

2024 VIZIENT CONNECTIONS SUMMIT

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# REFLECTION

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# Opioid Use Disorder Management: Two Novel Approaches

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# Learning Objectives

- Describe a novel workflow allowing for the dispensing of methadone from inpatient pharmacies upon discharge of patients with opioid use disorder.
- Describe the role of the 340B program in facilitating access to medication-assisted therapy for patients with opioid use disorder.



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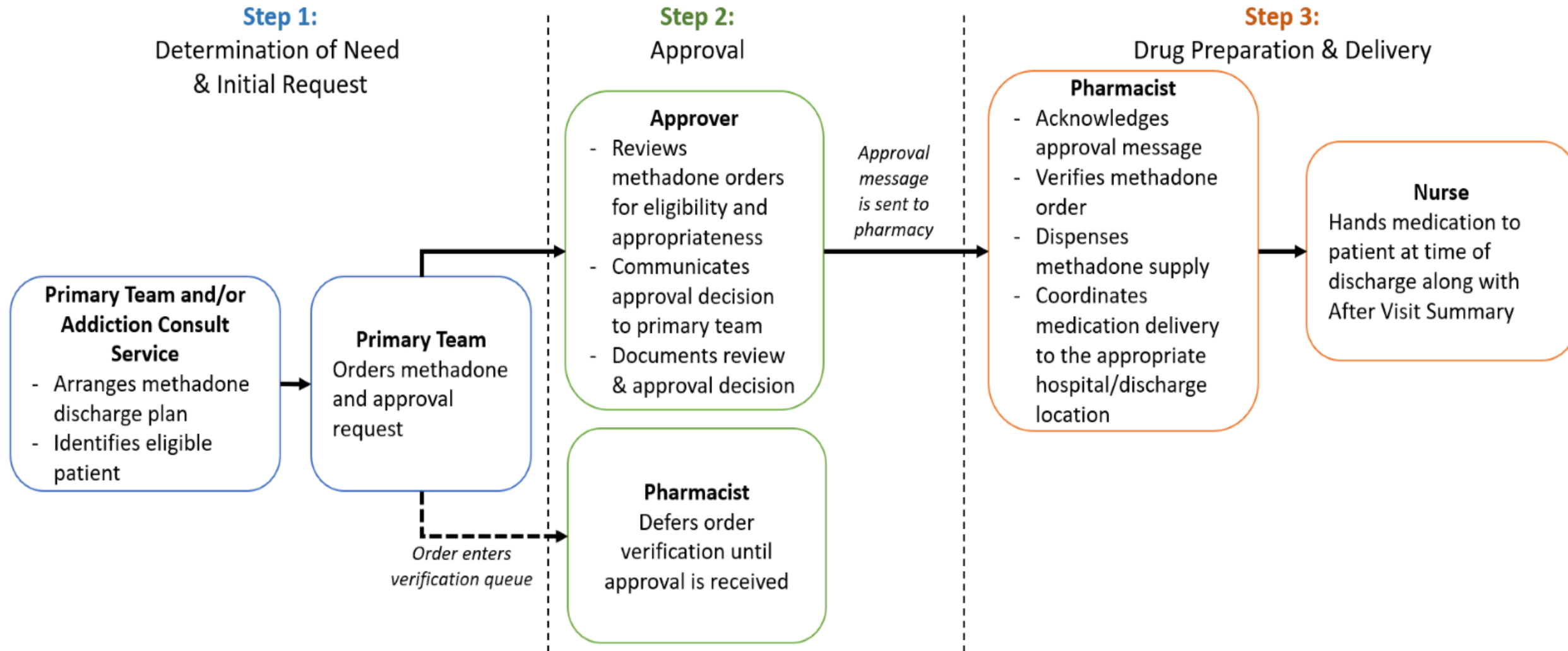
**Sara Meyer, PharmD**, Medication Safety Specialist, Novant Health

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# Background: DEA Exemption

- Historically, methadone treatment for opioid use disorder (OUD) could only be accessed via opioid treatment programs (OTPs)
  - Significant barriers associated with OTPs
- In March 2022, the DEA expanded access to OUD treatments by permitting hospitals, clinics and emergency departments to **dispense** up to a 3-day supply of methadone for OUD treatment upon discharge **as a bridge to ongoing treatment at an OTP**
- Practitioners still may not **prescribe** methadone for OUD or opioid withdrawal treatment, necessitating a novel workflow in order to offer this at hospital/ED discharge
  - New workflow implemented on November 10<sup>th</sup>, 2022

# Background: Novel Workflow

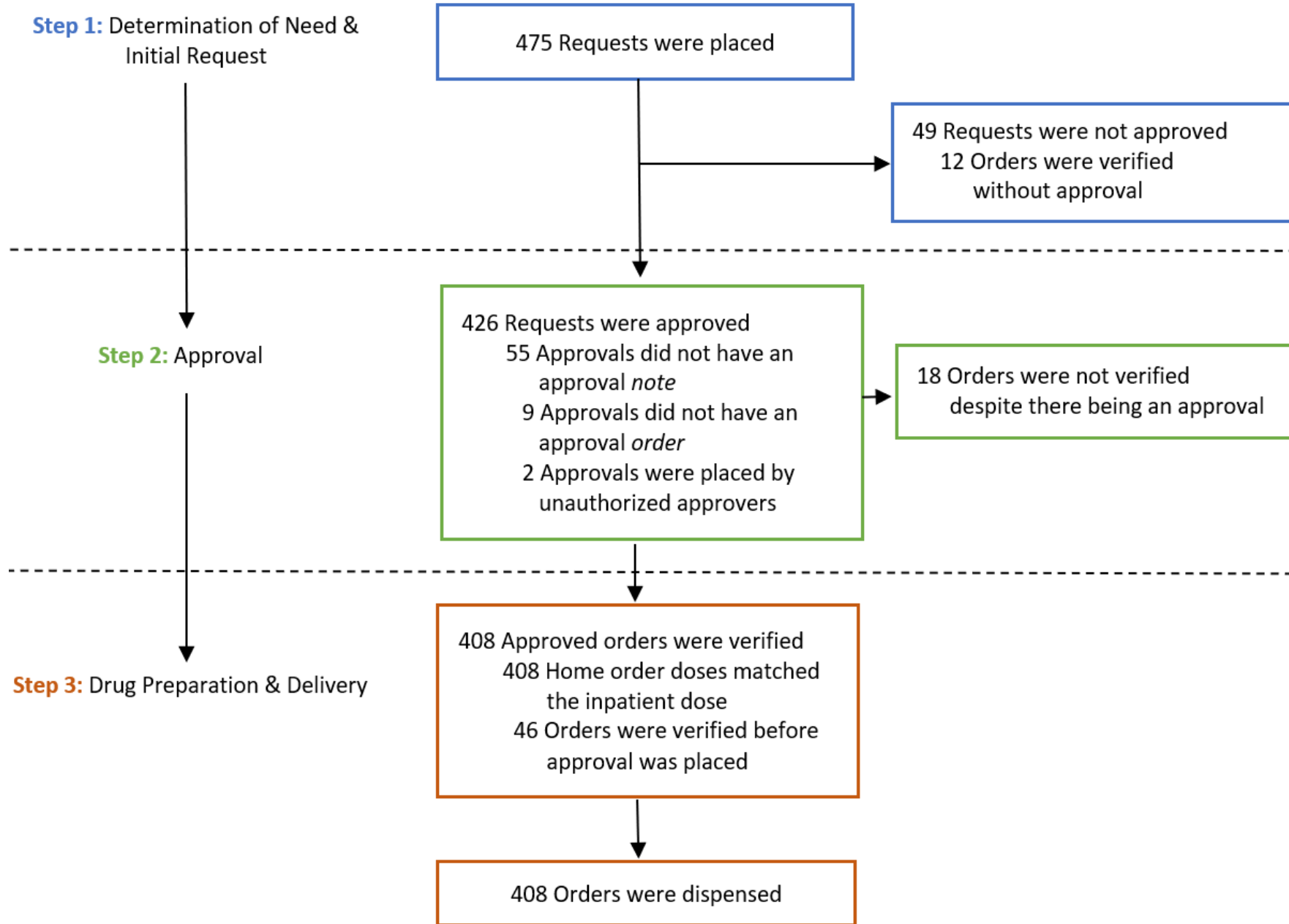


1. Assess workflow fidelity to internal guidelines, including fidelity to novel post-acute care facility dispensing.
2. Characterize the patient population for which the novel workflow was used.
3. Develop and implement a sustainable chain of custody auditing process for post-acute care facility dispenses.
4. Evaluate the impact of the novel workflow on patient outcomes 12 months prior to and following implementation.



Item	Description
Study Design	<ul style="list-style-type: none"><li>• Multi-site, single health-system, retrospective post-implementation study conducted from November 10<sup>th</sup>, 2022 to March 30<sup>th</sup>, 2024</li><li>• Comparison to a pre-implementation cohort of hospitalized patients receiving methadone for OUD from July 1<sup>st</sup>, 2021 to June 30<sup>th</sup>, 2022</li></ul>
Inclusion Criteria	<ul style="list-style-type: none"><li>• Pre-implementation:<ul style="list-style-type: none"><li>• Age <math>\geq</math> 18 years plus documentation of receiving methadone oral solution with frequencies of once daily or Q24H</li></ul></li><li>• Post-implementation:<ul style="list-style-type: none"><li>• Adult inpatients with OUD for whom methadone was ordered via “Methadone for Home” Epic order panel</li></ul></li></ul>
Exclusion Criteria	<ul style="list-style-type: none"><li>• Patients prescribed methadone for pain</li><li>• Pediatric patients</li></ul>

# Results

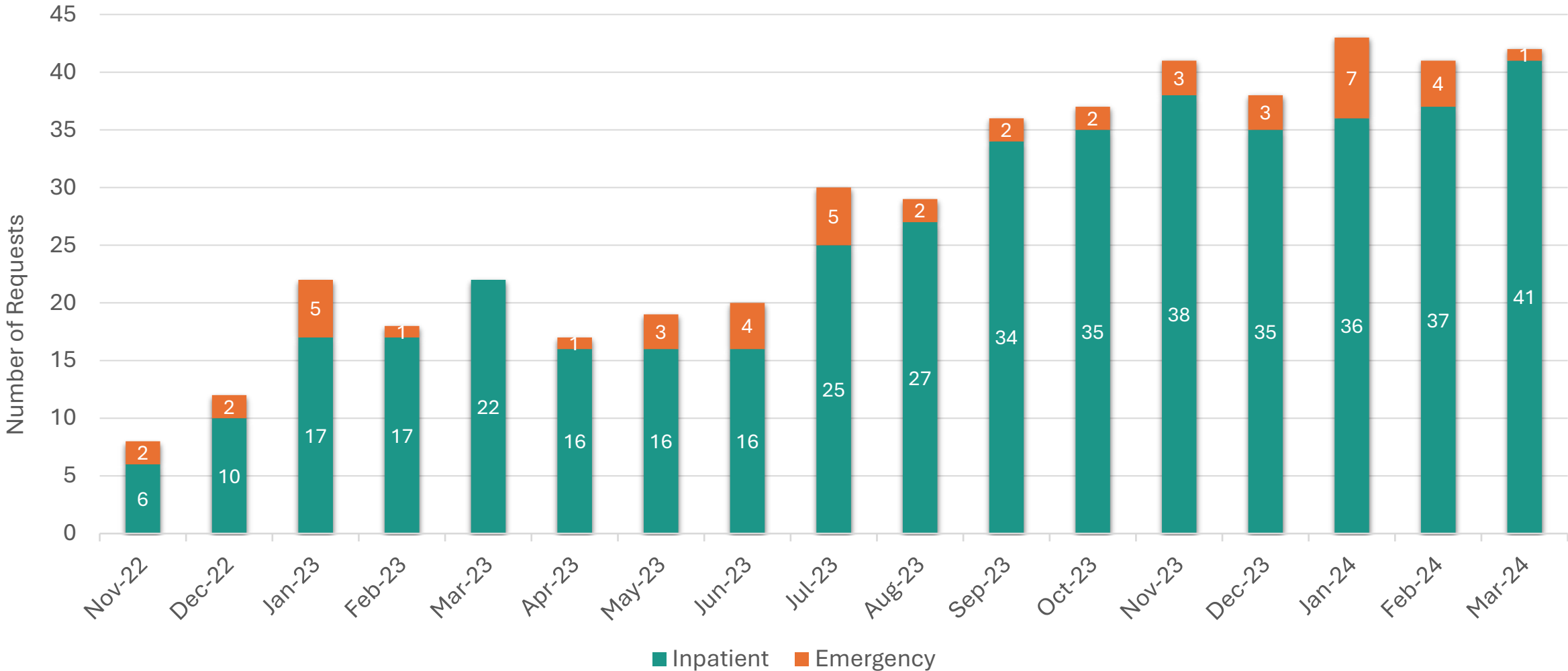


# Baseline Demographics Post-Implementation

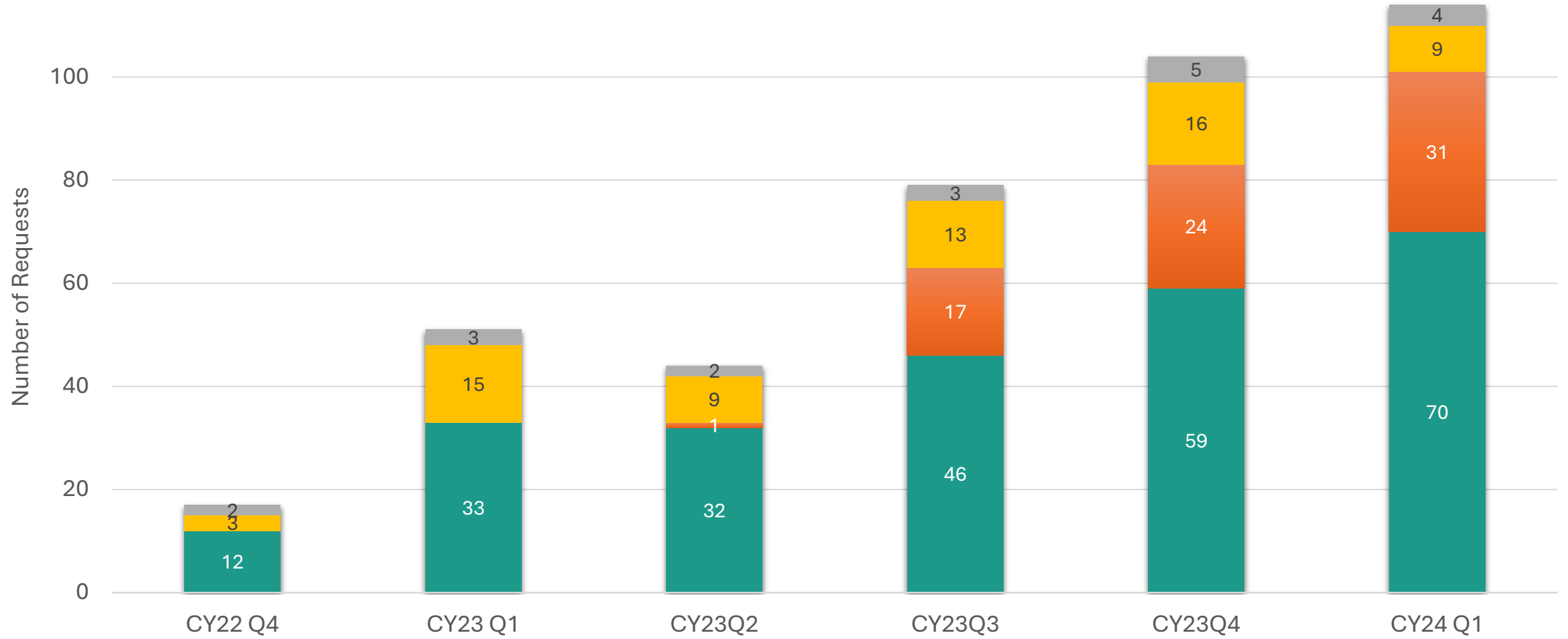
Characteristic	Total (n = 408)
Age – years, avg. $\pm$ SD	48 $\pm$ 13
Male sex – no. (%)	227 (56)
White race – no. (%)	238 (58)
Not Hispanic or Latino – no. (%)	363 (98)
Enrolled in OTP – no. (%)	231 (57)
Patient disposition – no. (%)	
Home or self care	272 (67)
Health care facility	127 (31)
Other	9 (2)

# Methadone for Home Requests

## November 2022 through March 2024



# Reason for Request (n = 408)



SNF (Skilled Nursing Facility)  
SAR (Sub-Acute Rehab)

Weekend SNF/SAR Other Holiday

# Process Measures for Approved Dispenses

Characteristic	Total (n = 408)
Amount of supply – no. (%)	
1 day	102 (25)
2 days	135 (33)
3 days	171 (42)
Day of request – no. (%)	
Weekday (other than Friday)	147 (36)
Friday	189 (46)
Weekend	72 (18)
Time of request – no. (%)	
Afternoon	246 (60)

# Lessons Learned

- Despite high fidelity to novel workflow, opportunities exist to increase adherence with documentation guidelines, order verification and chain of custody to sub-acute facilities
- Approvals within the emergency department are becoming almost predominately pharmacist driven
- Requests were most often placed on Friday afternoons, facilitating discharge prior to the weekend

# Key Takeaways

- Program implementation has been highly successful
- Lack of guidance from DEA – workflow should fit the needs of the individual institution
- While an Addiction Medicine Service is not a requirement, it is important to ensure each patient has an appropriate discharge plan including timely follow-up at an OTP for continuation of OUD treatment



# Future Steps

- Compare length of hospital stay and emergency visits within 30 days of discharge pre- and post-implementation
- Assess whether connection to community OTPs has been improved post-implementation

# References

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3. Gryczynski J, Schwartz RP, Salkever DS, Mitchell SG, Jaffe JH. Patterns in admission delays to outpatient methadone treatment in the United States. *J Subst Abuse Treat*. 2011;41(4):431-439. doi:10.1016/J.JSAT.2011.06.005
4. Jones CM, Byrd DJ, Clarke TJ, Campbell TB, Ohuoha C, McCance-Katz EF. Characteristics and current clinical practices of opioid treatment programs in the United States. *Drug Alcohol Depend*. 2019;205:107616. doi:10.1016/j.drugalcdep.2019.107616
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7. Drug Enforcement Administration. DEA's Commitment to Expanding Access to Medication-Assisted Treatment. <https://www.dea.gov/press-releases/2022/03/23/deas-commitment-expanding-access-medication-assisted-treatment>. Published 2022. Accessed September 25, 2022.
8. Peterson C, Liu Y, Xu L, Nataraj N, Zhang K, Mikosz CA. U.S. National 90-Day Readmissions After Opioid Overdose Discharge. *Am J Prev Med*. 2019;56(6):875-881. doi:10.1016/J.AMEPRE.2018.12.003

# Our Team



- **Dr. Sacha Pollard Deloney** is responsible for strategic leadership and oversight of medication safety, quality, and educational programs.
- **Dr. Matthew Webber** leads pharmacy business, including the 340B program.
- **Dr. Sara Meyer** is a medication safety specialist and the organization's opioid stewardship champion.
- Novant Health Pharmacy Services directly supports the Opioid Stewardship Program and 340B Program.

-  Medical centers
-  Managed medical center
-  Partnership
-  Physician offices
-  Imaging centers

Note: Markers are for geographic illustration only and do not necessarily represent individual clinics.



# Opioids and 340B in the Headlines

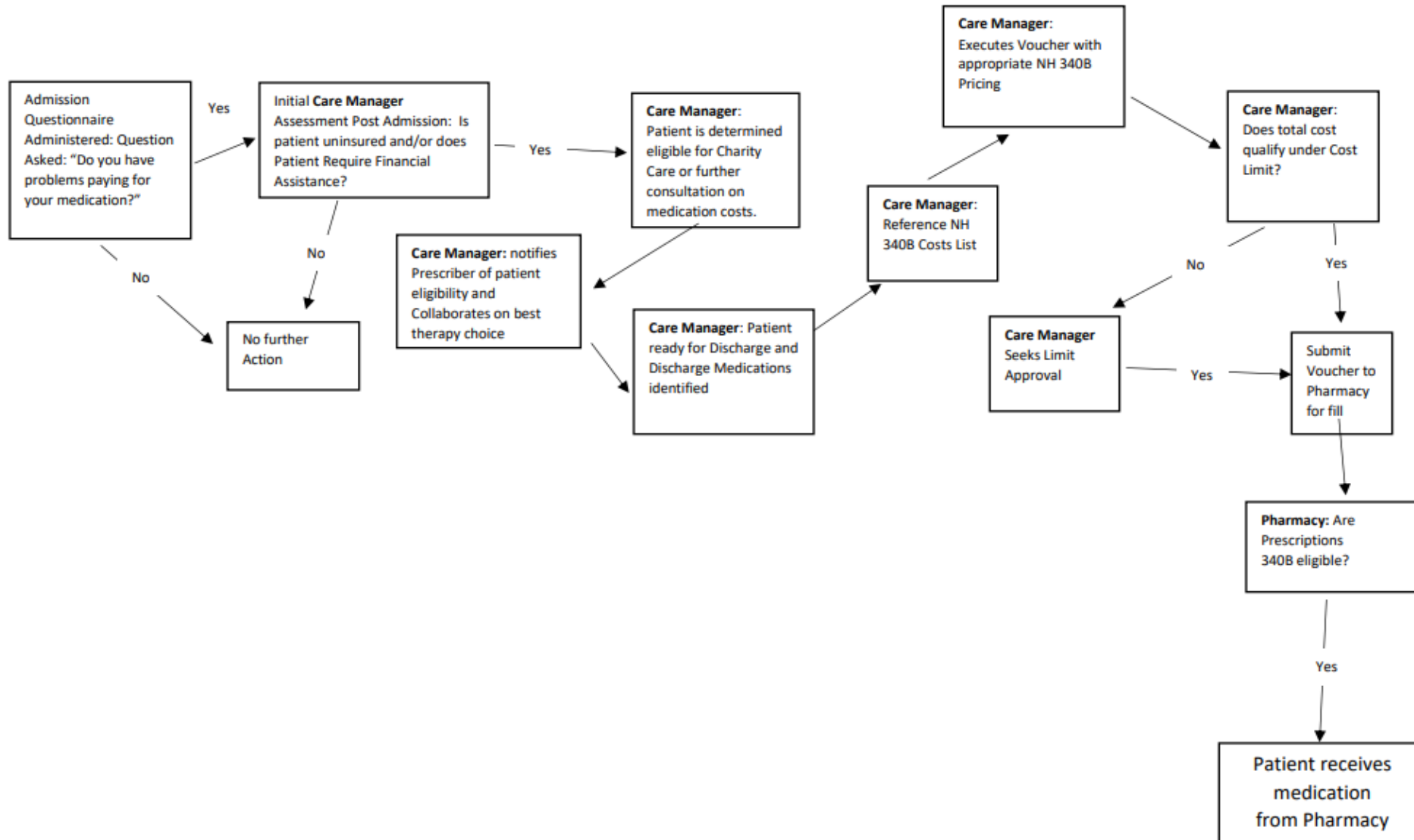
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*'Deadly batch' of opioids suspected in a sudden outbreak of overdoses in Austin, Texas-CNN*

*Millions in the U.S. lost someone who couldn't afford treatment-Wellbeing*

*This program was meant to help vulnerable patients. But is it leaving them behind?-Washington Post*

# 340B Program Facilitates Medication-Assisted Therapy



# Program Pillars

## Program goals

- Fulfill the 340B program intent
- Provide access and referral to care
- Emphasize the patient experience
- De-stigmatize MAT

## Maintain compliance

- Providers exclusively practice at 340B eligible locations
- Provider list maintained by TPA\*
- Vouchers use a "formulary" to only cover medications "in-scope"

## Contract pharmacy collaboration

- Staff education
- Compliance with state and local laws
- Direct phone line to care management
- Pharmacies located near covered entity

\*TPA – third party administrator

# Voucher Details

- Keep it simple
  - ✓ Paper voucher
  - ✓ List participating pharmacies
  - ✓ Include pharmacy processing instructions

## NOVANT HEALTH PRESCRIPTION VOUCHER FORSYTH MEDICAL MAT PROGRAM

Prescriptions for this patient have been sent to the above pharmacy location for fulfillment.  
I am authorizing payment before the expiration date for only those items listed & the quantities indicated, refills not included. Generic medications when available.

Patient's Name: \_\_\_\_\_ Address: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MRN: \_\_\_\_\_

### PRESCRIPTION(S):

Name of Drug & Strength	Quantity	Prescription Number	Plan Payment (Direct Bill Only)
1.			
2.			
3.			
4.			
5.			
6.			

Physician: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

TOTAL DIRECT BILL CHARGE:

Authorized By (CM Name): \_\_\_\_\_

Phone #: \_\_\_\_\_

(Over \$300 Authorizing Supervisor): \_\_\_\_\_

Date: \_\_\_\_\_ (Pharmacy, if approved Use **SC Code 99**)

Pharmacist  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PREFERRED**  
Forsyth Pharmacy, Stop #1422

### Forsyth Medical Center MAT Program

Expiration Date: \_\_\_\_\_ (2 days post discharge)

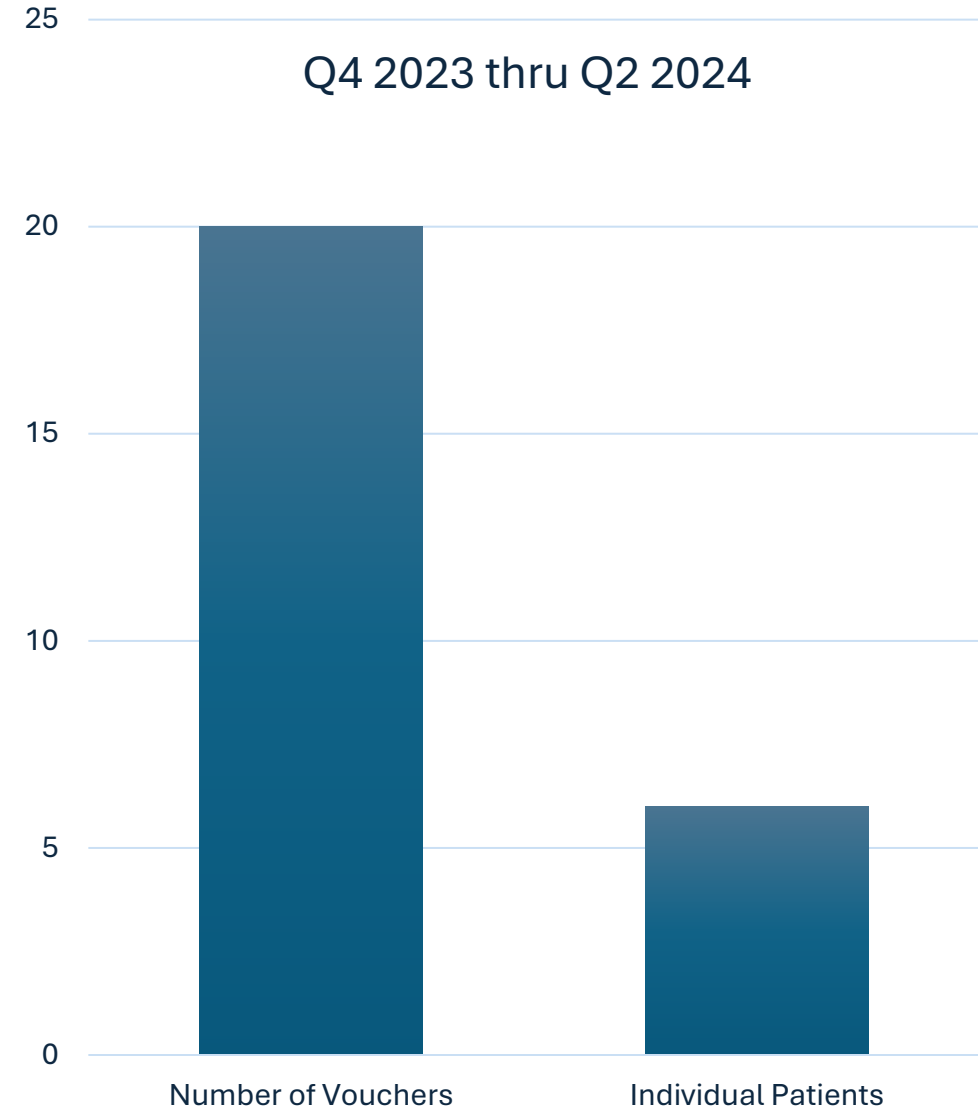
<p><b>Forsyth Memorial Hospital Inc d/b/a Novant</b></p>	<p>Eligible patients must present this card at participating Walgreens. This card is non-transferable and cannot be used for cash. This is NOT insurance and is NOT intended to take the place of insurance. You may choose to fill your prescriptions at a pharmacy of your choice. This card does not guarantee eligibility for a \$400 drug program.</p> <p>Para uso con un programa de medicamentos \$400 operado por el proveedor mencionado anteriormente. Pacientes elegibles deben presentar esta tarjeta en farmacias participantes de Walgreens. Esta tarjeta no es transferible y está prohibido el uso en efectivo. Esto NO es un seguro y NO reemplaza el seguro médico. Puede elegir surtir sus recetas en la farmacia que usted elija. Esta tarjeta no garantiza la elegibilidad para un programa de medicamentos \$400.</p>
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**AFTER HOURS:** \_\_\_\_\_

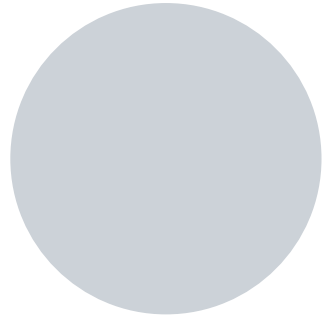


# Program Utilization

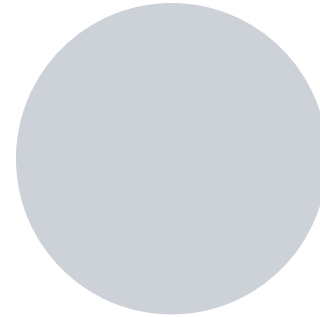
- Vouchers may be used for initial prescription and follow up prescriptions from 340B eligible clinics
- Organizational charity funds, made possible through 340B program savings, available to cover follow up visits



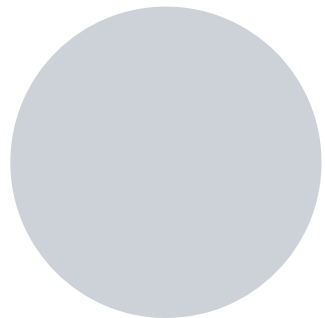
# Lessons Learned



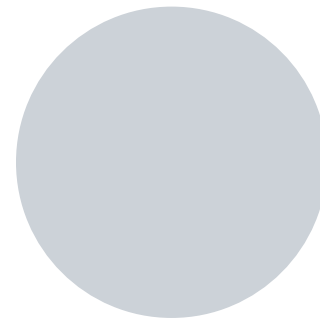
340B compliance is key:  
leverage TPA  
technology to help  
administer the program



Multiple methods of education  
(paper documents, huddles,  
stakeholder meetings)  
required



Site specific champion helpful



A patient navigator or peer  
support specialist with follow  
up capabilities would boost  
program success

# Key Takeaways

- 340B hospitals are positioned to establish targeted programs and services to address the opioid epidemic
- Don't wait for perfect opportunity or timing
- A single patient helped is a success story

# Questions?



## Contact:

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