

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

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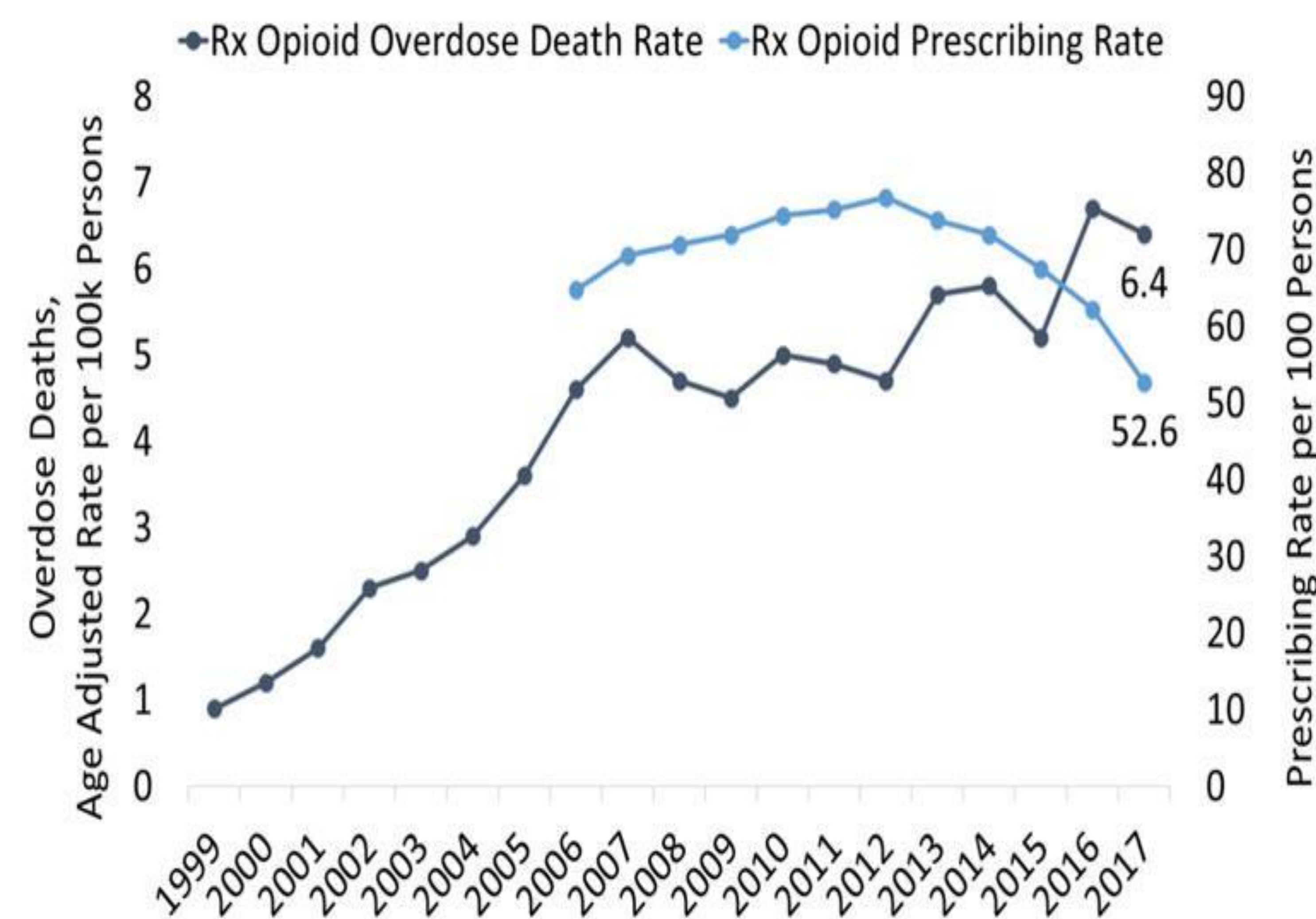
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Background

- ❑ 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 guidelines⁷:
 - Higher opioid dosage (≥ 50 MEDD)
 - Concurrent benzodiazepine use
 - History of substance abuse disorder (MAT)

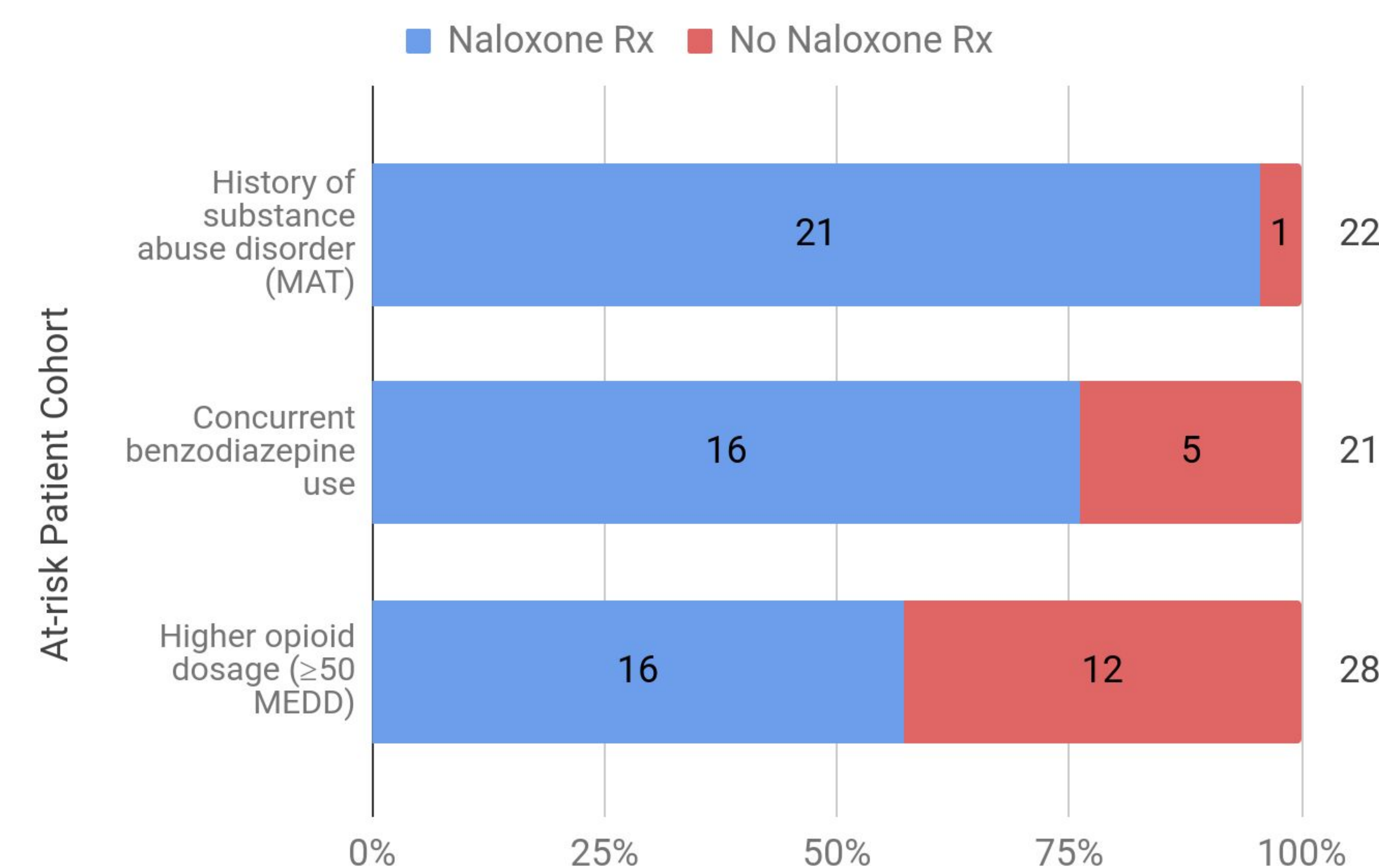
Methods

- ❑ 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

Table 1. Naloxone co-prescription among at-risk patient cohorts seen at UW Health Belleville Family Medicine Clinic (May-Aug 19).

	Naloxone Rx	No Naloxone Rx	Total	Naloxone Co-prescription Rate
Total at-risk patients	53	18	71	74.65%
History of substance abuse disorder (MAT)	21	1	22	95.45%
Concurrent benzodiazepine use	16	5	21	76.19%
Higher opioid dosage (≥ 50 MEDD)	16	12	28	57.14%

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



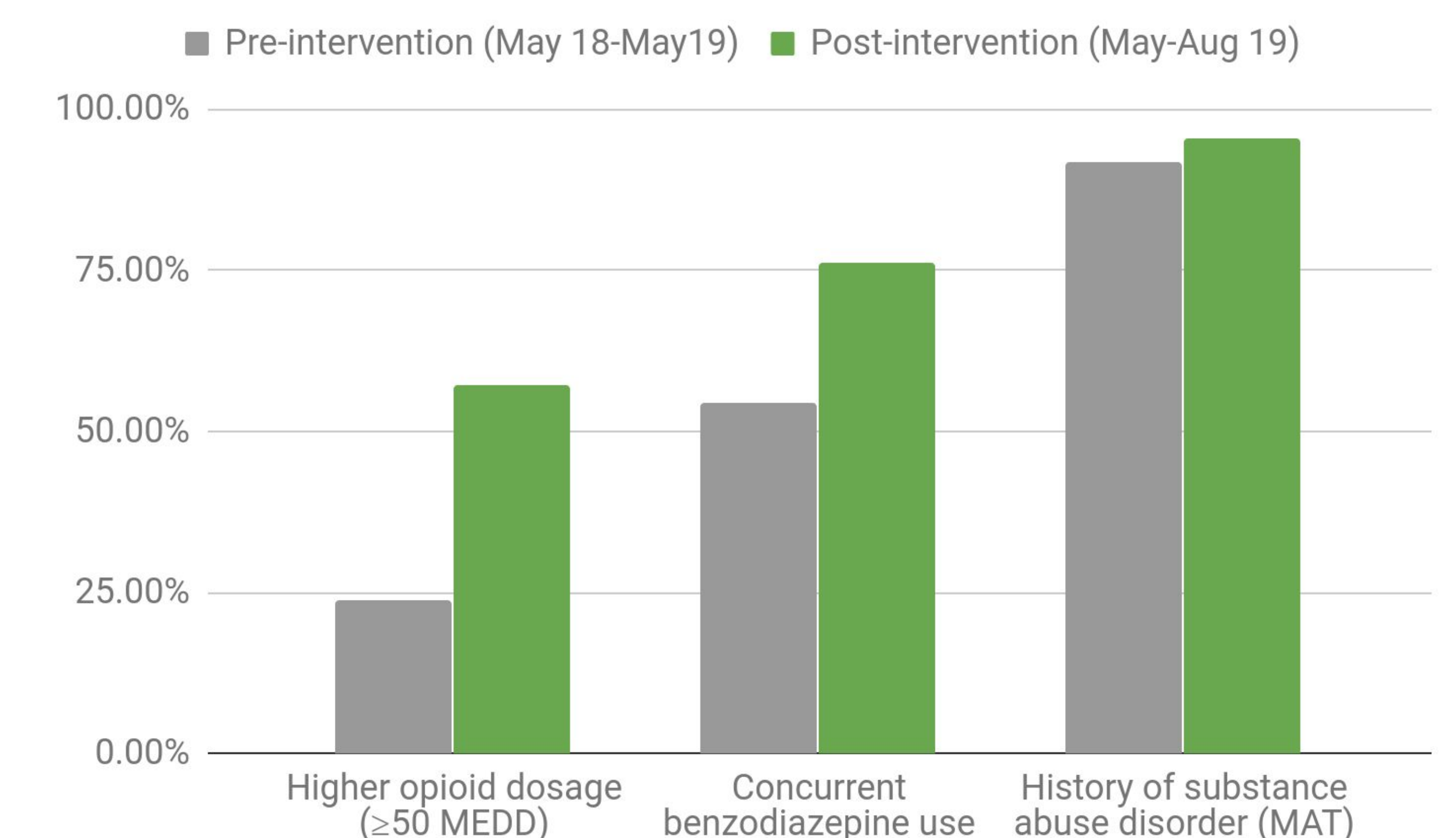
Exploring barriers to naloxone co-prescription

- ❑ Provider concerns^{5, 6}
 - Lacking knowledge to prescribe (eg dose, administration, safety, etc.)
 - Identifying at-risk patients
 - Educating patients
 - Fear of offending patients
 - Fear of appearing to condone opioid misuse
 - Liability
- ❑ Patient concerns⁵
 - 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

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4. McDonald R, Strang J. Are Take-home Naloxone Programmes Effective? A Systematic Review Using Application of the Bradford-Hill Criteria. *Addiction* 2016 Jul; 111(7): 1177-87. doi: 10.1111/add.13326.
5. Behar E, Bagnulo R, Coffin P. Acceptability and Feasibility of Naloxone Prescribing in Primary Care Settings: A Systematic Review. *Journal of Preventative Medicine* 2018 Sep; 114: 79-87.
6. UW Health Family Medicine Clinic Providers and Staff. 5-Why's Exercise on Barriers to Naloxone Co-prescription. 2019 May.
7. Centers for Disease Control (2016). Guideline for Prescribing Opioids for Chronic Pain.