Pharmacy-based Care Model for the Treatment of Opioid Use Disorder: Pilot Findings and Novel Care Adaptations During COVID-19

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Background

- Buprenorphine/naloxone (BNX) and naltrexone (NTX) treatment need vastly exceeds treatment availability.
- In Rhode Island, a collaborative pharmacy practice agreement (CPA) could be adapted to expand BNX and NTX care provision through pharmacies.

Objective

- Determine the feasibility of providing pharmacy-based medications for opioid use disorder (MOUD) care to patients with opioid use disorder in Rhode Island.
- Consider adaptations of this model during COVID-19.

This research was supported by NIDA grant number R21/R33 DA045848 (PI: Green). For more information, please contact: traci.c.green@gmail.com

Results

11 Patients (5 women, 6 men)
40% Non-White, Ages 23-60

70 clinic visits for BNX care at two locations

- No adverse events reported
- Pilot patients safely transitioned to and from the pharmacy
- Most patients attended visits weekly with one patient attending daily

All pharmacists rated the pharmacy care model highly feasible; patients similarly rated the care receipt highly.

"It was the same thing; no surprises; on schedule, easy to do; that's exactly what I wanted. I was excited to go to the pharmacy."

"I never felt embarrassed going there…"

COVID-19 adaptations: Pharmacy innovations to address need for on-demand withdrawal supports and ready access to buprenorphine induction

Withdrawal Treatment
- Patient assessed by pharmacist
- Patient dispensed 24hr of medication
- Dosage dependent on severity of withdrawal symptoms

BNX Induction
- Patient assessed by pharmacist
- Pharmacist speaks to provider to verify induction
- Patient begins treatment

Method

Development and Training Preparations

- A CPA for MOUD was developed by state administrators, community pharmacists, MOUD clinicians, and study team members from existing MOUD models.
- 17 pharmacists were trained in MOUD care provision principles over a 20-hour online and in-person course designed in partnership with national organizations for the study.

Pilot study

- The CPA was piloted with 11 patients recruited from an opioid treatment program.
- Patients were already receiving BNX maintenance doses and were asked to visit the study pharmacy at least weekly for one month.
- Toxicological testing was oral and observed; pharmacy care notes were provided to the collaborating prescriber within 8 hours of visits.
- Feasibility was assessed from patients as well as from pharmacists delivering the intervention through a self-reported Likert-scale item.

Conclusion

- Findings suggest that a CPA care model is feasible and safe for patients on MOUD and for pharmacists to manage patient care.
- A CPA model for MOUD can further engage pharmacists as part of the patient care team to meet the dynamic needs of patients including during the COVID-19 crisis.