

Evaluation of a Pharmacist-Led Opioid Use Disorder Treatment Service: A Retrospective Cross-Sectional Study

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Purpose: Access to care for those persons with opioid use disorder (OUD) continues to be suboptimal. Pharmacists providing OUD services could potentially improve access for these patients; therefore, a retrospective chart review was completed to compare pharmacist-led OUD services to that of usual medical care (UMC).

The study compared the outcomes between the two service designs, pharmacist multidisciplinary practice versus usual medical care, by completing an analysis looking at treatment success rates defined as continuity of therapy, treatment adherence, and return to use. Also, to identify gaps in clinical care in patients with OUD, the patients' electronic health record (EHR) was reviewed to further look at patient engagement with counseling, non-opioid pain management recommendations, and taper-support groups.

Methods: Following institutional review board approval, EHR were queried for all health centers operated by Southern Illinois Healthcare Foundation (SIHF) to identify patients with a diagnosis of OUD (ICD-10 codes inclusive of F11) within the previous 24 months. Of the 794 unique patients that were seen between 1/1/2020 and 1/31/2022, 31 were provided care for OUD by a pharmacist-led team. A random sample of 60 patients receiving usual medical care for OUD was selected for a 1:2 study comparison. The primary outcome included treatment success defined by continuity of therapy, treatment adherence, and no return to use. Adherence was assessed with toxicology screening and prescription refill tracking within the EHR software. Secondary outcomes measured lost to follow-up, urine drug screen results, counseling engagement, and missed appointments.

Results: All subjects receiving OUD care from the pharmacist-led service (PLS) were included and a random sample of subjects receiving UMC for OUD were selected for a 1:2 stratification. One case was omitted due to substantial missing data yielding a final sample of 31 (34.4%) subjects in the pharmacist-led arm and 59 (65.6%) in the usual medical care arm. The mean (SD) age of participants was 45 (12), and the majority of subjects were Caucasian (84.6%). There were no statistically significant differences in patient demographics (age, race, sex, insurance) observed between treatment groups. In comparing PLS and UMC, PLS showed a significantly lower rate of patients lost to follow-up (19.4% vs. 54.2%, respectively, $p = 0.001$). Patients receiving OUD care via PLS were also less likely to return to use compared to UMC (45.2% vs. 74.6, respectively, $p < 0.001$). There were no differences observed in number of missed appointments ($p = 0.111$) or length of treatment ($p = 0.722$).

Conclusions: Among patients undergoing OUD treatment, pharmacist-led services resulted in a significant reduction for lost to follow-up, lower rates of return-to-use, and showed a steady rate of therapy continuation over the study period. Pharmacists may be an underutilized resource for improving access to OUD services.