Month 5

Opioid Progression 2

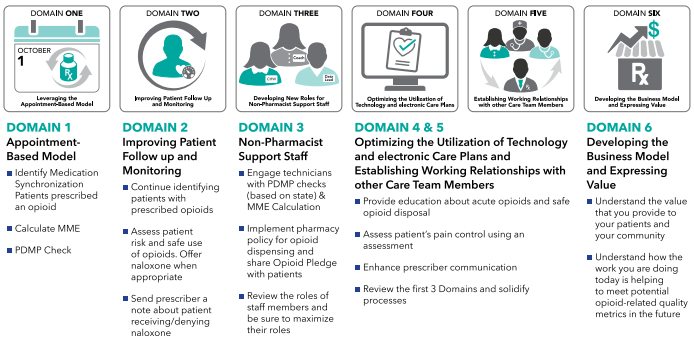
Domain 6: *Developing the Business Model and Expressing Value*

Flip the Pharmacy: Champion Checklist

Use the checklist to review the action items for this month.

- ☐ **Review the Change Package** and the outlined workflow innovations below. Decide where your pharmacy is and how you should move forward for the last Change Package in the opioid progression.
- ☐ Consider offering a **Drug Take Back Event** at your Pharmacy on for the **DEA National Take Back Day**.
  - Click **HERE** to learn when the next date is.
- ☐ **Check out the Flip the Pharmacy Best Practices website** for additional resources provided by CPESN Pharmacies and others.

Caring for the Opioid Patient Road Map



DOMAIN 1
Appointment-Based Model
- Identify Medication Synchronization Patients prescribed an opioid
- Calculate MME
- PDMP Check

DOMAIN 2
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

DOMAIN 3
Non-Pharmacist Support Staff
- Engage technicians with PDMP checks (based on state) & MME Calculation
- Implement pharmacy policy for opioid dispensing and share Opioid Pledge with patients
- Review the roles of staff members and be sure to maximize their roles

DOMAIN 4 & 5
Optimizing the Utilization of Technology and electronic Care Plans and Establishing Working Relationships with other Care Team Members
- Provide education about acute opioids and safe opioid disposal
- Assess patient's pain control using an assessment
- Enhance prescriber communication
- Review the first 3 Domains and solidify processes

DOMAIN 6
Developing the Business Model and Expressing Value
- Understand the value that you provide to your patients and your community
- Understand how the work you are doing today is helping to meet potential opioid-related quality metrics in the future

Click **HERE** to access a printable version of the **Caring for the Opioid Patient Road Map**

What have you done in your pharmacy over the past few months during the focus on opioids?

At this point, you should have or are creating a sustainable practice around opioid medications. The goal is to continue offering these workflow innovations as we continue into the next progression. Workflow Innovations reviewed in previous opioid Change Packages:

- **Continue documenting an eCare Plan for any patient receiving an opioid medication.** Include MME, PDMP check, last fill, and indication
- **Provide an Opioid Pledge** to
  - All patients who receive a chronic opioid medication
  - New patients who receive a chronic or acute opioid medication
- Offer naloxone to patients receiving an opioid medication who meet the naloxone candidate recommendations
- Patients receiving opioid prescriptions for an acute condition: discuss ways to dispose of opioids and consider encouraging smaller quantities of opioids if a large quantity is written and potentially not needed for the acute condition.

Optional Education that may be helpful with the Opioid Progression:

NCPA | CPESN Education (1-hour CE for Pharmacists): Monitoring Opioid Usage – Click HERE to access Christopher Harlow, PharmD, BCGP at St. Matthews Community & Specialty Pharmacy reviews motivational interviewing techniques, current guidelines, and how to utilize the workflow of a community pharmacy to impact pain management.

New Workflow Innovations Reviewed in this Change Package:

For those of you who are ready to take the opioid progression to the next level, we have partnered with our **Subject Matter Experts** to help you do just that.

- Focus on the patient in more ways than just their medications – Social Determinants of Health
- Opioid Tapering

Expressing your Value (Tripp Logan, PharmD)

In 2009, I had an ah-ha moment. Our pharmacies were doing more than caring for local patients and filling their prescriptions, we were contributing to how others were being measured ***and paid***. Health plan level quality measures (e.g., Proportion of Days Covered (PDC) measures) were being measured from our prescription claims and driving messaging from health plans to our patients and their prescribers. Fast forward a decade… now there are many more health plan quality measures impacting patient care, many of which are heavily influenced by our pharmacies. In order to best navigate the metrics, maximize opportunity, improve outcomes, and minimize our financial exposure, we think **it's important to know what is being measured and how it's being calculated** so we can work within this complex system of metrics to highlight the value our pharmacies are bringing to the table.

Some Medicare and Medicaid plans have already adopted some of the **Opioid Core Measures** that the Pharmacy Quality Alliance (PQA) developed.

As a community pharmacy, the PDC measures already impacts how we are paid for medication dispensing. The same is starting to happen with the Opioid Core Measures as Medicare and Medicaid plans have already adopted some or all of the opioid related measures. Community pharmacies are already receiving payments impacted by these opioid core measures. **There's no time like now to focus on the opioid services so that when the Opioid Core Measures are more widely adopted, your pharmacy is already ahead of the curve.**

Opioid Core Measure Set (Click HERE to view the full descriptions) by Pharmacy Quality Alliance includes:

- Concurrent use of opioids and benzodiazepines
- Use of opioids at high dosage
- Use of opioids from multiple providers
- Use of opioids at high dosage and from multiple providers
- Initial opioid prescribing at high dosage
- Initial opioid prescribing for a long duration
- Initial opioid prescribing for long-acting or extended-release opioids
  - one or more initial opioid prescriptions for long-acting or extended-release opioids

Subject Matter Expert Application of Workflow Innovation: Focusing on the Whole Patient and Not Just the Prescription

Tripp Logan, PharmD at L & S Pharmacy in Charleston, MO is one of this month's Subject Matter Experts. Tripp says that he and his staff have historically assumed too much about their patients based on fill history. Once they started asking more questions staff moral and positive patient engagements improved.

The previously mentioned quality metrics based on MMEs and concomitant therapies (e.g., opioid + benzodiazepine) are important. However, oftentimes if a prescription is not adjudicated to the patient's health benefit, the metric improves but the patient may continue on a prescription (or illicit) opioid and the patient does not improve.

As you review the **Workflow Innovation**s, keep in mind that opioid tapers can work when the patient is part of the decision-making process and is engaged in the taper. Consider the whole patient versus solely depending on the MMEs, metrics, biases, or assumptions. Utilize relationships to determine why the patient is on an opioid, know the patient's expectations for pain with the opioid, what non-clinical factors may be influencing their opioid use.

Non-clinical factors, such as unidentified Social Determinants of Health (SDoH), can stop the opioid tapering plan before it even begins. Tripp and his pharmacy staff at L & S Pharmacy, have a workflow that focuses on all aspects of health. Once basic needs are met, then clinical interventions can follow.

Prescription adjudicated, filled, verified, and dispensed without an issue does not disrupt workflow. What happens at your pharmacy when there is an issue/exception?

Consider the following workflow at L & S Pharmacy to assist with all of your patients, included but not limited to your patients receiving opioid medications

Managing "Exceptions" in the Community Pharmacy

STEP ONE: Prescription adjudicated and there is an "exception" like:

- Claim rejected
- High MME
- Patient cannot afford

STEP TWO: Staff member hands the exception prescription (& therefore patient) off to staff members that specialize in Social Determinants of Health

- This staff member engages the patient initially with a non-formal, non-threatening, peer-to-peer conversation to triage how the patient is doing
  - Click **HERE** *(see Appendix A)* to view the **L & S Pharmacy Assessment Form** to help with this conversation

STEP THREE: Based on conversation in Step 2, the staff member refers the patient to the appropriate destination. Examples:

- Medication optimization services ➡ Pharmacist
- Social services ➡ Community Health Worker or SDoH specialist
- Medication change requests ➡ Prescriber
- Transportation ➡ Transit
- Monetary support ➡ Local charity
- Opioid use, mental, and/or behavioral health support ➡ Local professional counseling services (e.g., behavioral health counseling)

STEP FOUR: Documentation of the issues identified and services provided within the eCare Plan

- The care planning process isn't just a clinical documentation process, it should also include social influences on care. Documentation of these SDoH can be easily incorporated into eCare Plan submission.
  - In 2017, the following were the most common factors that influenced other health conditions:[1] Homelessness, problems related to living alone, disappearance and death of family member, other specified problems related to psychosocial circumstances, problems in relationship with spouse or partner.

Wait... How does this apply to the Opioid Progression? The example below is what occurred at L & S Pharmacy upon an attempted early fill of an opioid prescription.

Scenario: A patient recently discharged from the hospital requesting an "early fill" hydrocodone prescription. The immediate assumption was that this patient would have to wait until the date due to fill the new prescription and the patient should be flagged to watch closely in the future.

L & S Pharmacy enhanced service: L & S Pharmacy staff contacted the patient and empathetically asked how they were and what's going on with their health, but more importantly inquired about their pain. The resulting response was that this patient was discharged from the hospital with a broken leg and an order for physical therapy. Due to conditions outside of the patient's control, her transit driver had failed to pick her up for any of her Physical Therapy (PT) visits. Therefore, she could not begin rehabilitation, was bedfast, developing bed sores, and had a sense of hopelessness.

Result: L & S Pharmacy Staff contacted the transit authority, scheduled PT visits, their patient's mobility improved, pain decreased, opioid usage decreased, and most of all, the patient had a restored sense of hope, happiness, and accomplishment.

[1]https://www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf

Workflow Innovation Example for the Opioid Progression

1. **Review target patient's opioid fill history in the pharmacy management system, calculate MME trends, naloxone utilization, etc. by reviewing the previous Change Packages.**
   a. Is there an exception?
2. **Specialized staff member (this could be a pharmacist initially until other staff members are comfortable and trained in the fact-finding role) engages with the patient where they are and understands if there are other influences that are affecting the patient which would completely halt any thought of opioid tapering**
   a. Understand why they are taking their opioid.
   b. Understand their expectations for current and future pain control
   c. Assess their willingness to begin an opioid dose taper
   d. Identify additional external factors (SDoH) that are influencing the patient's decision
      - Understand and be able to recognize or have a conversation with a patient about outside factors that could influence the patient. Click **HERE** to view the **L & S Pharmacy Assessment Form**.
3. **Utilize the patient's individual support systems, local services, and the patient's goals to help create a personalized plan INCLUDING non-clinical interventions and services.**
   a. If a patient needs additional assistance, outside of what a community pharmacy and/or primary care provider can offer, know the options of where to point patients for opioid treatment programs. Click **HERE** to view the **Opioid Treatment Program Directory** for your state.
4. **Document an eCare Plan**

Subject Matter Expert Application of Workflow Innovation: Opioid Tapering

Osterhaus Pharmacy

We CARE about your health!

Matt Osteruhaus, BSPharm, FAPhA, FASCP with Osterhaus Pharmacy in Maquoketa, IA is one of this month's **Subject Matter Experts**. Review this short and informative, video (7:34 minutes) of Matt talking with Randy McDonough about the **importance of the therapeutic relationship with the patient in order to begin the opioid tapering process**. Conversations around opioid medications are not easy conversations, but it is the right for the patient and it is the pharmacist's responsibility.

Click HERE to view the short video.

"If it's right for the patient, it'll be right for pharmacy." – Bob O. (Bob Osterhaus)

Ensuring everyone on your staff is identifying patients in need of additional services is key, such as those that Tripp mentioned. We all **need a strategy to care for patients** with short-term and long-term opioid treatment plans.

Key Points to Consider When Tapering an Opioid Medication

- The **patient/physician/pharmacist relationship is key**: attempting a taper without everyone being on board could be hazardous on many fronts
- **Securing/nurturing the patients** trust is the first step
- **Open communication** is paramount
- Understanding the potential failure rate so **expectations are realistic is key**
- The tapering process is based on science; the art is to take the before mentioned knowledge of the individual patient (Social Determinants of Health, history of previous tapers, etc.) and **developing an optimal plan for that patient**

NCPA | CPESN Provided Education for Opioid Tapering (CE for Pharmacists) – Click HERE to access

For either ***Option A or B listed below*** for Opioid Tapering, this presentation by **Jessica Page, PharmD, MBA** about **Co-Managing At-Risk Opioid Patients** is available to help CPESN pharmacies navigate opioid tapering. Objectives reviewed:

- Discuss techniques for engaging providers when a mutual patient is at risk of overdose or addiction.
- List non-opioid pain treatment including, but not limited to, other prescription and non-prescription medications and non-pharmacologic treatments.
- Review management of withdrawal symptoms, including the referral process.

Example of Workflow Innovation: Consider Either or Both Approaches for Opioid Tapering

OPTION A: Reactive Approach to Opioid Tapering

For a patient who has started and the pharmacy is playing a crucial and supportive role

STEP 1: Identify a dose decrease for an opioid prescription after reviewing the fill history (e.g., Oxycodone 5 times daily decreased to 3 times daily)

STEP 2: Make a note electronically or on paper (e.g., the eCare Plan documentation form) that a dose decrease has occurred and a hard stop needs to occur when the patient picks up the prescription

STEP 3: Pharmacist led conversation with the patient occurs

- **Engage with the patient** and **be a resource** to assist with the tapering process
  - Ask if the patient has bought into the tapering process
  - Ask if the prescriber had a conversation with the patient to decrease the likelihood of the taper not working (e.g., goal is to not go back to taking the oxycodone 5 times daily)
  - Help set realistic expectations of the patient's pain
  - Educate on, and be a resource to the patient for withdrawal side effects
  - Bridge the communication gap between the patient and prescriber if you identify something the prescriber should be aware of (e.g., patient is trying to get the refill too soon on a recently tapered new prescription)
  - Most importantly, help the patient understand that you as the community pharmacist and pharmacy staff want to be involved with making the patient successful in their tapering experience

STEP 4: Document an eCare Plan

OPTION B: Proactive Approach to Opioid Tapering

Upon having a trusted relationship with a patient and after having numerous prior conversations about a patient's opioids, a pharmacist may recognize an opportunity for a patient to be tapered or the patient may request a taper (*this has happened!*). Then what…?

STEP 1: Understand the patient's fill history of an opioid prescription and other medications that may affect the way an opioid medication works in the body.

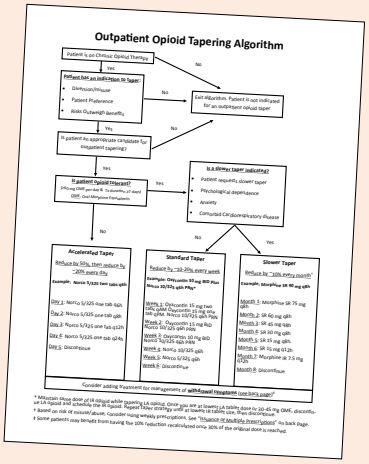
- Determine the MME for the total opioid daily dose

STEP 2: Determine if the patient is a good tapering candidate

- Total Daily MME > 50
- Any co-prescribed benzodiazepines?
- Comorbidities that increase opioid-related risks?

STEP 3: Be prepared with talking points. Know what a potential opioid taper would entail for a patient for the first couple of months. (Many times this information is needed upon a call back from the prescriber if not reached when initially contacted.)

- The NCPA | CPESN provided education is very helpful with this!
- **Click HERE to view the *Opioid Tapering Algorithm* compiled by Sam Williams, PharmD, a former resident of Osterhaus Pharmacy**
  - Includes an opioid tapering schedule, management of acute withdrawal side effects, and clinical pearls.



STEP 4: Be a resource to the patient

- Assist in realistic goal setting about pain, help the patient understand non-medication options for pain, and help identify any withdrawal side effects the patient may experience and coordinate findings with the opioid prescriber

STEP 5: Document an eCare Plan

- To help you keep up with the patient's tapering schedule, document an eCare Plan each month so that you can refer back to the last tapering dose.

Additional Resources for Opioid Tapering:

CDC Pocket Guide: Tapering Opioids for Chronic Pain – Click HERE

VA Opioid Taper Decision Tool – Click HERE

Mayo Clinic: Tapering Long-term Opioid Therapy in Chronic Noncancer Pain – Click HERE

Workflow Tips Brought to You by Parata

Implement scalable **automation technology** into the pharmacy's workflow to create time for the pharmacy support staff to focus on enhanced services, such as providing additional care with patients receiving opioid prescriptions. Freeing up time during the fill process will allow for more targeted approaches with patients starting with identifying patients who should receive an Opioid Pledge through having the conversation with the patient.

Parata®

eCare Plan Documentation for Opioids

GOAL: Submit 25 Opioid Related Care Plans

The eCare Plan Documentation form now includes the new MRP and intervention that is documented in the sample patient case. Focus on how to best keep track of patients who are identified as a tapering candidate or the changes being made to a patient's medications.

In addition to the "medication dose decrease" intervention as shown in the sample case, **you may document as pain medication review**.

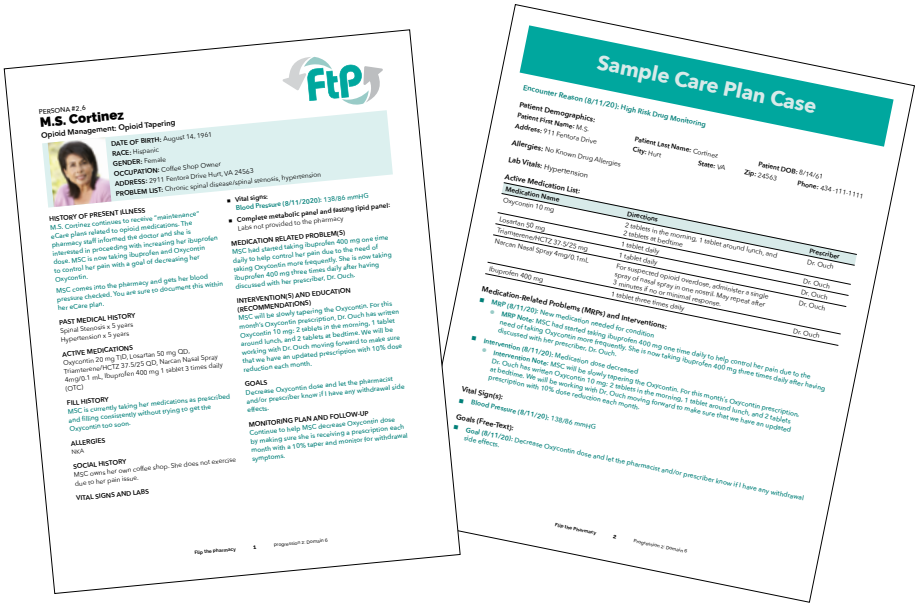
The key is your ability to quickly determine what type of eCare Plan was submitted so that the encounter is easily identifiable the next month. If your eCare Plan partner allows you to rename the encounter name that the pharmacy staff sees in the system, consider titling "Opioid Tapering."

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 ☐ Medication taken at higher dose than recommended ☐ Additional medication required ☐ Takes medication more frequently than recommended ☐ New medication needed for condition	☐ Pain Medication Review ☐ Recommendation to start prescription medication [Note: Accepted or Denied] ☐ Assessment using risk index for overdose or serious opioid-induced respiratory depression scale (RIOSORD Score:_____) ☐ Naloxone therapy [Note: Accepted or Denied] ☐ Education about take home naloxone for opiate overdose ☐ Patient Contracting ☐ Medication dose decreased
Notes/Patients Goals: Use (circle one): Acute / Chronic Indication: _____ MME: _____ PDMP Check on _____ by_____	

Sample Care Plan Case

Review the Persona and Sample Case.
Document for M.S. Cortinez. Then do so for real patients.



Click **HERE** to access the **Opioid Persona and Sample Case**