



Northwest (Region 10)

**ROTA C**

**Rural Opioid Technical Assistance Collaborative**

Funded by Substance Abuse and Mental Health Services Administration

Increasing Access Points Through Innovation in Community Pharmacy

# Funding Acknowledgement

---

The Northwest Rural Opioid Prevention and Treatment Collaborative is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services under award number 1H79TI085609-01.

It is financed 100% with federal funds.

The content of this presentation is solely the responsibility of the authors and does not necessarily represent the official views of SAMHSA.



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration



Northwest (Region 10)

**ROTA C**

# Increasing Access Points Through Innovation in Community Pharmacy

## Presenters



Tyler Hemsley, PharmD



Alice Knotts, PharmD, BCACP

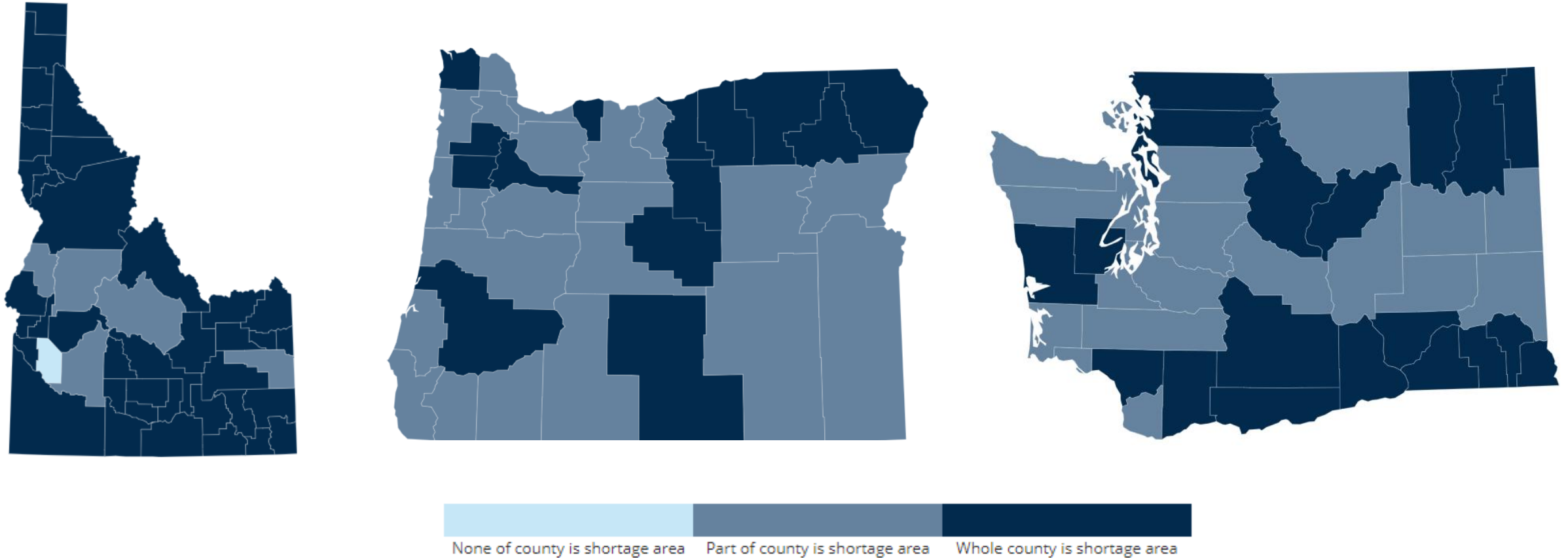
# Objectives

- Discuss current state for Opioid Use Disorder (OUD)/Substance Use Disorder services (SUD) including Medically Supervised Withdrawal, MOUD, recovery and harm reduction strategies in the region
- Identify at least 3 barriers that currently exist for patients wanting to access Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) services in our region
- Illustrate the untapped potential in community pharmacies based on recent Idaho legislation and scope of practice
- Provide innovative examples of how community pharmacies are engaging in OUD/SUD services

# Current State for OUD/SUD

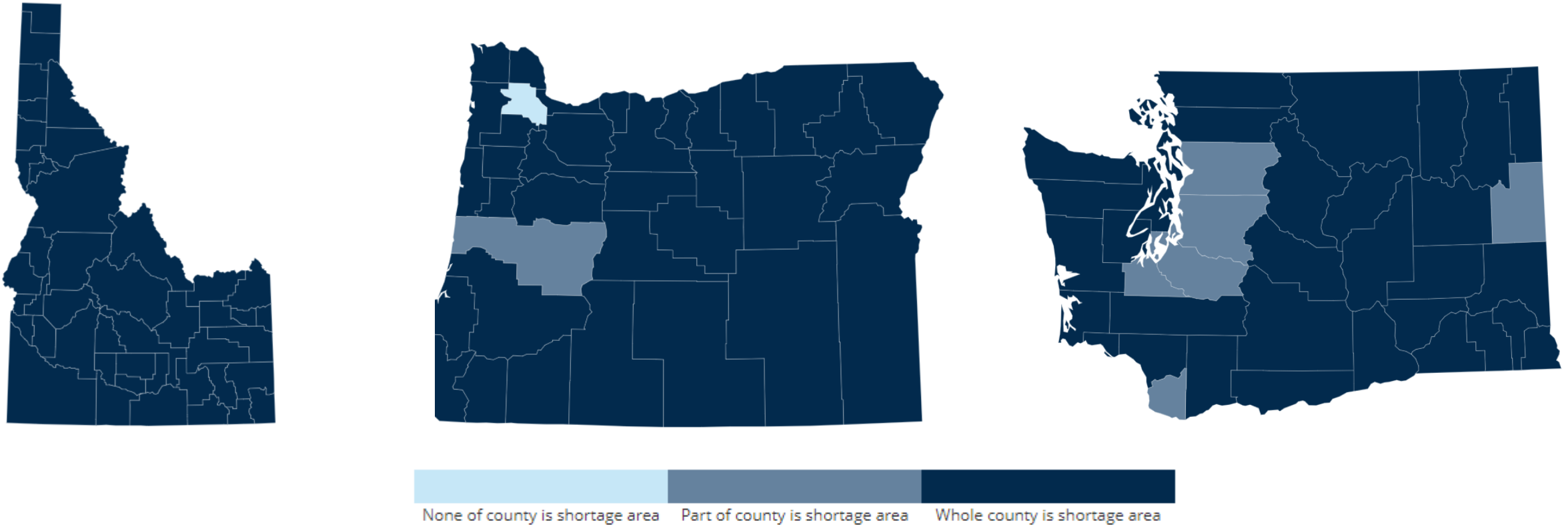
- Discuss current state for Opioid Use Disorder (OUD)/Substance Use Disorder services (SUD) including Medically Supervised Withdrawal, MOUD, recovery and harm reduction strategies in the region

# Provider Shortage Areas – Primary Care



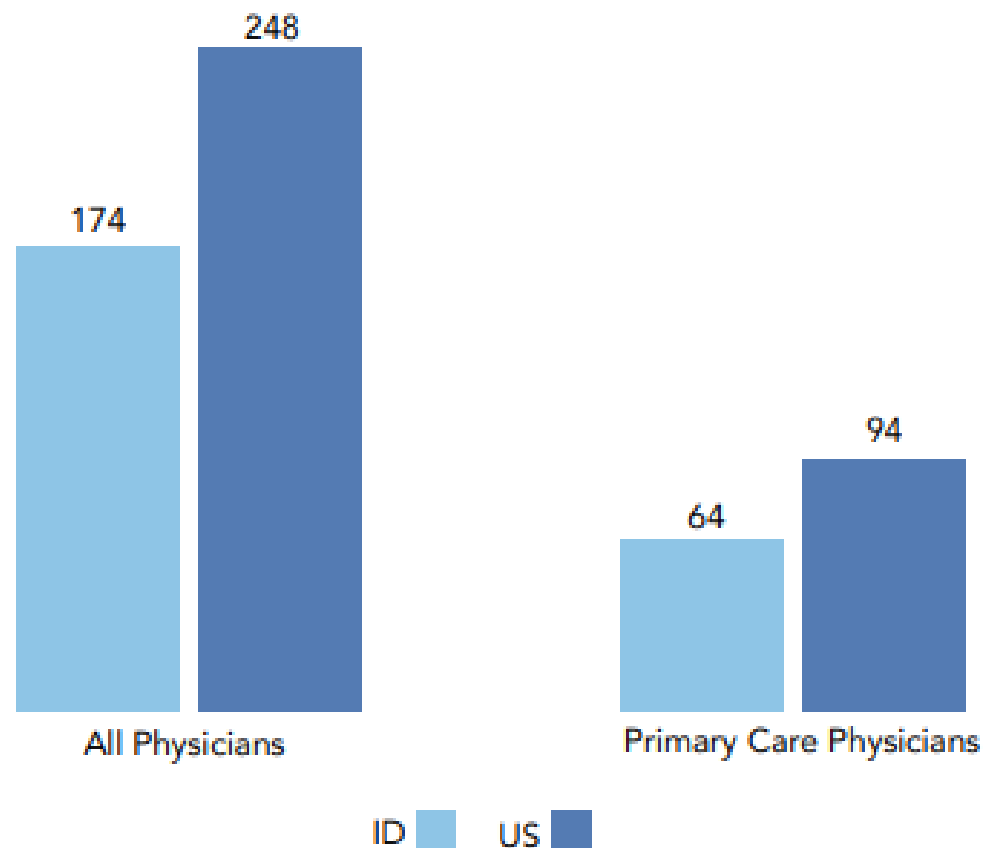
Source: [data.HRSA.gov](https://data.hrsa.gov), May 2023.

# Provider Shortage Areas – Mental Health



Source: [data.HRSA.gov](https://data.hrsa.gov), May 2023.

**Figure 1: Idaho Compared with National Estimates<sup>†</sup> of Physicians\* per 100,000 Population, 2021**



<sup>†</sup>National estimates obtained from the American Association of Medical Colleges' 2021 Physician Workforce Data Book.

\*Providing direct patient care, not federally employed, age <75 years, and in Idaho



# Regional Similarities and Differences



Geographic

Urban/Rural



Cultural

“Frontier Mindset”



Healthcare

Hubs of Innovation  
Diffusion is difficult

# Services and Centers

State-based funding and programs

Provider designations and recognition

Patient attribution processes

Regional infrastructure

# Discussion and Feedback

## Actual Experience vs Data

- Facilities and providers exist
- Access and coordination still feels very fragmented

# Barriers to Access OUD/SUD Services

- Barriers that currently exist for patients wanting to access Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) services in our region
  - Provider shortage and lack of access points
  - No standard workflows
  - Stigma, Cost, Travel distance/time to get care

# OUD/SUD - Idaho vs Washington/Oregon

## Idaho vs Washington

1:4

- Population Washington 7.7 million
- Overdose deaths 2022 –
  - 2,753 from any substance
  - 2,101 from opioids

- Population Idaho 1.9 million
- Overdose deaths 2022 –
  - 381 from any substance
  - 251 from opioids

1:8

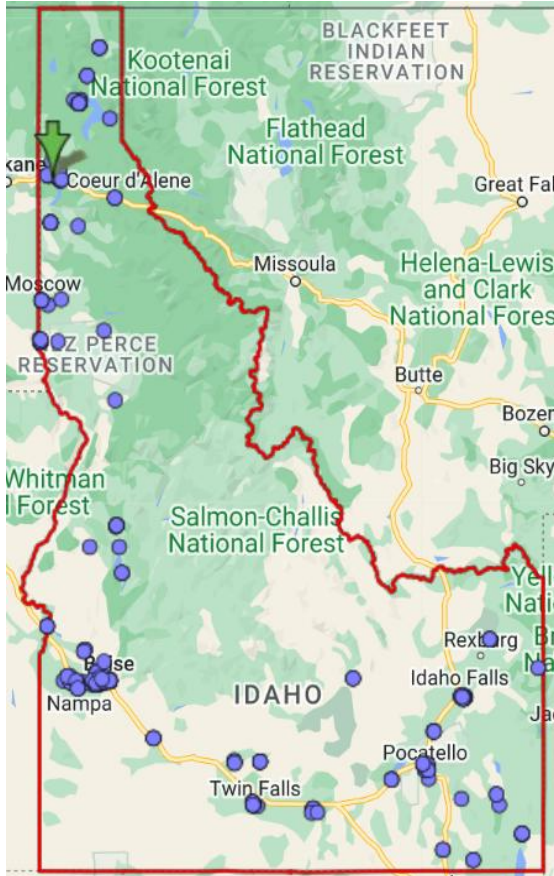
## Idaho vs Oregon

1:2

- Population Oregon 4.3 million
- Overdose deaths 2022 –
  - 1,387 from any substance
  - 991 from opioids

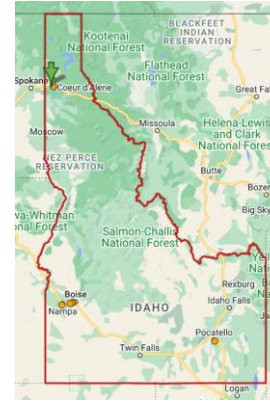
1:4

# Buprenorphine Providers



**325 registered buprenorphine providers Idaho**  
1970 in Washington (1:6 ratio Idaho vs WA)  
894 in Oregon (1:3 ratio Idaho vs OR)

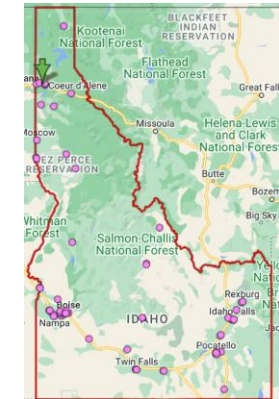
## OTPs



**6 Opioid Treatment Programs in Idaho**  
34 in Washington (1:5.5 ratio Idaho vs WA)  
25 in Oregon (1:4 ratio Idaho vs OR)

Population Ratios  
Idaho vs WA - 1:4  
Idaho vs OR - 1:2

## Substance Use Disorder Facilities



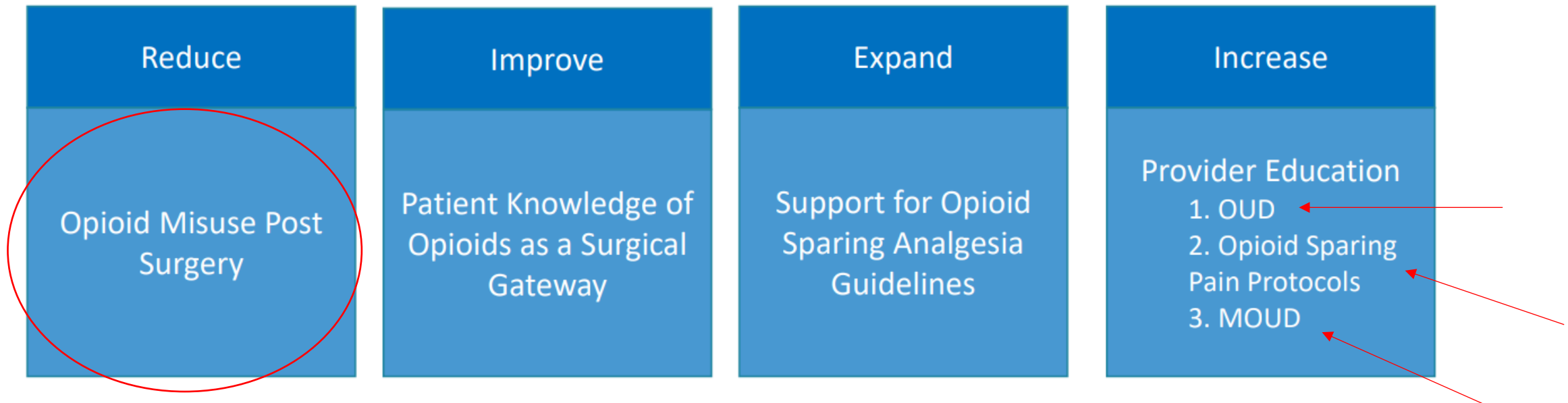
**76 Substance Use disorder facilities in Idaho**  
347 in Washington State (1:4.5 ratio Idaho vs WA)  
177 in Oregon (1:2 ratio Idaho vs OR)

# Barriers to Access OUD/SUD Services

- Barriers that currently exist for patients wanting to access Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) services (in Idaho)
  - Provider shortage and lack of access points
  - No standard workflows
  - Stigma, Cost, Travel distance/time to get care

# Lack of Standard Workflows Within Clinics

## rEASON Grant

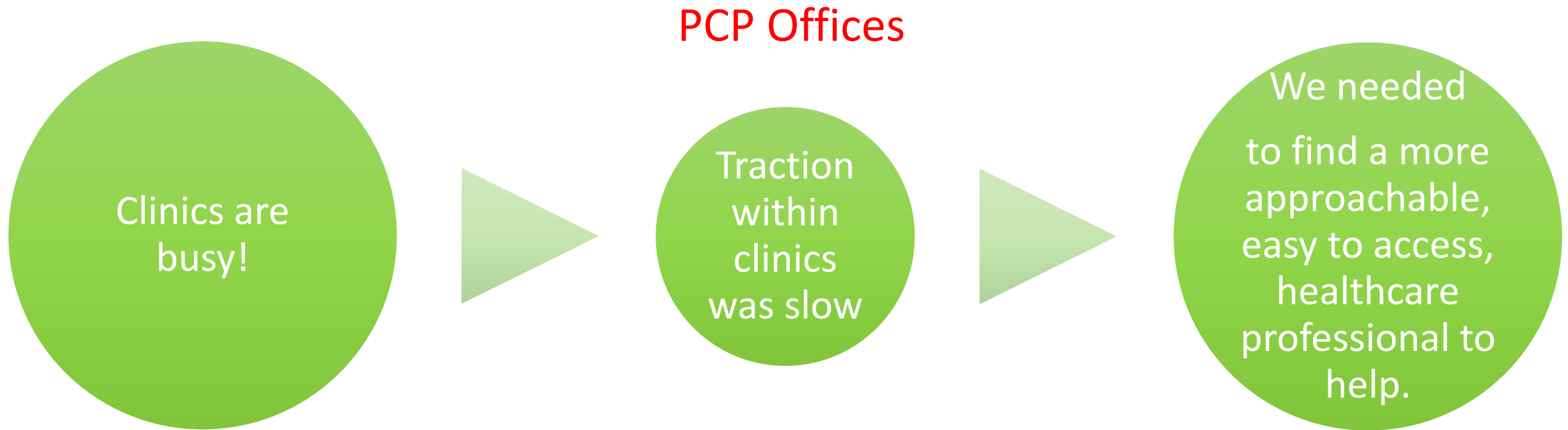


## rEASON Grant Initial Strategy

\*Implement plan in PCP Offices\*



# Initial Strategy – Lessons Learned



Too busy to integrate a standard workflow for holistic opioid-related care!

# Barriers to Access OUD/SUD Services

- Barriers that currently exist for patients wanting to access Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) services (in Idaho)
  - Provider shortage and lack of access points
  - No standard workflows
  - Stigma, Cost, Travel distance/time to get care

# Barriers to Access OUD/SUD Services: Cost & Travel

## ➤ Cost

### Median Household Income 2022

US Median      \$74.5 K

Idaho Median    \$ 72.6 K

WA Median      \$ 89.4 K

OR Median      \$ 86.7 K

Sources: US Census Bureau; Statista

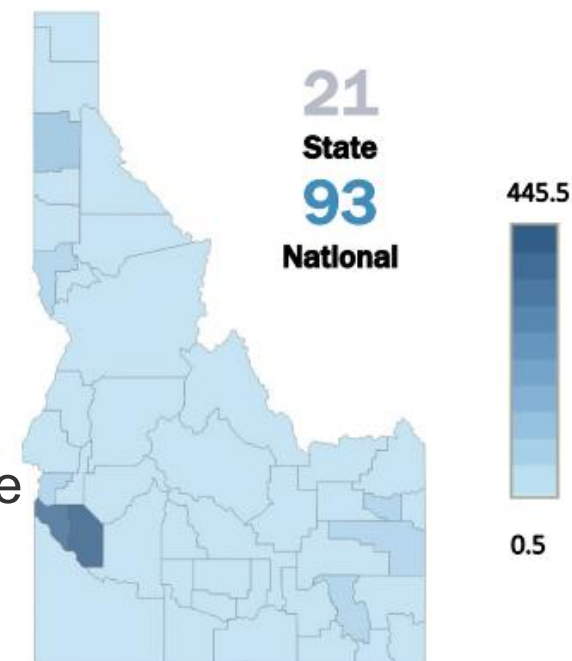
## ➤ Travel

Average # people per square mile is much lower than the national average:  
~21 vs ~93

Idaho ranks 46<sup>th</sup> of the 50 states in population density

- “Idaho remains one of the most rural states in the nation.” - HRSA

Population per Square Mile, 2018<sup>10</sup>



# Barriers to Access OUD/SUD Services: Stigma

Stigma is everywhere, and to compound the issue in Idaho...

**\*Two systematic reviews\***

## **1. Looked at health literacy of rural vs urban populations found—**

- **Rural populations had lower health literacy rates than urban**
  - Idaho has a significant rural population
  - Per this study –rural living alone doesn't explain differences in health literacy. Sociodemographic factors appear play important roles.

## **2. Looked at MOUD intervention stigma and found—**

- Intervention stigma among healthcare providers, patients, and the general public was influenced most by
  - **Lack of understanding/knowledge of MOUD**

# Idaho Legislation

- Illustrate the untapped potential in community pharmacies based on recent legislation and scope of practice
  - Idaho Pharmacist Prescribing Law
  - MOUD opportunities for community pharmacists

**SUBCHAPTER D – RULES GOVERNING PHARMACIST PRESCRIPTIVE AUTHORITY**  
**(Rules 350 through 399)**

**350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS.**

In accordance with **Section 54-1705, Idaho Code**, a pharmacist may independently prescribe provided the following general requirements are met by the pharmacist: (3-28-23)

**01. Education.** Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained. (3-28-23)

**02. Patient-Prescriber Relationship.** Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code. (3-28-23)

**03. Patient Assessment.** Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence. (3-28-23)

**04. Collaboration with Other Health Care Professionals.** Recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate. (3-28-23)

**05. Documentation.** Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan. (3-28-23)

**06. Prescribing Exemption.** The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements, devices, and nonprescription drugs. (3-28-23)



# Section 54-1704, Idaho Code

LEGISLATURE OF THE STATE OF IDAHO  
Sixty-fifth Legislature First Regular Session - 2019

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 182

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO PHARMACISTS; AMENDING SECTION 54-1704, IDAHO CODE, TO REVISE PROVISIONS REGARDING PRODUCTS THAT MAY BE PRESCRIBED.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 54-1704, Idaho Code, be, and the same is hereby amended to read as follows:

54-1704. PRACTICE OF PHARMACY. "Practice of pharmacy" means:

(1) The interpretation, evaluation and dispensing of prescription drug orders;

(2) Participation in drug and device selection, drug administration, prospective and retrospective drug reviews and drug or drug-related research;

(3) The provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care;

(4) The responsibility for:

(a) Compounding and labeling of drugs and devices, except labeling by a manufacturer, repackager or distributor of nonprescription drugs and commercially packaged legend drugs and devices;

(b) Proper and safe storage of drugs and devices, and maintenance of proper records for them; and

(c) The offering or performing of those acts, services, operations or transactions necessary to the conduct, operation, management and control of pharmacy;

(5) The prescribing of:

(a) Dietary fluoride supplements when prescribed according to the American dental association's recommendations for persons whose drinking water is proven to have a fluoride content below the United States department of health and human services' recommended concentration;

(b) Agents for active immunization when prescribed for susceptible persons six (6) years of age or older for the protection from communicable disease;

(c) Opioid antagonists pursuant to section 54-1733B, Idaho Code;

(d) Epinephrine auto-injectors pursuant to sections 54-1733C and 54-1733D, Idaho Code;

(e) Tobacco cessation products pursuant to section 54-1733E, Idaho Code;

(f) Tuberculin purified protein derivative products pursuant to section 54-1733F, Idaho Code; and

(g) Drugs, drug categories, or devices that are specifically authorized in rules adopted by the board. Such drugs and devices shall be prescribed in accordance with the product's federal food and drug administration-approved labeling. Drugs, drug categories or devices authorized by the board under this section shall be and that are limited to conditions that:

(i) Do not require a new diagnosis;

(ii) Are minor and generally self-limiting;

(iii) Have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvement amendments of 1988; or

(iv) In the professional judgment of the pharmacist, threaten the health or safety of the patient should the prescription not be immediately dispensed. In such cases, only sufficient quantity may be provided until the patient is able to be seen by another provider.

The board shall not adopt any rules authorizing a pharmacist to prescribe a controlled drug, compounded drug or biological product+.

~~(f) Tobacco cessation products pursuant to section 54-1733E, Idaho Code; and~~

~~(g) Tuberculin purified protein derivative products pursuant to section 54-1733F, Idaho Code.~~

# July 1, 2022

LEGISLATURE OF THE STATE OF IDAHO  
Sixty-sixth Legislature Second Regular Session - 2022

IN THE SENATE

SENATE BILL NO. 1245

BY HEALTH AND WELFARE COMMITTEE

1 AN ACT  
2 RELATING TO PHARMACISTS; REPEALING SECTION 54-1704, IDAHO CODE, RELATING  
3 TO THE PRACTICE OF PHARMACY; AMENDING SECTION 54-1705, IDAHO CODE,  
4 TO DEFINE TERMS AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION  
5 54-1723B, IDAHO CODE, TO REMOVE DEFINITIONS AND TO PROVIDE FOR DRUG  
6 OUTLETS; AMENDING SECTION 54-1733B, IDAHO CODE, TO REMOVE A DEFINI-  
7 TION; AMENDING SECTION 54-1733D, IDAHO CODE, TO REMOVE A DEFINITION;  
8 REPEALING SECTION 54-1761, IDAHO CODE, RELATING TO DEFINITIONS; AMEND-  
9 ING SECTION 54-1762A, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE;  
10 AMENDING SECTION 54-4702, IDAHO CODE, TO REMOVE A CODE REFERENCE;  
11 AMENDING SECTION 37-2726, IDAHO CODE, TO PROVIDE A CORRECT CODE REFER-  
12 ENCE AND TO MAKE A TECHNICAL CORRECTION; AND DECLARING AN EMERGENCY AND  
13 PROVIDING AN EFFECTIVE DATE.

14 Be It Enacted by the Legislature of the State of Idaho:

15 SECTION 1. That Section 54-1704, Idaho Code, be, and the same is hereby  
16 repealed.

17 SECTION 2. That Section 54-1705, Idaho Code, be, and the same is hereby  
18 amended to read as follows:

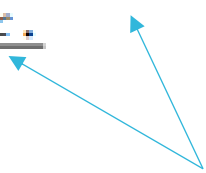


July 1, 2022

## Section 54-1705, Idaho Code

SECTION 2. That Section 54-1705, Idaho Code, be, and the same is hereby amended to read as follows:

~~(3349)~~ "Practice of pharmacy" means the safe interpretation, evaluation, compounding, administration, and dispensing of prescription drug orders, patient counseling, collaborative pharmacy practice, provision of pharmaceutical care services, proper storage of drugs and devices, and prescribing of drugs and devices as may be further defined in this chapter.



## 24.36.01-Rules of the Idaho State Board of Pharmacy-2023

### **SUBCHAPTER D – RULES GOVERNING PHARMACIST PRESCRIPTIVE AUTHORITY (Rules 350 through 399)**

#### **350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS.**

In accordance with Section 54-1705, Idaho Code, a pharmacist may independently prescribe provided the following general requirements are met by the pharmacist: (3-28-23)

**01. Education.** Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained. (3-28-23)

**02. Patient-Prescriber Relationship.** Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code. (3-28-23)

**03. Patient Assessment.** Obtain adequate information about the patient's health status to make appropriate decisions based on the applicable standard of care and the best available evidence. (3-28-23)

**04. Collaboration with Other Health Care Professionals.** Recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate. (3-28-23)

**05. Documentation.** Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan. (3-28-23)

**06. Prescribing Exemption.** The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements, devices, and nonprescription drugs. (3-28-23)

# Idaho Legislation

- Illustrate the untapped potential in community pharmacies based on recent legislation and scope of practice
  - Idaho Pharmacist Prescribing Law
  - MOUD opportunities for community pharmacists

# Idaho MOUD opportunities for community pharmacists

Mainstreaming  
Addiction Treatment  
(MAT) Act - December  
2022 (Congress)

- Removed the X-waiver barrier for pharmacist prescribing of MOUD

## Federal Barrier

- Federally, the Drug Addiction Treatment Act of 2000 required providers to get a special DEA registration to prescribe buprenorphine (the “X-waiver”)
- Pharmacists were not on the list of allowable providers for this waiver.

## States Barriers

- Prescribing authority varies across the U.S.
- Ten states allow pharmacists to prescribe controlled substances, with different practical limitations by state.
  - Idaho – Independent
  - Washington – CPA
  - Oregon - Cannot

**MAT ACT Eliminated**

**Decision is Now at the State Level**

# Idaho MOUD Opportunities for Community Pharmacists

## Idaho Pharmacist **Standard of Care Prescribing Model**

- An Idaho pharmacist can obtain a DEA registration.
- Can prescribe any medication, including controlled substances, consistent with their clinical ability (education, training, and experience).

## **Value of Community Pharmacists Prescribing MOUD**

- The value is in their training, knowledge, patient relationships, and accessibility
  - Patients often develop a relationship where they know and trust their local pharmacist
  - Convenient locations, Extended hours of operation -> Nights and weekends, Mail order services, and Online services and apps
  - Increases access due to increased locations likely to carry buprenorphine

# Community Pharmacists Prescribing MOUD

## Challenges We Face

Idaho law is on our side.

There are still some things we need to really get the ball rolling, these include→

Pioneers

Training

Workflows

Technology accommodation

Payor recognition (Credentialing)

- Needed for payment
- Needed to maintain or expand services

Institution recognition

- Privileging (hospital community pharmacies)
- System (EHR) recognition/permissions

Provider recognition

Peer to peer recognition

# Untapped Potential for Community Pharmacists

With the right training and resources, Idaho community pharmacies wanting to participate in patient care can now become critical access points for patients needing OUD/SUD treatment.

# Novel Approaches to MOUD

- Provide innovative examples of how community pharmacies are engaging in OUD/SUD services



# Novel Approach Example 1



Rural Emergent  
Alternative Surgical  
Opioid Non-use

- Screener implementation at 5 community pharmacies
  - 4 Independent and 1 Health system – 3 more sites pending
  - Pharmacies can customize screening criteria
    - Independent - Opioids/Benzos/Muscle Relaxants/Opioid naïve patients
    - Health System - Ortho perioperative workflow
- Feedback has been positive
  - Minimal disruption – “Great conversations - No bad outcomes”
  - Data collection is easy – always room for improvement
  - Conversation starters and referrals to behavioral health services!
  - Topic normalization – reduce stigma!
- Opening new opportunities to engage in coordination of care for MOUD

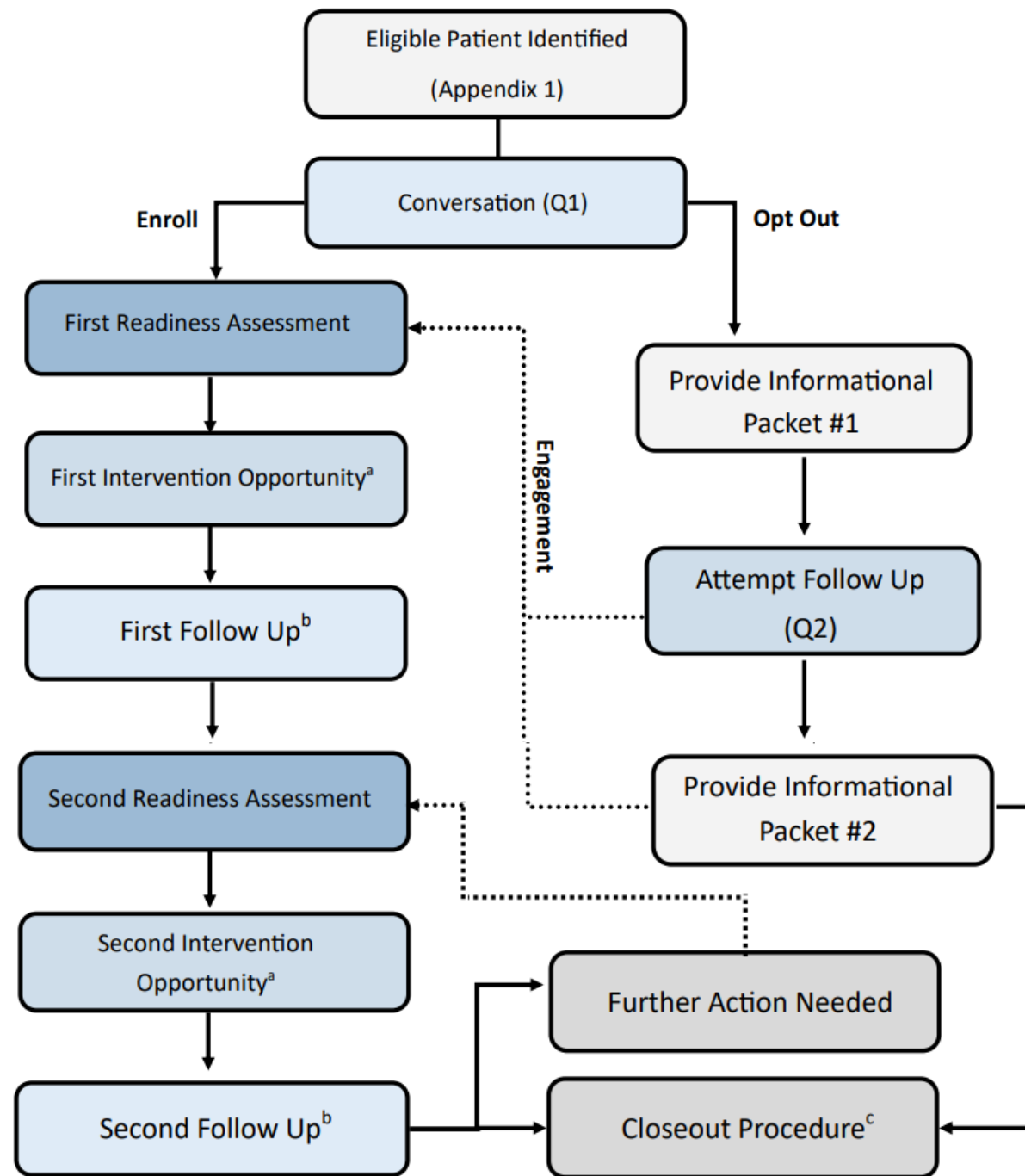
# Opioid/Multimodal Review Form

Patient Name:

Date of Birth:

<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:		<input type="checkbox"/> Prefer not to answer
<b>Age range for the patient:</b>	<input type="checkbox"/> Under 21	<input type="checkbox"/> 21-30	<input type="checkbox"/> 30-45	<input type="checkbox"/> 45-64	<input type="checkbox"/> 65+
<b>Patient's Insurance Type:</b>					
<b>Medications flagged for review:</b>	<input type="checkbox"/> Opioids	<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Skeletal Muscle Relaxants	<input type="checkbox"/> Other:	
<b>Pain control plan discussed with patient?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:		
<b>Outcome:</b>	<input type="checkbox"/> New Plan	<input type="checkbox"/> No Changes	<input type="checkbox"/> Patient Not Interested		
<b>Information Packet provided?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes:		

# Multimodal Pain Protocol



# Novel Approach Example 2

Targeting a high-risk population

Student Athletes



Parents' and  
Coaches' Guide to  
Student-Athlete Pain  
Management



# Evidence for use of opioids in adolescents involved in sports

[Am J Public Health](#). 2013 May; 103(5): e28–e30.

Published online 2013 May. doi: [10.2105/AJPH.2013.301242](https://doi.org/10.2105/AJPH.2013.301242)

PMCID: PMC3625478

NIHMSID: [NIHMS436272](#)

PMID: [23488520](#)

## Playing Through Pain: Sports Participation and Nonmedical Use of Opioid Medications Among Adolescents

[Philip T. Veliz](#), PhD, [Carol Boyd](#), PhD, and [Sean E. McCabe](#), PhD

# Objectives

- Discuss current state for Opioid Use Disorder (OUD)/Substance Use Disorder services (SUD) including Medically Supervised Withdrawal, MOUD, recovery and harm reduction strategies in the region
- Identify at least 3 barriers that currently exist for patients wanting to access Opioid Use Disorder (OUD) or Substance Use Disorder (SUD) services in our region
- Illustrate the untapped potential in community pharmacies based on recent Idaho legislation and scope of practice
- Provide innovative examples of how community pharmacies are engaging in OUD/SUD services

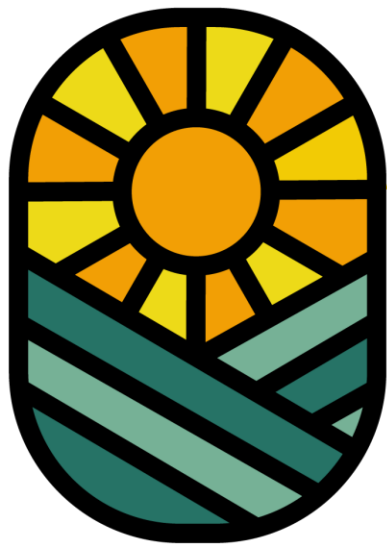
# References

- IDAPA 24 – Division of Occupational and Professional Licenses. Idaho Board of Pharmacy. 24.36.01-Rules of the Idaho State Board of Pharmacy. Zero-based regulation review-2024 for rulemaking and 2025 legislative review. March 28, 2023. <https://bop.idaho.gov/>
- American Community Survey 5-Year Data (2009-2021) United States Census Bureau. June 15, 2023.
- Median household income in [state] in the United States from 1990 to 2022. Statista.com. Accessed November 16, 2023. <https://www.statista.com/statistics/205988/median-household-income-in-oregon>
- US Department of Health and Human Services Overview of the State – Idaho 2023. Accessed November 16, 2023. <https://mchb.tvisdata.hrsa.gov/Narratives/Overview/da820095-c0e3-4708-a1a7-abb733cde3af#:~:text=The%20Idaho%20Department%20of%20Commerce,states%20in%20population%20density>.
- Legislature of the state of Idaho. Sixty-sixth legislature. Section 54-1704, Idaho Code. First regular session – 2019.
- Legislature of the state of Idaho. Sixty-sixth legislature. Section 54-1705, Idaho Code, Second Regular Session – 2022. <https://adminrules.idaho.gov/rules/current/24/243601.pdf>
- Madden EF, Prevedel S, Light T, Sulzer SH. Intervention Stigma toward Medications for Opioid Use Disorder: A Systematic Review. Subst Use Misuse. 2021;56(14):2181-220. <https://pubmed.ncbi.nlm.nih.gov/34538213/>
- Substance Misuse Prevention Needs Assessment, Idaho 2020. Statewide Epidemiological Outcomes Workgroup Idaho Office of Drug Policy. Published January 2021. <https://odp.idaho.gov/wp-content/uploads/2023/07/2020-Needs-Assessment.pdf>
- Aljassim N, Ostini R. Health literacy in rural and urban populations: A systematic review. Patient Educ Couns. 2020 Oct;103(10):2142-2154. doi: 10.1016/j.pec.2020.06.007. Epub 2020 Jun 20.

# References

- Sherwood, S. Community and ambulatory pharmacy innovation in response to the opioid crisis. Presentation. ISHP Fall Meeting 2023.
- U.S. Department of Health and Human Services. Substance Abuse and Mental Health Administration (SAMHSA). FindTreatment.gov. Accessed November 15, 2023. <https://findtreatment.gov/locator#mapView>
- Centers for Disease Control and Prevention. Surveillance Activities. National Vital Statistics System. Provisional Drug Overdose Death Counts. Accessed November 15, 2023. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>





# Please complete the survey linked in the chat

---

YOUR RESPONSE IS REQUESTED BY  
SAMHSA AND WILL ASSIST US IN OUR  
GRANT REPORTING.

# Register for our next webinar

---



Northwest (Region 10)

**ROTA C**

*Registration link in the chat*

Rural Responses to Opioid Use  
from a Nonprofit Perspective

**Wednesday, January 10th at  
12:00pm**

Speaker: Everett Maroon,  
MPH, Blue Mountain Heart to  
Heart