CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Opioid Stewardship in Skilled Nursing Facilities: Preventing Opioid Use Disorder (OUD) Before it Starts

Thursday, August 28, 2025

Host

Nikki Harris, MA, CBHC-BS

Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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.

Presenter

Swati Gaur
MD, MBA, CMD, AGSF
Medical Director, Post-Acute Care
Northeast Georgia Health System

Dr. Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, she is part of the EMR transition and implementation team for the health system, providing direction on adapting the EMR entity to the LTC environment.

She has also consulted with post-acute long-term care companies on optimizing medical services within PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and developing frameworks for interdisciplinary work within the organization.

Presenter

Jenn Azen, MD, MPH

Clinical Associate Professor, University of Washington School of 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 board-certified internal medicine and addiction medicine physician. She practices in the primary care and post-acute care with University of Washington Medicine (UW). Her post-acute care work includes working in facilities who care for socially complex residents including substance use disorders.

She is also the medical director of the UW Medical Center Addiction Consult Service. Her addiction medicine service focuses on transplant, heart disease, and oncology patients.

Her primary care panel includes home visits in adult family homes, assisted living, supportive living.

Financial Disclosures

Dr. Azen:

- **CVS stockholder:**

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

Dr. Gaur:

- Has no disclosures

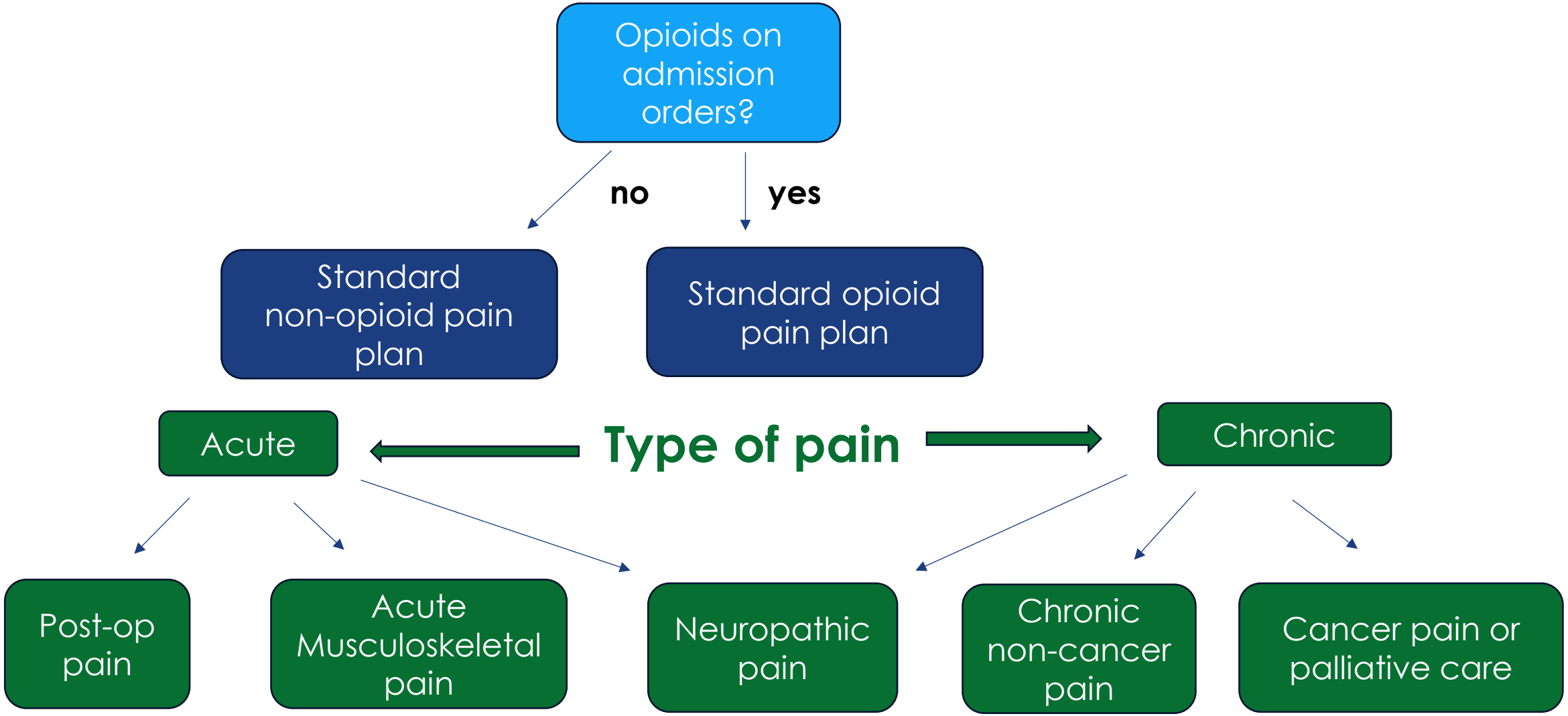
Learning Objectives

- Understand the strategies for developing an opioid stewardship program at your facilities
- Discuss approach to assessing opioid orders on admission and create a plan to taper
- Recognize approaches to managing patients on chronic opioids and keeping them safe
- Implement an interdisciplinary opioid stewardship program and incorporate within the QAPI framework.

Framework for Opioid Stewardship

- Nursing education.
- Streamline opioid options in facility.
- Admission Review Process.
- Patient education and care planning.
- Regular review of opioid needs/pattern.
- Establishing documentation regarding transitions from acute pain, to subacute pain, to chronic pain.
- Standard review for opioid use disorder.
- QAPI review.

Opioid Stewardship Flowsheet



Understanding pain types

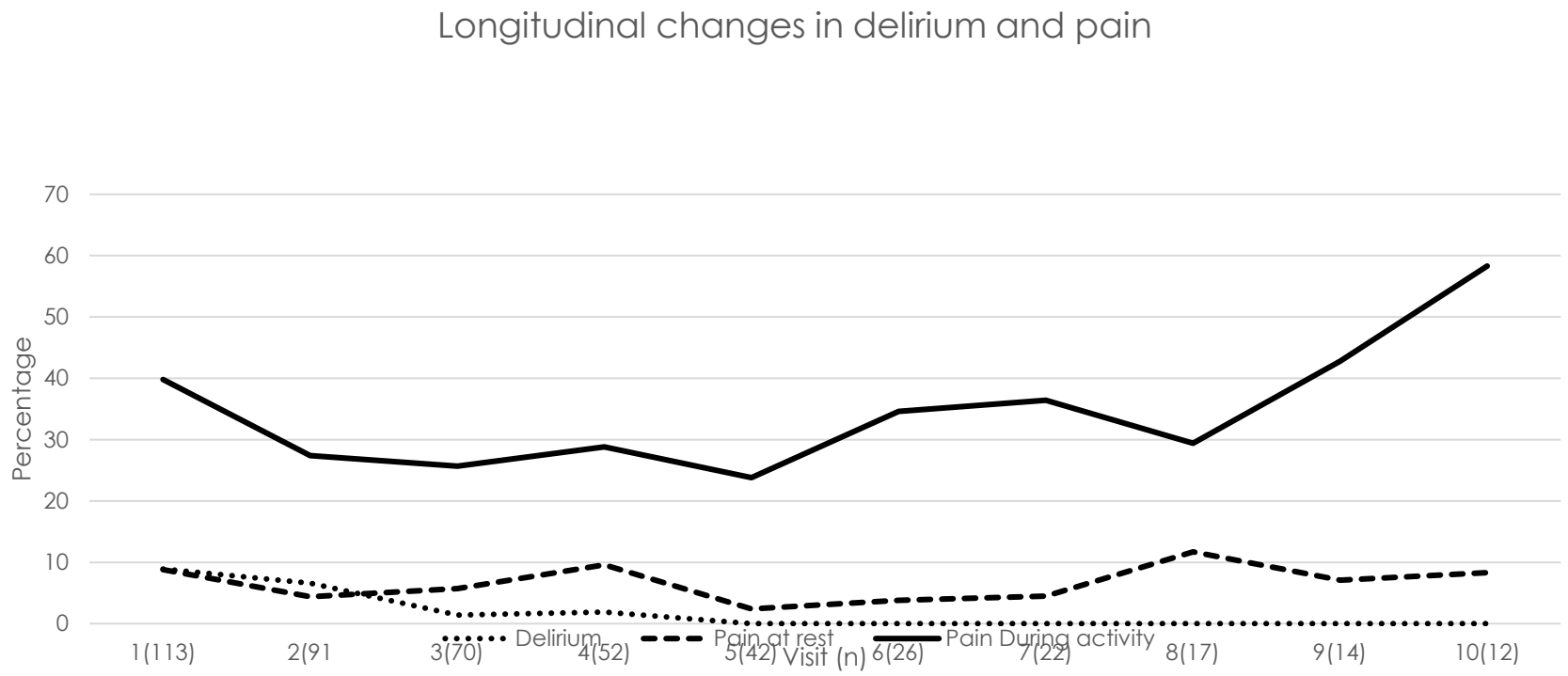
Acute

- New injury issue, anticipate will resolve within 6 weeks
- Anticipate improvement week by week
- Utilize pain treatments to improve function and help to progress symptoms
- Therapy is important in progression

Chronic

- Pain lasting greater than 12 weeks
- Less evidence for opioids
- Treatment should focus on function
- Therapy should focus on regaining function
- Important to have persistent restorative therapy

Is there association between pain and delirium?

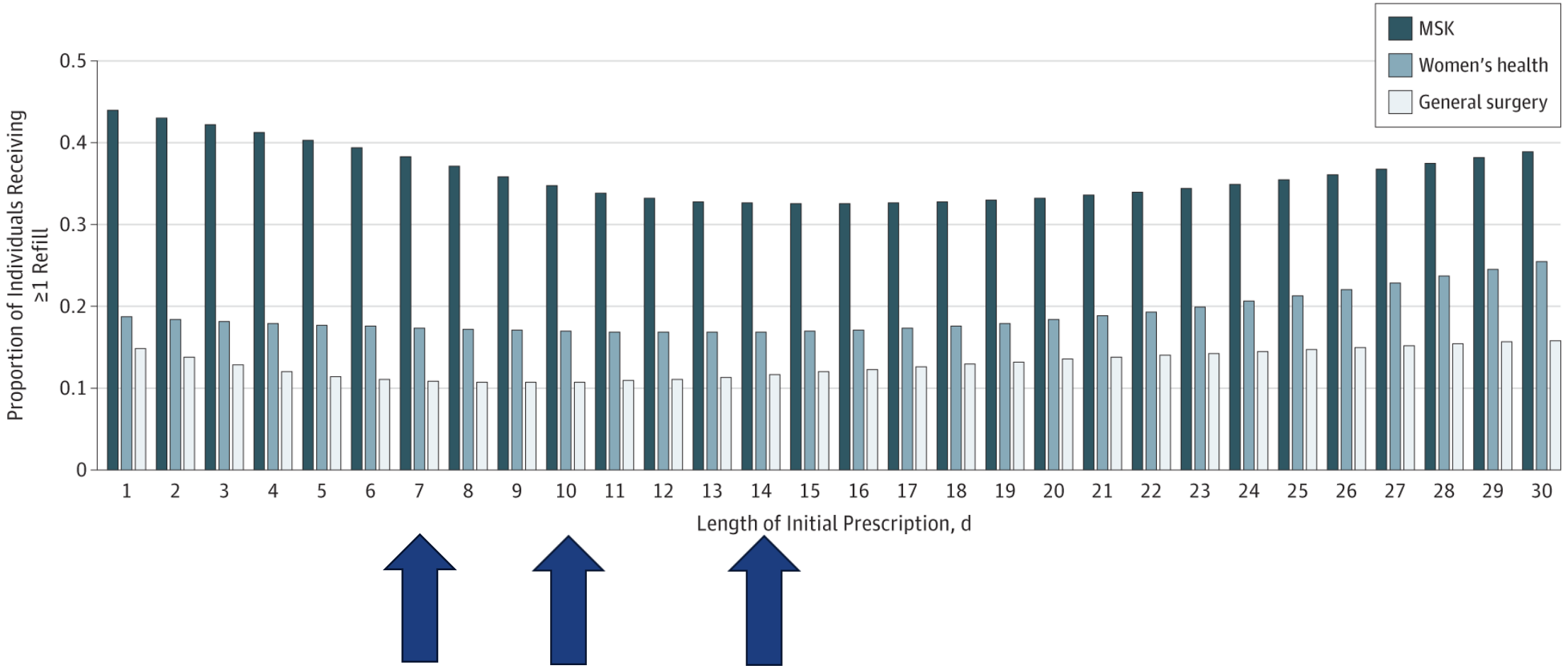


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201828/

Post-Operative Pain

- Establish expected timeline
- Determine appropriateness of NSAIDS
- Important to coordinate pain plan with PT/OT

Optimal Length of Opioid Pain Prescription After Common Surgical Procedures



Optimal length of treatment

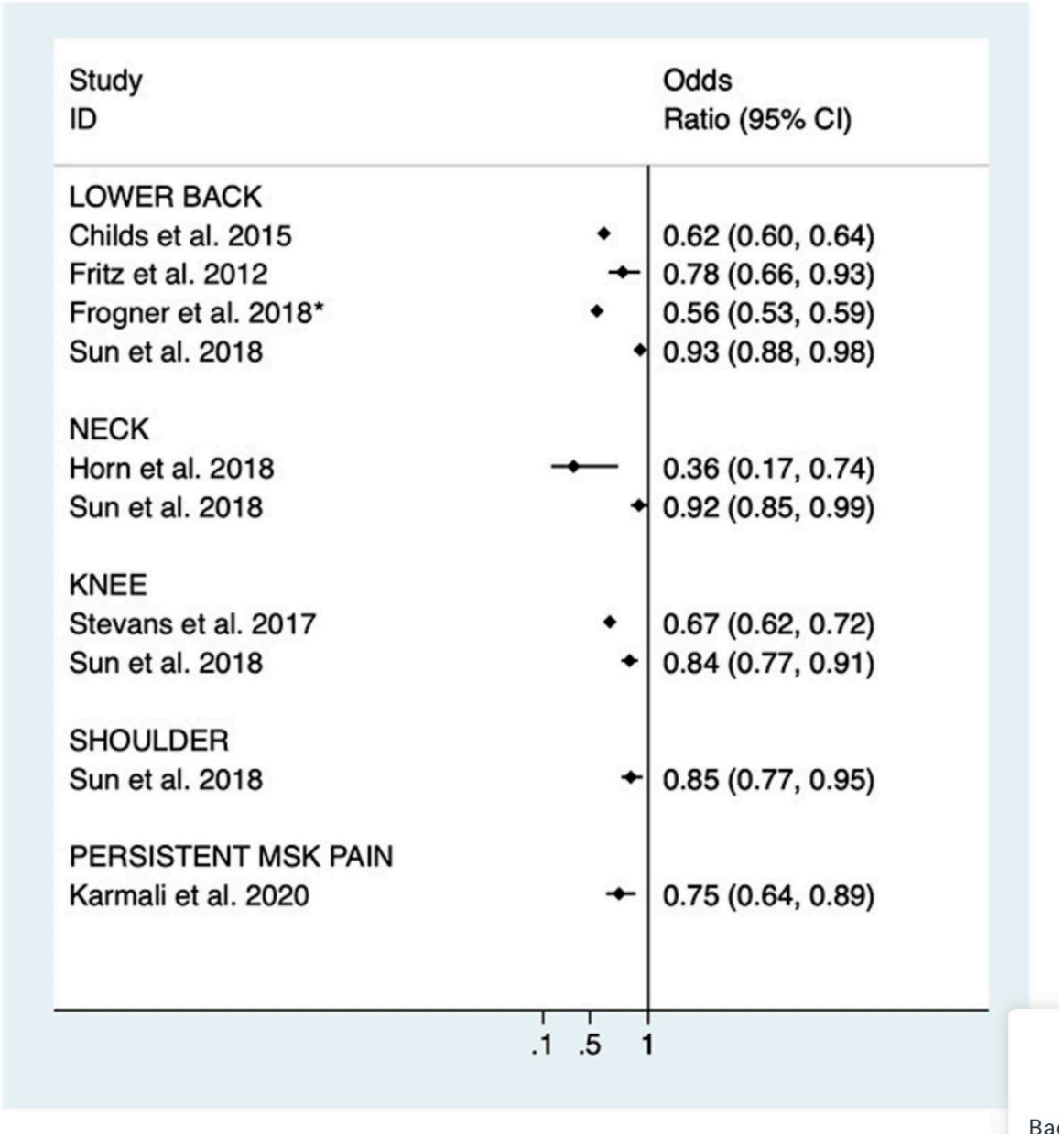
Procedure	Optimal length in days
General surgical	7
Women's health	10
Musculoskeletal	14

- https://pubmed.ncbi.nlm.nih.gov/28973092/#:~:text=In%20practice%2C%20the%20optimal%20length,15%20days%20for%20musculoskeletal%20procedures.

Musculoskeletal Pain (Acute)

- Important to have a clear diagnosis, helps to establish expected timeline of acute pain
- Therapy is cornerstone of treatment
- Reasonable to use short term opioids
- NSAIDS may be appropriate
- Role of muscle relaxants may be limited
- Gabanergic agents likely not beneficial
- Review need for specialty visit (interventions, enhanced diagnostics)

Use of physical therapy and subsequent use of opioids



NSAIDS

- May be appropriate in some patients with acute musculoskeletal pain, but must have medical review
- Renal function should be monitored
- Sometimes not appropriate during perioperative period (such as spine surgery)
- Not appropriate with history of heart disease, renal disease, bleeding disorders
- Naproxen is safer from cardiovascular risk standpoint
- Meloxicam safer from GI perspective

Adjuvant therapies

	Gabapentin	• Used for opioid sparing effects postoperatively (new) • Most effective in neuropathic pain • Needs adjusted for CrCl • Can cause Hypotension, sedation
	Muscle relaxant	• Used as a part of multimodal pain management perioperatively • Continued use can cause falls, delirium • Increase use with concurrent use of opioids • May be appropriate for upper motor neuron disease (post stroke)

Multi Modal Analgesia: Use of Gabapentin

- Park CM, Inouye SK, Marcantonio ER, et al. Perioperative Gabapentin Use and In-Hospital Adverse Clinical Events Among Older Adults After Major Surgery. *JAMA Intern Med.* 2022;182(11):1117–1127. doi:10.1001/jamainternmed.2022.3680
- ~ 970000 patients >65 Y

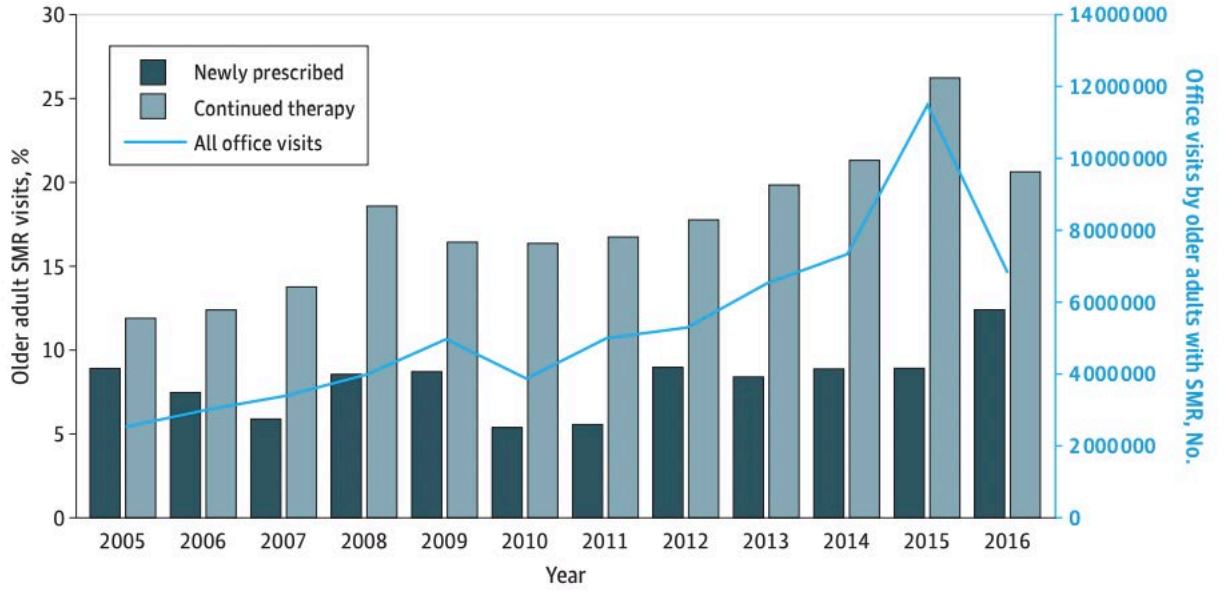
Outcome	Gabapentin user %	Nonuser %	RR
Delirium	3.4	2.6	1.28
New antipsychotic use	.8	.7	1.17
Pneumonia	1.3	1.2	1.11

Multi Modal Analgesia: Use of muscle relaxants

Medications	Odds Ratio of fracture injuries	P
Muscle relaxants	1.4 (1.15-1.72)	<0.001
Long acting benzodiazepines	1.9 (1.49-2.43)	<0.001
Short Acting benzodiazepines	1.33 (1.15-1.55)	<0.001

Assessment of physician prescribing of Skeletal Muscle Relaxants: Soprano et al

Figure 2. National SMR Utilization Rates Among Adults Aged 65 Years or Older, Stratified by New vs Continued Use, 2005-2016



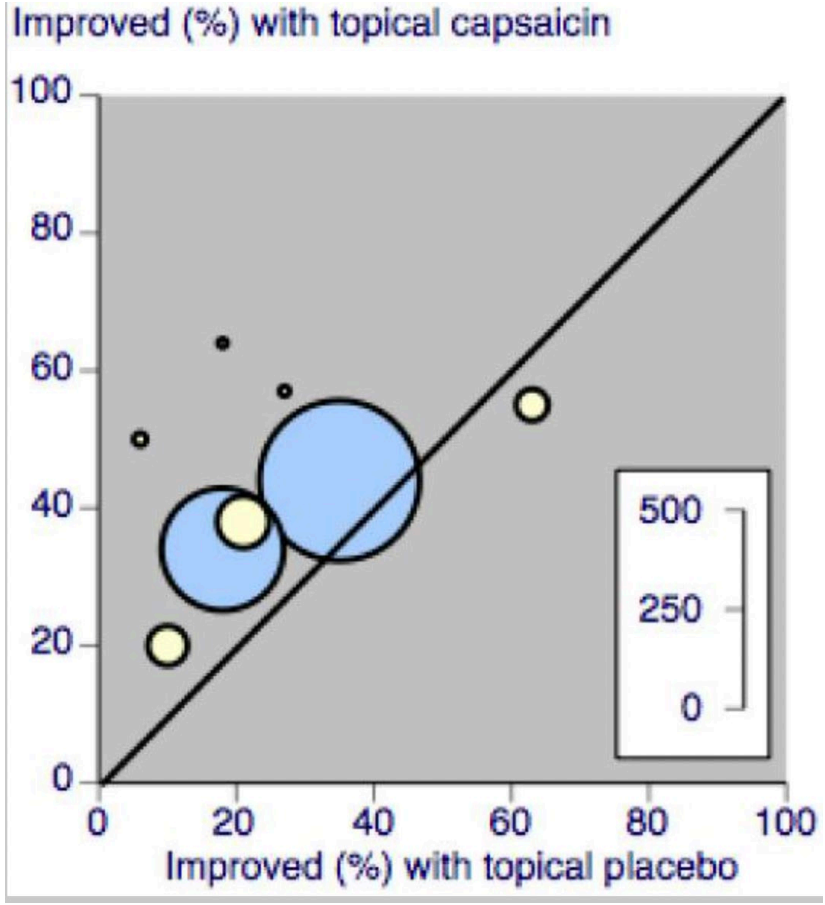
10.1001/jamanetworkopen.2020.7664

Neuropathic Pain

- Opioids have less benefit
- SNRI can be beneficial
- Gabanergic agents have more benefit
- Capsaicin topical treatment can be very effective.

Examining Alternate Modalities For Pain Control

- Local pain control
- Capsaicin



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4161117/

Chronic Pain

- Review baseline opioid dose
- Set goals for taper to baseline dose
- Review therapy/restorative plan
- Review risks of opioids and potential need to change home plan
  - Respiratory
  - Falls
  - Opioid use disorder

Cancer Pain/Palliative Pain Management

- Clear documentation
- Consider long-acting opioids
- Anticipated course of treatment
  - Is there a chance patient will be long-term

Pharmacology Formulary for Pain

- Standardize acetaminophen orders
- Set guidelines for NSAID use
- Review neuropathic medication strategies
- Review topical treatments
- Develop an opioid formulary
  - Short-acting opioid
  - Long-acting opioid
- Review short-acting opioids to use with medications for opioid use disorder (buprenorphine and methadone)
- OIC Plan

Choosing Opioids on Formulary

- Work with pharmacist
- Understand your population
- Know your MED (morphine equivalency doses) conversions
- Short acting choices
- Long-acting choices
- Avoid liquid opioid
- Have a plan for non-opioid medication options.

Medications For Opioid Use Disorder Plan

Short acting:

- Hydromorphone is typically best to co-use with buprenorphine
- Avoid additional long-acting opioids for both MOUD options (buprenorphine and methadone)

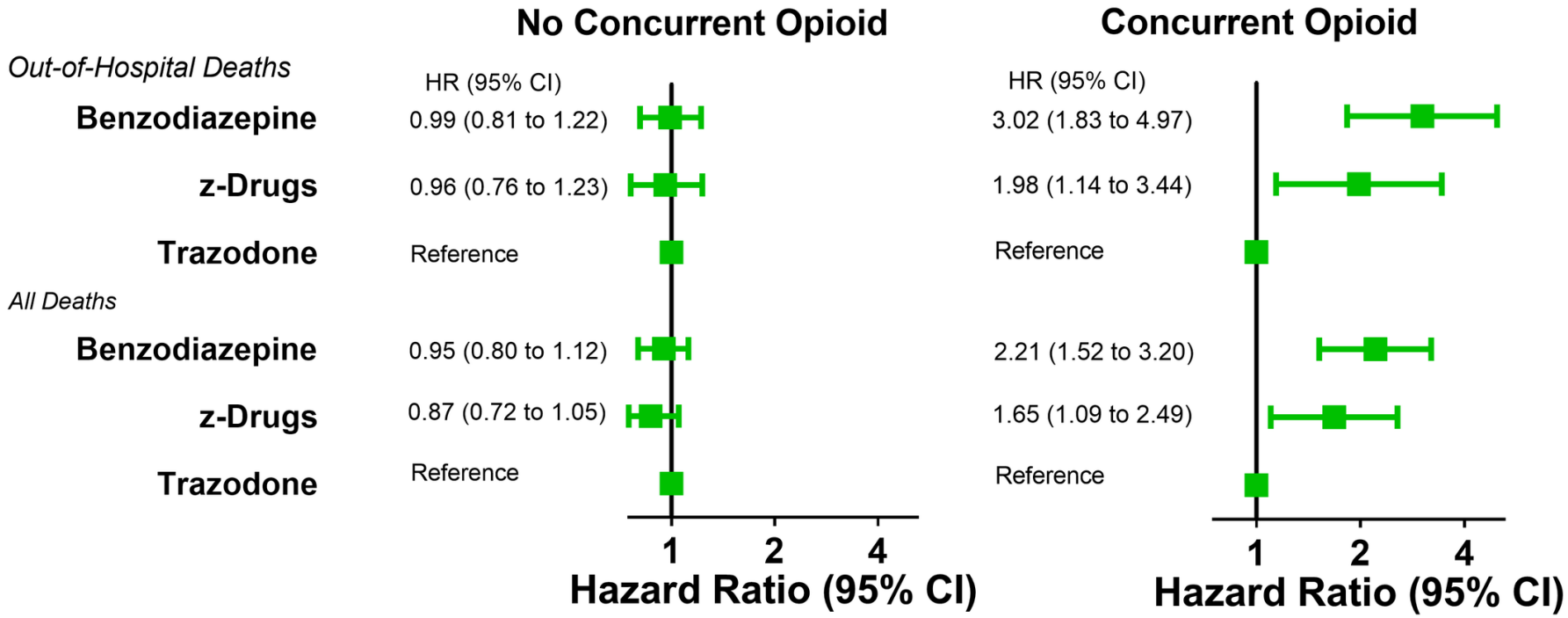
Sample Formulary Plan

Medication	Care planning
acetaminophen	Scheduled vs prn, LFT monitoring, length of scheduled treatment
Short acting opioid (Oxycodone 5mg or hydrocodone 5/325mg)	Scheduled vs prn, taper plan, age adjusted
Long acing opioid (morphine ER 15mg or methadone 5mg)	Scheduled, long term plan, age, renal adjustment
NSAIDS (naproxen 500mg, meloxicam 7.5mg)	Renal monitoring, screen heart disease, screen bleeding disorder, GI, screen age, length of treatment.
neuropathic/gabanergic agents (gabapentin, duloxetine, nortriptyline)	Check renal function, set length of treatment, fall risk assessment
Topical agents (diclofenac, capsaicin)	Scheduled vs prn, length of treatment
Muscle relaxer (baclofen, methocarbamol)	Scheduled vs prn, length of treatment (different with MSK vs spasticity)
OIC Plan (senna, Miralax)	Schedule, BM monitoring
Benzodiazepine and hypnotics	Safety plan (taper vs discontinuation)

Mortality and concurrent use of opioids and hypnotics in older patients: A retrospective cohort study

Wayne A. Ray et al

July 15, 2021

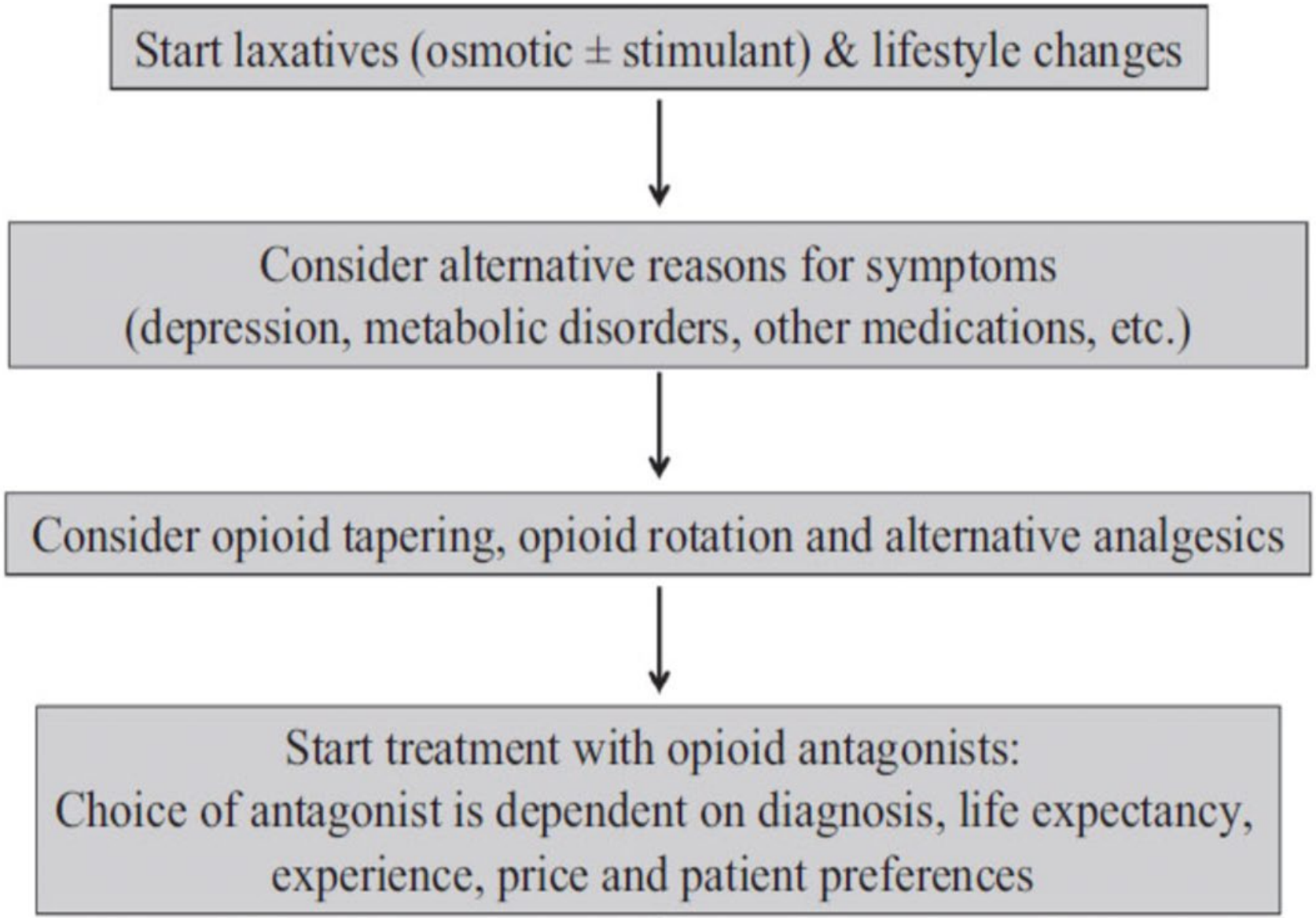


https://doi.org/10.1371/journal.pmed.1003709

Managing Opioid-Related Side Effects

- **Opioid induced constipation (OIC) Opioid induced bowel dysfunction (OIBD)**
- 4-6/10 will have it
- Slow peristalsis- increase in fluid absorption – hard stool and constipation
- Start laxative proactively
- Never use psyllium

Meds	Typical cost
Senna	$10/100 pills
Polyethylene glycol	$10/100 gm of powder
Relistor	$430/15 pills
Amitiza	$470/60 pills



https://www.degruyter.com/document/doi/10.1016/j.sjpain.2015.12.005/html

Admissions Review

- Frequency of prn opioid usage
- Substance use at time of admission to hospital
- History of substance use disorder
- History of chronic opioid use
- Co-use of hypnotics or benzodiazepines

Patient Education and Care Planning

- Review goals of patient
- Functional objectives
  - Use of opioids for pain at rest for musculoskeletal pain
  - Cancer and palliative patients will have different objectives
- Discharge objectives
- Review of opioid stewardship program and what to expect

Review Medications for Pain and Patterns

Opioids

- Frequency of prn usage
- Convert frequent prn usage to scheduled

Use of adjunct medications

- Have a timeline for gabanergic agents
- Have a timeline for muscle relaxers

Functional benefit

- Review documentation regarding function
- Ideal to have multidisciplinary approach

Nursing Education: More than the pain scale

- ✓Review approaches to assessing pain
- ✓Include non-verbal cues for pain
- ✓Include patient function with pain assessment
  - Interdisciplinary approach, therapy input
  - Sleep, pain limitations, oversedation
- ✓Incorporate non-pharmacologic interventions into pain documentation
- ✓Incorporate stepwise pharmacology management
- ✓Review dangerous drug interactions (hyponotics/benzodiazepines)

Transition from Acute to Sub-Acute to Chronic Pain

- **Documentation recommendations for transition**
  - * Include patient education regarding risks of chronic opioids
  - * Include documentation regarding functional benefit

Include data on the development of OUD dependence on duration of opioid treatment

Choosing wisely: From the Society for Post-Acute Long-Term Care Medicine

15. Don't provide long-term opioid therapy for chronic non-cancer pain in the absence of clear and documented benefits to functional status and quality of life.

Opioid Tapering and Discontinuation

"Opioids do not function solely as painkillers in the human brain but as general stress modulators…

Continuous exposure to exogenous opioid medications alters responsivity to social rewards. Tapering these exogenous opioids may unsettle this system."

Sullivan, Pain, May 2022, volume 163, number 5

Strategies for Tapering

- **Resident buy-in!**
  - Educate regarding the benefits of tapering
  - Review their goals (many don't want long-term opioids)
  - Explore the risks of discharge on opioids

- **Reduce by 10%**
  - Every 2-3 days if less than 30 days
  - Every week if greater than 30 days

- **Review benefits of tapering regularly**

- **Evaluate for opioid use disorder**
  - Consider before tapering
  - Re-evaluate if resident unable/unwilling to taper

Review for Opioid Use Disorder

- **Can review hospital documentation** (often can see substance use disorder in the initial admission notes).
- **Review PDMP patterns.**
- **Detailed assessment if patient not reaching opioid taper goals**.

Opioid Use/Dependence vs Opioid Use Disorder

- Not all opioid use leads to disordered use, even if there is dependence.
- DSM diagnostic criteria for OUD does not include pharmacology if patient has chronic pain.

Loss of Control	Social Impairments	Health Impairments	Pharmacology*
Use of opioid in increased amounts or for longer than intended	Interference of opioid 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 opioid use	Continued use despite interpersonal or social problems (legal, loss of relationships)	Continued use despite psychologic or physical problems	Withdrawal of opioids
Excessive time spent to obtain, use, or recover from opioids	Elimination or reduction of important activities due to opioids		*Pharmacology is not included in the criteria for patients on chronic opioids
Strong desire or urge to use opioids			
SEVERITY	**MILD:** 2-3 components	**MODERATE:** 4-5 components	**SEVERE:** 6+ components

Regulatory update related to pain

Removal of quality measures related to pain:

In March 2019, CMS released the CMS Roadmap for Fighting the Opioid Crisis. One aspect of this roadmap is a directive to address how quality measures may provide incentives for inappropriate opioid prescribing. We believe facilities have taken strong actions to prevent the overuse of opioids. However, due to the severity of the Opioid Crisis, we want to avoid any potential scenario where a facility's performance on the pain quality measures may inappropriately contribute to their decision to seek the administration of an opioid. To support this, CMS will be removing two quality measures from the *Nursing Home Compare* website and the *Five Star Quality Rating System* in October 2019. These measures are:

- *Percentage of short-stay residents who report moderate to severe pain.*
- *Percentage of long-stay residents who report moderate to severe pain.*

Short Stay Quality Measures

Short Stay Quality Measures

- Percent of Short-Stay Residents Who Were Re-Hospitalized after a Nursing Home Admission
- Percent of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit
- Percent of Residents Who Newly Received an Antipsychotic Medication
- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
- Percent of Residents Who Made Improvements in Function
- Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine
- Percent of Residents Who Received the Seasonal Influenza Vaccine*
- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine*
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine*
- Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine
- Percent of Residents Who Received the Pneumococcal Vaccine*
- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine*
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine*

* These measures are not publicly reported but available for provider preview.

Long Stay Quality Measures

- Number of Hospitalizations per 1,000 Long-Stay Resident Days
- Number of Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days
- Percent of Residents Who Received an Antipsychotic Medication
- Percent of Residents Experiencing One or More Falls with Major Injury
- Percent of High-Risk Residents with Pressure Ulcers
- Percent of Residents with a Urinary Tract Infection
- Percent of Residents who Have or Had a Catheter Inserted and Left in Their Bladder
- Percent of Residents Whose Ability to Move Independently Worsened
- Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased
- Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine
- Percent of Residents Who Received the Seasonal Influenza Vaccine*
- Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine*
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine*
- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine
- Percent of Residents Who Received the Pneumococcal Vaccine*
- Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine*
- Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine*
- Percent of Residents Who Were Physically Restrained
- Percent of Low-Risk Residents Who Lose Control of Their Bowels or Bladder
- Percent of Residents Who Lose Too Much Weight
- Percent of Residents Who Have Symptoms of Depression
- Percent of Residents Who Used Antianxiety or Hypnotic Medication

New Regulation Effective June 27, 2023

New Regulation: DEA Renewal

- DEA renewal requirement – 8 hours of training prerequisite
- **Waiver Elimination (MAT Act)** Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD).
- **Medication Access and Training Expansion Act (MATE act)** of 2021. This bill requires health care providers, as a condition of receiving or renewing a registration to prescribe potentially addictive drugs, to complete a one-time training on managing patients with substance use disorders.- June 27, 2023

Opioid stewardship – right time, right dose, right duration

Empower your IDT consultant pharmacist, nursing, therapists

Empower staff with education and tools

Make it a part of QAPI

PAR(patient at risk) Meeting

QAPI Review

- Patients on opioids and attention to patients with MED (greater 50)
- Prn opioid use
- Functional gains (improvement in function)
- Measure muscle relaxant usage
- Measure gabanergic med usage
- Lab standards (measuring LFTs and
- Hypnotics
- Pain control

Take Home Points: Common Pain Issues

- Untreated pain at rest is associated with delirium
- Analgesics stewardship should be practiced
  - Right indication
  - Right choice of medication
  - Right duration
- Always assess the preexisting prescriptions before choosing analgesic
- Differing doses of scheduled and PRN medications will lead to medication errors
- Avoid polypharmacy of opioid medications
- Anticipate opioid-induced constipation

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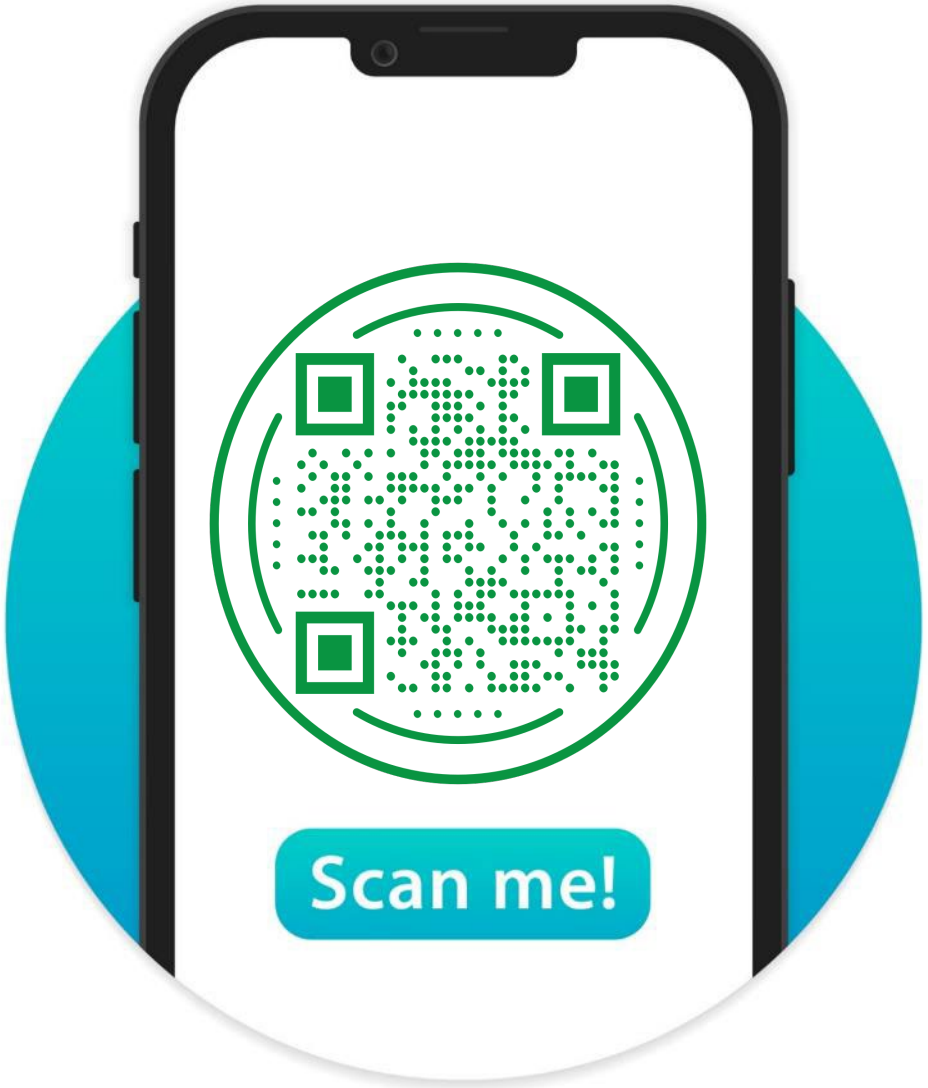
Questions?

COE-NF Grant End Information

Grant Ends: Monday, September 29, 2025

- **After This Date:**
  - No longer offering technical assistance consultations or live training events.
- **Resource Access:**
  - Training materials will be hosted on the CMS website (details coming soon).
  - Alliant Health Solutions will continue hosting COE-NF resources at nursinghomebehavioralhealth.org through September 2026.
- **Questions?**
  - Contact coeinfo@allianthealth.org

Request Assistance – Until September 15th



<u>To submit a request for assistance, scan the QR code</u>.

We look forward to assisting you!

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:
nursinghomebehavioralhealth.org

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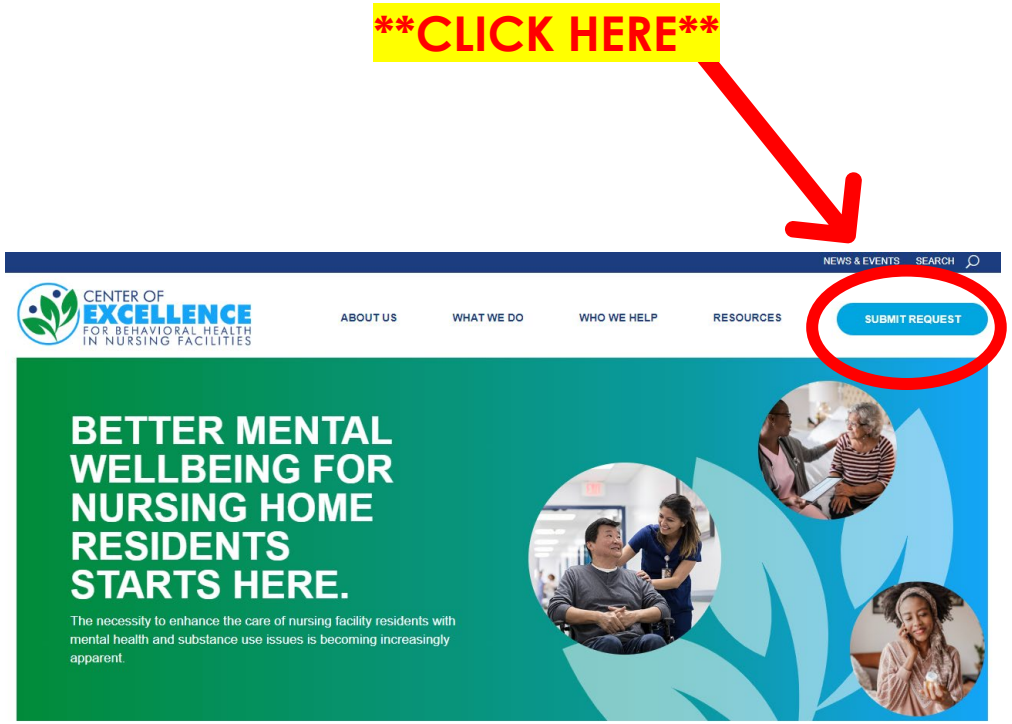
How to Submit a Request

Dedicated Website

- Online form where nursing facilities can submit consultation requests
- Include CCN number and full facility name
- Online requests are responded to within **48 hours**
- https://nursinghomebehavioralhealth.org/request-assistance

COE-NF Voicemail Box: (844) 314-1433

- Messages will be responded to within **two (2) business days**



Connect with us!

SCAN ME

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