Buprenorphine Resource Initiative for Dispensing Guidance and Education

http://p2p.uky.edu

Building a BRIDGE: Engaging Community Pharmacists with AD Minivisits

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About P2P BRIDGE

P2P

Pharmacist to Pharmacist

- Framework for educational outreach to community pharmacists based on principles of AD
- Series of "minivisits" to community pharmacies + full-length CE activities for more in-depth learning
- **Goals:** Improve practice, develop relationships, and be a resource for pharmacists

BRIDGE

Buprenorphine Resource Initiative for Dispensing Guidance and Education

- **Objective:** Identify and mitigate pharmacy-level barriers to dispensing buprenorphine for opioid use disorder in Appalachian communities
- **Analysis:** Pre- and post-surveys and dispensing data from PDMP

Acknowledgements

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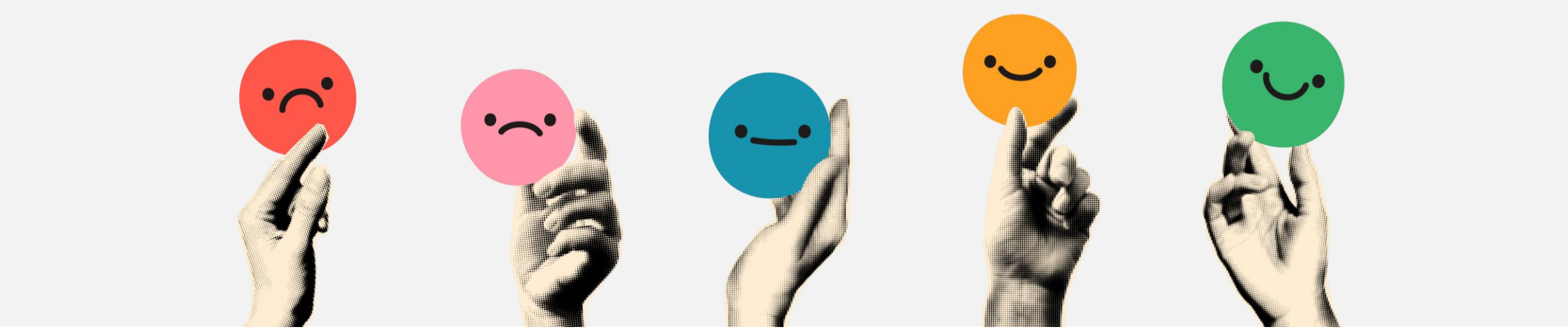
Disclaimer: The views and conclusions contained herein are those of the author and do not necessarily represent the official views of FORE.

Why Not Traditional Academic Detailing?



Reported burnout in 2022-2023 report:

- Pharmacists = 65.9%
- Nurses = 60.7%
- Physicians = 54.9%

↑ workload, physical and emotional exhaustion, and mental health disorders following pandemic

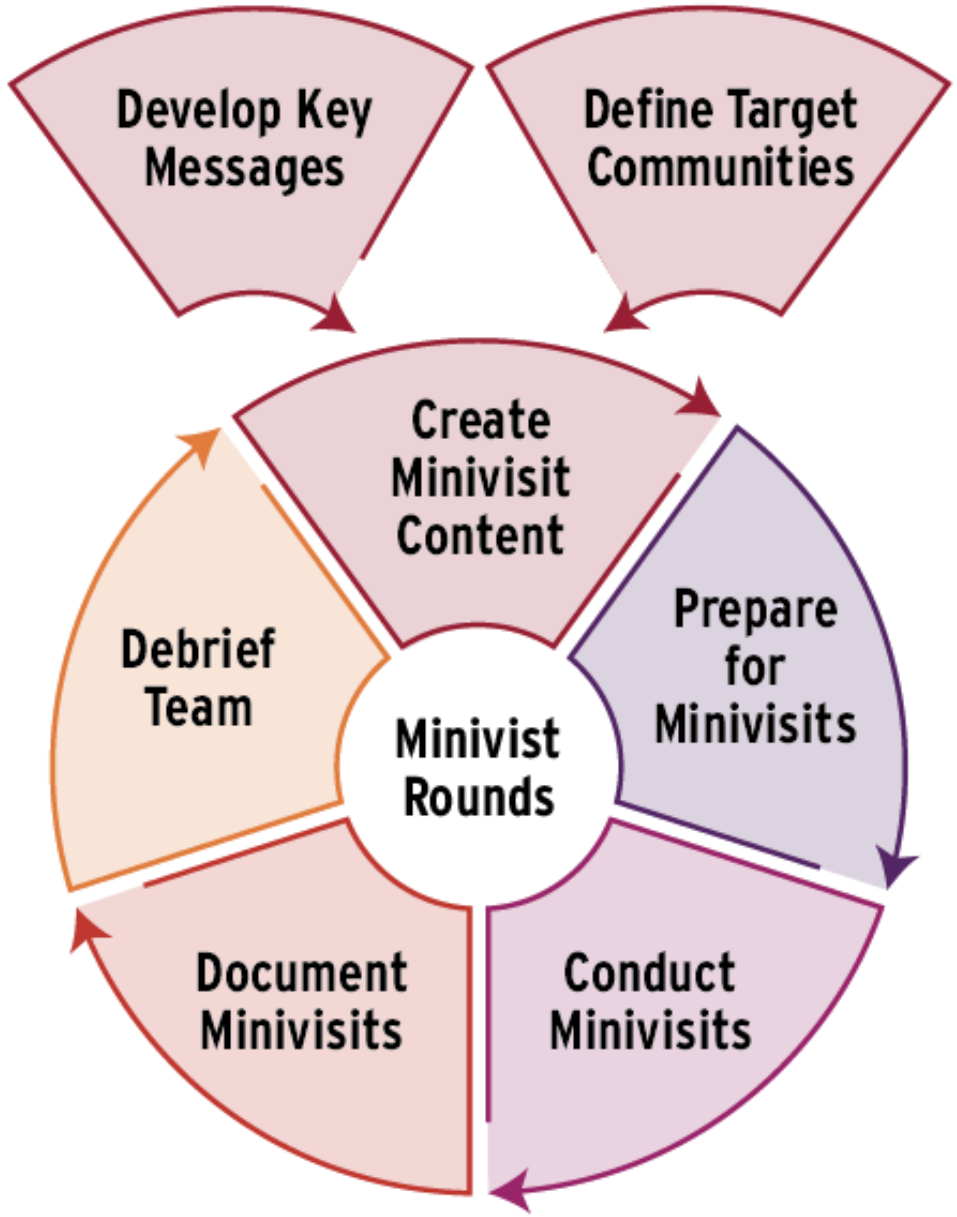
HEALing Communities Study:

- ~170 community pharmacies offered scheduled, virtual AD related to Rx opioid safety
- 11 individuals participated
- Minivisits for second phase

Wash A, et al. A narrative review of the well-being and burnout of U.S. community pharmacists. J Am Pharm Assoc (2003). 2024;64(2):337-349; Winhusen T, et al. The Opioid-overdose Reduction Continuum of Care Approach (ORCCA): Evidence-based practices in the HEALing Communities Study. Drug Alcohol Depend. 2020;217:108325.

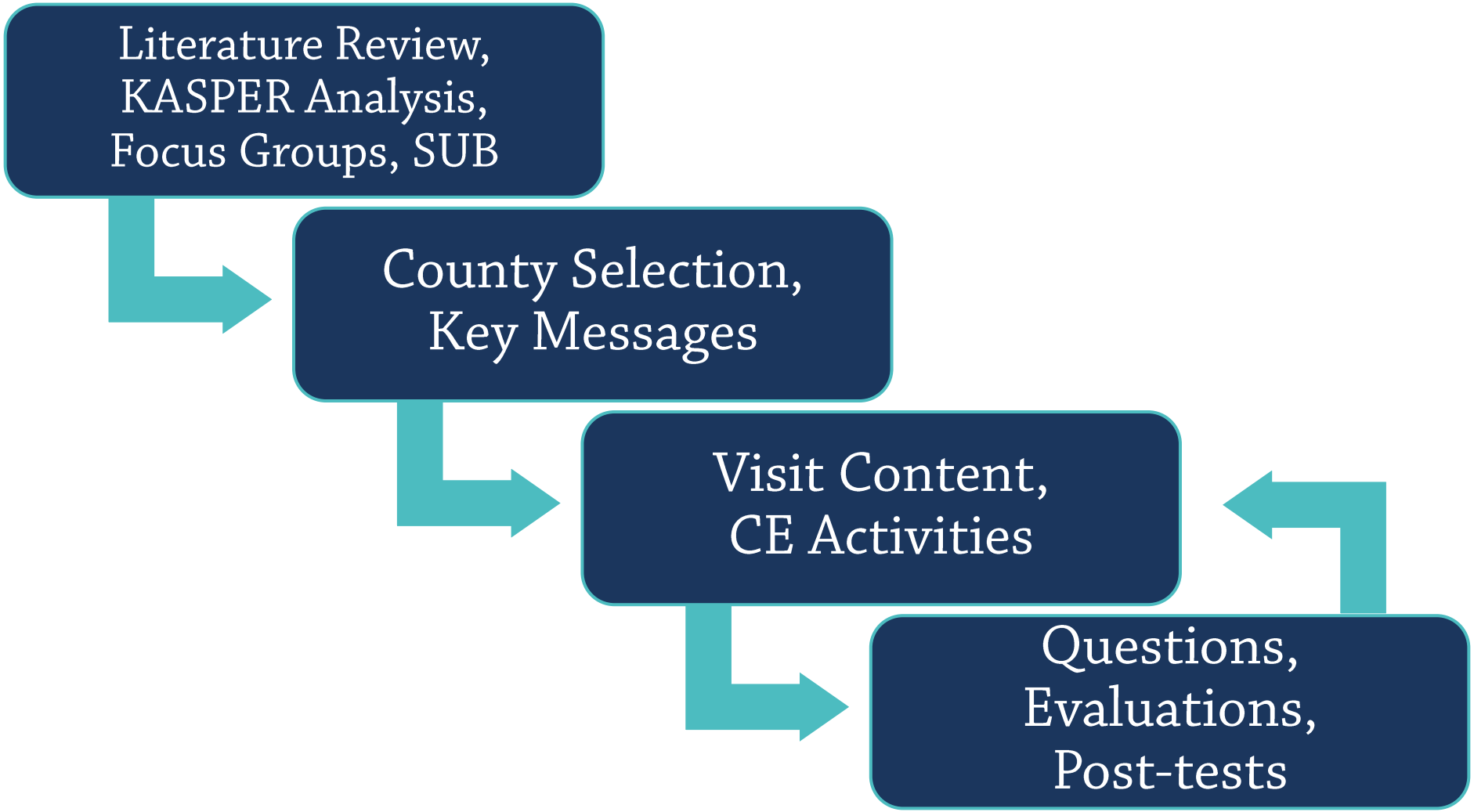
Minivisits

- Unscheduled, brief, interactive visits with pharmacist on duty
- Planned topics, but focus on pharmacist's needs and concerns
- Delivered to all pharmacies in target region
- Leave supporting materials and implementation resources
  - Printed materials standalone when needed
  - Links to online references and website
- Multiple visits build relationship, become a resource



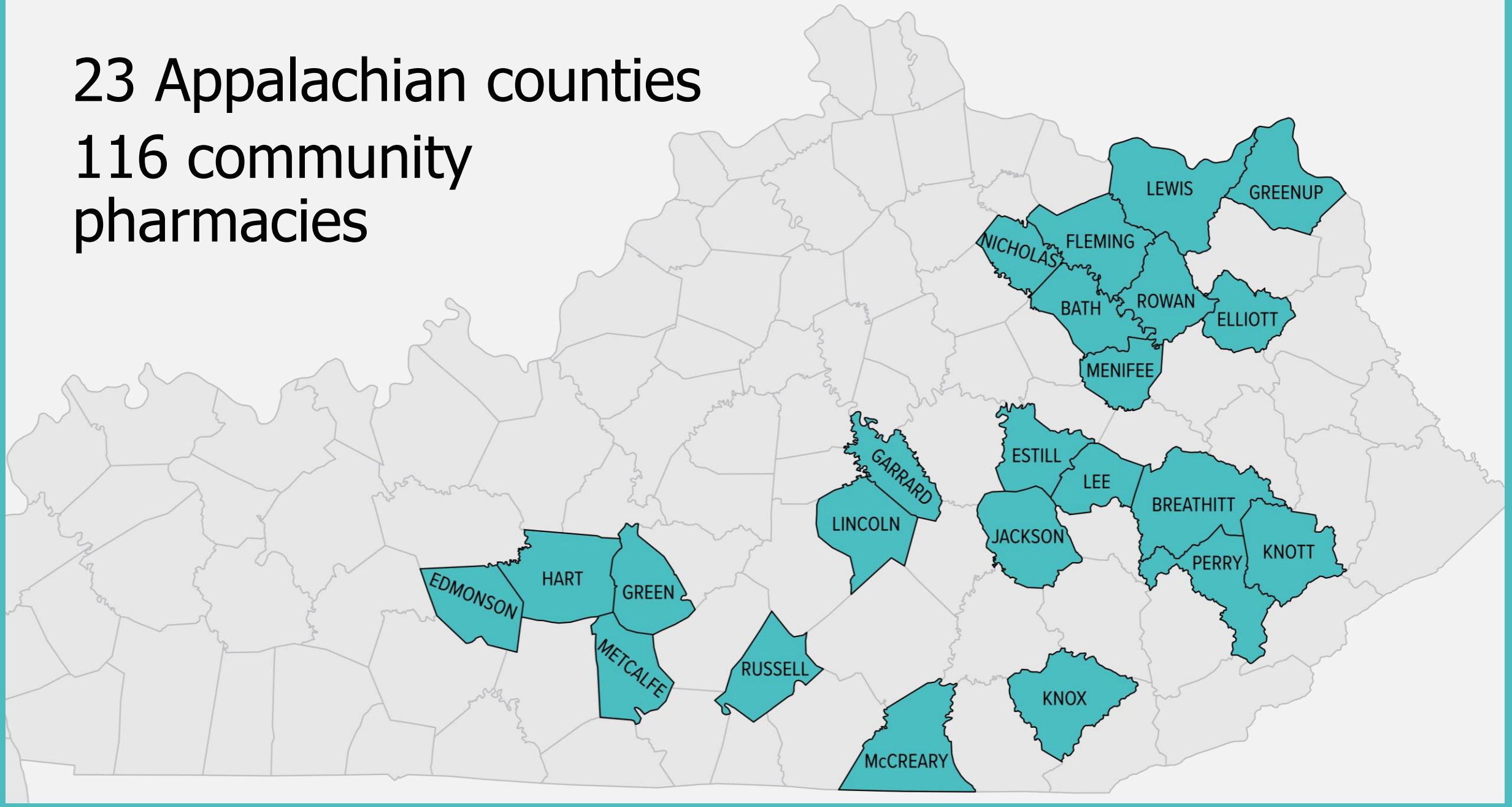
Roberts MF, Freeman PR, Stinson LK, Matson A, Walsh SL. The Minivisit Method: Adapting Opioid-Related Educational Outreach for Community Pharmacies. J Am Pharm Assoc (2003). Published online October 7, 2025. doi:10.1016/j.japh.2025.102933

P2P BRIDGE Development Process



23 Appalachian counties

116 community pharmacies



P2P BRIDGE Key Messages

Manage opioid use disorder as a treatable, chronic disease that often requires long-term maintenance therapy

Support individualized treatment goals for each patient's journey to OUD remission and recovery

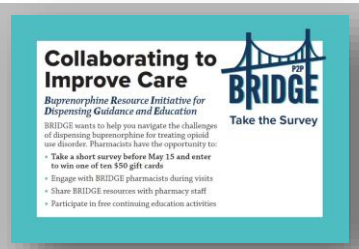
Navigate MOUD prescription concerns through intentional and informed communication with prescribers, patients, and wholesalers

Strengthen your pharmacy's culture of patient-centered care in the treatment of opioid use disorder

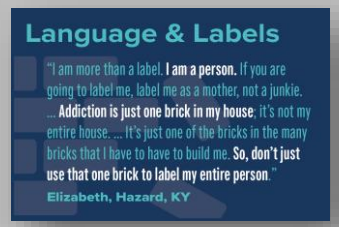
Timeline

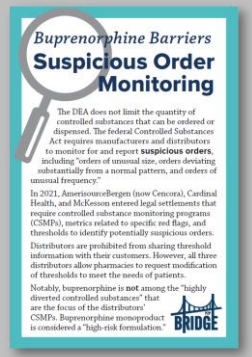
April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb

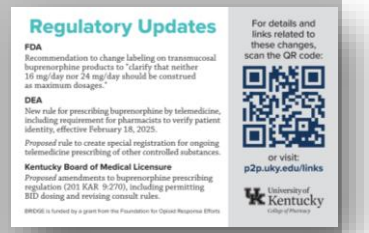
P2P Visits



Intro
Pre-survey







Wrap up
Post-survey

Webinars

Opioid Use Disorder:
The Science and Evidence for Initiating and Maintaining Remission and Recovery

May 16

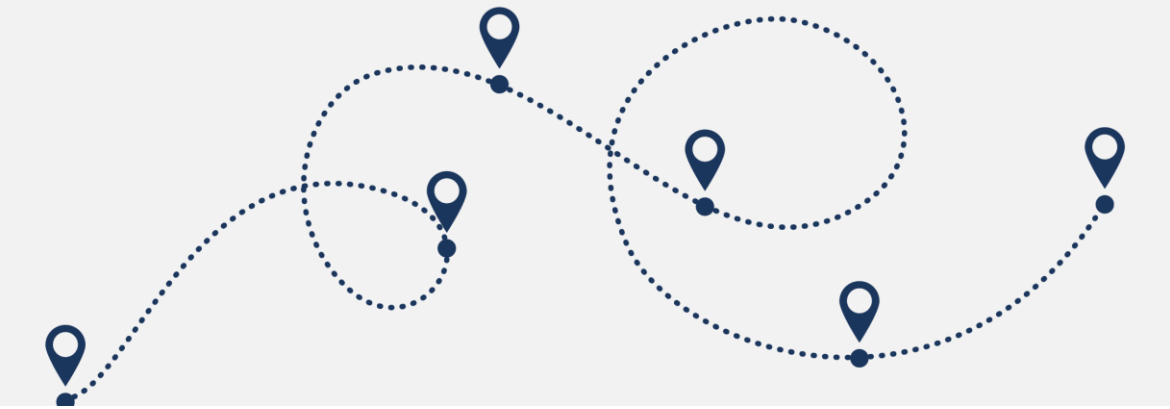
Patient Perspectives:
Pharmacy's Role in Supporting Opioid Use Disorder Remission and Recovery

Sept. 8 & 10

Red Flags in the Real World:
Case-Based Scenarios for Buprenorphine Dispensing for Opioid Use Disorder

Nov. 21

Minivisit Stats and Impressions



574 Minivisits Conducted

- 80% of visits took < 15 min
- None took > 30 min
- 6.6% of visits were “drop-off only”
- Visit round = 7 day trips + 2 overnight stays
  - ~8 to 16 pharmacies in a day

Pharmacists Welcomed Us

- Asked questions and engaged during visits
- Occasionally reached out between visits
  - Medicaid reimbursement
  - Regulatory and clinical questions
  - Resources on related topics (e.g., naloxone)

Survey Results – P2P Visits

95% Participating in the P2P visits **MET MY APPROVAL**

86% **I LIKED** participating in the P2P visits

98% Participating in the P2P visits was **POSSIBLE**

96% Participating in the P2P visits was **EASY**

89% Participating in the P2P visits was **APPLEALING TO ME**

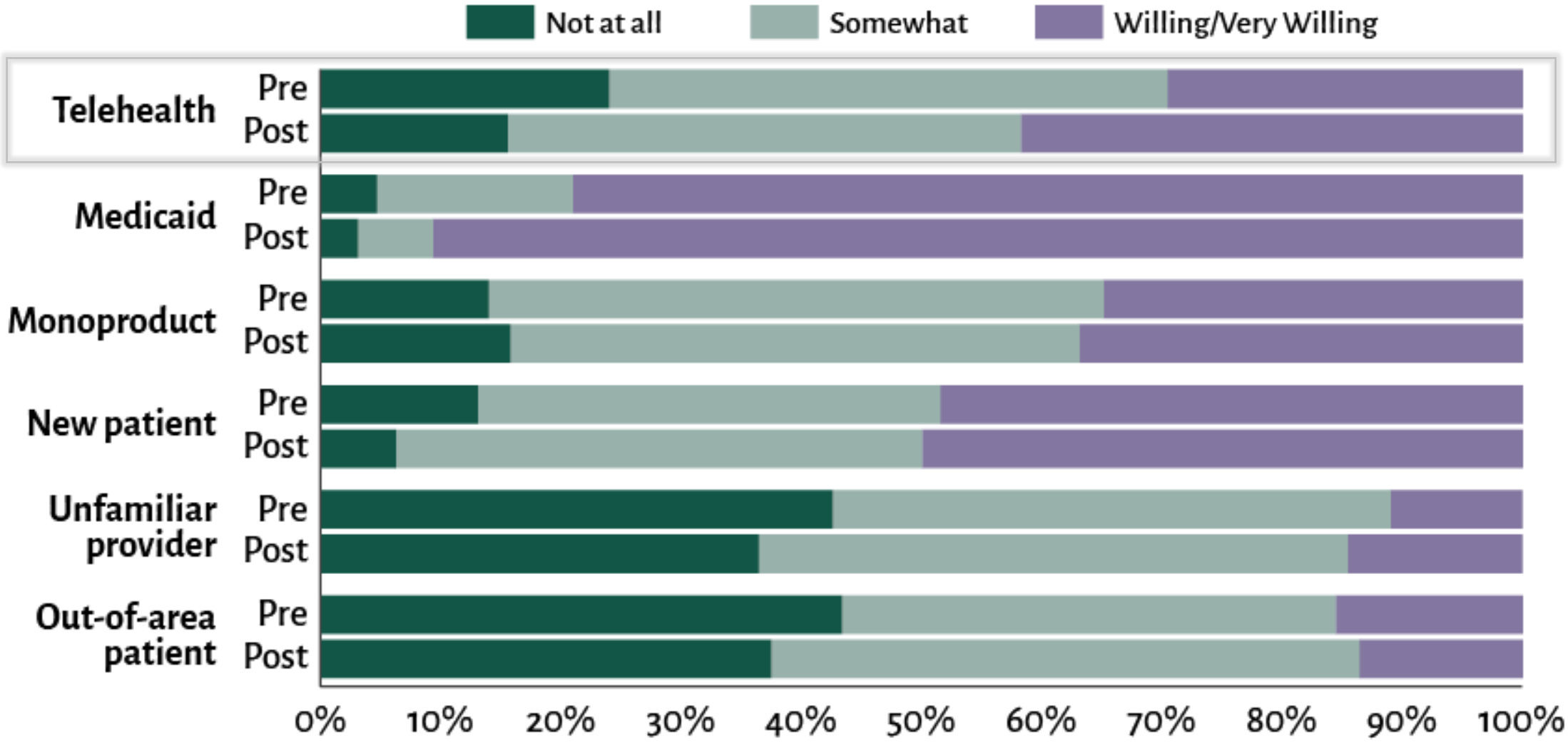
95% Participating in the P2P visits was **IMPLEMENTABLE**

98% Participating in the P2P visits was **DOABLE**

88% **I WELCOMED** participating in the P2P visits

Weiner BJ, ET AL. Psychometric assessment of three newly developed implementation outcome measures. Implement Sci. 2017 Aug 29;12(1):108. doi: 10.1186/s13012-017-0635-3.

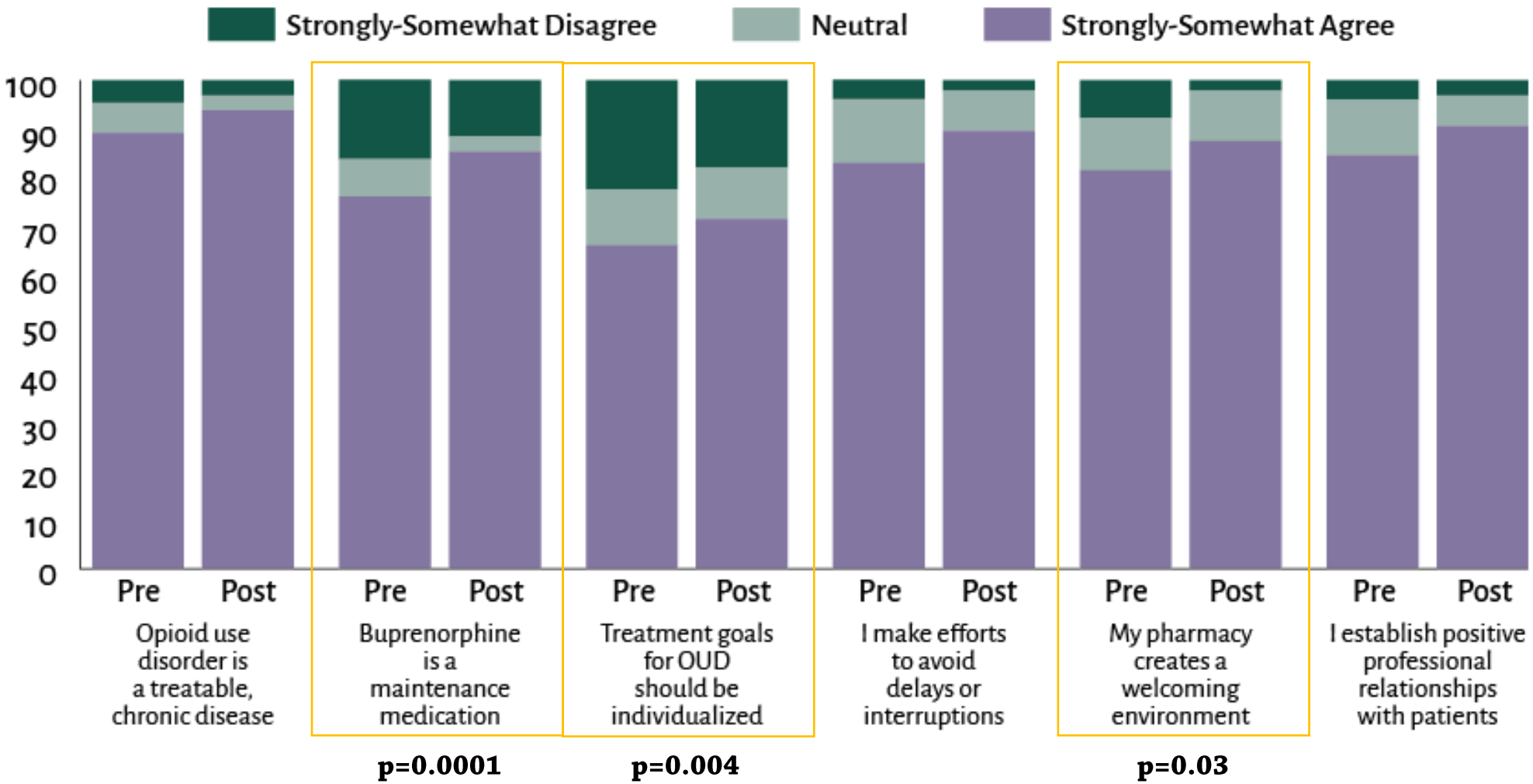
Survey Results – Willingness to Dispense



p<0.0001

* chi-square p-value comparing the "Not at All Willing" group with the combined "Willing" and "Very Willing" groups. Bold p-value represents a statistically significant result.

Survey Results – Pharmacist Attitudes



* chi-square p-value comparing the "Not at All Willing" group with the combined "Willing" and "Very Willing" groups. Bold p-value represents a statistically significant result.

What do you think?

Challenges in P2P BRIDGE

Tips for Other Programs

Staff

- Use pharmacists or technicians with community pharmacy practice experience *and* AD training to conduct minivisits.

Plans

- Plan a logical series of visits and CE but leave room for revision.
- Ensure that printed materials can serve as stand-alone education.
- Use a program website to provide access to updates and links to references.

Visits

- Take and review good notes on visits to improve efficiency.
- Stay alert to need for drop-off visits to avoid disrupting patient care.
- Focus on building relationships and being helpful without adding to workload.

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Questions?

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