Workshop Overview

RIZE Massachusetts Foundation (RIZE) and 30+ leaders from across the opioid use disorder (OUD) care continuum convened for an active and engaging workshop to envision a future where pharmacists are equipped to play a more central role in treating OUD and providing harm reduction services within the community.

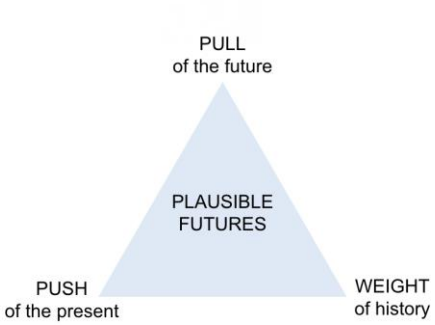
Innovation Workshop: A Focus on Pharmacy

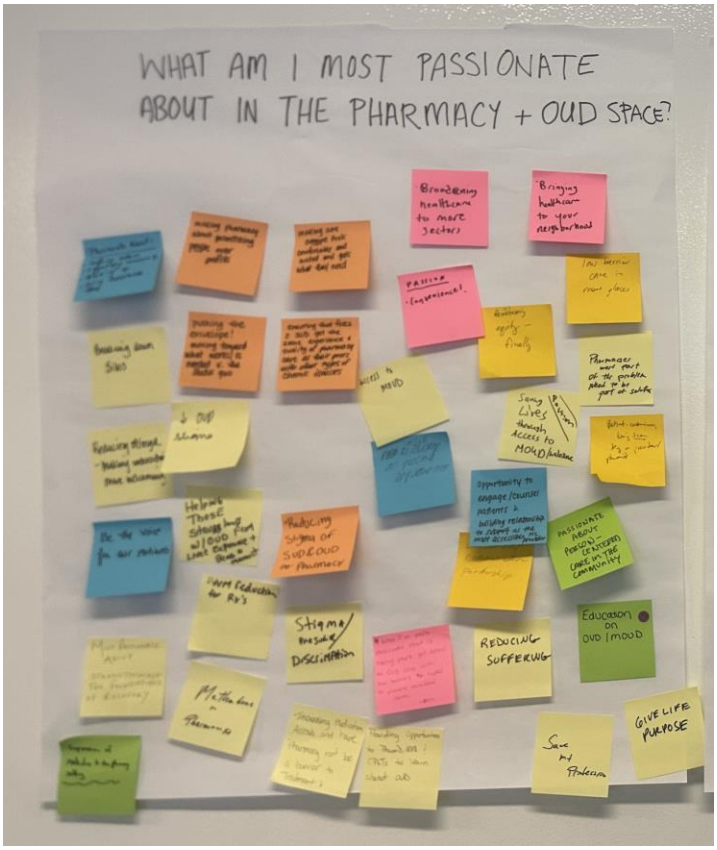
The Agenda of the Day

The workshop explored the ways that integrating pharmacists into the care team could improve access to quality OUD services, while also developing a deeper understanding of competing priorities and constraints within pharmacy practices. By the end of the workshop, we generated key action steps that prioritized and outlined immediate opportunities to address systemic barriers and foster collaboration between pharmacists, care teams, and service providers – including policies, regulations, and best practices.

Futures Thinking Mindset

In order to ensure that we were open to the possibilities of the future from a grounded position, we first sought to understand the weight of history, the push of the present, and the pull of the future. This thinking is represented by the futures triangle to the right and was used to guide the group toward the identification of plausible futures.





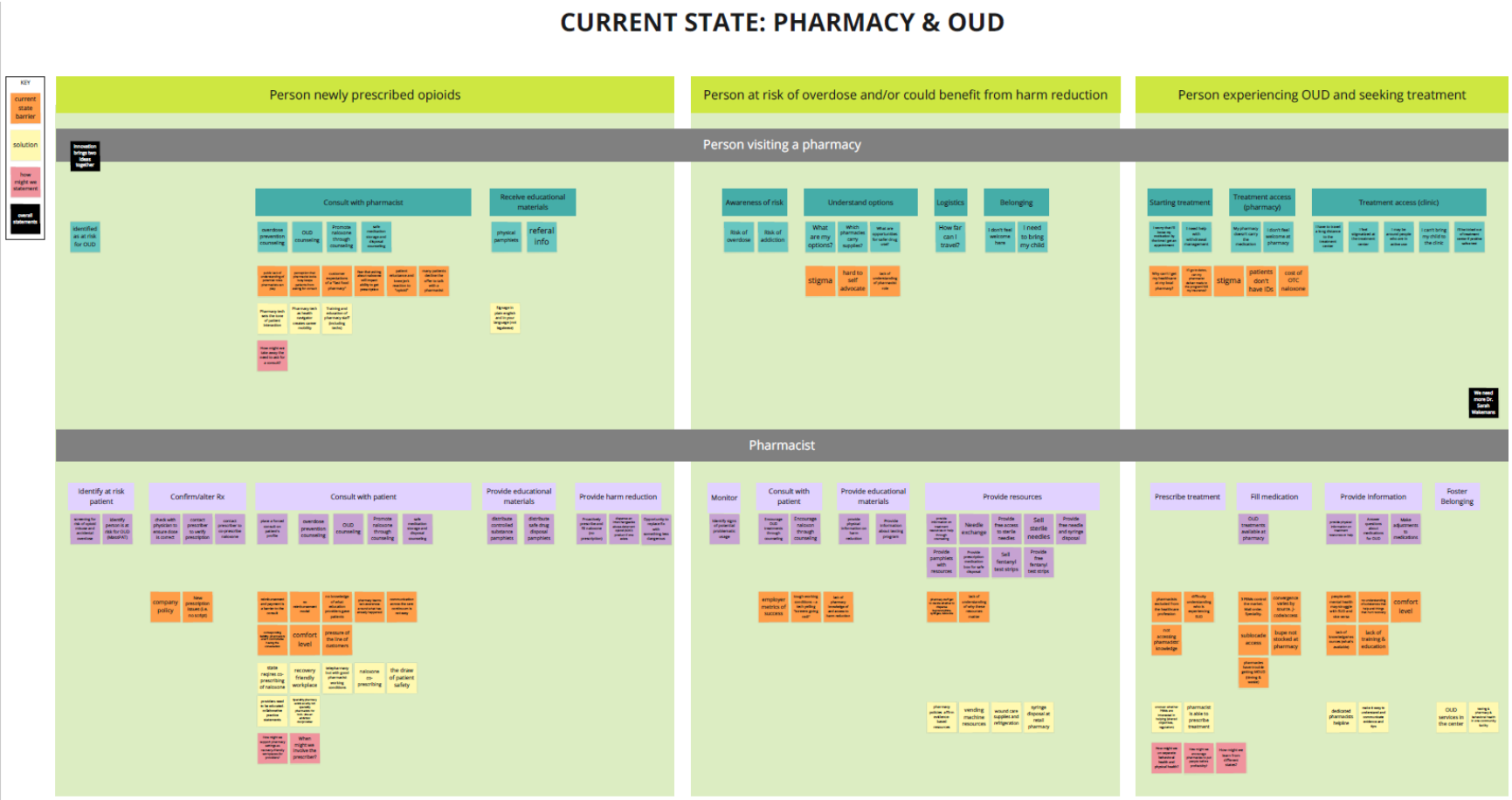
Perspective & Collective Purpose

Participants represented diverse perspectives as pharmacists, clinicians, regulators, community health workers, and people with lived experience. All who joined voiced their collective passion for reducing stigma and increasing life-saving access to people, resources, and medications. In one exercise the group reflected upon what drives their passion for this work (left).

Julie Burns, CEO of RIZE, and Allison Burns, Pharm.D, RPh, President and CEO of EMO Health, began the day by reminding us of the magnitude of the public health crisis that OUD presents. Allison equated the lives lost across the United States each day to a 747 dropping out of the sky.

Current State Challenges

Before envisioning future opportunities, we grounded ourselves in the current state. We evaluated the patient and pharmacist experience through a journey map covering three situations: (1) someone is filling an opioid prescription for the first time, (2) someone who is at risk of overdose and could benefit from harm reduction, and (3) someone who is seeking OUD treatment. Click here to enlarge the image below.



The themes that emerged from this first exercise were:

- The Pharmacy Environment
- The Role of the Pharmacist
- The Stigma that Surrounds OUD
- Harm Reduction and Treatment
- Access Issues
- Collaborative Care
- Regulatory Limitations
- Business Factors

The Pharmacy Environment: It was noted that pharmacists receive as much training as medical doctors but are often paid less. Job opportunities are also decreasing for pharmacists. Once on the job, pharmacists are on their feet for up to 12 hours per day and are constantly busy servicing customers in an environment that one participant referred to as a "fast food pharmacy." Another participant noted that if pharmacists take time to counsel a patient, it could result in "screens going red" – meaning things are not moving fast enough. Long lines and busy staff deter patients from seeking counseling so as not to be a burden. Patients themselves may be in a rush and not have time for appropriate counseling. Time constraints are not the only obstacle to effective counseling occurring during the visit. Lack of privacy for individual counseling may also be a deterrent for patients and pharmacists. As one participant pointed out, "a shower curtain" doesn't really make a great sound barrier. In a retail chain setting pharmacists are beholden to corporate policy with little opportunity for influence. Pharmacists in a private setting may have a bit more influence.

The Pharmacist's Role: Pharmacists are not currently able to prescribe medications for opioid use disorder (MOUD) in Massachusetts in all settings. However, Dr. Jef Bratberg, PharmD, FAPhA, a Clinical Professor at the University of Rhode Island College of Pharmacy, presented a study he recently led in Rhode Island that explored induction of a patient into treatment from the pharmacy. The study explored "No boundary pharmacy-based buprenorphine initiation" and found that pharmacy care has a high induction rate, engagement comparable to usual care, less drop out, and no safety concerns. This study shines a light on future possibilities associated with a pharmacist's role in the treatment process. Another study of "Pharmacy-based expansion of buprenorphine access" conducted by Traci Green, PhD, MSc. et al. concluded that "establishing a pharmacy-based buprenorphine treatment program is a promising strategy to address that gap and should be explored promptly."

Clinicians who joined the workshop pointed out that pharmacists are not always included as members of the collaborative care team, except in health systems or treatment centers who have an integrated pharmacy and on-staff pharmacists. Patients may not be fully aware of the support a pharmacist can offer them. For example, some patients may be concerned a pharmacist may not fill their prescription if they request naloxone. Participants noted that expanding the pharmacist's role would require communication and additional transparency of expectations.

Stigma: The group noted a need for a shift in characterization of people living with OUD as drug seekers or criminals to patients - as people worthy of support. One of the guest speakers, Scott Francis, Metro West Regional Coordinator of MOAR Recovery, pointed out

that stigma can be reduced, and confidence achieved, when a person receives positive affirmation but also, and even more importantly, when there is an absence of negative messages. Jake Nichols, Pharm.D, MBA, President & CEO of Renovo, shared that it begins with the pharmacist's education, training and mentorship. The messages students hear within the course of education and from the people who train them in the field have an impact on perception. A pharmacy student shared that a class focused on OUD at her school is very well attended. Students want to be well educated on the topic so that they can make an impact. Dr. Sarah Wakeman, Medical Director for Substance Use Disorder for Mass General Brigham pointed out that many clinicians see people in active use but not people who have been in long term recovery, which may lead them to realize that "Recovery is Real", a slogan that Scott Francis stated at several points during the workshop.

Access & Availability: Pharmacies are in almost every community. This proximity positions them to offer better support to people with OUD and increase access to quality addiction care. Increased access and decreased barriers to counseling, medications, and resources that reduce harm and treat OUD were noted as priorities by the group and the pharmacy was seen as a major vehicle to achieve them. The group saw the following obstacles and opportunities associated with access:

- **Policies**: The current system is based on policies and principles that are not necessarily evidence-based or conducive to improving outcomes. For example, a pharmacist may not fill prescriptions for someone who does not have personal identification, even though this is not required by law or by the retail pharmacy itself.
- **OTC**: Naloxone is currently available for purchase without a prescription. However, it is not consistently stocked on the shelves in the front of the store, and the cost could be prohibitive. Also, needle exchanges are only available at some pharmacies. These barriers restrict access and hinder opportunities for harm reduction.
- **Cost & Coverage**: While MassHealth and other insurance plans cover buprenorphine, plans differ in terms of the percentage of coverage, and whether the brand name, or a copay, is required. These differences can affect out of pocket costs and result in delays and barriers to treatment.
- **Pharmacist as Prescriber:** In most cases, pharmacists are not yet able to prescribe MOUD in Massachusetts. Currently, patients need to get a prescription from a clinician in a hospital, treatment center, or mobile van, but may find it difficult to access these environments on a consistent basis.
- **Business Model:** Counseling services are not currently reimbursable, and this may impact how pharmacists are advised to prioritize their time by their organization. Participants noted that the focus on profit, coverage limitations, including sometimes complicated pharmacy benefits structures, pose challenges that need to be addressed to increase access to medication and treatment support in the

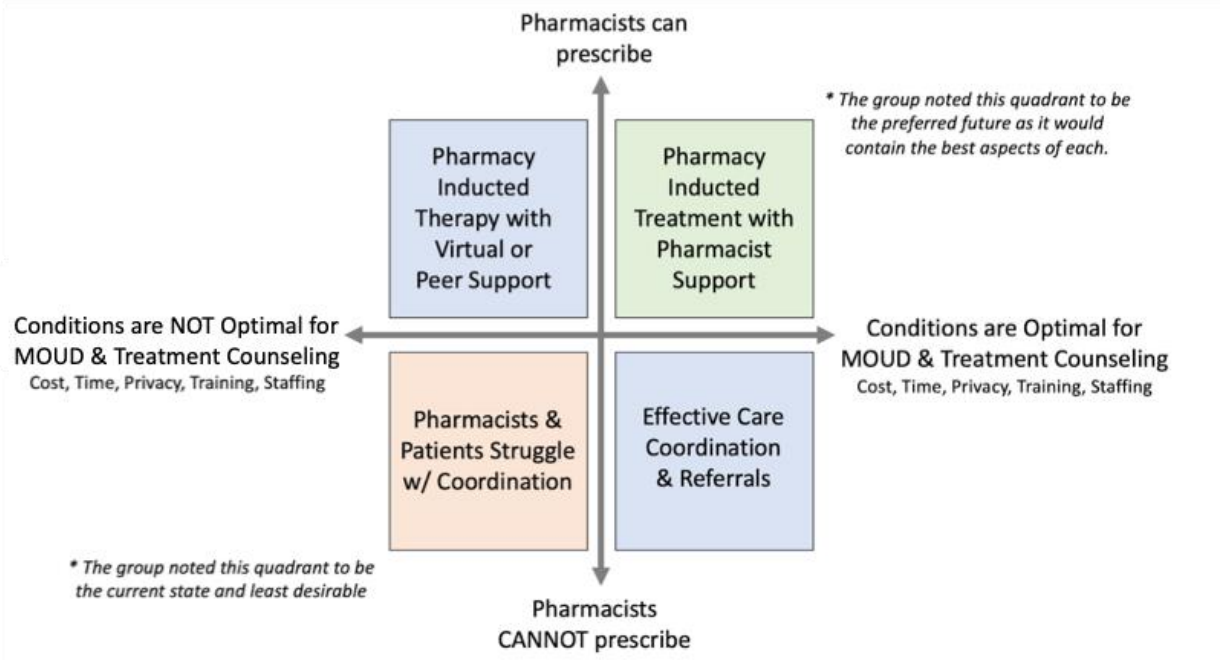
pharmacy setting. The group considered if changes to legislation or state funding could reduce these barriers. They also considered if other models like value-based care, or even addiction care, could be more effectively established in specialty pharmacies.

Legislation & Regulation: The group noted that to enact policies supporting evidence-based interventions for OUD harm reduction and treatment, advocates would need to shift the mindset of legislators and the public. However, this process, plus the implementation of new laws, can take multiple years. In recognition of this, the group noted that the optimal path to change may exist in an executive order.

Opportunities for the Future

Drivers of Change & Scenario Development

We pivoted to envisioning future possibilities by using a 2x2 grid. We analyzed two drivers of change: Whether pharmacists could prescribe MOUD, and whether pharmacy conditions were conducive to counseling.



Vision and Action

In small working groups we brainstormed the future we would like to see. Through a "backcasting" exercise, we noted what actions would need to take place to get there. The futures we detailed were overlapping and complementary in many ways. Key principles and aspects of the futures envisioned are described below.

Societal Level:

- **Public Perception**: A shift in public perception is needed to enable and accelerate change. That perception may be affected by social media campaigns that 1) focus on normalizing the experiences of people with OUD and 2) let the public know how they can help in order to galvanize support.

Policy Level:

- **Regulation & Funding:** Exploring an agenda that pushes for pharmacist ability to prescribe, be reimbursed for counseling, and receive gap funding for any situation where cost is an obstacle to care. The group noted that all avenues should be pursued, including an executive order, and other pathways to changemaking.

System Level:

- **Dignity**: Fostering a sense of belonging and normalcy by ensuring that patients are treated with kindness and respect in a stigma-free environment, and that pharmacists are also supported in their intention to improve care.
- **No Barriers:** Providing everything a patient needs to start and continue their treatment in one place, removing any barriers and obstacles to treatment along the way. For example, enabling pharmacists to provide a "bridge supply" of medication to help patients initiate or continue treatment while other obstacles are being worked through.
- **Training & Resources:** Providing pharmacists with the training and materials they need to effectively counsel, refer, and guide patients.
- **Patient Guidance:** Helping patients understand what a treatment pathway looks like, so they understand what to expect and where to go for what.

Organizational Level:

- **Staffing:** The group noted that pharmacy technicians may be able to provide a role in this space and that it would be great to involve community health workers and peer workers to improve access to counseling.
- **Collaboration & Integration:** Exploring care delivery models that include the pharmacy, integrating the pharmacist as a key collaborator and member of the care delivery team.
- **New Business Models:** Exploring new business models that involve more effective care and treatment that is also profitable. This would necessitate a shift from current models that extract profit from multiple points in the process.
- **Well Rounded Care:** The pharmacy environment is evolving to include access to medical services that can round out care, including testing for STIs.

Individual Level:

- **Pharmacist Support:** Pharmacists are focused on safety, accuracy, and outcomes. Participants noted that if pharmacists understand that their actions can facilitate better patient care, most will be willing supporters even when faced with challenges. Policy changes could accelerate support for increased access to quality addiction care in pharmacy settings.

Commitments

The workshop concluded with a session dedicated to reflecting on the go-forward commitment that everyone would be able to make, what their organization might be capable of, and the support they may need to move forward. Many shared their desire to see this work move forward – by utilizing existing and augmented workgroups and seeking continued opportunities to collaborate.