Increasing Preventative Naloxone Distribution for Patients Receiving Prescription Opioids

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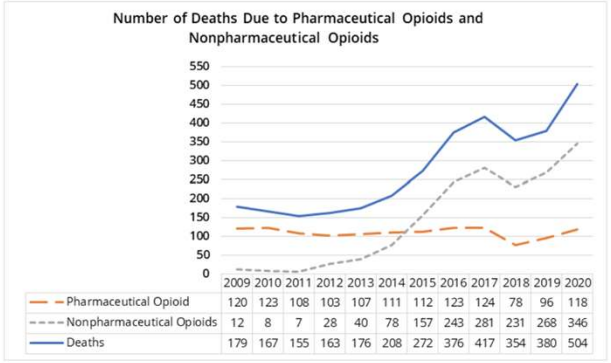
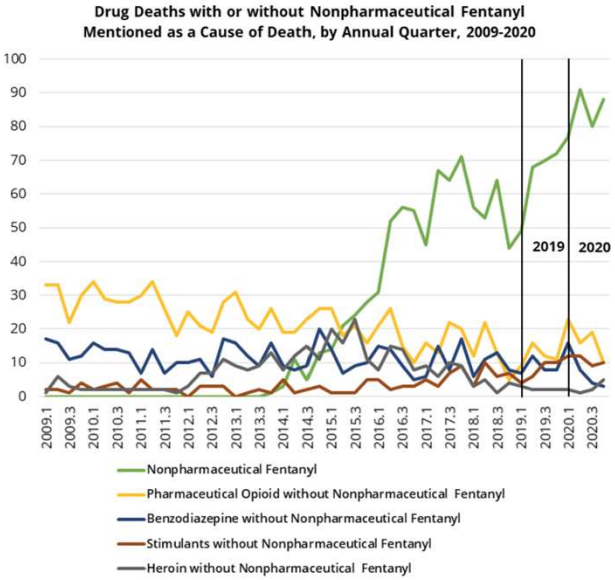
Problem Identification

- The opioid epidemic is a well-known crisis across the nation, and currently the CDC estimates more than 1000 emergency department visits daily are related to the misuse of opioids. Moreover, about 91 opioid overdose deaths occur every day.[4]
- In the state of Maine, despite numerous public health initiatives, opioid deaths continue to rise every year. In patients who do not use nonpharmaceutical opioids, accidental overdose is still a major cause of mortality. In fact, of the 118 deaths among this population in 2020, 102 (86%) were of accidental manner.[2]
- Additionally, from 2019 to 2021, accidental drug overdose deaths in children aged 10–19 rose by 109%, with opioids being a common factor.[5]
- So, the question remains, why are so many individuals who do not use nonpharmaceutical opioids dying from accidental overdoses? Recent studies have shown that in office-based settings, while 10.67 per 100 visits included one or more opioid prescriptions, only 1 per 100 visits included naloxone as a co-prescription.[1]
- In summation, despite the obvious impacts of the opioid epidemic, clinics across the country continue to use opioid medications per recommendations but fail to provide patients with Naloxone co-prescriptions and appropriate education.
- **AHEC Focus Areas: current and emerging health issues, medical practice transformation.**





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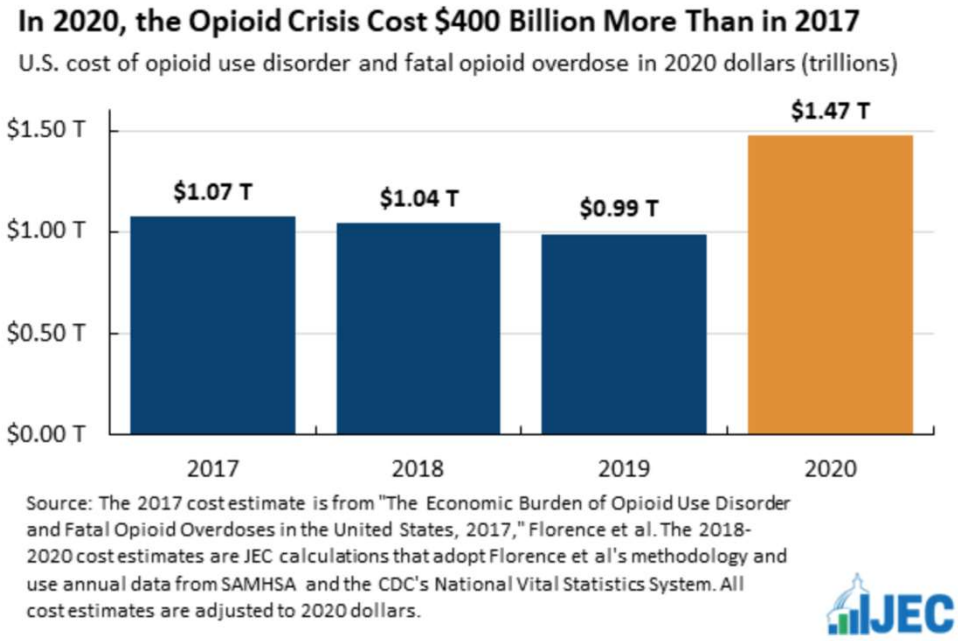
Public Health Costs

- The Joint Economic Committee estimates that the opioid epidemic has cost the United States nearly $1.5 trillion in 2020 alone—up 37% from 2017, when the CDC last measured the cost.[6]
- Studies have estimated the total cost of the opioid epidemic to be $6.8 billion in 2017 in Maine. Additionally, Maine has one of the highest estimated per capita costs in the country.[3]
- In addition to the financial costs, it is important to remember the immense loss of life associated with the opioid epidemic, and the fact that **many of these deaths are preventable with education and Naloxone distribution.**



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Community Perspective

- “One of the **leading causes of death** in children in Maine is accidental prescription drug ingestion and overdose.” – Bronte Roberts during a discussion regarding the value of providing Narcan and education to any patient prescribed opioid medications.
- “Giving out Naloxone in the clinical setting is something we strive to do, but it can easily be overlooked when patients have many different complaints they would like addressed.” - Dr. Emily Hill

Intervention and Methodology

1. A literature search and interviews with community members were completed to assess community needs.
2. Had multiple discussions with intensive outpatient substance use disorder specialists, Family Medicine Residents, and Behavioral Health Counselors regarding potential areas of improvement in addressing the opioid epidemic.
3. Learned and worked on altering existing clinic workflow policies to facilitate easy access to Narcan for providers to give to patients in the moment without a significant time burden.
4. Hosted a didactic session on the updated workflow policy and the importance of Narcan distribution to patients both with and without opioid use disorder.
5. Had to submit multiple posters to Clinic Business management for approval. One poster was made for patient facing rooms while another is for provider specific areas. These educational displays were then placed in the Family Medicine Residency waiting room and in provider charting areas.

Results

Left: Posted in **provider** charting areas.

Right: Posted in **patient** facing areas.

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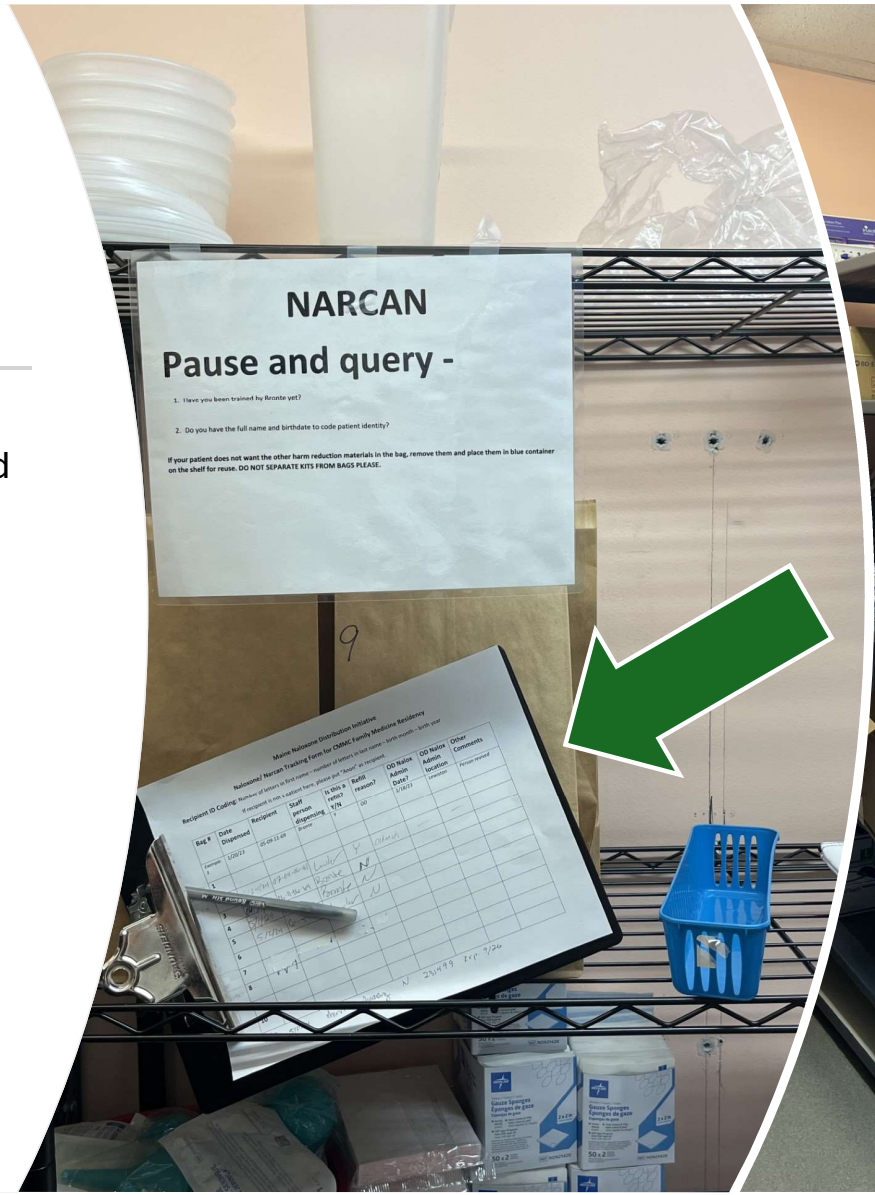
Results Continued

- Left: Image of documentation required by **Maine Naloxone Distribution Initiative (MNDI).**
- Right: Overall image of patient ‘gift bags’ which include various items including **Naloxone.**



Effectiveness and Limitations

- **Evaluation of effectiveness:**
  - Non-identifying sign out sheets are required by MNDI (Maine Naloxone Distribution Initiative) and the 1000 lives campaigns (organizations who provide the free naloxone) and distribution numbers are already tracked by Bronte Roberts.
  - Continued evaluation of the provided provider education and both patient and provider facing materials will be evaluated via continued tracking of Naloxone distribution.

- **Limitations**
  - Limited time for providers to address additional concerns during busy days.
    - While the process is very efficient, the clinic is a residency program that can be overwhelmed quickly. The 5 minutes it takes to acquire the Narcan and to provide appropriate counselling may cause scheduling concerns.
  - No current way to track free Naloxone distribution in the charting software.
    - This means that providers must constantly ask about Naloxone in the home. This may result in more patients simply not having this need addressed.

Recommendations for Future Interventions

- Implementing a **charting tool** that will indicate to providers whether patients with prescribed opiates have ever been provided or prescribed Naloxone.
- Allow **other providers** (MAs, Behavioral Health Counselors, etc.) to also access the Naloxone and to screen for opioid prescriptions.
- Having **annual education** regarding Naloxone that also focuses on the risks of accidental overdose among children and those taking the medications as prescribed.

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