



Rancho Los Amigos National Rehabilitation Center

OUTPATIENT SERVICES: MOBILE CLINIC

POLICY AND PROCEDURE

SUBJECT: Clinical Pharmacy's Role and Responsibility in Medication for Addiction Treatment

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PURPOSE:

This document defines the roles and responsibilities of clinical pharmacists for medication for addiction treatment (MAT) services in the Housing for Health mobile clinic.

DEFINITIONS:

Buprenorphine waived provider – Provider with the X-waiver to administer, dispense, and prescribe buprenorphine for opioid use disorder treatment.

Medications for addiction treatment (MAT) – Evidence-based medications used to treat substance use disorders, sustain recovery, and prevent overdose.

Mobile clinic unit – Individual mobile units that provide various health care services to persons experiencing homelessness

PROCEDURE:

I. Referrals

A. Providers in the MAT program may refer patients who meet the following criteria for consult by clinical pharmacists:

- i. ≥ 18 years old
- ii. Established diagnosis of substance use disorder
- iii. Baseline MAT labs and tests ordered by referring provider
- iv. Patient consent

At least one of the following:

- i. History of non-adherence to MAT
- ii. Polypharmacy with ≥ 5 medications
- iii. Special population (i.e. pregnancy, geriatric)
- iv. Conversion to a different MAT option

B. Referrals should be made through warm hand-off to clinical pharmacists whenever possible. At minimum, providers will communicate chief reason for referral to clinical pharmacists.

C. Providers requesting referral is responsible for patient's MAT until patient is seen or the clinical pharmacist reviews case.

EFFECTIVE DATE:

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

3/1/22
Ben Davis

- D. Priority shall be given to patients at higher risk for acute care utilization and/or medication safety concerns. Clinical pharmacists may decline consults from providers if they do not meet the referral criteria.

II. Services

- A. Clinical pharmacists will provide recommendations for patients' MAT to referring providers based on chart review and/or patient encounter.
- B. When possible and appropriate, clinical pharmacists will provide services correlating with current DHS-Approved Collaborative Practice Agreement.
 - i. Care shall be provided based on guidance from the following:
 - 1. DHS Expected Practices
 - 2. SAMHSA
 - 3. ASAM
 - ii. If providing medication management, clinical pharmacists will collaborate with mobile clinic unit staff to monitor patient's response to MAT, labs, and to adjust MAT in a timely manner.

III. Procedure for Opioid Use Disorder (OUD) Treatment with Buprenorphine

- A. Due to restrictions related to DATA 2000 and SUPPORT Act, clinical pharmacists will collaborate with a buprenorphine waived provider to initiate, modify, and discontinue formulations of buprenorphine indicated for OUD.
- B. Clinical pharmacists will assess patient's OUD to determine appropriate dose and formulation of buprenorphine treatment.
- C. If adjustment to dose, frequency, or formulation of buprenorphine is needed, clinical pharmacists will propose the adjusted prescription to the buprenorphine waived provider in ORCHID.
- D. The buprenorphine waived provider will co-sign the proposed buprenorphine prescription from the clinical pharmacists if they agree with the adjustment.

IV. Documentation

Patient encounters and interventions provided will be documented in ORCHID within 24 hours of the encounter.