



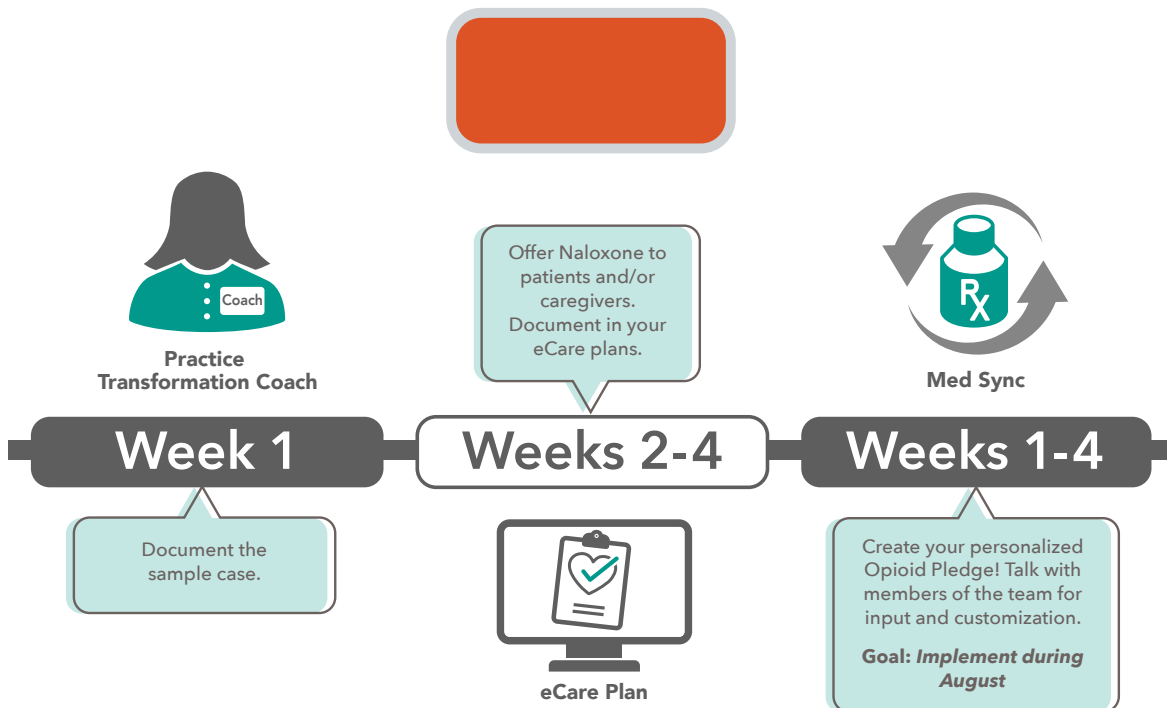
Flip the Pharmacy: Champion Checklist

Use the checklist to accomplish this month's Domain for Progression 2: **Opioid Focus**

- Review the Change Package
- Refresh your Pharmacy Dashboard and post** in a visible location
- Implement this month's **new workflow innovations**:
 - Follow-up with patients who received an opioid care plan from last month
 - Continue to identify patients with opioid prescriptions and document a care plan
 - Offer Naloxone to patients (and caregivers)
 - Share communication with prescribers regarding naloxone recommendations
- Create your pharmacy's opioid pledge** (for use in August)
- Check out the **Flip the Pharmacy Best Practices website** for additional resources provided by CPESN Pharmacies and others

Click [HERE](#) to view additional resources offered by FtP Best Practices

If you did not listen to the NCPA Learn Continuing Education titled "The Community Pharmacist's Role in Drug Abuse Prevention" presented by FtP Team Mississippi Lead, Jordan Ballou, PharmD, please click below. This training is useful to understand community pharmacy's role in the Opioid epidemic, along with becoming more comfortable with offering naloxone at your pharmacy.



Progression 2 Road Map*

Domain	Month	Focus	Workflow Innovation		
1	June	Appointment-Based Model	Identify Sync Patients prescribed an opioid	Calculate MME	PDMP Checks
	July	Improving Patient Follow up and Monitoring	Continue identifying patients with prescribed opioids	Assess patient risk and safe use of opioids. Offer naloxone when appropriate	Send prescriber a note about patient receiving/ denying naloxone
	Aug	Non-Pharmacist Support Staff	Engage technicians with PDMP checks (based on state) & MME Calculation	Pharmacist - provide patient education about acute opioids & safe opioid disposal	Implement pharmacy policy for opioid dispensing and share with patients the patient pledge
	Sept	Optimizing the Utilization of Technology and electronic Care Plans	Assess patient's pain control using an assessment	Make workflow more efficient/ effective utilizing technology	More to come
	5/6	Oct	Establishing Working Relationships with other Care Team Members, and Developing the Business Model and Expressing Value	Enhance prescriber communication, and Develop data handout for mutual patients and more!	


*Note: Subject to change



Talking to Patients and Caregivers about Opioids

This month your team will begin to create tools and habits to help you talk with patients, caregivers and prescribers about Opioid medications. Using motivational interviewing or health coaching skills will be helpful to successfully manage opioid medications and safety.

The goal is to empower your patient to achieve their goals. Your role is to help the patient find their own, self-determined goals to achieve beneficial health care outcomes.

Remember these  key points when talking with your patients:

- It isn't about *what's the matter* with the patient but **what matters to the patient**.
- Create a conversation based on *information exchange* vs. *information overload*
- Health coaching is a **partnership** with the patient (or caregiver)

Listen to a Podcast to learn more about motivational interviewing and health coaching (optional):

 Click [HERE](#) to access the ThriveSubscribe podcast: *The Key to Meaningful Conversations*

Opioid Pledge for Patients

1. **Review the example Opioid pledge.** Page 1-2 offer guidance about the importance of a pledge and page 3 shares an example of a personal pledge you can use to customize your own.



2. **Customize the example Opioid Pledge** to create your pharmacy's own Opioid Pledge.
3. **Review the Opioid Pledge with the pharmacy team** and gather input.
 - **July Goal:** Create your pharmacy's customized pharmacy Opioid Pledge.
 - Share with members of the team this month to gather input
 - Also, consider what training will be needed to prepare the team to implement the Opioid Pledge at your Pharmacy
 - **August Goal:** Implement Opioid Pledge with patients at your pharmacy. The next Change Package will share tips on how to successfully implement a pledge with your patients.

Workflow Innovations: The Basics of Opioid Stewardship

- If you have not implemented a naloxone program at your pharmacy: click below to view an implementation guide.
- If you already have a naloxone program in your pharmacy: you may still consider reviewing the form for additional ideas and to ensure you are not missing anything from your process.

Click [HERE](#) to view Community Pharmacy Program Implementation Guide

STEP ONE: Assess Patients to Determine if they are Naloxone Candidates

OPTIONS 1 & 2 are for pharmacies that do not actively identify patients to offer naloxone. OPTION 3 is for pharmacies that currently offer or have offered naloxone to patients.

1. **Review your Patient List / patients who received an eCare Plan from last month to identify those with MME \geq 50**
2. **Identify additional patients who take a chronic opioid prescription and have an MME \geq 50 MME**
 - Instructions on how to download the **CDC MME Calculator**: Click [HERE](#)
3. **Utilizing the Risk Index for Overdose and Serious Opioid-Induced Respiratory Depression (RIOSORD) Tool to determine need for naloxone**

Pharmacy staff members who have been providing naloxone, if/when you're ready for the next challenge, implement the **RIOSORD Tool**.



- The sections labeled as "Does the patient consume:" and "Is the patient's current maximum prescribed opioid dose:" may be done prior to the patient phone call or visit in the pharmacy. The other 2 sections will need to be completed after discussing with patients.
- Pharmacy intervention is suggested if Opioid Induced Respiratory depression (OIRD) Probability is \geq 14%

Click [HERE](#) for guidance around how this impacts the risk of Respiratory Depression

- For more information about the use of the **RIOSORD Tool**, you can view an article that goes into detail about its application by clicking [HERE](#).

TIP → If a patient is due for an MTM encounter, assess for need for naloxone during that interaction.

Candidates for Naloxone

These are generally people who:

- \geq 50 MME/daily
- Have an opioid prescription and also smokes; have a respiratory illness (COPD, asthma, sleep apnea, etc.)
- Use alcohol or take a benzodiazepine, sedative, or antidepressant
- Have an opioid prescription and known or suspected concurrent alcohol use
- Undergoing opioid detoxification or mandatory abstinence program
- Entering methadone maintenance treatment program (for addiction or pain)
- Enrolled in prescription lock in programs
- Have history of opioid intoxication or overdose, or who have a history of substance abuse or nonmedical opioid use

Note. Many states now allow prescribing of naloxone to a caregiver or family member, check with your state.¹

STEP TWO: Implement a Process to Ensure Pharmacist Counseling Occurs

Be sure your team has a process in place to flagging a patient who is a candidate for naloxone to allow the pharmacist to speak with the patient

Once patients are identified, implement a process so that patients are flagged for a naloxone discussion.

- Bag tag for naloxone
- Triggers or flags within your pharmacy management software and/or eCare Plan software

TIP → Consider utilizing the eCare Plan Documentation Form (see eCare Plan Documentation) as the bag tag for identifying these patients at check-out. If patients are delivery patients, ensure that the patient talks with the pharmacist during the call for the Appointment-Based Model

STEP THREE: Discuss Naloxone with Patients

Deborah Bowers, Pharmacy Owner from Yorkville Pharmacy shares her insights around successfully implementing Naloxone counseling with patients at her pharmacy. **She shares details on the following 4 areas:**

- What have you learned to best approach this topic with patients?
- How to you bring up the risk with patients? Especially with new patients on meds for long time
- Naloxone as part of your first aid kit
- How to handle insurance issues

Click [HERE](#) for a link to the short audio clip (9 mins)

APhA has created 2-page document with **initial conversation starters about naloxone and terminology to avoid**. Below are terms to use and terms to avoid. Click [HERE](#) to view the full document.

Communication matters:^{vii,viii,ix,x,xi}

Use	Avoid	Remember ^{xii}
Risky medicines	Risky patients	»Be empathic and unbiased.
Substance use disorder OR opioid use disorder	"Abuse/abuser," "opioid abuse disorder," "drug habit"	»Express positive body language and appropriate eye contact.
Person with an opioid use disorder (person-first language)	"Addict," "junkie," "someone like you"	»Tell the patient you are speaking out of concern for their safety. »Ask open-ended questions.
Person in long-term recovery	A person who is "clean"	»Understand the potential stigma and impact of biases about opioid use disorder on patient care.
Sterile syringes, used syringes	"Clean"/"dirty" needles	»Use active listening techniques with clear, nontechnical words.
Medication-assisted treatment (MAT) OR substance use disorder pharmacotherapy OR treatment	Opioid substitution therapy (OST), opioid replacement therapy	»Ask permission before giving unsolicited advice. »Use a neutral professional approach as with any patient consultation
Bad reaction, breathing emergency, accidental overdose	Overdose, OD	

Naloxone Patient Education Resources

Click [HERE](#) to view the *Guide for Pharmacists Dispensing Naloxone to Patients*

- This document includes counseling points to review with patients and additional links to access naloxone resources to print out for patients
- Check with your state department of health and/or State Association. Many have specific counseling information that is required per their standing orders.

Utilize demonstration videos to assist with your counseling of patients and consider providing them with links to videos so they can have to review again.

- Kelley-Ross Pharmacy, an FtP Pharmacy with Team Washington, has created videos to share about the proper administration of various naloxone products. **Click the links below to watch.**
 - [Naloxone Training Video: Narcan Nasal Spray](#)
 - [Naloxone Training Video: Intranasal Naloxone](#)
 - [Naloxone Training Video: Injectable Naloxone](#)
 - [Naloxone Training Video: Evzio](#)

STEP FOUR: Share the Result of Naloxone Discussion with the Patient's Prescriber

Upon completing **STEPS ONE - THREE**, it is important to communicate to a patient's prescriber that the patient has received or declined naloxone. The prescriber for the opioid medication is who should receive this notification. Additionally you may send to the patient's primary care provider.

Customize the prescriber communication template for your pharmacy.

[Insert Pharmacy Logo, Phone Number, and Address]

Notification of Naloxone Candidate

Dear [Provider Name]:

We identified our mutual patient, [INSERT PATIENT NAME and DOB], having one or more of the following reasons for being a candidate for naloxone.

≥ 50 MME/daily; Patient Daily MME: _____

- Has an opioid prescription and also smokes; has a respiratory illness (COPD, asthma, sleep apnea, etc.)
- Use alcohol or take a benzodiazepine, sedative, or antidepressant
- Has an opioid prescription and known or suspected concurrent alcohol use
- Undergoing opioid detoxification or mandatory abstinence program
- Entering methadone maintenance treatment program (for addiction or pain)
- Enrolled in prescription lock in programs
- Has history of opioid intoxication or overdose, or who have a history of substance abuse or nonmedical opioid use

After a conversation with the patient about the importance of improving the safety of their opioid medication, opioid use

the patient:

- Accepted Naloxone**
 - Pharmacist provided written and verbal education regarding the risks and signs of overdose, overdose emergency response steps, administration of naloxone, and precautions associated with the use of this medication
- Denied Naloxone**
 - Pharmacist provided reasoning for having naloxone and provided written education materials to the patient.

Naloxone Formulation Dispensed:

- Naloxone HCl Solution 1 mg/mL; 2 mL pre-filled Luer-lock Syringe
Qty: 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices
- Naloxone HCl Solution 1 mg/mL; 2 mL pre-filled Luer-lock Syringe
Qty: 2 x 2 mL syringes (4 mL total) with two 3 cc, 23 g, 1 inch syringes with needle
- Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1 mL Nasal Spray
Qty: 1 box containing two 4 mg/0.1 mL doses of naloxone
- Evzio (naloxone HCl) 0.4 mg / 0.4 mL auto-injector
Qty: 1 box containing two auto-injectors

Pharmacist: _____ Date: _____



HOW TECHNICIANS SUPPORT DOMAIN 2

- Assist with calculating MME
- Implement bag tags
- Give feedback on Pledge development
- Ensure Pharmacy Counseling

eCare Plan Documentation for Opioids

GOAL: Submit **25** Opioid Related Care Plans

The form below includes opioid related eCare Plan documentation options

Care Plan Options may include:

- Discussing naloxone with patients - **THIS MONTH'S FOCUS**
 - Select the Medication Related Problem (MRP) as "Additional medication required" and the intervention can be "Recommendation to start prescription medication" or "Naloxone therapy"
 - Note within the note section whether patient accepted or declined
- Continue documenting care plans for patients with a MME \geq 50

(Click [HERE](#) to print the forms to place at workstations)

Encounter Reason: High Risk Drug Monitoring	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem	Intervention
<input type="checkbox"/> Medication dose too high <input type="checkbox"/> Medication taken at higher dose than recommended <input type="checkbox"/> Additional medication required	<input type="checkbox"/> Pain Medication Review <input type="checkbox"/> Recommendation to start prescription medication [Note: Accepted or Denied] <input type="checkbox"/> Assessment using risk index for overdose or serious opioid-induced respiratory depression scale (RIOSORD Score: _____) <input type="checkbox"/> Naloxone therapy [Note: Accepted or Denied] <input type="checkbox"/> Education about take home naloxone for opiate overdose intervention
Notes:	
Use (circle one): Acute / Chronic	Indication: _____
MME: _____	PDMP Check on _____ by _____

Sample Care Plan Case

Step 1: Review the Persona and Sample Case



PERSONA #2.1
M.S. Cortinez
 Collecting and reviewing information for a patient taking an opioid medication

DATE OF BIRTH: August 14, 1961
RACE: Hispanic
GENDER: Female
OCCUPATION: Coffee Shop Owner
ADDRESS: 2911 Fawcett Drive, Hunt VA-24563
PROBLEM LIST: Chronic spinal discagen/osteoarthritis, hypertension

HISTORY OF PRESENT ILLNESS
 MSC was first diagnosed with spinal stenosis 5 years ago. Following lumbar disk surgery 4.5 years ago, she has had ongoing pain and pain treatment failures with nonsteroidal anti-inflammatory drugs, she was eventually started and treated on Oxycodone.

PAST MEDICAL HISTORY
 Spinal Stenosis x 5 years
 Hypertension x 5 years

ACTIVE MEDICATIONS
 Oxycodone 20mg TID, Lorazepam 50 mg QD, Tramadol/HCTZ 37.5/25 mg QD

FILL HISTORY
 MSC is not compliant with her hypertension medication. She says that she gets blurry especially in the mornings when she has to open up the coffee shop early. It is during this "blurry time" that she forgets her medications except for her Oxycodone which she refills regularly with no block refill.

ALLERGIES
 N/A

SOCIAL HISTORY
 MSC owns her own coffee shop. She does not exercise due to her pain level.

VITAL SIGNS AND LABS
 • Visit signs
 • Phlebotomy reported BP (3/1/20): 128/78 mmHg
 • Complete metabolic panel and fasting lipid panel. Labs not provided to the pharmacy

MEDICATION RELATED PROBLEM(S)
 MME: 95 MME/DAY

INTERVENTIONS AND EDUCATION (RECOMMENDATIONS)
 Pain medication review

GOALS
 None at this time

MONITORING PLAN AND FOLLOW UP
 Will follow-up with MSC next month to discuss naloxone

Sample Care Plan Case

Encounter Reason: High Risk Drug Monitoring

Patient Demographics:
 Patient First Name: M.S.
 Address: 911 Fawcett Drive
 Patient Last Name: Cortinez
 City: Hunt State: VA
 Patient DOB: 8/14/61
 Zip: 24563 Phone: 434-111-1111

Allergies: No Known Drug Allergies

Active Medication List:

Medication Name	Directions	Prescriber
Oxycodone 20 mg	1 tablet three times daily	Dr. Chuch
Lorazepam 50 mg	1 tablet daily	Dr. Chuch
Tramadol/HCTZ 37.5/25 mg	1 tablet daily	Dr. Chuch

Medication Related Problems (MRPs) and Interventions:

- MRP (4/15/20): Medication dose too high
- MRP Note: Oxycodone 20 mg TID Daily MME = 95, high dose of opioids which puts MSC at risk.
- Intervention (4/15/20): Pain medication review
- Intervention Note: MME = 95 MME/day. Chronic Use. Oxycodone indication: chronic spinal discagen/osteoarthritis. Brand: Pharmacia. Check PDMP on 4/15/2020.

Flip the Pharmacy 2 Domain 2: Progression 2

Step 2: Document for M.S. Cortinez. Then do so for real patients.