

# Assessment of feasibility and quality of a service to provide opioid disposal systems at an independent community pharmacy

Christine Phan, PharmD; Dalanie Fisher, PharmD Candidate; Shanna O'Connor, PharmD, BCACP

## Background

- Opioid epidemic in the US persists despite federal and state strategies to address opioid overdose deaths
- Intervention at dispensing and access to easy disposal may help curb numbers of overuse, misuse, or accidental exposure
- Research needed to assess workflow, sustainability of existing Service:
  - Patients with opioid prescription for **acute need** identified (dispensing)
  - Patient offered intervention: Education on reducing risk of opioid misuse, option of partial fills, pain alternatives, opioid disposal bag
  - Patient follow-up: Ensure pain control and safe disposal of excess drug

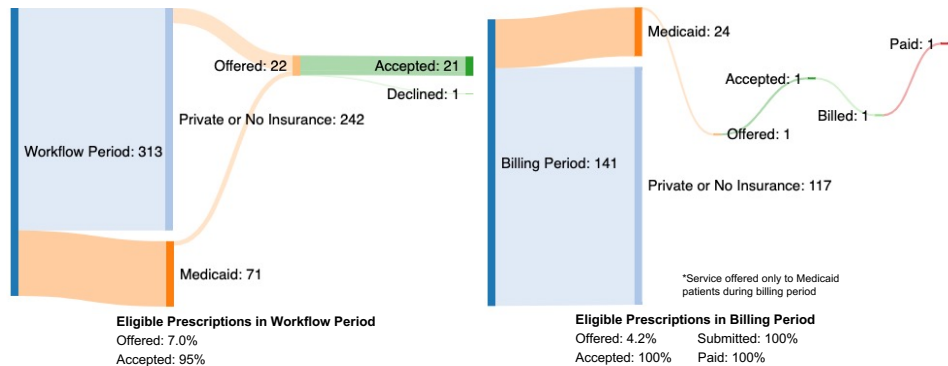
### Objectives:

- Identify percentage of encounters offered to and accepted by patients
- Assess patient, employee, and prescriber perception of Service
- Determine percentage of submitted claims, reimbursed claims, and reasons for denial

## Methods

- Non-randomized, single-site, point-in-time feasibility study determined to not qualify for IRB review by ISU Human Subjects Committee
- Workflow period from Weeks 1-10 to assess employee workflow and implementation; billing period from Weeks 11-15 to assess claim submission and reimbursement
- 8-item patient, 20-item employee, and 7-item prescriber questionnaires with Likert-scale, multiple choice, and free response questions developed and peer-reviewed by 4 different pharmacists
- Telephonic follow-up with patients to assess pain control and perception of the Service
- Questionnaire sent via email to employees to assess workflow, value, importance of Service; questionnaire sent to prescribers (physical or email as preferred) to assess value and importance of Service
- Ran prescription report through pharmacy software to determine number of potential encounters
- Consulted billing technician for review of claim submission
- Data evaluated using descriptive statistics and thematic analysis

## Results



## Questionnaire Responses

**Patients** (73% of patients who received the Service completed follow-up; n=16)

- 88% stated pain was well-controlled; 31% used the opioid disposal bag; 100% found the bag very easy to use
- Reasons for not using the bag: finished prescription, saving opioid for future use, planning to finish the rest/use bag later
- Free response themes: (+) patient/community benefit, **increased convenience and awareness** of disposal methods

**Employees** (Questionnaire sent to 21 eligible employees; 71% completed the questionnaire; n=15)

- Most employees familiar with service, process, location of resources, and assessment of acute or chronic opioids
- Most employees with positive response to service value, quality, importance, continuation, comfortability with opioid and disposal education (pharmacists); widely variable responses to ease of implementation and time consumption
- Free response themes: (+) Service creates awareness of opioid risks, **normalizes disposal** of unused medications; (-) workflow is **time consuming**, lack of formal **training**, need for **streamlining/simplification**

**Prescribers** (Attempted contact to 22 eligible prescribers; 23% declined; 54% unable to be reached; 23% completed; n=5)

- Widely variable responses regarding frequency of opioid disposal discussion with patients (never to always)
- All prescribers thought ready **access** to disposal bags for excess opioids was **important for patients and public health**

## Discussion and Future Implications

- Low service offer rate to patients and employee responses suggest need for training, workflow changes, and culture shifts
- Positive response from patient, employee, and prescribers regarding Service value and benefit suggest service need
- Paid claim suggests potential for a reimbursable service if proper documentation in place and workflow is streamlined
- Credentialed with one payor severely limits financial sustainability
- Community pharmacies may not have mechanisms in place to streamline acceptance and billing of the medical benefit
- Limitations: recall bias, small sample size, low prescriber response rate