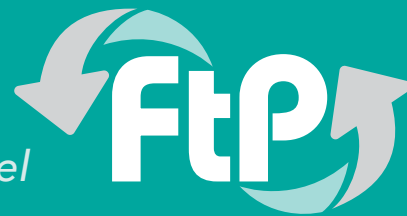# Progression 2: *Opioid Focus*
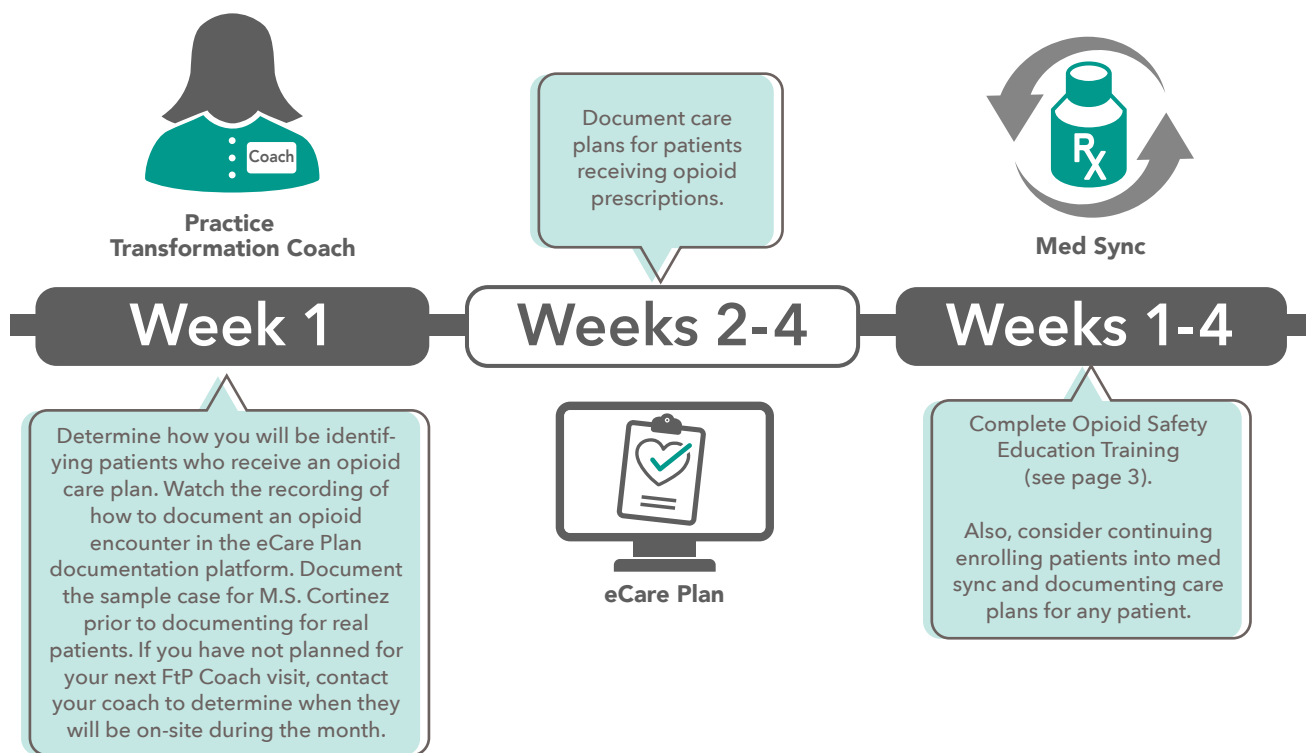## Domain 1: *Leveraging the Appointment-Based Model*

Flip the Pharmacy: Champion Checklist

Use the checklist to introduce the new Progression, focused on Opioids, to your Pharmacy team

☐ Review the Change Package

☐ Print and post the **Progression 2 Road Map** (see page 2)

☐ Refresh your Pharmacy Dashboard (if you don't have one – now is a great time to implement one – **Click here to view**). Post this in a visible location!

☐ Don't forget about your antihypertensive patients from Progression 1. Continue progress here as you incorporate opioid care. Enroll patients into med sync, check blood pressures and document!

☐ Implement this month's new workflow innovations: Education (CE + Podcast), Create an Opioid patient list and review the Opioid Safety policy and patient pledge

➡ Not sure how to get started? The following timeline may be helpful or you may modify for your use!

Practice Transformation Coach

Document care plans for patients receiving opioid prescriptions.

Med Sync

Week 1 — **Weeks 2-4** — **Weeks 1-4**

Determine how you will be identifying patients who receive an opioid care plan. Watch the recording of how to document an opioid encounter in the eCare Plan documentation platform. Document the sample case for M.S. Cortinez prior to documenting for real patients. If you have not planned for your next FtP Coach visit, contact your coach to determine when they will be on-site during the month.

eCare Plan

Complete Opioid Safety Education Training (see page 3).

Also, consider continuing enrolling patients into med sync and documenting care plans for any patient.

Progression 2 Road Map[*]

Domain	Month	Focus		Workflow Innovation	
1	June	Appointment-Based Model	Identify Sync Patients prescribed an opioid	Calculate MME	PDMP Checks
2	July	Improving Patient Follow up and Monitoring	Continue identifying patients with prescribed opioids	Assess patient risk and safe use of opioids. Offer naloxone when appropriate	Send prescriber a note about patient receiving/ denying naloxone
3	Aug	Non-Pharmacist Support Staff	Engage technicians with PDMP checks (based on state) & MME Calculation	Pharmacist – provide patient education about acute opioids & safe opioid disposal	Implement pharmacy policy for opioid dispensing and share with patients the patient pledge
4	Sept	Optimizing the Utilization of Technology and electronic Care Plans	Assess patient's pain control using an assessment	Make workflow more efficient/ effective utilizing technology	More to come
5	Oct	Establishing Working Relationships with other Care Team Members	Enhance prescriber communication	Develop data handout for mutual patients	More to come
6	Nov	Developing the Business Model and Expressing Value	More to come		

*Note: Subject to change

Throughout the first 3 domains, we will be providing step-by-step instructions on how to accomplish the Opioid Safety Service Set Standard. You can click below to view the standard.

From the Pandemic to the Epidemic:
Launch of the Opioid Progression – Why are We Focusing on Opioids?

1 **Legal Aspects:** Community-based pharmacies have to protect their practices. We need to be showing what we are doing to help during this opioid epidemic.

- The eCare Plan allows for documentation and provides a record of our opioid-related practices.

2 **Workflow/Financial Aspects:** Patients taking opioids can take a lot of pharmacy staff time. When opioid patients with more red flags than others know your opioid processes and understand what type of practice you have, they will cause less workflow disruption and will allow your staff to focus on other services. In turn, this could contribute to more productive work time.

3 **Professional Obligation:** This is the right thing to do by pharmacists and pharmacy staff members.

- The U.S. code of Federal Regulations underscores the responsibility of the pharmacist in the process of filling a prescription for a controlled substance.[1]
- The **CDC** states *"Pharmacists are an essential part of the health care team. On the front lines of the dispensing opioid pain medications and providing medication-related services, pharmacists can serve as a first line of defense by engaging in prevention and treatment efforts of opioid use disorder and overdose."*

Listen to a Podcast Developed Specifically for this Change Package

➡ Click **HERE** to access the podcast ***Opioid Stewardship: A 3 tiered approach to safety (Vol 2-28)***

- Learn why opioid stewardship should be a critical component of your pharmacy workflow among everything else you have going on. Joe Moose from Moose Pharmacy and Attorney Shawn Parker with CPESN® USA discuss best practices for opioid safety.

Opioid Pledge for Patients

- During next month's change package, we will be sharing with you a template for an opioid policy/pledge for patients that you can make specific for your pharmacy. The intent is to protect your patients and the pharmacy. In the Domain 2 Change Package, we will share with you the template for your pharmacy to develop a strategy and implement for the Domain 3 Change Package.

Opioid-Related Education

- **Continuing Education titled "The Community Pharmacist's Role in Drug Abuse Prevention" is presented by FtP Team Mississippi Lead:** *Jordan Ballou, PharmD*
  - What can you do? With the growth of the opioid epidemic over the past 5 years, pharmacists have had to ask themselves this question and, in this presentation, we answer it. It can be as simple as reviewing your state's PDMP to engaging with providers on appropriate opioid stewardship.
- **Video Length:** Less than 39 minutes
- **Who Completes?** Each Pharmacist is required to complete the training during June in preparation for July. Pharmacy technicians may complete also. The training will be useful **throughout the entire opioid-focused progression.**

Workflow Innovation

STEP ONE: Identify patients who have an opioid prescription

- Identifying patients
  - GOAL: Focus on patients within the appointment-based model receiving medication synchronization.
  - Ideas for patient identification
    - Run a report to see which patients have filled an opioid prescription in the past 3 months and are enrolled into medication synchronization.
    - If you don't need the structure of having a report ran, identify these opportunities within workflow. However, make sure someone owns the process.
    - Focus on documenting care plans for a certain number of patients with a long-term goal of completing care plans for all of your patients receiving an opioid medication. (Example: 100 patients receive an opioid prescription in a month, complete a care plan for 25% of those patients, which is 25 patients this month)
- Determine if use is acute or chronic
  - For this month, focus on patients who are taking opioids chronically (received an opioid prescription for a consecutive 4-month period is an indicator of chronic opioid use)
- Determine the indication for the opioid prescription

STEP TWO: Determine the Morphine Milligram Equivalents (MME) for each patient

- Utilize the CDC MME Calculator, your prescription drug monitoring program (PDMP), and/or features of your pharmacy management system.
- Click **HERE** for instructions on how to download the CDC MME app
- Click **HERE** to view a chart of ≥ 50 MME for common opioid medications that you may want to print out and place at workstations

STEP THREE: Prior to dispensing, check the PDMP for fill history

- Be mindful of last fill date, take note if a consistent provider is the main prescriber of therapy, if consistent pharmacy has been used in the past, and concomitant meds that are concerning

Consider the Following Opioid Prescription Verification Tips for Each of Your Opioid Prescriptions

Don't forget, use reasonable methods to verify prescription validity

1. Prescription format (paper vs. electronic)
   a. If paper, consider contacting prescriber and confirm it is a legitimate paper prescription.
2. Is this a new prescription or a continuation of existing therapy?
3. Obtain a diagnosis code supporting the use of opioid therapy
4. Verify accurate and current DEA number for prescriber
5. Verify accurate prescriber address
6. Distance from prescriber to pharmacy
7. Verify accurate patient address
8. Distance from pharmacy to patient
9. Ensure days of supply and date of last fill is appropriate
10. Check the PDMP
11. Has patient ever been on a buprenorphine product?
12. Has patient had a time in the past when they were on opioids for an extended period of time and now restarting?

Strategies for eCare Plan Documentation

TRACK 1 (Beginner)

- If you struggled to document 10 care plans per month in Progression 1 (Hypertension focus), there's a couple options!
  - Document 10 eCare plans for patients who are receiving an opioid prescription.
    - If you reach 25 care plans by the end of the month that's great!
- Identify and enroll patients into med sync. Document this interaction by utilizing the **Patient Encounter Documentation Form**

TRACK 2 (Intermediate-Advanced)

- If you achieved 25 eCare Plans most months of Progression 1 (Hypertension Focus), document at least 25 eCare Plans for patients who are receiving an opioid prescription
- Continue identifying and enrolling patients into med sync

Opioid Prescription Documentation in an eCare Plan

Document an eCare Plan using the form below for patients who have a daily MME ≥ 50

(Click **HERE** to print the forms to place at workstations)

Encounter Reason: High Risk Drug Monitoring	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem	**Intervention**
☐ Medication dose too high*	☐ Pain Medication Review
Notes: Use (circle one): Acute / Chronic Opioid Indication: _____ MME: _____ PDMP Check on _____ by_____	

*Medication dose too high is the best medication-related problem (MRP) currently available within the eCare Plan Standard for this encounter. Another option may be "medication taken at higher dose than recommended."
The intention is to document a care plan for patients with **MME > 50 due to increased opioid associated risks per the CDC**.

CASE INSTRUCTIONS: Let's Practice!
Patient Case Materials

Step 1: Review the Persona and Sample Case

PERSONA #2.1
M.S. Cortinez
Collecting and reviewing information for a patient taking an opioid medication

DATE OF BIRTH: August 14, 1961
RACE: Hispanic
GENDER: Female
OCCUPATION: Coffee Shop Owner
ADDRESS: 2911 Fentora Drive Hurt, VA 24563
PROBLEM LIST: Chronic spinal disease/spinal stenosis, hypertension

HISTORY OF PRESENT ILLNESS
MSC was first diagnosed with spinal stenosis 5 years ago. Following lumbar disk surgery 4.5 years ago and pain treatment failures with nonsteroidal anti-inflammatories, she was eventually started and titrated on Oxycontin.

PAST MEDICAL HISTORY
Spinal Stenosis x 5 years
Hypertension x 5 years

ACTIVE MEDICATIONS
Oxycontin 20 mg TID, Losartan 50 mg QD, Triamterene/HCTZ 37.5/25 mg QD

FILL HISTORY
MSC is not consistent with her hypertension medication refills. She says that she gets busy, especially in the morning, when she has to open up the coffee shop early. It is during this "rush time" that she forgets her medications except for her Oxycontin which she refills regularly with no doses missed.

ALLERGIES
NKA

SOCIAL HISTORY
MSC owns her own coffee shop. She does not exercise due to her pain issue.

VITAL SIGNS AND LABS
- Vital signs:
  Pharmacy-Reported BP (3/1/20): 128/78 mmHg
- Complete metabolic panel and fasting lipid panel:
  Labs not provided to the pharmacy

MEDICATION RELATED PROBLEM(S)
MME: 90 MME/DAY

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)
Pain medication review

GOALS
None at this time

MONITORING PLAN AND FOLLOW-UP
Will follow-up with MSC next month to discuss naloxone

Flip the Pharmacy   **1**   Domain 1: Progression 2

Sample Care Plan Case
June 2020

Encounter Reason: High Risk Drug Monitoring

Patient Demographics:
Patient First Name: M.S.   **Patient Last Name:** Cortinez
Address: 911 Fentora Drive   **City:** Hurt   **State:** VA   **Patient DOB:** 8/14/61   **Zip:** 24563   **Phone:** 434-111-1111
Allergies: No Known Drug Allergies

Active Medication List:

Medication Name	Directions	Prescriber
Oxycontin 20 mg	1 tablet three times daily	Dr. Ouch
Losartan 50 mg	1 tablet daily	Dr. Ouch
Triamterene/HCTZ 37.5/25 mg	1 tablet daily	Dr. Ouch

Medication-Related Problems (MRPs) and Interventions:
- MRP (4/15/20): Medication dose too high
  - MRP Note: Oxycontin 20 mg TID; Daily MME = 90, high dose of opioids which puts MSC at risk.
- Intervention (4/15/20): Pain medication review
  - Intervention Note: MME = 90 MME/day. Chronic Use. Oxycontin indication: chronic spinal disease/spinal stenosis. Brandi, Pharmacist checked PDMP on 4/15/2020.

Flip the Pharmacy   **2**   Domain 1: Progression 2
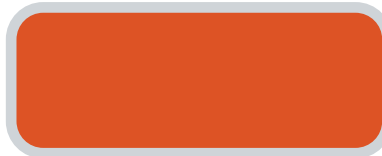
Step 2: Document for M.S. Cortinez. Then do so for real patients.

Resources:
Further education about opioids will be provided in future domains, but below are a few resources that may be useful in the meantime.

Pharmacy Toolkit available on Allied Against Opioid Abuse: **https://againstopioidabuse.org/pharmacytoolkit/**

CDC Brochure – Pharmacists on the Front Lines: **https://www.cdc.gov/drugoverdose/pdf/pharmacists_brochure-a.pdf**

CDC Opioid Prescribing Guideline Mobile App: **https://www.cdc.gov/drugoverdose/pdf/App_Opioid_Prescribing_Guideline-a.pdf**