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QIN-QIO

Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Patient Safety: Using Data and Resources for Harm Reduction in SNF/PALTC with a Regional Stakeholder Collaborative

OPIOID CRISIS AFFECTS PATIENTS AND PROVIDERS

Nearly 117,000 people experienced a non-fatal opioid overdose requiring an emergency department or hospitalization in 2022, per the Centers for Disease Control and Prevention.

- Beneficiaries requiring a hospital admission diagnosed with an opioid overdose or OUD, or experiencing opioid overdose, once stabilized, need placement options for post-acute or extended care services.

CONCERNS TO BE ADDRESSED

Patients who have OUD and need the level of care provided by SNF/PALTC facilities face challenges to entry.

- Facilities and clinicians are unfamiliar with providing medications (buprenorphine) or counseling therapy for OUD.
- Facilities have not created relationships with Opioid Treatment Programs (OTPs) which provide methadone for OUD.
- Stigma associated with OUD.
- Access to opioids via external sources.
- Unfamiliarity with emergency protocols to treat suspected opioid overdoses by residents or visitors at facilities.

RISK ASSESSMENT IN SNF/PALTC SETTING

IPRO assessments identified:

- 29% of nursing homes occasionally, rarely, or never use opioid risk mitigation strategies including naloxone.
- Nearly 20% of nursing homes did not have naloxone in their emergency medication kits.
- 40% of nursing homes desired education on naloxone.

DATA ANALYSIS

An analysis of Medicare beneficiary opioid and naloxone co-prescribing was performed for the time period of 10/1/22 – 9/30/23 using Part D claims for all beneficiaries in the IPRO QIN-QIO region, stratified by community-dwelling and nursing home residents (Table 1). Results indicate very low co-prescribing in both populations. Note that naloxone is also available through community distribution.

Table 1. Opioid and Naloxone Co-Prescribing								
State	Eligible Community Dwelling FFS Population (In FFS for 12 months, without diagnosis of cancer or sickle cell disease)				Eligible NH Residents (In FFS for 12 months, without diagnosis of cancer or sickle cell disease)			
	Total FFS	Had Opioid Rx	Had Opioid + Naloxone Rx (% of Opioid Rx Users)		Total NH Residents	Had Opioid Rx	Had Opioid + Naloxone Rx (% of Opioid Rx Users)	
CT	190,836	16,912	35	0.21%	9,166	2,074	6	0.29%
DC	43,181	2,687	10	0.37%	1,505	224	3	1.34%
DE	88,547	9,856	12	0.12%	2,512	600	1	0.17%
MA	512,643	53,432	61	0.11%	20,443	4,772	6	0.13%
MD	536,016	51,888	128	0.25%	14,329	3,367	16	0.48%
ME	104,392	9,122	33	0.36%	2,899	709	3	0.42%
NH	130,696	10,664	12	0.11%	3,556	817	1	0.12%
NJ	603,862	53,048	69	0.13%	22,184	4,573	16	0.35%
OH	670,725	71,254	57	0.08%	21,895	5,677	9	0.16%
RI	54,376	3,737	-	0.00%	2,173	405	-	0.00%
VT	70,001	6,734	10	0.15%	1,918	497	2	0.40%
NY	1,100,810	85,780	80	0.09%	45,806	8,190	13	0.16%
QIN	4,106,085	375,114	507	0.14%	148,386	31,905	76	0.24%

GAP ANALYSIS AND MITIGATION PLANS

Nursing home residents were at increased risk for opioid overdose deaths by both prescription drugs and non-prescribed substances.

- Mitigation plans included addressing the following issues: emergency medications kits or Automated Dispensing System laws vary by state; unavailability of naloxone; confusion over multiple naloxone products; lack of policies or protocols.

COLLABORATION

IPRO convened LTC stakeholders for advocacy in the region, including NYS DOH, BNE, OASAS, provider associations and pharmacy organizations.

- Created the Nursing Home Naloxone Policy & Procedure Toolkit with editable policies and procedures to assist nursing homes in responding to opioid induced respiratory depression events (overdoses).
- 2024 plans include webinar education series on the implementation of medications for OUD that meets the needs and concerns of SNF/PALTC facilities.

ACTION PLAN

- Provide data-driven technical assistance to nursing homes emphasizing naloxone, medications for OUD, and alternatives to opioids.
- Disseminate best practices developed by IPRO and other evidence-based resources through nursing home corporate leadership to facilitate rapid spread and scale.

View
Toolkit

<https://qi-library.ipro.org/2023/01/31/nursing-home-nalox-one-policy-and-procedure-toolkit/>



Nursing Home Naloxone Policy & Procedure Toolkit



Abbreviations: QIN-QIO: Quality Innovation Network-Quality Improvement Organization; SNF: Skilled Nursing Facility; PALTC: Post-Acute Long-Term Care; NYS: New York State; DOH: Department of Health; BNE: Bureau of Narcotic Enforcement; OASAS: Office of Addiction Services and Support; OUD: opioid use disorder.