Meeting the Educational Needs of Pharmacists to Confront 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.

Nicole O’Kane, PharmD,
has disclosed no relevant, real or apparent personal or professional financial relationships with proprietary entities that produce health care goods and services.
Overview

- Discuss evolving role of pharmacist in opioid epidemic
  - Review current literature on pharmacist-directed efforts to reduce opioid misuse, abuse and overdose
  - Introduce RESPOND Toolkit project
    - Discuss findings from stakeholder focus groups
- Describe RESPOND Toolkit for Pharmacists
  - Discuss PDMP utility and barriers in pharmacy
  - Highlight strategies for enhanced communication
    - Patients ↔ Pharmacists ↔ Prescribers
Pharmacists’ Role in Prescription Drug Abuse/Misuse and Overdose Epidemic

- Pharmacists play a critical role in medication safety
- A variety of attributes support an enhanced role for pharmacists to reduce burden of opioid epidemic
  - Extensive education, knowledge and public trust
  - Expanded clinical responsibility and expectations
  - Accessibility
- Currently described roles include:
  - Safe medication storage and disposal
  - Naloxone distribution
  - Screening and referral for treatment
- Access to and adoption of PDMP in clinical practice supports these activities and is strongly endorsed by pharmacists
PDMP Use by Pharmacists

- **PDMPs available and encouraged in most states**
  - 11 states mandate pharmacists query PDMP
  - Use varies widely and often driven by pharmacy administrative policies

- **Barriers to adoption and clinical integration**
  - Time / resources / technical barriers (Norwood & Wright, 2016)
  - Lack of adequate training (Lafferty et al., 2006; Wenthur et al., 2013)
  - Communication (Hagemeier et al., 2016; Lafferty et al., 2006)

- **Adoption does not produce uniform changes in practice**
  - Studies of pharmacists who use PDMP have generated inconsistent results (Green, 2013; Norwood & Wright, 2016)
Role of the Pharmacist in Opioid Safety

What we know:
- “Red flags” have been defined by APhA, NABP to direct pharmacists on when to screen for diversion and misuse
- Evolving professional role of pharmacists to improve the safety of opioid use BEYOND “corresponding responsibility”
- Collaboration between pharmacists and prescribers is recommended in current CDC guidelines

However…
- Pharmacist intervention in opioid safety is complicated
- Research on pharmacist, prescriber, patient communication about opioid risks is scarce or non-existent
- Consistent, clear policies and recommendations are lacking

The Unanswered Question:
- How and when should pharmacists screen opioid prescriptions, and when is it appropriate for them to intervene in patient care?
Study Overview

- **Objective:** To develop a community pharmacy PDMP toolkit for identifying patients for whom dispensing an opioid prescription presents a safety risk, communicating with patients at the point of care and coordinating with the primary prescriber to maximize patient safety in use of opioid analgesics.

- **Funding and timeline:**
  - AHRQ (R18 HS24227-01) – 3-year project
  - **Year 1:**
    - Focus groups – pharmacists, prescribers and patients
    - Develop toolkit – educational materials
  - **Year 2 (Current):**
    - Pilot test in six chain retail pharmacies
    - Pre-test data collection – quizzes, survey, readiness assessments
    - *Phase I testing in three pharmacies (6 months; concluding)*
    - Post-test data collection – quizzes, survey, interviews
  - **Year 3:**
    - “Retool” toolkit materials
    - Pre-test data collection
    - Phase II rollout in second set of three pharmacies (6 months)
    - Post-test data collection

Today’s focus
Informing the Toolkit: Focus Groups

- To support the development of a toolkit for community pharmacists, we held focus groups to learn more about:
  - Pharmacists’ PDMP- and opioid-related experiences
  - Pharmacists’ perception of their role in opioid safety
  - Patients’ opioid-related experiences with pharmacists
  - Patients’ experiences accessing care and opioid information

- Sample
  - **Pharmacists**: Oregon pharmacists, registered with PDMP, regularly dispense opioids (recruited via BOP and OSU listservs) – conducted online with QualBoard (20|20 Research)
  - **Patients**: current or recent user of opioid pain relievers (recruitment flyers distributed in urban and rural locations)

- Analysis: Immersion–crystallization approach
Informing the Toolkit: Focus Groups

- **Pharmacists (N=19)**
  - 2 groups of 7–12
  - Mean age 39.0
  - 47% urban
  - 58% female
  - 68% white
  - 63% PharmD
  - 47% use PDMP more than 10 times per month
  - 58% dispensed more than 500 Rx per week

- **Patients (N=18)**
  - 3 groups of 4–8
  - Mean age 60.1
  - 71% female
  - 29% urban
  - 95% white
  - 50% Medicare or Medicaid
  - 82% <$50K per year
Broad consensus that pharmacists are critical for issues related to medication safety

- When my doctor originally prescribed my medications he just said, “Here, this’ll help.” My pharmacy explained how to take them and stuff like that, which I really appreciated. *(Patient 28)*

- 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 [Drug Utilization Review] problems. *(Pharmacist 1)*

- I view my role as extremely important. As a pharmacist, I am the last line (not the only line) before the opioids reach the patient, which is key in preventing abuse and misuse. *(Pharmacist 8)*
However, scope of practice was more ambiguous with respect to opioids

- I just need somebody to dispense the medication that my doctor, who I’ve spent time with, training, has prescribed me. I just need them to say “it’s not going to interact with anything else.” Double-check my doctor that way. I don’t need them to try to be more than they are. *(Patient 23)*

- I feel as though we are expected to police usage when we really don't know the circumstances of the patient's condition. We are stuck between sticking our nose into something that both the providers and the patients view as “none of our business,” and the “powers that be” (e.g., board of pharmacy, DEA) demanding that we do so. I don't know about others, but I didn't become a pharmacist to be a glorified security guard in the misuse of controlled substances. Unfortunately, that often seems to be the way we are viewed by the governing entities. *(Pharmacist 7)*
Pharmacist intervention is limited by time and resources that can disrupt efficient care

- I view my role as being highly responsible for abuse/misuse, but with very little resources/strategies to make this determination. I would like to see some of the laboratory information being communicated with the prescription, like genetic testing for metabolism and urinary analysis. This would be tremendously helpful information to have, and is much too cumbersome to call and ask for every time we fill a [prescription]. (Pharmacist 12)

- The most difficult part of the work day in regards to dispensing opioids is the extra time that it takes to contact a physician when a patient is adamantly demanding an early refill. (Pharmacist 26)

- I’ve run into problems where I’ve gotten to the pharmacy and they had to check … like when I get discharged from the hospital, they’ll have to check with the doctor at the hospital and with my doctor to make sure everything is squared away, and sometimes things get held up because of that. [The longest I’ve had to wait was] about a day. (Patient 4)
Role of the Pharmacist in Opioid Safety

- **Key implications for pharmacy**
  1. Participants agree pharmacists are responsible for providing information on opioid safety, including dosage recommendations and potential risks.
  2. Role ambiguity contributes to misunderstandings about recommendations and interventions.
    - “Pharmacists practicing medicine” or “policing”
  3. Lack of communication between pharmacists and prescribers contributes to:
    - Time delays
    - Difficulty assessing prescription safety and appropriateness
    - Uncertainty in defining next steps (e.g., whether to dispense)

Negative impact on patients
What Pharmacists Can Do...

1. Review each opioid prescription thoroughly
2. Use the PDMP to confirm medication history
3. Elicit more information from the patient
4. Communicate concerns with the prescriber
5. Make recommendations to patients and prescribers
6. Educate patient about opioid safety risks
7. Educate about and dispense naloxone
8. Support safe medication disposal systems

Communication is key!
The Unanswered Question:

How and when should pharmacists screen opioid prescriptions, and when is it appropriate for them to intervene in patient care?
Introducing…

Toolkit for Community Pharmacists
- Online course: Four learning modules
- Algorithm: RESPOND to safety triggers
- Checklist: Provider communication aid

Final results expected in Fall 2018.
Strategies for Addressing PDMP Barriers

- Most commonly reported barrier to use: TIME!
  - Time required to run report
  - Time required to corroborate with prescribers
  - Time required to consult with patients

- Recommended common strategies:
  1. Define a workplace policy for when / why to query the PDMP
  2. Appoint delegates to run PDMP reports for pharmacists
  3. Employ a mandatory hold on opioid prescriptions (e.g., 2 hours)

- Additional barrier: Lack of training and tools
Safety Triggers Requiring Follow-up

- **Identifiable with DUR and/or PDMP information**
  1. Opioid dosage significantly higher than necessary for a new or chronic user
  2. Combination of medications poses risk
     - Opioids with benzodiazepines and/or muscle relaxant
     - Long-acting with short-acting dosage forms
  3. Prescriptions have been filled too frequently
  4. Combination of contradicting medications
  5. Patient seeing multiple prescribers and/or pharmacies
When and How to Address the Patient

- **Before contacting their prescriber…**
  - Ask the patient for further information about their medication habits, issues they’re concerned about, questions they have, etc.
  - Inform the patient that you are concerned about their safety, first and foremost, and that you have concerns.
  - 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.
  - Inform them of next steps, and be sure to include an expected timeline (e.g., 24 hours).
The following scenario is part of a video developed for the RESPOND Toolkit, to illustrate recommended patient communication strategies.

**Rethinking Conversations in Opioid Counseling**
Strategies for Avoiding Tense Conversations

1. Remind the patient that you are concerned about their safety.

2. Ask open-ended questions.
   - “How are you doing with managing your current pain medications?”

3. 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?”

4. 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?”
When and How to Involve the Prescriber

- After discussing concerns and next steps with patient, contact the prescriber if...
  - 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
RESPOND Screening and Communication Algorithm

Step 1: Initial Screening

**The Prescription**
- Has missing or unreadable info
- Appears altered or irregular
- Is from an unfamiliar prescriber
- Requests a risky combination
- Is from outside surrounding area

**The Patient**
- Is new to the pharmacy
- Refuses to show identification
- Is picking upRx’s for multiple people
- Insurance claim was denied
- Is paying cash

PDMP

Step 2: Safety Trigger Review

- Opioid dosage significantly higher than necessary for a new or chronic user
- Combination of medications poses risk
  - Opioid with benzodiazepine and/or muscle relaxant
  - Long-acting and short-acting dosage forms
- Prescriptions have been filled too frequently
- Combination of contradicting medications
- Patient is seeing multiple prescribers and/or pharmacies

Steps to RESPOND in All Situations...
1. Introduce yourself to the patient
2. Define your role in their healthcare team
3. Introduce the PDMP and its purpose
4. Discuss opioid risks and potential safety triggers
5. Normalize expressed feelings and concerns
6. Ask permission to give information or advice

Steps to RESPOND in Difficult Situations...
1. Share safety concerns in a non-judgmental tone
2. Ask the patient open-ended questions
3. Reflect patients’ responses back to them
4. Support patients’ belief in ability to succeed
5. Communicate safety concerns to the prescriber
6. Include the patient and prescriber in decisions
7. Clearly articulate expectations and next steps

#Rx Summit  www.NationalRxDrugAbuseSummit.org
RESPOND Provider Communication Checklist

- **SOAP note strategy:**
  - Gather subjective information verbally or visually provided by patient or prescription
  - Gather objective information from the drug utilization review (DUR), the PDMP, and other sources
    - Fax report and notes to prescriber
  - Assess the situation
  - Make recommendations
  - Create plan or recommendation for next steps
    - Cancel, fill or refer back?
Next Steps

1. Research project → Fall 2018
   - Naloxone module will be added for Phase II
   - Manuscripts in 2017:
     2. Hartung, Hall, Haverly et al. *(under review)*. The role of the pharmacist in opioid safety. Submitted to *Pain Medicine*.

2. Website in development
   - Will house RESPOND Toolkit and resources
   - Openly available to all pharmacists, but most relevant for Oregon
Thank You!

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References