

A multisite implementation-efficacy trial of a pharmacist-led model of collaborative care for Medication Assisted Treatment for Opioid Dependence: 6-month outcomes from the EPIC-MATOD trial

Suzanne Nielsen¹, Ali Cheetham¹, Elizabeth Grist¹, Bosco Rowland¹, John Jackson², Sarah Lord³, Dennis Petrie⁴, David Jacka⁵, Kirsty Morgan^{1,6}

1. Monash Addiction Research Centre, Eastern Health Clinical School, Monash University Peninsula Campus, Frankston, Victoria, Australia
2. Centre for Medicine Use and Safety (CMUS), Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, Victoria, Australia.
3. Pharmacotherapy Mediation, Advocacy, and Support (PAMS), Harm Reduction Victoria
4. Centre for Health Economics, Monash Business School, Caulfield East, Victoria, Australia
5. Monash Health Drug and Alcohol Service, Monash Health, Melbourne, Victoria, Australia
6. Peninsula Health, Frankston, Victoria, Australia

Presenter's email: suzanne.nielsen@monash.edu

Introduction: Prescriber shortages have limited access to Medication Assisted Treatment for Opioid Dependence (MATOD) in Australia. The Enhancing Pharmacist Involvement in Care (EPIC)-MATOD study evaluated clinical and implementation outcomes of a collaborative pharmacist-prescriber model of MATOD, as a way of increasing treatment access. We hypothesised that pharmacist-led collaborative care would provide comparable outcomes to traditional treatment.

Methods: The trial was prospectively registered (ACTRN12621000871842) with a published protocol. Participants (receiving collaborative care, and a comparison group) were recruited into a multisite implementation trial. Collaborative care involved pharmacists conducting clinical reviews, dose adjustment and other tasks in addition to dosing. Participants were followed for 6-months, with outcomes mapped to the RE-AIM framework. The primary clinical endpoint was treatment retention at 26 weeks. Secondary endpoints include substance use, mental and physical health, feasibility and acceptability.

Results: Participants had a mean age of 44.9 yrs (SD 9.9), with 61.2% being male. Most (74.1%) received methadone, with 23.6% on buprenorphine formulations (sublingual or injectable). There was no difference in treatment retention at 6-months, with 97% (35/36) retained in collaborative care and 89.8% (44/49) retained in the comparison arm ($p = 0.2$). Linear mixed models controlling for baseline differences in age, gender, pharmacotherapy type and duration of treatment confirmed our hypothesis of no difference between groups on substance use outcomes, physical or mental health, or quality of life. Higher ratings of treatment satisfaction were reported by collaborative care participants at 3 ($\beta=3.40$, 95%CI: 0.86, 5.93) and 6 months ($\beta=3.62$, 95%CI: 1.11, 6.13). Participants, pharmacists and prescribers indicated high support and acceptability of the model of care.

Conclusions: Preliminary outcomes demonstrate acceptability and feasibility, with comparable clinical outcomes through collaborative care in community pharmacies. Pharmacist-led collaborative care may be an important innovation to increase opioid agonist treatment access.

Implications for policy and practice: The findings of this study suggest that the greater involvement of pharmacists in treatment delivery is feasible, acceptable and provides comparable treatment outcomes. Further work is needed to implement this model more broadly. Factors facilitating sustainable provision of collaborative care include pharmacist support and remuneration.

Disclosure of Interest Statement: The EPIC MATOD implementation study is supported by the Victorian Government through an Alcohol and Drug Research Innovation Agenda (ADRIA) Research Grant. SN is the recipient of National Health and Medical Research Council (NHMRC) Research Fellowships (#1163961, #2025894).