FEATURE

The Opioid Crisis

Address the risks of prescribing and misuse

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The opioid crisis has become a public health emergency. Internal auditors and other healthcare professionals must understand the severity of the problem, recognize the risks, and recommend and adopt practices to provide the best quality care for their communities.

The staggering loss of lives due to opioid overdose has been compared to the death toll of "September 11 every three weeks."[1] The Drug Enforcement Agency (DEA) 2018 National Drug Threat Assessment says death from drug poisoning is the "leading cause of injury death in the United States…outnumbering deaths by firearms, motor vehicle crashes, suicide, and homicide" every year since 2011.[2]

Root causes

In the 1990s, healthcare providers were assured that prescription pain relievers were safe and not habit-forming. Pharmaceutical companies encouraged and incentivized doctors to prescribe strong drugs. Over time, prescriptions for these powerful medications soared, along with addiction, misuse and overdose.

Opioids continue to be regularly prescribed by providers, particularly for the Medicare population, with one in three Medicare Part D beneficiaries receiving at least one opioid prescription. More than 76 million opioid prescriptions were paid for by Medicare Part D in 2017.[3]

Patients are not alone in this crisis. Hospitals and health systems need look no further than their own providers to identify instances of opioid addiction and overdose. The National Council of State Boards of Nursing (NCSBN) has released multiple resources on substance abuse disorder in nursing and other healthcare staff. Pharmacists can be the subject of dependency, and, unfortunately, even the most astute physician is not immune to this epidemic.

Reasons for hope

Is there any good news? The answer may depend on whom you ask. The Centers for Disease Control's (CDC) National Center for Health Statistics released provisional counts as of December 1, 2019, of both reported (67,071) and predicted (69,378) overdose deaths in the U.S.[4] Many states are taking action to address the opioid epidemic—setting opioid prescribing limits, requiring review of prescription drug monitoring program (PDMP) data, and more.

Physician education is improving, and providers are exploring preventive and alternative pain relief options, such as anesthesia pain blocks post-operatively and prescribing non-opioid pain relievers. To combat the soaring number of daily overdoses, life-saving naloxone—a narcotic blocker used to treat drug overdose—is now a standard part of first responders' supplies. For patients trying to quit opioids, in-office buprenorphine and methadone are options for the treatment of the significant impairment or distress from opioid use disorder.

The forward progress is exciting, but much work is still to be done. Physicians and provider organizations need to actively manage the risks to bring the opioid crisis under control.

Address the risks

Despite safeguards, hospitals still regularly experience theft and drug diversion. Many steps can be taken by healthcare organizations, including internal audit, to identify and mitigate

[1] Page 2, www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf
[2] Page V, www.dea.gov/sites/default/files/2018-11/DIR-032-18%202018%20NDTA%20final%20low%20resolution.pdf
[3] Page 3, https://oig.hhs.gov/oei/reports/oei-02-18-00220.pdf
[4] www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#dashboard

risk. Through collaboration with administration, physicians and other key stakeholders, organizations can develop action plans for combatting overprescribing and misuse of opioids.

By pinpointing your organization's key risk areas for opioid misuse and abuse, you can make the daunting task of developing an opioid action plan feel a little more manageable. You can focus your internal auditing efforts on some key areas and ensure the following best practices are taking place in your organization.

Opioid risk management

1. Monitor procurement and dispensation
2. Enforce wasting techniques
3. Restrict access to inventory
4. Secure prescription pads
5. Establish policies and procedures
6. Use data for monitoring and auditing
7. Conduct provider and patient education
8. Respond to suspected abuse
9. Provide community programs
10. Participate in external programs

Monitor procurement and dispensation

Regularly review purchase orders, packing slips and DEA 222 forms to ensure all medications that are received are accounted for, and all orders were placed by the appropriate personnel. Physically monitor drug shipments for product container tampering or replacement of prepared contents. While all medications may be accounted for on the shelves, the medications may be tampered with and replaced with other lookalike substances or medications.

Enforce wasting techniques

Ensure all staff use proper wasting techniques to prevent diversion of any excess remaining product in multidose vials. Verify multi-staff signoffs with regular auditing and monitoring by hospital leadership, including compliance and pharmacy.

Restrict access to inventory

Inventory management is also a key risk area in both clinical and pharmacy spaces. You should ensure that access to medication storage is restricted to only the appropriate personnel with biometric screening, credentials or badges.

Routinely review drug access to see who was accessing, via what method (e.g., manual override), and the time and purpose for that access. Compare this data to schedules and assignments to identify potential red flags, like a staff member who may not have needed access to a medication cabinet or storage container.

Secure prescription pads

Ensure that pad access is limited and prescription pads are not left unattended in physician offices or clinical areas. If a prescription pad is stolen, immediately report the theft to the proper authorities.

Determine that self-prescribing is monitored, and that providers are coached on the appropriate medications they may self-prescribe. Ascertain that a method exists for verifying verbal medication orders. Providers should sign off on patient notes only after reviewing and approving all associated orders entered, particularly for controlled substances.

Establish policies and procedures

Some organizations that are aware of the opioid epidemic and its potential impact on patients and providers have established policies and procedures surrounding oversight of opioid prescribing. However, concerns about appropriate monitoring remain.

Set organization-wide opioid prescribing limits, including limits for morphine milligram equivalents (MME), number of

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days prescribed based on patient diagnosis, and number of prescription refills. The CDC provides guidance related to prescribing limits based on patient pain level or condition and outlines additional items to consider when increasing dosage or deciding on the number of days an opioid should be taken.[5]

Use data for monitoring and auditing

Once policies and procedures have been implemented, and staff are aware of expectations, you can use data to pinpoint outliers and highlight areas for further investigation. Analyzing data to determine the number of opioid prescriptions written by a provider can be helpful in identifying high prescribers and providing additional education or coaching.

Performing routine audits of pharmacy dispensation logs can also provide insight into the physical movement of opioids within the facility and clinical departments, as well as inventory controls related to controlled substances. A wealth of data is available in electronic and paper formats. By prioritizing the analysis and review of these data, organizations can better evaluate how current processes are working and develop additional safeguards where needed.

Conduct provider and patient education

Education is vital in working to combat the opioid epidemic. Providers should be aware of the signs of opioid misuse or abuse in patients. In addition, providers should stay up to date on non-opioid treatments for pain, such as physical therapy, non-opioid medications, acupuncture, or cognitive behavioral therapy. If possible, providers should be asked to work with the organization's other care team members to identify alternative pain management practices that include collaboration among different provider types.

Provider communication with patients is also key. A provider who prescribes an opioid should spend time with the patient discussing the risk of addiction and the potential side effects. Provider training should also include insight into patient behavior and potential reasons for misuse so that providers may address those accordingly.

In 2015, while the most common reason for the use of prescription pain relievers was to relieve physical pain, other reasons included to relax or relieve tension, to experiment or see what the drug was like, to feel good or get high, and to help with sleep.[6] By identifying reasons for misuse on the front end, providers can give real-time guidance to patients and suggest alternatives, potentially preventing future misuse.

Respond to suspected abuse

If a provider has a patient who routinely seeks opioids, and there is a reason to believe these opioids are being misused or abused, the provider may need to take additional action. Drug-seeking patients still frequent emergency rooms. Counseling patients and connecting them with community resources are crucial.

In the practice setting, providers who suspect patients of opioid misuse or abuse can provide those patients with warning letters. These letters may require patients to sign a pain agreement stating they will only receive pain medications from one provider. Additionally, the letters may warn patients that they may be removed from the practice if they continue to exhibit drug-seeking behaviors or fail to respond to provider education.

Health systems with employed physician groups should be cognizant that providers can turn away patients who fail to comply.

Provide community programs

Aside from provider and patient education, organizations may also consider rolling out programs that address the opioid epidemic. Many communities seek to prevent the misuse of opioids by implementing prescription take-back programs, whereby individuals can drop off any unused opioids for appropriate disposal.

Also, pain management hotlines provide real-time guidance for individuals who may need to manage acute, severe or chronic pain. Providers who answer the hotline can give guidance on the appropriate type and dosage of safe and effective medication. The providers can also address concerns about addiction, misuse or abuse. Connecting with telehealth providers may also be helpful for those pain management patients who need real-time guidance on safe and appropriate dosing for their respective pain level.

[5] www.cdc.gov/drugoverdose/prescribing/guideline.html
[6] www.samhsa.gov/data/sites/default/files/report_3210/ShortReport-3210.html

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Participate in external programs

In addition to prevention programs, provider organizations can participate in detection programs to safely prescribe and dispense opioids. Many states have robust PDMPs that include information on individual patient prescriptions and last dates of fill.

Providers and pharmacists should be routinely monitoring their state's PDMP to flag any patients who may be receiving opioids from multiple sources. By implementing regular checks of the PDMP, providers and pharmacists can more accurately track patient behavior and make important clinical decisions.

Some insurance plans use programs that lock at-risk beneficiaries into a specific provider or pharmacy. These programs seek to limit beneficiaries' access to prescription opioids by reducing the number of facilities they can visit to obtain medications.

Strategic priorities

As patients, providers, industry leaders and government officials team up to confront the opioid epidemic, the Department of Health and Human Services has developed five strategic priorities:[7]

1. Improving access to treatment and recovery services
2. Promoting use of overdose-reversing drugs
3. Strengthening our understanding of the epidemic through better public health surveillance
4. Providing support for cutting edge research on pain and addiction
5. Advancing better practices for pain management

Conclusion

Your organization can address these priorities through proactive involvement in the auditing and monitoring of opioid prescribing and use. By educating providers and patients, your organization can help improve access to treatment and recovery services, as well as advance better practices for pain management. To promote the use of overdose-reversing drugs, such as Narcan and Evzio, your organization can make them widely available and educate all clinical team members on how and when to use them.

A culture of trust and transparency with patients will help your organization better understand the reasons behind opioid misuse and abuse. Also, the organization's support of clinical team members providing patient education can reduce the opioid crisis. Finally, by conducting a thorough review of clinical and prescribing protocols, you can ensure your organization is considering all alternatives to opioid treatment and actively seeking the latest research on pain and addiction.

Our healthcare internal audit roles require us to diligently collect, review and share information so our organizations can confront the opioid epidemic. **NP**

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[7] www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html