



Expanded Buprenorphine Treatment Services Through a Community Pharmacist Integrated Treatment Model

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BACKGROUND

- In the United States unintentional deaths from opioid overdoses have risen to epidemic proportions¹
- Buprenorphine prescribed for opioid use disorder (OUD) can be dispensed in a community pharmacy setting. Therefore community pharmacists dispensing medications for OUD are in a good position to provide additional monitoring and treatment services²
- ASAM and SAMHSA recommended treatment services include: observed dosing when indicated, Urine Drug Screening (UDS), Prescription Drug Monitoring Program reviews (PDMP), frequent visits until stable, smoking cessation services, naloxone, access to clean syringes, alcohol use disorder and mental health treatment access^{2, 3}
- The Centre for Addiction and Mental Health of Ontario's Buprenorphine for Opioid Dependence Clinical Practice Guideline recommends physicians collaborate with a pharmacist to offer many of said services⁴
- A model of integrating a pharmacist into buprenorphine patient care has the potential to expand monitoring and add support for the medical team⁴

PURPOSE

To describe a pharmacy model offering buprenorphine monitoring and treatment services utilization over a 12 month period. To provide the legal foundation allowing said services and to discuss the billable and non-billable aspects.

SETTING

Community Behavioral Health Services (CBHS) Pharmacy is an outpatient county specialty pharmacy. The pharmacy is integrated with the Office Based Induction Clinic (OBIC), which specializes in the management of OUD. The pharmacy provides buprenorphine to approximately 130 patients per month. The census evolves as new induction patients enroll while stabilized patients graduate to non-specialty community pharmacies. The pharmacy is open 5 days a week from 9:00 AM to 4:30 PM and schedules 1.5 fulltime staff pharmacists, and 1.5 fulltime technicians dedicated to buprenorphine services.

RESULTS

Types of Issues Identified & Pharmacist Recommendations

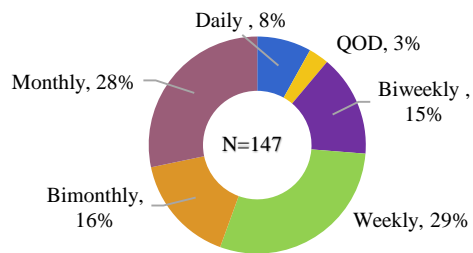
Issues Identified	Recommended Interventions
<ul style="list-style-type: none"> Diversion Significant drug-drug interaction Relapse Need for social services/insurance/case worker Need for mental health services/medications Poor medication adherence 	<ul style="list-style-type: none"> Contingency Management Urine drug screens Observed dosing, dosage consolidation Initiation of psychiatric medications Initiation of alcohol use disorder medications Cessation/tapering of benzodiazepines Referral to higher level of care

BUPRENORPHINE SPECIALTY SERVICES

Treatment Services



Buprenorphine Patient Pick-Up Schedule in 11/2017



Monitoring Services



RESULTS, continued

Average Utilization Per Month

- 19 naloxone furnished with community reversal training/opioid safety education
- 30 clean injection kits
- 247 specialty services (UDS, breathalyzer, observed dose)
- 36 prescriptions for NRT furnished and 118 minutes of behavioral counseling
- 120 PDMP reviews

Services Billable by Pharmacy

Type of Service	Billable Services	Non-Billable Services
Buprenorphine	Rx fee	Observed dosing Urine drug screen Breathalyzer PDMP/medical chart review Case conferencing
NRT	Rx fee	Behavioral counseling Rx Furnishing
Naloxone	Rx fee	Opioid safety education Rx Furnishing
Clean Syringes	Syringe fee	Injection kit supplies Counseling/treatment engagement

DISCUSSION/CONCLUSION

Community pharmacists are health care providers who see patients frequently. With regular patient contact, pharmacists have an opportunity to collaborate with the medical team and provide monitoring and treatment services for substance use disorder patients. Data collected over a 12 month period revealed that 70% of dispensed buprenorphine prescriptions included a specialty service. Patient specific issues were identified through patient interview/observation, medical chart review, UDS/breathalyzer screenings, PDMP review and were communicated to prescribers. Some limitations that could limit applicability in other settings include lack of access to medical charts, pharmacist level of training, lack of privacy/observed dosing area, inability to access providers, inability to bill for clinical services. Future efforts should examine whether pharmacist recommendations were clinically appropriate, consistently communicated and if they resulted in a change to the patient outcomes.

Sources

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Legal References

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- Furnishing of Naloxone Hydrochloride: Permitted Procedures by Pharmacist: Chapter 9, Division 2, Article 3, B&PC 4052.1
- Furnishing NRT: Permitted Procedures by a Pharmacist: Chapter 9, Division 2, Article 3 B&PC 4052.9
- Conditions for Furnishing Hypodermic Needles and Syringes for Human Use or Specified Animal Use without a Prescription Chapter 9, Division 2, Article 9, B&PC 4145.5