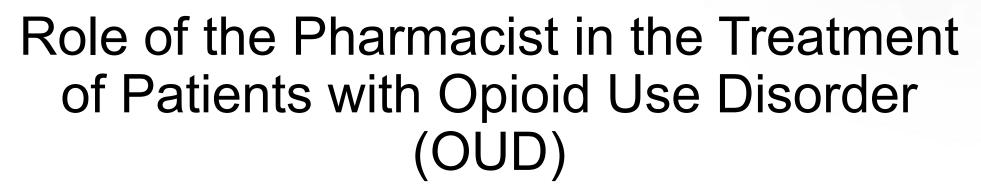
Ensuring Medication for Opioid Use Disorder (MOUD) Treatment through the Care Continuum Webinar Series



October 13, 2023

In partnership with all Quality Innovation Network-Quality Improvement Organizations

QIN-QIO Partnership to Address the Opioid Epidemic

This series is a collaboration of all Quality Innovation Networks–Quality Improvement Organizations (QIN-QIOs). National experts across the healthcare continuum provide robust educational content to address the opioid epidemic.





























Learning Objectives

- Review the medication process for patients on medication for opioid use disorder (OUD).
- Describe the evolving role of the pharmacist to combat the opioid crisis.
- Learn more about the implementation of a robust opioid stewardship program.



Guest Speakers



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Clinical Pharmacist and Account Manager with Mountain Pacific Quality Health



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Clinical Pharmacist, Mat Su Regional Medical Center





The Pharmacist's Role in Opioid Management Across the Care Continuum

Kyla Newland, PharmD Account Manager Mountain Pacific



Definitions

Continuum of Care

A system that guides and tracks a person over time through appropriate health services



MOUD

U.S. Food and Drug
Administration (FDA)-approved
class of medications for
treatment of OUD



OUD Prevalence

OUD and opioid addiction remain at epidemic levels in the U.S. and worldwide.



Three million U.S. citizens and 16 million people worldwide have had or currently suffer from OUD.



In the U.S., more than 500,000 people are dependent on heroin.

OUD-Related Medicare Claims 2021

Opioid-Related **Deaths**





Pharmacists

Pharmacists are a vital resource to prescribers in addiction services:

- Assisting with drug selection
- Dosing
- Monitoring guidelines
- Treatment optimization



Pharmacist's Role



Prevention

Controlling opioid distribution to patients



Intervention

Risk assessment and identification of OUD



Public Health

Role elevated during the COVID-19 pandemic due to accessibility

Safe Opioid Dispensing

Counseling patients on the risks versus benefits of opioids

and non-opioid therapies

- Safe medication disposal
- Safe medication storage
- Red flags for misuse
- Communicating with prescribers
- Distribution of naloxone



Pharmacists and MOUD



Hospital setting

Initiate buprenorphine therapy prior to discharge



Community setting

- Patient counseling
- Supporting relationships with community resources
- Supplying clean syringes and naloxone



Consultant setting: long-term care (LTC)

- OUD screening
- Monitoring

Opioid Risk Assessment: Long-Term Therapy

Assessing patients considered for long-term therapy:

- Opioid risk tool (ORT)
- Screener and opioid assessment for patients with pain (SOAPP)
- Screening instrument for substance abuse potential (SISAP)
- Diagnosis, intractability, risk and efficacy score (DIRE)



Opioid Risk Assessment: New Treatment



Assess misuse once treatment is initiated:

- Prescription drug use questionnaire (PDUQ)
- Current opioid misuse measure (COMM)
- Pain medication questionnaire (PMQ)
- Pain assessment and documentation tool (PADT)
- Addiction behavior checklist (ABC)

Barriers

- Knowledge gaps
- Reimbursement
- Drug shortages
- Inclusion in care teams
- Stigma



Opioid Stewardship

- Stem the Tide: Opioid Stewardship
 Measurement Implementation Guide
- Making Healthcare Safer IV: Opioid Stewardship
- PharMerica® Opioid Stewardship Program





Thank You

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The Pharmacist's Role in Treatment of OUD



Prevention

Opioid Stewardship
Patient Education



Treatment

Initiating MOUD

Monitoring MOUD

Adjusting MOUD



Pain Management

Treating pain with MOUD

Optimizing multimodal therapies



The Pharmacist's Role in Preventing OUD



Prevention

Opioid Stewardship

Patient Education



Treatment

Initiating MOUD

Monitoring MOUD

Adjusting MOUD



Pain Management

Treating pain with MOUD

Optimizing multimodal therapies

Opioid Stewardship: Background

- The Joint Commission Pain Management Standards:
 - Identify pain assessment and pain management, including safe opioid prescribing, as an organizational priority (LD.04.03.13).
 - Actively involve the organized medical staff in leadership roles in organization performance improvement activities to improve quality of care, treatment, and services and patient safety (MS.05.01.01).
 - Assess and manage the patient's pain and minimize the risks associated with treatment (PC.01.02.07).
 - Collect data to monitor its performance (PI.01.01.01).
 - Compile and analyze data (PI.02.01.01).



Opioid Stewardship Committee: Structure



Opioid Stewardship: Setting Goals

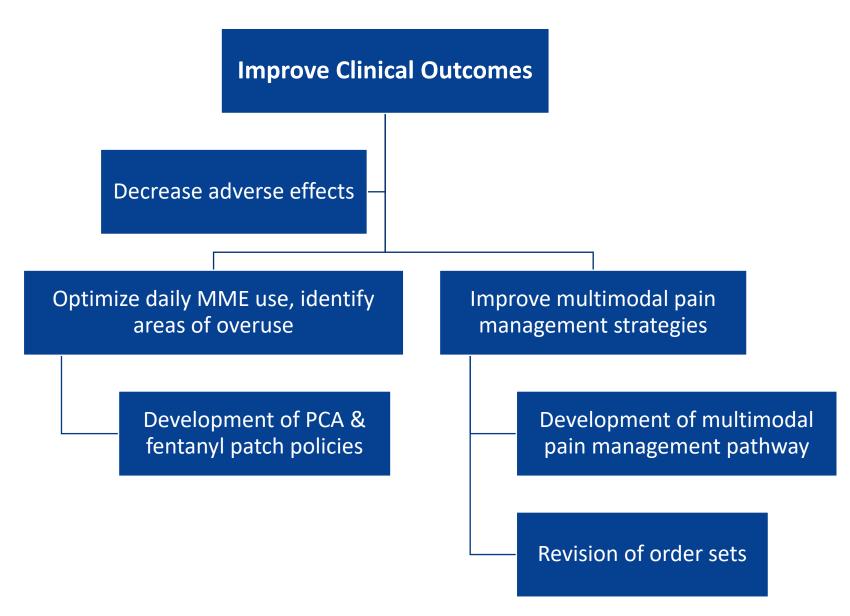
Improve Clinical Outcomes

Ensure Regulatory Compliance

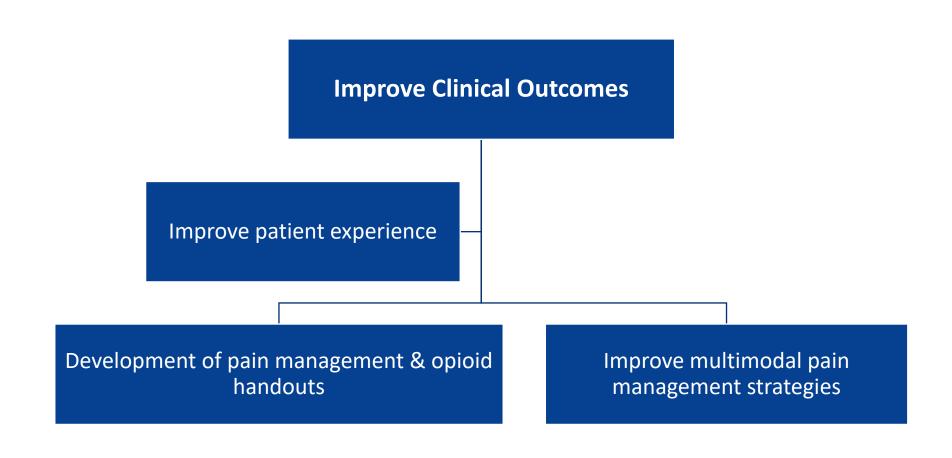
Track Data



Opioid Stewardship: Addressing Gaps & Goals



Opioid Stewardship: Addressing Gaps & Goals



Opioid Stewardship: Addressing Gaps & Goals

Ensure Regulatory Compliance

- TJC Metrics
- Track appropriate documentation of medication titration, dosing, etc.



- Pharmacist chart review
- MME Data
- Adverse event monitoring
- High risk medication review: long-acting opioids, PCAs
- Multimodal agent utilization



The Pharmacist's Role in Treatment of OUD



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The Pharmacist's Role in Treating OUD

Initiating MOUD

- Outpatient prescribing
- Inpatient assessments & initiation

Monitoring MOUD

- Lab follow up
- Assessing signs/symptoms of withdrawal, side effects

Adjusting MOUD

- Titrating or tapering
- Perioperative mangement



The Pharmacist's Role in Treatment of OUD



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Perioperative MOUD Management

Medication	Planned Minor or Elective Surgery Unplanned Trauma/Surgery
Buprenorphine	 Continue buprenorphine at the patient's usual home dose; may consider dividing dose every 6-8 hours Optimize non-opioid therapy If additional opioids are necessary, use a high affinity full opioid agonist (fentanyl or hydromorphone) or increase buprenorphine dose (consider max of 32mg/day)
Methadone	 Continue methadone at usual maintenance dose (confirm dosing with clinic), may consider dividing dose every 8 hours Optimize non-opioid therapy Use short-acting opioids if needed-higher doses may be necessary
Naltrexone	 Discontinue PO naltrexone at least 3 days prior to surgery and IM naltrexone at least one month prior to surgery; Do NOT re-start naltrexone for at least 7 to 10 days after last opioid use MAXIMIZE non-opioid & non-pharmacologic strategies first. Non-opioid: Acetaminophen, NSAIDs, NMDA antagonists (Ketamine), alpha-2 agonists (clonidine), muscle relaxers, neuropathic pain medications Non-pharmacologic: Peripheral nerve block, local anesthetic infiltration, epidurals Higher doses of opioids may be required to overcome mu receptor blockade— monitor closely for respiratory depression; high risk for opioid overdose



Resources

- American Hospital Association
 - Opioid Stewardship Hub
- American Society of Hospital Pharmacy
 - Pain Management & MOUD Resource Center

- University of Florida: Pain Assessment and Management Initiative
 - Pain Management & Dosing Guide



Guest Panelist



Jon Pouliot, MS, PharmD, BCPS

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Questions

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What's Next

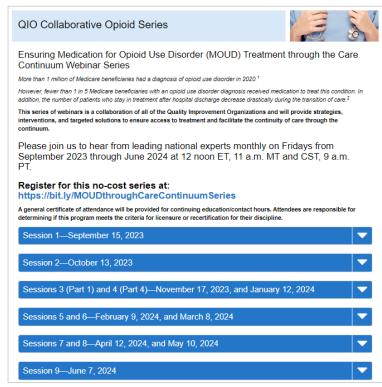
Join us for the next session on November 17, 2023: Seamlessly Transitioning Patients on MOUD to Nursing homes



bit.ly/MOUDthroughCareContinuumSeries

Recordings, slides, and resource links are posted for on-demand access 72 hours after every session.

https://www.hsag.com/qiocollabopioidseries



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Thank You

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