



COMPLETED GRANT SYNOPSIS

Developing a model of care for medications for opioid use disorder at community pharmacies

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Objectives

The goal of this study was to adapt existing evidence-based models of care for medications for opioid use disorder (MOUD) access to a new context or care setting, community pharmacies, through pursuit of the following objectives:

- **Objective #1:** Conduct key informant interviews with pharmacy staff, other opioid use disorder (OUD) providers, and people with lived experience to map how existing models of care for MOUD access match factors that impede or promote OUD treatment in community pharmacies.
- **Objective #2:** Develop a preliminary resource guide outlining models of care and complementary implementation strategies based on key informant interviews and feedback from an interdisciplinary advisory panel.

Methods

Design	<ul style="list-style-type: none"> • This study employed qualitative analysis of data collected via key informant interviews from January to May 2024. • There were 3 groups that were recruited to participate in one, 60-minute virtual key informant interview: <ul style="list-style-type: none"> ○ Community pharmacy staff – This group was comprised of pharmacists and pharmacy technicians practicing at a community pharmacy in Washington State. ○ OUD treatment providers – This group consisted of medical professionals and administrators who are involved in providing OUD treatment or overseeing OUD treatment programs in Washington State in care settings other than community pharmacy (e.g., primary care, emergency department, office-based opioid treatment clinic (OBOT)). ○ People with lived experience – This group included adults who have previously taken or are currently taking MOUD and reside in Washington State. • The Practical, Robust Implementation and Sustainability Model (PRISM) and existing evidence-based models of care for access to MOUD in primary care settings were used to guide interview question development and analysis. • Interview transcripts were analyzed using a rapid content analysis approach. • A 16-person advisory panel met 3 times during the study to provide insights and feedback on interview guide development, data analysis, and model of care development. The panel included people with lived experience, physicians, community pharmacists, behavioral health pharmacists, public health representatives, and payor representatives.
Study endpoints	<ul style="list-style-type: none"> • Community pharmacy staff, OUD treatment provider, and people with lived experience perspectives of: <ul style="list-style-type: none"> ○ Intervention characteristics, including the drug therapy, education, coordination of care, and psychosocial features that should be included in a community pharmacy-based intervention. ○ Recipients, including the people or patients who would most benefit from a community pharmacy-based intervention and community pharmacies most well suited to offer an MOUD intervention ○ Implementation and sustainability infrastructure, including the strategies needed to integrate and maintain an MOUD intervention at community pharmacies over the long term ○ External environment or factors outside of a community pharmacy that can influence an intervention's success and sustainability

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- Development of a preliminary resource guide outlining a model of care(s) and complementary implementation strategies

Results

- Interviews were conducted with 9 community pharmacy staff (5 pharmacists and 4 pharmacy technicians), 11 OUD treatment providers, and 11 people with lived experience in patients.
- In total, 21 themes were identified, including 8 themes regarding intervention characteristics, 5 themes regarding recipients, 5 themes regarding implementation and sustainability infrastructure, and 3 themes regarding external environment:

PRISM Domains		Model of Care Domains		Themes
Intervention characteristics		Drug therapy		1. Medication options 2. MOUD initiation 3. MOUD monitoring and follow-up
		Education	For community pharmacy staff	4. Clinical knowledge and abilities 5. Harm reduction and stigma
			For people with OUD	6. Medication education
		Coordination of care		7. Increased communication
Psychosocial services		8. Referrals		
Recipients	Patients	<i>Not applicable</i>		9. Rural and limited access 10. Ease of access/ timeliness 11. Patient preference
	Community pharmacies			12. Person-centered approach 13. Organizational support and infrastructure
Implementation and sustainability infrastructure				14. Technology 15. Physical space 16. Scope of practice 17. Payment for services 18. Marketing/ advertising
External environment				19. Drug supply 20. Cost of medications and care 21. Drug use trends in the community

- Two models of care for MOUD at community pharmacies were developed from the interview themes with input from an interdisciplinary advisory panel:

Model	Components			
	Drug Therapy	Education	Coordination of Care	Psychosocial Services
Low-Barrier Buprenorphine <u>Initiation</u>	Buprenorphine-naloxone	Pharmacy staff education including clinical (e.g., OUD, MOUD) and patient care (e.g., trauma-informed care, harm reduction) components Patient counseling Primary care/ specialized provider education on model of care	Referral/ warm handoff to primary or specialized care provider for titration and maintenance	Referral to local resources and/or services when appropriate

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Low-Barrier MOUD <u>Maintenance</u>	Buprenorphine-naloxone, injectable naltrexone, and/or injectable buprenorphine	Pharmacy staff education including clinical (e.g., OUD, MOUD) and patient care (e.g., trauma-informed care, harm reduction) components Patient medication management	Provided in collaboration with a local OBOT, OTP, or clinic	Referral to local resources and/or services when appropriate
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Conclusion

Through key informant interviews with community pharmacy staff, OUD treatment providers, and people with lived experience, we identified 21 themes regarding models of care for MOUD in community pharmacy across intervention characteristics, recipients, implementation and sustainability infrastructure, and external environment. These findings underscore the potential for community pharmacy teams to play a pivotal role in expanding access to MOUD by leveraging their accessibility and reach. They also informed the development of 2 distinct models of care that minimize administrative hurdles to meet people where they are without stigma or discrimination. A preliminary resource guide was developed to provide a foundation for integrating these models of care into community pharmacies. Future work will focus on the implementation and evaluation of these models of care in community pharmacies to ensure their effectiveness and sustainability with the long-term goal of increasing access to MOUD and improving outcomes for people with OUD.