

Clinical Pharmacist Practitioner (CPP) Role in Opioid Safety June 2021

The Department of Veterans Affairs (VA) [Opioid Safety Initiative \(OSI\)](#) focuses on the safe and appropriate use of opioids in the Veteran population and requires well-orchestrated, interprofessional team-based care across practice settings when opioids are needed as part of patient care. Clinical Pharmacist Practitioners (CPP) have been shown to improve opioid prescribing and risk mitigation implementation, avoid costs associated with opioid related adverse events, and increase patient and team satisfaction.¹⁻¹³ This document describes the CPP role in opioid safety as an additional provider in team-based care improving both access to care and opioid safety.

The VA CPP is an Advanced Practice Provider authorized, under a scope of practice (the VA version of a collaborative practice agreement) as described in [VHA Handbook 1108.11 Clinical Pharmacy Services](#), to autonomously prescribe medications and provide comprehensive medication management services (CMM) across primary, specialty and acute care practice settings. Like other advanced practice providers, the CPP scope of practice is approved at the facility level with oversight by the Executive Committee of the Medical Staff (ECMS). When the CPP state of licensure allows controlled substance prescribing, the pharmacist may obtain DEA registration and, with leadership support, expanded scope of practice as a DEA registered practitioner.

CPP improve access to care as an additional provider on the team and, like other advanced practice providers, have a responsibility to opioid safety as part of the provision of direct patient care. The CPP is well positioned to recognize and address opioid safety opportunities and offer more frequent follow-up related to risk reduction efforts, such as opioid and benzodiazepine tapering, Opioid Use Disorder (OUD) medication initiation, and adherence follow-up with medication for Substance Use Disorders. **Table 1** outlines routine CPP roles that impact opioid safety. **Table 2** outlines how CPP care delivery impacts opioid safety related metrics. It is important to note CPP roles are those delivered in the course of CMM services and do not include ancillary support of performing risk mitigation on behalf of other providers. Safety monitoring of controlled substances is the responsibility of the managing provider. To optimize team efficiency and effectiveness, it is critical that all team members work at the top of their licensure.

Table 1: CPP Practice Integration in Team-Based Care: Focus for Patients Receiving Opioid Therapy

CPP in Any Practice Setting	CPP in Pain Management, Mental Health, SUD
<ul style="list-style-type: none">• Screen for unhealthy tobacco/alcohol/opioid use• Perform brief intervention and engage patient in substance use treatment referral when needed• Address co-morbid care needs• Address high risk opioid dose or combination use• Overdose education, prescribe naloxone• Suicide risk screening• Prevent inappropriate opioid initiation• Refer for needed care• Care Coordination• Interpret Urine Drug Screens (UDS) and PDMP queries, intervene if needed• Medication education for patients and caregivers	<ul style="list-style-type: none">• All roles outlined in "CPP in Any Practice Setting"• Individualized, patient centric, multi-modal treatment plan (practice area based)• Initiate, taper, change, discontinue medication• Order and interpret labs, UDS• Medication taper (e.g. opioid, benzodiazepine), withdrawal management• Risk monitoring (e.g. query PDMP)• Review dashboards, implement risk mitigation as needed (e.g. STORM, Academic Detailing)• Medication management for diagnosed OUD or unhealthy alcohol use• Informed consent

Table 2: CPP Impact on VHA Metrics related to Opioid Safety

Opioid Safety Metric	Most Common Practice Areas	CPP Impact through Comprehensive Medication Management (CMM) Services
Rate of Opioid Prescribing	<ul style="list-style-type: none"> • PACT • Acute Care • Pain Specialty 	<ul style="list-style-type: none"> • CPP evaluates opioid prescriptions for appropriateness, effectiveness, adherence, and risk mitigation. Patients may be referred, or the CPP may use population management tools to review and coordinate care with the Primary or Specialty Care Provider. • CPP may manage opioid tapers and implement non-opioid based pain treatments to mitigate opioid use.
Use of Benzodiazepines in combination with Opioids	<ul style="list-style-type: none"> • Pain Specialty • Mental Health (MH) • PACT 	<ul style="list-style-type: none"> • CPP educates the patient related to risk of concomitant use and offers other treatment options. • CPP may initiate and monitor medication tapers or changes as well as withdrawal assessment and symptom management. • CPP may use population management tools to review and coordinate care with the Primary, Pain Specialty or MH Provider.
High Dose Opioids (based on MEDD)	<ul style="list-style-type: none"> • Pain Specialty • PACT 	<ul style="list-style-type: none"> • Pain CPP addresses high dose opioid use and initiates and monitors medication changes and/or tapers. • Patients may be referred, or the CPP may use population management tools to review and coordinate care with the Primary or Specialty Provider
Naloxone Prescribing	All Practice Settings	<ul style="list-style-type: none"> • CPP provides opioid overdose education, naloxone education, and prescribes naloxone kits for patients at risk of opioid overdose. • CPP may use population management tools to identify and outreach to patients who may need a naloxone kit.
Informed Consent for Long Term Opioid Therapy for Chronic Pain (non-cancer)	<ul style="list-style-type: none"> • PACT • Pain Specialty 	<ul style="list-style-type: none"> • CPP provides opioid medication education for patients focused on safe use of pain medications, risks, benefits. • CPP may provide “Safe and Responsible Use of Opioids for Chronic Pain – A Patient Education Guide” for patients on chronic opioids as part of provision of care.
Urine Drug Testing (UDT)	<ul style="list-style-type: none"> • Pain Specialty • MH • PACT • Acute Care • Other specialty 	<ul style="list-style-type: none"> • CPP orders UDT as part of safety monitoring, interprets and intervenes on unexpected results for patients they are actively managing or when consulted (e.g. e-consults). • CPP may identify unexpected UDT results and coordinate response with the attending provider.
Prescription Drug Monitoring Program (PDMP)	<ul style="list-style-type: none"> • Pain Specialty • MH • PACT • Acute Care • Other specialty 	<ul style="list-style-type: none"> • CPP performs PDMP queries as part of safety monitoring, interprets and intervenes on unexpected findings for patients they are actively managing or when consulted (e.g. e-consults). • CPP may identify unexpected PDMP results and coordinate response with the attending provider.
OUD treatment (SUD16 metric - % pts w/OUD receiving medication)	<ul style="list-style-type: none"> • PACT • Pain • MH • Acute Care 	<ul style="list-style-type: none"> • CPP increases access to OUD treatment by prescribing and managing naltrexone for patients with an OUD diagnosis and collaborating with X-waivered prescribers for buprenorphine. CPP refers for higher level of care when indicated.

Questions related to this Fact Sheet may be directed to VHAPBM Ask PBM Clinical Pharmacy Practice Office VHAPBMAskPBMCPPPO@va.gov.

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