

# Clinical Community Integration

## IPRO Addresses the Opioid Epidemic

### A Community Pharmacy Intervention to Prevent Opioid-related Adverse Events



In NY, DC, and SC, 450,330 Medicare Fee-for-Service (FFS) beneficiaries were dispensed 2,286,892 opioid prescriptions during calendar year 2016 and more than 25% of these beneficiaries received doses which placed them at risk for opioid adverse events.<sup>1</sup>

#### The Problem

Medicare FFS beneficiaries residing in NY, DC, and SC are at risk for opioid adverse drug events (ADEs) due to high dose prescriptions, low rates of naloxone dispensing, and concurrent opioid and benzodiazepine use. Pharmacists are experts in drug therapy, medication counseling and counseling regarding medications that require Risk Evaluation and Mitigation Strategies (REMS) which include some opioid formulations. Standardization of tasks through checklists improves quality-of-care delivery; however, there are no existing standardized checklists for pharmacist-patient opioid counseling.

#### The Approach

The IPRO-led Drug Safety team is implementing standardized pharmacist-patient counseling and direct patient-prescriber level interventions in selected pharmacies across New York, the District of Columbia and South Carolina to decrease the risk of opioid-related drug events. The two-year project enhances pharmacist counseling using a standardized checklist to address misuse and overdose potential of opioids. The intervention will be integrated within the pharmacist dispensing workflow for patients presenting with opioid prescriptions at participating pharmacies.

#### Results/Clinical Outcomes

Desired outcomes of the project include an increase in the number of naloxone prescriptions dispensed by participating pharmacies and a decrease in the incidence of opioid-related emergency department visits for Medicare beneficiaries. IPRO's proposed interventions to reduce opioid-related adverse events aligns with CMS goals as shown in the table on the next page.



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CMS Goals	Project Alignment
<b>Better care</b>	Patients will receive enhanced education, be assessed for opioid ADE risk and offered naloxone if appropriate, which they may accept or reject. Rejection of naloxone will prompt the pharmacist to inquire regarding the rationale, so that barriers to naloxone use can be identified and mitigated. The patients will also be educated on opioid daily dose risks for ADEs and advised that their prescriber will be contacted for potential de-escalation and closer monitoring for opioid prescriptions containing $\geq 90$ MME/day.
<b>Better health</b>	Opioids are used for acute and chronic pain relief and appropriate management requires careful balancing of the risks and benefits. The ADE Action Plan has identified opioids as a common cause of ADEs across healthcare settings. <sup>2</sup> Appropriate pharmacist counseling of patients (offer of naloxone), and prescriber intervention is hoped to reduce opioid over-use and opioid-related ADEs.
<b>Exceptional service to patients and providers</b>	Structured communication between community pharmacists and patients about balancing the risk of opioid addiction and potential misuse, whether intentional or not, with pain relief will enhance patient engagement, improve the quality of pharmacist and patient communication and improve the CMS customer experience. Pharmacist intervention with prescribers regarding identification and mitigation of opioid ADE risks improves coordination of care and communication between providers.
<b>Smarter spending</b>	Successful and carefully executed de-escalation of opioid and benzodiazepine prescriptions can reduce costs for both patients and payers. Reducing opioid and benzodiazepine utilization can result in a decrease in ADEs and resultant healthcare utilization and costs.
<b>Bold national results that scale</b>	Standardization of professional tasks within healthcare settings has been shown to improve the quality of patient care. This project will create a replicable process (and accessible resources) by which pharmacists in community settings can integrate standardized opioid counseling and naloxone within the dispensing workflow. We expect to demonstrate that standardized opioid patient counseling will decrease opioid related ADEs. Development of a replicable process allows for results that can be scaled nationally.

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- Facilitate collaborative provider education and action
- Harness information technology to drive quality improvement
- Build and apply quality measures
- Collect and analyze data on large scale
- Create tools to assess performance

### References

1. IPRO, Internal Report, Claims Analysis of Calendar Year 2016, 7/17/17.
2. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2014). National Action Plan for Adverse Drug Event Prevention. Washington, DC.

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