



The implementation of a pharmacy run outpatient addiction clinic focusing on patients with high risk for negative outcomes with active alcohol use disorder (AUD)

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Disclosure Statement

- Authors of this presentation have nothing to disclose concerning possible financial or personal relationships.
- The project is a quality improvement (QI) project performed to improve patient care within the VA.
- The project was reviewed by P&T and was determined to meet guidelines for non-research QI project.
- The QI project is NOT generalizable outside the VA.
- The contents of the presentation represents the views of the project manager and do not represent the views of the Department of VA Affairs or the United States Government.

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Learning Objectives

- At the end of this presentation, participants will be able to:
 - Discuss the implementation of a pharmacy run outpatient clinic focusing on alcohol use disorder.

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Background

- Alcohol abuse leads to ~88,000 premature deaths every year due to alcohol poisoning, motor vehicle accidents and chronic conditions caused by alcohol use
- Veterans are at higher risk of developing substance abuse disorders than the general population
- Patients with mental health disorders are at higher risk of developing AUD
- Patients with AUD and comorbid mental health conditions, especially PTSD are at higher risk for suicide

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Background

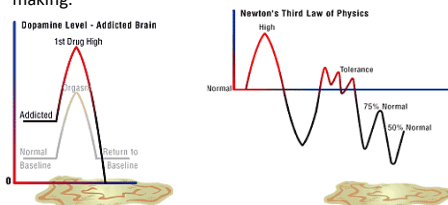
- There are several things that may motivate a person to quit/decrease alcohol use including:
 - Alcohol use related legal issues
 - Pressure from patient's family/friend/job to quit using alcohol
 - Presence of alcohol related health conditions
 - Financial issues
- However, the patient must be willing to quit/decrease alcohol use in order to be successful

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Background

- Addiction leads to alterations in the mesolimbic dopamine pathway that lead to alterations in substance use decision making.



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Project Information

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Project Objectives

- Primary objective:
 - To provide pharmacotherapy to eligible patients interested in alcohol cessation/reduction that have active alcohol use disorder (AUD).
- Secondary objective
 - To treat comorbid mental health conditions

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Project Inclusion Criteria

- Positive AUDIT-C screening
AND
- History of one of the following:
 - Suicidality
 - Co-morbid mental health conditions
 - Anticoagulation
 - Liver/renal disease
- OR Provider Consult

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Project Exclusion Criteria

- Patient refusal
- Contraindications to available treatment

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Cold-Call Script

"Hello, my name is Jaime, I am a pharmacist with the VA. The Montana VA is offering an outpatient pharmacist run program focusing on alcohol use. This program will focus on utilizing medications to decrease or stop alcohol use, dependent on your personal goals. You have been identified as a veteran that could potentially benefit from this program, based on a recent alcohol use questionnaire you completed within the last 12 months. Is this something that you would be interested in hearing more about?"

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AUD Pharmacotherapy options

- First Line
 - Acamprosate
 - Disulfiram
 - Naltrexone oral or extended release
 - Topiramate
- Second Line
 - Gabapentin
 - Pregabalin
- Additional Agents
 - Baclofen
 - MISC Behavioral Health pharmacotherapy agents

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Data

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Enrollment data

Montana VA patients with AUDIT-C ≥ 8

Total	102
Screened	27/102 (26.5%)
Still need review	75/102 (73.5%)
Eligible out of screened	19/27 (70.4%)
Already receiving treatment	6/27 (22.2%)
No longer Montana VA patient	2/27 (7.4%)

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Enrollment data

Program Enrollment	Accepted	Refused
Cold Called	10	5
Started Treatment	5	
Pending Labs	5	
Physician/RRTP referrals	8	
AUDIT-C ≥ 8	4	
***AUDIT-C < 8	4	
Total	18	5

*** = Not included in patients screened

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Enrollment data

Refusal Information

Not currently drinking – Doesn't need	2
Likes drinking – Not ready to quit	1
Unspecified Reason	2

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Discussion

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Successes

- 66% patient enrollment rate from cold calls
 - Perhaps due to patient option to focus of decreasing alcohol use?
- Several provider referrals
 - Providers willing to utilize clinic pharmacists for AUD pharmacotherapy
- 22% of patients already receiving treatment
- Ability to offer and monitor AUD pharmacotherapy via phone in largely rural population

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Challenges

- Difficult patient population
 - Patient enrollment delayed due to delay in obtaining labs
 - Patients occasionally intoxicated during phone calls (initial and follow-up)
- Continuity of care challenges
 - Frequent RRTP (inpatient substance abuse treatment) crossover
- Time intensive enrollment and management
 - Already busy clinical pharmacy clinic not able to accept large numbers of new patients

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Areas for Improvement

- Need dedicated time/personnel to see patients
- Need dedicated support staff to:
 - Schedule follow-up
 - Remind patients of upcoming appointments
 - Remind of lab draws

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Assessment Question

Successful patient enrollment in alcohol use disorder treatment is primarily dependent on:

- A. Patient legal issues
- B. Patient willingness to quit or decrease alcohol use
- C. Pressure from patient's family/friend/job to quit using alcohol
- D. Presence of alcohol related health conditions

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Assessment Question

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Take Home Points


- Patients must be willing to quit/decrease substance use in order to be successful (regardless of other motivating factors)
- Cold-calls offering addiction pharmacotherapy should be considered as a feasible tactic to identify patients willing to accept treatment
- Pharmacists are able to provide patient centered medication therapy management, and are being increasingly relied upon by providers as mid-level practitioners (within the VA especially)

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Questions or Comments?

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