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1. *If you have **not participated in a VCU Health CE program** in the past:*
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VCU Health Continuing Education

2023 Center for Pharmacy Practice Innovation (CPPI) Seminar

2023 Center for Pharmacy Practice Innovation (CPPI) Seminar - 8/28/2023

Speaker(s): Jeffrey P Bratberg, PharmD, RPH

Topic: CPPI invites various health care professionals from around the country and globe to speak on issues relating to innovation in the health care space.

Objective(s):
Location: NA
Specialties: Cardiovascular Disease, Endocrinology, Diabetes and Metabolism, Family Practice, General Practice, Nutrition, Pharmacist, Public Health, Academic/Research, Dietitians, Pharmacy Technician, Cardiology

Faculty Disclosures:
Jeffrey P Bratberg, PharmD, RPH (Nothing to disclose - 05/30/2023)
Download Handout

Purpose or Objectives: At the conclusion of this activity, the participant will be able to:

Date/Time: 8/28/2023 12:00:00 PM

Location: *NA*

Accreditation:

In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation(s):

This activity provides 1.00 contact hours of continuing education credit. ACPE Universal Activity Number (UAN): Pharmacist: JA4008237-0000-23-006-L04-P Technician: JA4008237-0000-23-006-L04-T

NOTE FOR PHARMACISTS: Upon closing of the online evaluation, VCU Health Continuing Education will upload the pharmacy-related continuing education information to CPE Monitor within 60 days. Per ACPE rules, VCU Health Continuing Education does not have access nor the ability to upload credits requested after the evaluation closes. It is the responsibility of the pharmacist or pharmacy technician to provide the correct information [NABP ePID and DOB (in MMDD format)] in order to receive credit for participating in a continuing education activity.

Disclosure of Commercial Support:

VCU Health Continuing Education

We acknowledge that no commercial or in-kind support was provided for this activity.

Disclosure of Financial Relationships:
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The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:

Name of individual	Individual's role in activity	Name of Ineligible Company(s) / Nature of Relationship(s)
Teresa M Salgado, MPharm, PhD	Activity Director	Grant or research support-Boehringer Ingelheim - 10/31/2022
Jeffrey P Bratberg, PharmD, RPH, FAPhA	Faculty	Nothing to disclose - 05/30/2023
Evan Sisson, Pharm.D., MSHA, BCACP, CDE, FAADE	Planning Committee	Nothing to disclose - 10/30/2022
Sydney Weber, BA	Planning Committee	Nothing to disclose - 10/27/2022

VCU Health Continuing Education


THE UNIVERSITY OF RHODE ISLAND
College of Pharmacy

The University of Rhode Island Land Acknowledgement

The University of Rhode Island occupies the traditional homelands of the Narragansett Nation. What is now the state of Rhode Island occupies the traditional homelands and waterways of the Narragansett Nation and the Niantic, Wampanoag and Nipmuc Peoples. We honor and respect the enduring and continuing relationship between these nations and this land by teaching and learning more about their histories and present-day communities, and by becoming stewards of the land we too inhabit. In addition, let us acknowledge the violence of conquest, war, land dispossession and of enslavement endured by Black and Indigenous communities in what is now the United States. Their contemporary efforts to endure in the face of colonialism must be acknowledged, respected and supported.

https://web.uri.edu/artsci/diversity/

PHARMACY-BASED BUPRENORPHINE INDUCTION: A CARE MODEL FOR MARGINALIZED PEOPLE

August 2023

Jeffrey Bratberg, PharmD, FAPhA
Clinical Professor of Pharmacy Practice and Clinical Research
University of Rhode Island College of Pharmacy
Kingston, RI

Learning Objectives

1. Review changes in health care delivery that likely impact pharmacy practice.

2. Describe current trends in contemporary pharmacy practice as they relate to interprofessional collaboration.

3. Discuss practice innovations designed to improve health outcomes.

4. Discuss role delineation for pharmacists on the interprofessional health care team.

Question 1

Which of the following has been documented as a barrier to accessing buprenorphine in the US?

A. Manufacturer drug shortages

B. Patient's skin color

C. Removal of DATA2000 waiver

D. COVID-19 telehealth expansion

Question 2

Which of the following was the key element of a Rhode Island collaborative practice agreement (CPA) that permitted pharmacist initiation of buprenorphine in the pharmacy?

A. State pharmacist DEA registration

B. Provider status permitting payment for services

C. Patient-initiated saliva toxicology testing

D. DEA audio-only controlled substance initial prescribing

Question 3

A community pharmacy-based CPA used to initiate people on buprenorphine in RI resulted in a 30-day care retention rate higher than which of the following initiation practice settings?

A. Outpatient provider office

B. Emergency department

C. Inpatient addiction service

D. All of the above

Question 4

Which of the following was NOT a task delegated by physicians in the RI CPA to pharmacists at visits for buprenorphine initiation, stabilization, and maintenance?

A. Perform COWS

B. Review PDMP

C. Perform oral toxicology

D. Sign buprenorphine prescription

Stateline

Addiction Treatment May Be Coming to a Pharmacy Near You

STATELINE ARTICLE | February 24, 2023 | By: Christine Vestal | Read time: 5 min

Genoa Pharmacist Andrew Terranova, URI PharmD:

"My experience with patients," Terranova said, "showed me that many people seeking treatment face **homelessness, stigma, judgment and economic barriers** every day. So, coming into a pharmacy and being greeted by a pharmacist who wants to sit down with you and talk about being healthy was very much appreciated."

Overall, Terranova said he and the other pharmacists at his pharmacy found the Brown University program rewarding. **"The improvement we saw and our interactions with patients, and to feel their gratefulness for getting help in a way and manner they weren't used to, was extremely rewarding,"** he said.

"I'd be more than willing to jump in and keep helping addiction patients if the program were to ramp up," he said. **"We'd all be willing to participate again and continue what we started."**

https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2023/02/24/addiction-treatment-may-be-coming-to-a-pharmacy-near-you

Stateline

Addiction Treatment May Be Coming to a Pharmacy Near You

STATELINE ARTICLE | February 24, 2023 | By: Christine Vestal | Read time: 5 min

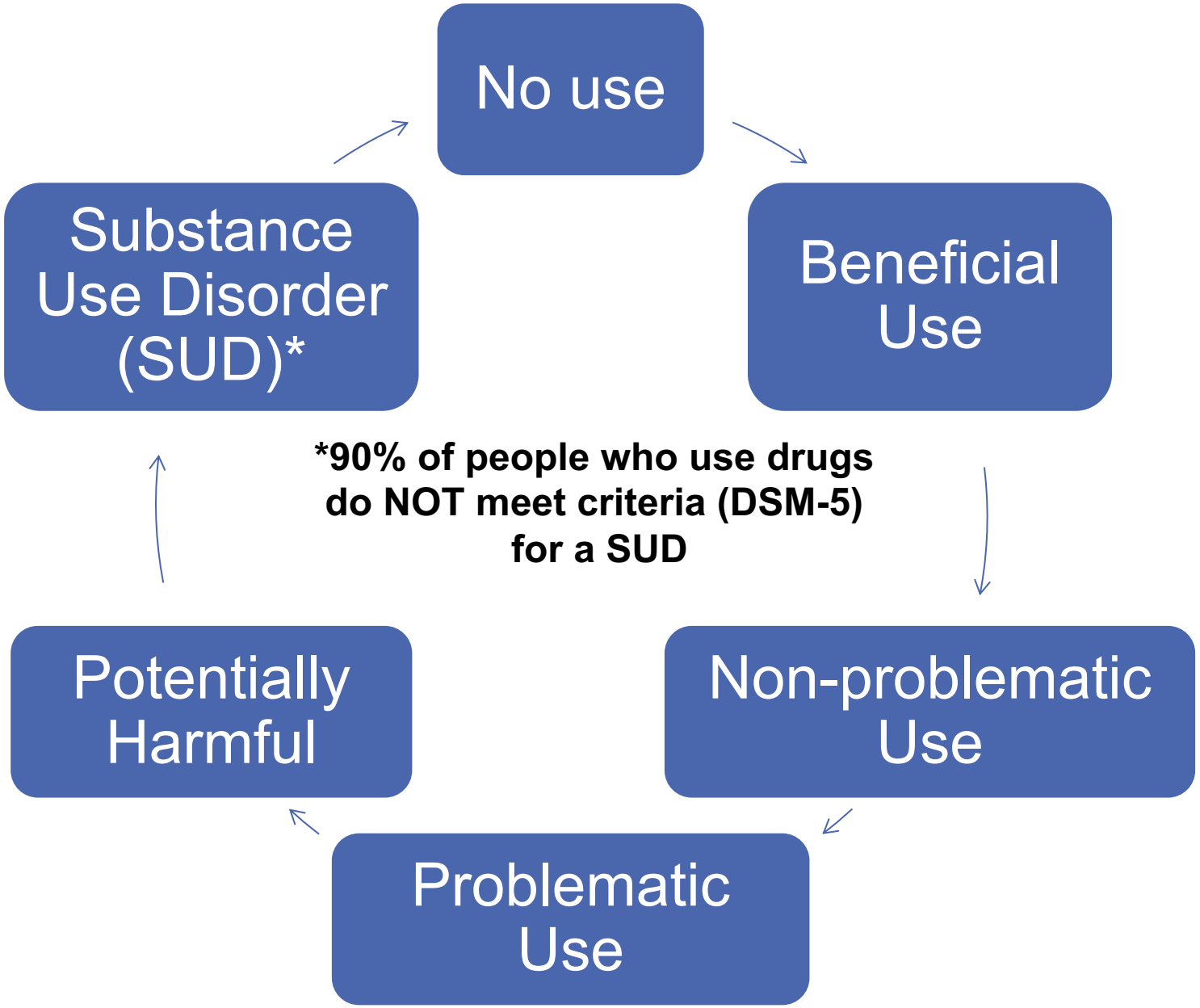
Study Investigator Jody Rich, MD:

"What we have in this epidemic is a workforce issue," Rich said. "We don't have enough bodies prescribing buprenorphine. **Physicians have had more than 20 years to go ahead and prescribe it for their patients with opioid use disorder and the vast majority have said, 'No thank you.'"**

"Pharmacists are the most highly trained and **underappreciated health professionals** we have, and they are in the trenches," Rich said. "They see what's going on out there. We need them now and apparently, they're up for the task."

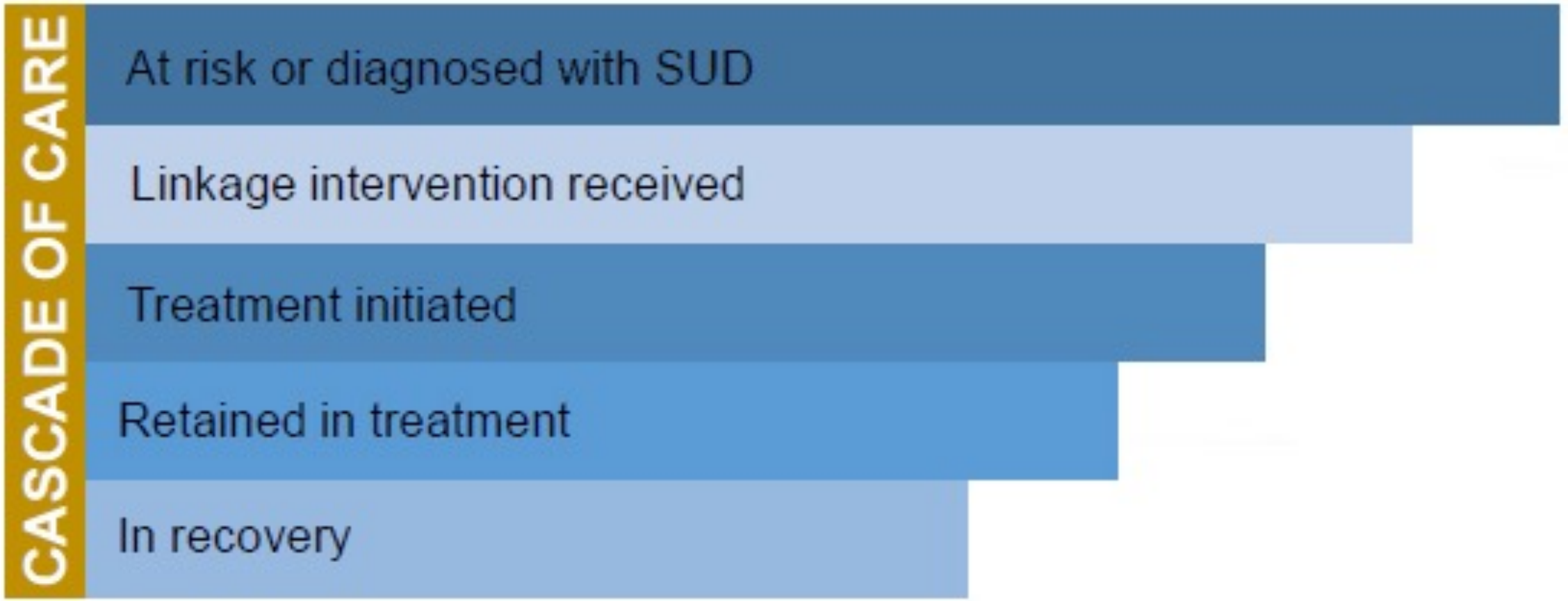
https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2023/02/24/addiction-treatment-may-be-coming-to-a-pharmacy-near-you

Continuum of Substance Use



Modified from School Mental Health Ontario
https://smho-smso.ca/educators-and-student-support-staff/substance-use-and-addiction/

Figure 1. Cascade of SUD Care (adapted from NIDA)



The Cascade of Care Can Help Tailor Substance Use Disorder Interventions
https://www.hsrd.research.va.gov/publications/forum/spring20/default.cfm?ForumMenu=spring20-2

OAT limitations

Only 1/3 of people with OUD receive ANY form of treatment

- Fewest receive medication for OUD treatment **~1 out of 9 (13%)**
- Pharmacists cannot dispense methadone for OUD in US*
- Pharmacists not permitted to prescribe buprenorphine via waiver without state DEA authority outside of CPA

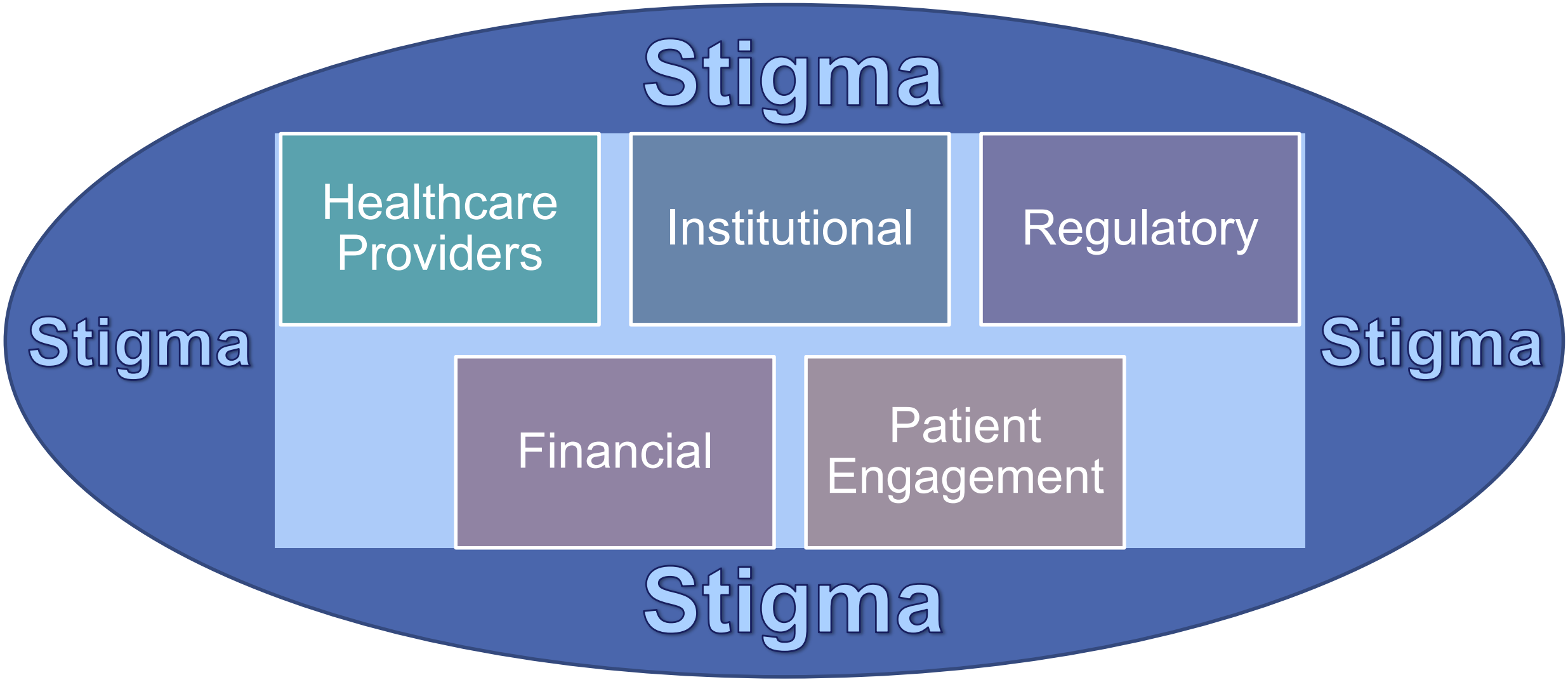
Barriers and Inequities

- Geography (e.g., Rural)
- Insurance (e.g., Medicaid)
- Structural and systemic racism
- Social distancing

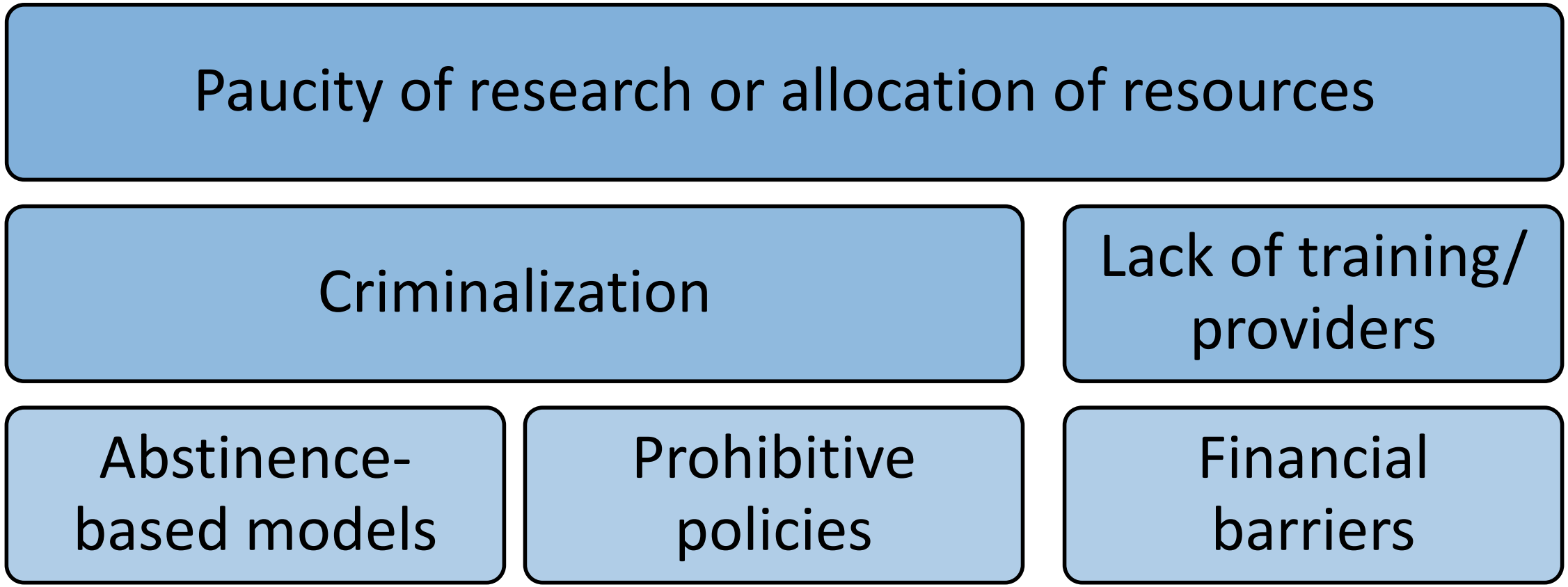
COVID-19 – More Overdoses

- Decreases access to opioids
- Unsafe supply
- Substance co-use
- Less tolerance
- Less nonprescribed buprenorphine access

Barriers to SUD Care



Barriers Beyond Stigma



Pharmacist's Oath (6/2021)

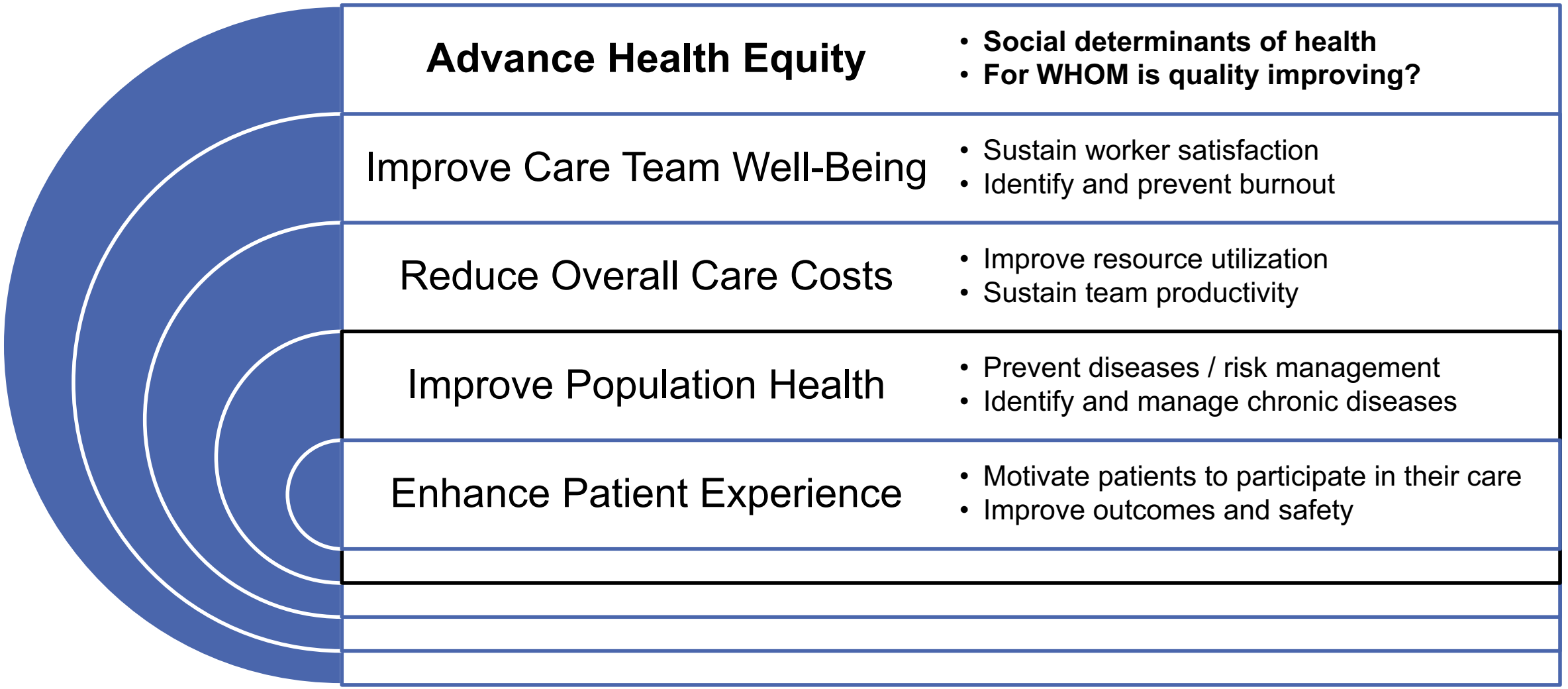
I will apply my knowledge and experience to advance health equity to assure optimal outcomes for all patients.

I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness.

I will champion diversity and inclusion, respect the perspectives of others, and mitigate my personal biases.

https://www.pharmacist.com/Publications/Transitions/oath-of-a-pharmacist-changing-times#:~:text=Oath%20of%20a%20Pharmacist%3A%20Final%20revised%20draft%20Revised%3A,service%20to%20others%20through%20the%20profession%20of%20pharmacy.

Quintuple Aim



Advance Health Equity	• **Social determinants of health** • **For WHOM is quality improving?**
Improve Care Team Well-Being	• Sustain worker satisfaction • Identify and prevent burnout
Reduce Overall Care Costs	• Improve resource utilization • Sustain team productivity
Improve Population Health	• Prevent diseases / risk management • Identify and manage chronic diseases
Enhance Patient Experience	• Motivate patients to participate in their care • Improve outcomes and safety

Nundy S, et al. . *JAMA*. 2022;327(6):521.

Black people face remarkable access barriers

- Initiation
  - Clinician visit prescriptions less likely[1]
  - Emergency department administration or prescription less often[2]
  - Black Medicare-eligible patients with disability had the same number of provider visits as White people, yet ~50% **fewer** buprenorphine starts after an index event (e.g. opioid overdose) each year from 2016-2019[3]
  - Black pregnant people 37% less likely to receive MOUD than White people[4]
- Maintenance
  - Medicaid-covered patients with OUD – 42% less prescribed than White[5]
  - COVID-19 decreased access for Black people and not White[6]

Lagisetty PA, et al. *JAMA Psychiatry*. 2019;76(9):979. 2. Holland WC, et al. *Acad Emerg Med* 2023 Jul;30(7):709-720. 3. Barnett ML, et al. *New England Journal of Medicine*. 2023;388(19):1779-1789. 4. Schiff DM, et al. *JAMA Netw Open*. 2020;3(5). 5.Dunphy CC, et al. *American Journal of Preventive Medicine*. 2022;63(5):717-725. 6. Nguyen T, et al. *JAMA Netw Open*. 2022;5(6):e2214765.

Dismantling racism against Black, Indigenous, and people of color across the substance use continuum: A position statement of the association for multidisciplinary education and research in substance use and addiction

Holly N. Hagle, PhD[a], Marlene Martin, MD[b], Rachel Winograd, PhD[c], Jessica Merlin, MD, PhD, MBA[d], Deborah S. Finnell, DNS, RN, CARN-AP, FAAN[e], Jeffrey P. Bratberg, PharmD, FAPhA[f], Adam J. Gordon, MD, MPH[g,h], Cheyenne Johnson, MPH, RN, CCRP[i], Sharon Levy, MD, MPH[j], Doreen MacLane-Baeder, BA[k], Rebecca Northup, MAT, MA[k], Zoe Weinstein, MD, MS[l], and Paula J. Lum, MD MPH[m]

"We insist that **all persons who use drugs** be treated with *compassion and lifesaving services* driven by antiracist and anti-oppressive principles—whether they seek **effective drug treatment options** or the tools and resources to **reduce the harms of ongoing drug use**. We cannot afford to continue to ignore the structural racism that underlies substance use treatment and harm reduction services for persons who use drugs."

Hagle HN, Martin M, Winograd R, et al. Dismantling racism against Black, Indigenous, and people of color across the substance use continuum: A position statement of the association for multidisciplinary education and research in substance use and addiction. *Subst Abus*. 2021;42(1):5-12. doi:10.1080/08897077.2020.1867288

MOUD Access Barriers - Pharmacy

- Several state studies document lack of naloxone and/or buprenorphine availability (PA, IN, TX, CA)
- One recent national study of 921 pharmacies shows 20%, or 1 in 5, unable to dispense buprenorphine
  - Higher in independents >> chains (25% > 15%)
  - Higher in South >> other regions (26% >> 11-18%)
  - If available, quantities and formulations sufficient
- Limits
  - “DEA caps” perception
  - Wholesaler limitations
  - Stocking cost / customer demand
  - Opioid prescribing stigma

Kazerouni NJ, Irwin AN, Levander XA, et al. Pharmacy-related buprenorphine access barriers: An audit of pharmacies in counties with a high opioid overdose burden. *Drug and Alcohol Dependence*. 2021;224:108729. doi:10.1016/j.drugalcdep.2021.108729

American Pharmacists Assoc. (APhA) House of Delegates Actions

2020

1. APhA supports the use of evidence-based **medicine** as **first-line treatment for opioid use disorder** for patients, including healthcare professionals, in and out of the workplace, **for as long as needed to treat their disease.**

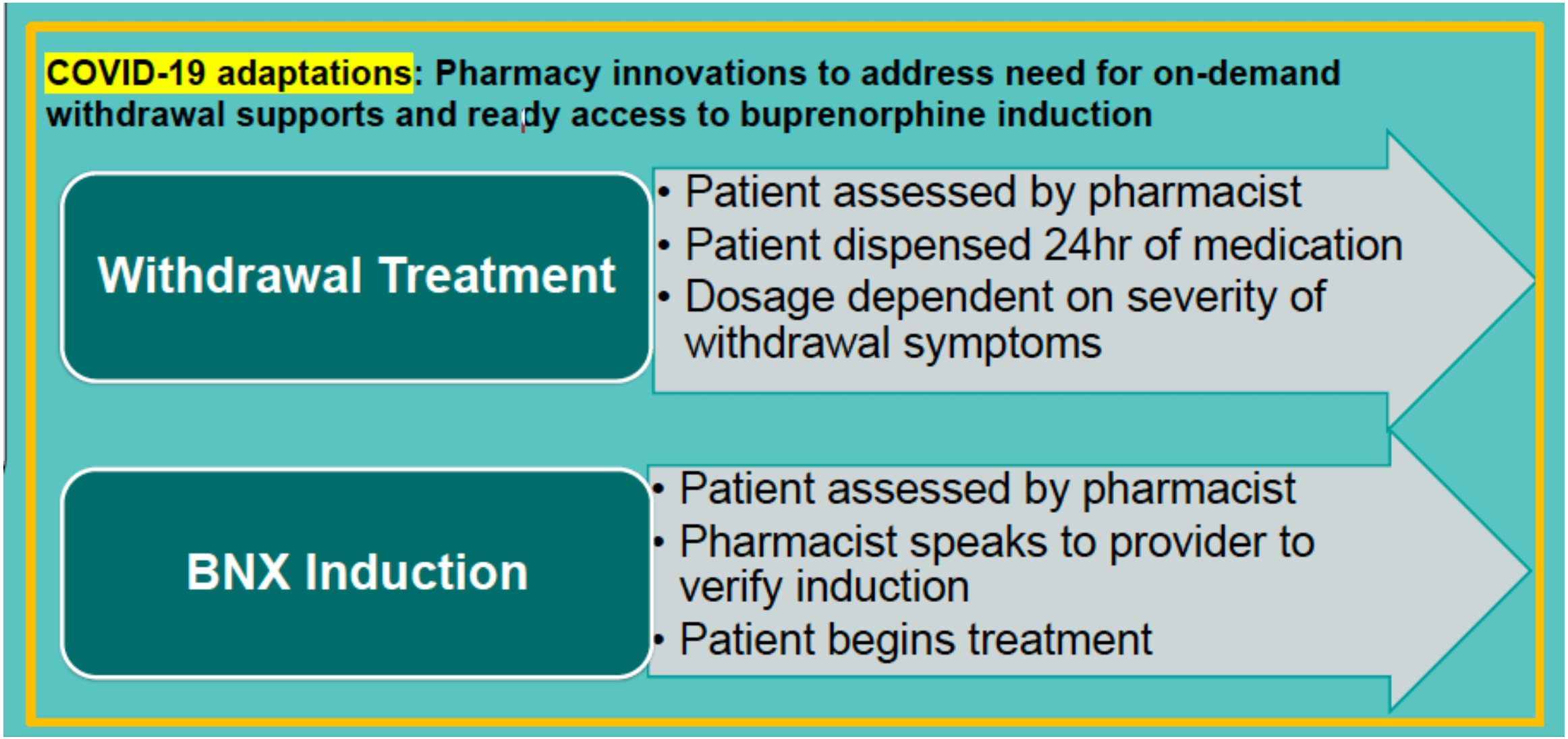
2. APhA encourages pharmacies to maintain an inventory of medications used in treatment of opioid use disorder**, to ensure access for patients.**

3. APhA encourages pharmacists and payers to ensure patients have **equitable access to, and coverage for, at least one medication from each class of medications** used in the treatment of opioid use disorder.

2022

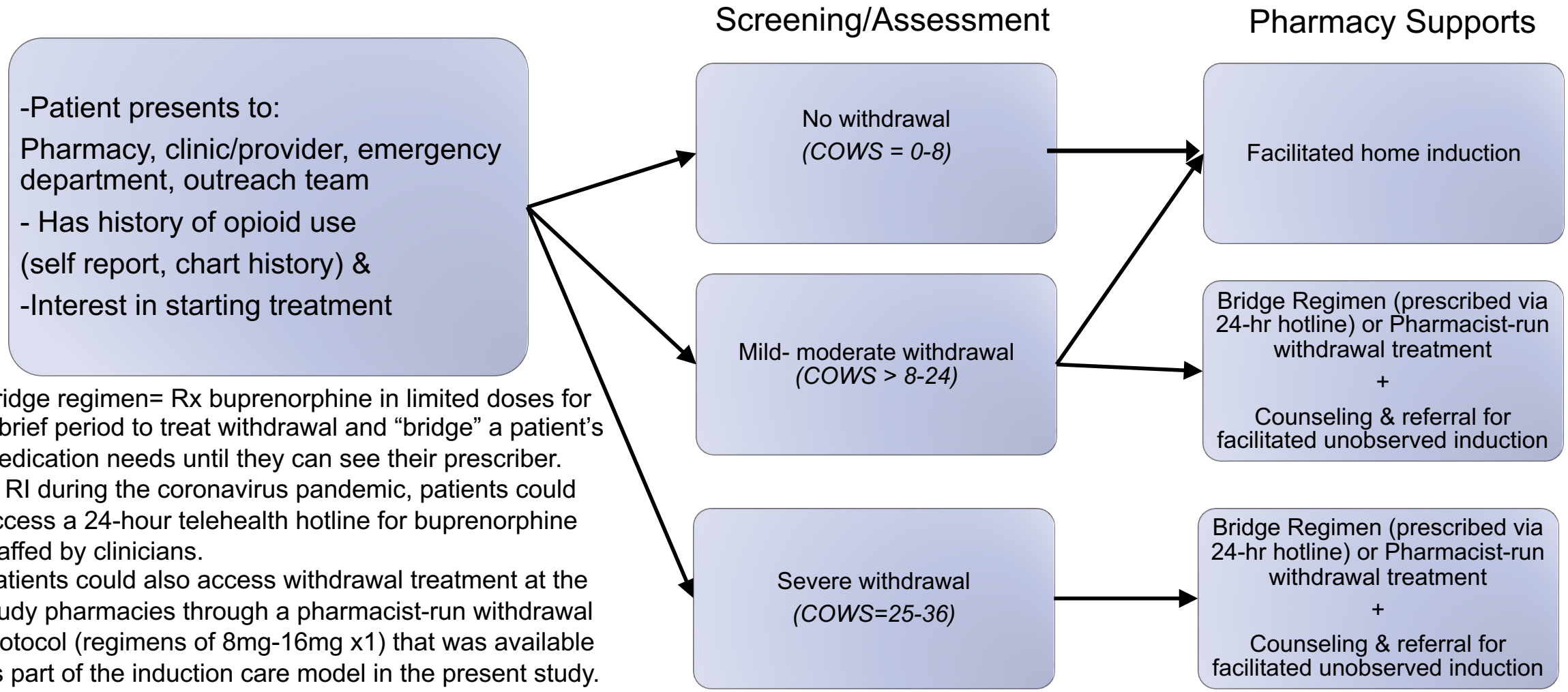
APhA advocates for pharmacists' **independent prescriptive authority** of medications indicated for opioid use disorders (MOUDs) and other substance use disorders to expand patient access to treatment.

MATPharm Adaptations during COVID-19 Pandemic



Green T, McKenzie M, Serafinski R, Clark S, Langdon K, Rich J, Bratberg J. Pharmacy-based care model for the treatment of opioid use disorder: Pilot findings and novel care adaptations during COVID-19. Addiction Health Services Research Conference [Virtual] October 2020. October 2020.

MATPharm Eligible: Any Opioid Hx,18+ years old, On treatment or Interest in MOUD



Bridge regimen= Rx buprenorphine in limited doses for a brief period to treat withdrawal and "bridge" a patient's medication needs until they can see their prescriber.
In RI during the coronavirus pandemic, patients could access a 24-hour telehealth hotline for buprenorphine staffed by clinicians.
Patients could also access withdrawal treatment at the study pharmacies through a pharmacist-run withdrawal protocol (regimens of 8mg-16mg x1) that was available as part of the induction care model in the present study.

Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

COWS: Clinical opiate withdrawal scale (scores 0 to 36)
Treatment=medication treatment with Rx buprenorphine

Steps for Home Induction

PharmacyBridge

Taking you as far as you want to go today

1

Patient: Seeks buprenorphine for induction or withdrawal

Pharmacist: Offers induction treatment as part of study (free medication, $$ incentives)

2

If patient presents/agrees to induction, contact research staff.

3

While waiting for call-backs, perform COWS assessment.

25+ : Offer withdrawal protocol or call Bupe Hotline 401-606-5456 for non-study induction; patient can come back for study induction later

< 25 : Text/call CPA prescribers, or the Bupe Hotline for callback to prescribe

4

Pharmacist: Issue patient forms, review PMP, OTP record, prescription system for buprenorphine; *enter patient information if new patient*

Patient: Complete forms (CPA consent, 42 CFR induction, privacy practices, ROI)

"It's ok to share my info w/ research team & Lifespan Recovery Center (LRC)"

Steps for Home Induction continued

PharmacyBridge

Taking you as far as you want to go today

5

Pharmacist/Patient: Interview

- Pregnant
- Allergies
- Insurance
- Employed
- Last opioids/other drugs used
- Last opioid overdose / naloxone
- History of seizure
- Past treatment
- Permission to contact PCP/other providers and contact info

6

- **Pharmacist:**
- ____ Enter patient into ProScript (get insurance card, other ID) / Review Genoa pharmacy records
- ____ Check Prescription drug medication program (PDMP)
- **Consult with Dr. Clark/Dr. Rich/Bupe hotline and issue CPA prescription**
  - Up to #14 X 8 mg buprenorphine/naloxone strips or pills
  - Up to #14 X 8 mg buprenorphine pills

Patient (optional) speak to Dr. Clark/Rich/Bupe hotline

Steps for Home Induction continued

PharmacyBridge

Taking you as far as you want to go today

7

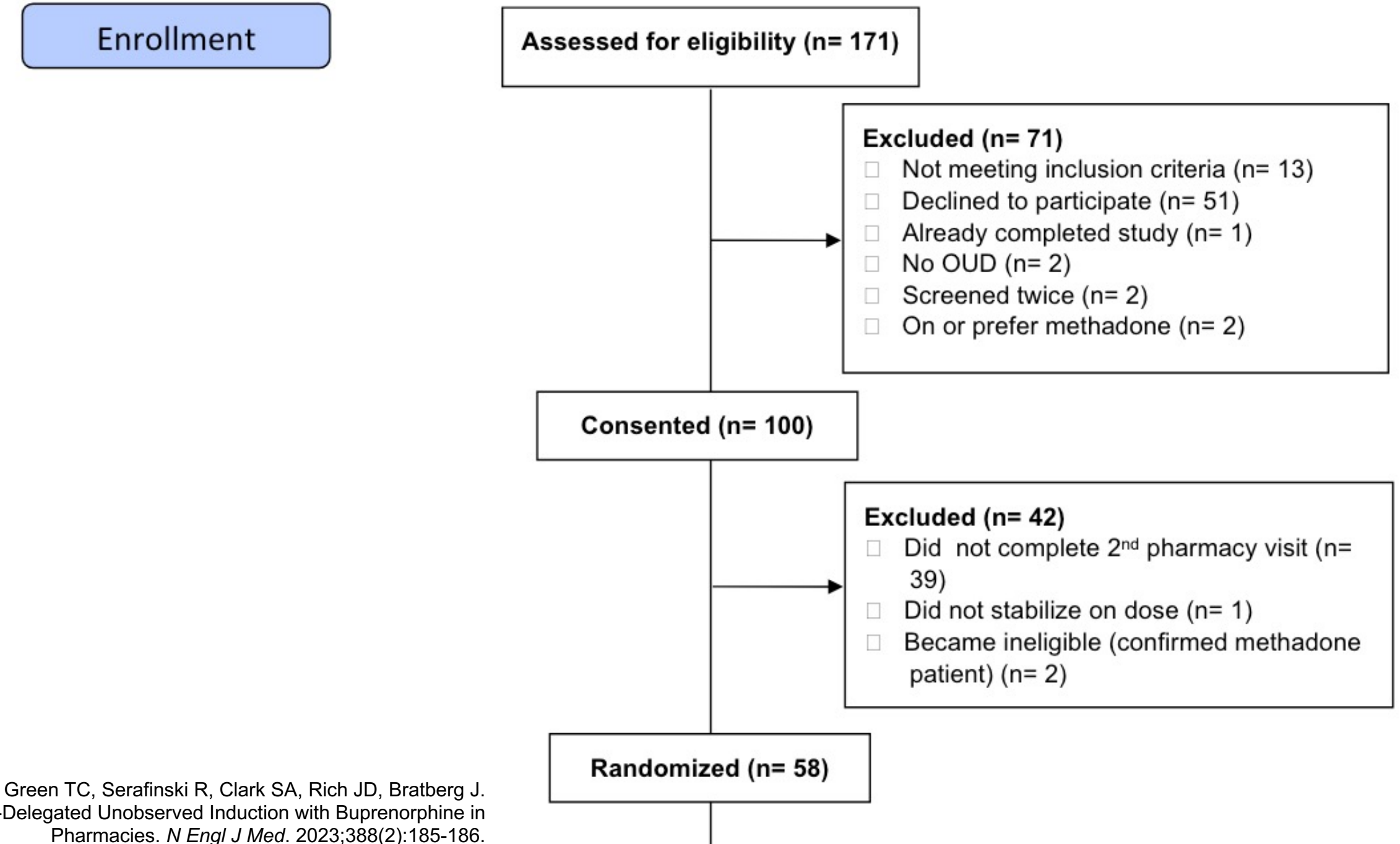
Patient: speak to research team to make appointment for baseline

- **Personal phone**
- **Study phone (issued from pharmacist)**

8

- Pharmacy team: Fill and dispense medication in name of CPA provider
- Pharmacist: Counsel on home induction steps and expectations

Figure S2: CONSORT Diagram



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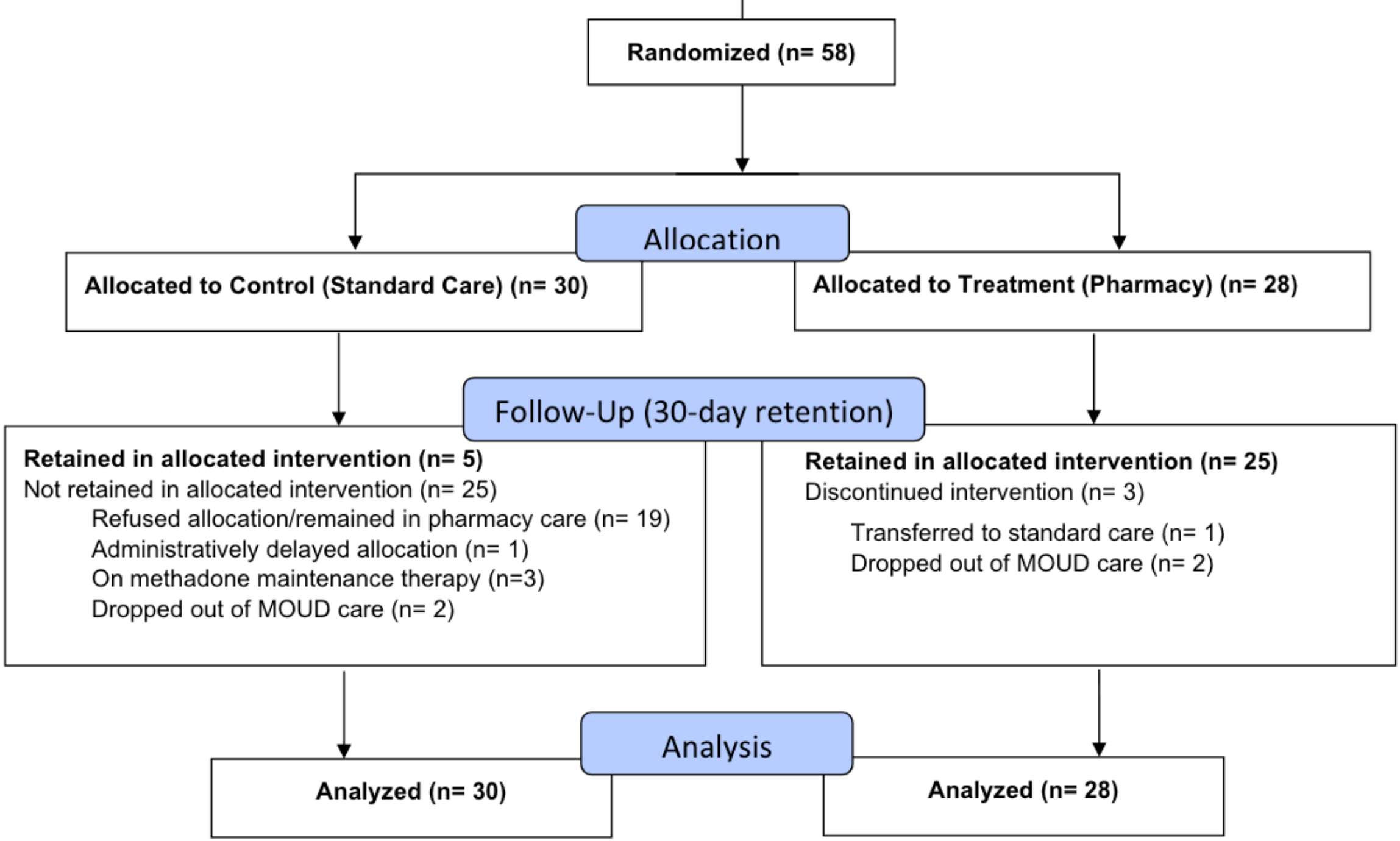


Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

MATPharm: Pharmacy care has high induction rate, engagement comparable to usual care, less drop-out, no safety concerns

Induction success rate: **58%** stabilized (≥2 pharmacy visits)

Primary outcomes: Initial engagement with community MAT (≥1 visit in first 30 days post stabilization)

- 89% pharmacy care, 17% usual care

Drop out of care*

- 6 pharmacy care (10%), 16 usual care (27%)

Treatment crossovers*

- 7 Pharmacy Inducted patients randomized to usual care refused to leave pharmacy care
- 5 Pharmacy Inducted patients randomized to usual care took 4-8 weeks to transfer to usual care provider

***Safety concerns*:** 0 deaths, 0 unanticipated severe adverse events, +36 dispensed naloxone

*active, ongoing follow up

Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

Key Self-Reported Demographics (n=100)

- Recruitment
  - 39% Outreach
  - 35% Word of mouth
- 36% unemployed
- 20% disabled
- 49% 1+ lifetime overdose
- 70% illicit drugs other than opioids
  - 25% >2 substances
  - 35% cocaine/crack
- 44% reported any Rx use
- 91% previous buprenorphine use
  - Rx (71%), non-Rx (69%), or both (49%)
- 80% COWS 0-8 at induction (mild withdrawal)
- 92% starting dose was ≥ 16 mg

END OF STUDY (90 days)

- 334 visits, 14 touchpoints
- 50% of all pharmacies, 75% at one pharmacy
- 43% used study transportation
- 31% received a phone
- 46% required payment assistance

Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

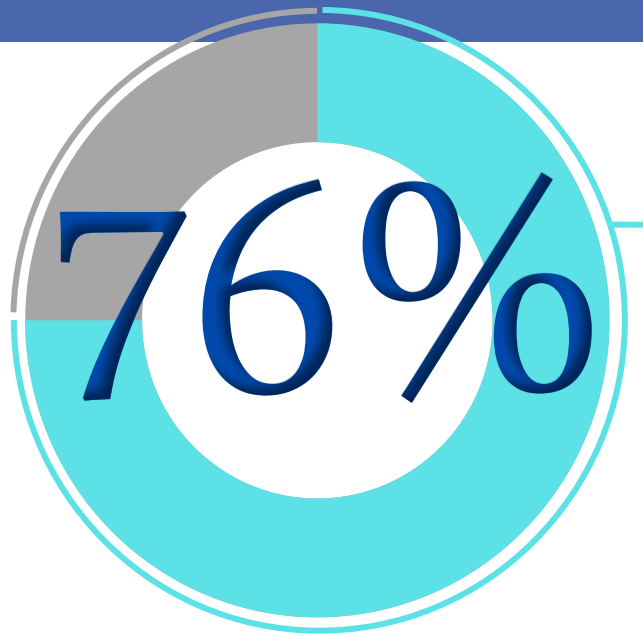
Confirmed Healthcare Utilization (n=100)

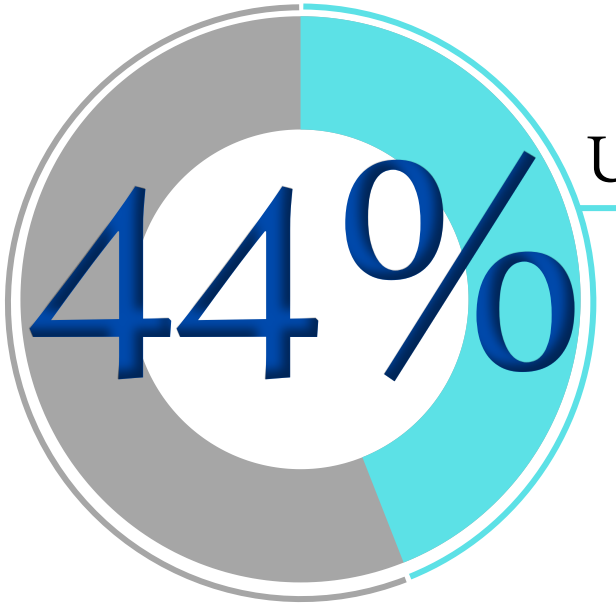
Hospitalizations	**Number**
Substance Related	11
Non-Substance Related	15
ED Visits	
Substance Related	18
Non-Substance Related	58
Deaths	**0**

Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

Pharmacy induction promotes racial and economic equity and access to care

Rhode Island state	Induction patients
White: 80.5%	**White: 66%**
19.5% BIPOC: Black or African American: 6.77% Other race: 5.47% Asian: 3.40% Two or more races: 3.33% Native American: 0.50% Native Hawaiian or Pacific Islander: 0.08%	**34% BIPOC:** Black or African American: 12% Other race: 11% Asian: 0%, Two or more races: 8%, Native American: 3%, Native Hawaiian or Pacific Islander: 0%
15% Hispanic	**15% Hispanic**





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Patient experiences receiving care at the pharmacy

"I felt comfortable to bring my babies to the pharmacy for my visits."

"I never felt embarrassed going there…."

"The hours were perfect for me."

"It was even better than I thought it would be. It was quick, easy, clean. People were so nice. Not out of my way at all. A very easy thing to do."

"It's very convenient. People are happy and look like they like to be there. It was a nice environment."

"It was the same thing: no surprises; on schedule, easy to do; that's exactly what I wanted. I was excited to go to the pharmacy."

"I met with [the pharmacist]. I don't get to sit down and talk to someone like I do at the pharmacy, when I'm at the OTP."

"[The study pharmacy] was more courteous, friendly and more personable than just going to [a large retail chain pharmacy] to pick up medication. I didn't have to stand in line and have people in my personal space."

Factors Affecting CPA Implementation Success

Geographic / Systemic

- Health Workforce Shortage Areas
- Previously waivered provider density
- Addiction training programs
- Addiction consult services
- Research centers / CTN
- **Patient referral sources, e.g. syringe service programs, outreach**
- Medicaid expansion
- **Provider status / payment for services**
- **State buprenorphine rules**

CPA

- **State DEA recognition**
- **Perform, interpret, bill for lab tests**
- Type and # of clinician (MD, NP, PA)
- Number of pharmacists
- Who can sign prescription
- Other professionals (peers, social workers)
- Locations allowed (community, hospital)
- Permit initiation of therapy
- Controlled substances permitted
- Training/education requirements

Conclusions: Induction

Patients inducted in the pharmacy attain **stabilization comparable** to community-based usual care.

Transitions imposed by studies, systems, and stigma disrupt engagement in care. **Patients started in the pharmacy should maintain care in the pharmacy.**

Pharmacy based induction promotes **racial and economic equity** in medication treatment access.

Research is needed to identify the **combination and level of peer, social, and material supports needed** to optimize rates of induction to maintenance.

Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186.

Buprenorphine – Pharmacist Roles

Inpatient	Outpatient Clinics	Community
• Educate staff • Develop inpatient protocols for initiation (traditional, low-dose) • Develop protocol to ensure medication access through the Emergency Department • Develop protocol to ensure naloxone co-prescribing and patient education • **Identify currently hospitalized buprenorphine candidates and ensure access to treatment** • **Ensure continuation of buprenorphine during hospitalization** • Develop protocols for medication continuation in unique situations, such as surgery • Bedside delivery of medication • Discharge planning and pt. education	• Educate office staff • **Leverage telehealth / preserve COVID-19 regulations** • Administer long-acting buprenorphine • Co-provide intranasal naloxone • Develop medication take-home education pamphlets	• Increase product education and proper use • **Advocate for / support removal or loosening of wholesaler medication ordering limits** • **Maintain adequate and varied stock for demand** • **On-demand initiation / starter kits** • **Ensure connection to care in the community** • Troubleshoot reimbursement barriers • Advocate for /support easier third-party billing, or allowance of verbal authorization / web-based signatures for refills • Co-provide intranasal naloxone in compliance with local law • Co-provide safe injection supplies in compliance with local law

Peckham AM, Ball J, Colvard MD, et al. Leveraging pharmacists to maintain and extend buprenorphine supply for opioid use disorder amid COVID-19 pandemic. *Am J Health Syst Pharm*. 2021;78(7):613-618. doi:10.1093/ajhp/zxab003

Federal and State Pharmacy Regulations and Dispensing Barriers to Buprenorphine Access at Retail Pharmacies in the US

Goals	Actions	Responsible agencies
Protect distributors, pharmacies, and pharmacists from DEA liability and litigation for buprenorphine diversion	-Suspend BUP-related pharmacy DEA audits/litigation -Exempt BUP from corresponding responsibility -Exempt BUP from federal monitoring and reporting	DEA SAMHSA **State Pharmacy Boards** State Public Health
Ensure buprenorphine availability at community pharmacies	-Require minimum BUP stocking -Require wholesalers to ship BUP orders without delay to pharmacies	DEA SAMHSA **State Pharmacy Boards** Public Health
Prevent pharmacies from declining to dispense BUP Rx	-Pass state legislation to fill all valid BUP for OUD -Implement corresponding responsibility specific for MOUD	**State Pharmacy Boards** Public Health **State policy officials** DEA, CMS, SAMHSA

Qato DM, Watanabe JH, Clark KJ. Federal and State Pharmacy Regulations and Dispensing Barriers to Buprenorphine Access at Retail Pharmacies in the US. *JAMA Health Forum*. 2022;3(8):e222839. doi:10.1001/jamahealthforum.2022.2839

Question 1

Which of the following has been documented as a barrier to accessing buprenorphine in the US?

A. Manufacturer drug shortages

B. Patient's skin color

C. Removal of DATA2000 waiver

D. COVID-19 telehealth expansion

Question 2

Which of the following was the key element of a Rhode Island collaborative practice agreement (CPA) that permitted pharmacist initiation of buprenorphine in the pharmacy?

A. State pharmacist DEA registration

B. Provider status permitting payment for services

C. Patient-initiated saliva toxicology testing

D. DEA audio-only controlled substance initial prescribing

Question 3

A community pharmacy-based CPA used to initiate people on buprenorphine in RI resulted in a 30-day care retention rate higher than which of the following initiation practice settings?

A. Outpatient provider office

B. Emergency department

C. Inpatient addiction service

D. All of the above

Question 4

Which of the following was NOT a task delegated by physicians in the RI CPA to pharmacists at visits for buprenorphine initiation, stabilization, and maintenance?

A. Perform COWS

B. Review PDMP

C. Perform oral toxicology

D. Sign buprenorphine prescription

Media Links

- https://www.youtube.com/watch?v=A0LjY2Ti5zE - MATPharm video

- The Regimen for Expanding Buprenorphine Access – Podcast links
  - https://podcasts.apple.com/us/podcast/the-regimen-for-expanding-buprenorphine-access/id1618064509?i=1000597950518
  - https://open.spotify.com/episode/0weFa7PMFH7aykCV1hFkUW?si=WsehCA1nRsCK6xjp0KC7gQ

- Youtube
- Episode - https://youtu.be/r7HvplY7eZ4
- Podcast - channel www.youtube.com/@pharmdpubhealth