



# Implementation of Virtual Electronic Clinical Pharmacist **PAIN Pharmacotherapeutic Review** and **DUE** Services to Enhance Rational Chronic Opioid Use and Curtail Potential Diversion in a VA Healthcare Primary Care Setting

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## OBJECTIVES:

The objective of this study was to retrospectively evaluate the implementation of Primary Care Provider (PCP) pain management services and subsequent therapeutic outcomes following computerized consultation by a Clinical Pharmacy Specialist (CPS) within a 6 month timeframe.

### Final results to be evaluated included:

- PCP-initiated requests to CPS and subsequent outcomes.
- Impact on initiating controlled substance agreements to include urine and/or serum opioid monitoring.
- Number of patients referred to the Pain Clinic at suggestion of CPS.
- Primary Care Provider survey regarding Clinical Pharmacy Services.

## EVALUATION / SURVEY

Based on 10 Community-Based Outpatient Clinic Provider Respondents, the following were observed:

Did you request any PAIN-Virtual Pharmacotherapeutic Reviews by the Clinical Pharmacy Specialist? **(5-YES / 5-NO)**  
Very helpful **(6/10 YES)**  
somewhat helpful **(2/10 YES) 2-no response**

If given the choice, I would continue this service. **(8/10 YES) 2-no response**

Were electronic assessments and recommendations Very helpful **(2/10 YES)**  
Somewhat helpful **(1/10 YES) 7-no response**

Having a Clinical Pharmacy Specialist available to interpret urine/serum screens and opioid levels, and to comment on appropriate pharmacotherapeutics... increases my comfort level prescribing chronic opioids. **(10/10 YES)**

If given the choice, I would prefer the Clinical Pharmacy Specialist... continue random virtual assessments and electronic recommendations for any of my patients receiving chronic short-acting opioids for greater than 3 months. **(10/10 YES)**

Comments: "involvement is always useful"  
"... good resource to have available in this manner"

## METHODS:

An electronic PAIN-Virtual Pharmacotherapeutic Review (PVPR) request was developed to enable our Community Based Outpatient Clinic (CBOC) providers a venue by which to engage our CPS. A list of all patients receiving a formal PVPR was created.

After approval by the Stratton VA IRB, a CPS initially reviewed the data for oxycodone/acetaminophen 5/325 and assessed for rational opioid use, inclusion of a controlled substance agreement, and laboratory monitoring. Oxycodone/acetaminophen 5/325 was chosen over other opioids for initial review because it is the only combination opioid that is a schedule-II narcotic by DEA regulation, it is widely sought by drug abusers/dealers, and there were over 1000 unique new prescriptions for this combination product. Recommendations were then made by the CPS via an electronic note to assist PCPs in identifying and monitoring potential non-compliance with opioid medications. A new list was created to include patients that received oxycodone/acetaminophen 5/325 for 3 consecutive months or longer and in whom a "virtual opioid review" note was entered into the electronic record by the CPS.

- Primary Care providers that interacted with the CPS were surveyed for usefulness of CPS intervention(s).
  - Outcomes data was reviewed after a FORMAL virtual consultation by the CPS.
  - Outcomes data was reviewed after an UNSOLICITED RANDOM virtual opioid review by the CPS.
  - Primary Care Providers were surveyed about usefulness and impact of CPS services.
- PAIN-Virtual Pharmacotherapeutic Review (PVPR) Electronic Request Form



## CONCLUSIONS:

- ✓The expertise of a clinical pharmacy specialist (CPS) well-trained in pain management can be a tremendous asset to primary care providers by **improving their comfort level in prescribing chronic opioids** to appropriate patients, as supported by **100%** of practitioners surveyed.
- ✓A clinical pharmacist can directly affect patient outcomes and facilitate appropriate medication monitoring and use through a virtual consultation and can recommend a more comprehensive approach by encouraging a referral to the Pain Management Clinic.
- ✓The VA Healthcare electronic Computerized Patient Record System (CPRS) enables ready access to clinical pharmacist expertise among primary care providers.
- ✓Primary Care Providers were enthusiastic and accepting of the Clinical Pharmacist's expertise, guidance, and availability. **100% of practitioners surveyed preferred that the CPS continue virtual reviews.**
- ✓Percent change in patient pain scores subsequent to CPS intervention is pending and will require larger numbers of patients than those studied to achieve statistical significance.

## RESULTS:

### PCP-solicited PAIN-Virtual Pharmacotherapeutic Review (35 consultation requests received and completed)

- ✓100% (35/35) of CPS **recommendations were accepted** and followed completely by consulting PCP
- ✓100% (33/33) of patients were referred to clinic upon recommendation of CPS. This accounted for 24.2% (8/33) of all patients referred to the CPS, since 2 patients were already enrolled in the Pain Clinic.
- ✓50% (2/4) of patients had significant improvements in pain scores. Change in pain scores was not measurable for most patients because they remain in Pain Clinic or because the patient was identified as a potential substance abuser/diverter and was removed from opioids on recommendation of CPS.

### Unsolicited Random Virtual Opioid Review (39 patients evaluated)

- ✓77% (30/39) of patients receiving short-acting chronic opioids did not have an opioid agreement on file prior to the CPS review
- ✓47% (14/30) of patients without opioid agreements received one upon recommendation from CPS.
- ✓35% (7/20) of patients with no baseline urine screen received one upon recommendation of CPS.
- ✓29% (9/31) of all patients receiving chronic short-acting opioids had urine/serum results indicative of possible misuse/diversion as determined by CPS.
- ✓67% (6/9) of all patients identified for possible opioid misuse/diversion ultimately had their RX discontinued by their PCP.
- ✓This translates to a cost avoidance of **\$4,607.93 per year** based on AWP for oxycodone/APAP alone for patients reviewed in this study.

**\$64,521.55 per year** was cost avoided when considering ALL patients reviewed by the CPS that were receiving ANY controlled substances, where RXs were D/C'd due to CPS-identified misuse/diversion. This data considers all opioids that were D/C'd in patients previously identified as having "aberrant behavior" by urine and/or serum screen analysis as interpreted by the CPS. This data was available as part of routine drug utilization monitoring and not part of the IRB-approved overall study.

Disclosure  
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