Evaluation of a Pharmacist-Led Opioid Use Disorder Treatment Service: A Retrospective Cross-Sectional Study

Kaitlyn M. Waltsgott, PharmD Candidate, Chris M. Herndon, PharmD, BCACP, FASHP, FCCP

Introduction

- Access to care for opioid use disorder (OUD) continues to be sub-optimal, despite the removal of numerous regulatory barriers.1,2
- Pharmacists embedded within primary care clinic settings often provide direct patient care services, including for OUD, under advanced scope / collaborative practice agreements.3

Objectives

- Evaluate the impact of pharmacist multidisciplinary practice versus usual medical care based on treatment success rates defined as continuity of therapy, treatment adherence, and return to use.
- Identify gaps in clinical care in patients with OUD

Methods

- Following IRB approval, EHR was queried for all health centers operated by SIHF Healthcare (32) to identify patients with a diagnosis of OUD (ICD-10 codes inclusive of F11) within the previous 24 months.
- Of the 794 unique patients that were seen between 1/1/2020 and 1/31/2022, 31 were provided care for OUD by a pharmacist-led team.
- A random sample of 60 patients receiving usual medical care for OUD was selected for a 1:2 study comparison.
- The primary outcome included treatment success defined by continuity of therapy, treatment adherence, and no return to use. Adherence was assessed with toxicology screening and prescription refill tracking within the EHR software.
- Secondary outcomes measured lost to follow-up, urine drug screen results, counseling engagement, missed appointments, and return to use.

Results

- All subjects receiving OUD care from the pharmacist-led service (PLS) were included and a random sample of subjects receiving UMC for OUD were selected for a 1:2 stratification.
- One case was omitted due to substantial missing data yielding a final sample of 31 (34.4%) subjects in the pharmacist-led arm and 59 (65.6%) in the usual medical care arm.

Table 1. Baseline demographics

<table>
<thead>
<tr>
<th>Age (years), mean (SD)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.1 (12)</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. OUD treatment outcomes, pharmacist-led vs. usual medical care

<table>
<thead>
<tr>
<th>Pharmacist-led care, n (%)</th>
<th>Usual medical care, n (%)</th>
<th>Total, n (%)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misaligned Appointments, median (IQR)</td>
<td>0.722*</td>
<td>0.001**</td>
<td></td>
</tr>
<tr>
<td>Length of Treatment (Days), median (IQR)</td>
<td>0.722*</td>
<td>0.001**</td>
<td></td>
</tr>
<tr>
<td>Lost to Followup</td>
<td></td>
<td>0.001**</td>
<td></td>
</tr>
<tr>
<td>No return to use</td>
<td>0.001**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>0.001**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexpected UDS</td>
<td>0.001**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOUD Intake</td>
<td>0.001**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Baseline demographics

Figure 2. OUD treatment outcomes, pharmacist-led vs. usual medical care

Conclusions

- Among patients undergoing OUD treatment, pharmacist-led services resulted in a significant reduction in a) lost to follow-up, b) return-to-use, and c) steady rate of therapy continuation over the study period.
- Pharmacists are an underutilized resource for improving access to OUD services.
- Further studies are warranted considering limitations of this study including: limited sample size, retrospective design, homogenous clinic setting, single pharmacist disclosure.

References


Disclosures

- Ms. Waltsgott reports no financial conflicts of interest.
- Dr. Herndon discloses the following: consulting fees (US Dept of Justice), speaking honoraria (ASHP, ICHP, PTCE), stock ownership of private company (Spouse – LiveLife Natural Products)

Contact

- kioskci@siue.edu for Ms. Waltsgott
- cherndo@siue.edu for Dr. Herndon

Notes

- * Independent Sample Mann-Whitney U
- ** Chi square analysis