Providers Clinical Support System

How Adding A Clinical Pharmacist Improves Access to Addiction Care

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Disclosures

- **Ben Miskle, PharmD**, faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.
- **Alison Lynch, MD,** faculty for this educational activity, has no relevant financial relationship(s) with ineligible companies to disclose.

Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.

Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Describe how health care professionals can successfully work together to coordinate and optimize care of patients with substance use disorders (SUD)
  - Examine the role of the pharmacist as a member of the interprofessional SUD team and the impact on patient care outcomes
  - Identify SUD treatment settings where pharmacists can be integrated and the enhanced services that can be provided

Case Discussion

- 24yo patient presented to your clinic 2 days ago requesting treatment for OUD. They had been using fentanyl (blue tabs, ~10/day, smoking) for the past 9 months. Prior to fentanyl, they had been smoking and later injecting heroin for ~2 years.
- In clinic, you recommended they wait 18-24 hours after last use and then start buprenorphine (Subutex) 2mg SL, with plan to repeat dose every 1-2 hours as tolerated. You spent ~30 minutes providing education to the patient about how to take the medication, common pitfalls including precipitated withdrawal, how to monitor withdrawal symptoms, who to contact with questions, the importance of getting naloxone and how to use it, and the follow up plan.

In the past 48 hours, the patient has called 6x and left messages for you with a number of questions and concerns:

- The buprenorphine required a prior authorization for insurance to cover it.
- The patient's pharmacy did not have buprenorphine in stock.
- The patient had questions about eating and drinking when taking buprenorphine.
- The patient had trouble waiting for the medication to arrive at the pharmacy so took some oxycodone tablets, then wasn't sure if they could still start the medication as planned.
- The patient noticed worse withdrawal symptoms within 20 minutes of taking the first dose of buprenorphine.
- The patient didn't like the way the tablets tasted and dissolved, and they wanted to know if there are other options.

Discussion

1. How much time does buprenorphine initiation counseling take you?
2. How many of you have the time in your clinic day to field multiple phone calls from individual patients?
3. Do you have others in your clinic that help with these tasks?

Medications for Addiction Treatment (MAT) Clinic Beginnings…

- MAT Clinic started in 2017, 2 psychiatrists, 2 mornings/week.
- We had a part-time social worker/case manager who helped triage referrals and take calls from patients in between appointments.
- We also worked with our hospital ED team to get some staff waivered, so patients could get started on BUP in the ED and follow up in MAT Clinic.
- We were the only clinic in our community that prescribed buprenorphine and accepted Medicaid.
- All buprenorphine products required prior authorization from Medicaid MCOs. Turn around time was 3-7 days, often approved for 30-90 days. Prescribing over 16mg/day required peer to peer call.
- We prescribed sublingual formulations only.
- We had a good relationship with our hospital pharmacy.

The MAT Clinic Grew…

- 4 days/week, 2 locations, 5 LIPs
- Residents, medical students, SW students
- Grants to hire 2 case managers
- Collaborations with other departments
- Addiction Medicine Consult service
- Naltrexone injection

- HIRED A PHARMACIST!

What is a Psychiatric Trained Clinical Pharmacist

Psychiatric Pharmacists

- Specialized training in the treatment of patients with psychiatric disorders, including substance use disorders
  - PGY-1 Residency
  - PGY-2 Psychiatric Pharmacy Residency
    - Includes a mix of inpatient, outpatient, and residential/long-term care rotations
  - Residency programs are accredited from the American Society of Health-System Pharmacists (ASHP) Commission on Credentialing
    - Includes competency areas, goals, and objectives
- Board Certification – BCPP
  - The Board of Pharmacy Specialties (BPS) recognizes BCPPs as able to:
    - Design, implement, monitor, and modify treatment plans
    - Educate patients, health-care professionals, and other stakeholders
    - Provide leadership in the health system and public policy to improve the health of persons with mental illness

American Association of Psychiatric Pharmacists. Required competency areas, goals, and objectives for postgraduate year two (PGY2) psychiatric pharmacy residencies. ASHP. 2016. Psychiatric Pharmacy. BPS. Retrieved from: https://www.bpsweb.org/bps-specialties/psychiatric-pharmacy/

General Guidelines of Practice for Clinical Pharmacists

- States laws vary
  - Most states include the ability to engage in a collaborative practice with a clinical pharmacist
    - California created a designation of "Advanced Practice Pharmacist (APh)" in 2013 that states:

      "APh licensed pharmacists may perform the following pursuant to CA Business & Professions Code, §4052.6(a)1-4

      - *Perform patient assessments;*
      - *Order and interpret all drug therapy-related tests;*
      - *Refer patients to other healthcare providers; and*
      - *Participate in the evaluation and management of diseases and health conditions in collaboration with other healthcare providers."*
- Does NOT allow pharmacists to diagnose disease states

Centers for Disease Control and Prevention 2017.
Pharmacist Prescribing: Statewide Protocols and More. NASPA. 2018.

Pharmacist Developed Patient Education

Dosing Information

Bulk-forming agent:

- Polycarbophil 625 mg
  - Take 2 capsules 1 to 4 times each day.
  - Works in 12 to 24 hours. It may take up to 72 hours.

Hyperosmotic agents:

- Polyethylene glycol
  - There are 17 grams in a capful. Put 1 cap in 4 to 8 ounces (oz) of liquid 1 time each day.
  - Works in 12 to 72 hours.
- Glycerin suppository: 1 suppository or as directed by PCP
  - Onset: 15-30 minutes

Emollient agent:

- Docusate 100 mg
  - Take 1 to 3 capsules each day. You can take them both at the same time, or 1 in the morning and 1 at night.
  - Works in 12 to 72 hours. It may take 3 to 5 days for full effect.

Saline laxative:

- Magnesium citrate
  - Take 1/2 to 1 bottle (150 to 300 mL) as ordered by your care team.
  - Works in 30 minutes to 3 hours.

Stimulant agents:

- Bisacodyl 5 mg
  - Take 1 to 3 tablets (most often 2) 1 time each day.
  - Works in 6 to 10 hours. It may take 24 hours.
- Senna 8.6 mg
  - Start by taking 2 tablets 1 time each day. The most you can take is 4 tablets 2 times each day.
  - Works in 6 to 10 hours. It may take 24 hours.

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General Recommendations

Plan for refills:

- Call your pharmacy for a refill at least a few days **before** your medication is gone so you do not run out. There are restrictions. If you have a 30-day supply, often the earliest you can refill is on day 27. If you have no refills left, call your case manager or your care team.
- Know your pharmacy's hours.
- Check to see how much medication you have left **before** a weekend or holiday. Use a pill box to help.
- If your pharmacy does not have all the supply you are prescribed, they may be able to fill part of your prescription. You may need a new prescription to fill the rest of your medication later. So, if the pharmacy only has enough to fill 10 days, you may need a new prescription to fill the other 20 days.

What to Do If You Do Not Have Access to Your Medication

- Call your case manager.
- Tell your provider. This could be someone that comes to the jail/prison if you are incarcerated.
- Tell family or a friend. Ask them to call your MAT provider or case manager.

Safeguard Your Medication

You may have done your best to store your medication so it would not get lost or stolen, but if this happens:

- Your insurance, provider, or pharmacy may or may not let you have a refill early.
- File a police report if your medication is stolen.
- Your pharmacy will ask for your police report number to document on your prescription.

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Insurance Reminders

- Sometimes insurance will not cover the cost. There may be an out-of-pocket cost you have to pay.
- Not all forms of a medication are covered by each insurance plan. It can take extra time to get other forms covered, such as switching from tablets to film.
- Your insurance can lapse. You must watch for insurance forms in the mail and return them quickly.
- Keep track of your prior authorization (PA) dates. Remind your case manager when a new one is due.
- Make sure your pharmacy has your current insurance and contact information.
- Tell your case manager what is going on so they can work with you to solve any issues.

Frequently Asked Questions

What is prior authorization (PA)?

A prior authorization, sometimes referred to as a PA, is a requirement from your health insurance company that your doctor obtain approval from your plan before they will cover the cost of your medication.

How do I get a PA?

It is a process:

- PA form is sent to the provider to be filled out.
- They send the form to your insurance.
- You wait for approval. This takes 24 to 72 hours.
- If it is approved, your care team tells your pharmacy it is okay to fill the prescription.

When a PA is approved, it almost always has an end date and needs to be renewed if you will keep taking the medication. People often get an approval letter with the end date. It is best to refill your medication right before your PA ends, rather than waiting until after the PA ends.

Discussion

1. Are there education tools you could create to help make your clinic more efficient?
2. What other education tools do you think would be useful in a Medications for Addiction Treatment (MAT) clinic?

Collaborative Practice Agreements

- Definition:
  - "A formal agreement in which a licensed provider makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions."

CPA Examples

Diabetes	Asthma	Smoking Cessation
Hyperlipidemia	HIV/Hepatitis C	Anticoagulation Management
Hypertension	Chronic Obstructive Pulmonary Disease	Medications for Addiction Treatment

Centers for Disease Control and Prevention. Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017.

PCSS Providers Clinical Support System

CPA Usual Requirements

- Purpose and Goals
- Providers Authorized
- Medical Director/Supervising Physician
- Responsibilities
  - Pharmacist Scope of Practice
  - Referring Provider Responsibilities
- Documentation/Communication
- Quality Assurance
- Pharmacist Training and On-going Competencies
- References

Centers for Disease Control and Prevention. Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017.

University of Iowa Example
Medications for Addiction Treatment Clinic CPA

I. Purpose & Goals

Purpose

- The purpose of this protocol is to ensure continuity of care and improve patient access to medications for addiction treatment (MAT) in the Addiction Medicine Clinic.

Goals

- To optimize medication management for patients with Substance Use Disorders (SUD).
- To enhance shared decision making for treatment of SUD, by assisting patients to fully understand the risks, benefits, and possible alternatives for MAT.
- To monitor for adverse drug events from buprenorphine-containing products and to mitigate the potential for adverse outcomes.
- To improve patient adherence to prescribed treatment regimens.
- To improve knowledge of and adherence to laboratory monitoring required for MAT for SUD.
- To improve patient/caregiver understanding of MAT, complications of SUD, and medication therapies.

University of Iowa Example
Medications for Addiction Treatment Clinic CPA

- Providers Authorized:
  - Attending Physicians may refer patients
  - Pharmacists in the MAT clinic may provide care
- Responsibilities:
  - Medication therapy management for the following disease states:
    - Nicotine use disorder
    - Opioid use disorder
    - Opioid withdrawal
    - Alcohol use disorder
    - Alcohol withdrawal
  - Patient Education
  - Laboratory Monitoring
  - Patient Assessment/Physical Assessment
  - Etc.

University of Iowa Example
Medications for Addiction Treatment Clinic CPA

Medications for Addiction Treatment			
Drug	**Maximum Dose (per day unless otherwise stated)**	**Usual Starting Dose**	**Frequency (daily unless otherwise stated)**
Opioid Use Disorder			
Buprenorphine (SL)	32 mg	2 to 8 mg	Once or twice daily
Buprenorphine (SQ)	300 mg every 4 weeks	300 mg	Once every 4 weeks
Buprenorphine/ Naloxone (SL film or tablet)	Buprenorphine: 32mg	Buprenorphine: 2 to 8 mg	Once or twice daily
Buprenorphine/ Naloxone (Zubsolv®)	Buprenorphine: 22.8 mg	Buprenorphine: 1.4 to 5.7 mg	Once or twice daily
Naltrexone (IM)	380 mg (per dose)	380 mg	Once every 4 weeks
Naloxone	8mg in divided doses	4mg	PRN for opioid overdose
Alcohol Use Disorder			
Acamprosate	666 mg in divided doses	666 mg	Three times daily
Baclofen	30mg in divided doses	5mg	Three times daily
Disulfiram	500 mg	250 to 500 mg	Once daily
Naltrexone (oral)	150 mg	25 to 50mg	Once daily (may also do every other or every 3 day regimens)
Naltrexone (IM)	380 mg (per dose)	380 mg	Once every 4 weeks
Nicotine Use Disorder			
Nicotine (patch)	21 mg	7 to 21 mg	Once daily
Nicotine (gum)	4mg per dose	2mg or 4mg	PRN (max of 24 pieces per day)
Nicotine (lozenge)	4mg per dose	2mg or 4mg	PRN (max of 20 lozenges per day)
Nicotine (inhaler)	16 cartridges per day	6 to 16 cartridges per day	PRN (max of 16 cartridges per day)

- Name of Medication
- Maximum Dose Allowed
- Usual Starting Dose
- Dosing Frequency

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University of Iowa Example
Medications for Addiction Treatment Clinic CPA

MAT Clinic Referring Provider Responsibilities

- The referring provider is responsible for the general supervision of the patient's care and must maintain an ongoing relationship (i.e. minimum of annual clinic visit) with the patient in order for the patient to receive care pursuant to this protocol.
- The referring provider will be available to discuss care pursuant to this protocol if needed. In the event the referring provider is unavailable, then the medical director of the protocol will be contacted if needed.
- The referring provider may withdraw the patient from the protocol at any time or may override this protocol whenever he or she deems such action necessary or appropriate for a specific patient.
- The MAT Clinic referring provider must retain a list of patients receiving care through the protocol, as these patients count toward the provider's panel size limits as defined by their DEA waiver to prescribe FDA-approved schedule III drugs to treat OUD in an office-based setting.

Medical Director Responsibilities

- The medical director of the UIHC Medication Assisted Treatment Service (or his/her designee) will oversee the responsibilities of the pharmacists operating under this protocol and will be available to the pharmacist for consultation, as needed.

Discussion

1. Do any of you currently have collaborative practice agreements with clinical pharmacists?
2. For the case presented at the beginning of the presentation, would a collaborative practice model help with any of the challenges the patient/provider are facing?

Clinical Pharmacist Roles in MAT Clinic

- Education
  - Patients
  - Medical Students/Pharmacy Students
  - Nursing
  - Residents/Fellows
- Direct Patient Care
  - Initial evaluations
  - Follow-up appointments
  - Drug information questions
- Other
  - Consults with other departments
    - Returning pages
    - Referrals
    - Long-Acting Injectables
  - Insurance Assistance
    - Prior Authorizations
    - Medication related cost concerns
  - Refill Management
    - Prescription Drug Monitoring Program (PDMP)

Clinical Pharmacist Practitioner (CPP) Role in Substance Use Disorders (SUD). U.S. Department of Veterans Affairs. 2020.

Working With a Multidisciplinary Team

- Part of the chronic care model, with patient at the center
- Different roles and skills, different perspectives
- Address multiple aspects of a patient's care, needs, and goals
  - Enhances clinical decision making
- Establish roles, each member knows their role and knows who to pull in based on what else is needed
- Each team member has their own tasks and goals for the encounter
- Each professional practicing at the "top of their license"
- Good communication is a must!

Making the Business Case for Adding a Clinical Pharmacist

- The pharmacist can assist with and perform patient care duties so the LIP can see patients and perform billable activities.
- The pharmacist expands clinical capacity by utilizing the collaborative practice agreement.
- Outcome and adherence improvement
- MAT injections
- 340B plan
- Collaborate with College of Pharmacy and/or Hospital Pharmacy
- Specialty pharmacy

Clinical Pharmacist Role in Expanding Access to Care, Enhancing Treatment, and Reducing Workload for Other Team Members

University of Iowa Health Care

Medications for Addiction Treatment (MAT)

Walk-In Clinic

UIHC Scott Boulevard Clinic Wednesdays

from 1:00pm-4:30pm

3640 Middlebury Road, Iowa City, IA 52245

(319) 359-9072

→ uihc.org

About Us

At the Walk-In MAT Clinic, we see new patients who are interested in starting buprenorphine (Suboxone) for opioid use disorder, established MAT clinic patients in need of urgent follow-up, or those that have been unable to attend their scheduled MAT appointments.

Treatment with buprenorphine can be initiated by the Walk-in MAT Clinic **WITHOUT** presenting to clinic with withdrawal symptoms.

After the walk-in visit, you will be scheduled for a follow-up appointment at one of our MAT Clinics - Iowa River Landing (IRL) or Main Hospital - for further MAT care.

Available to

- Patients interested in starting buprenorphine or naltrexone for opioid use disorders.
- Patients interested in starting medications for alcohol use disorders.
- Established MAT Clinic patients in need of more urgent follow up.
- Established MAT patients unable to attend their scheduled appointments.
- Patients WITHOUT insurance should contact case manager prior to attending the clinic.

What to Expect

- Meeting with provider will take place in a private room.
- Appointments will last approximately 30 minutes.
- You will complete a few brief questionnaires.
- Provider may provide prescription for medications, including buprenorphine, for home initiation.
- You will be given a follow-up appointment at one of our MAT Clinics - IRL or Main Hospital - for further MAT care.
- Consultation with a social worker as needed.

Medications Available

- Buprenorphine (Suboxone)
- Naltrexone
- Naloxone (Narcan)
- Acamprosate
- Disulfiram
- Medications for nicotine/tobacco cessation

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Enhancing Treatment

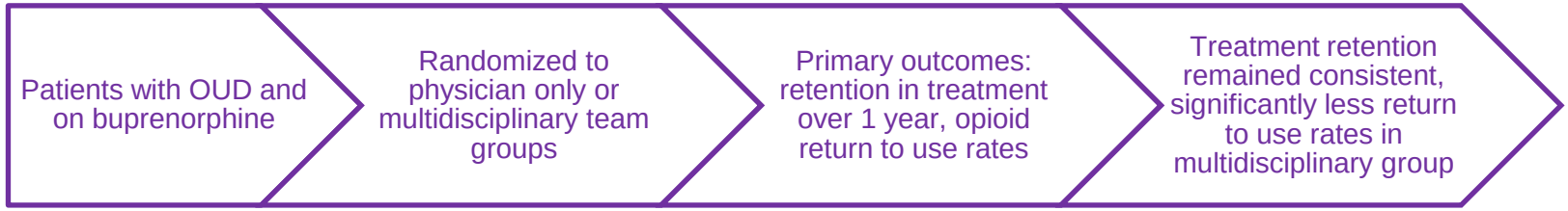
- Local Level
  - Integration on MAT consult service
    - Initiating Treatment
    - Withdrawal management
    - Complex pain management for patients with comorbid substance use disorders (SUDs)
    - Treatment of SUDs for those who are pregnant
      - Patient and provider education for teratogenicity and risk/benefit discussions
    - Precipitated withdrawal treatment
- Organizational Level
  - Updating policies on buprenorphine and methadone
  - Grand rounds educations to nursing, pain management, psychiatry
  - Expansion of grants for SUD care

Enhancing Treatment

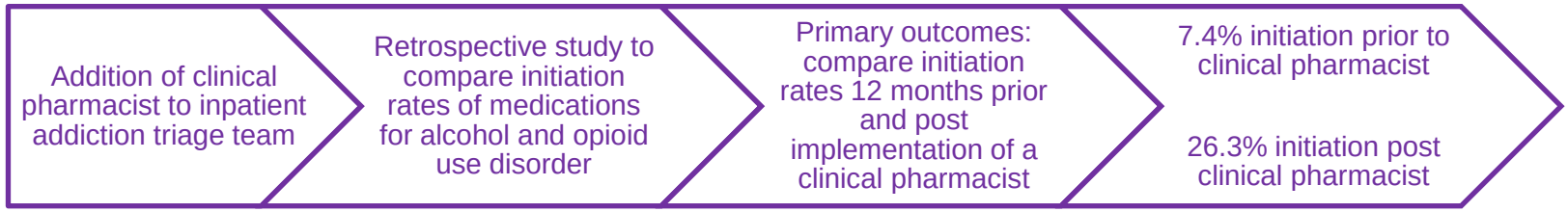
- State Level
  - Speaking at conferences across the state on substance use disorders
  - Involvement with pharmacy associations and boards of pharmacy for regulatory practice changes
  - Creating continuing education to better assist pharmacists with education on substance use disorders
  - Increasing naloxone access
- National Level
  - Interdisciplinary publications on substance use disorders, stigma, etc.
  - Organization involvement

Research on Clinical Pharmacists Enhancing Treatment for Patients with SUD

- Mattle et al



- Ehrhard et al



Mattle A, Aladeen T, Blondell R, Capote H, Rainka M. Evaluating outcomes of a clinical pharmacist medication management program in a multidisciplinary practice outpatient buprenorphine treatment of opioid use disorder. JACCP. 2021;4(4):424-434.
Ehrhard K, Colvard M, Brabson J. Addition of a clinical pharmacist practitioner to an inpatient addiction triage team and related medication outcomes. Ment Health Clin. 2022;12(4):219-224.

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Reducing Workload Burden

- Community Pharmacies
  - Refill management
  - Prior authorizations
  - Insurance appeal letters
  - Answering questions
  - Building rapport
- Organizational Level
  - Providing education
  - Creating training materials
  - Updating policies/procedures
  - Answering questions from other providers/staff

Haag J, Yost K, Kosloski-Tarpenning K, et al. Effect of an Integrated Clinical Pharmacist on the Drivers of Provider Burnout in the Primary Care Setting. J Am Board Fam Med. 2021;34(3):553-560.

PCSS Providers Clinical Support System

Discussion

1. Are there any specific workplace opportunities a clinical pharmacist could assist with in your current practice?
2. What might be some of the barriers for implementation of a similar program in your workplace setting?

MAT Clinic Today

- 4 days/week, 3 locations, 7 LIPs, Clinical Operations Manager (nurse trained), 2 Peer Recovery Coaches, 5 Case Managers
- Residents, medical students, SW students, pharmacy students, nursing students
- Grants to support case managers and peer recovery specialists
- Collaborations with other departments
- Addiction Medicine Consult service
- MAT injections (naltrexone and buprenorphine)
- Walk In Clinic

Case Discussion Wrap-Up

- ***In the past 48 hours, the patient has called 6x and left messages for you with a number of questions and concerns:***
  - The buprenorphine required a prior authorization for insurance to cover it.
  - The patient's pharmacy did not have buprenorphine in stock.
  - The patient had questions about eating and drinking when taking buprenorphine.
  - The patient had trouble waiting for the medication to arrive at the pharmacy so took some oxycodone tablets, then wasn't sure if they could still start the medication as planned.
  - The patient noticed worse withdrawal symptoms within 20 minutes of taking the first dose of buprenorphine.
  - The patient didn't like the way the tablets tasted and dissolved, and they wanted to know if there are other options.

Conclusion

Case Discussion Wrap-up

- A clinical pharmacist, with training in SUD treatment could help with:
  - Prior authorization assistance
  - Contacting pharmacies for stocked medications
  - Discuss dosing, medication formulations with the patient
  - Perform withdrawal scale assessments
- Collaboration with the provider could help:
  - Create a treatment plan for precipitated withdrawal
  - Develop a plan for alternative initiation strategies

Key Take-aways

- Collaboration of health care professionals can optimize care of patients with substance use disorders
- Addition of a pharmacist to the SUD team can reduce workload burden, enhance treatment, and expand access to care
- Clinical pharmacists with SUD training can assist in settings that provide consult services, tele-health, outpatient, and inpatient treatment for those with SUD

References

- Centers for Disease Control and Prevention. (2017). Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
- Ehrhard K, Colvard M, Brabson J. (2022). Addition of a clinical pharmacist practitioner to an inpatient addiction triage team and related medication outcomes. Ment Health Clin, 12(4):219-224.
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- Mattle A, Aladeen T, Blondell R, Capote H, Rainka M. (2021). Evaluating outcomes of a clinical pharmacist medication management program in a multidisciplinary practice outpatient buprenorphine treatment of opioid use disorder. JACCP, 4(4):424-434.
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PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

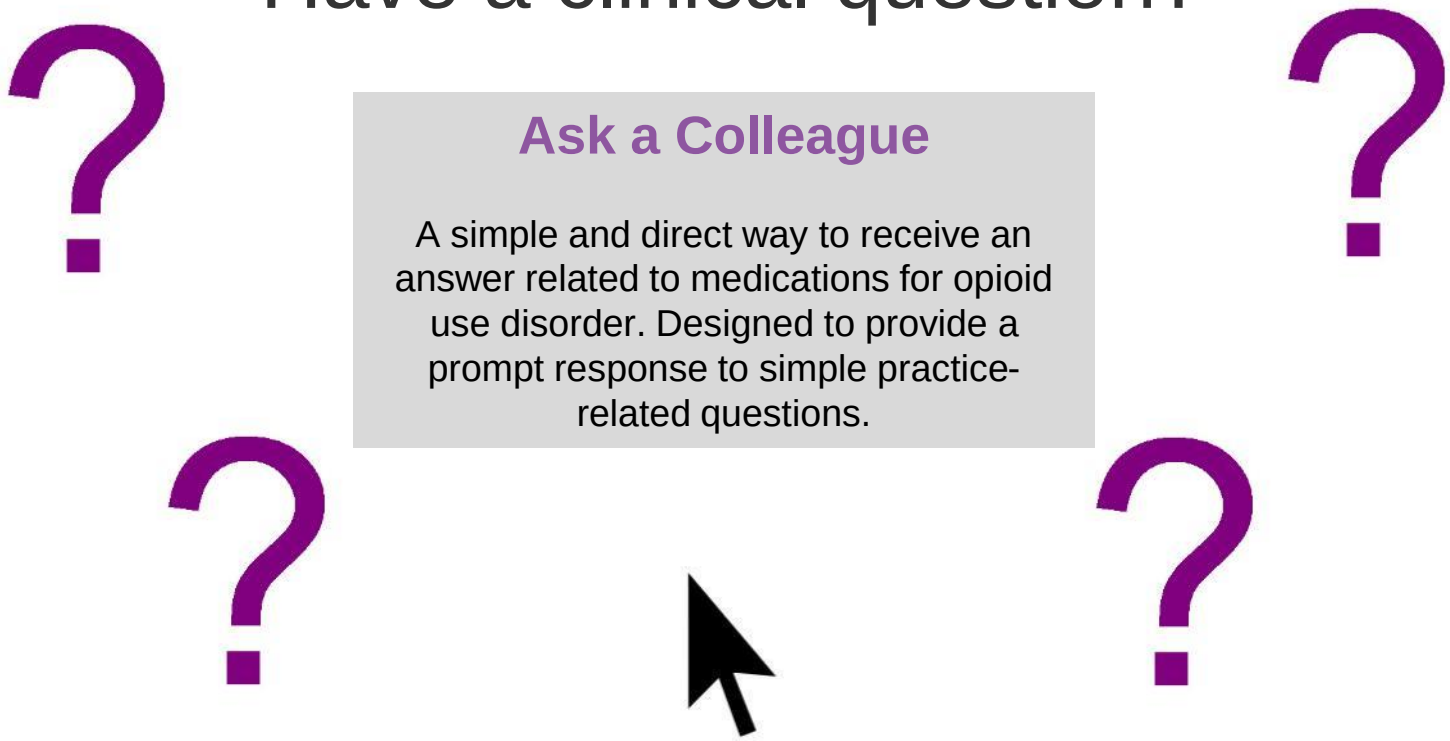
For more information visit:

https://pcssNOW.org/mentoring/

PCSS Providers Clinical Support System

PCSS Discussion Forum

Have a clinical question?



Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

http://pcss.invisionzone.com/register

PCSS Providers Clinical Support System

PCSS Providers Clinical Support System

PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Mental Wellbeing
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine

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