Impact of academic detailing on clinical pharmacy specialist involvement in medication assisted

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Impact of academic detailing on clinical pharmacy specialist involvement in medication assisted treatment for opioid use disorder in a primary care setting

Lindsey M. Bartos, PharmD, Kristin A. Tallman, PharmD, BCPS, BCACP, and Dara L. Johnson, PharmD, BCPS, BCACP

**Purpose**
To identify and address common barriers to Clinical Pharmacy Specialist (CPS) involvement in medication assisted treatment (MAT) for opioid use disorder (OUD) through academic detailing interventions to improve CPS comfort level with MAT for OUD, and increase the number of patients with a CPS involved in the treatment of their OUD.

**Background**
- Opioid prescribing and overdose deaths began increasing in the 1990s, and continued for decades, reaching a 6-fold increase between 1999 to 2017.
- MAT is a method of treating substance use disorders using a combination of counseling, behavioral therapy, and FDA-approved medications.
- The use of buprenorphine in MAT for the treatment of OUD has been shown to reduce the use of opiates, cravings for opiates, and risk of all-cause and opioid-related mortality, but remains under-utilized in primary care settings.
- CPSs have been shown to improve health outcomes, increase cost-effectiveness, and improve the quality of health care through collaborative, evidence based patient care services for chronic disease states.
- Despite the potential to improve outcomes through collaborative practice, CPS involvement in the treatment of OUD remains limited.
- The current involvement and perceived barriers among the 26 CPSs within a large medical group are unknown. Identifying and addressing these barriers through academic detailing will encourage their involvement in MAT for OUD.

**Objectives**
- Identify and describe the most common barriers to CPS involvement in MAT for OUD.
- Assess the impact of academic detailing on clinical pharmacy specialists’ (CPS) comfort level with being involved in the care of patients undergoing MAT for OUD.
- Assess the hypothesis that academic detailing will lead to an increase in the number of patients with a CPS involved in the treatment of their OUD.

**Methodology**
- Institutional Review Board (IRB)-approved.
- Comparison of pre and post survey responses following an academic detailing intervention (two 45 minute required sessions).
- Academic detailing learning objectives:
  - Review the use of buprenorphine for OUD.
  - Describe medications for withdrawal symptom management.
  - Identify resources to aid in MAT.
  - Apply principles of treatment with buprenorphine to patient cases.
- Inclusion criteria: CPSs at PMG primary care clinics in Oregon and SW Washington.
- Exclusion criteria: none.
- Primary outcome: CPS comfort with and knowledge of buprenorphine in MAT for OUD.
- Secondary outcome: Number of patients with a CPS involved in the care of their OUD.
- The primary outcome was analyzed using a Wilcoxon rank-sum test with a two sided p-value.

**Primary Outcome Results**

<table>
<thead>
<tr>
<th>Table 1. Survey Respondents</th>
<th>Table 2. Prescribing Habits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respondents</strong></td>
<td><strong>Involvement in MAT</strong></td>
</tr>
<tr>
<td>Pre-survey, No.</td>
<td>Currently involved, No. (%)</td>
</tr>
<tr>
<td>Post-survey, No.</td>
<td>4 (21.05)</td>
</tr>
<tr>
<td><strong>Years in Practice</strong></td>
<td>Inductions only, No. (%)</td>
</tr>
<tr>
<td>0-2 years, No. (%)</td>
<td>2 (10.53)</td>
</tr>
<tr>
<td>3-5 years, No. (%)</td>
<td></td>
</tr>
<tr>
<td>6-10 years, No. (%)</td>
<td></td>
</tr>
<tr>
<td>10+ years, No. (%)</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Outcome Results</strong></td>
<td><strong>Table 3. Comfort, Knowledge, and Beliefs</strong></td>
</tr>
<tr>
<td><strong>Survey Question</strong></td>
<td><strong>SA A N D SD P value</strong></td>
</tr>
<tr>
<td>I feel comfortable explaining the role of a Clinical Pharmacist in MAT to my providers.</td>
<td>Pre 5.26% 26.32% 31.58% 31.58% 5.26% 0.004</td>
</tr>
<tr>
<td>Post 10% 70% 20% 0% 0%</td>
<td></td>
</tr>
<tr>
<td>I feel comfortable managing patients on buprenorphine for MAT.</td>
<td>Pre 5.26% 10.53% 31.58% 36.84% 15.79% 0.012</td>
</tr>
<tr>
<td>Post 5% 40% 45% 5% 5%</td>
<td></td>
</tr>
<tr>
<td>I feel confident in my ability to conduct a buprenorphine induction.</td>
<td>Pre 5.26% 10.53% 15.79% 42.11% 26.32% 0.012</td>
</tr>
<tr>
<td>Post 0% 35% 40% 25% 0%</td>
<td></td>
</tr>
<tr>
<td>I feel confident in my ability to treat patients with buprenorphine during the maintenance phase.</td>
<td>Pre 5.26% 10.53% 21.05% 52.63% 10.53% 0.001</td>
</tr>
<tr>
<td>Post 15% 45% 35% 5% 0%</td>
<td></td>
</tr>
<tr>
<td>I feel confident in my knowledge of the medications used to treat withdrawal symptoms.</td>
<td>Pre 5.26% 42.11% 21.05% 31.58% 0% 0.250</td>
</tr>
<tr>
<td>Post 5% 55% 35% 5% 0%</td>
<td></td>
</tr>
<tr>
<td>I know where to find workflows/resources to assist in treating patients on MAT.</td>
<td>Pre 15.79% 47.37% 21.05% 15.79% 0% 0.034</td>
</tr>
<tr>
<td>Post 30% 70% 0% 0% 0%</td>
<td></td>
</tr>
<tr>
<td>I understand the role of a Clinical Pharmacy Specialist in MAT in primary care.</td>
<td>Pre 5.26% 52.63% 5.26% 36.84% 0% 0.051</td>
</tr>
<tr>
<td>Post 10% 80% 10% 0% 0%</td>
<td></td>
</tr>
<tr>
<td>My level of knowledge about the use of medications for MAT is sufficient.</td>
<td>Pre 5.26% 10.53% 26.32% 47.37% 10.53% 0.011</td>
</tr>
<tr>
<td>Post 0% 45% 40% 15% 0%</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion**

- **Respondents**
  - 19 participants responded to the pre-survey and 20 respondents to the post-survey.
  - 4/19 (21.05%) respondents to the pre-survey were not currently active in MAT. Of these, 3 indicated they were involved in MAT for 1-5 patients annually, and 1 indicated they were involved with MAT for more than 5 patients annually.
  - Respondents’ demographics are included in Table 1.
  - There were no changes in the number of CPSs involved in MAT in the time between the two surveys.

- **Barriers**
  - The three most common barriers identified were lack of time (23.08%), lack of X-waivered providers in clinic (23.08%), and lack of knowledge (21.15%) (Figure 1).
  - The factor most commonly rated as the #1 barrier was a lack of X-waivered providers in clinic (38.89%).

- **Comfort, Knowledge, and Beliefs**
  - Pre and post survey results are listed in Table 3.
  - All responses were statistically significantly improved following the academic detailing intervention, with the exception of two questions regarding medication use for withdrawal symptoms and the role of a CPS in MAT for OUD (p<0.05).

- **Study Limitations**
  - Data collected through the use of surveys is susceptible to response bias.
  - Academic detailing interventions were specific to respondent’s identified barriers and may not be applicable to every primary care practice site.
  - CPS involvement in MAT is dependent on provider’s ability to prescribe buprenorphine.
  - Respondents to the pre-survey and post-survey were unable to be matched for analysis.

- **Conclusions**
  - This study was conducted to identify and address barriers to determine if this increases CPS involvement in MAT.
  - Most CPSs within PMG are not currently involved in the use of buprenorphine in MAT for OUD, due to a combination of different barriers.
  - Academic detailing can significantly impact CPSs’ comfort with MAT for OUD, including:
    - The use of buprenorphine in induction and maintenance.
    - Talking to providers about the role of a CPS in MAT for OUD.
    - Finding workflows and resources to assist in the use of buprenorphine for MAT.

- **Next Steps**
CPS involvement in MAT will be re-assessed through the use of a survey or electronic database tracking in June 2020, and compared to involvement at the time of the pre-survey before the academic detailing intervention.

**References**