



Buprenorphine Resource Initiative for Dispensing Guidance and Education

# Barriers and Facilitators of Buprenorphine Dispensing in Appalachian Kentucky: Key Messages from Community Pharmacy Focus Groups



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## BACKGROUND

- Buprenorphine is an evidence-based, life-saving treatment for opioid use disorder (OUD), but most people who could benefit from buprenorphine do not receive it.<sup>1</sup>
- Pharmacy-level barriers to buprenorphine are prevalent, with recent evidence suggesting that many pharmacies refuse to fill buprenorphine or limit access based on policy or stock availability.<sup>2-4</sup>
- Buprenorphine dispensing rates vary in Appalachian Kentucky counties, with an average of just 6.4 prescriptions per patient with OUD in 2021 and 2022.<sup>5</sup>

## OBJECTIVES

- Identify and describe facilitators and barriers to buprenorphine dispensing in community pharmacies in Appalachian Kentucky.
- Develop key messages focused on increasing buprenorphine dispensing, which will guide educational outreach to community pharmacies.

## METHODS

- Focus groups were scheduled in centralized locations across Appalachian Kentucky. Community pharmacists and pharmacy technicians practicing in nearby counties with both high and low buprenorphine dispensing rates were recruited for focus group participation.
- Focus group prompts elicited discussion of barriers and facilitators to buprenorphine dispensing.
- Focus group discussions were recorded, transcribed, and analyzed using a grounded theory approach.
- Academic detailing pharmacists utilized focus group analysis to develop key messages — behavior-change statements intended to close the gap between actual and ideal pharmacy practice related to buprenorphine.

## FOCUS GROUP RESULTS

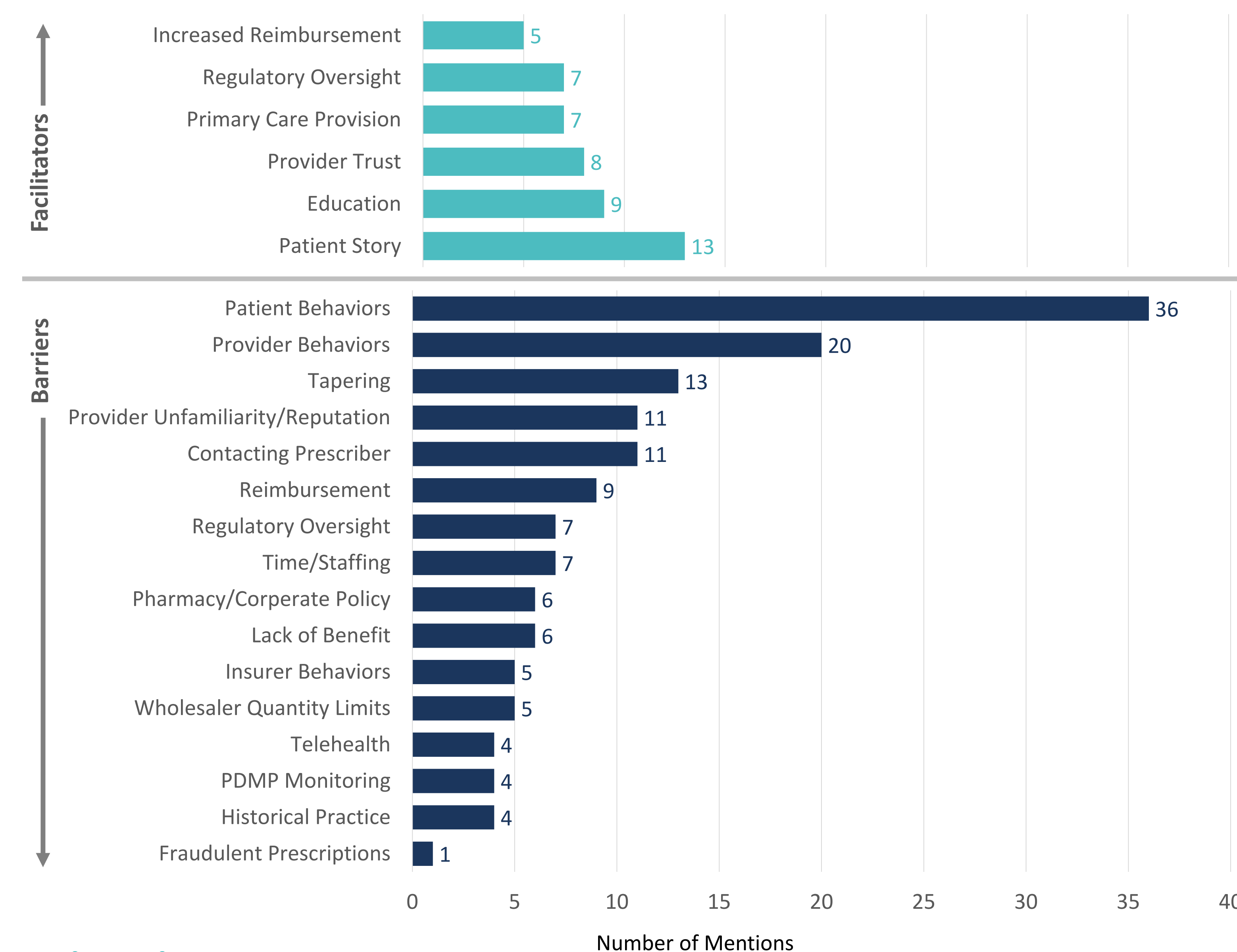
- Five focus groups were conducted, including four in-person sessions and one via video conference.
- Focus groups included pharmacists and technicians representing both chain and independent pharmacies.
- Most focus group participants stated that their pharmacies dispense buprenorphine to treat OUD.

Table 1. Demographic Information

	n (%)
Overall	19 (100.0)
Practice Setting	
Chain	5 (26.3)
Independent	13 (68.4)
Position	
Pharmacist	11 (57.9)
Technician	8 (42.1)
Do you dispense buprenorphine?	
Yes	18 (94.7)
No	1 (5.3)

## FOCUS GROUP RESULTS

Figure 1. Barriers and facilitators to buprenorphine dispensing among participating Appalachian pharmacies in Kentucky identified via thematic analysis of focus group transcripts



*“Patients would not pick up Suboxone if it was not their preferred flavor or manufacturer. ... To the point that they would cuss us out saying, ‘You’re supposed to special order this for me,’ things like that.*

*Some of the interactions with patients are very profound. Like there’s always a father comes with his daughter and ... I just always admire it, that he’s trying.*

*It’s really like you question yourself as a healthcare provider, is it really helping? What are we doing?*

*Sometimes they all come in a group of patients, and they are always in a hurry, and, like, what’s going on? And you know, sometimes you really question and wonder, are they legit?*

*It’s difficult for me to see these fly-by-night clinics. They pop up and they’re one day a week from noon until 4:00 PM, and as you drive by you see the people move throughout the process, seemingly like cattle from room to room.*

*I think that being on maintenance doses of opiates, of maintenance buprenorphine, is not the designed and the intended purpose of this. I am very limited on the number of people I know of ... that have went from taking it to not taking any opiates.*

## KEY MESSAGE RESULTS

- Manage OUD as a treatable, chronic condition that often requires long-term maintenance therapy
- Support individualized treatment goals for each patient’s journey to OUD remission and recovery
- Navigate buprenorphine 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 OUD

## DISCUSSION

- Participants repeatedly reported patient and provider behaviors as barriers to dispensing buprenorphine. Behavior-related concerns led pharmacists to question the legal and clinical appropriateness of prescriptions.
- Pharmacy personnel need (and want) up-to-date education related to the chronic nature of OUD, the need for individualized treatment goals, and the benefits of long-term treatment with buprenorphine.
- Patient stories related to OUD remission and recovery and education about OUD treatment practices were key facilitators for focus group participants. Success stories, although rare, were described as powerful and inspiring.
- Participants expressed ambivalence about buprenorphine, with a desire to help patients but concerns about long-term outcomes, regulatory requirements, and risk related to dispensing. Key message delivery should address this ambivalence.

## NEXT STEPS

- These findings informed the development of Pharmacist-to-Pharmacist Buprenorphine Resource Initiative for Dispensing Guidance and Education (P2P BRIDGE), a pharmacist-delivered peer educational intervention based on the principles of academic detailing.
- P2P BRIDGE aims to mitigate dispensing barriers and facilitate access to buprenorphine in 23 Appalachian counties with low dispensing rates.
- Key message delivery will include visits to community pharmacies, printed continuing education (CE) activities, and live and on-demand CE webinars.

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