Increasing Naloxone Co-prescription Among Patients at Risk for Prescription Opioid Overdose in a Rural Family Medicine Clinic

Sean Mortenson¹, Jensena Carlson MD², Jeffrey Berry MD², Anna Helwig RN²

¹ University of Wisconsin School of Medicine and Public Health, WI, USA.
² UW Health Belleville Family Medicine Clinic, Belleville, WI, USA.

Background

- In 2017, there were 362 deaths involving prescription opioids in Wisconsin -- a 30% increase from 2012 -- despite an opioid prescribing rate among the lowest in the country¹.
- Naloxone saves lives by reversing the effects of opioid drugs, restoring normal respiration².
- Co-prescribing naloxone to patients on chronic opioid therapy reduces opioid-related ED visits³ and overdose mortality⁴.

Figure 1. Wisconsin rate of overdose deaths involving prescription opioids and the opioid prescribing rate. Source: CDC and CDC WONDER.

Objective

- Increase naloxone co-prescription among patients at risk for prescription opioid overdose, with a focus on three at-risk patient cohorts identified by CDC guidelines⁵.
  - Higher opioid dosage (≥ 50 MEDD)
  - Concurrent benzodiazepine use
  - History of substance abuse disorder (MAT)

Methods

- Exploring barriers to naloxone co-prescription
  - Literature review
  - Interviews with clinic staff
  - Analysis of patient registries
  - Chart review
- Three-part quality improvement initiative
  - Pre-visit interventions
  - Provider education and training
  - Patient education and training

Results

- Naloxone co-prescription increase from baseline of 49% to 75% (May-Sep 19)
  - 12 new naloxone prescriptions:
    - Higher opioid dosage (5)
    - Concurrent benzodiazepine use (6)
    - History of substance abuse (1)
- Ongoing efforts to taper and/or transition patients off of chronic opioid therapy (where appropriate) reduced the patient population for whom naloxone co-prescription was considered -- complementary goal

Figure 2. Naloxone co-prescription among at-risk patient cohorts seen at UW Health Belleville Family Medicine Clinic (May-Aug 19).

Exploring barriers to naloxone co-prescription

- Provider concerns⁶
  - Lacking knowledge to prescribe (e.g., dose, administration, safety, etc.)
  - Identifying at-risk patients
  - Educating patients
  - Fear of offending patients
  - Fear of appearing to condone opioid misuse
  - Liability
- Patient concerns⁷
  - Cost (insurance coverage, co-pays, etc.)
  - Stigma, feeling judged, negative perceptions
  - “...it won’t happen to me…”
  - Increased risk-taking

Exploring barriers to naloxone co-prescription

- Provider concerns⁶
  - Lacking knowledge to prescribe (e.g., dose, administration, safety, etc.)
  - Identifying at-risk patients
  - Educating patients
  - Fear of offending patients
  - Fear of appearing to condone opioid misuse
  - Liability
- Patient concerns⁷
  - Cost (insurance coverage, co-pays, etc.)
  - Stigma, feeling judged, negative perceptions
  - “...it won’t happen to me…”
  - Increased risk-taking

Results

- Naloxone co-prescription increase from baseline of 49% to 75% (May-Sep 19)
  - 12 new naloxone prescriptions:
    - Higher opioid dosage (5)
    - Concurrent benzodiazepine use (6)
    - History of substance abuse (1)
- Ongoing efforts to taper and/or transition patients off of chronic opioid therapy (where appropriate) reduced the patient population for whom naloxone co-prescription was considered -- complementary goal

Figure 3. Quality improvement results by at-risk patient cohort (May-Aug 19).

Conclusion

- Strategies cited in literature to increase naloxone co-prescription among patients at risk for prescription opioid overdose in urban and suburban primary care settings also work in rural primary care settings

References

6. UW Health Family Medicine Clinic Providers and Staff. 5-Why’s Exercise on Barriers to Naloxone Co-prescription. 2019 May.