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U.S. Department
of Veterans Affairs

Examining the Impact of Follow-up Visits: Naloxone-related Academic Detailing for Clinicians at the U.S. Veterans Health Administration

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DISCLOSURES AND DISCLAIMERS

The author has no relevant financial or nonfinancial relationships to disclose. During the development, analysis, and preparation of this presentation, the author was an employee of the US Veterans Health Administration, Department of Veterans Affairs.

The views and opinions expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of any agency of the US government. Assumptions made within the analysis are not reflective of the position of any US government entity.

What mode of communication do you use most frequently for academic detailing (in person, virtual, instant message, phone, etc.)?

What mode of communication do you prefer for academic detailing (in person, virtual, instant message, phone, etc.)?



BACKGROUND (1)

Academic detailing has been integral in providing vital outreach to providers at the U.S. Veterans Health Administration (VHA).

Reports of VA academic detailing describe:

- **increases** in naloxone prescribing to veterans at-risk for opioid overdose
- **reductions** in high-dose opioid prescribing
- **reductions** in opioid-benzodiazepine prescribing.

However, these reports do not describe the types of follow-up academic detailing visits VHA providers received.



BACKGROUND (2)

Providers who received an in-person visit may receive a follow-up visit via:

- **phone**
- **instant message**
- **virtual detailing**

Additionally, we do not know the number of providers who received a follow-up visit nor the average time between the first visit and the next visit.

Therefore, we sought to perform an exploratory analysis of the types of follow-up visits VHA providers received.



In-Person



Instant messaging



Telephone



**Face-to-face via video /
VVC**



PBM ACADEMIC DETAILING SERVICE OEND MATERIALS

Academic Detailing Services - Opioid Overdose Education & Naloxone Distribution (OEND)

The VA OEND Program aims to reduce harm and risk of life-threatening opioid-related overdose and deaths among Veterans. Key components of the OEND program include education and training regarding opioid overdose prevention, recognition of opioid overdose, opioid overdose rescue response, and issuing naloxone kits. VA Academic Detailing Service has worked with the Office of Mental Health and Suicide Prevention (OMHSP) to produce patient education brochures for overdose prevention, overdose recognition, and instructional guides for the naloxone products.

How to get Naloxone

- If you or a family member uses opioids, you should have naloxone on hand.
- If you're a Veteran who uses opioids, ask your VA provider about prescribing you naloxone, which is provided **free**.
- If you are not enrolled in VHA care, or if you're a family member or friend of a Veteran who is interested in getting naloxone, talk to a local pharmacist, health department, or community group. Many can provide naloxone without a prescription, though there may be a fee in some states.

VA Rapid Naloxone

The VA Rapid Naloxone Initiative aims to prevent opioid overdose deaths among Veterans through 3 elements: (1) Opioid Overdose Education and Naloxone Distribution (OEND) to VHA patients at-risk for opioid overdose, (2) VA Police Naloxone, and (3) select Automated External Defibrillator (AED) Cabinet Naloxone. The VA Rapid Naloxone Initiative is just one part of VA's multi-faceted national strategy to address the opioid epidemic.

Additional Related VA Resources:

- To learn more about VA substance use disorder treatment, [click here](#).
- To learn more about VA pain management programs, [click here](#).
- To learn more about VA Whole Health, [click here](#).

Opioid Overdose Education and Naloxone Distribution Materials for Providers

- [OEND Fact Sheet](#)

Opioid Overdose Education and Naloxone Distribution Materials for Patients

- Naloxone instructions
 - [Naloxone nasal spray instructions](#)
- Brochures
 - [Direct-to-Consumer Patient - Brochure](#)
 - [Opioid Safety for Patients with Substance Use Disorder - Brochure](#)
 - [Opioid Safety for Patients with Substance Use Disorder - Brochure \(in Spanish\)](#)
 - [Opioid Safety Brochure – A Quick Reference Guide](#)
 - [Opioid Safety for Patients on Opioids - Brochure](#)
 - [Opioid Safety for Patients on Opioids - Brochure \(in Spanish\)](#)

Toolkits:

- [VA Police Toolkit - Equipping VA Police Services with Intranasal Naloxone](#)
- [AED Naloxone Toolkit - AED Cabinet Naloxone Program](#)



PBM ACADEMIC DETAILING SERVICE OEND MATERIALS

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Opioid Overdose Education and Naloxone Distribution (OEND) Program

Quick Reference Fact Sheet

What is OEND?

The VA OEND Program aims to reduce harm and risk of life-threatening opioid-related overdose and deaths among Veterans. Key components of the OEND program include education and training regarding opioid overdose prevention, recognition of opioid overdose, opioid overdose rescue response, and issuing naloxone products.

What is Naloxone?

Naloxone is a medication intended for **reversing** a life-threatening opioid overdose. Naloxone has no other effects and cannot be used to get high.

What puts people at risk of overdose?

- Loss of tolerance to opioids
- Mixing opioids with other depressant drugs or alcohol
- Poor or compromised physical health
- Variation in strength and content of drugs

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PBM Academic Detailing Service

My Pain Medication: Am I at Risk for an Accidental Drug Poisoning?

Patient Education Brochure

Do you know what's **true** and **false**
about opioids (examples: prescription
pain medications, heroin)?

Please read this important information
if you are taking any of the following:

- Hydrocodone
- Oxycodone
- Morphine
- Fentanyl
- Methadone
- Codeine
- Tramadol
- Oxymorphone
- Hydromorphone
- Heroin

VA Academic
SDI
Detailing Service
Real Provider Resources
Real Patient Results

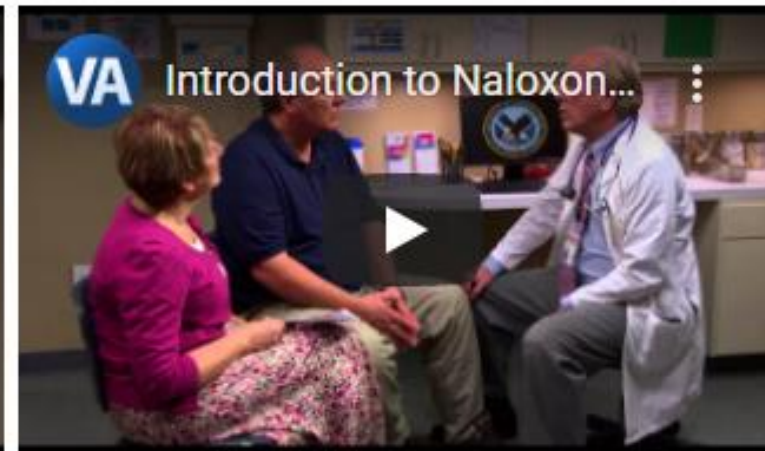


PBM ACADEMIC DETAILING SERVICE OEND MATERIALS

Opioid Overdose Education and Naloxone Distribution Videos:



This video demonstrates how to introduce the topic of naloxone to people with opioid use disorders.



This video demonstrates how to introduce the topic of naloxone to people taking prescribed opioids.



This video demonstrates how to train people on how to use naloxone nasal spray.



This video demonstrates how to train people on how to use VA Intramuscular Naloxone kits.

[Link to PBM
Academic Detailing
OEND Educational Tools](#)



DESIGN / INTERVENTION

- A **retrospective cohort design** was used to describe follow-up visits among providers who received naloxone-related academic detailing for the first time.
- Providers who received a **naloxone-specific academic detailing visit for the first time** between November 1, 2014 to May 31, 2020 were included for analysis.
- A **closed cohort of providers** was used to **reduce bias** associated with new providers entering VHA or providers leaving VHA during the study time period.
- **Initial academic detailing visit** was categorized as in-person, phone, instant message (e.g., Teams), and virtual academic detailing (e.g., *face-to-face video or other video platforms*).
- **Follow-up visits** were similarly categorized. Modes of communication included in-person, instant message (e.g., *Teams*), phone, and virtual (e.g., *face-to-face video or other video platforms*).



RESULTS (1)

A total of **3,257** providers met inclusion and exclusion criteria.

Follow-up visits were reported for **2,033** providers (62.4%).

Table 1. Number of visits for the first and second academic detailing mode of communication.

Mode of communication	Initial Visit		Follow-up visit*	
	N	%	N	%
In-Person	2575	79.06%	1297	63.80%
Virtual (video)	144	4.42%	177	8.71%
Instant messaging	249	7.65%	319	15.69%
Phone	289	8.87%	240	11.81%
Total	3257	100.00%	2033	100.00%

* 1,224 providers did not have follow-up visits within 12-month follow-up period



RESULTS (2)

The average days between first and follow-up naloxone-related visits was **293** (SD, 331) days.

Most initial academic detailing visits with a follow-up occurred **270** days afterwards.

Table 3. Categorize follow-up groups by days of visit.

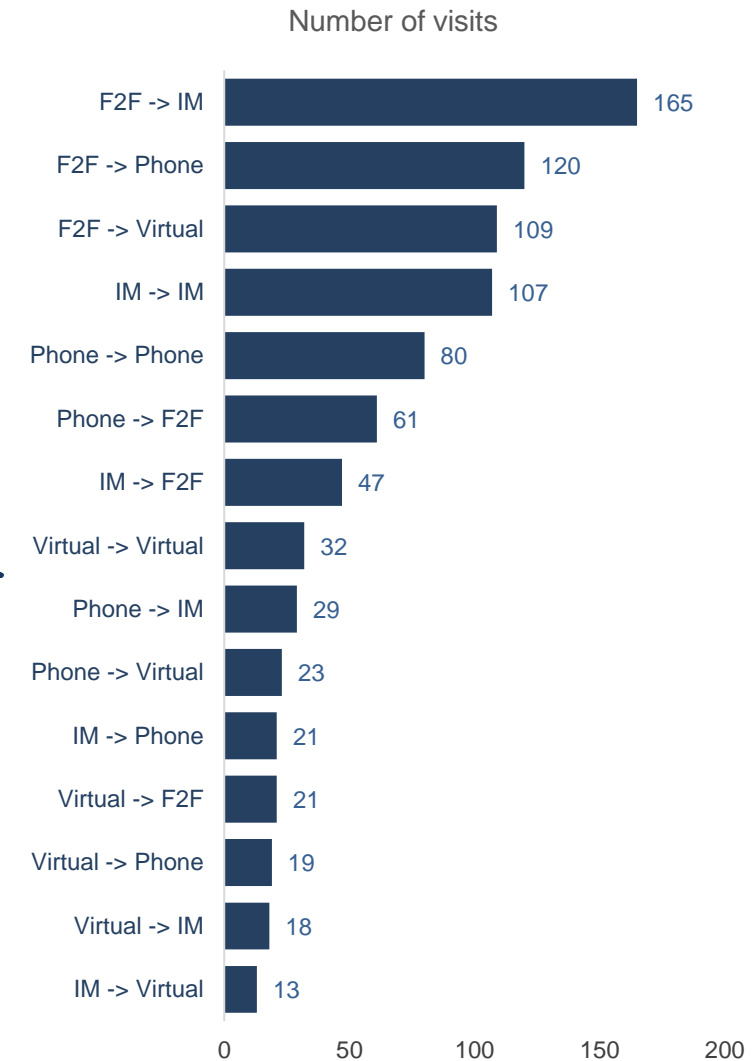
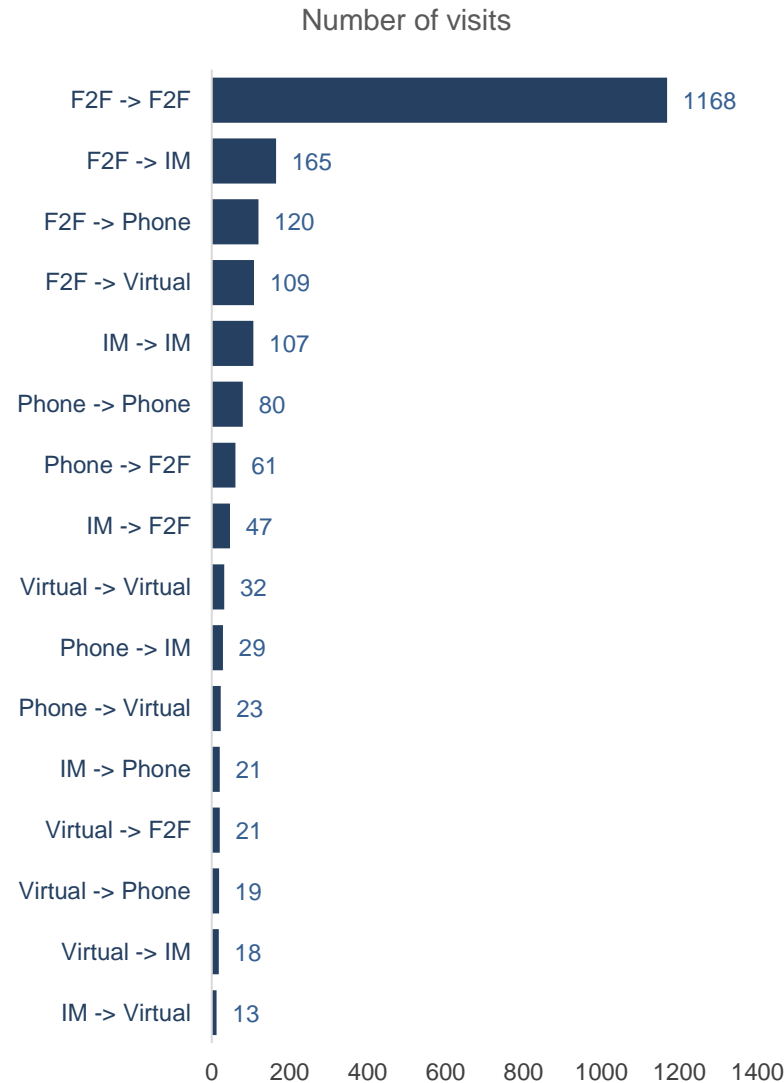
Days to follow-up	N	%
No follow-up	1224	37.58%
0 to < 30 days	397	12.19%
30 to < 90 days	318	9.76%
90 to < 150 days	227	6.97%
150 to < 210 days	172	5.28%
210 to < 270 days	146	4.48%
270 + days	773	23.73%
Total	3257	100.00%



RESULTS (3)

The top **three** common sequences were:

- **In-person to In-person** ($N = 1168$; 35.7%)
- **In-person to Instant Message** ($N=165$; 5.1%)
- **In-person to Phone** ($N=120$; 3.7%)





RESULTS (4) AVERAGE CHANGE IN NALOXONE RX PER MONTH

Table 4. Average naloxone rate change grouped by sequence of visits.

Sequence category	N	Average increase (naloxone per month)	SD	P-value
F2F -> F2F	1,168	2.83	16.75	<0.001
F2F -> Virtual	109	3.39	13.4	0.010
F2F -> IM	165	2.91	6.17	<0.001
F2F -> Phone	120	4.18	18.47	0.015
Virtual -> F2F	21	4.96	29.02	0.443
Virtual -> Virtual	32	2.97	8.89	0.068
Virtual -> IM	18	2.65	8.6	0.208
Virtual -> Phone	19	-7.53	33.67	0.343
IM -> F2F	47	5.92	23.61	0.093
IM -> Virtual	13	2.75	2.96	0.006
IM -> IM	107	6.81	28.59	0.015
IM -> Phone	21	24.89	86.05	0.200
Phone -> F2F	61	1.83	9.86	0.153
Phone -> Virtual	23	1.45	3.48	0.059
Phone -> IM	29	4.6	12.09	0.050
Phone -> Phone	80	5.26	29.58	0.116
Total	3,257	2.61	16.76	<0.001



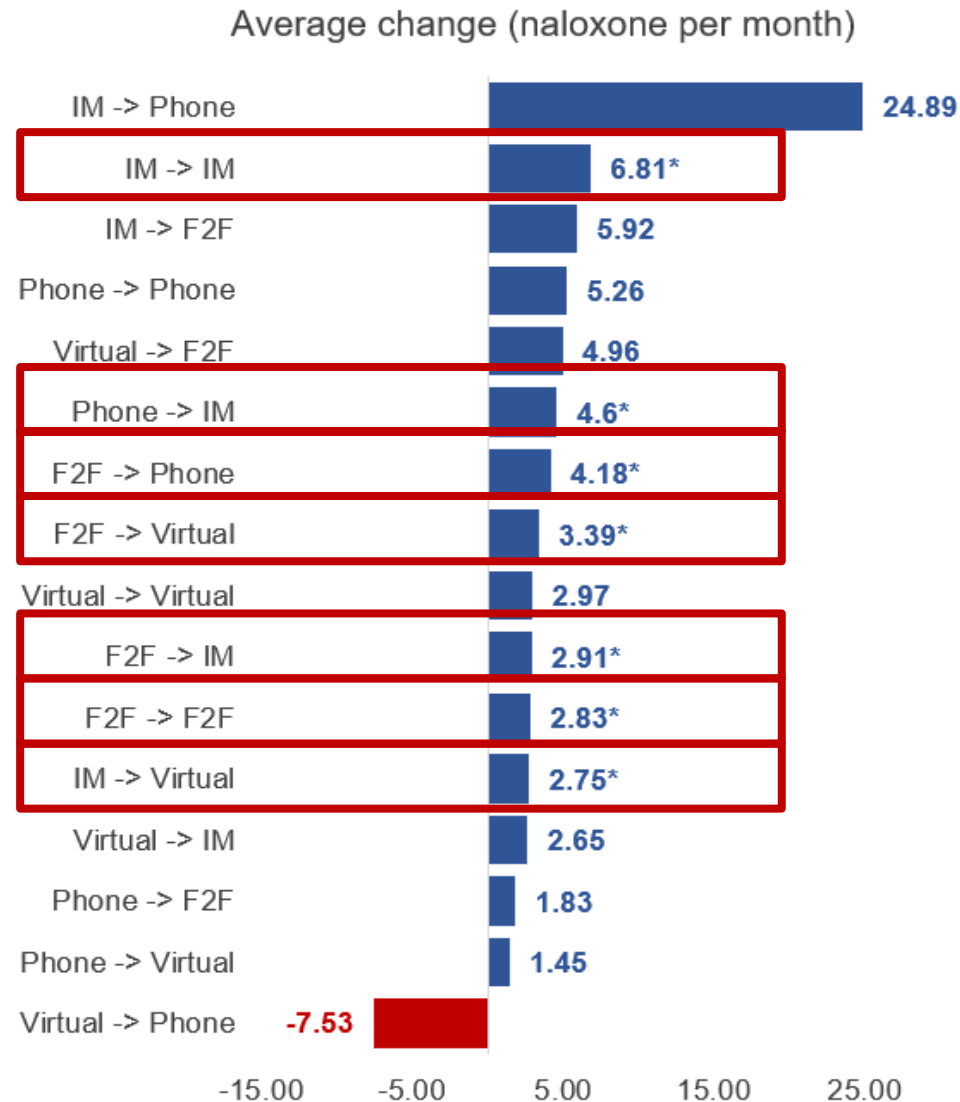
RESULTS (5) AVERAGE CHANGE IN NALOXONE RX PER MONTH

Why are we observing these patterns?

IM visits may be an indication of something that is associated with increased naloxone prescribing

Examples include mass-mailers or prior relationships and rapport

Virtual academic detailing was implemented in 2018 by pilot regions; nation-wide adoption occurred a year later (*may not have enough data*)





CONCLUSIONS

- We reported that **62.4% of providers** who received naloxone-related academic detailing **received a follow-up visit**.
- Currently, **we have not identified the optimal time** between the initial and follow-up visits; the average days between visits was longer than anticipated based on what our centralized training suggests in closing plans for an educational outreach
- It is **unclear whether the gap** in follow-up visit **impacted naloxone prescribing**.
- Moreover, there are **many factors associated** with whether providers receive a follow-up visit, which should be investigated (*e.g., IM visits*)
- **Small sample size** likely means type II error; **need to increase sample size** to detect meaningful differences.
- Difficult to make any conclusions; it is **necessary to continue monitoring** academic detailing follow-up visits in future analysis.



ACKNOWLEDGMENTS

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We also thank our academic detailers and their support staff for continually performing their duty despite all the challenges of implementation. Without them, academic detailing wouldn't have as great of an impact as it does on veterans' healthcare.

Finally, we thank our veterans and uniformed services for their duty and sacrifice without which we wouldn't have our freedoms and liberties.