PHARMACY IN THE ROOM: NURSE PRACTITIONER–PHARMACIST COLLABORATIVE MODEL FOR ADDICTION, PRIMARY CARE, AND STBBI SERVICES IN NEW BRUNSWICK, CANADA

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Background:
People receiving injectable opioid agonist therapy (iOAT) often have complex medical needs. Fragmented healthcare systems can create barriers to medication optimization, STBBI and infectious disease treatment, and primary care. At RECAP Health Services in Fredericton, New Brunswick, a collaborative care model was developed to integrate pharmacy expertise into a low-barrier clinical setting. The objective of this program was to enhance medication management, improve STBBI care, and strengthen continuity of care for individuals engaged in addiction treatment.

Description of Model of Care/Intervention:
This model embeds a community pharmacist alongside RECAP's nurse practitioner. The pharmacist participates in weekly interdisciplinary huddles to review/provide therapeutic recommendations and support opioid conversions. Weekly patient group sessions for individuals enrolled in the iOAT program are co-facilitated by the NP and pharmacist to discuss treatment progress and dose adjustments for liquid hydromorphone, methadone, or SROM. The pharmacist also contributes to the nurse-led HCV program and assists with medication management for primary care conditions with the NP. Additional roles include supporting treatment for STBBIs and in-clinic vaccination clinics for influenza, COVID-19, hepatitis A and B, and tetanus.

Effectiveness
Since implementation, the model has improved interdisciplinary communication and streamlined medication decision-making within the iOAT program. Strong therapeutic relationships already exist, as most iOAT participants receive their daily medications through the partnering pharmacy. Pharmacist involvement has enhanced timely medication adjustments, improved access to vaccinations, and strengthened support for STBBI treatment and HCV care. The existing pharmacy–patient relationship supports trust and continuity, reducing barriers to engagement in care.

Conclusion and Next Steps
This collaborative model demonstrates the value of integrating pharmacists into low-barrier addiction and primary care settings including practical strategies for interdisciplinary collaboration that improve medication safety, preventive care, and STBBI management. Future phases include expanding pharmacist involvement in HCV screening, formalizing a collaborative practice agreement through a memorandum of understanding, and developing a dedicated NP–pharmacist collaborative care clinic.