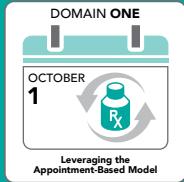


# Opioid Progression Change Package

## Month 1

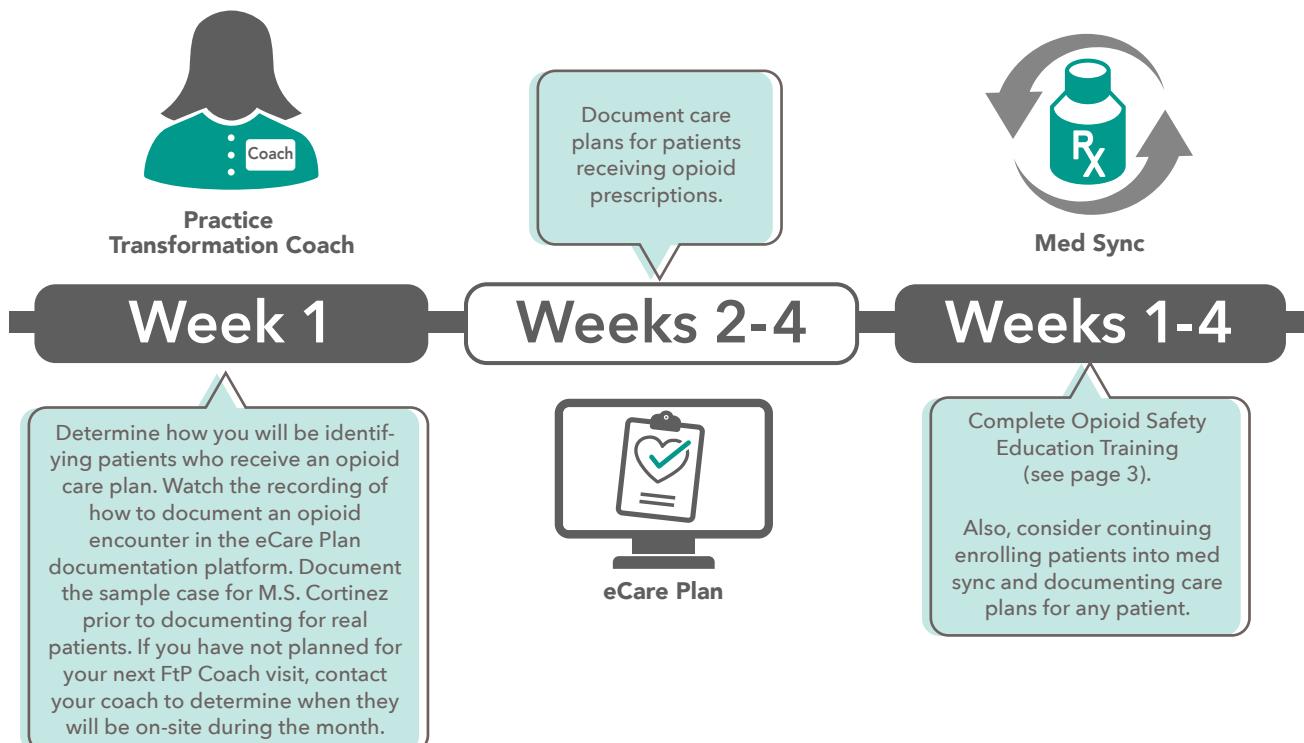


### Flip the Pharmacy: Champion Checklist

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

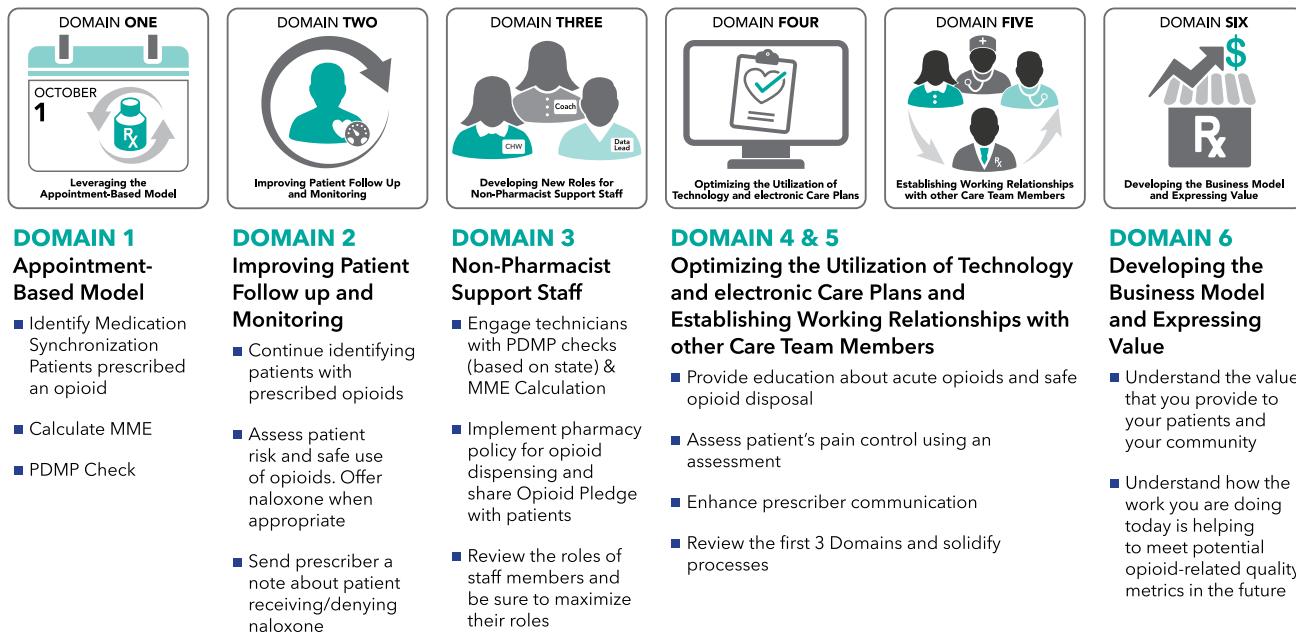
- Review the Change Package
- Print and post the **Progression 2 Road Map** (see page 2)
- Refresh your Pharmacy Dashboard (if you don't have one - now is a great time to implement one - [Click here to view](#)). Post this in a visible location!
- Don't forget about your antihypertensive patients from Progression 1. Continue progress here as you incorporate opioid care. Enroll patients into MedSync, 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!



The Road Map below describes the changes within each Domain (Domain 4 & 5 are combined)

## Caring for the Opioid Patient Road Map



→ Click [HERE](#) to access a printable version of the **Caring for the Opioid Patient Road Map**

Throughout the first 3 Domains, we will be providing step-by-step instructions on how to accomplish the **Opioid Safety Service Set Standard**. Click [HERE](#) 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 US code of Federal Regulations underscores the responsibility of the pharmacist in the process of filling a prescription for a controlled substance.<sup>1</sup>
- 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 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 the template so your pharmacy can develop a strategy and implement it 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 Domain 1 in preparation for Domain 2. Pharmacy technicians may complete also. The training will be useful **throughout the entire opioid-focused progression.** Click [HERE](#) to access on **NCPA Learn.**

# 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  $\geq 50$  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?

## Workflow Tips Brought to you by Parata

Pharmacies can utilize technology to make workflow more efficient and effective. For example, when **automation** is utilized, **pharmacy staff can be redeployed from counting pills to focusing on patient care**. With increased efficiencies created by the technology, the pharmacy staff will have additional time to dedicate to patient interactions. This increased efficiency will allow pharmacy staff to engage in the workflow innovations mentioned in this change package in order to have the most effective workflow and provide enhanced care for patients taking opioid medications.

**Pharmacies can also utilize technology solutions that can improve patient education and safety.** Technology can print QR codes on every prescription so that patients have access to patient medication sheets, medication guides, videos about their prescription, and images of their medication, which can help patients taking opioid medications stay informed. There is also technology that can decide to use child resistant caps when dispensing opioid prescriptions to increase patient safety.



## 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 eCare Plans by the end of the month that's great!
- Identify and enroll patients into MedSync. 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 MedSync

## Opioid Prescription Documentation in an eCare Plan

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

(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
<input type="checkbox"/> Medication dose too high*	<input type="checkbox"/> Pain Medication Review
<b>Notes:</b>	
Use (circle one): Acute / Chronic	
Opioid Indication: _____	
MME: _____	
PDMP Check on _____ by _____	

"Medication dose too high" may be chosen as the MRP for this encounter if appropriate. Otherwise, the encounter can be documented with only the encounter reason and intervention.

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 (click [HERE](#) to access).

**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 Fenora 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 run 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 PROBLEMS (MRPs)**  
**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

1 Domain 1: Progression 2

Flip the Pharmacy

**Sample Care Plan Case**

**Encounter Reason:** High Risk Drug Monitoring

**Patient Demographics:**

**Patient First Name:** M.S. **Patient Last Name:** Cortinez **Patient DOB:** 8/14/61 **Zip:** 24563 **Phone:** 434.111.1111

**Address:** 911 Fenora Drive **City:** Hurt **State:** VA

**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.

**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](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](https://www.cdc.gov/drugoverdose/pdf/App_Opioid_Prescribing_Guideline-a.pdf)