



# COMMUNITY PHARMACIST PAIN AND OPIOID USE PROGRAM

## FAQs

### When does it start?

January 1, 2019 -  
July 31, 2019

with some follow-up through  
September 30, 2019

### What kinds of patients should I refer?

- Over 18 and not pregnant
- Current pain diagnosis - acute returning & opioid naive
- Patients asking for increased dosage
- patients with goal of taking fewer medications

### How do I refer?

Use the provided Community Pharmacist Pain and Opioid Use Referral Form

### Who get's Naloxone training?

All staff at participating practice, patients, and caregivers of patients. *\*Non-patients and caregivers can be referred directly to the pharmacist to receive naloxone training.*

Questions: Contact Leigh Dye at [communitypharmacist@tchd.org](mailto:communitypharmacist@tchd.org)

## PROGRAM DESCRIPTION

This is a pilot program funded by the Prescription Drug Overdose (PDO) grant from the CDC. The pilot is being carried out by the Tri-County Overdose Prevention Partnership, Provider Education Work Group in response to provider requests for more assistance with non-opioid and opioid pain management consultation in their practice. The purpose of the pilot is to determine the value in pharmacists providing opioid use focused Medication Therapy Management (MTM) in a provider office setting to reduce the effects of the opioid epidemic.

## SERVICES FROM PHARMACIST

- PDMP and comprehensive medication review (In person/phone)
- Facilitate Naloxone access and training when appropriate for patient and interested caregivers
- Linkage to community resources and suggestions of alternatives to opioids as applicable
- Subsequent follow-up with the patient
- Summary of patient visit will be sent to provider

## EXPECTATIONS OF PRACTICE

- Provide space and logistical support for the pharmacist
- Identify a primary contact at the practice
- Initiate referral process on standardized, agreed upon form
- Discuss the practice's goals/outcomes/measurement
- Participate in a brief pre and post evaluation survey
- Have ability to pull baseline panel data specific to proof of pain diagnosis and/or applicable ICD 9 and 10 codes

## PROGRAM GOALS

- Practices/providers report more confidence in effectively managing patients with pain including referrals to non-opioids for pain management and other community resources
- Decrease in overall opioid usage per patient (reduction and elimination where appropriate) and increase safe and appropriate usage in those continuing
- Increased use of PDMP and opioid prescribing guidelines
- Increased education and distribution of naloxone at the practice