

**The Maine Pharmacist-Provider Task Force Update  
to the Maine Quality Counts (QC) Caring for ME Leadership Group**

March 14, 2018

Committee Members:

Amy Belisle, MD (Medical Director, Maine Quality Counts)  
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Kayla Cole (Program Manager, Caring for ME, Maine Quality Counts)  
Steve Diaz MD, FAAFP, FACEP (Maine General Chief Medical Officer)  
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Felicity Homsted, PharmD, BCPS (MSHP and PCHC Chief Pharmacy Officer)  
Alisa Hughes-Stricklett, PharmD, BCPS, BCGP (Maine Veteran's Affairs)  
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Izzy Rosen (Senator Angus King's Office and Healthcare Policy Team Member)  
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Gordon Smith, JD (Maine Medical Association)  
Rhonda Selvin, APRN (Maine Nurse Practitioner Association)  
Jason Tremblay, PharmD (Maine Board of Pharmacy and Maine Medical Center)  
Andrea Truncali, MD (Mercy Healthcare System)  
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Purpose:

The purpose of this group is to improve communication and collaboration between pharmacists and prescribers in Maine, because it will improve patient care and medication safety.

Goals:

1. Facilitate a smooth transition through the final implementation phase of Chapter 488, including the Identification of problems and subsequent solutions.
2. Improve communication and collaboration between Maine pharmacists and providers.
3. Foster and improve Maine pharmacist-prescriber relations to optimize and assure provision of holistic, team-based patient care.
4. Provide networking opportunities to grow connections between pharmacists and providers that might result in interprofessional research, education, or practice opportunities.

### Accomplishments

1. Held productive meetings monthly from July 2017 to March 2018 with funding from the Maine Attorney General's Office to Maine Quality Counts and the MMA under the Caring for ME Leadership Group. The current funding ends in April 2018.
  - a. Will continue to meet every other month going forward starting in May
2. Brought together pharmacists and providers from all over Maine, with various specialties, and in various practice settings. Member representation included the following:
  - a. Pharmacists: hospital pharmacy, community pharmacy, Veteran's Affairs pharmacy, ambulatory care pharmacy, academic pharmacy, pharmacy consultants, pharmacy organizational leaders, and Maine pharmacy organizations (MPA and MSHP)
  - b. Providers: hospital providers, internists, primary care providers, SUD providers, nurse practitioners, healthcare organization physician leaders, and Maine provider organizations (MMA and ACP)
3. Created an "Improving Naloxone Distribution in Maine" document
  - a. Compares and contrasts different types of naloxone in an organized chart including:
    - i. Dose, route, strength, storage, cost, MaineCare status, pros, cons, how to write the prescription and instructions
  - b. Identifies who should receive a take home naloxone prescription
  - c. Outlines best practices for Naloxone
  - d. Highlights community resources for obtaining naloxone
  - e. Provides naloxone information resources and information about overdose education
  - f. Addresses frequently asked questions about naloxone in Maine
4. Obtained additional funding for projects: Some members have met, collaborated, applied for, and been awarded a Community Pharmacy Foundation grant (Elizabeth Dragatsi, Felicity Homsted, Megan Gorman, and Stephanie Nichols) to help with Over the counter (OTC) contingencies in patients who are taking opioids
5. Have national representation from Senator Angus King's office (Edie Smith) to allow for 2-way communication with elected offices; recently invited Maine Senator Geoffrey Gratwick to represent Maine legislators

### Challenges

1. Length of time and uncertainty between passing of bill to allow pharmacists to initiate naloxone and signing the Board of Pharmacy (BOP) rules by the Governor

- a. Bill passed and rules drafted by summer 2017
  - b. Governor announced willingness to sign if changed to 21 years and older and new rules passed by BOP in February of 2018
  - c. Comes back to BOP meeting in April after 30 day public comment period, then goes to AG, then goes to the Secretary of State (SOS) to be adopted within 5 days after SOS approval.
  - d. Entire process should be complete by early to mid-summer
  - e. Pharmacists will have to obtain 2 CE credits to initiate naloxone therapy
    - i. First Maine naloxone CE program offered in April 2018 at the Maine Society of Health System Pharmacists meeting by Stephanie Nichols
2. Communication at the point of care level between pharmacists and providers is an ongoing challenge; Ideas to address include:
    - a. Implementing paging type system
    - b. Enhancing direct communication and cooperation between local pharmacists and providers via local and interprofessional educational programs and/or social functions
  3. Early uncertainty over Chapter 488 law and application of exemptions and e-prescribing waiver
    - a. Rich discussion centered on ironing out uncertainties and ongoing questions about the implementation of Chapter 488
      - i. Inconsistency with buprenorphine and methadone conversions in the PMP and how this relates to Chapter 488 rules. Which conversion factors apply?
      - ii. Uncertainty about out of state and international prescriptions for opioids
      - iii. Need for clarity around tramadol and buprenorphine phone scripts
      - iv. Who is monitoring exemptions and how should rejections be handled?
      - v. How do e-prescribing waivers work and who is responsible for assuring a waiver exists?
      - vi. What about e-prescribing for MAT? Does MAT over-ride chapter 488 if prescribing for both MAT and acute pain?
    - b. Helped clarify some uncertainties in the DHHS PMP FAQ sheet regarding Chapter 488
      - i. Tramadol's identity as an opioid, but not a C2 opioid
  4. Inconsistencies between pharmacy chain rules and state law requirements makes it even more challenging for providers to understand a new system. Pharmacies do this because they want to have one set of rules when practicing in multiple states with varying laws.
  5. Unable to get actively participating members from the Maine BOP or Maine BOLIM or from DHHS or other members that represent the state's interests

### Recommendations

1. This Task Force should continue to meet on a bi-monthly basis (six times yearly) with interested parties and continue to foster collaboration between pharmacists and providers.
2. This Task Force should continue to promote pharmacists for recognition of healthcare provider status in Maine to allow pharmacists to actively participate in the opioid epidemic on a state-wide level in accordance with the modern education of a pharmacist.
3. This Task Force should continue to support and develop pharmacist provided naloxone administration 2hr CE. The Task Force should continue to explore national educational

opportunities that can be promoted in the state. The Task Force should continue to look for funding to provide offerings through partnerships with Maine Quality Counts and the Schools of Pharmacy at UNE and Husson to explore the potential for offering joint CME and CPE.

4. This Task Force recommends that the State DHHS PMP Advisory Committee Resume meeting regularly to assure that all concerns are brought to the table and able to be addressed by appropriate stakeholders and leaders.

Respectfully submitted,

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Chair, Maine Pharmacist-Provider Task Force