



Expanding Opioid Stewardship: Hospital and Primary Care Pharmacist Collaboration



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AIM



To develop, refine, and evaluate a novel collaboration between pharmacists in hospital and primary care settings.



To reduce risks of opioid-related harms while maintaining pain control throughout transitions of care from hospital to home.

CONTEXT & RELEVANCE



1 in 5 people in Canada live with chronic pain.^{1,2}
1 in 8 people in Canada are prescribed opioids annually.³



Opioid Stewardship Programs (OSP) across two health authorities in the Lower Mainland help reduce opioid-related harms while optimizing pain control; however, they lack capacity to provide ongoing care post-discharge.



The UBC Pharmacists Clinic (the Clinic) addresses this gap by providing one-on-one medication management services including monitoring and recommendations to adjust pain management plans.

INTERVENTION

This opioid stewardship collaboration began in November 2021 and is ongoing. Referrals from the OSP to the Clinic follow a collaborative process (Figure 1).

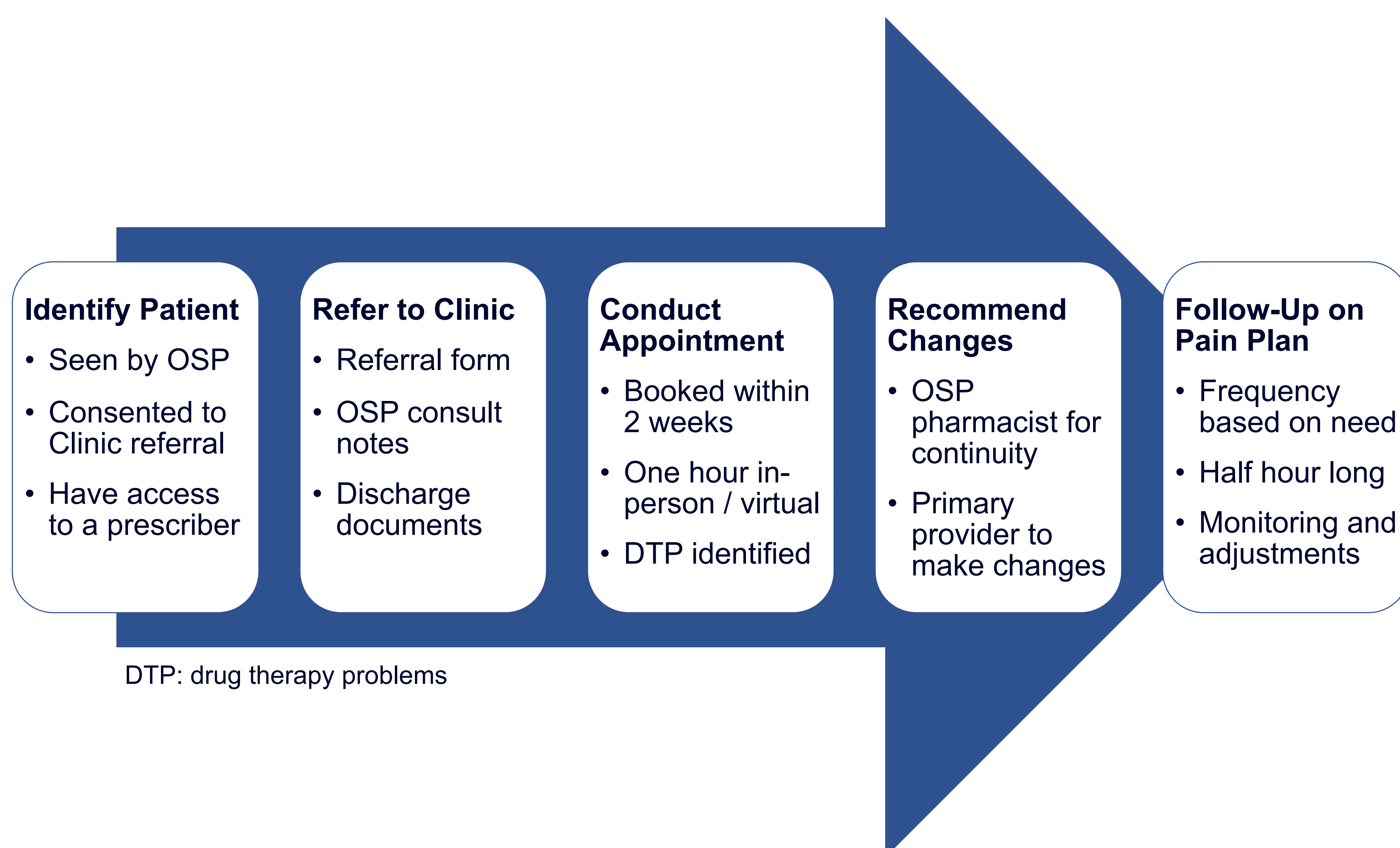


Figure 1. Opioid Stewardship Program and UBC Pharmacists Clinic collaborative process.

LESSONS LEARNED

The collaboration started with one OSP pharmacist referring to two Clinic pharmacists and expanded to three OSP pharmacists, two Clinic pharmacists, and a Clinic medical office assistant.

The project team met monthly to discuss barriers and facilitators to successful collaboration. Referral processes and materials were refined before expanding from two to eight Clinic pharmacists. Refinements included:

1. **Referral Form:** added urgency, discharge date, descriptive reason for referral
2. **Patient Handout:** developed to explain what to expect from the Clinic post-discharge
3. **Technology:** adjusted processes and systems used to securely exchange information
4. **Notice of Appointment:** added standard phrasing to clarify non-prescribing role of the Clinic

POTENTIAL IMPACT



Leverage inter- and intra-professional pharmacist collaborations across care settings.



Refine hospital-initiated pain management plans for success post-discharge.



Enhance pharmacist recommendations in primary care for optimal uptake and pain management at home.

NEXT STEPS

Referrals from this collaboration are ongoing. Additionally, over the next 6-12 months we plan to:



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References

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