

Perspectives on Admissions and Care for Residents with Opioid Use Disorder in Skilled Nursing Facilities



One concerning trend is the rising rate of patients experiencing opioid use disorder or overdoses. These rates have continued to increase in nearly every age demographic with an emphasis on older adults. Consequences of opioid use disorder can range from syringe-associated infections and hospitalizations (such as endocarditis or skin infections) to overdose related mortality. Often, following hospitalization, individuals with opioid use disorder require additional care in managing their health and preventing additional complications. One potential option for these individuals is to receive care for their subacute needs at a skilled nursing facility. One study estimated that 16% of patients hospitalized for opioid use disorder were discharged to skilled nursing facilities. Although many patients with opioid use disorder receive referral to skilled nursing facilities, studies have also demonstrated rejection rates up to 80% for these individuals. To investigate further into reasons for barriers to admission and caring for individuals with opioid use disorder, a qualitative study was performed.

This qualitative study was performed by conducting interviews of skilled nursing facility staff members across Rhode Island. Participant roles included administrators, directors of nursing, directors of admission, and unit managers. When questioned about barriers to admission for individuals with opioid use disorder, some of the most common reasons provided were active substance abuse, Medicaid insurance, housing instability, and younger age. For individuals who did gain admission to skilled nursing facilities, challenges also arose in meeting patient needs. Some of these challenges included lack of formal opioid use disorder guidelines, staff shortages, facility liability, state regulations, and deficits in skill or training for staff. Other challenges revolve around stigmatizing beliefs surrounding individuals with opioid use disorder as some participants expressed concerns of violent behavior or nonadherence. However, one of the promising outcomes of this study was the potential for change. Several participants surveyed shared the changes their skilled nursing facilities have implemented to improve outcomes for residents with opioid use disorder. Examples of potential solutions to better serve residents include providing transport to support groups in the community, having pre-dosed methadone available prior to resident arrival, and utilizing telemedicine services to prescribe buprenorphine for certain residents. Ultimately, these findings highlight not only the potential challenges in caring for residents with opioid use disorder but the potential opportunities for improvement.

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