

Defining the Role of the Pharmacist in Combatting the Opioid Epidemic



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Disclosure Statement

Daniel Hartung, PharmD, MPH

serves on a Scientific Advisory Committee for MedSavvy™, and otherwise has no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.

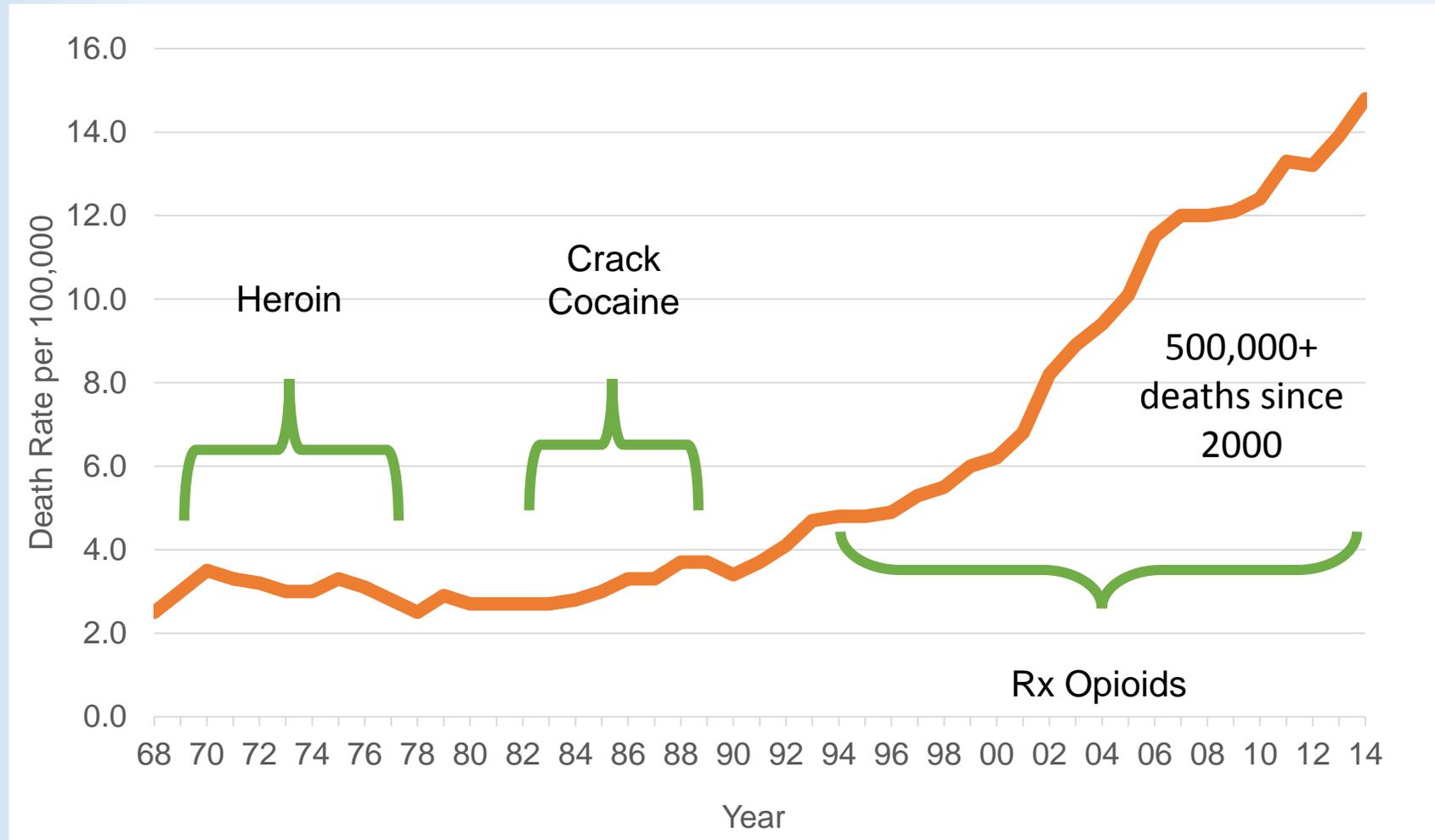
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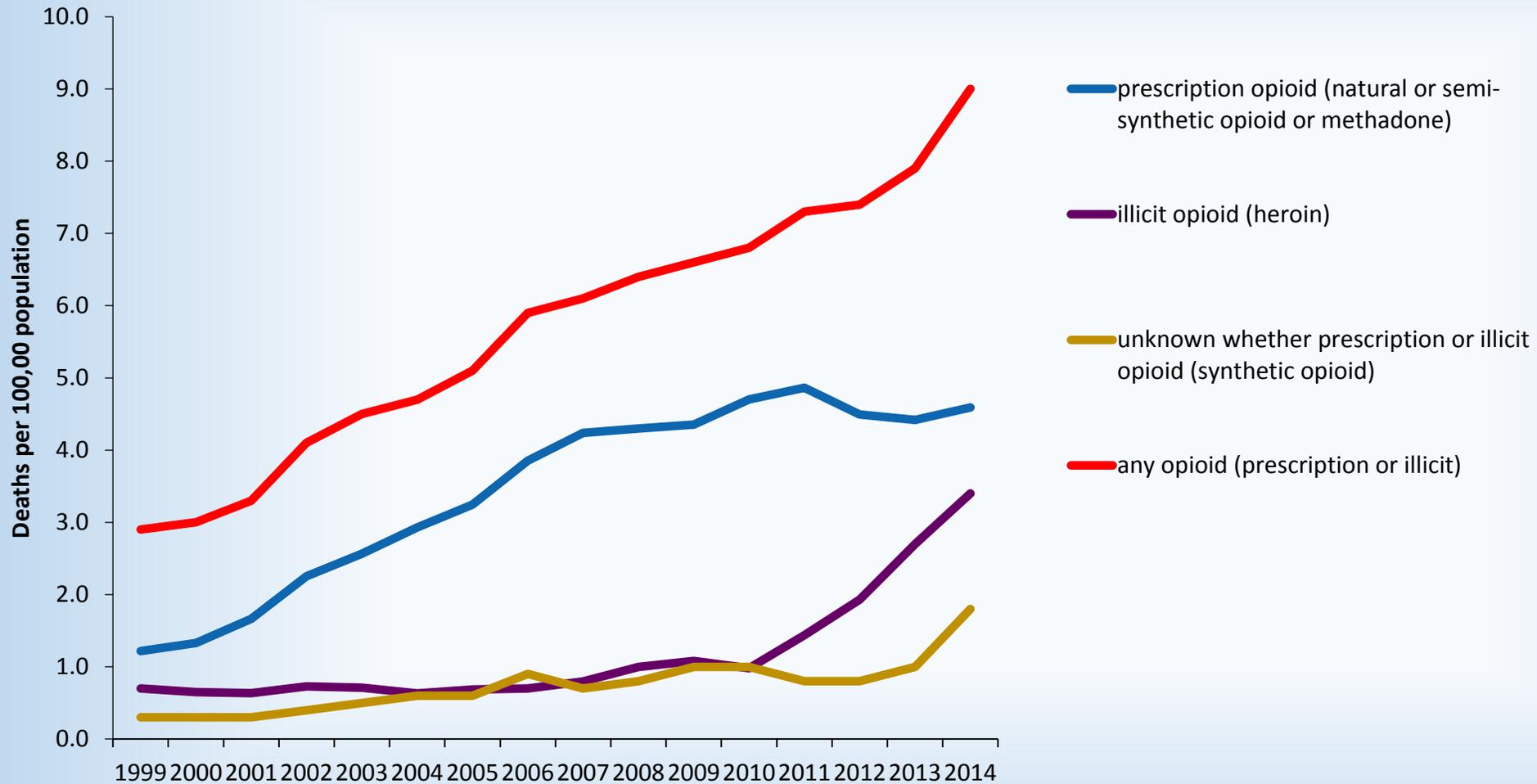
Overview

1. Describe the history and current status of the opioid epidemic
2. Outline current strategies to address the opioid epidemic
3. Define the role of the pharmacist in medication safety
4. Provide background and tools to facilitate effective communication for medication safety
5. Explain current research efforts and future developments

Background: The Opioid Epidemic

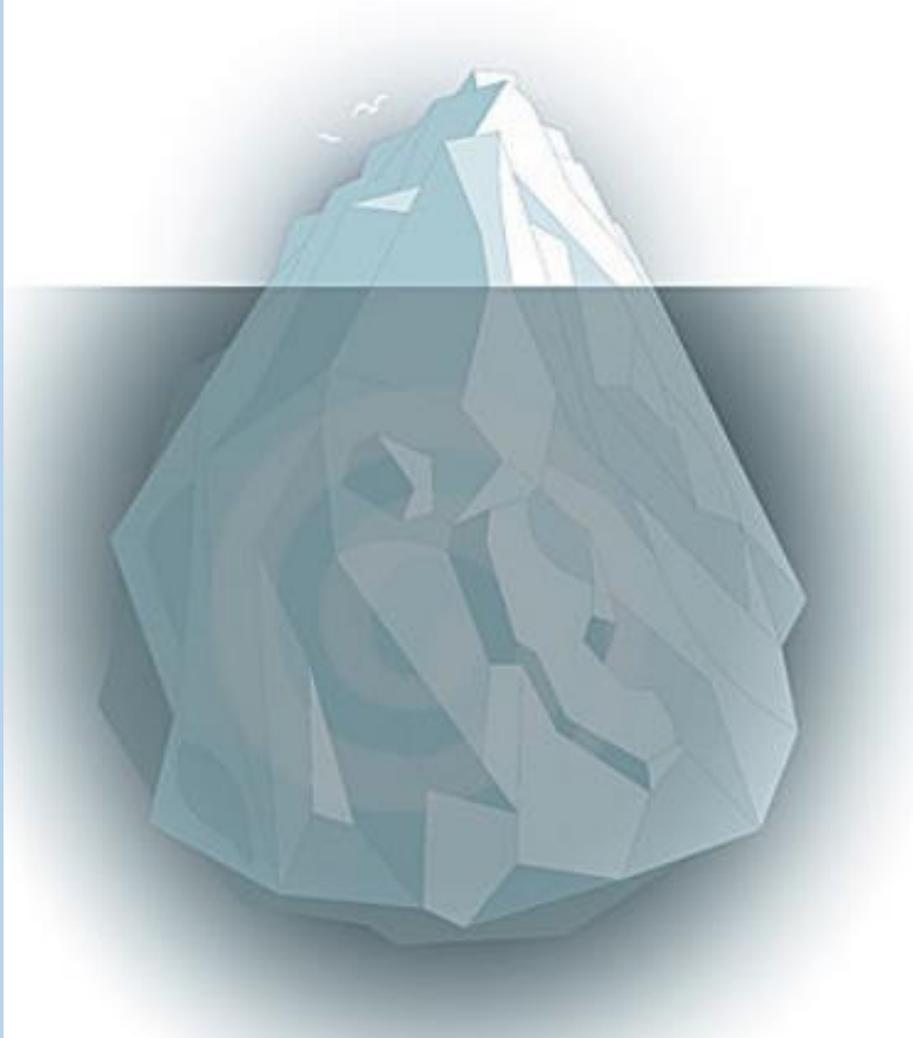


Background: The Opioid Epidemic



***29,467 opioid-related deaths in 2014**

Background: The Opioid Epidemic

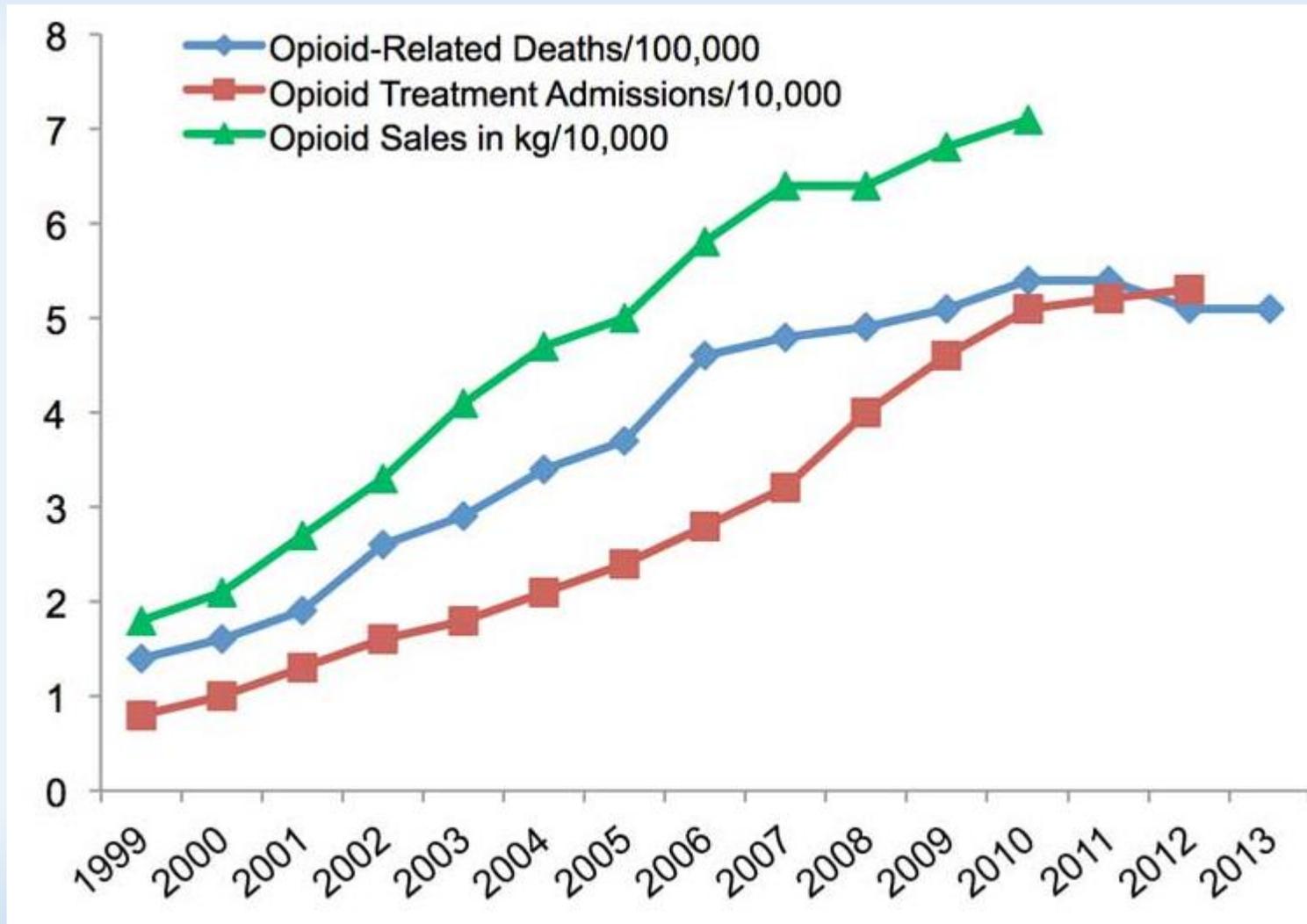


Opioid Deaths are Tip of the Iceberg

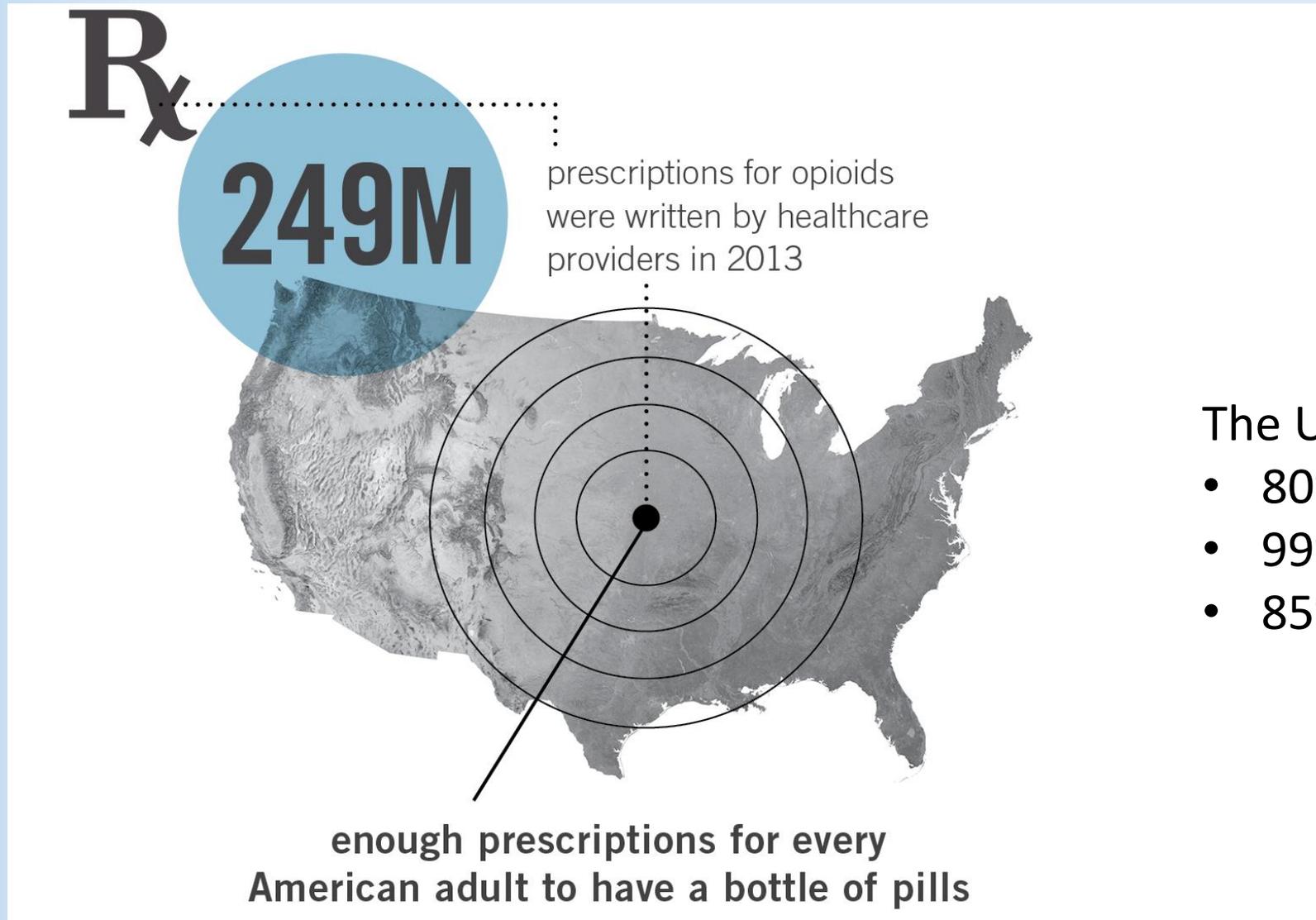
For Every 1 Overdose Death

15 abuse treatment admissions
26 emergency department visits
115 will meet criteria for opioid use disorder
733 will use opioids for non-medical reason

An Iatrogenic Epidemic



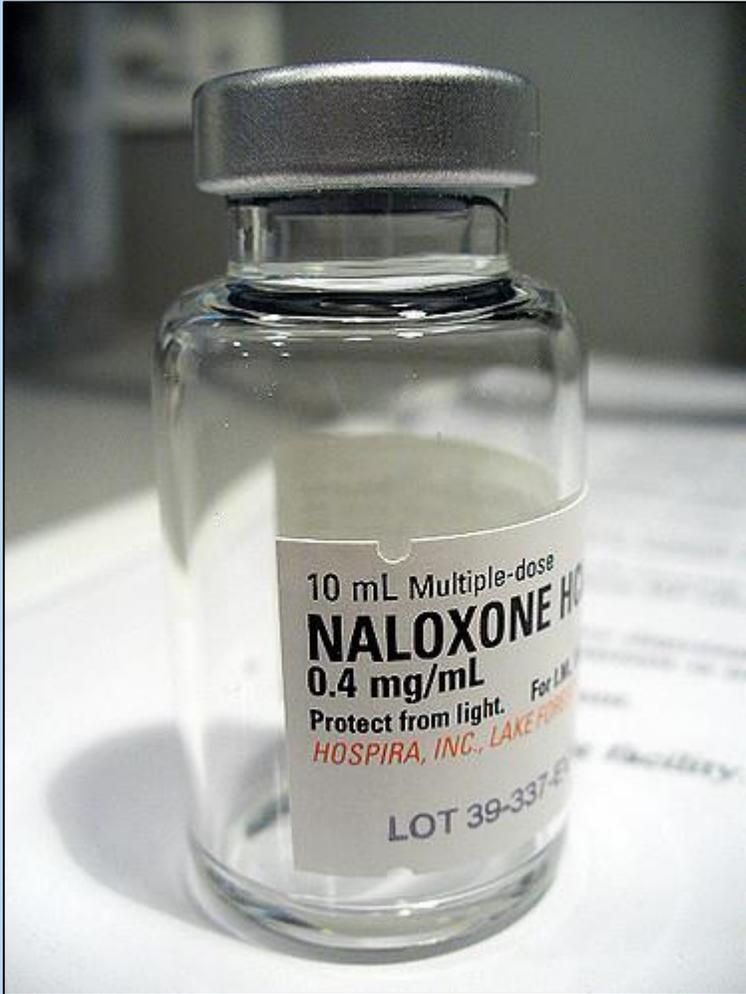
Background: The Opioid Epidemic



The U.S. dispenses:

- 80% of world's opioids
- 99% of hydrocodone
- 85% of oxycodone

Current Strategies to Combat the Epidemic



Public Health Responses:

- Screening and treatment access
- Abuse deterrent formulations
- Safe medication disposal programs
- Recommendations and education to providers on appropriate prescribing and monitoring
- Prescription Drug Monitoring Programs
- Naloxone distribution

Risk Mitigation Strategies

CDC and Oregon Pain Guidance Recommendations:

- Use non-opioid treatment options
- Evaluate opioid risk factors
 - History of overdose or substance use disorder
 - Doses over 50 morphine equivalents per day
 - Concurrent benzodiazepines
- Review PDMP before and during therapy
- Use urine drug screens before and during therapy
- Avoid dangerous polypharmacy with benzodiazepines, muscle relaxants
- Offer or arrange evidence-based treatment for patients with opioid use disorder (usually buprenorphine or methadone in combination with behavioral therapies)

Risk Mitigation Strategies

CDC and Oregon Pain Guidance Recommendations:

- Use immediate-release formulations
- Use lowest effective dose
 - Reassess response before increasing over 50 morphine equivalents
 - Avoid doses over 90 morphine equivalents
- Avoid transition from acute to chronic opioid use
 - Prescribe quantities only needed for expected duration of severe pain
 - 3 days often sufficient
 - Rarely more than 7 days
- Re-evaluate benefits and harms within 1 to 4 weeks of starting opioids
- Offer Naloxone when factors that increase risk of opioid overdose are present

Current Initiatives in Oregon

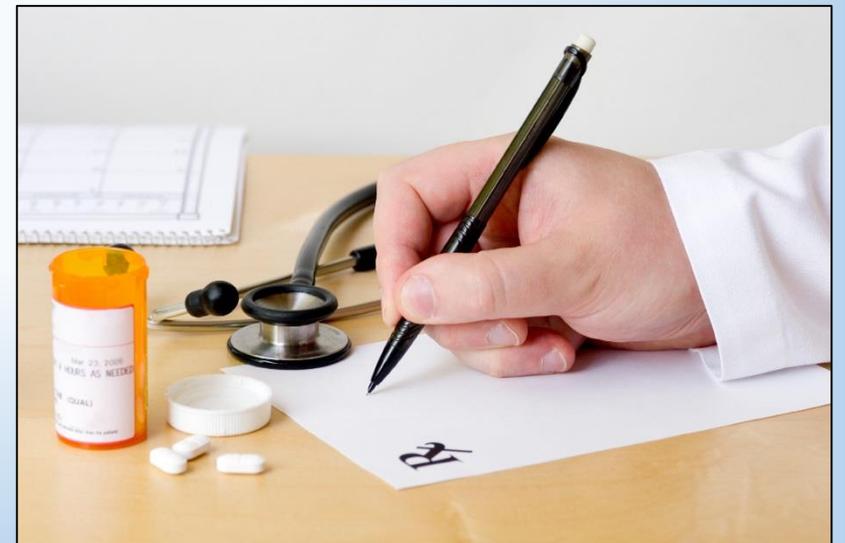
- Oregon Health Authority Reducing Opioid Overdose and Misuse
- 2016 House Bill 4124 Naloxone Prescribing by RPh
- Statewide CCO Performance Improvement Process (PIP)
- Oregon Coalition for Responsible Use of Meds (OrCRM)
- Regional community initiatives
 - Oregon Pain Guidance – Jackson and Josephine Counties
 - Oregon Pain Guidance – Portland Metro Tri-county
- Agency for Healthcare Research and Quality (AHRQ) 3-year grant to train community pharmacists in PDMP use and safe opioid practices

Defining the Role of the Pharmacist

Corresponding Responsibility

“The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.”

— *21 CFR §1306.04*



Defining the Role of the Pharmacist: Focus Groups

- Two online focus groups
 - 20|20 Research Qualboard®
 - 48-hour response window
 - 16 prompts (8/day), with follow-up probes as needed. Examples:
 - What types of communication do you have with patients when a PDMP report is worrisome?
 - How do you evaluate patient risk for prescription misuse?
 - What is the most difficult part of your workday as regards to dispensing of opioids?
 - How do you view your role in preventing opioid-related abuse and misuse?
 - \$100 reimbursement for participation
 - $N=19$; $M_{age}=39.0$, Age range=26–57; 58% female

Defining the Role of the Pharmacist: Focus Groups

Results: Self-identified role of the pharmacist

- To monitor and ensure safe medication dispensing
- To identify patients at high-risk of opioid misuse who would benefit from early interventions
- To prevent abuse and misuse
- To act as a member of the care team, with opportunities to collaborate with prescribers
- To educate and share information with patients and prescribers

Defining the Role of the Pharmacist: Focus Groups

“I think the pharmacist plays a huge role in opioid related abuse and misuse. We often see the patient more than the providers do. So we can more reliably catch patterns of filling early and multiple providers.”

“I view my role as doing all I can to ensure that the patient is not diverting or misusing their medications. I do this by critically looking at the prescription to make sure it's valid, looking at fill history and concomitant medications, addressing DUR problems. I believe that pharmacists' role SHOULD be more proactive with the prescriber in working to get individuals to a lower dose/off the medication; however, I realize as a retail pharmacist that this can be near impossible.”

Defining the Role of the Pharmacist: Focus Groups

“I am not the only checkpoint in determination of proper prescribing and use of opioids, but am the ultimate end to help in the control of proper usage.”

“I view my role as being highly responsible for abuse/misuse, but with very little resources/strategies to make this determination.”

“The most difficult part for me is going along dispensing opioids that, for the majority of patients, are not necessary and they should not be taking. It's one thing to ensure that the dosing is within guidelines and the patient is not diverting medications, but it's another to continue dispensing these medications day after day without any conversation about tapering down/off the medication. I almost feel like I'm contributing to the problem.”

Defining the Role of the Pharmacist

What can a pharmacist do?

1. Review each opioid Rx thoroughly
2. Use the PDMP to confirm history of scheduled medications
3. Practice effective communication with patients and providers
4. Prescribe and dispense naloxone
5. Support safe medication disposal systems



Prescription Drug Monitoring Program



Prescription Drug Monitoring Program

- The Oregon Health Authority (OHA) was given authority under **ORS 431.962** to establish and maintain a prescription monitoring program with an electronic system for monitoring and reporting prescription drugs classified in Schedules II-IV controlled substances that are dispensed by pharmacies licensed with the Oregon Board of Pharmacy.

Prescription Drug Monitoring Program

- Access to Information from the PDMP system is available to a **pharmacist** for the purpose of providing pharmaceutical treatment for a patient for whom the pharmacist has received a valid prescription to dispense a Schedule II, III, or IV controlled substance
 - A pharmacist may authorize a member of staff as a **delegate**
 - Pharmacy Interns
 - Pharmacy Technicians
 - Pharmacists are not required to obtain information from the PDMP system
 - Any person authorized to dispense a prescription drug and who is entitled to access a patient's PDMP information may discuss or release the information to other prescribers involved with the patient's care

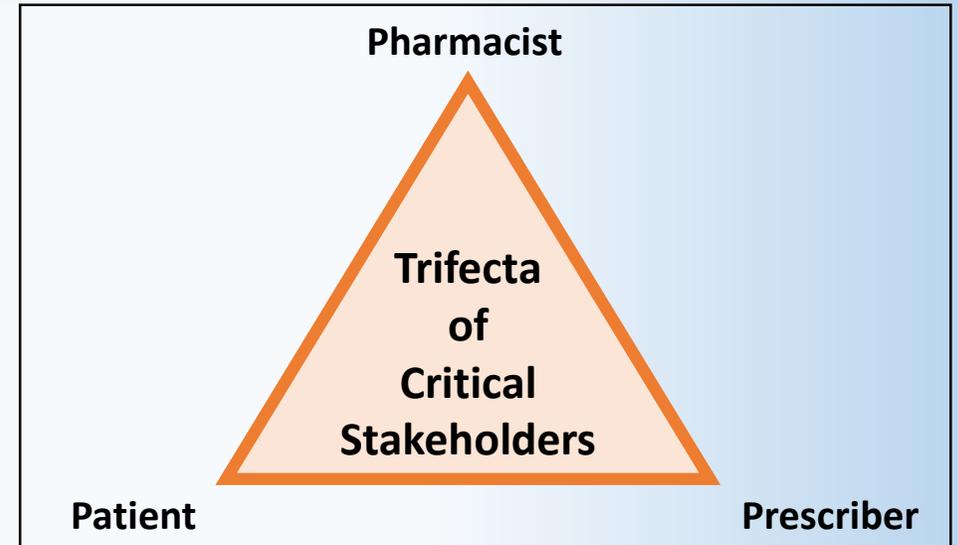
Prescription Drug Monitoring Program

Potential Safety Triggers:

1. Opioid dose seems inappropriate
 - For new patient not previously on opioid
 - For chronic patient when dose significantly increased
2. Combination of medications pose a safety concern
 - Opioids with benzodiazepines and/or muscle relaxants
 - Long-acting with short-acting prescriptions
3. Filling opioid prescriptions too frequently
4. Combination of medications that does not make therapeutic sense
5. Patient seeing multiple prescribers and/or pharmacies

Building Relationships in Medication Safety

- Integration of the PDMP and naloxone prescribing into pharmacy practice requires effective communication between pharmacists, prescribing providers, and patients



The following portion will focus on provide **RESPOND** strategies for:

1. When and how to involve prescribers before filling
2. Overcoming barriers in patient communication
3. Communicating more effectively with patients and prescribers regarding safety

Building Relationships in Medication Safety

When to involve the prescriber:

- Prescription itself determined to be high-risk
 - Medication combination
 - Conflicting pharmacology
 - High dose in an opioid naïve patient
- PDMP reveals potential safety concerns
 - Early refill of prescriptions
 - Multiple similar, overlapping prescriptions
 - Multiple pharmacies, multiple prescribers
 - Severe increase in opioid dosage in short time frame

Building Relationships in Medication Safety

- Route of communication with prescribers depends on situation
 - Urgency
 - Prescriber practice type
 - Familiarity with and proximity to prescriber
- Common methods of communication
 - Phone or in person
 - Fax
 - Electronic medical record (integrated systems)
- Use the PDMP reports and other details to communicate risks associated with the situation

Building Relationships in Medication Safety

SOAP Note Strategy:

- **S**ubjective information verbally or visually provided by patient or prescription
- **O**bjective information gathered from the drug utilization review (DUR), the PDMP, and other sources
- **A**ssessment of situation
- **P**lan or recommendation for next steps

RESPOND
Resources Encouraging Safe Prescription Opioid Medication Dispensing

Subjective information

The Prescription
<input type="checkbox"/> Has missing or unreadable info
<input type="checkbox"/> Appears altered or irregular
<input type="checkbox"/> Is from outside the surrounding area

The Patient
<input type="checkbox"/> Is paying in cash
<input type="checkbox"/> Has physical presentation of withdrawal
<input type="checkbox"/> Refuses to show identification

Action Item: Consult with the Patient

Objective information

Safety Triggers
<input type="checkbox"/> Opioid dosage significantly higher than necessary
<input type="checkbox"/> Combination of medications poses risk
<input type="checkbox"/> Prescriptions have been filled too frequently
<input type="checkbox"/> Combination of contradicting medications
<input type="checkbox"/> Patient is seeing multiple prescribers / pharmacies

Action Item: Fax report & notes to prescriber

Assessment of Situation

Come to the conversation with recommendations as part of the health care team
<input type="checkbox"/> "Based on the information I have access to...."
<input type="checkbox"/> "I recommend..."

Action Item: Create plan for follow-up

Plan or recommendation

With the Prescriber, decide on a plan:
<input type="checkbox"/> Cancel or fill prescription?
<input type="checkbox"/> Refer patient back to prescriber?

Action Item: Communicate plan to patient

See the RESPOND Algorithm for Patient Communication Tips

Building Relationships in Medication Safety

- When to involve the patient:
 1. Before contacting their prescriber, inform the patient that you are concerned about their safety, first and foremost, and that you have concerns.
 - Use nonjudgmental, supportive language
 2. Inform them that you have reviewed their prescription history using the PDMP. They have a legal right to know that you have reviewed their report and to see a copy of the printed report.
 3. Inform them of next steps, and be sure to include an expected timeline (e.g., 24 hours).

Building Relationships in Medication Safety

“I've noticed that when approached from the safety standpoint, patients have a hard time remaining angry or hostile - I mean, who doesn't want their provider concerned about their safety?”

Building Relationships in Medication Safety

Strategies for Avoiding or De-escalating Tense Conversations:

- Inform the patient that you are concerned about their safety
- **Ask open-ended questions**

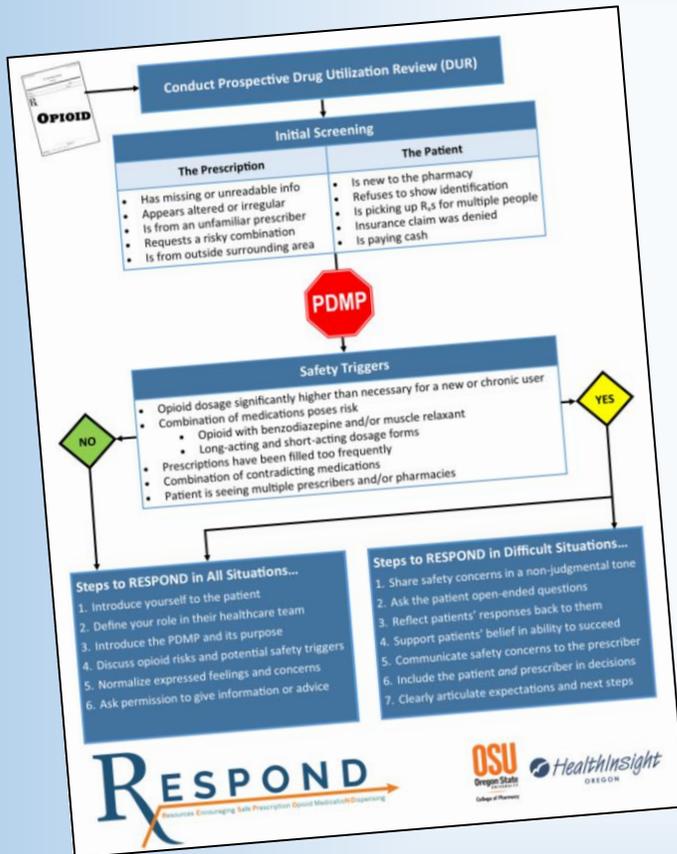
“How are you doing with managing your current pain medications?”
- **Use reflective listening**

“It sounds like there might be some differences between the doses you’re being prescribed and what you think you actually need. Is that right?”
- **Ask permission before giving unsolicited advice**

“Those are great concerns to be thinking about. Can I offer some information about opioid risks and/or management that you may find helpful?”

Current Research & Next Steps

RESPOND Toolkit for Community Pharmacists



- 3-part online training (.2 CEUs):

1. Describing the Opioid Epidemic
2. Understanding the PDMP
3. Communicating with Prescribers and Patients

- Printed algorithm: RESPOND to Safety Triggers

- Printed checklists: Provider Communication Aid

Toolkit currently being piloted in Oregon pharmacies

- Dissemination of final results expected in **Fall 2018**

Defining the Role of the Pharmacist

What can a pharmacist do?

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Pharmacist Prescribing & Dispensing of Naloxone

Oregon House Bill 4124 was signed into law in April 2016

Temporarily adopted rules passed by the Board of Pharmacy in September 2016 incorporate new statutory language put forth by House Bill 4124, which is intended to improve access to naloxone.

SECTION 4. In accordance with rules adopted by the State Board of Pharmacy under ORS 689.205, a pharmacist may prescribe unit-of-use packages of naloxone, and the necessary medical supplies to administer the naloxone, to a person who meets the requirements of ORS 689.681.

1. Allows a pharmacist to prescribe to a trainer/organization to possess and distribute naloxone to trainees
2. Allows a pharmacist to prescribe to trainees to possess and administer naloxone to an individual experiencing an opiate overdose

Current Research & Next Steps

Community Pharmacist Naloxone Survey

- Planned to launch October-November 2016
- Measures to assess attitudes, knowledge, self-efficacy, perceived norms, and behavioral intention regarding naloxone education and distribution
- Online survey, approximately 10-15 minutes
- Results may inform the development of naloxone trainings for pharmacists

**RECRUITING PHARMACISTS:
NALOXONE SURVEY**

PI: DAN HARTUNG, PHARM.D, 503-494-4720

Who: Researchers at the Oregon State University School of Pharmacy and HealthInsight Oregon are trying to learn more about pharmacists' knowledge, attitudes, and current practices around Naloxone dispensing. We are seeking **pharmacists** who are:

- Currently practicing and licensed in Oregon
- At least 0.5 FTE



What: A 10-15 minute online survey. You will be asked questions about:

- Your current Naloxone dispensing practices
- Your attitudes and knowledge about Naloxone
- Your attitudes about opioid patients receiving Naloxone

When: You may access the survey anytime between July 15—August 15

Where: <http://tinyurl.com/pharm-naloxone>

Join the raffle to win an iPad or \$100 gift card!

There is no direct benefit for participating in this survey. However, the information you provide may be used to develop and evaluate a pharmacist training program to accompany the new Naloxone policies coming in January 2017.

For more info about the survey call 503-382-3971.

OSU
Oregon State University
College of Pharmacy

OREGON HEALTH & SCIENCE UNIVERSITY
OHSU IRB# 00016199

HealthInsight OREGON

Recommended Resources

Oregon Health Authority Reducing Opioid Overdose and Misuse:

<http://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/index.aspx>

Oregon Board of Pharmacy – Naloxone:

<http://www.oregon.gov/pharmacy/Pages/Naloxone.aspx>

Oregon Pain Guidance:

(For healthcare professionals & patients and families. Naloxone & Safe Disposal Toolkits forthcoming)

<http://www.oregonpainguidance.org/>

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