Interventions for Community Pharmacists

NMPhA Mid-Winter Meeting

Sunday, January 27th, 2019

Chris Trujillo, Pharm.D.

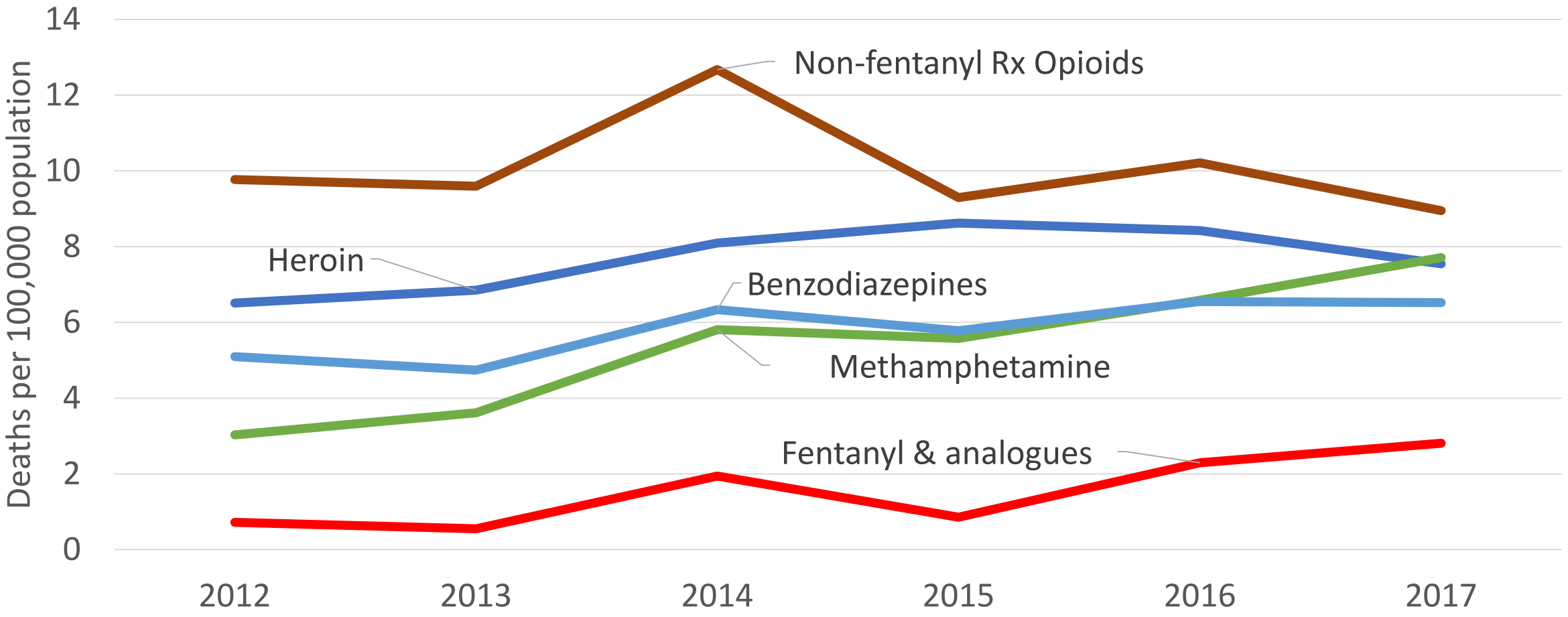
NMDOH Epidemiology and Response Division

Outline

- Brief Data
- Background
- Interventions

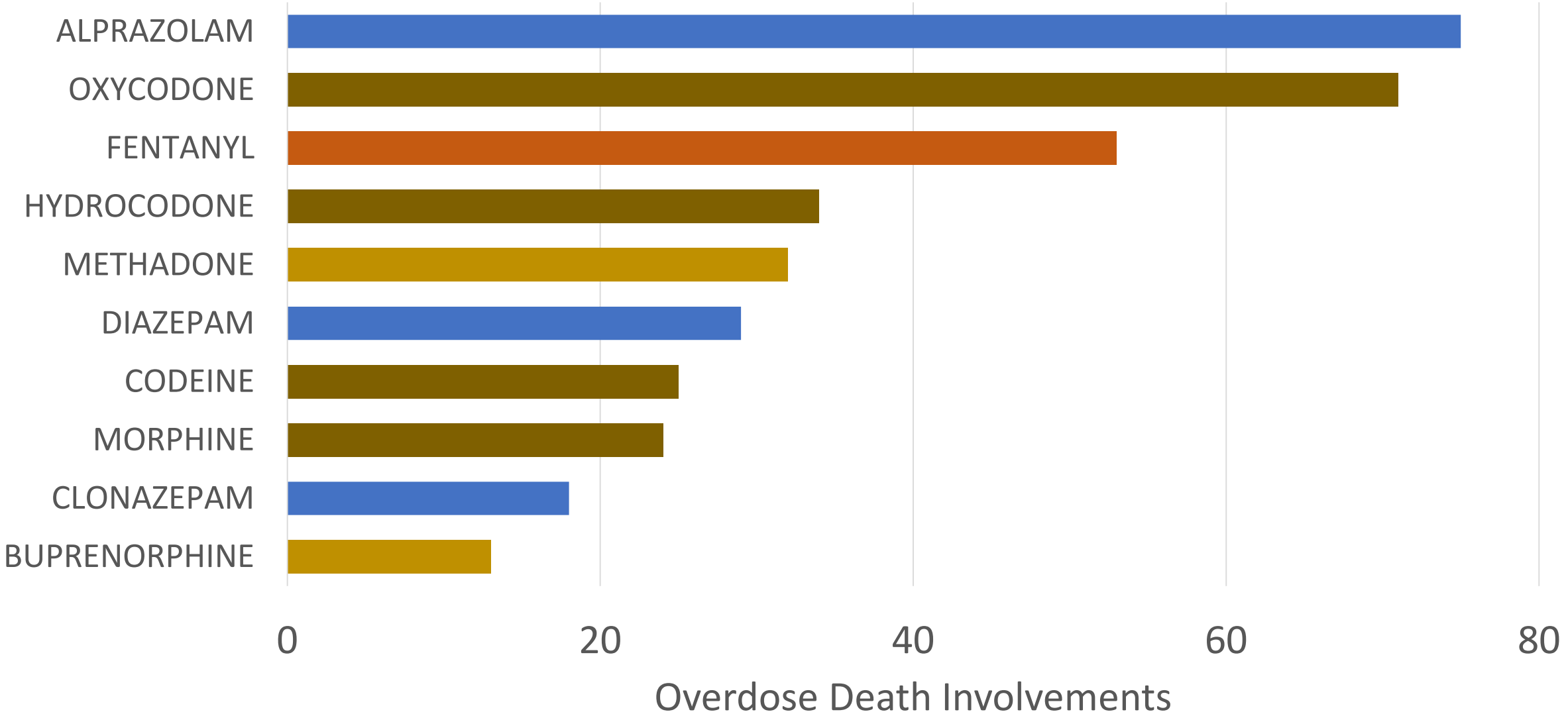
Data

Overdose Death Involvement by Drug Class , NM, 2012-2017



Drug categories are not mutually exclusive
Rates are age adjusted to the US 2000 standard population
Source: NM DOH Bureau of Vital Records and Health Statistics death data

Top 10 Rx Drugs in Overdose Deaths, NM, 2017



Deaths may involve more than one drug

Source: NM DOH Bureau of Vital Records and Health Statistics death data

Background

Background

- Pharmacists are consistently ranked among most trusted professionals in the US
  - 2016 Gallup Poll ranked pharmacists as #2 most trusted in healthcare professions
- Pharmacists are the most accessible healthcare professionals
- Pharmacists are in a unique position to intervene
- Pharmacists have the dual responsibility of dispensing opioids in the safest way possible and protecting the public from misuse and abuse

Pharmacists and the opioid epidemic

- Traditional responsibilities of a pharmacist
  - Assess prescriptions (Rx) and look for red flags:
    - Forgeries, alterations, cash payments, early refills, multiple prescribers, high dose, dangerous combinations, multiple controlled substance pain medications, geographic anomalies, prescriptions not within area of specialty*
  - Verify prescriber information
  - Consult the prescription monitoring program (PMP)
  - Communicate with providers
    - CDC Guideline encourages prescribers and pharmacists to collaborate in pain management**

*http://deachronicles.quarles.com/2013/08/apharmacists-obligation-correspondingresponsibility-and-red-flags-of-diversion/

**Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1.

Pharmacists and the opioid epidemic

- To halt the opioid epidemic, new cases of opioid use disorder must be prevented
- Access to treatment for those with substance use disorder must be expanded

Prescription Monitoring Program Survey

- 53% pharmacists surveyed fill over 200 prescriptions per day
- Over 75% community pharmacists surveyed said that controlled substances make 1-25% of dispensing
- Most think PMP is good for reducing abuse, diversion, etc. (60% “very effective”) but fewer think it’s “very effective” at improving patient care (47%).

PMP Mandate Survey 2018

Economic Cost of Opioid Misuse

- Estimate of the number of people in NM in 2017Q2 who are chronic prescription opioid users, and may need treatment (22% of chronic prescription opioid patients)* = 12,400

- Estimate of the number of people using NMDOH Syringe Services program in 2016 who indicated heroin use =6,976

Data Sources: NM Board of Pharmacy Prescription Monitoring Program; NMDOH Harm Reduction Syringe Services Program

* Vowles, K. E., McEntee, M. L., Siyahhan Julnes, P., Frohe, T., Ney, J. P., & van der Goes, D. N.
(2015). Rates of opioid misuse, abuse, and addiction in chronic pain: A systematic review and data synthesis. Pain, 156, 569-576.
Note: The Winsorized mid point (min+max)/2 was used as a proxy for the number of people who have potentially problematic prescription opioid use.

Economic Cost of Opioid Misuse

- Cost per year per person misusing opioids estimate*** = $46,970

- Estimated annual cost of prescription opioid misuse to NM
  = $582,000,000
- Estimated minimum annual cost of IV heroin use to NM
  = $328,000,000
- Estimated annual cost of opioid misuse to NM
  =$910,000,000

*** Florence, C. , Zhou, C., Luo, F., & Xu, L.. (2016). The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Medical Care, 54, 901-906. 10.1097/MLR.0000000000000625

Interventions

Screening for misuse in the community setting – a study

- Can pharmacists successfully screen patients for opioid misuse risk?
  - Study done in rural and urban Pennsylvania pharmacies*
  - 10 minute survey using different tests to screen for SUD, physical health, and mental health
  - Approximately 14% had positive risk score for prescription opioid misuse, 21% positive for hazardous alcohol use, 7% positive for illicit drugs
  - Most patients also “agreed” they would feel ok if pharmacists discussed concerns about pain medication use
- Identification of misuse in community setting opens possibility for intervention

*Cochran G, et al. Screening Community Pharmacy Patients for Risk of Prescription Opioid Misuse. J Addict Med. 2015; 9(5): 411-416.

Talking to Patients

- Choose a quiet, private location
- Assure patient that health information is confidential
- Use open ended questions
- Avoid stigmatizing/judgmental language
- Ask about alcohol and substance use history
- Encourage use of same pharmacy
- Do not make decisions based on staff hearsay
- Do not refuse or avoid filling prescription without collecting more information from prescriber, PMP, and patient

https://cpnp.org/ed/presentation/2016/opioid-use-disorders-interventions-community-pharmacists?view=link-0-1471880668

Example of process for screening opioid prescriptions

- Can insert process into pharmacy workflow
- May only take a few more minutes once integrated
- Can be used for other controlled substances
- 3 steps discussed on following slides

Step 1

- Verify the prescription (receiving the prescription)
  - Rx must meet all state and federal requirements
  - Check scope of practice of prescriber
  - Verify ID of person dropping off the prescription
  - Confirm date of birth and address of patient

https://cpnp.org/ed/presentation/2016/opioid-use-disorders-interventions-community-pharmacists?view=link-0-1471880668

Step 2

- Patient assessment (prescription processing)
  - Check with patient about condition being treated
  - Check the PMP
  - Screen for potential misuse or the presence of substance use disorder
  - In addition to:
    - Forgeries, alterations, cash payments, early refills, multiple prescribers, high dose, dangerous combinations, multiple controlled substance pain medications, geographic anomalies, prescriptions not within area of specialty
  - Other red flags may include intoxication, only wants to fill controlled substances, frequent ER visits for pain medications, requests certain brands of medications

https://cpnp.org/ed/presentation/2016/opioid-use-disorders-interventions-community-pharmacists?view=link-0-1471880668

Possible misuse by patient – what to do?

- Attempt to obtain more information from the prescriber to evaluate necessity of prescription
- Interact with patient and explain concerns
- Offer local, up-to-date resources for substance use disorder treatment referral
- May refuse to fill the prescription if unable to contact prescriber
  - However, according to PMP mandate survey, prescribers will change the prescription “most of the time (45%)” or “a few times (43%)”

https://cpnp.org/ed/presentation/2016/opioid-use-disorders-interventions-community-pharmacists?view=link-0-1471880668

PMP Mandate Survey 2018

Step 3

- Clarification of patient responsibility (delivery of prescription)
  - Obtain ID and signature of person picking up opioid prescription
  - Use exactly as prescribed
  - Store in secure location
  - Alcohol and illicit drugs will not be used
  - Medication will not be shared
  - No early refills
  - Will dispose of unused or unwanted medication

https://cpnp.org/ed/presentation/2016/opioid-use-disorders-interventions-community-pharmacists?view=link-0-1471880668

Unintended consequence of PMP

- August 2017 qualitative analysis showed that **prescriber to pharmacist** communication decreased after implementation of PMP programs*
  - Also mentions that difficult or uncomfortable conversations are often avoided
- Accusatory communication and trust issues are likely culprits
- Enhance communication skills related to conflict management and rapport building

*Hagemeier NE, et al. Interprofessional prescription opioid abuse communication among prescribers and pharmacists: A qualitative analysis. Subst Abuse 2017 Aug 11:1-6.

Pharmacist interventions

- Increase access to naloxone
  - Keep in stock
  - Use standing order
  - Utilize collaborative practice agreement with nearby medical providers
  - Pharmacy specific training on ordering, billing, and counseling on naloxone
  - 2017 UNM study showed that affordability, time, reimbursement, and adequate privacy were main barriers to dispensing intranasal naloxone*

*Bakhireva LN, et al. Barriers and facilitators to dispensing of intranasal naloxone by pharmacists. Subst Abus. 2017 Oct 18:1-11

More on naloxone

- Educate patients and caregivers about preventing overdose
- Dispense to at-risk patients
- Dispense to family members, friends, or anyone at risk of witnessing an overdose
- In-person pharmacy naloxone training available from Southwest Care Center and the University of New Mexico Family and Community Medicine
- Education about Good Samaritan Law
- Patients can also get naloxone from public health offices

Additional pharmacist interventions

- Encourage medication-assisted treatment (MAT)
  - Keep medication in stock
  - Understand patient may be in withdrawal
  - Be ready for requesting prior authorizations in timely manner
  - Be familiar with discount coupons, vouchers, or savings programs
  - Know that nurse practitioners and physician assistants can now prescribe buprenorphine
  - Be familiar with counseling points on MAT medications

Long-acting injectable naltrexone

- St. Matthews Community Pharmacy in Louisville, KY
- Administering LA naltrexone - over 1000 injections as of March 2018
- Pharmacists are reimbursed for administration
- Provide counseling and appointment reminders to improve treatment compliance.
- Potentially another option for rural NM pharmacies where other MAT options are not available

https://yourcommunityrx.com/vivitrol/

Harm Reduction in the pharmacy

- Provide clean needles
  - Non-prescription sale of syringes for people who inject drugs
  - Know terminology for various sizes of needles*
- Harm reduction, generally, does not get a lot of attention in pharmacy school curriculums
- Educate pharmacists on harm reduction strategies
- More education on reducing stigma

*http://prescribetoprevent.org/wp2015/wp-content/uploads/OpioidSafetyFocusOnNaloxone-Pharmacists-June2018-links.pdf

Stigma Reduction

- Stigma results in barriers to care
- Increase patient, physician, other health care provider, and societal education on disease processes of pain and the disease of addiction
- Expectation that pain will subside by a certain time can be unrealistic
- Illicit drug use, including overdose death, is sometimes confused with appropriate pain treatment which results in increased stigma

Drug disposal

- Provide drop boxes - must be secure and close to pharmacy
- Pharmacy registration as DEA authorized collector*
  - Approximately 30 pharmacies in NM – most are hospitals, a few are community pharmacies
- Offer drug disposal bags

*https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1

Develop a local resource list

- Pharmacists more likely to intervene if they are familiar with local resources
- Local community coalitions can support local pharmacies by providing resource list, hotlines, or other services and treatment
- Health insurance providers can also provide information on treatment
- Employee assistance programs
- Local 12 step meeting lists
- List of peer support organizations

EMPOWER study on benzodiazepines

- Study done in 30 community pharmacies*
- Direct-to-consumer brochure given to patients
- Education on risk of BZD use, including peer success stories and alternate treatment options.
- Encouragement of discussion with prescriber about tapering
- 27% of intervention group discontinued BZD after 6 months vs. 5% of control group

*Tannenbaum C, Martin P, Tamblyn R, Benedetti A, Ahmed S. Reduction of Inappropriate Benzodiazepine Prescriptions Among Older Adults Through Direct Patient Education: The EMPOWER Cluster Randomized Trial. JAMA Intern Med. 2014;174(6):890–898. doi:10.1001/jamainternmed.2014.

Brochure: http://www.criugm.qc.ca/fichier/pdf/BENZOeng.pdf

Benzodiazepine guidelines

- Overdose Prevention and Pain Management Advisory Council has approved new benzodiazepine prescribing guidelines.
- Will soon distribute to New Mexico Medical Board licensees
- Includes information on strategies for “inherited” patients
- Maybe useful for community pharmacists?

Conclusions

- It is possible to screen patients for opioid use disorder in community pharmacies
- Pharmacists probably need more training on how to handle difficult conversations with patients
- There are options available, aside from refusing to fill a Rx, for patients who are identified as possibly having SUD
- Pharmacists should have accurate local resource lists readily available

Conclusions continued

- Support from local coalitions, health councils, etc., may help with buy-in for pharmacists to communicate resources to patients.
- Pharmacists and prescribers must communicate about patients on “frequently abused drugs” and not place the responsibility on the patient.

Questions?

- Thank you!
- For more information please contact: ChristopherJ.Trujil@state.nm.us