Clinical Pharmacy Services & Virtual Opioid Stewardship

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CommonSpirit Health

- CommonSpirit Health was created by merging Catholic Health Initiatives and Dignity Health in early 2019
- >140 hospitals
  - Large academic medical centers
  - Community hospitals
  - Critical access hospitals
  - Ambulatory clinics
  - Specialty pharmacies
- Located in 21 states
- 9 divisions
  - Centura (JOA)
  - Iowa (JOA)
  - Midwest
  - Northern California
  - Pacific Northwest
  - Southern California
  - Southeast
  - Southwest
  - Texas
- 150,000 employees
Clinical Pharmacy Services

- Clinicians with Doctorates in Pharmacy and typically residency trained are key team members in the management of patients.
- Clinical pharmacy specialists can help prevent unnecessary exposure to opioids.
  - Standardize pain-related order sets and treatment algorithms to avoid opioid orders whenever possible.
  - Track the usage of opioid medications under a standardized approach, such as Morphine Milligram Equivalents (MME).
  - Tracking adverse events related to opioid.
Innovative Clinical Pharmacy Services

- Haley Busch, PharmD, BCPS: clinical pharmacist specialist dedicated to opioid stewardship for CHI Saint Joseph Health in Lexington, Kentucky.
- First full-time pharmacist dedicated to opioid stewardship in a KY community hospital,
- KY is in the top 10 states for opioid-related overdose deaths
- Haley is a key member of the TeleMat team in her hospital
Medication Assisted Treatment (MAT)

- Patients with opioid use disorder (OUD) are often admitted to the hospital for a medical/surgical complaint outside of their OUD diagnosis.
- The American Society of Addiction Medicine states that **best practice is to not stop opioid therapy** for these patients while they are admitted, but instead, to **treat opioid use disorder with evidence-driven opioid agonists** such as transmucosal buprenorphine or methadone.
  - Opioid agonists for OUD can be prescribed for hospitalized medical patients without limitations or restrictions.
  - If a patient is initiated on transmucosal buprenorphine or methadone while admitted to the hospital, appropriate and effective transitions of care to continue this medication outpatient is paramount.
  - Without XDEA-waivered providers, options for effective transitions of care are limited.
TeleMat

- Clinical partnership between BrightHeart Health (BHH) and Saint Joseph Hospital
- BHH is an on-demand behavioral health telemedicine program providing complete wrap around services across the United States
  - BHH will assign each patient a team consisting of a physician, therapist, dietician, case manager, and wellness coach
- BHH can:
  - (1) provide psychosocial support
  - (2) prescribe MAT outpatient longitudinally
  - (3) prescribe MAT outpatient as a bridge to in-person treatment,
  - (4) connect the patient with appropriate in-person outpatient treatment
Virtual Clinic

- BHH Virtual Clinic
  - Accepts all payer sources
  - Treats all patients, regardless of insurance status
  - Allows for 24/7 admission
  - Provides outpatient medication management
    - Patients will meet with their MD every 1-2 weeks
  - Provides toxicology Screening
    - Random monthly drug screening
  - Provides counseling
    - Two 1-hour sessions per week for the first 6 months
    - Individual and group sessions (60 min each)
Work Flow

Patient admitted for a medical or surgical complaint who also has opioid use disorder

MD places consult to opioid stewardship PharmD for management

PharmD will initiate an evidence-based opioid agonist to treat opioid use disorder + monitoring + adjunctive meds for withdrawal

PharmD will take BHH kiosk to the patient’s room and help the patient self-refer to BHH for comprehensive and appropriate transitions of care to the outpatient space

BHH ensures adequate, comprehensiv-follow-up and treatment
Clinical Pharmacy Collaboration

- At the bedside, the PharmD performs an assessment and provides patient education
  - Buprenorphine risk v. benefit discussion
  - Highlight the importance of medication therapy in combination with psychosocial interventions as a comprehensive plan for long-term recovery from OUD
  - Explanation of the buprenorphine induction process
  - Initial planning for outpatient continuation of treatment beyond the hospital stay
- Per the physician consult, the pharmacist will initiate transmucosal buprenorphine in accordance with evidence-based clinical guidelines and national/state laws with daily patient follow-ups until hospital discharge
- The PharmD works with the physician and case manager throughout the inpatient stay to coordinate transitions of care
  - 24-48 hours prior to hospital discharge, the pharmacist helps the patient self-refer to BHH via a mobile kiosk
  - An intake specialist will meet virtually with the patient and pharmacist to discuss the patient’s enrollment into BHH’s outpatient OUD treatment program
  - A virtual BHH physician appointment is scheduled prior to hospital discharge, where the physician will perform an assessment and create a longitudinal individualized plan for the outpatient treatment of OUD
  - As appropriate, the BHH addiction medicine physician will e-prescribe a 7 day script for transmucosal buprenorphine to the hospital’s retail pharmacy and the medication will be dispensed via the Meds to Beds program prior to discharge
  - The outpatient telemedicine follow-up with the BHH physician and counselor occurs within a week after hospital discharge