the Remedi Pulse

TACKLING THE CONTINUED OPIOID EPIDEMIC, THE EMERGENCE OF MEDICAL MARIJUANA

Remedi SeniorCare EDUCATION Rx

A CLINICAL AND REGULATORY UPDATE FROM REMEDI SENIORCARE

2019 VOLUME 3

Survey Solutions

with William Vaughan, BSN, RN
VP of Education & Clinical Affairs

Marijuana in the Nursing Home
The F-Tag Minefield

I remember how striking it was the first time I saw medical marijuana advertised on a billboard. That was just a few years ago and now both medical and recreational marijuana have legally become part of our cultural landscape. Legally that is, on a state level. As Americans become accustomed to enjoying the benefits of marijuana and incorporate its use into their daily lives, they face a very different and likely unexpected reality should they need either short or long-term care in a nursing facility.

At this point, the dilemma is clear. Over 30 states have legalized marijuana, for either medical and/or recreational use, while the federal drug enforcement agency continues to classify it as a schedule 1 drug. By definition, a schedule 1 drug has no accepted medical use, a high potential for abuse, and is illegal to possess. And although Attorney General William Barr has gone on record stating that "Marijuana companies operating legally according to state laws where the cultivation and sale of the drug is allowed will not face action by the Justice Department," no such assurance has been provided by CMS to nursing homes who decide to prescribe and administer the drug. Most state survey agencies have followed suit by providing little or no guidance to facilities on what their response will be if marijuana use is identified during a survey.

Below are examples, but certainly not an exhaustive list, of federal regulations that could be readily cited if one views marijuana solely as a schedule 1 drug, while excluding its state sanctioned use.

F554 (The right to self-administer medication): Consider this scenario. Upon admission to the nursing facility, a resident requests that he be allowed to self-administer marijuana. He has been taking it for years and contends it's the only effective treatment for his Crohn's disease. F554 requires the approval of the interdisciplinary team to permit a resident to self-administer medication. If

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An Update on the National Opiate Crisis: Where We Are and How to Move Forward

Presented by: Brian Javorsky, Pharm.D., Clinical Consultant Pharmacist

In the 1990's, pharmaceutical companies and healthcare organizations strongly reinforced the idea that patients needed improved pain management, and reassured patients and the healthcare community that addiction would not become a significant issue when treating with opioid pain relievers. This permissive culture led to healthcare providers prescribing opiates at greater rates, with subsequent increases in overall use, misuse and abuse. These practices directly contributed to the opiate crisis we find ourselves in today.

OVERDOSE TREATMENT

Many potential overdose victims have been saved from certain death by naloxone, an opioid antagonist that can reverse an opioid overdose. Naloxone has become much more accessible recently, with the number of healthcare sites providing naloxone tripling, and prescriptions for naloxone increasing 12-fold over the past decade. During this time, overdose reversals increased 2.5 times from 10,171 to 26,463.[2] While these numbers are impressive, opioid overdose deaths also doubled over that time period. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a comprehensive toolkit for health care providers for developing practices and policies, and provider/patient education to help prevent opioid-related overdoses and deaths. This toolkit can be accessed at https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742

LEGISLATION AND PRESCRIPTION DRUG MONITORING PROGRAMS

As of February 2019, 35 states had implemented polices or guidelines that set limits on the dosage, quantity, or days-supply of opiates that can be prescribed by doctors.[3] In addition, steps have been taken to help doctors identify potential drug-seeking behaviors by compiling searchable databases of controlled medication use.

Prescription Drug Monitoring Programs (PDMP) are state-legislated databases that collect and maintain controlled substance prescription information. This type of database allows prescribers and pharmacists to identify individuals who may be attempting to fraudulently obtain controlled substances from multiple sources. As of July of 2019, 49 states, as well as Washington DC and Guam, currently have operational PDMP's. These programs have been shown to have a modest impact on reducing opioid prescribing (9-10%), Medicaid costs (9-10%), and opioid-related overdose deaths (an average 1.12 deaths per 100,000 population in the first year of implementation).[4,5] Perhaps improvements to the usability of these programs, and potentially linking state databases together can enhance their impact in the future.

EDUCATION AND ALTERNATIVE STRATEGIES FOR TREATING PAIN

Educating patients on the risks of opiate addiction, along with decreasing prescription rates, can have an effect on the misuse and abuse of prescription opiates. But decreased control prescriptions will leave some patients dealing with real pain. To help improve their overall quality of life, these patients could be given non-opiate drug options that include:

- Topical analgesics
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Acetaminophen
- Antidepressants or anticonvulsants used for neuropathic pain
- Nerve blocks with local anesthetics

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OPIODS BY THE NUMBERS

Approximately

21%-29%

of patients misuse opioids when they are prescribed for chronic pain.

Between

8%-12%

of patients will develop an opiod use disorder.

4%-6%

of these patients will eventually transition to heroin.

In 2017, more than

130 people per day died

after overdosing on illicit drugs and prescription opiods in the United States. This represents a two-fold increase over the last decade and a four-fold increase since the year 2000.[1]

An Update on the National Opiate Crisis

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Non-drug therapies that can help ease pain include:

- Physical or occupational therapy to increase range of motion
- Deep breathing and meditation techniques to relieve stress
- Diet and exercise to release natural endorphins
- Massage and acupuncture to decrease muscle tension
- Individual counseling or group therapy to treat the depression and anxiety often associated with chronic pain

DIVERSION REDUCTION

Another issue that is contributing to the opioid epidemic is drug diversion. Diversion occurs whenever a prescription medication is obtained or used illegally. In the context of the opiate crisis, it usually refers to the theft of controlled substances by a healthcare provider or caregiver.

The best approach to prevent this type of diversion is to have comprehensive policies in place relating to documentation, storage, retrieval, and administration of all controlled substances from the time they arrive at the facility, to the time a patient legally uses them. To this end, it is imperative to nurture a culture of personal and social responsibility at all levels of a healthcare organization. Facilities should also have a way for employees to report any suspicious activity they notice, and a zero tolerance policy in regards to drug diversion.

While strides are being made in the fight against the opioid abuse with treatments like naloxone and stricter regulations and monitoring of opiate prescribing, there remains much work to accomplish if we hope to get a handle on this epidemic. Healthcare professionals can help by promoting non-opiate pain therapies and maintaining tight control of the controlled substances in their healthcare setting.

Selected Resources:

[1] CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2018. https://wonder.cdc.gov

[2] National Institute on Drug Abuse. "Overdose Crisis, Revised January, 2019. https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis

[3]"Opioid Prescription Limits and Policies by State" Edited by Geoff Pallay, Ballotpedia, 11 Feb. 2019, ballotopedia.org/Opioid_prescritption_limits_and_policies_by_state#cite_note-4.

[4]Wen, Hefei, et al. "States with Prescription Drug Monitoring Mandates Saw A Reduction In Opioids Prescribed To Medicaid Enrollees." Health Affairs, vol 36., no. 4, April 2017, pp 733-741., doi: 10.1377/hlthaff.2016.1141.

[5]Patrick, Stephen W., et al. "Implementation Of Prescription Drug Monitoring Programs Associated With Reductions In Opioid-Related Death Rates." Health Affairs, vol 35., no. 7, June 2016, pp 1324-1332., doi: 10.1377/hlthaff.2015.1496.

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such approval is granted, it's likely that a deficiency would be cited for permitting a resident to self-administer an "illegal" drug with no accepted medical use (despite the resident's contention regarding its effectiveness).

F757 (Unnecessary Drugs): This would be the most appropriate deficiency, given that one criteria of an unnecessary drug is that it lacks an adequate indication for use. No accepted medical use = lack of an adequate indication.

F756 (Drug Regimen Review): By definition, a drug administered without an adequate indication is considered a drug irregularity. F756 requires consultant pharmacists to identify and report all drug irregularities, and those irregularities must be acted on. Imagine the situation where a consultant pharmacist notifies the attending physician that he is prescribing an illegal drug with "no accepted medical use." Heading down that rabbit hole, it's hard to envision a prescriber's response that would satisfy a surveyor and justify the continued use of the drug.

F841 (Medical Director), F835 (Administration), F868 (Quality Assurance): Leadership and systems related to quality assurance would likely be cited if marijuana was prescribed and administered in a federally certified nursing home.

In the context of the potential risks outlined above, a recent article[1] in *The Journal of Post-Acute* and *Long-Term Care Medicine*, outlined the policies and procedures developed by a New York nursing facility that conducted a study looking at the impact of marijuana on residents' quality of life. Noting concerns with federal law, the facility required that residents purchase their own cannabis product directly from a state-certified dispensary, store it in individual lockboxes and self-administer or designate a caregiver who was not a member of the staff to administer the drug. While only ten residents were included in the study, outcomes related to pain and symptom control were generally positive. The article did not address if the facility sought approval from the state survey agency prior to implementing the study, or if a survey occurred during the course of the study.

The federal survey process is many things, but consistent and predictable it's not. However, given that CMS is a federal agency, it seems likely that the default survey position will be to view marijuana as a schedule 1 drug. Understandably, until the legal conundrum is resolved, many nursing facilities will prohibit the use of marijuana within their walls. We suggest language to that effect be included in the resident's admission contract. Recognizing that such a prohibition will not be 100% effective, it's equally important for facilities to develop

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Remedi Superstar Nurse

DARLENE FREEMAN, LPN
Scenic Pointe Nursing and Rehabilitation Center
Millersburg, OH

CONGRATULATIONS to Darlene Freeman, LPN, at Scenic Pointe Nursing and Rehabilitation Center in Millersburg, OH, for being chosen as the Remedi Superstar Nurse. Darlene's Administrator, Bethany Proudfoot, LNHA, submitted her nomination. Per Bethany, "Darlene has been an exemplary nurse for many years, and has worked at Scenic Pointe for 20 years. Scenic Pointe serves a unique population and this includes residents who may have behavioral care needs. Darlene is an example of an excellent unit charge nurse and demonstrates qualities of patience, guidance, fortitude, and wisdom when it comes to managing her unit. Staff and residents alike respect and love her. Darlene gives her residents the best of care and they are treated with dignity, respect, and love. Family members of residents give Darlene verbal accolades and are so pleased to leave their loved ones in her care. The STNA's that work on the unit respect Darlene and they listen to the directives that she provides. She has earned their respect as a nurse and manager as she works along beside them, when needed, and gently guides them in their tasks throughout the day. Darlene has excellent attendance and always exhibits a positive attitude even when days present challenges. Her longevity at the facility proves that she has a heart for her residents. Darlene is a very capable nurse who cheerfully does her job and is always willing to do what is asked of her. She sets a positive tone for the unit and is engaged in her work." Per Andrea Miller, Darlene's DON, "Darlene is a good mentor for new nurses and STNAs. She is a great example for all of us as someone who strives to do things correctly at all times, even when no one is watching." According to Bethany, "Darlene consistently coming to work every day and putting her heart and soul into all she does, proves her dedication not only to the residents, but also to the nursing profession."

Email your Superstar Nurse nomination(s) to Rebecca.Ogden@RemediRx.com

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a culture where residents are encouraged to disclose the use of all substances, legal or not. A comprehensive understanding of a resident drug regimen inclusive of Rx, OTC, herbal, alternative, and marijuana/CBD products is the cornerstone of safe medication management, and resident care should not suffer because of inconsistent governmental policies.

Current information from the FDA on cannabis and cannabis derived compounds, including CBD, can be found here:

https://www.fda.gov/consumers/consumer-updates/what-you-need-know-and-what-were-working-find-out-about-products-containing-cannabis-or-cannabis

https://www.fda.gov/news-events/press-announcements/fda-warns-15-companies-illegally-selling-various-products-containing-cannabidiol-agency-details

https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd

Selected Resources:

[1]Medical Cannabis in the Skilled Nursing Facility: A Novel Approach to Improving Symptom Management and Quality of Life - https://www.jamda.com/article/S1525-8610(18)30662-5/fulltext