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

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**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Month</th>
<th>Focus</th>
<th>Workflow Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>June</td>
<td>Appointment-Based Model</td>
<td>Identify Sync Patients prescribed an opioid</td>
</tr>
<tr>
<td>2</td>
<td>July</td>
<td>Improving Patient Follow up and Monitoring</td>
<td>Continue identifying patients with prescribed opioids</td>
</tr>
<tr>
<td>3</td>
<td>Aug</td>
<td>Non-Pharmacist Support Staff</td>
<td>Engage technicians with PDMP checks (based on state) &amp; MME Calculation</td>
</tr>
<tr>
<td>4</td>
<td>Sept</td>
<td>Optimizing the Utilization of Technology and electronic Care Plans</td>
<td>Assess patient’s pain control using an assessment</td>
</tr>
<tr>
<td>5/6</td>
<td>Oct</td>
<td>Establishing Working Relationships with other Care Team Members, and Developing the Business Model and Expressing Value</td>
<td></td>
</tr>
</tbody>
</table>

*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 heath 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 3 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.

   ![Example Opioid Pledge](#)

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 ≥ 50
2. Identify additional patients who take a chronic opioid prescription and have an MME ≥ 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.

   ACCESS TOOL HERE

- 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 ≥ 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:
- ≥ 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:

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

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 ≥ 50

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

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

**Sample Care Plan Case**

**Step 1:** Review the Persona and Sample Case

[ACCESS OPIOID PERSONA AND CASE HERE](#)

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