

The Opioid Crisis in Perspective

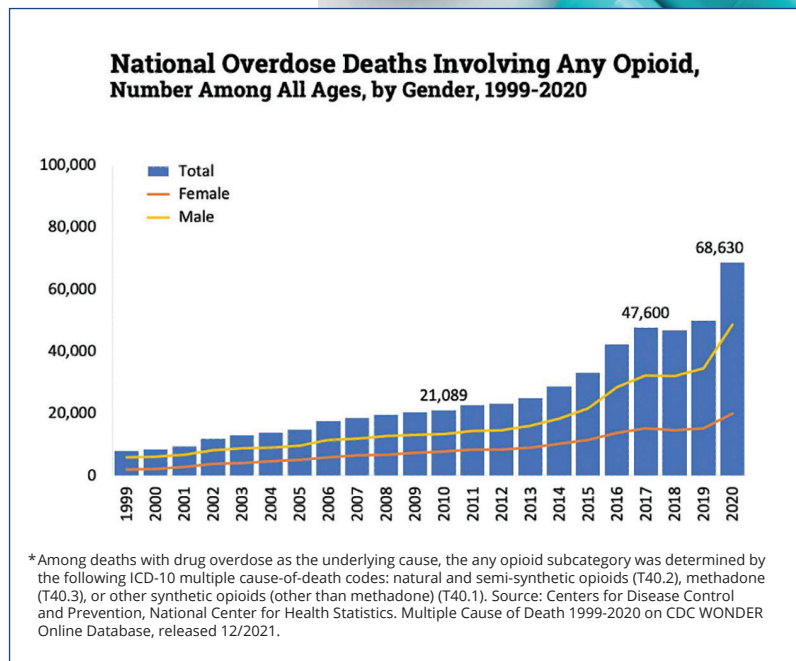
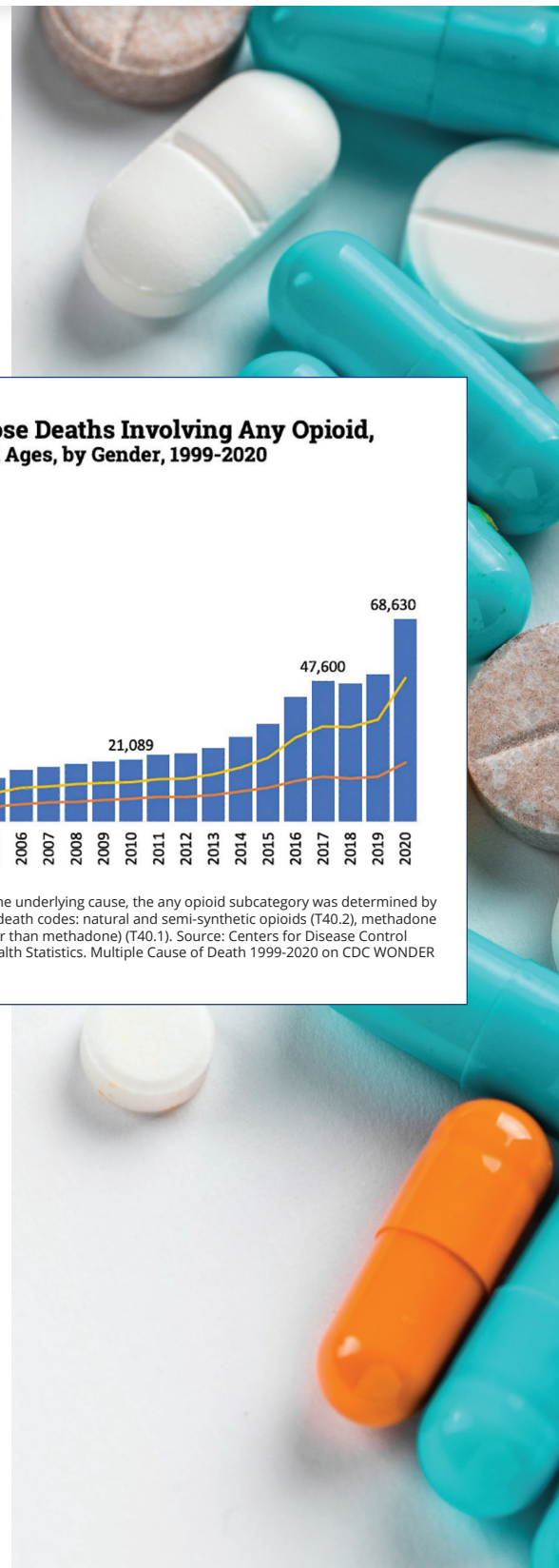
Opioid abuse continues to be one of the worst public health problems in the United States. Although overdose deaths involving opioids leveled off from 2017 to 2019, according to the Centers for Disease Control and Prevention (CDC), these deaths spiked in 2020.¹

To combat these statistics, awareness and education programs regarding opioid use have been utilized, and are slowly improving prescribing practices. As well, the Food & Drug Administration (FDA) has altered its new-drug approval process to consider a medication’s potential impact on public health, instead of focusing only on risks and benefits to patients who take it as directed. The FDA also requires pharmacies take appropriate steps to track and trace opioid medications and respond to incidents involving illegitimate products to protect public health.

According to a recent CDC study, higher initial prescription quantities correlates with a greater continued use at 1 and 3 years.² Several states have their own laws limiting initial prescription quantities. As well, some require prescribers to register and query the state’s prescription drug monitoring program (PDMP) prior to prescribing; require provider and patient education; and/or require co-prescribing of Naloxone, the opioid reversal agent. In most states, pharmacists are also required to query patient history in the PDMP database to track prescribing patterns and patient behavior.

Even with all these safeguards, opioid misuse and diversion continues. Controlled drug diversion and abuse is not a new problem in the healthcare industry. Consider the true story, presented on the next page, to put this national crisis in perspective within the walls of long-term care.

Under F-755, the Centers for Medicare and Medicaid (CMS) have assigned consultant pharmacists to oversee the receipt, storage, administration, and disposal of all controlled drugs.



The effort to control the misuse of drugs is an important priority for Forum Extended Care Services, where consultant pharmacists monitor controlled drug utilization at every community we serve. Contact Forum for more information on managing controlled substances in your building.

CASE STUDY

A physician serving a skilled nursing community received ongoing complaints of deep pain, despite having increased dosing of a resident's Fentanyl patch from 25 mcg to 50 mcg three months prior; from 50 mcg to 75 mcg two months prior, and from 75 mcg to 100 mg one month before.

So, what was the problem? The resident had responded well to 30 mg oral Oxycodone ER Q12H, but had been switched to a transdermal delivery system due to swallowing difficulties. During the next QAPI meeting, the physician raised the issue with the pharmacy's Consultant Pharmacist, questioning whether a manufacturing problem might be to blame. The pharmacist, understanding that the resident's pain should have been adequately controlled by a 25 to 50 mcg patch, sought to investigate.

After requesting to see a patch that had been removed from the resident, the pharmacist compared it to a new one. His observation was staggering – the patch was wrinkly and it appeared someone had tampered with it. This called for further investigation; the family was immediately notified and, with their permission, a camera was placed in the resident's room to document activity.

After two days, the recording was reviewed and the mystery solved. While making rounds, a night shift CNA had stopped in the resident's room, removed the Fentanyl patch, and sucked the medication from it before putting it back on the resident. Although the CNA denied any wrongdoing, the facility was able to provide video proof to the police and reported the CNA to the Department of Professional Regulations, ensuring that the diversion was identified and corrected and that the resident would experience pain relief with an appropriate dosage.



References:

1. <https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>
2. Shah A, Hays CJ, Martin BC. Characteristics of initial prescription episodes and likelihood of long-term opioid use - United States 2006-2015. Morbidity and Mortality Weekly Report. March 17, 2017. Doi: <http://dx.doi.org/10.15585/mmwr.mm6610a1externalicon>

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