Twitter Thread by Dan Arendt Pharm.D., BCPS (he/him)



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@ArendtDr

I see why they started it, but I worry it could cause a lot more harm then good.

There are instances where someone might get a script for a new pt from a new provider and have no background on either of them. That's typically what it looks like with diversion

@RachaelHorning But I think the frequency of diversion like that where a doc is knowingly overprescribing for illicit reasons is less common than

I think this is going back towards having pharmacists act as the police of a script without the tools necessary to do that

@RachaelHorning We know how to ensure that a script is appropriate and right for that patient (regardless of med). But community pharmacists aren't given adequate access to medical records to truly do the assessments they were trained to do

@RachaelHorning So the idea that pharmacists need to be a gatekeeper to opioids when they don't have the proper access to records that would allow them to actually identify clear issues of diversion easily and easily recognize others as appropriate isn't there

@RachaelHorning I just hate the "pharmacists are gatekeepers" idea

We are not, or at least not supposed to be. The idea that we are somehow to know that a patient is in pain or not (something subjective that we can't see) and then if we give an Rx that wasn't appropriate we can lose our license

@RachaelHorning That to me makes pharmacists nervous about all scripts for opioids because it isn't clear in the slightest, yet they can be punished heavily.

It doesn't make sense. Pharmacists are here to be there for patients and support them, yet this make them worry that they're being duped

@RachaelHorning And no healthcare relationship is effective if the provider is always double check to see if they're being duped and has to be overly skeptical of their patient.

Prevents them from being able to properly listen and evaluate the patient and help them

@RachaelHorning This is compounded by the fact that out of any patients I've seen, the ones that need the most time, empathy, compassion and understanding are our pain patients.

But because of this undue pressure, they tend to get the least of any of those.

@RachaelHorning So they get treated like criminals because providers are worried that they are criminals trying to dupe them?

Why? Because of too much overreach putting immense pressure on providers to be gatekeepers and dea agents instead of just being pharmacists and physicians

@RachaelHorning So I get how this would be helpful. Those new patients with new providers could be identified.

But this is again supporting that overarching idea of gatekeeping meds which I don't support.

We are there to ensure people are kept safe and treated properly, not gatekeep meds

@RachaelHorning Idk if that really answers your ?

I see the purpose it serves to fill, it's not intended to just be slander for pain docs. It's intentions I believe are good.

But I worry about it not being used as it is intended. It will likely hurt pain patients more that it helps others.

@RachaelHorning So those are my initial thoughts and my rant.

Pharmacists are investigators, we aren't detectives. Others may want us to be, but we didn't train for that

We were trained to keep people safe and healthy and treat their diseases or conditions

We can't others agenda's change that