



Risk Mitigation Strategies in Healthcare Operations: Lessons from Transforming Pharmacy Operations and Controlled Substance Management

Priyanka Taranekar

Independent Researcher, USA

* Corresponding Author: **Priyanka Taranekar**

Article Info

ISSN (online): 2582-7138

Volume: 04

Issue: 03

May-June 2023

Received: 19-04-2023

Accepted: 12-05-2023

Page No: 1079-1083

Abstract

This paper examines transformative approaches to risk mitigation in healthcare towards controlled substance management, with a particular focus on modernizing pharmacy operations. The research addresses critical challenges faced by healthcare organizations in maintaining operational efficiency while ensuring regulatory compliance in controlled substance handling. Traditional approaches, characterized by manual workflows and disconnected policies, expose organizations to substantial compliance and operational risks. Through analysis of current practices and regulatory requirements, this paper proposes comprehensive risk mitigation strategies including standardized procedures, secure tracking systems, and systematic training programs. The paper presents specific recommendations for implementing technology-driven solutions such as Controlled Substance Ordering Systems (CSOS), developing nationalized policies, enhancing cross-functional collaboration, and establishing real-time monitoring systems. The economic implications of these measures are evaluated using a risk-based approach, estimating an annual impact of USD 5.87 million based on excess healthcare costs and assumed adoption rates in pharmacy organizations. This research contributes to the growing body of knowledge on healthcare operations risk management while providing practical guidance for pharmacy organizations seeking to strengthen their controlled substance management practices. The findings emphasize that managing compliance and safety in controlled substance management has evolved from an operational necessity to a strategic imperative, requiring innovative approaches that align compliance with operational excellence.

DOI: <https://doi.org/10.54660/IJMRGE.2023.4.3.1079-1083>

Keywords: Compliance, Risk Mitigation, Controlled Substances, Pharmacy Operations, Technology Integration

Introduction

Healthcare organizations today operate in a complex landscape marked by stringent regulatory requirements, increasing operational risks, and the need to deliver exceptional patient care. These challenges are particularly pronounced in pharmacy operations and controlled substance management, where compliance failures can lead to catastrophic social and economic consequences, including legal penalties, financial losses, and compromised patient safety even resulting in deaths. The oft-quoted "Opioid Crisis" is a glaring example that has impacted the very fabric of our society not just in U.S. but in all of North America (Jannetto, 2020) ^[1].

As healthcare systems continue to expand in scale and complexity, the importance of robust risk mitigation strategies has never been greater and more time critical.

This paper, "Risk Mitigation Strategies in Healthcare Operations: Lessons from transforming pharmacy operations and controlled substance management", explores innovative approaches to addressing these challenges, drawing on the successful transformation of pharmacy operations at one of the largest integrated healthcare systems in the United States. Through the

implementation of nationalized policies and the Controlled Substance Ordering System (CSOS), this organization enhanced compliance, reduced risks such as drug diversion, and improved operational efficiency. The introduction of CSOS, which replaced paper-intensive processes with secure, electronic systems, exemplifies how technology can revolutionize operations. Combined with comprehensive training and cross-functional alignment, these efforts set a benchmark for managing compliance and safety in healthcare.

This paper aims to aid leaders in the healthcare industry to devise and implement strategies that not only mitigate risks but simultaneously drive operational excellence, standardization, and sustainable transformation for their pharmacy operations.

Problem Statement

The management of controlled substances in healthcare operations presents significant risks that demand robust mitigation strategies, especially in pharmacy operations. Healthcare organizations today face significant challenges in implementing effective controls while maintaining operational efficiency and regulatory compliance. Despite the critical nature of controlled substance management, many healthcare systems continue to rely on traditional approaches in pharmacy operations. These approaches are characterized by manual workflows, disconnected policies, and unclear path to sustained compliance thereby exposing these organizations to substantial compliance and operations risks over a period of time.

The obvious absence of comprehensive risk mitigation strategies, including standardized procedures, secure tracking systems, and systematic training programs, creates vulnerabilities throughout the medication management lifecycle. The operational gaps manifest in various forms such as inventory discrepancies, potential drug diversion, etc. which ultimately leads to threatening patient safety and organizational integrity. Manual controlled substance management processes introduce heightened risks through documentation errors, reconciliation delays, and limited oversight.

This paper examines transformative approaches to risk mitigation in the healthcare domain, specifically focusing on lessons learned from modernizing pharmacy operations and controlled substance management systems. The paper recommends implementation of risk-based strategies in a leading integrated healthcare system and offers insights into developing resilient operational frameworks that enhance safety, ensure compliance, and optimize resource utilization. The risk mitigation strategies recommended in the paper contribute to the growing body of knowledge on healthcare operations risk management and provide practical guidance for pharmacy organizations seeking to strengthen their controlled substance management practices.

Literature Review

Risks, vulnerabilities, and the regulatory landscape compliance in controlled substance management

Risk to society and individuals: substance or illicit drug use is a not kidding general medical condition influencing normally teenagers and youthful grown-ups. It influences males and females both. It is the significant wellspring of violations in youth and wellbeing related issues in numerous networks. It hurts unborn infants and annihilates families. As

shown by the demonstrative and measurable manual of mental issue “the fundamental component of substance abuse jumble is a group of mental, social and physiological side effects demonstrating the singular keeps on utilizing the substance in spite of critical substance related issues”. Substances that are mishandled are numerous and incorporate liquor, tobacco/nicotine, caffeine, marijuana, inhalants, narcotics, tranquilizers, hostile to nervousness and hypnotics, psychostimulants like cocaine, amphetamine, methamphetamine and stimulants (Khan *et al*, 2022) ^[2]. An example of the impact of Opioids such as Fentanyl: North America is experiencing an unprecedented overdose crisis driven by the proliferation of illicitly-manufactured fentanyl, fentanyl analogues, and fentanyl-adulterated drugs (Ivins *et al*, 2020) ^[3].

The Opioid crisis in U.S. as the foremost example: Findings from this study state that societal costs attributable to prescription opioid abuse were estimated at \$55.7 billion in 2007. Further findings demonstrated that rates of opioid overdose-related deaths ranged from 5528 deaths in 2002 to 14,800 in 2008. Furthermore, overdose reportedly results in 830,652 years of potential life lost before age 65. Opioid abusers were generally more likely to utilize medical services, such as emergency department, physician outpatient visits, and inpatient hospital stays, relative to non-abusers. When compared to a matched control group (non-abusers), mean annual excess health care costs for opioid abusers with private insurance ranged from USD 14,054 to USD 20,546. Similarly, the mean annual excess health care costs for opioid abusers with Medicaid ranged from USD 5,874 to USD 15,183. The issue of opioid abuse has significant clinical and economic consequences for patients, health care providers, commercial and government payers, and society (Meyer *et al*, 2014) ^[4].

Regulatory Landscape: For this paper, our focus is on post-marketing, pharmacy operations aimed at controlled substances ordering processes and systems.

Congress has been regulating the importation and manufacture of controlled drugs since the early 1900s. In 1970 the Controlled Substances Act (CSA) was enacted into law by Congress as Title II of the Comprehensive Drug Abuse Prevention and Control Act. The CSA is the federal drug policy in which the manufacture, importation, possession, use, and distribution of controlled substances is regulated.

The Comprehensive Drug Abuse Prevention and Control Act of 1970 is the principal federal law regulating the manufacture, distribution, dispensing, and delivery of drugs or substances that may result in abuse or physical or psychological dependence and addiction. This legislation is more commonly known as the Controlled Substances Act CSA and has an impact on pharmacists in virtually all practice settings.

The Drug Enforcement Administration (DEA) is charged with administering all parts of the CSA. The CSA legislation created five schedules of controlled drugs with varying qualifications for a substance to be included in each. Classification decisions are required to be made on criteria which includes potential for abuse, currently accepted medical use in treatment in the United States, and international treaties. After the CSA was enacted, many states likewise created similar controlled substance laws and state agencies empowered to enforce those laws (Dusen, 2010) ^[5].

Pharmacy operations compliance and existing processes

Pharmacies must keep an accurate record of every transaction involving a controlled substance (i.e. purchasing, receiving, dispensing, or disposal). This allows for tracking of each controlled substance from initial manufacture to final dispensing to the patient or disposal. A pharmacy must maintain these records for at least 2 years. Records involving Schedule II medications must be maintained separately from all other records. Records for Schedules III to V medications may either be maintained separately or be stored with other ordinary business records, but there must be some mechanism that allows for them to be “readily retrievable” (Gabay, 2013) [6].

Without going in further intricacies, we can safely say here that compliance with the applicable regulations requires stringent pharmacovigilance, well-kept and sanitized record-keeping, intricate systems and personnel trained on specified processes and systems.

Strategies for Managing Compliance and Safety for Risk Mitigation in Healthcare Operations

1. Develop nationalized policies and standard operating procedures (SOPs)

Establish standardized policies and procedures to ensure consistent compliance across all operational units within the healthcare organization. These policies should address drug diversion prevention, secure storage, and adherence to federal and specific state regulations, as appropriate. Example 1: Partner with pharmacy leadership to develop a comprehensive guide that includes clear steps for monitoring controlled substances, flagging irregularities, and managing corrective actions, resulting in a unified framework that enhances both compliance and operational alignment. Work with the centralized Learning & Development team to roll out these Policies and Procedures nationally at the corporate office, hospitals and all pharmaceutical units. Example 2: The Texas Department of State Health Services provides guidelines on the storage and security of controlled substances. These guidelines recommend that central supplies of controlled substances be stored in a securely locked, substantially constructed safe or steel cabinet that is bolted or cemented to the floor or wall, making it immovable. Access should be limited to authorized personnel, and any discrepancies or losses must be reported to the appropriate authorities.

2. Implement technology-driven solutions

Replace manual processes with digital solutions, such as a Controlled Substance Ordering System (CSOS), to improve efficiency, accuracy, and compliance tracking. Example 1: Introducing CSOS to automate DEA Form 222 workflows, can cut average order processing time from 7 days to 1 day while reducing errors by 30%, as verified through pilot testing with pharmacy teams by the author.

Example 2: Implementing a Controlled Substance Ordering System (CSOS) to replace manual DEA Form

222 processes reduced order processing time by 85%, from an average of 10 days to just 1.5 days, while improving data accuracy by 40%, according to results from a six-month pilot program in a multi-state healthcare organization.

3. Conduct comprehensive training programs

Equip employees with the knowledge and skills to comply with regulatory standards and use technology effectively. Tailored training sessions should address roles, compliance expectations, and system use. Example: Conduct a series of training workshops that should be made mandatory for all pharmacy staff, with the intent of achieving a 95% training completion rate within 8 - 12 weeks and implement post-training assessments to ensure understanding of new compliance measures. Build in learning assessments through paper formats as well as in person workshops, to ensure regulatory standards and compliance expectations are clear and thoroughly understood.

4. Enhance cross-functional collaboration

Foster collaboration across departments such as pharmacy, legal, and IT to streamline compliance efforts and resolve potential risks proactively. If these departments closely collaborate and share information, only then can such programs be successful at a national level.

Example: Facilitate a 6-8 week cross-functional workshop involving legal, compliance, and operational teams to map out current gaps in controlled substance management and collaboratively develop a roadmap for risk mitigation.

5. Implement real-time monitoring and reporting

Deploy systems that provide real-time tracking of controlled substance transactions, enabling immediate response to anomalies and potential risks. This will help proactively address issues as soon as they occur. Example: Implement a digital inventory management system that automatically flags discrepancies, such as a 5% variance in stock, triggering immediate review and corrective action by compliance team leaders.

6. Conduct regular internal audits and risk assessments

Schedule periodic audits to review compliance practices and identify vulnerabilities in the system. Use findings to implement targeted improvements. Ideally national audits should be conducted once every year with internal reviews taking place once a quarter. Example: Organize quarterly compliance audits focusing on inventory accuracy, procedural adherence, and employee feedback, identifying key improvement areas such as reducing error-prone manual data entry by 20%.

7. Establish a culture of accountability and transparency

Promote a culture where compliance is a shared responsibility and encourage employees to report issues proactively without fear of retaliation. Example: Launch an anonymous reporting system for staff to highlight potential compliance concerns, coupled with a recognition program for teams demonstrating exemplary adherence to compliance standards.



Fig 1: Proposed Risk Mitigation Strategies for Pharmacy Operations

Each strategy above integrates actionable examples to demonstrate real-world applications and measurable outcomes, driving safer and compliant healthcare operations.

Social and economic implications of deploying risk mitigation measures for controlled substance management

As the healthcare industry evolves, managing compliance and safety in controlled substance management remains a critical priority. The growing complexity of regulatory requirements, coupled with the heightened risks of drug diversion and operational inefficiencies, calls for innovative, scalable risk mitigation strategies. The future of compliance in controlled substance management lies in leveraging technology, nationalized policies, and comprehensive training to create streamlined, proactive systems that safeguard patient care and operational integrity.

Deploying advanced risk mitigation measures, such as electronic Controlled Substance Ordering Systems (CSOS), can transform operations by replacing manual, paper-intensive processes with secure, digital workflows.

To understand the economic implications, the author assumes a risk-based view limited to the detailed risks highlighted with the massive opioid crisis and impacted patients and the

healthcare system.

A study found that based on a matched control group (non-abusers), mean annual excess health care costs for opioid abusers with private insurance ranged from USD 14,054 to USD 20,546. Similarly, the mean annual excess health care costs for opioid abusers with Medicaid ranged from USD 5,874 to USD 15,183. Furthermore, the studies suggest rates of opioid overdose-related deaths ranged from 5,528 deaths in 2002 to 14,800 in 2008 (Meyer *et al*, 2014) ^[4].

For economic impact therefore, we assume the lowest end of cost per patient at USD 5,874 and a patient count of 10,000 patients annually impacted with controlled pharmacy operations. Based on a 10% application rate for pharmacies assumed towards the approach highlighted in this paper, the calculation is $\text{USD } 5,874 \times 10,000 \text{ patients annually} \times 10\% \text{ application rate}$ for approach. This leads to an estimated annual impact of USD 5.87 million. However, the bigger impact here is the social cost of losing people to drug abuse and any lives saved is a massive impact to the society.

The author extends the socio-impact analysis using “fish-bone” diagram as a tool below to demonstrate different aspects of impact on both social and economic aspects of risk generated by controlled substances abuse.

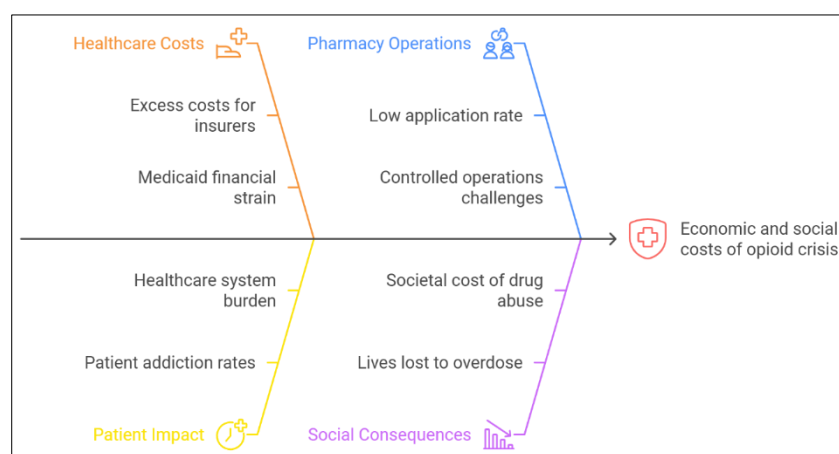


Fig 2: Socio-Economic Risks for Controlled Substances Abuse

Conclusion

Managing compliance and safety in controlled substance management is no longer an operational necessity but a strategic imperative for healthcare organizations. The increasing complexity of regulatory landscapes, combined with the critical need to prevent drug diversion and ensure patient safety, demands innovative approaches that align compliance with operational excellence. This paper has outlined how adopting risk mitigation measures, such as nationalized policies, comprehensive training programs, and technology-driven solutions like the Controlled Substance Ordering System (CSOS), can transform healthcare operations.

The economic impact of these measures is both measurable and significant. The paper approaches economic impact in excess healthcare costs for impacted population of patients and an assumed adoption rate in pharmacy organizations for the approach prescribed in this paper. The annual economic impact accordingly is estimated to be USD 5.87 million.

Looking forward, healthcare organizations must embrace proactive, scalable solutions that not only mitigate risks but also position them as leaders in compliance and safety.

By effectively integrating technology, fostering collaboration, and prioritizing knowledge transfer, the healthcare and life sciences industry can achieve sustainable improvements that benefits healthcare employees, their patients, and the broader healthcare ecosystem.

References

1. Jannetto P. The North American opioid epidemic. Therapeutic Drug Monitoring. 2020. Available from: <https://doi.org/10.1097/FTD.0000000000000817>
2. Khan M, Bajwan D, Subashini S. Substance abuse: An overview. Journal of Community and Social Health Nursing. 2022. Available from: <https://doi.org/10.46610/jcshn.2022.v04i02.002>
3. Ivins A, Boyd J, Beletsky L, McNeil R. Tackling the overdose crisis: The role of safe supply. The International Journal on Drug Policy. 2020;80:102769. Available from: <https://doi.org/10.1016/j.drugpo.2020.102769>
4. Meyer R, Patel A, Rattana S, Quock T, Mody S. Prescription opioid abuse: A literature review of the clinical and economic burden in the United States. Population Health Management. 2014;17(6):372–387. Available from: <https://doi.org/10.1089/pop.2013.0098>
5. Dusen V. Federal controlled substance laws and regulations. Formulary. 2010.
6. Gabay M. Federal Controlled Substances Act: Ordering and recordkeeping. Hospital Pharmacy. 2013;48:919–921. Available from: <https://doi.org/10.1310/hpj4811-919>