# Virginia Long-Term Care Clinician Network Monthly Forum

June 19, 2024

# Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues. We all have a common bond: the choice to serve in a unique area of health care. During the presentation we can mute ourselves until it is time for more interaction.

**Please use the chat box:**

- **Your name and region/city/town**
- **Thank you for Juneteenth!**

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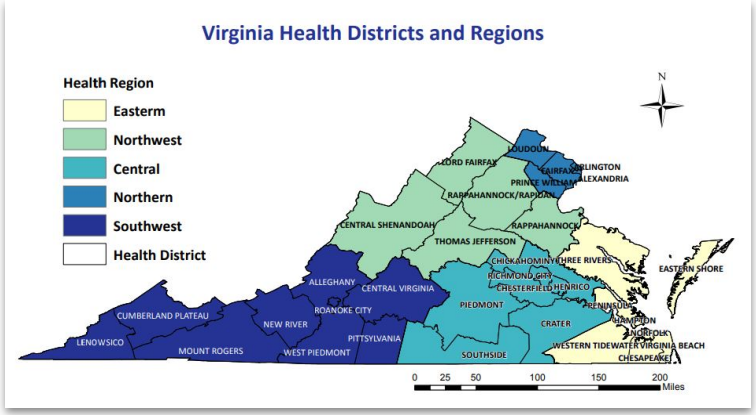
# Welcome New Members!

Colleen Lobb, RNBC, WCC - Central
Bianca Ho, NP - Northern
Elizabeth Nugent, LNHA - Statewide
Kasey Maurice, NP-C - Eastern
Latoya Augustine, MSN, FNP-C,PCCN - Eastern
Shirley Sullivan, BSN, RN Consultant QIN-QIO - Eastern




*For great resources: look for previous slide sets and newsletters under Forums & Events and Resources on our website.*

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# Poll

Do you have trusted colleagues, friends or professionals you regularly go to for advice and help with your work in LTC?

A. Yes
B. No
C. Maybe

# Things to share

**VAMDA** ***2024 Excellence in Long Term Care*** conference is officially open! This year's conference promises to be a dynamic and enriching experience, and we can't wait to welcome you to Charlottesville, VA, on September 21st and 22nd.

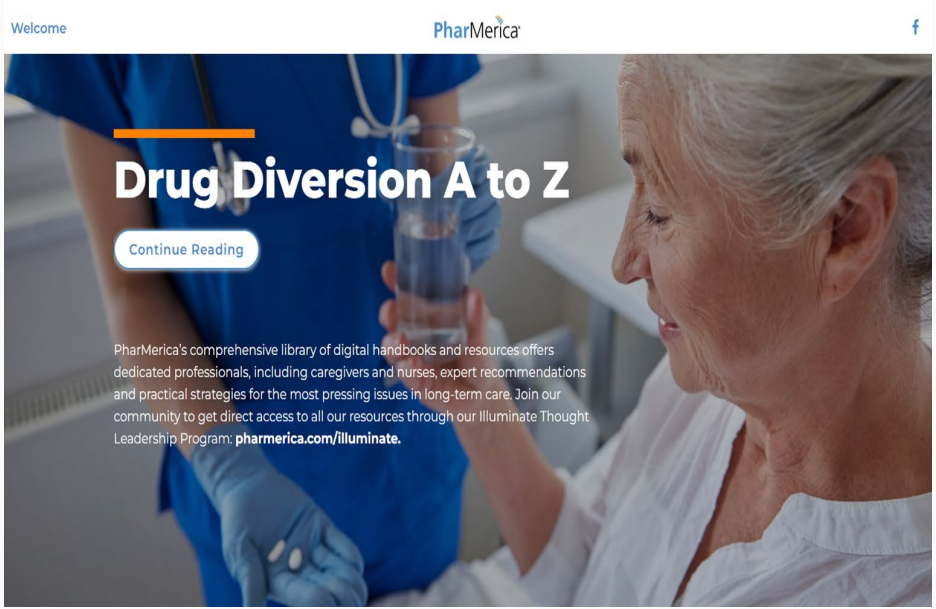
“Just pee in the diaper” - a constructivist grounded theory study of moral distress enabling neglect in nursing homes | BMC Geriatrics (springer.com)

https://www.tripsavvy.com/things-to-do-virginia-beach-boardwalk-4172036

# Poll

Have you been been aware of a drug diversion in your career?

A. Yes
B. No




Pharmerica Guide

# Older Adults with Substance Use Disorder

June 19, 2024

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Post-doctoral Research Fellow

Virginia Commonwealth University – Affiliate

University of Chicago – Center For Health and Social Services

# Background

- What is SUD?
  - Serious, disabling, chronic, and relapsing disorder.
  - There are many types!
- Among the fastest growing disorders in community dwelling older populations[1]
- Older adults at higher risk
  - Disability, mortality, ER visits, hospitalizations
  - More likely to interact with clinicians, less likely to be screened

# Prevalence

| | |
|---|---|
| • Any SUD (not AUD/NUD) | • 9-10% |
| • Alcohol Use Disorder (AUD) | • 20-30% |
| • Cannabis Use Disorder (CUD) | • 1-3% |
| • Nicotine Use Disorder (NUD) | • 20-30 |
| • Opioid Use Disorder (OUD) | • .05-1% |
| • Opioid Medication Misuse | • 8-11% |
| • Benzo misuse | • 1-3% |
| • Prescription stimulant use | • 1-2% |

# Long-term Care and SUD

- Long-term care
  - Multiple medical conditions, chronic pain, polypharmacy[2]
  - Mental health conditions, dementias
- Cohort of SUD in older populations
  - Early onset
  - Maladaptive coping mechanisms
- Undertreated SUD presenting themselves
- Ethical considerations
  - Legal framework, public health, human rights, duty to employees, decision-making capacity

# Special Populations Considerations

- Advanced dementia in LTC – substance use contributes to QOL
  - Efforts to control amount of use
- OAs (general) LTC – medication misuse more common
  - Consider medication tapering
- OAs in post-acute care – pre-existing SUD, may experience withdrawal

# Medication Misuse (MM)

- High prevalence of psychotropic drugs
  (NH: 52-80%, ALF: 53-68%) [3]
- Opioids
- Benzodiazepines (lorazepam, diazepam, alprazolam)
- Z-drugs (zolpidem, zaleplon, eszopiclone)
- Stimulants (methylphenidate)
- Miscellaneous (sedating medications)

# Goals of Prevention

- Prevent medication misuse
- Prevent development of SUD
- Prevent OD death
- Prevent SUD progression
- Prevent relapse
- Prevent complications due to SUD

**HARM REDUCTION!**

# Prevention and Treatment

- Prevention strategies
- Routine screening**
- Brief intervention
- Substance withdrawal management
- Medications for Opioid Use Disorder (MOUD)
- Psychosocial interventions
  - Strength-based, age and culturally appropriate, individualized

# Prevention

- Assess patients on opioids for pain control
- Stop-date for opioid use
- Medical directors provide guidance to those with high opioid prescription rates (non-cancer treatment)
- Evaluate drug regimen
- Manage physical/mental health conditions
- Staff education on stigma
- Prescribe naloxone with opioids
- Offer opioid tapers as appropriate

# Screening

- Annually, with major life transitions
- SUD & MM should be considered as differential diagnosis
  - Delirium, falls, and/or agitation
  - If past history of SUD – consider potential cause of poor response to medical treatment
- Precipitating factors? Comorbid mental health conditions?
- Request to obtain info from family, etc.
- DSM 5 criteria
- Remember prescription medications
- NIDA quick screen, AUDIT-C, Opioid Risk Tool (ORT)
- Urine screen

# Team-based approach

- RN (intake) – screening
- PCP – review screen, inform social worker, brief intervention, treatment/referrals as needed
- Social worker – resources, social engagement, coordinates psychosocial support as needed
- Nurse – education, monitor for use/withdrawals
- PCP – monitoring, treatment, coordinating care
- Pharmacist
- Psychiatrist
- PRS – education, social support, praise, problem solve, family support

# Treatment

- Abstinence vs. reduction
- Psychosocial + withdrawal management + pharmacologic
  - Education
  - MI
  - Counseling
  - Group therapy
  - Mutual aide
- Challenge with typical treatment centers
- Pharmacotherapy
  - Low and slow
  - Methadone versus Buprenorphine, & Naltrexone

# Treatment Barriers

- Resist asking for help
- Stigma (addict, old)
- Transportation
- Lack support or motivation
- Providers less likely to refer
- Gaps in substance use, aging, and mental health services
- Knowledge, misconceptions

# Special Considerations for Older Adults in LTC

- Importance of pain management
  - Long-term opioid therapy (LTOT), dependence vs. addiction
- Alcohol use (side effects)
- Nicotine use
- Cannabis use
- Long-term benzodiazepine use
- Co-occurring mental health

# Case Study

A 74-year-old male with a history of hypertension, diabetes and OUD was brought to the ED after being found on the floor of his apartment after a fall. His exam was notable for right upper extremity median nerve palsy, inability to stand, and penile wounds secondary to urinary incontinence. Lab results demonstrated rhabdomyolysis and urine toxicology positive for fentanyl. Substance history included eight prior opioid overdoses in the past two years, with last heroin use one week prior. He declined evaluation by the inpatient OUD service. The Clinical Opiate Withdrawal Scale (COWS) score remained unremarkable and he was transferred to a skilled nursing facility (SNF). On admission to the SNF he was unable to sit up unassisted and exhibited functional incontinence, low mood and energy levels which impeded progress with therapy services. The patient eventually agreed to starting buprenorphine-naloxone (8-2mg) BID and counseling services. By week three, he had improvements in mood, energy level and appetite, regaining 18 lbs. Although his right upper extremity remained weak, the patient regained continence, his penile wound healed and he was able to stand and ambulate unassisted.

# References


- (1) Yarnell, et al. (2020). Substance use disorder in later life: a review and synthesis of the literature of an emerging public health concern. *The American Journal of Geriatric Psychiatry*. 28, 2, 226-236
- (2) Werner, et al. (2021). Trends in post-acute care in US nursing homes: 2001-2017. JAMDA, 22:2491-5.
- (3) Desai, A. & Grossberg, G. (2022). Substance Use Disorders is Postacute and Long-term care settings. *Psychiatr Clin North Am. 45.* 467-482.
- (4) Roitto, H. et al. (2019). Fourteen year trends in the use of psychotropic medications, opioids, and other sedatives among institutionalized older people in Helsinki, Finland. *Journal of American Medical Directors Association, 20*(3), 305-311.

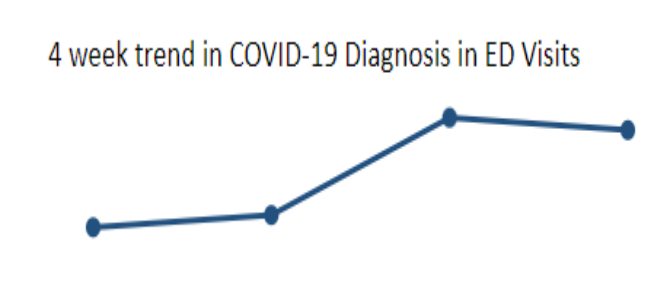
# Open Forum

## Any questions or ideas from the talk?

Share an idea!
Anything you need help with?
What's new in your Virginia Health District?
Any announcements?

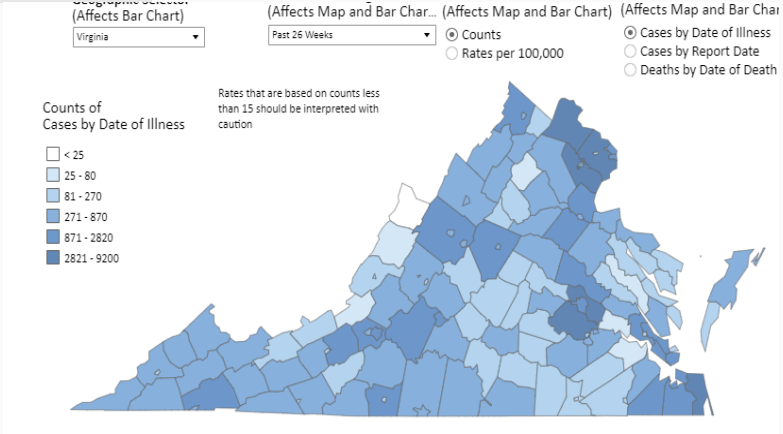
# VDH Dashboard Snapshot

Graphs Not LTC Specific




Cases by Date of Illness 6/9-6/15
**1,372**

Cases by Date of Illness 6/2-6/8
**1,415**




**Coverage Rates for 2023-2024 COVID-19 & Flu Vaccination**

| Ages : | 6 months + | Ages : 5-17 | Ages : 5+ | Ages : 18+ | Ages : 50+ |
|---|---|---|---|---|---|
| COVID-19 % Vaccinated : | 13.2% | 6.3% | 13.6% | 15.3% | 24.3% |
| Flu % Vaccinated : | 30.3% | 26.0% | 29.9% | 31.2% | 44.5% |

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https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/

# Accreditation

| | |
|---|---|
| | In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. |
| | VCU Health designates this live activity for a maximum of ***1.00 AMA PRA Category 1 Credits™***. Physicians should claim only the credit commensurate with the extent of their participation in the activity. |
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**Disclosure of Commercial Support:**

We acknowledge that no commercial or in-kind support was provided for this activity.

# Claiming CE Credit

**Submit Attendance**

1. *If you have **not participated in a VCU Health CE program** in the past:*
   a. Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number
2. Once you have registered or if you **have participated before:**
   a. Text the course code to (804) 625-4041.
   b. The course code for today's event is: ##### *(within **5** days of the event)*

**Complete Evaluation & Claim Credit**, *(within 60 days of the event)*

1) Go to https://vcu.cloud-cme.com
2) Sign in using email address used above
3) Click "My CE"
4) Click "Evaluations and Certificates"

Need help? ceinfo@vcuhealth.org

OR

1) Open the CloudCME app on your device
2) Click "My Evaluations"
3) Click the name of the activity to complete evaluation

# Thank you for joining us!

**Next Newsletter** - coming to you in July

**Next Monthly Forum:** **Wed., July 17th, 4-5 pm, Pam Teaster, PhD, Director, Center for Gerontology, Virginia Tech who is an expert in ensuring ethical treatment of vulnerable adults from people in a position or power and trust, will be talking with the network.**

**Your Calendar Link** - In the Zoom Registration Confirmation email you received today, there's a calendar link to update your calendar for future meetings.

**On your way out** of our meeting today, kindly answer a brief feedback survey.

**Stay in touch!** Email us at ltccn@vcu.edu

**Invite your colleagues!** They can register at ltccn.vcu.edu

# Disclosures

VDH VIRGINIA DEPARTMENT OF HEALTH VCU

The speakers and presenters for today have no relevant financial conflicts of interest.

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**Virginia Long-Term Care Infrastructure Pilot Project (VLIPP)** funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives.