PHARMACIST-LED COLLABORATIVE CARE FOR MEDICATION ASSISTED TREATMENT FOR OPIOID DEPENDENCE: 3-MONTH OUTCOMES FROM THE EPIC-MATOD IMPLEMENTATION-EFFICACY TRIAL

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Background:
Prescriber shortages have led to limited access to Medication Assisted Treatment for Opioid Dependence (MATOD) in Australia and internationally. Collaborative care arrangements between pharmacists and prescribers are one means of increasing access to treatment.
The Enhancing Pharmacists Involvement in Care (EPIC)-MATOD study is evaluating clinical and implementation outcomes of collaborative pharmacist-prescriber model of opioid agonist treatment. We hypothesised that pharmacist-led collaborative care would provide comparable outcomes to traditional treatment.

Methods:
The study protocol was published prospectively; trial registration: ACTRN12621000871842. Participants (taking part in collaborative care, and a comparison group) were recruited into a multisite, implementation trial in Victoria, Australia. The model of care involves pharmacists conducting clinical reviews, dose adjustment and other tasks in addition to dosing. Participants are followed for 6-months with outcomes mapped to the RE-AIM framework. The primary clinical endpoint is treatment retention at 26 weeks. Secondary endpoints include substance use, mental and physical health, implementation costs, feasibility and acceptability.

Results:
Recruitment was completed in September 2023 (n = 85). The mean age of the sample was 44.9 yrs (SD 9.9), with 61.2% of the sample being male. Most (74.1%) participants are receiving methadone, with 23.6% on buprenorphine formulations (sublingual or injectable). There were no significant differences in treatment retention or substance use between the groups at 3-months. Participants in collaborative care reported significant increases in treatment satisfaction at 3-months (t(49)=2.093, p=0.042), which was not observed in the comparison arm. Qualitative data from participants, pharmacists and prescribers indicate high support and acceptability of the model of care.

Conclusion:
Preliminary outcomes demonstrate acceptability and feasibility, with comparable clinical outcomes and greater treatment satisfaction for patients who are receiving opioid agonist treatment through collaborative care in community pharmacies. Pharmacist-led collaborative care may be an important innovation to increase access to opioid agonist treatment.