encourage safer prescribing of controlled substances
- Reduce drug abuse and diversion

2018 Legislative Changes

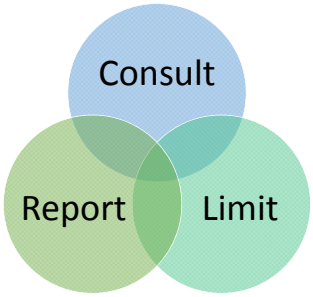
- House Bill 21 related to Controlled Substances was signed into law by Governor Rick Scott on
- Took effect on July 1, 2018
- The bill includes a major technical re-write of Florida Statutes

What is House Bill 21?

- Establishes prescribing limits to combat opioid abuse
- Expands the use of the Prescription Drug Monitoring Program (PDMP)
- Increases the regulation of Pain Management Clinics

#TAKECONTROL

Florida HEALTH



Required E-Forsce lookup

- Prescriber or dispenser (or designee) must consult the PDMP to review a patients controlled substance dispensing history prior to prescribing or dispensing a controlled substance
- Practitioner must document in patient's record the reason the PDMP was not consulted and may prescribe no more than 3-day supply
- The statue does not provide any guidance on how far in advance the PDMP may be consulted

Refills and E-Forsce lookup

- A prescriber is NOT required to consult before each refill
- Before writing a new prescription for Schedule II-V the PDMP MUST be consulted
- A Schedule II controlled substance may NOT be refilled

Prescribing limits

Department of Health Webinar

http://www.flhealthsource.gov/FloridaTakeControl/files/HB21-webinar-slides.pdf

Prescription Limits for Acute Pain Treatment

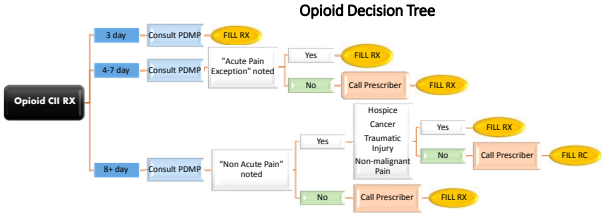
- 3-day limit
  - Brings Florida even with the CDC guidelines

What is Acute Pain?

- The normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness

Prescription Limits for Acute Pain Treatment

- 7-day limit if:
  - Based on professional judgment of the prescriber
  - Indicated “acute pain exception” on the prescription
  - Justification is documented on the medical record



Prescriptions for Opioids for Nonacute Pain

- Nonacute pain:
  - Cancer
  - A terminal condition
  - Pain treated with palliative care
  - A traumatic injury
    - Severity Score 9 or higher

Nonacute Pain Prescription Requirements

- Must write “nonacute Pain” on the prescription
- Applies to:
  - Prescriptions for chronic pain
  - Nonacute conditions

Prescribing requirements for a Traumatic Injury

- Prescribe an emergency opioid antagonist AND
- Indicate “nonacute pain” on the prescription

Do the 3-day and 7-day supply limits apply to all opioid drugs listed as Schedule II?

- No, the limits on Schedule II drugs only apply to acute pain

What if Prescription fails to meet requirements by law?

- Pharmacist should contact prescribing practitioner to verify written information
- Any change should be promptly reduced to writing and properly annotated

reporting

E-Forsce/PDMP Populating

Each time a controlled substance is dispensed to an individual

- Controlled substance shall be reported to the department through the PDMP [prescription drug monitoring program] system
  - as soon thereafter as possible
  - **but no later than the close of the next business day after the day the controlled substance is dispensed**
  - unless an extension is approved by the department for cause as determined by rule
- A dispenser must meet the reporting requirements of this section by submitting via the department-approved electronic system the required information concerning each controlled substance that it dispensed.

Frequently asked questions

If a prescribing Practioner forgets to write "Acute Pain Exception" or "Nonacute Pain" on a prescription for a Schedule II opioid, may the pharmacist confirm with the prescriber?

- Yes, the pharmacist can contact the prescriber to verify information contained in the prescription and should be promptly reduced to writing and properly annotated

Does a prescription for 3 days of a Schedule II opioid require "Acute Pain Exception" to be written on the prescription?

- No. The law only requires the words "Acute Pain Exception" to be written for prescriptions greater than a 3-day and up to 7-day supply.

Do the 3-day and up to 7-day supply limits apply to all opioid drugs on Schedule II?

- No. For example, the day supply limits do not apply to Hycodan Cough Syrup for a patient who is being treated for an unrelenting cough or to Ritalin for treatment of ADHD.
- 3-day to 7-day limits apply to Schedule Ii opioids prescribed for treatment of acute pain

Resources

- https://www.youtube.com/watch?v=Tzs5qHr-ls8
- http://www.flhealthsource.gov/FloridaTakeControl/
- http://www.floridahealth.gov/statistics-and-data/e-forcse/
- https://www.deadiversion.usdoj.gov/schedules/index.html
- http://www.flhealthsource.gov/FloridaTakeControl/pdmp

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Questions?

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