A Pharmacist's Role within Substance Use Disorder (SUD) Treatment and Recovery

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Presentation Overview

- Discuss various roles a pharmacist is able to serve in SUD treatment and recovery.
- Discuss barriers and opportunities implementing SUD services or expanding existing services.
- Illustrate the critical importance of evidence-based patientcentered integrative team approach for SUD treatment and recovery.

Disclaimer

 The opinions and conclusions expressed today are those of the author and do not necessarily represent the views of the Department of Health and Human Services, US Public Health Service, the Indian Health Service or the Ho-Chunk Nation.

No financial disclosures to report.



Common Barriers & Potential Solutions

Barriers

- Overwhelming- unsure where to start
- Tribal leadership support
- Health Department leadership support
- Medical staff hesitancy and support
- Pharmacy leadership hesitancy and support
- Pharmacy staffing limitations
- Community resistance
- Substance use stigma
- Medication assisted treatment (MAT) stigma and resistance
- Individual patient beliefs and perceptions
- Self-held bias

Solutions

- Education
 - Training and support
 - Non-judgement, Empathy, and Compassion
 - SUD is often self-treatment
- Communication
- Collaboration
 - Integrative teams
 - Patient centered
- "Start slow and grow (together)"
 - Build on successes
 - Apply lessons learned

PHARMACISTS ROLES

The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update

- "Completion of all assessments should not delay or preclude initiating pharmacotherapy for opioid use disorder"
- "A patient's decision to decline psychosocial treatment or the absence of available psychosocial treatment should not preclude or delay pharmacotherapy"

Direct services CPA/DEA

- Buprenorphine
- Antagonists-naltrexone
- Resources
 - HOPE Website
 - Inductions support-WARMLINE
 - Advancing Pharmacist Roles in Substance Use Disorder Treatment and Recovery ECHO

Co-management

- Assessment
- Induction
- Follow up care
- Dose adjustments
- Documentation

Pharmacist's Roles

- Medication subject matter experts
- Case management
 - Maintain coordinated care plan between healthcare team (medical providers, nurses, behavioral health clinicians, *peer recovery specialists*, registered dieticians, specialists) and the individual patient
- Medical provider support
- Patient advocacy
- Community and Health Department Education
 - Reduce stigma, influence and/or develop policy and processes, develop and implement integration, and much more!
- Direct interventions
 - Medication selection recommendations
 - Naloxone prescribing and dispensing
 - Collaborative Practice Agreement (CPA) as physician extenders
 - Patient education and compliance monitoring/enhancement
 - Motivational interviewing for psychodynamic interventions
 - Support and augment behavioral health services

Case for MOUD in a New Era of Prescribing

Staff Pharmacist

- Supportive role for MAT prescribers
- Co-visits
- Screening and SBIRT (Screening, Brief Intervention, Referral to Treatment)
- Patient support and education
- Ex: Motivational Interviewing
- Case Management
- MAT Registry Management
- Referral to services (behavioral health, peer support)

Integrated SUD Team Pharmacist

- Team based
- Formal structure on designated team(s)
- Prescriber, pharmacist, patient, RN, BH clinician, etc.
- Screening and SBIRT
- Patient Support and Education
- Ex: Motivational Interviewing
- Case Management
- Individual team(s) and/or scheduled integrated team meetings
- MAT Registry Management

SUD Pharmacist Clinician

- Collaborative Practice Agreement (CPA)
- Advanced Practice Pharmacist (APP)/Non-Physician Practitioner (NPP)
- Direct Services within scope of practice
- Screening, Evaluation, Treatment, Case Management
- Patient Support
- Ex: Motivational Interviewing
- •MAT Registry Management



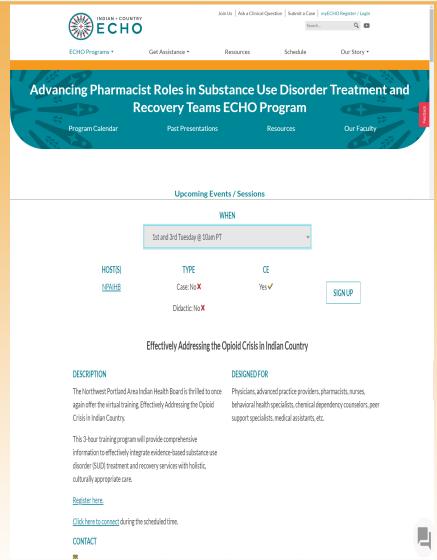




Training and Education:

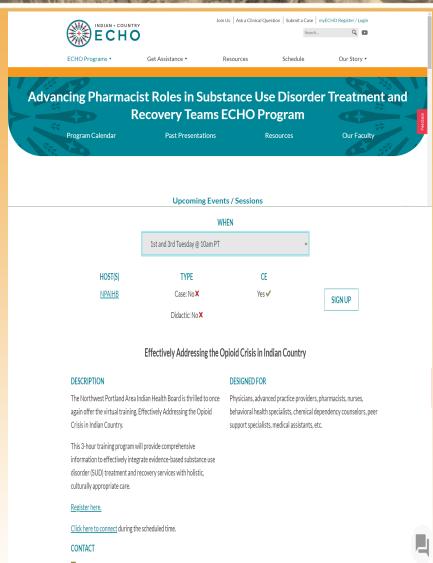
- Training program will provide comprehensive information to effectively integrate evidence-based substance use disorder (SUD) treatment and recovery services with holistic, culturally appropriate care
- Designated for physicians, advanced practice providers, pharmacists, nurses, behavioral health specialists, chemical dependency counselors, peer support specialists, medical assistants, etc.
- CME Opportunity
 - Accreditation: In support of improving patient care, IHS Clinical Support Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
 - Pharmacists: Each virtual clinic session will provide

 I hour of Application-type continuing pharmacy
 education credit. Pharmacy CPE credits will be
 delivered via the CPE Monitor system.



Training and Education:

- Format is a didactic and case presentation followed by audience and faculty recommendations.
- Cases can be individual patient or systems based
- Provides written recommendations for the case presenter's team for treatment or program enhancements.
- Case submission forms are available on website to be presented by pharmacist for training certificate eligibility
 - Entire team is encouraged to participate and/or co-present.
- Opportunity to view recordings of past didactic presentations



IHS Resources



Search IHS Q A to Z Index Employee Resources Feedback

The Indian Health Service continues to work closely with our tribal partners to coordinate a comprehensive public health response to COVID-19. Read the latest info

About IHS Locations for Patients for Providers Community Health Careers@IHS Newsroom

Opioids / HOPE Committee

Opioid Use Disorder and Pain

Opioid Response at IHS

Opioids and the COVID-19 Pandemic

Harm Reduction

Training Opportunities

HOPE Committee

Leads

Workgroups

Newsletters

Maternal and Child Health and Wellness

Naloxone

Medication Assisted Recovery

Prevention

IHS National Committee on Heroin Opioids and Pain Efforts

The Indian Health Service (IHS) National Committee on Heroin Opioids and Pain Efforts (HOPE Committee) works with tribal stakeholders to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment.

The committee consists of five (5) workgroups that aim to foster tribal relationships to:

- · Identify local resources that are available to treat pain and substance use disorders
- · Ensure adequate administrative support to effectively coordinate patient care
- Encourage IHS facilities to increase clinical capacity and identify viable training and educational resources to support IHS prescribers, practitioners, tribal leadership, and community members
- Facilitate meaningful discussions surrounding development of comprehensive medication-assisted treatment (MAT) strategies

As part of IHS's commitment to ensuring a coordinated, holistic response to the opioid and heroin epidemic, the HOPE Committee launched quarterly newsletters to share important updates in the IHS response to the opioid and heroin epidemic. The goal of each newsletter is to briefly highlight resources and share additional information with our healthcare workforce, our employees, and our tribal stakeholders.

Supporting HOPE for Patients Affected by Heroin, Opioids and Chronic Pain



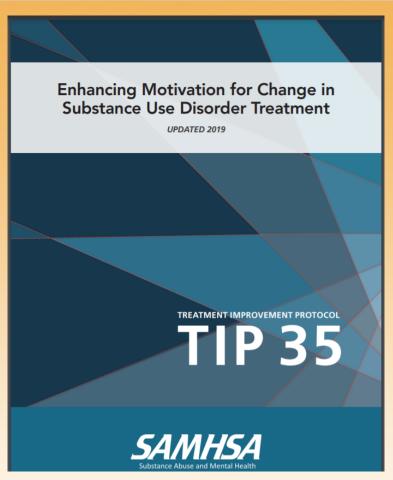
STAY CONNECTED



Join our IHS National Committee on Heroin, Opioids, and Pain Efforts LISTSERV to receive news and updates.

https://www.ihs.gov/opioids/hope/

Evidence-Based Motivational Interview Intervention



 MI helps develop a therapeutic alliance

 MI is a form of nonpharmacological treatment

 Helps the individual overcome ambivalence or resistance

Client-centered

https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf



SAMHSA Medications for Opioid Use Disorder Treatment

- **Medications for Opioid Use Disorder** For Healthcare and Addiction Professionals, Policymakers, Patients, and Families UPDATED 2021 TREATMENT IMPROVEMENT PROTOCOL **TIP 63**
- Evidence Based resource for treatment
- This Treatment Improvement Protocol (TIP) reviews the use of the three Food and Drug Administration (FDA)approved medications used to treat OUD—methadone, naltrexone, and buprenorphine—and the other strategies and services needed to support recovery for people with OUD. This is a revision.

https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002



Always.... Hope

Richard Cogoni

November 12, 1985 - October 15, 2015

Richard Cogoni of Parsons passed away Thursday October 15, 2015. He was born November 12, 1985 in Wilkes Barre, the son of the late Roseanne Hall and the late Robert Fetterman. He was raised by his loving aunt, Joanne Meshanski, with whom he resided and by his beloved grandmother, the late Lucille Meshanski. He attended Crestwood and Coughlin High Schools. Richard was beloved by his family and had many friends. He was a gifted poet and left many verses that will be cherished with his memory. In addition to his aunt, Richard is survived by his brothers

Dr. Ted Hall and James Fetterman, both of Baraboo, Wisconsin and his sister Michelle Hall and his nephew Austin Chivarella of Wilkes Barre. He is also survived by his aunt and uncle, Debbie and Joe Meshanski and his cousin Amanda, of Mount Pleasant and by his best friends Bryan Espinoza and Sherri Ann Garren.

Richards family will receive friends on Tuesday October 20th from 5 to 7pm at the E. Blake Collins Funeral Home, 159 George Avenue, Wilkes Barre. In lieu of flowers, contributions can be made to the family to help with Richard's final expenses.



Born: November 12, 1985 Death: October 15, 2015

Contact Information



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