

# Clinical Pharmacist Management of Opioid Use Disorder

Category: Oral Presentation

## Abstract Body

Treating patients with opioid use disorder (OUD) has become increasingly difficult, especially in outlying areas where addiction physicians are not available on-site to provide care. As there is not enough physicians to staff all sites, new and innovative methods are being developed to provide accessible care for these clients.

A pilot project has been initiated at Langley Memorial Hospital (LMH) in which a clinical pharmacist works with the most responsible physician (MRP) to provide guidance and care for opioid withdrawal management. The pharmacist identifies clients who may be in need of assistance and liaises with the MRP to initiate withdrawal management, assist with opioid agonist therapy (OAT) adjustments – including initiation, titration or dose changes for missed days, illness, etc.

The pharmacist also connects clients with the Fraser Health Authority Virtual Health Addiction Clinic (VHAC) for review by an addiction medicine physician if needed and facilitates these virtual appointments. The pharmacist is involved in discharge planning, ensuring continuation of OAT once client is discharged from the hospital, including accessing a discharge prescription and connecting clients with OAT providers in the community.

By providing on site care for opioid use disorder at Langley Memorial Hospital, it is hoped that we are engaging clients in their own care and giving them the opportunity to feel supported for all of their needs and allowing them to focus on the medical concerns that they are admitted to hospital with.

## Key Words

- Caring in Crisis
- Future
- Opiate Agonist Therapy
- Quality Improvement
- Rural

## Learning Objective # 1

To have a better understanding on how a clinical pharmacist can play a role in assisting with management of patients with opioid use disorder.

## Learning Objective # 2

To generate further thought on how other health professionals may help to treat opioid use disorder in areas with low physician coverage.

Reference # 1

n/a

Reference # 2

n/a

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