Nursing Education in the Midst of the Opioid Crisis

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Nursing Education to address the Opioid Crisis

Pain education in nursing
Addiction education in nursing
The Jean Guveyan Lecture

Nursing Education in the Midst of the Opioid Crisis

Content Outline:
• State of nursing education in pain and addiction
• Foundations for nursing practice to address the opioid crisis
• RN practice competencies to address the opioid crisis
• APN practice competencies to address the opioid crisis
• Policy interventions to address the opioid crisis

Table 1

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Total hours</th>
<th>Mean ± SD</th>
<th>Range</th>
<th>Mean student, n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry</td>
<td>15</td>
<td>15±10</td>
<td>0–34</td>
<td>47</td>
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<tr>
<td>Medicine</td>
<td>34</td>
<td>24±14</td>
<td>0–48</td>
<td>153</td>
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<tr>
<td>Nursing</td>
<td>33</td>
<td>23±12</td>
<td>0–100</td>
<td>130</td>
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<tr>
<td>Occupational therapy</td>
<td>28±25</td>
<td>0–48</td>
<td>47</td>
<td></td>
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<tr>
<td>Pharmacy</td>
<td>13±13</td>
<td>2–33</td>
<td>123</td>
<td></td>
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<tr>
<td>Physical therapy</td>
<td>41±16</td>
<td>18–69</td>
<td>55</td>
<td></td>
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<tr>
<td>Veterinary medicine</td>
<td>37±98</td>
<td>27–291</td>
<td>46</td>
<td></td>
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</tbody>
</table>

Doorenbos et al., JPain. 2013 Dec;14(12):1533-8

"On average, respondents reported receiving 1.67 (SD = 1.13) hours of didactic content related to addiction in their graduate programs; the modal response was that no addictions-related content had been included in the curriculum."


What about Addictions education in nursing?

Surveyed 233 advanced practice nurses:
- FNP (n = 89, 44.5%)
- Adult Nurse Practitioner (ANP) (n = 56, 28%)
- Pediatric Nurse Practitioner (PNP) (n = 23, 11.5%)
- Women's Health Nurse Practitioner (WHNP) (n = 17, 8.5%)
- Geriatric Nurse Practitioner (GNP) (n = 4, 2%)
- Psychiatric Mental Health NP (PMHNP) (n = 1, 0.5%)

"On average, respondents reported receiving 1.67 (SD = 1.13) hours of didactic content related to addiction in their graduate programs; the modal response was that no addictions-related content had been included in the curriculum."


Not much better than our physician colleagues

"Curriculum deans at 66 accredited allopathic medical schools in the United States were surveyed regarding their curricula in alcohol- and comorbid drug-related disorders...... 41% of schools indicated neither lecture nor discussion hours."

What dictates what is included in Nursing Curriculum?

American Association of Colleges of Nursing (AACN) "Essentials"

"... delineates the national consensus by providing the elements and framework for building nursing curricula.... The Essentials outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master's, and Doctor of Nursing Practice programs.

- Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice
- Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety
- Essential III: Scholarship for Evidence-Based Practice
- Essential IV: Information Management and Application of Patient Care Technology
- Essential V: Health Care Policy, Finance and Regulatory Environments
- Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
- Essential VII: Clinical Prevention and Population Health
- Essential VIII: Professionalism and Professional Values
- Essential IX: Baccalaureate Generalist Nursing Practice

AACN's Response: The Opioid Epidemic

Goals for the Future

- All nursing schools adopt enhanced curriculum to address the opioid epidemic.

AACN Baccalaureate Essentials
- Essential I: Background for Practice from Sciences and Humanities
- Essential II: Organizational and Systems Leadership
- Essential III: Quality Improvement and Safety
- Essential IV: Translating and Integrating Scholarship into Practice
- Essential V: Informatics and Healthcare Technology
- Essential VI: Health Policy and Patient Advocacy
- Essential VII: Interprofessional Collaboration for Improving Patient and Population Health
- Essential VIII: Clinical Prevention and Population Health
- Essential IX: Professionalism and Professional Values
- Essential X: Baccalaureate Generalist Nursing Practice

AACN Masters Essentials
- Essential I: Background for Practice from Sciences and Humanities
- Essential II: Organizational and Systems Leadership
- Essential III: Quality Improvement and Safety
- Essential IV: Translating and Integrating Scholarship into Practice
- Essential V: Informatics and Healthcare Technology
- Essential VI: Health Policy and Patient Advocacy
- Essential VII: Interprofessional Collaboration for Improving Patient and Population Health
- Essential VIII: Clinical Prevention and Population Health
- Essential IX: Master's-Prepared Nursing Practice

* Three Ps
Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

Essential III: Scholarship for Evidence-Based Practice

Essential IV: Information Management and Application of Patient Care Technology

Essential V: Health Care Policy, Finance and Regulatory Environments

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Essential VII: Population Health

Essential VIII: Professionalism and Professional Values

Essential IX: Baccalaureate Generalist Nursing Practice

AACN Baccalaureate Essentials

AACN Masters Essentials

Foundations for nursing practice:

1. Chronic Pain
Chronic Pain: a prevalent chronic disease
- Chronic pain impacts the daily lives of fully one-third of Americans over the age of 45.
- Based on data from the 2012 National Health Interview Survey (NHIS), 25 million U.S. adults had daily chronic pain, and 23 million more reported severe pain.
- Prevalence will increase as population ages.
- Estimated that between 5 and 8 million Americans use opioids on a daily basis from chronic pain management.

Chronic pain "feels" different
- Sensory – tissue input
- Affective – emotions
- Cognitive – thoughts

Cancer vs Heart Disease vs Diabetes vs Chronic Pain

Prevalence in Millions

http://www.newswise.com/articles/inadequate-pain-research-funding-hampers-effort-to-find-safer-and-more-effective-treatments
Chronic Pain Management
- Analgesic medication is less important
- For tissue, focus on physical restoration
  - Exercise, physical therapy, stretching
- Weight loss
- Manage affective and cognitive components of pain
  - Cognitive-behavioral therapy
  - Mindfulness-based therapy
  - Acupuncture, yoga
  - Acceptance and commitment therapy

Chronic Pain

Functional outcomes are key
Quality of life – the ability to do what is important to the patient

Foundations for nursing practice:
1. Chronic Pain
2. Substance Use Disorder (addiction)
Indicators of a Substance Use Disorder

• More substance (drug, alcohol) is used than intended or planned.
• Inability to cut down or control substance use.
• Much of time obtaining, using or recovering from substance.
• Craving or a strong desire to use substance.
• Inability to fulfill role obligations at work, school, or home.
• Continued substance use despite accumulating consequences.
• Substance use in situations in which it is physically hazardous.
• Need for increased amounts of substance to achieve desired effect.
• Characteristic withdrawal syndrome for substance when not used.

(adapted from APA, 2013)

Addiction as a chronic medical disease

• Pathological basis
  • Genetics, pathophysiology
• Known risk factors
• Predictable course
• Treatments of known efficacy
  — Treatment requires behavioral changes
  — Most successful when treatment is ongoing
• Characterized by remissions and exacerbations
  • Exacerbation = Relapse
  • Precipitated by stressors (interpersonal and intra-personal)
Relapse
patients who experience recurrence of symptoms that requires additional medical care

Foundations for nursing practice:
1. Chronic Pain
2. Substance Use Disorder (addiction)
3. Opioid Pharmacology

Opioid Use Disorder (OUD)
- A uniquely toxic drug of abuse
  - Respiratory depression
    - Particularly in combination with other CNS depressants (alcohol, benzodiazepine)
  - Results in physical dependence
    - Withdrawal symptom upon cessation
  - Tolerance develops over time
  - Often begins with prescription opioids
    - Heroin cheaper and easier to obtain
  - Most overdose deaths due to heroin and illicit fentanyl
Naloxone (NARCAN®) – opioid antagonist that can reverse the effects of an opioid overdose when administered in time

- Standing orders at pharmacies
- Distribution through local, community-based organizations
- Access and use by law enforcement officials
- Training for basic emergency medical service staff on how to administer the drug

Medication-assisted treatment (MAT)

Systematic reviews show that medication-assisted treatment can cut the all-cause mortality rate among opioid-addicted patients by half or more.

Interventions for chronic disease management

Addiction, Chronic Pain & Both:

- Motivational interviewing
- Cognitive behavior therapy
- Acceptance therapy
- Psychiatric assessment
- Stress management
- Focus on Function
Renewed emphasis on non-pharmacologic comfort interventions

- Massage
- Heat/cold therapy
- Positioning
- Distraction
- Environmental interventions
- Stress management

SBIRT
Screening, Brief Intervention and Referral to Treatment

- Use of formal screening tools
- Motivational interviewing
- Models of treatment
- Access to referral sources

https://findtreatment.samhsa.gov/


Affective and Ethics education

- Contrast disease model of addiction with prevailing moral and criminal models
- Attributions of shame and stigma
- Explore own experiences with addiction
- Recognition and responsibilities with respect to impaired co-workers
Management of Chronic Pain

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

- Approximately 200 member schools pledged to educate their students on the CDC Guidelines for Prescribing Opioids for Chronic Pain

Management of Chronic Pain with opioids

- Comprehensive pain assessment
- Assessment of risk for opioid misuse
- Formulation of a differential diagnosis of contributing factors to pain
- Informed consent for treatment following risk-benefit discussion
- Documentation of a clear plan of treatment
- Initiation of opioid therapy as a trial with clear goals
- Assessment of pain, level function, quality of life, and adherence to plan of care
- Urine drug testing (UDT) prior to opioid prescribing and routinely during opioid therapy at random intervals
- Querying state prescription drug monitoring programs (PDMP) prior to opioid prescribing and routinely during opioid therapy in concurrence with state and federal guidelines
- Documentation of decision making and care
- Opioid overdose education and prescribing of naloxone rescue medication

Management of Acute Pain in patient with a history of opioid addiction

- Utilize non-opioid approaches
- Expect tolerance and physical dependence
  - Expect hyperalgesia
  - Avoid withdrawal
- Address patient fears and staff attributions
- Consider a teachable moment; introduce treatment
- Consider effects of MAT on pain management
Referral
- Resources for non-pharmacologic chronic pain management
  - Lack of providers
  - 100 million patients with chronic pain vs 3,488 qualified pain specialists
  - Poor insurance coverage
  - acupuncture
  - cognitive-behavioral therapy
  - yoga

- Resources for specialty addiction treatment (MAT)
  - Lack of providers
  - 85% of US counties do not have MAT providers
  - Long waiting lists
  - Poor insurance coverage
  - medication not covered
  - prior authorization required
  - 1-3 year treatment limits
  - “Hassle” for providers
  - poor access to supportive services

Provision of buprenorphine (Suboxone®)

H. R. 3692

To amend the Controlled Substances Act to provide for additional flexibility with respect to medication-assisted treatment for opioid use disorders, and for other purposes.

- Addiction Treatment Access Improvement Act of 2018 broadens the Controlled Substances Act to create a permanent solution so that APRNs, including nurse practitioners (NPs), certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists, can prescribe and refer for MATs to support patients struggling with addiction.

Health Policy to address opioid crisis

- Decriminalization of addiction
- Treatment on demand
- Improved reimbursement for addiction treatment services
- Improved reimbursement for multi-modal chronic pain treatment
- Treatment for the uninsured
- Integration of addiction services in acute and primary care

- Harm reduction approaches
  - Opioid disposal systems
  - Naloxone availability
  - Safe injection sites
  - Parenting skills/child trauma intervention
The Opioid Crisis – Importance of Nursing

- Both addiction and chronic pain are sources of suffering for patients
- Nurses are the quintessential providers of relief from suffering (physical and psychic pain)

- Use of multimodal and non-pharmacological pain treatment interventions
- Opioid-centric discharge teaching
- Identification and advocacy of patients with substance abuse disorder
- Nurse practitioners providing MAT