TEXAS TARGETED Opioid Response

TxSUS Texas Substance Use Symposium

Pharmacist-Integrated Collaborative Care in the Medication Treatment of Opioid Use Disorder

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BE WELL, TEXAS℠

The University of Texas at Austin PhARM Program

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The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services or Texas Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. or Texas Government.

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Learning Objectives

- Understand the problem and potential solution that pharmacists offer to communities
- Understand the Core Components and team structure of the integrated collaborative model
- Understand the feasibility of implementing this model in 4 diverse US clinics

01

Understand the problem and potential solution that pharmacists offer to communities

Understanding the Problem

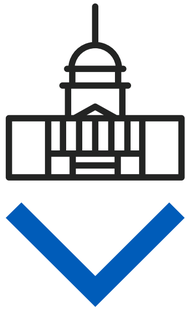
All Hands On Deck

OUD rates continue to rise, sparking the need for everyone to contribute to scaling up treatment delivery

Unsung Teammate

Pharmacists are an underutilized resource but are positioned to expand care for OUD

Understanding the Problem



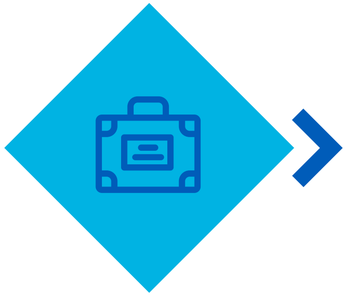
US Limits Role

Australia, Canada, UK dispense methadone from community pharmacies

Rurality

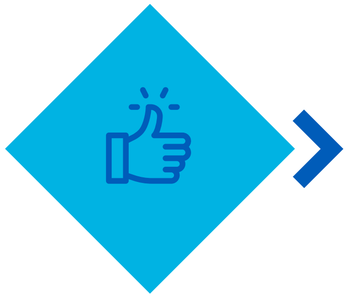
Rural areas face additional barriers (transportation, fewer providers, etc.)

Exploring Potential Solutions



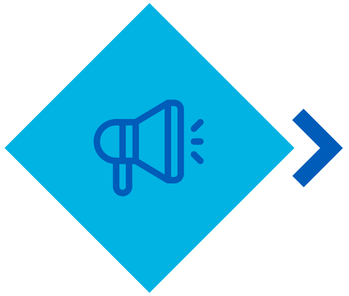
Inclusion

Multidisciplinary teams can offer more robust services with less burden on the patient



Knowledge

Pharmacists' expert knowledge of medications can support prescribers

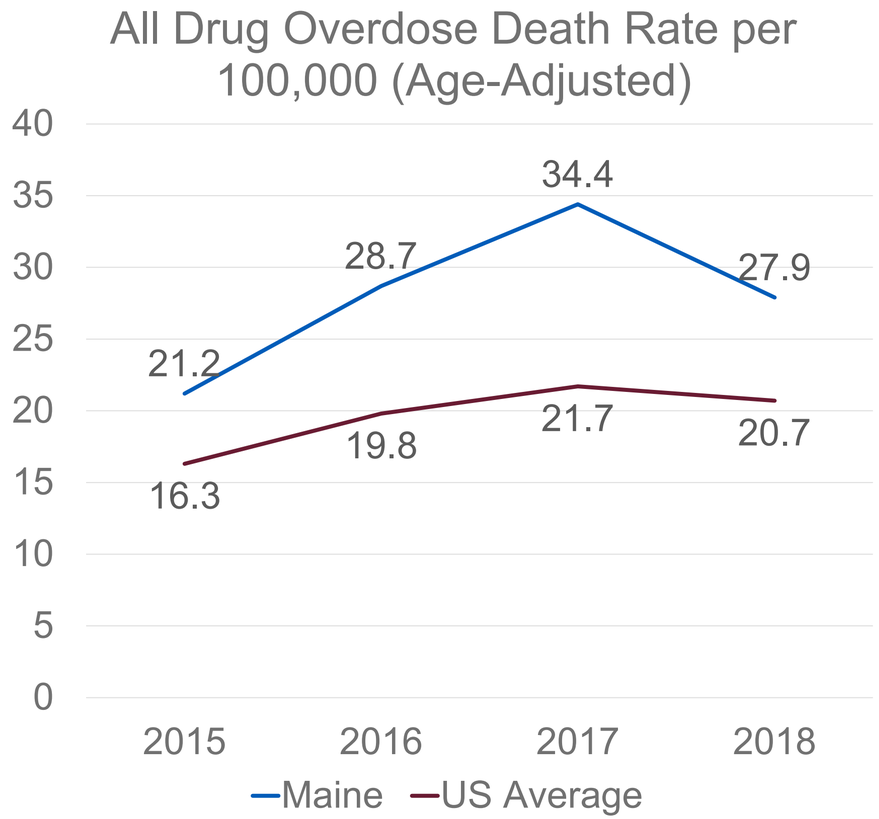


Competence

AMERSA* established core competencies for pharmacists to play a collaborative role

*Association for Multidisciplinary Education and Research in Substance Use and Addiction

An Unmet Need in Maine



2016 – Penobscot County

- 57 Overdose Deaths

2017 – Penobscot County

- 185 Overdose Deaths in the first 6 months
- 185 babies born opioid-exposed

Penobscot Community Health Care (PCHC)

- Largest, most comprehensive of Maine's 19 CHCs
- One of the largest of the 100 CHCs in New England
- 19 practice sites and service locations

- Over 65,000 patients
  >2/3 low income
  >8000 uninsured
- 400,000 patient visits
- 800+ Employees (200 clinicians)
- 39 BHPs – 1 for every 2 PCPs
- 46 Care Managers

- MaineCare 26%
- Uninsured 13%
- Commercial 41%
- Medicare 20%

Meeting the Need

Hope House, 2017

Unique circumstances brought the pharmacist to the table.

Chief Psychiatric Officer Dr. Trip Gardner brought Pharmacist Dr. Felicity Homsted into the integrated team caring for Bangor's unhoused population.

Following the blueprint used with other chronic conditions, they created an integrated team for MOUD.

Integrated MOUD

Integrated

PCPs, pharmacy staff, psychiatrists, providers, clinicians, social workers, case managers

Patient-centered

Full continuum of care offered to all patients with OUD

Pharmacy involved

Beyond filling orders, prioritizing individualized care and education related to medications

Staff and leadership soon realized how vital the pharmacist could be in caring for patients with OUD.

Impact of the Model

Prescribing

MOUD prescribers increased from 4 to 24

Attitudes

Positively increased staff reported attitudes about addiction

Concern

Providers reported alleviated concerns about prescribing

Expansion

Within 1 year, the model was implemented at 2 other clinics in the FQHC

Pharmacy Integration

Began **Pharmacy Integrated Primary Care**

- 1 Pharmacist (Dispensing Roll)
- 2 Pharmacy Technicians
- 1 Retail Pharmacy

2006

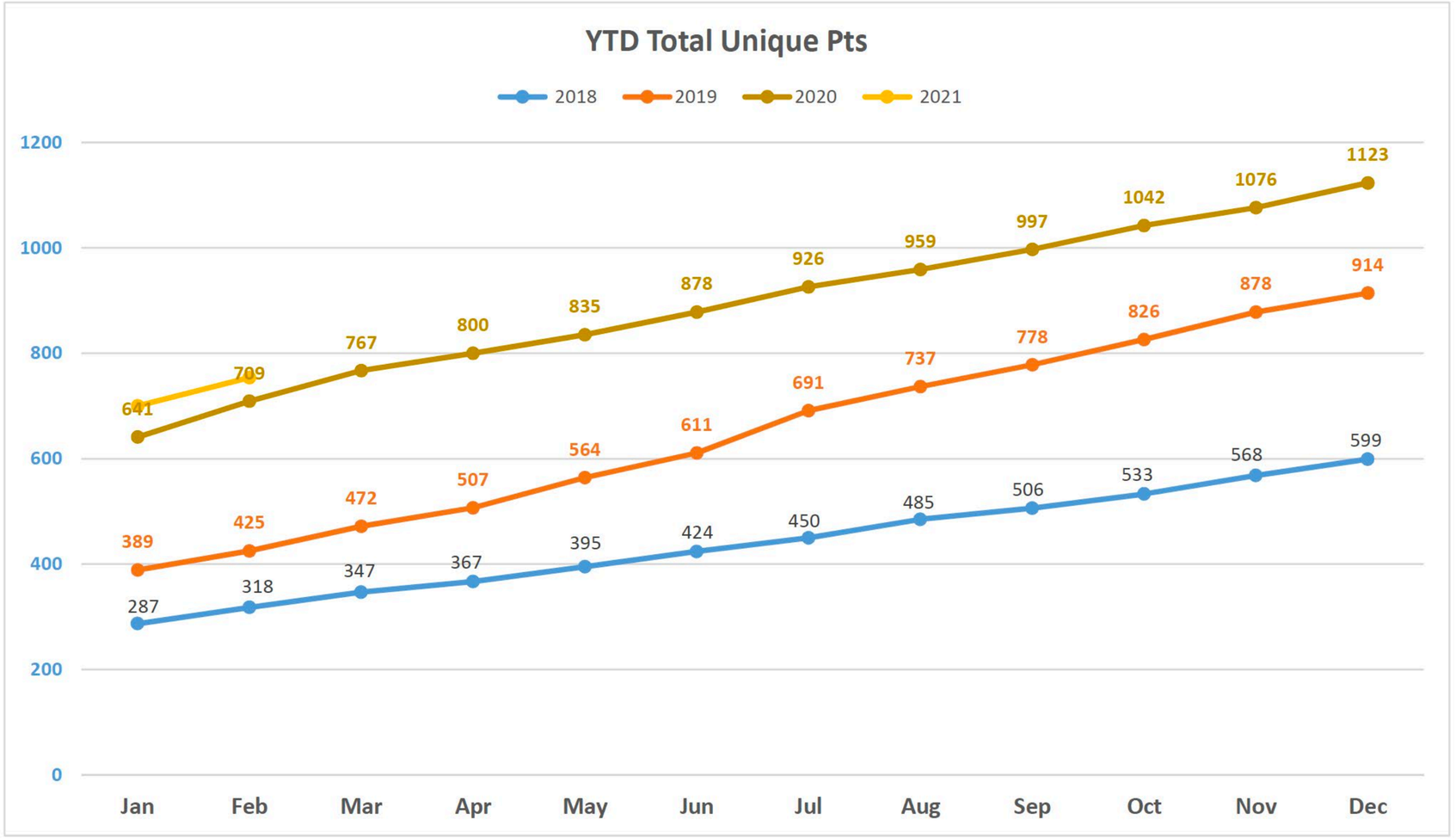
41 pharmacy positions, **4** integrated pharmacies, **1** rural dispensary, and **3** pharmacy residency programs

- **7** Community Pharmacists
- **7** Primary Care Pharmacists
- **18** Pharmacy Technicians
- **2** Prescription Assistance Technicians
- **7** Pharmacy Residents

- **150,000** prescriptions a year
- **2** collaborative drug therapy management programs – pharmacists prescribing with provider supervision

2018

MOUD Patients Treated at PCHC, 2018-2021

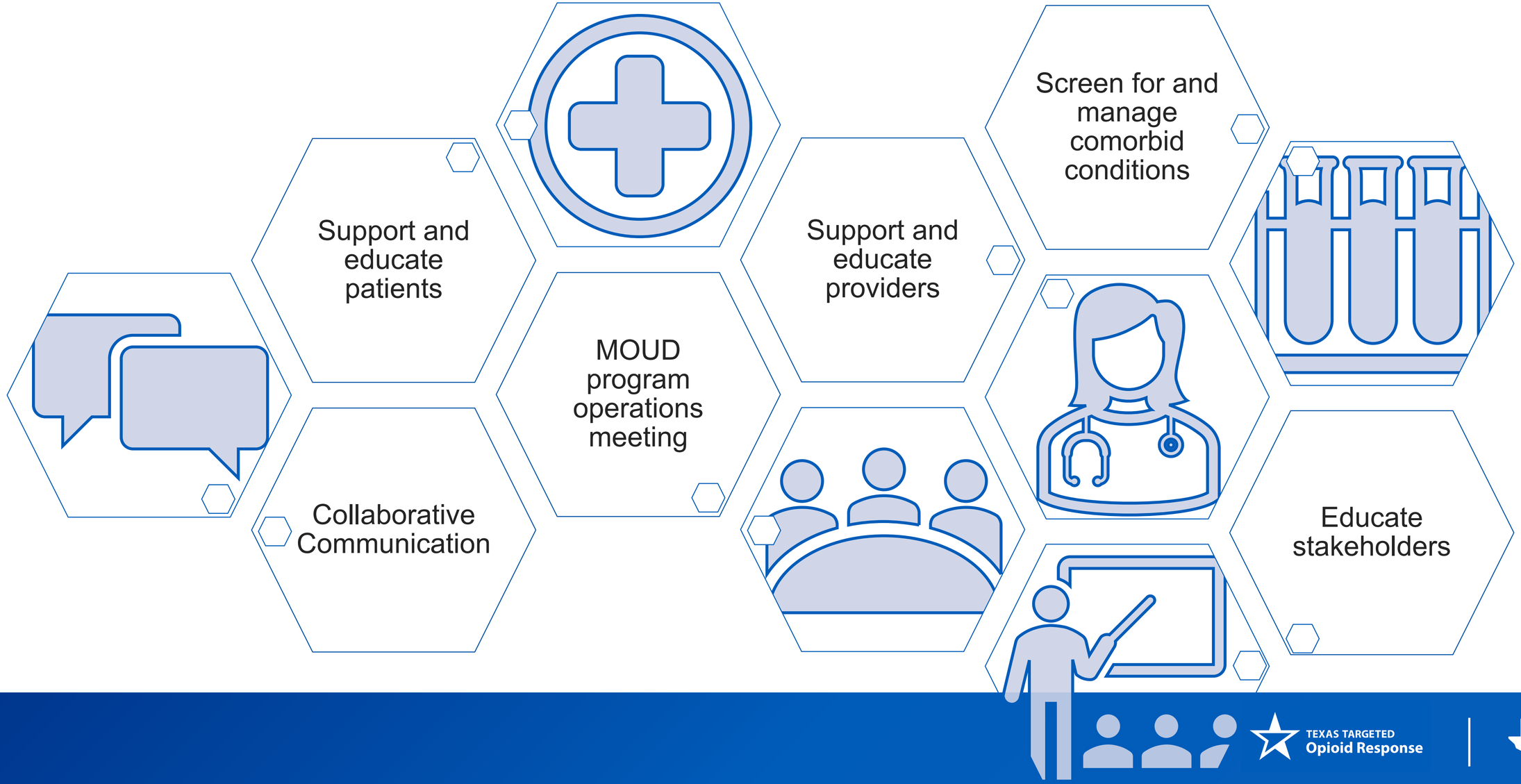


Model active in at least 2 PCHC clinics by 2018; internal clinic data

02 Understand the Core Components and team structure of the integrated collaborative model

Phar**r**macist-**I**ntegrated **M**edication Treatment for **O**pioid Use Disorder (**PrIMO**)

6 Core Components of PrIMO



Clinical Team Composition

PRIMO TEAM MEMBERS	DESCRIPTION
Core Team Members	Pharmacist At least one prescriber Behavioral health specialist
Ancillary Team Members	Case manager/social worker Medical assistants Program or office manager
Occasional Support members	As needed, depending on clinic and community needs Examples include dentists, cardiologists, vocational therapists, residents, etc.

03

Understand the feasibility of implementing this model in 4 diverse US clinics

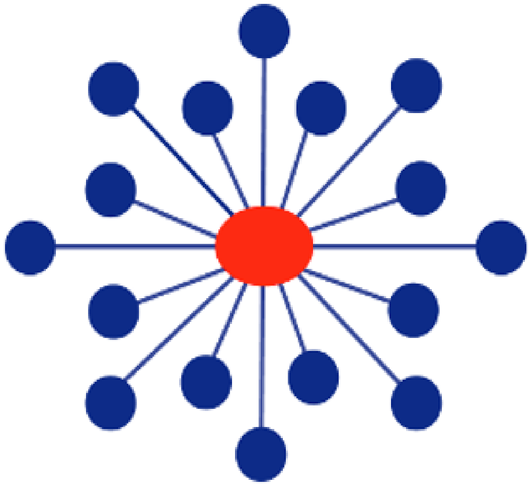
Specific Aims

Primary

To evaluate the feasibility of implementing PrIMO into the workflow across 4 diverse clinical sites.

Secondary

To evaluate the acceptability and impact of implementing the PrIMO model.



NIDA CTN Protocol 0116

Implementing a Pharmacist-Integrated Collaborative Model of Medication Treatment for Opioid Use Disorder (PharmICO)

Lead Investigators: Lisa A. Marsch, PhD
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Felicity Homsted, PharmD

Sponsor: National Institute on Drug Abuse (NIDA)

Core Components of PharmICO Study

Implementation Measures

Milestone calculators

Participant Assessments

Surveys and interviews

EHR Data

Impact on treatment outcomes

Implementation Facilitation

Supportive framework

Fidelity measure

Adherence to the model

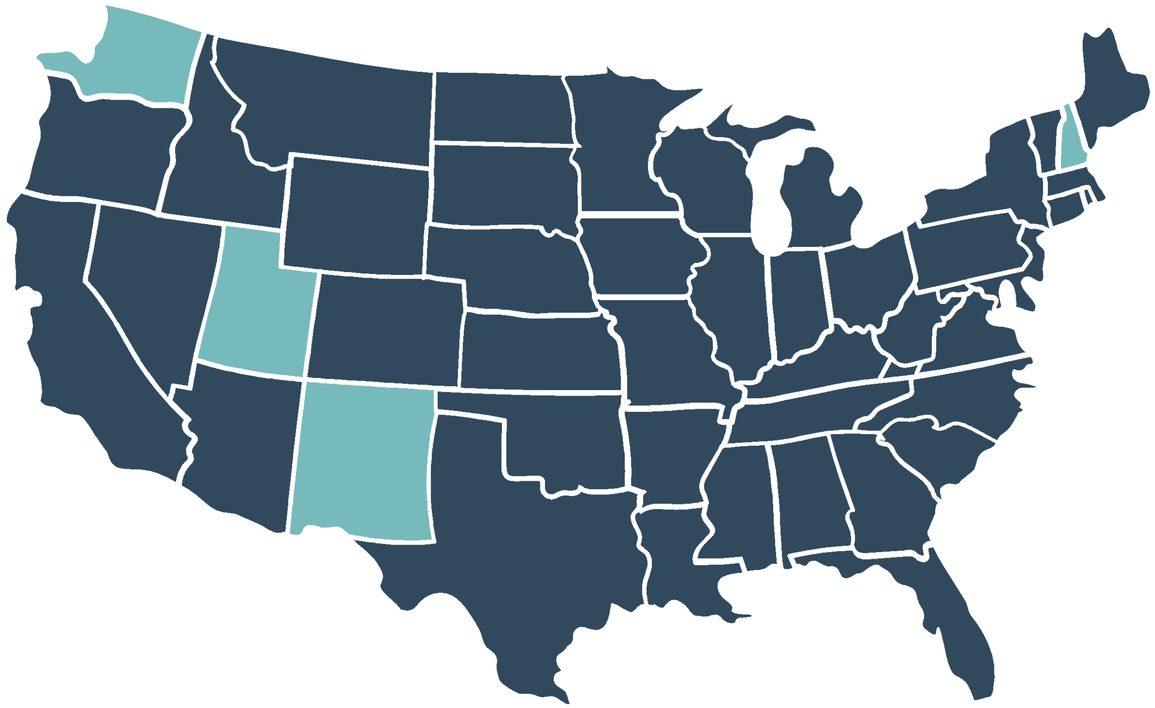
Study Sites

Tacoma

Washington

Salt Lake City

Utah



Nashua

New Hampshire

Albuquerque

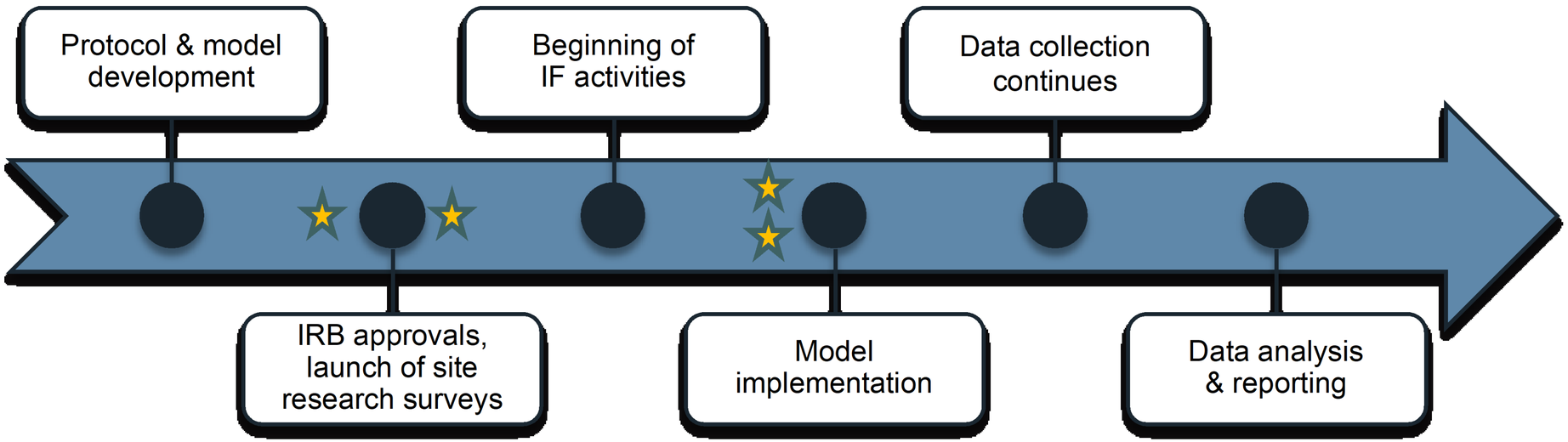
New Mexico

Study Sites

	Harbor Care Health & Wellness Center	Hilltop Regional Family Medical Clinic, Community Health Care	Truman Health Services, University of New Mexico	Sugar House Health Center, University of Utah
Location	Nashua, NH	Tacoma, WA	Albuquerque, NM	Salt Lake City, UT
Rurality	Urban	Urban	Urban	Urban
Institution	FQHC, specialty SUD provider	FQHC	Hospital/medical center primary care site	Hospital/medical center primary care site
Patient Volume	1,549	45,385	1,900	17,762
Unique MOUD Patients	455	71	35	102

Timeline

We have two sites that are in the Implementation Facilitation (IF) phase while the other two sites are about to launch the first round of research assessments.



Represents each of the 4 study sites

Potential Impact

This project will provide novel empirical information about how to optimally engage pharmacies as key partners in collaborative, integrated care models designed to expand access to evidence-based medication treatment for OUD.

Thank You

Center for **Technology** and **Behavioral Health**

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CTN-NE

The National Drug Abuse Treatment Clinical Trials Network - Northeast Node

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