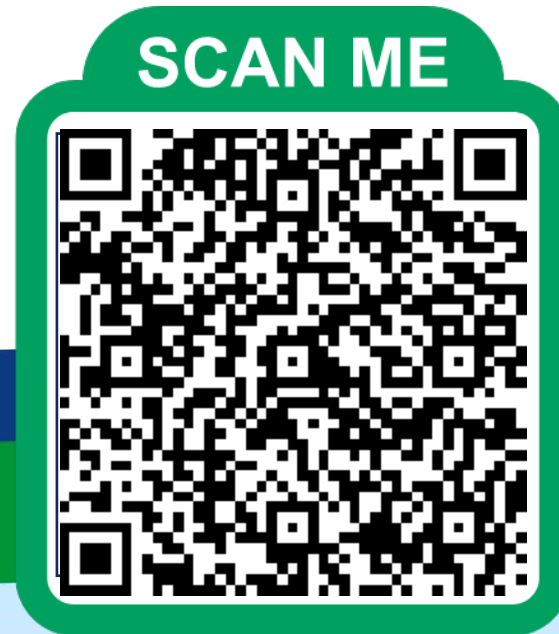


Welcome!

- This session is being recorded.
- All lines are muted, please ask your questions in the chat.
- Please complete the pre-test survey prior to the start of our session.

Visit https://www.surveymonkey.com/r/PreTest_OUDMgmt_2023

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We will get started shortly!



CENTER OF
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IN NURSING FACILITIES



Opioid Use Disorder Management in Nursing Facilities

September 28, 2023



CENTER OF
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FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

- For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.
- Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.
- She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



Today's Presenter

Jenn Azen, MD, MPH

CLINICAL ASSOCIATE PROFESSOR, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE, DEPARTMENT OF MEDICINE,
DIVISION OF GENERAL INTERNAL MEDICINE

ATTENDING PHYSICIAN, UW MEDICINE POST-ACUTE CARE SERVICE

MEDICAL DIRECTOR, UW MEDICAL CENTER ADDICTION MEDICINE CONSULT SERVICE

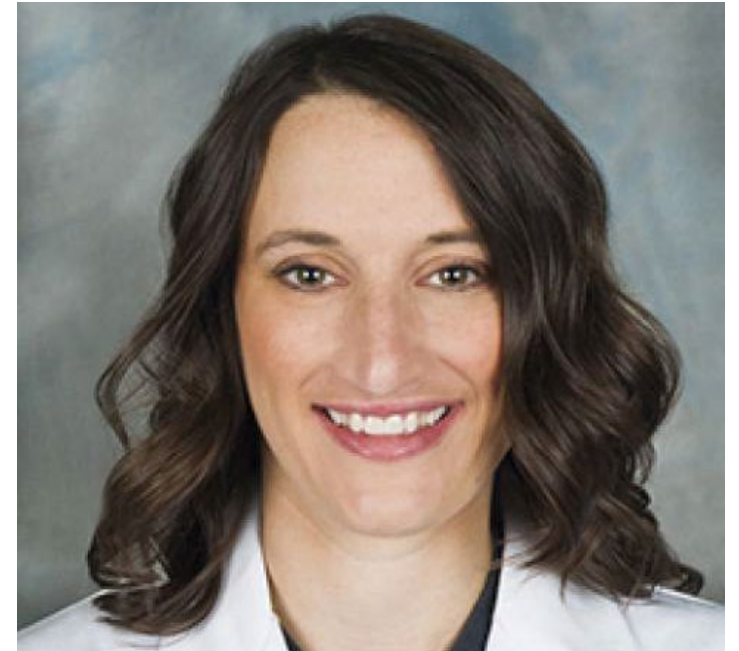
PRIMARY CARE PHYSICIAN AND PHYSICIAN EDUCATOR, UW MEDICINE PRIMARY CARE CLINICS

Jenn Azen is a general internist who has practiced in the primary care and post-acute care setting. Her primary care practice is focused on medically complex and geriatric patients. She provides in-home visits to medically fragile patients in private homes, adult family homes, and assisted living.

She currently works in post-acute care with Harborview Medical Center's Bed Readiness Program where she cares for patients with social complexity including substance use disorder. The Bed Readiness Program is designed to improve bed capacity within the hospital by partnering with local skilled nursing facilities.

She previously managed the UW Medical Center Post-Acute Care Consult Service and is now the medical director of the UW Medical Center Addiction Medicine Consult Service.

During her career, she has focused on removing silos within the healthcare system and better integrating care so patients can gain access to care that best meets their needs. She believes post-acute and long-term care is vital to our health care system and believes innovation will improve patient and staff experience.



Financial Disclosures

CVS stockholder:

My husband is a home infusion pharmacist with CVS and participates in the employee stock plan.

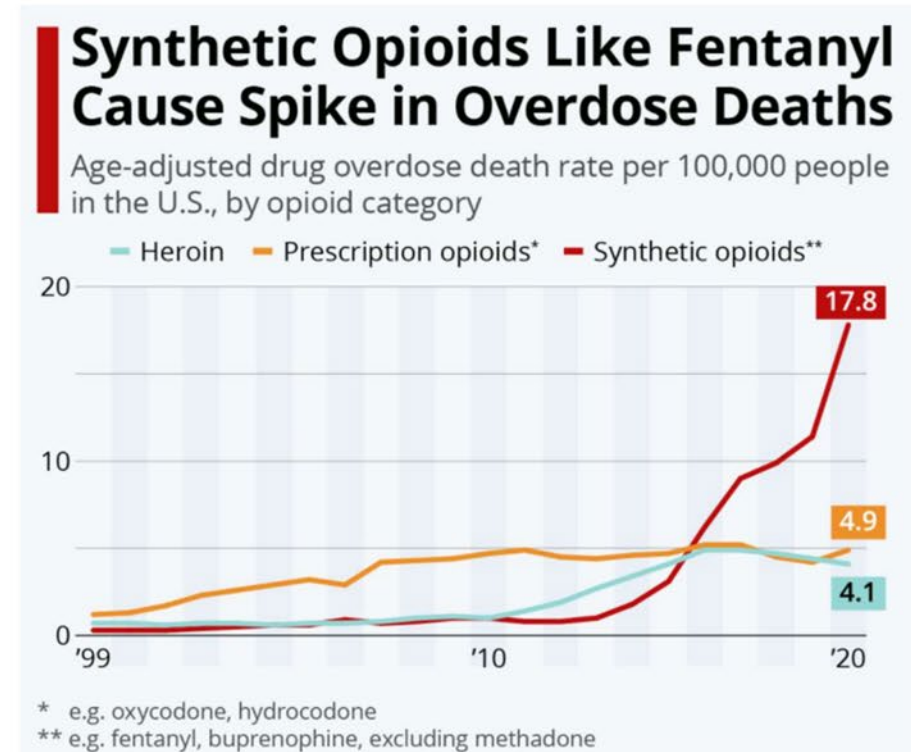
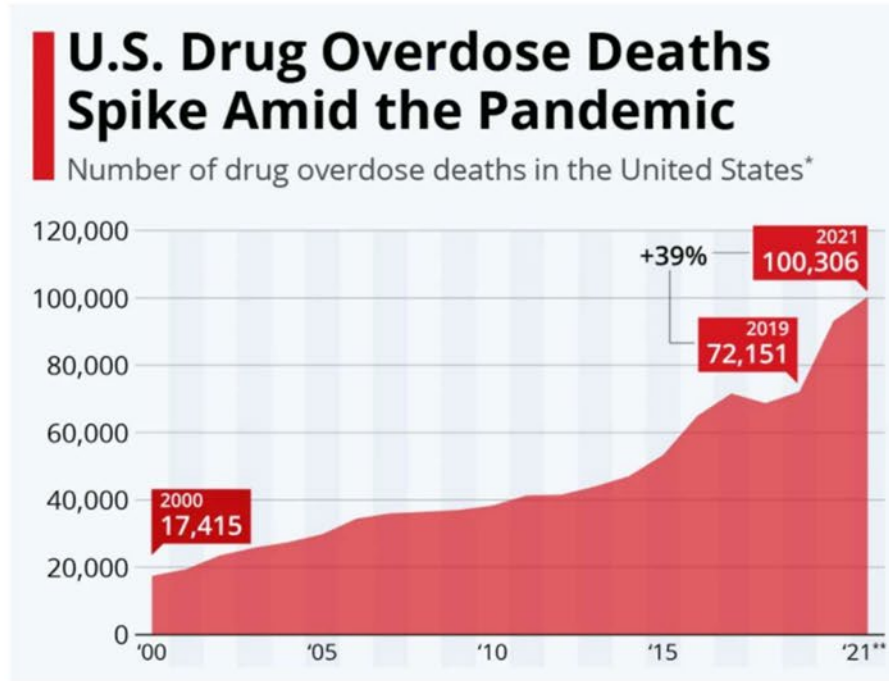


Learning Objectives



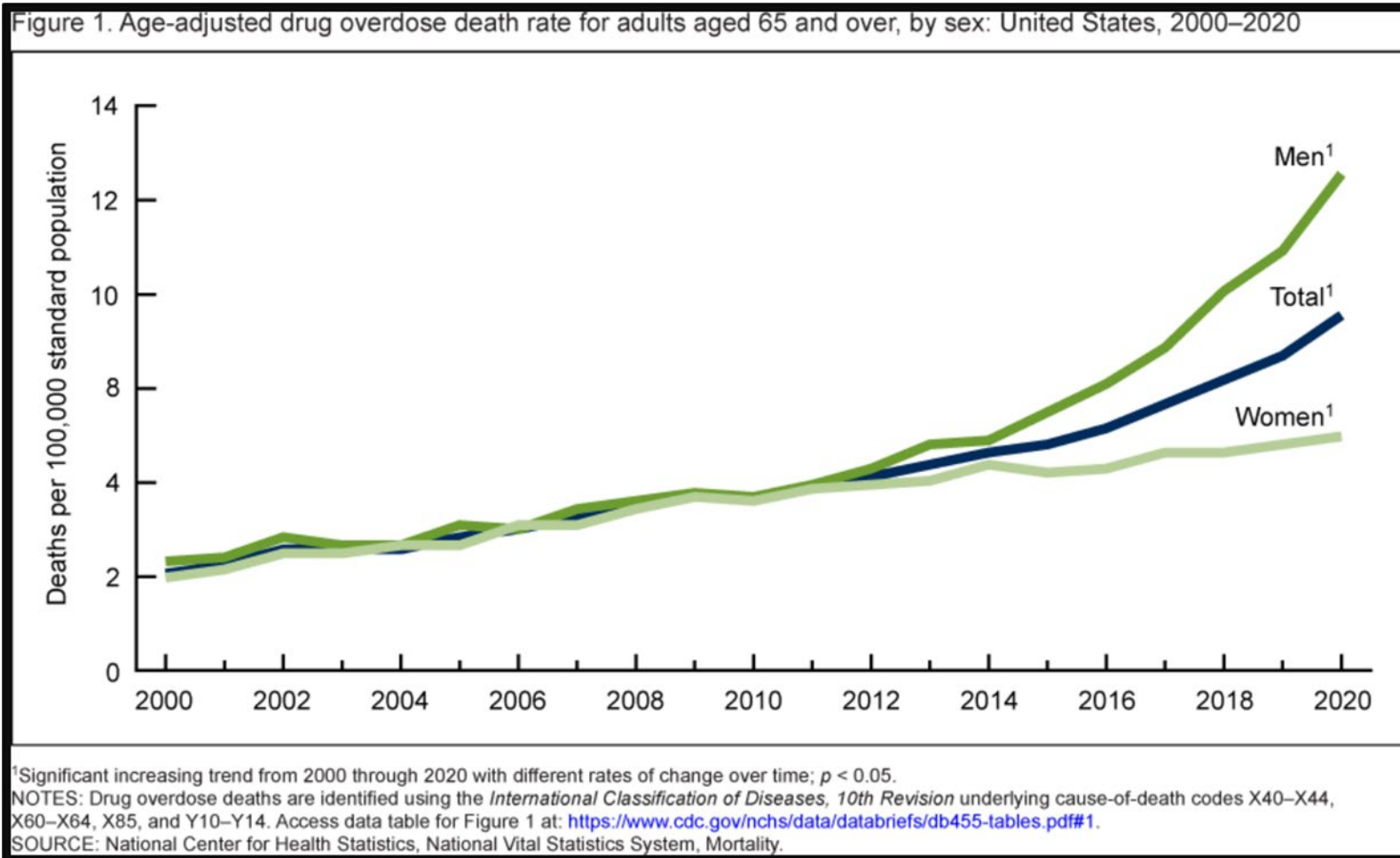
- Review Epidemiology of Opioid Use Disorder (OUD)
- Review Diagnostic Criteria of OUD
- Review Medications for OUD and how they work
- Logistics for Buprenorphine
- Logistics for Methadone
- Logistics for Naltrexone
- Behavioral Treatment for OUD
- Testing for Opioid Use Disorder

Epidemiology of Substance Use and Opioid Use Disorder



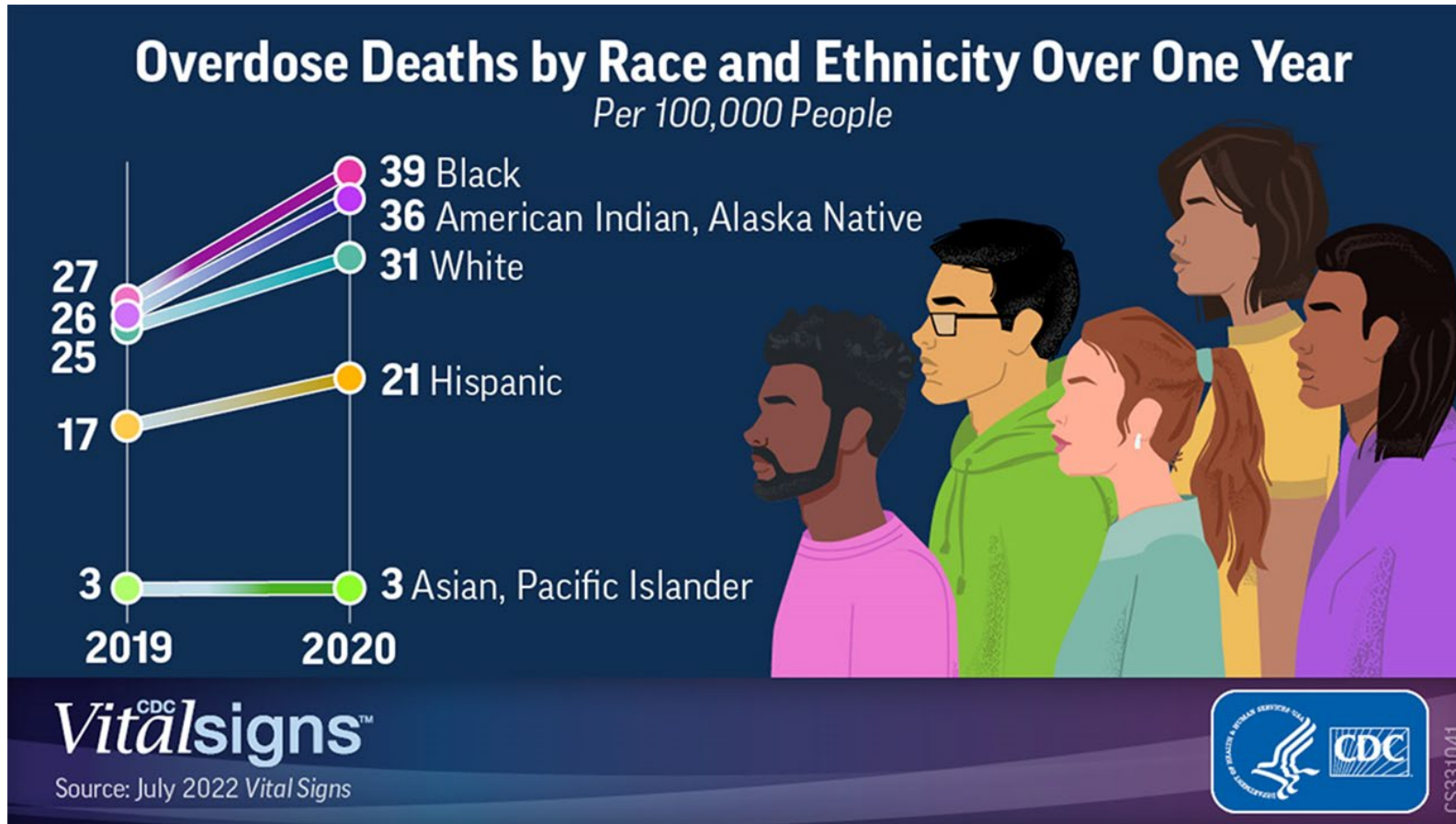
Source: CDC.gov (National Center for Health Statistics)

Epidemiology of Substance Use Disorder



Source: CDC.gov

Overdose Deaths by Race and Ethnicity



Black and White Americans have similar rates of drug use

Black Americans are 77% less likely to be prescribed buprenorphine.

The Gap Between OUD Prevalence and OUD Treatment

87% of people with an opioid use disorder (OUD) living in the United States do not receive treatment

Opioid Use, Opioid Dependence and Opioid Use Disorder

Loss of Control	Social Impairments	Health Impairments	Pharmacology
Use of substances in increased amounts or for longer than intended	Interference of substance use with social obligations	Continued use in physically hazardous situations (driving)	Need to increase use to achieve same effect (tolerance)
Persistent wish or unsuccessful attempt to cut down or control substance use	Continued use despite interpersonal or social problems (legal, loss of relationships)	Continued use despite psychologic or physical problems	Withdrawal of substances
Excessive time spent to obtain, use, or recover from substances	Elimination or reduction of important activities due to substances		
Strong desire or urge to use substances			
SEVERITY	MILD: 2-3 components	MODERATE: 4-5 components	SEVERE: 6+ components

When residents are on chronic opioids and taking as prescribed, pharmacology category does not count toward opioid use disorder.

Using Correct Diagnosis Codes

- **Opioid Use Disorder**
 - Mild, moderate, severe
 - Dependence or currently active, early remission, sustained remission
- **Opioid Dependence**
 - Use when there is signs of withdrawal, but no other categories of use disorder
- **Chronic Pain Syndrome**
 - Best to describe location of chronic pain
- **Opioid Use**
 - If taking opioids but no dependence or use disorder
- **Avoid Opioid Abuse or any ICD codes that use “Abuse”**

Opioid Use Disorder (OUD) Treatment

3 FDA Approved Medications for Opioid Use Disorder



Methadone

Must dispensed only
with an opioid treatment
program



Buprenorphine

Available in multiple
formulations
Any DEA licensed provider
can prescribe
Any pharmacy can dispense



IM Naltrexone

Any provider can order
Any pharmacy can dispense
Nursing needs training to
administer

Effectiveness of OUD Treatment

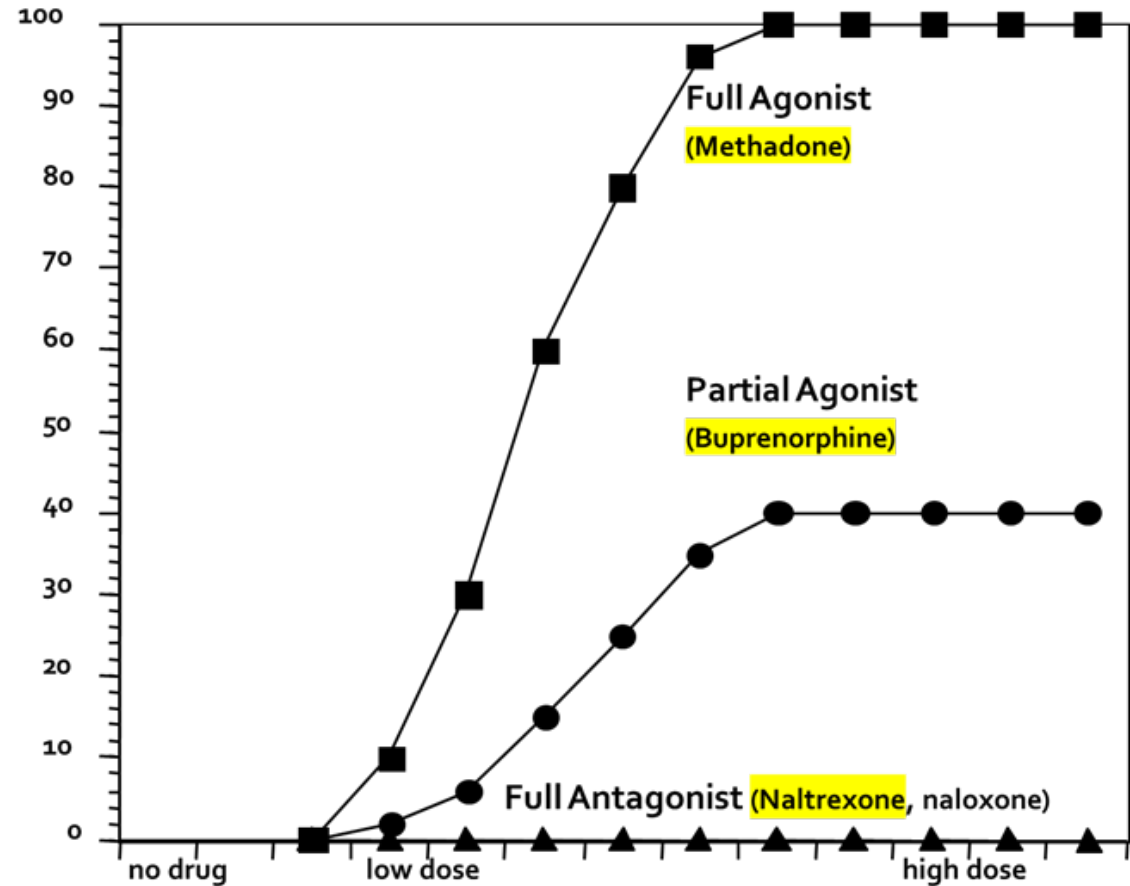
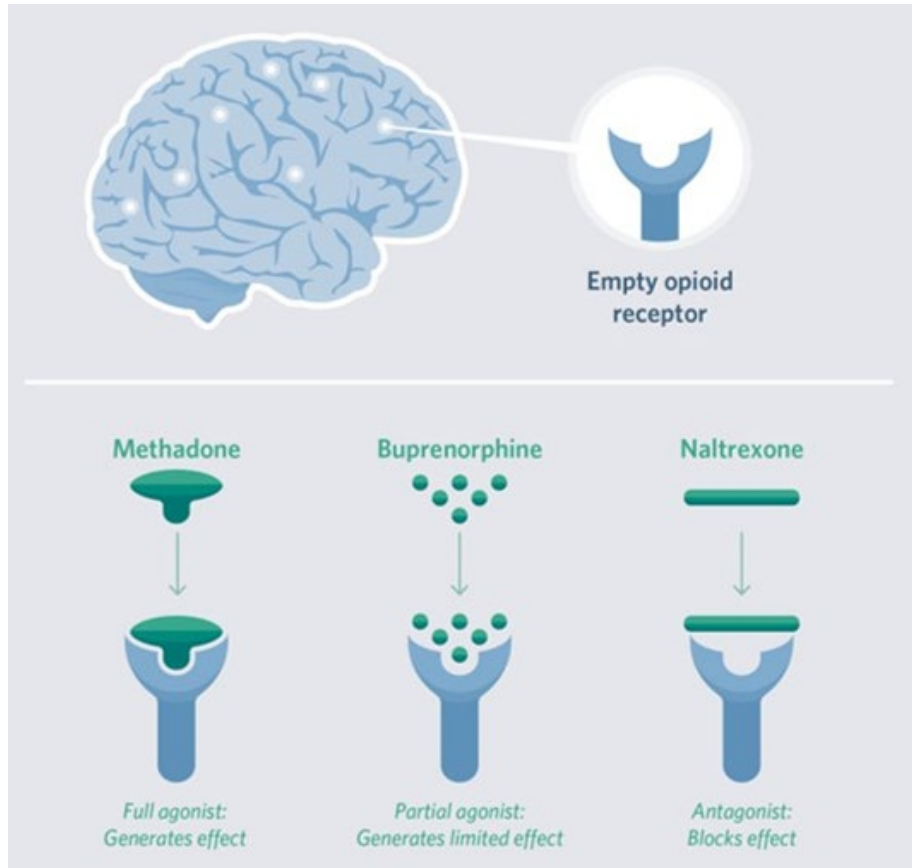
Number Needed to Treat

To prevent one death per person per year

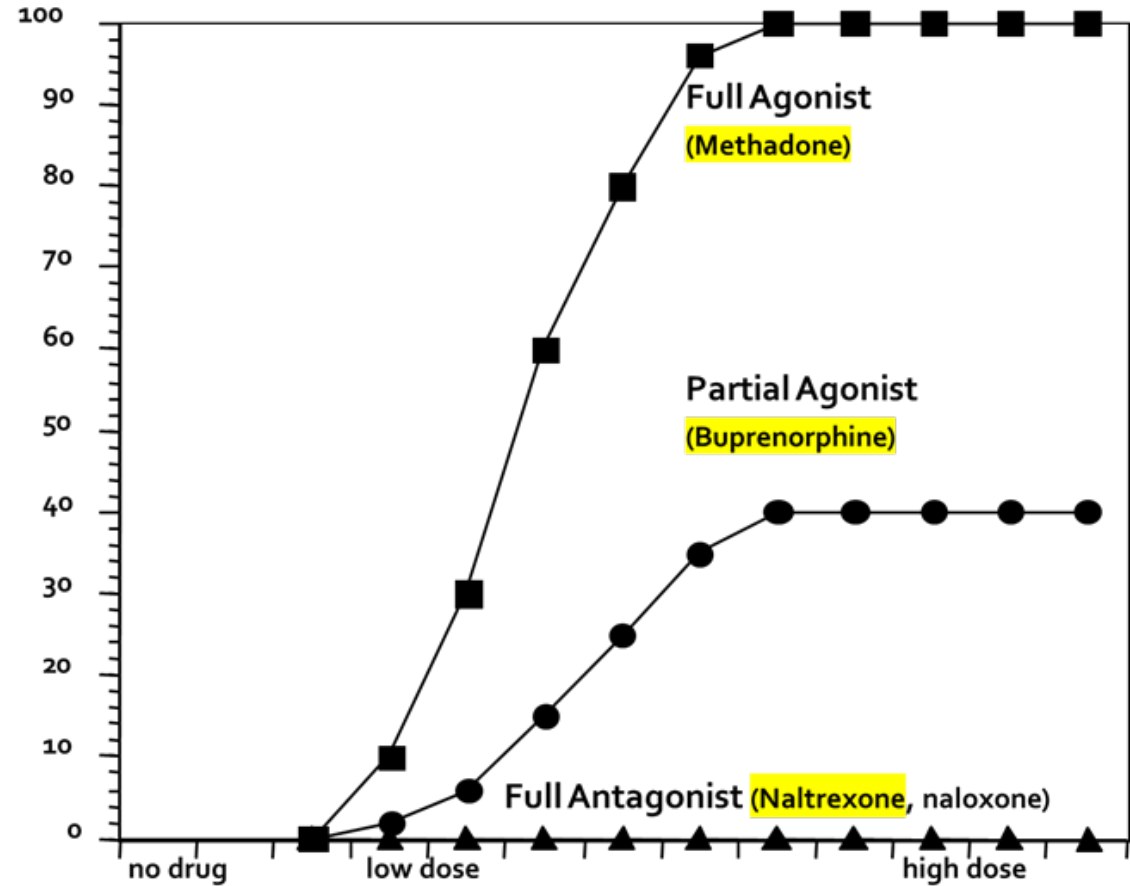
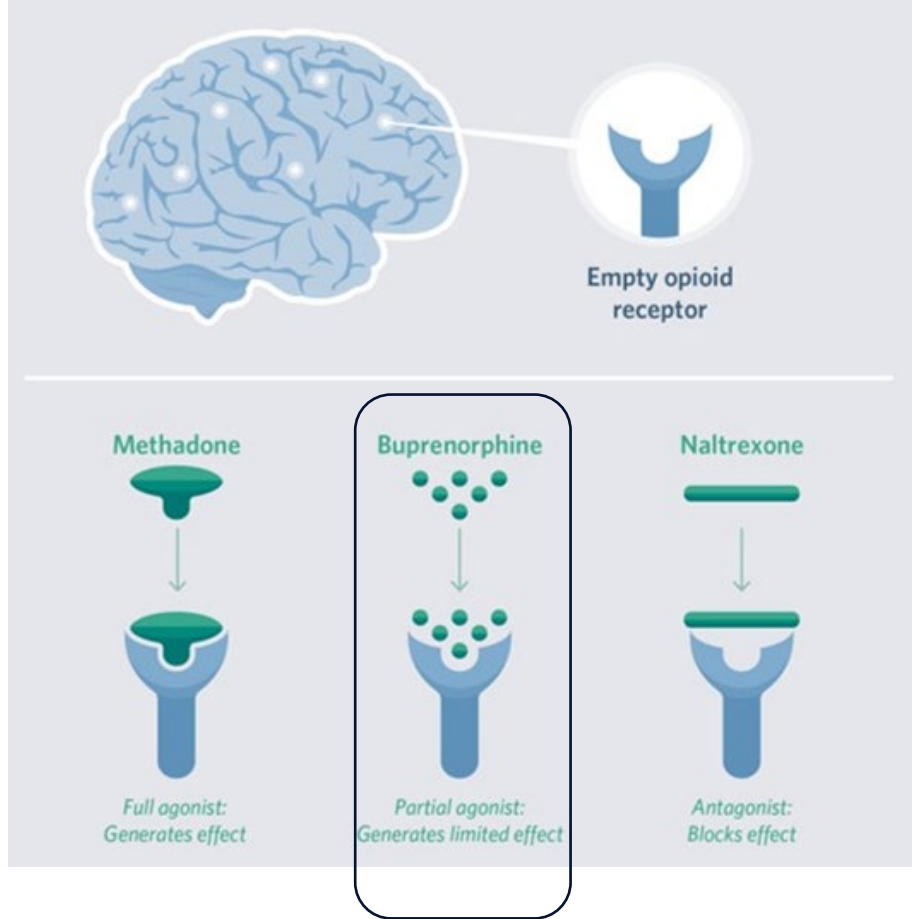
- Buprenorphine: 3
- Methadone: 2
- Aspirin with history of heart attack: 42

Mattick RP, et al Cochrane Database Syst Rev 2014
Mattick RP, et al Cochrane Database Syst Rev 2009

OUD Medications and the mu Opioid Receptors



OD Medications: Buprenorphine



Buprenorphine Formulations Approved for OUD



Generic name	Buprenorphine/naloxone SL tablets		Buprenorphine/naloxone SL films	Buprenorphine/naloxone buccal films	Buprenorphine SL tablets	Buprenorphine ER subQ injection
Brand name	Suboxone®	*Zubsolv™	Suboxone®	*Bunavail™	Subutex®	*Sublocade®
Strengths	<ul style="list-style-type: none"> • 2mg/0.5mg • 8mg/2mg 	<ul style="list-style-type: none"> • 0.7mg/0.18mg • 1.4mg/0.36mg • 2.9mg/0.71mg • 5.7mg/1.4mg • 8.6mg/2.1mg • 11.4mg/2.9mg 	<ul style="list-style-type: none"> • 2mg/0.5mg • 4mg/1mg • 8mg/2mg • 12mg/3mg 	<ul style="list-style-type: none"> • 2.1mg/0.3mg • 4.2mg/0.7mg • 6.3mg/1mg 	<ul style="list-style-type: none"> • 2mg • 8mg 	<ul style="list-style-type: none"> • 100mg/0.5mL • 300mg/0.5mL <p>(q4 week subQ injection)</p>

Slide credit: Jessica Ristau, Irina Kryzhanovskaya, Tessa Rife, Heidi Reetz

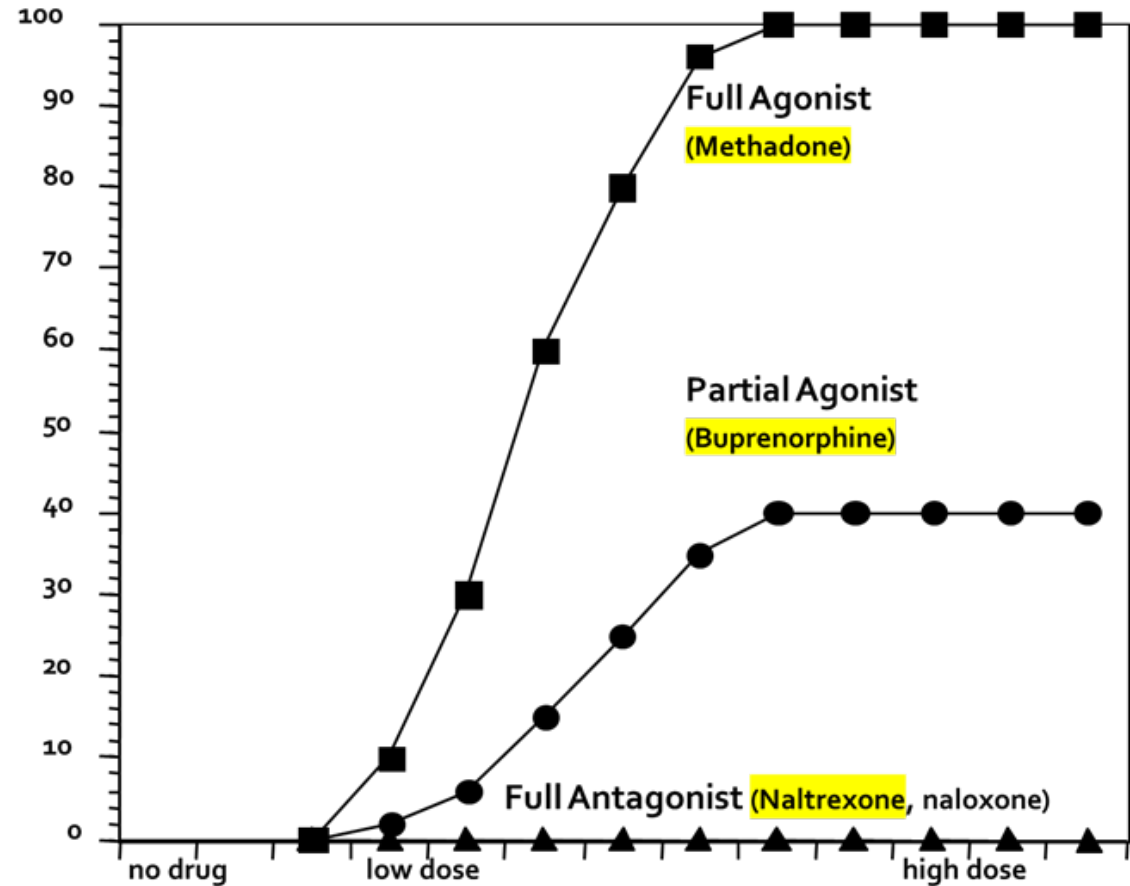
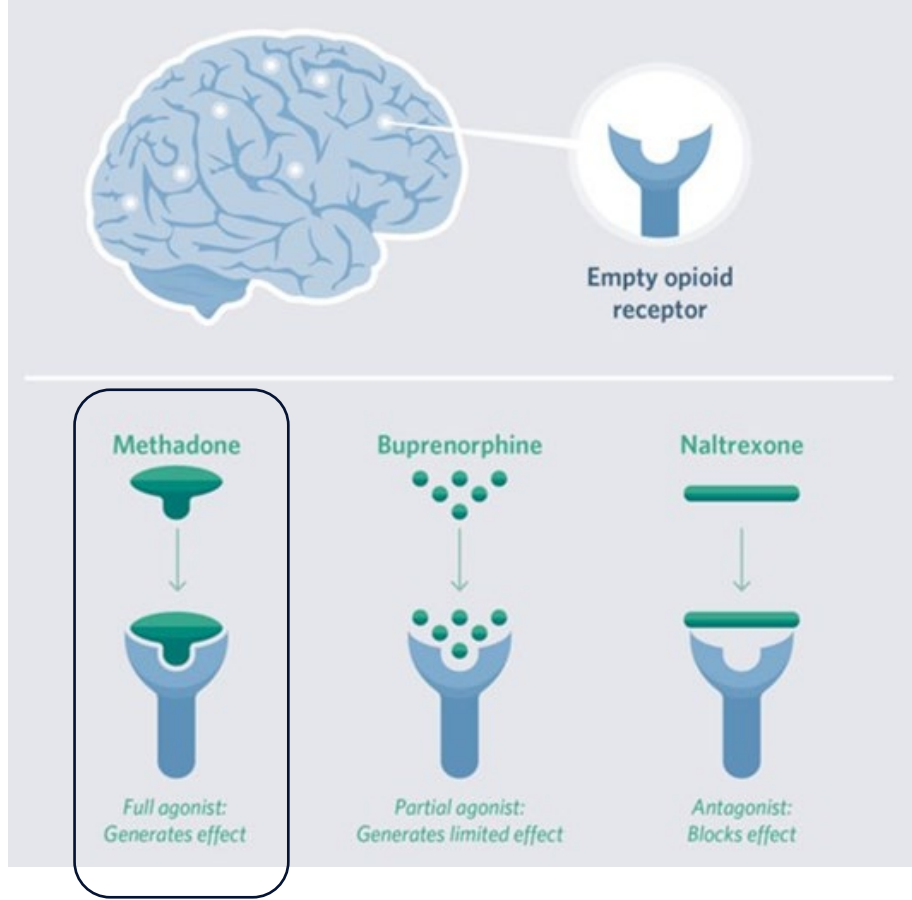
Nursing Considerations for Buprenorphine

- Buprenorphine is best absorbed under the tongue
- Films and tabs are available, but tabs most common due to cost
- If swallowed, buprenorphine absorption is **reduced**, and naltrexone is absorbed (withdrawal)
- Give after all other pills
- Rinse 30 minutes after administered to reduce tooth decay

Other Considerations with Buprenorphine

- Sublocade (IM, long-acting formulation) requires nurse training and needs a REMS pharmacy.
- Full mu agonists can be co-prescribed for acute pain, but sometimes need to be given at higher doses and hydromorphone works best
- Constipation is a significant side effect
- If residents refuse multiple doses, there is risk they may be preparing to use or have recently used
 - Contact provider
 - Consider urine testing

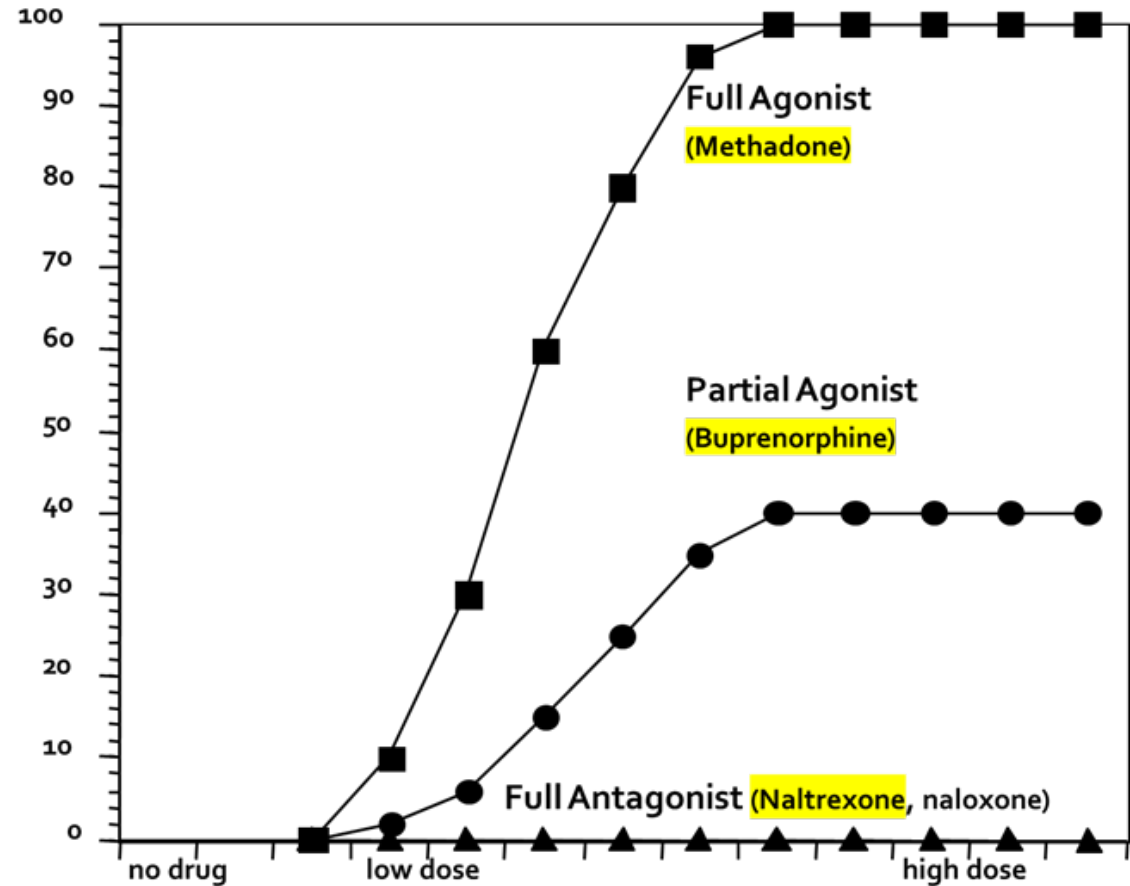
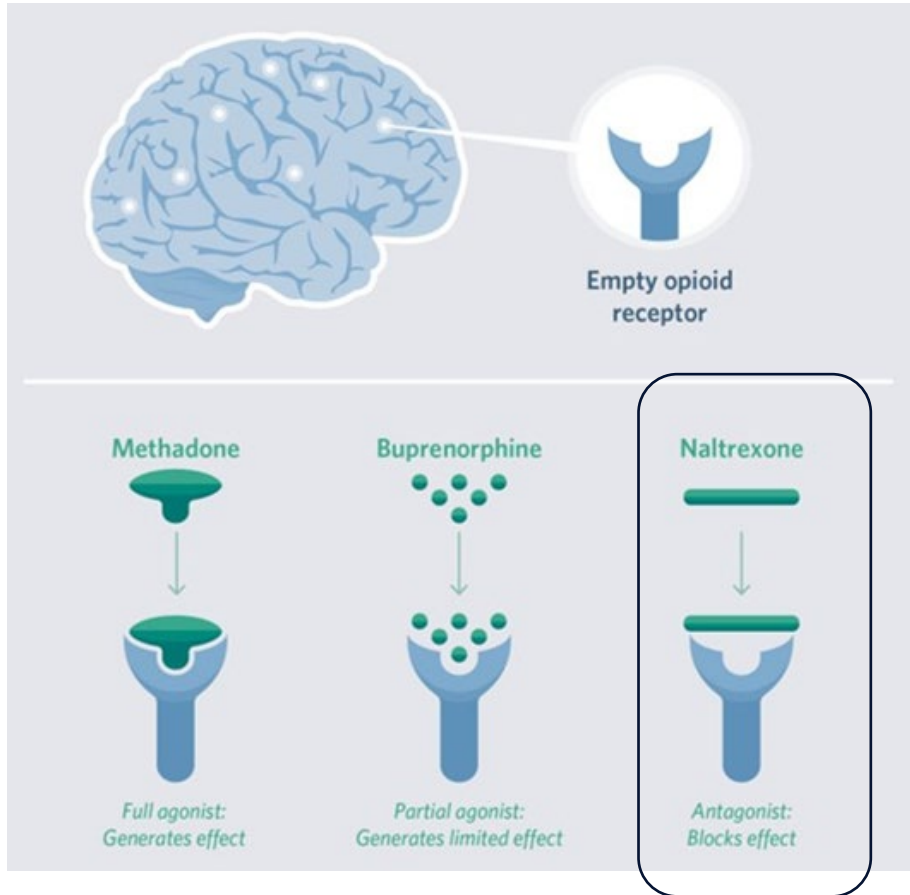
OD Medications: Methadone



Methadone for OUD

- Must be dispensed by an Opioid Treatment Program (Methadone Clinic) if used for Opioid Use Disorder
- Always dispensed in liquid formulation
- Partnering with a local Opioid Treatment Program **IS** possible and methadone can be given to residents in skilled nursing for OUD
- Chain of Custody Documentation is needed for methadone delivery
- Additional Documentation is needed for administration records
- Reported cravings/concerns must be communicated with clinic

OD Medications: Naltrexone



Naltrexone for OUD

- IM formulation recommended for OUD
- If unable to obtain, oral naltrexone can be used (50mg daily)
- Often obtained from specialty pharmacy
- Nursing may need training to administer
- Given every 30 days
- Must be held in anticipation of procedures
- Opioids are not effective

Behavioral Treatments for OUD

- Medication is the foundation of treatment
- Inpatient treatment mostly continues medication assisted treatment (MAT)
- Sober Living may be an option at discharge for some residents
- Mutual Support
 - Narcotics Anonymous is available online and groups can be formed in facility
 - SMART Recovery is available online

Substance Use Testing

- Urine is best
- Not all urine tests are equal
- Buprenorphine not always standard
- Opiate assays don't always detect opioids (oxycodone, fentanyl)
- Methadone is often tested separately

Managing Opioid Use Disorder

- Treatment is life-saving
- “Weaning off treatment” puts residents at higher risk of overdose, encourage residents to wean after they have fully stabilized (this often takes years)
- Always coordinate continuation of OUD treatment at discharge
- Always discharge with Narcan
- Opioid treatment should be continued in perioperative state
- When assessing for effectiveness, ask about withdrawal and cravings, not pain

Conclusions

- Treatment of OUD is effective and saves lives
- Correctly documenting the diagnosis is important in determining what treatments can be used
- Assessing OUD is different than pain
- Barriers to buprenorphine in nursing are now gone
- Barriers to methadone in skilled nursing still exists but can be navigated.



Please complete the post-test and evaluation survey.

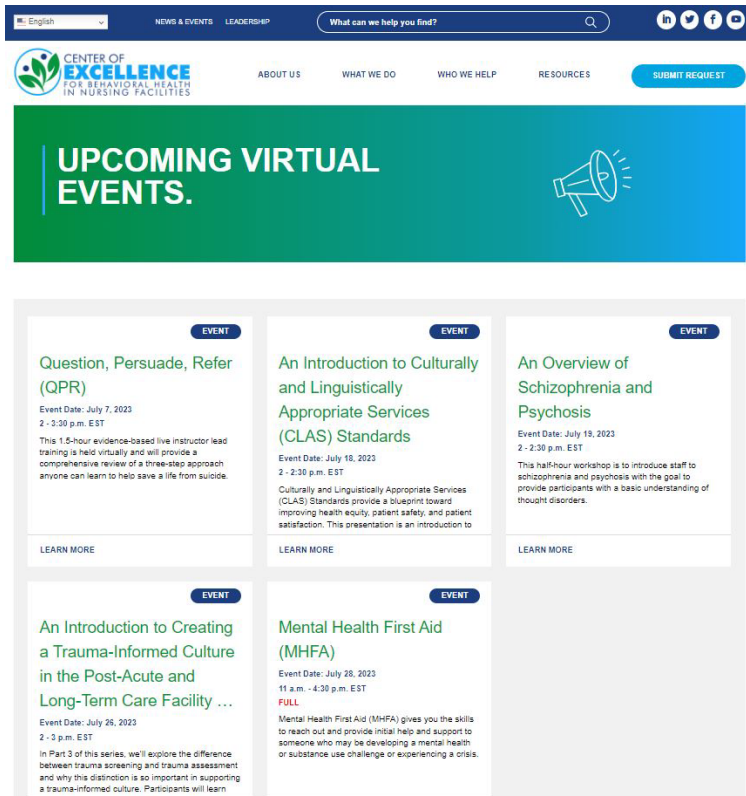
Visit https://www.surveymonkey.com/r/PostTest_OUDMgmt_2023

or scan the QR code:



Stay Up-to-date and Register for our Next Event!

<https://nursinghomebehavioralhealth.org/upcoming-events/>



The screenshot shows the website's header with a navigation bar containing links for NEWS & EVENTS, LEADERSHIP, ABOUT US, WHAT WE DO, WHO WE HELP, and RESOURCES. A search bar is also present. Below the header is a large green banner with the text "UPCOMING VIRTUAL EVENTS." and a megaphone icon. The main content area displays a grid of event cards. Each card includes the event title, date, time, and a brief description, along with a "LEARN MORE" link.

Event Title	Date	Time	Description
Question, Persuade, Refer (QPR)	July 7, 2023	2 - 3:30 p.m. EST	This 1.5-hour evidence-based live instructor lead training is held virtually and will provide a comprehensive review of a three-step approach anyone can learn to help save a life from suicide.
An Introduction to Culturally and Linguistically Appropriate Services (CLAS) Standards	July 18, 2023	2 - 3:30 p.m. EST	Culturally and Linguistically Appropriate Services (CLAS) Standards provide a blueprint toward improving health equity, patient safety, and patient satisfaction. This presentation is an introduction to
An Overview of Schizophrenia and Psychosis	July 18, 2023	2 - 2:30 p.m. EST	This half-hour workshop is to introduce staff to schizophrenia and psychosis with the goal to provide participants with a basic understanding of thought disorders.
An Introduction to Creating a Trauma-Informed Culture in the Post-Acute and Long-Term Care Facility ...	July 26, 2023	2 - 3 p.m. EST	In Part 3 of this series, we'll explore the difference between trauma screening and trauma assessment and why this distinction is so important in supporting a trauma-informed culture. Participants will learn
Mental Health First Aid (MHFA)	July 28, 2023	11 a.m. - 4:30 p.m. EST	Mental Health First Aid (MHFA) gives you the skills to reach out and provide initial help and support to someone who may be developing a mental health or substance use challenge or experiencing a crisis.

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Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

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Thank You!

