

Hospitals address opioid crisis via stewardship with strong pharmacist involvement

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As hospitals look for ways to stem the opioid crisis, a survey of health-system pharmacy directors released today found that most large health systems have active stewardship programs to prevent the misuse of opioids—with pharmacists playing a key role in detecting drug diversion and identifying strategies to encourage appropriate opioid prescribing. The findings are part of the National Survey of Pharmacy Practice in Hospital Settings, published in the *AJHP*, the journal of ASHP (American Society of Health-System Pharmacists). The survey also explores the expanding role of hospital and health-system pharmacists in drug therapy monitoring and providing care in outpatient clinics.

"Hospital and health-system pharmacists play a major role as patient care providers on the interprofessional team in managing [medication therapy](#), educating [patients](#) and other providers, and helping to solve public health issues like the [opioid crisis](#) and [drug](#) shortages," said Michael Ganio, Pharm.D., M.S., ASHP's Director of Pharmacy Practice and Quality and an author of

the study. "Pharmacists possess unique knowledge, skills, and abilities that make them critical team members to help ensure that medication use is optimal, safe, and effective. That is why hospitals and health systems rely on them to take a leading role in addressing the [opioid](#) crisis and many other medication-related areas."

The National Survey of Pharmacy Practice in Hospital Settings—2018 analyzes pharmacy's role in drug therapy monitoring and patient education. In addition to opioid stewardship programs, the survey covers several contemporary pharmacy practice issues, including management of medication therapy activities, and pharmacist participation in outpatient clinics. The study includes responses from pharmacy directors in 811 general and children's hospitals in the U.S.

The most common strategies that health systems employ for preventing opioid misuse include providing clinician education and guidelines (71.4 percent), followed by using prescription drug monitoring database searches to track prescribing practices and patient behaviors that can lead to abuse (65.3 percent), and opioid diversion detection programs (55.6 percent).

In opioid stewardship, pharmacists most commonly play a role in diversion detection (70.8 percent). Pharmacists are also likely to be involved in clinical utilization review (57.2 percent), leadership and accountability (54.8 percent), and prescribing support (34.5 percent).

Other health-system strategies to prevent opioid misuse include limiting supplies of opioid prescriptions on home discharge, naloxone dispensing or education, opioid medication reconciliation during transitions of care, prescription opioid takeback programs, and medication-assisted

opioid addiction management. Strategies employed to encourage appropriate prescribing include monitoring opioid prescribing practices to identify outliers among clinicians, using clinical decision-support, imposing restrictions on specific opioids or doses, and providing daily feedback to prescribers.

Medication Monitoring

The survey also shows that pharmacists are integral to drug therapy management, a comprehensive and proactive approach to medication monitoring that involves selecting appropriate drug therapies, educating and monitoring patients, and assessing patient outcomes. More than 60 percent of hospitals routinely assign pharmacists to provide drug therapy management services to a majority of patients.

Pharmacists are managing medication therapy activities that include, but are not limited to, monitoring therapeutic drug levels, patient outcomes and laboratory results, adverse drug event monitoring, adjusting medication regimens, and monitoring medication errors—for a growing portion of their patients. More than 75 percent of patients were monitored in more than 60 percent of hospitals in 2018 compared to just 20 percent of hospitals in 2000. A third of hospitals have pharmacists monitor all medication therapy, while 47 percent use electronic health records or clinical surveillance software to identify patients in need of additional [pharmacist](#) monitoring. Less than 8 percent, typically smaller hospitals, use a paper-based screening process to identify patients whose [medication](#) should be monitored by pharmacists.

A third of health-systems have pharmacists practicing in primary or specialty care clinics, including anticoagulation, oncology, family medicine, diabetes, cardiovascular disease, and infectious disease.

Survey responses were collected online between July 2018 and September 2018 from general and children's medical-surgical hospitals in the United States in the IMS Health [hospital](#) database.

More information: Craig A Pedersen et al, ASHP

national survey of pharmacy practice in hospital settings: Monitoring and patient education—2018, *American Journal of Health-System Pharmacy* (2019). [DOI: 10.1093/ajhp/zxz099](https://doi.org/10.1093/ajhp/zxz099)

Provided by ASHP (American Society of Health-System Pharmacists)

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