

## ASHP Foundation Practice Demonstration Grant

**Project Title:** Evaluating Outcomes of a Pharmacist-Led Medication Management Program for Outpatient Treatment of Opioid Dependence

**Rationale:** Opioid overdose recently became the leading cause of accidental death in New York State, and Erie County averaged 10 opioid overdose deaths per week in the first half 2016. Despite the magnitude of the current opioid epidemic, between 2005 and 2013 just 26% of persons in the United States with opioid use disorder received 'any' alcohol/drug use treatment, and only 19% used opioid-specific treatment. Pharmacists are presented with an opportunity to engage in improving outcomes and expanding access to treatment services in this vulnerable population as critical members of interdisciplinary healthcare teams. At Dent Neurologic Institute in Amherst, NY, the Opioid Dependence Treatment Program (ODTP), a medication management clinic for patients receiving treatment for opioid addiction, was established in 2008 by Dr. Michelle Rainka, a clinical pharmacist. This interdisciplinary clinic continues under the direction of Dr. Rainka in collaboration with psychiatrists, counselors and social workers, and physician assistants.

### Objectives:

The *primary objective* of the current study is to evaluate the impact of clinical pharmacy services on outcomes in patients receiving outpatient, medication-assisted, non-methadone treatment for opioid dependence. The *secondary objective is to demonstrate a novel interdisciplinary care model which can be applied to addiction treatment across outpatient rehabilitation settings*

### Approach:

The proposed investigation is a mixed retrospective/prospective matched cohort study of patients receiving outpatient non-methadone treatment for opioid dependence. Patients at Dent Neurologic Institute, an outpatient psychiatry and neurology center, will be identified retrospectively and prospectively from the pharmacist-led Opioid Dependency Treatment Program (ODTP). A comparison cohort treated with usual care by a team not including a pharmacist will be identified from review of electronic medical records at nearby outpatient psychiatry clinic with similar treatment population. Comparison cohort will be matched by age range, gender, race, comorbid psychiatric conditions, and insurance type (private vs. Medicaid or Medicare).

The *primary outcome* evaluated will be opioid relapse rate, defined by toxicology-corrected patient-reported opioid relapse-free weeks over the course of at least 4 weeks of treatment following initial consult. *Secondary outcomes* will include time to relapse from initial consult, rate of dropout from care, rate of hospitalization or enrollment in inpatient treatment, rate of transition from opioid replacement therapy to non-opioid treatment including oral or injectable naltrexone, cases of noncompliance or medication diversion identified, rate of relapse on non-opioid substances of abuse, engagement/compliance with outpatient counseling/therapy recommended by treating provider, number and type of pharmacist-initiated recommendations implemented per patient, average time spent on medication counseling, exploring barriers to adherence, and educating patients on safety issues and coordinating access to important non-pharmacologic resources, and impact of pharmacist intervention on quality-of-life measures including injection risk behavior, criminal behavior, and overall health and social functioning, as assessed by the Treatment outcomes Profile (TOP).