

Overview

- With implementation of MedsASSIST pharmacists finding it easier to identify patients who were misusing opioids
- Concern MedsASSIST used as policing tool with pharmacists refusing supply to patients or continuing to supply without intervention instead of referring them for improved management.

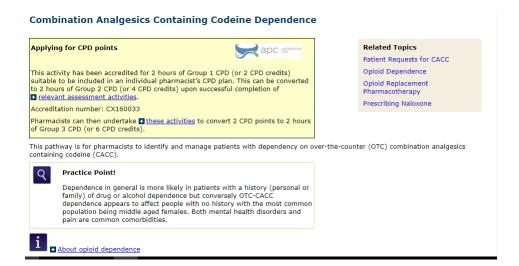
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HealthPathways

- Opioid Management team at the Western Victoria Primary Health Network developed HealthPathways clinical tools centred on OTC codeine management for pharmacists
 - Patient Requests for Combination Analgesics Containing Codeine to guide pharmacists in the decision-making process regarding the appropriateness of CACC and counselling advice to provide with the product.
 - Combination Analgesics Containing Codeine Dependence to help pharmacists identify CACC dependence, initiate a patient discussion and provide advice / referrals.

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Clinical tools



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Methods

- Clinical tool developed using current literature and subject matter experts. To encourage utilisation a quiz and CPD points were attached
- Made available to pharmacists through:
 - Western Victoria PHN HealthPathways platform (interactive)
 - MedsAssist (PDF)
 - · Pharmacy Guild myCPD platform (PDF)
- Evaluated by looking at quiz results, CPD evaluation and cross sectional evaluation survey

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Key findings

- As of April 2017, 3969 pharmacies across Australia had MedsASSIST installed.
- Over 3000 pharmacists have accessed the clinical tool
- In total there were 3316 quizzes completed. Of these, 29% failed to meet the 80% pass mark.
 - Questions about drug interactions and signs of dependence were most frequently answered incorrectly.
- If pharmacists were aware and knew how to access the CACC clinical tools they were generally satisfied with it
- Over 1/3 participants reported had increased their confidence in managing requests for CACC and managing dependence on these medications.

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Key findings

- A number of participants had never accessed the tool, as they were not aware of it
- Further work is required to promote and increase pharmacist awareness of not only how to access the tools but also the benefit of using such tools in their practice
- Some pharmacists believe the tool has increased their confidence in selling products containing codeine though others stated despite having a tool it is still a difficult area to deal with

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Screening for codeine dependence (McCoy et al 2017, In preparation)

- Three item tool, collects relevant information leading up to the rescheduling change about codeine use, and likely trouble ceasing codeine
- A score of 2 or more has 84% sensitivity and 94% specificity when identifying those that meet criteria for codeine dependence using the Severity of Dependence Scale (SDS)
- Wording appropriate for primary care use

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	Screening Tool: OTC Codeine Asses	ssment
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10	How often do you take over the counter (OTC) codeine? (Choose one of the following)	
	Every day Most Days	Proceed to question 1b
	Once a week or more About once a month Every few months Once or twice a year	Proceed to question 2
1b	How long have you been using OTC codeine with this frequency?	
	Last week Last four weeks L	1 Point
	Last year Longer than one year Longer than three years	2 Points
2	What was the main reason OTC codeine was taken the last occasion it was used? (Choose one of the following	ng)
	Headache 🗌 Back pain 🗋 Dental pain 🗋 Migraine 📄 Period pain 🗎 Any other physical pain 🗍	0 Points
	To relax To feel better To sleep Other	1 Point
3	In the past 12 months, how difficult did you find it to stop or go without OTC codeine? (Choose one of the	following)
	Not difficult ☐	0 Points
(Quite difficult	1 Point
(Very difficult ☐	1 Point
(Impossible	1 Point
ND	A score of 2 or more indicates high likelihood of m (McCoy, Bruno and Nielsen, Codeine Dependence S	

Referral pilot

- Referral protocol pilot began May 2017 with data analysis now underway
- Protocol and template developed using current literature and guidelines, feedback from pharmacists, the Pharmacy Guild, and a specialist opioid replacement therapy GP mentor
- Protocol set out the criteria for identification of instances for referral, mechanism of referral, roles and responsibilities of the respective health care professionals, and the required followup and recording

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Referral pilot

- Protocol was piloted in 5 community pharmacies
- Participating pharmacists trained in appropriate application of the protocol
- Referral template was developed to be sent via the ReferralNet messaging program
- Collating quantitative data
- About to conduct post intervention qualitative interviews

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Summary

- · Awareness of availability of clinical tools was low
- Clinical tools relevant to practice but regular use is limited
- Increase knowledge and confidence in supplying & identifying & managing codeine dependence in the pharmacy
- Potential to use tools in managing other conditions in the pharmacy
- Need for further pharmacist education around drug interactions and signs of dependence.
- Referral pilot answer questions around appropriate means to refer codeine users to their GP and improving GP pharmacist collaboration.

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