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Pain Management: The Fundamentals of an Opioid Stewardship Program

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Clinical Pharmacy Specialist – Pain Management | AdventHealth Tampa

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Disclosure

I do not have a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation (within the last 12 months).

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Pharmacist Presentation Objectives

1. Define opioid stewardship and identify core components of an effective program.
2. Apply evidence-based strategies to optimize opioid prescribing across acute, chronic, perioperative, and palliative care settings.
3. Evaluate and implement risk-mitigation strategies to reduce opioid-related adverse events and misuse.
4. Develop measurable quality metrics to evaluate and sustain opioid stewardship initiatives within a health system.
5. Outline the clinical pharmacist's leadership role in opioid stewardship programs.

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Pharmacy Technician Presentation Objectives

1. Recognize the definition of opioid stewardship.
2. Identify the components of an effective program.
3. Discuss potential strategies to optimize opioid prescribing and mitigate risk.
4. Describe potential quality metrics that could be utilized to evaluate an opioid stewardship program.
5. Explain the role of the pharmacist and pharmacy technician in an opioid stewardship program.

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Abbreviations

CDC: Centers for Disease Control and Prevention
 CDS: Clinical Decision Support
 CPOE: Computerized Provider Order Entry
 ED: Emergency Department
 EHR: Electronic Health Record
 EKG: Electrocardiogram
 MDT: Multidisciplinary Team
 MME: Morphine Milligram Equivalent
 MOUDs: Medications for Opioid Use Disorder
 NHIS: National Health Interview Survey
 OSP: Opioid Stewardship Program
 OUD: Opioid Use Disorder
 PDMP: Prescription Drug Monitoring Program
 PSP: Patient Safety Practice
 P&T: Pharmacy and Therapeutics
 PY: Patient-Years
 SOE: Strength of Evidence
 SUD: Substance Use Disorder
 TJC: The Joint Commission

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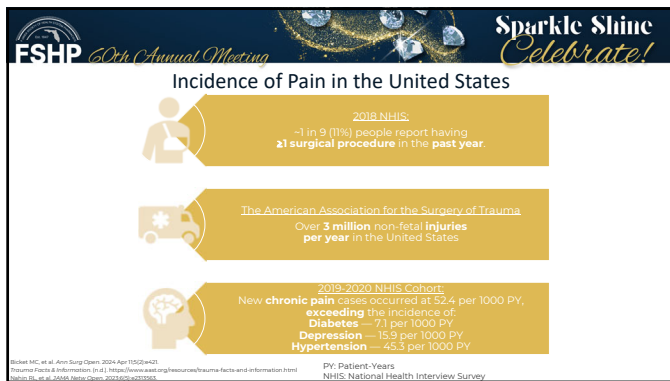


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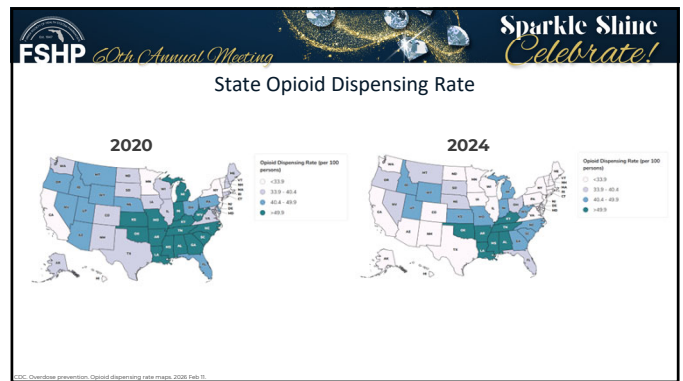
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EPIDEMIOLOGY

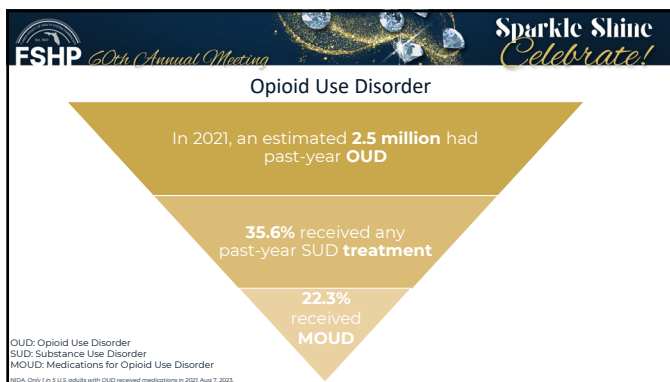
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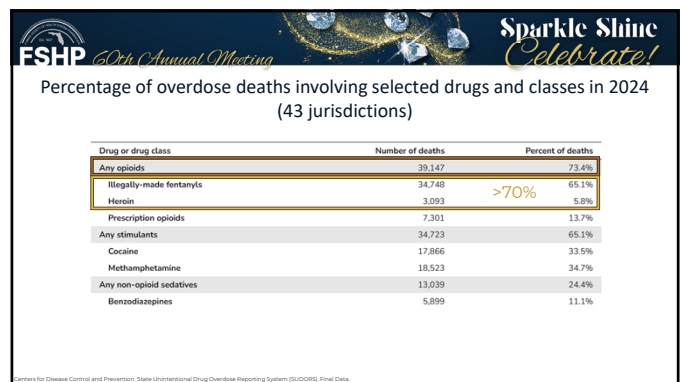
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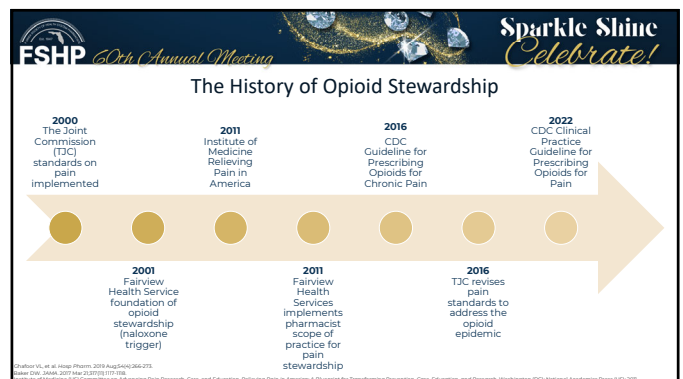
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What is "opioid stewardship?" An overview of current definitions and proposal for a universally acceptable definition

Primary Outcome Determine the scope of "opioid stewardship" definitions

Methods **Systematic review** 2000-2022
Evaluating clinical guidelines and professional societies' definitions of "opioid stewardship"

Results **449 articles identified**
19 definitions included

Identified themes

1. Improvement or appropriateness of prescribing opioids use (14/19 sources)
2. Mitigation of risk from opioids
3. Monitoring opioid use (11/19 sources)
4. Evaluation of opioid use (8/19 sources)
5. Judicious opioid use
6. Appropriateness of opioid disposal
7. Identification and treatment of opioid use disorder
8. Reduction in mortality associated with opioid overdoses
9. Appropriate procurement practices
10. Appropriate storage of opioids
11. Promoting better communication between patients and prescribers including education (1/19 sources)
12. Patient centered decision making

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What is "opioid stewardship?" An overview of current definitions and proposal for a universally acceptable definition

Strengths/Limitations

Strengths:

- Systematic, comprehensive review of 6 large databases utilized
- First to review and synthesize a definition of opioids stewardship based on current literature
- Clear thematic structure

Limitations:

- Only 19 English publications were included
- No evaluation of how definitions are applied in practice
- Proposed definition not validated

Conclusion Despite the growth of opioid stewardship programs, there are multiple accepted definitions.

Proposed internationally acceptable definition:

"Opioids stewardship program include evidence-based guidelines, policies, person-centered practices and research to promote **rationale prescribing, use, and deprescribing** of opioids for managing pain and specialized health conditions. Opioid stewardship programs should aim to **optimize treatment** by **maximizing clinical benefits** for the patients and the wider society and **minimizing adverse consequences**, including overuse, misuse, and diversion. **Effective patient-provider communications** and **involving patients** and/or their carers in **decision-making** are key to implementing any opioid stewardship program by considering **evidence-based outcomes** that matter to patients. Stewardship programs should also focus on **safe** procurement, storage, and disposal **practices**."

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THE GOALS OF AN OPIOID STEWARDSHIP PROGRAM

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OSP Goals

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Analgesic Management

Nonpharmacologic: Physical Therapy, Heat/Ice, Transcutaneous Electrical Stimulation (TENS) unit, Repositioning, Cognitive Behavioral Therapy (CBT).

Pharmacologic: Acetaminophen, Nonsteroidal anti-inflammatory drugs (NSAIDs) & steroids, Gabapentinoids, Antidepressants, Muscle relaxers, Opioids.

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FUNDAMENTALS OF AN OSP

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Slide 16

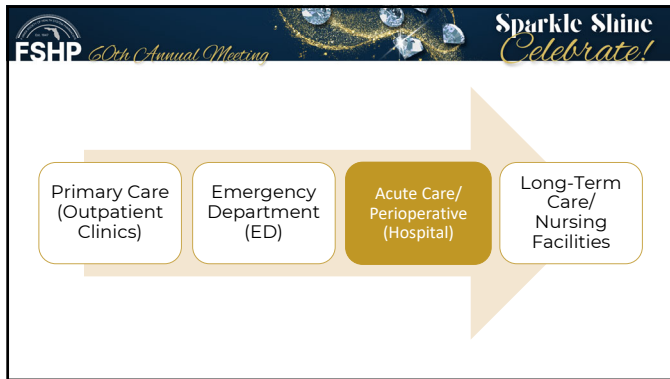
VP1 Added animations

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Slide 17

VP1 Added animations and centered it more
LOL

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National Quality Forum (NQF) 2018	American Society of Healthsystem Pharmacists (ASHP) 2020	American Hospital Association (AHA) 2020
7 fundamental actions for OSP 1. Promote leadership commitments and culture 2. Implement organizational policies 3. Advanced clinical knowledge, expertise, and practice 4. Enhanced patient and family caregiver education and engagement 5. Track, monitor, and report performance data 6. Establish accountability 7. Support community collaboration	9 domains addressing pain and OUD strategies 1. Organizational leadership and structure 2. Patient care 3. Patient care pharmacist role 4. Patient education and engagement 5. Provider education and engagement 6. Data and measurement 7. Policy and advocacy 8. Public health approaches 9. Research and resources	6 elements to provide guidance on OSP 1. Leadership strategy with patient engagement 2. Environmental scan 3. Measure selection 4. Goal setting and improvement planning 5. Policies and care team education 6. Patient education and engagement

National Quality Forum, National Quality Partners Playbook opioid stewardship, 2018.
 © ASHP, ASHP J Health Syst Pharm 2020 Jul 77(7):104-105.
 American Hospital Association, American Hospital Association Opioid Stewardship Guide, 2020.

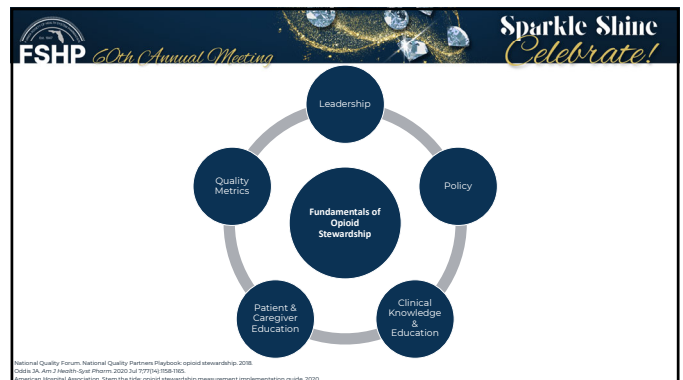
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 American Hospital Association, American Hospital Association Opioid Stewardship Guide, 2020.

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The Role of Multidisciplinary Teams for an OSP

- Key to a successful OSP program
- **Interdisciplinary professionals** may include:
 - Physicians
 - Pharmacists
 - Nurses
 - Social workers
 - Case managers
 - Addiction medicine specialist or psychiatry
- This collaborations allows for a **multifaceted approach to opioid stewardship**

Kivits JA, et al. J Multidiscip Healthc. 2020; Dec 3:1007597-7600.

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Harm Reduction Strategies	
Medication	Potential Policy Considerations
Methadone	• Verification of outpatient dose prior to inpatient initiation • Restricted prescribing for new initiation (pain management, palliative care, hospice) • Baseline EKG • Baseline potassium level • Potassium replacement protocol
Fentanyl Patches	• Verification of outpatient patch dose prior to inpatient initiation • Restricted to opioid tolerant patients (≥60 MME/day x7 days) • Verification of MME utilized prior to dose increases • Routine patch assessment and remove patch reminders
Meperidine	• Avoid use of oral meperidine • Restricted to use for drug-induced or blood product-induced rigors • Avoid/use with caution in elderly and with renal dysfunction

MME: Morphine Milligram Equivalent
Source: Health Tampa policy

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Harm Reduction Strategies	
Medication	Potential Policy Considerations
Patient Controlled Analgesia (PCA)	• Restricted unit use • Capnography required Provider should assess: • Parenteral medication required • Cognitive/physical ability to operate PCA • Willingness to use PCA • Opioid tolerant versus opioid naive • Concurrent sedative medications • Respiratory risk factors (OSA, COPD, asthma, etc)
Opioid Infusions	• Restricted unit use • Restricted to specific patient populations (i.e., hospice, palliative medicine)

OSA: Obstructive Sleep Apnea
COPD: Chronic Obstructive Pulmonary Disease
Source: Health Tampa policy

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Harm Reduction Strategies	
Medication	Potential Policy Considerations
Naloxone	• Establish criteria for use for rapid response teams to administer naloxone

Patients should meet the following criteria before naloxone is administered:

- Decrease level of consciousness
- Inadequate ventilation
- Inadequate oxygenation despite oxygen therapy

Parameters	Nursing Interventions
• Difficult to arouse with verbal/physical stimuli	• STAT SpO₂ • O₂ at 2 L/min, titrated to O₂ sat >92% • Assess patient's respiratory rate
• Unarousable and: • O₂ sat <80% AND • RR <10	• Stop all forms of opioid administration • Page prescribing physician/primary physician • Administer DILUTED naloxone 0.04 mg IV push over 30 seconds, repeat q 1 minute until patient arouses with physical and verbal stimuli
• Unarousable and: • O₂ sat <80% AND • RR <10	• Stop all forms of opioid administration • Page prescribing physician/primary physician • Give naloxone 0.4 mg IV Push UNDILUTED over 30 seconds q 1 minute until O₂ >80% • Administer O₂ at 10 L/min
• Respiratory arrest/Code Blue	• Call Code Blue • Give naloxone 0.4 mg IV Push UNDILUTED over 30 seconds q 1 minutes until O₂ >80% • Stop all forms of opioid administration • Administer O₂ at 10 L/min

Source: Health Tampa policy

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Supporting Patients with Opioid Use Disorder	
• Promote routine opioid use disorder screening • Develop standardized pathways for medication assisted treatment (MAT) programs • Enable the prescribing of medications for opioid use disorder (MOUD)	

Source: National Quality Forum, National Quality Partners Playbook: opioid stewardship, 2018.
Cobb, JA, Ann J Health Syst Pharm. 2020 Jul 17;77(14):158-165.
American Hospital Association. Screen the safe: opioid stewardship measurement implementation guide, 2020.
American Hospital Association. Screen the safe: opioid stewardship measurement implementation guide, 2020.

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Clinical Knowledge & Education	
	Pain Assessment
	Analgesic Management
	Treatment of OUD

Source: National Quality Forum, National Quality Partners Playbook: opioid stewardship, 2018.
Cobb, JA, Ann J Health Syst Pharm. 2020 Jul 17;77(14):158-165.
American Hospital Association. Screen the safe: opioid stewardship measurement implementation guide, 2020.
American Hospital Association. Screen the safe: opioid stewardship measurement implementation guide, 2020.

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Clinician Knowledge & Education	
Implement education on validated pain assessment tools	- Adult & pediatric populations - Non-verbal patients - Patients with dementia
Create competencies for the evidence-based pain management	- Pharmacologic approaches - Non-pharmacologic approaches
Educate clinicians on standardized risk assessment tools to identify high risk patients	- STOP-BANG score - Rapid Opioid Dependence Screen

Source: National Quality Forum, National Quality Partners Playbook: opioid stewardship, 2018.
Cobb, JA, Ann J Health Syst Pharm. 2020 Jul 17;77(14):158-165.
American Hospital Association. Screen the safe: opioid stewardship measurement implementation guide, 2020.
American Hospital Association. Screen the safe: opioid stewardship measurement implementation guide, 2020.

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Clinician Knowledge & Education	Educate on the benefits of naloxone prescribing with opioids	Co-prescribed opioids & benzodiazepines
	Available resources	High-dose therapy ≥ 90 MME/day
		Pain management team
		Psychiatry team
		Addiction Medicine
		Palliative Medicine
		Hospice

National Quality Forum. National Quality Partners Playbook, opioid stewardship 2018.
 ©2018 JG, Am J Health Syst Pharm 2020 Jul 7;77(14):158-165.
 American Medical Association. Statewide safe opioid prescribing measurement information guide 2019.

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Patient & Caregiver Education

-  Pain Management Options
-  Risks & Benefits of Therapy
-  Safe Medication Use, Storage, and Disposal

National Quality Forum. National Quality Partners Playbook, opioid stewardship 2018.
 ©2018 JG, Am J Health Syst Pharm 2020 Jul 7;77(14):158-165.
 American Medical Association. Statewide safe opioid prescribing measurement information guide 2019.

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Patient & Caregiver Education

- Educate patients on pain management treatment options
 - Emphasize non-pharmacologic and non-opioid approaches
- Set functional goal and realistic expectations
 - Initiation
 - Tapering
- Review opioid-related risks
- Encourage pre-procedure education
- Teach on the use and administration of naloxone
 - Emphasis on caregiver education

National Quality Forum. National Quality Partners Playbook, opioid stewardship 2018.
 ©2018 JG, Am J Health Syst Pharm 2020 Jul 7;77(14):158-165.
 American Medical Association. Statewide safe opioid prescribing measurement information guide 2019.

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Quality Metrics

-  Goal Setting
-  Tracking, Monitoring, and Reporting

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 ©2018 JG, Am J Health Syst Pharm 2020 Jul 7;77(14):158-165.
 American Medical Association. Statewide safe opioid prescribing measurement information guide 2019.

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Quality Metrics

- Systematic data collection may include opioid prescribing, patient outcomes, and adverse effects
- Supports assessment and monitoring of performance, safety, and improvement opportunities
- Share data routinely with leadership and clinicians to promote transparency and drive progress
- Foster a non-punitive culture that encourages learning, growth, and continuous improvement

National Quality Forum. National Quality Partners Playbook, opioid stewardship 2018.
 ©2018 JG, Am J Health Syst Pharm 2020 Jul 7;77(14):158-165.
 American Medical Association. Statewide safe opioid prescribing measurement information guide 2019.

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STRATEGIES FOR PROCESS IMPROVEMENT

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The diagram features a dark blue header with the FSHP logo on the left and the text "Sparkle Shine Celebrate!" on the right. Below the header, three yellow rectangular boxes are arranged vertically, each containing an icon and a text label. The first box has a shield icon with a checkmark and the text "Optimize pain control". The second box has a person icon with a checkmark and the text "Improve patient safety". The third box has a pill bottle icon and the text "Avoid unnecessary opioid exposure".

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- Optimize pain control
- Improve patient safety
- Avoid unnecessary opioid exposure



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Opioid Stewardship: Rapid Review

Objectives

Determine effectiveness of opioid stewardship interventions in healthcare settings on opioid prescribing and clinical outcomes including unintentional consequences and ways interventions can be implemented.

Review questions addressed

1. Frequency and severity of harms associated with opioid prescribing
2. Patient safety measures or mitigators have been used to examine the harms associated with opioids prescribed or ordered
3. Strategies used to prevent or mitigate the harms associated with prescribed or ordered opioid
4. Rationale for stewardship practices used to prevent or mitigate the harm associated with opioids
5. Effectiveness and unintended effects of stewardship practices, and new evidence published since the 2019 MHS III report
6. Common barriers and facilitators to implementing stewardship practices
7. Resources are required for implementation of opioid stewardship practices
8. Toolkits available to support implementation of opioid stewardship practices

Method

Rapid review following the **AHRQ Evidence-based Practice Center** methodology

Searches conducted in **PubMed & Cochrane Library** for:

- Systematic reviews from Jan 2019 – April 2023
- Primary US studies from Jan 2016 – April 2023 evaluating opioid stewardship interventions

OUID: Opioid Use Disorder

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Opioid Stewardship: Rapid Review

Results: 6,431 citations screened → **34 Included** [14 systematic reviews & 19 studies in 20 articles]

Evidence Summary:

- 1. Clinical decision support** – CDS/EHR-based PSPs are multicomponent intervention and were associated reduced opioid prescribing/dose [low SOB]
- 2. Patient engagement** – Engagement and education showed mixed results on opioid prescribing [insufficient SOE]
- 3. No increase in adverse outcomes** – CDS/EHR, patient engagement, education, and multicomponent PSPs did not increase pain, ED visits, or hospitalization [low SOB]
- 4. Limited data on opioid stewardship committees, protocols/care-bundles, clinician education, academic detailing, pharmacy consultation, multimodal analgesia access, prescribing limits, organizational guidelines, audits, dashboards, prescriber feedback, and peer comparison**
- 5. Insufficient evidence** on refill request, patient's satisfaction, or overdose
- 6. Barriers** lack of clinical training, workload, gaps in communication, and inadequate access to nonpharmacologic resources.
- 7. Facilitator:** Clinician acceptance of intervention components.

CDS: Clinical Decision Support
 EHR: Electronic Health Record
 PSP: Patient Safety Practice
 SOE: Strength of Evidence
 ED: Emergency Department



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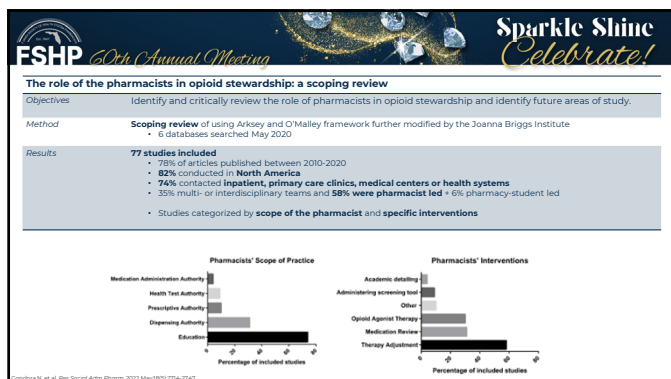
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Opioid Stewardship: Rapid Review

Strengths/Limitations	Strengths • Rigorous, standardized methodology that includes multiple study types • Focus on meaningful outcomes – opioid prescribing, ED visits, hospitalizations, overdose, patient reported pain • Review of barriers and facilitators to OSP Limitations • Various factors impacting decreases in opioid prescribing • Studies with stronger design with clinical outcomes to better assess patient-centered unintended consequences • Studies were generally small and under-powered to evaluate request for refills, emergency department visits, hospitalizations, uncontrolled pain, and reduction on opioid overdose • Excluded some practice sites including ED • Randomized and non-randomized studies dating back to 2016 were used to grade the strengths of evidence
Conclusion	• Increasing scope and quality of evidence since 2016 strengthens guidance for opioid stewardship interventions • Approaches include decreasing opioid doses, multidisciplinary pain management, and nonpharmacologic approaches which may result in similar/improved outcomes • The EHR and decision support initiatives may be utilized without worsening unintended consequences • Health systems may utilize opioid prescribing guidelines following procedures • Patient reported outcomes focused on pain intensity and sometimes satisfaction but less on functional status

ED: Emergency Department
 OSP: Opioid Stewardship Program
 CDC: Centers for Disease Control and Prevention

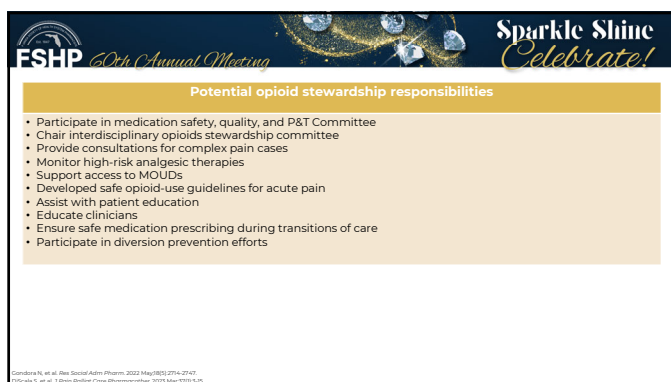
Wagstaff 20, et al. Making Medicines Smarter II: A Continuous Update of Patient Safety, harms and Practices, Rockville (MD): Agency for Healthcare Research and Quality (US); December 2023.



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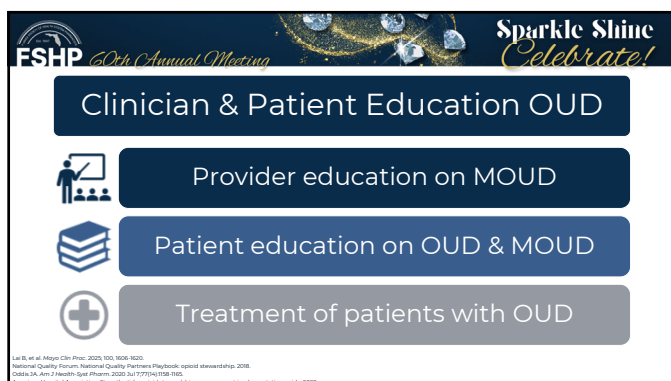
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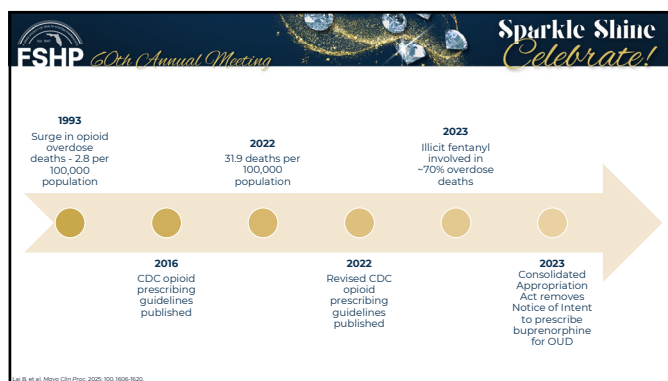
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Provider Education

				
Identify MOUD-eligible patients and support pharmacotherapy selection & dosing	Protocol & order set development	Screening patients for infectious diseases	Provide patient & clinician education	Support pain treatment with emphasis on nonpharmacologic and non-opioid options

12416, et al. Mayo Clin Proc. 2020;100:1606-1620.
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RESOURCES

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Opioid Stewardship Resources

- Agency for Healthcare Research and Quality (AHRQ) Opioid Stewardship Rapid Review
- National Quality Partners (NQP) Playbook: Opioid Stewardship
- American Society of Healthsystem Pharmacist (ASHP) Opioid Task Force Report
- American Hospital Association (AHA) Stem the Tide: Addressing the Opioid Epidemic
- Society of Pain and Palliative Care Pharmacists White Paper on the Role of the Opioid Stewardship Pharmacist
- MDPI Perioperative Pain Management and Opioid Stewardship: A Practical Guide

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Questions?

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Pain Management: The Fundamentals of an Opioid Stewardship Program

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Thank you!

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