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Academic Detailing to Reduce Opioid Overuse Plenary, moderator

Some preliminary thoughts…

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Disclosures

NIDA R01 DA03425201 "Implementing Opioid Risk Reduction Strategies into Primary Care Practice."

The Opioid Epidemic

- In 2014, 10.3 million persons reported using prescription opioids for non-medical reasons (i.e. using medications that were not prescribed for them or were taken only for the experience that they caused).

- Deaths from drug poisoning, dominated by prescription opioids, have overtaken motor vehicle crashes as the top cause of injury death nationally

"Methadone Mile"

- "The heart of the MA opioid crisis"
- "Open air drug market"

Evidence base for Academic Detailing

- 2007 Cochrane Review: Educational outreach visits (EOVs) to change health care professional care for patients
- EOVs alone or when combined with other interventions have effects on prescribing that are relatively consistent and small, but potentially important.
- *How do today's studies add to the evidence base?*

Questions about academic detailing

- What is the necessary intensity of academic detailing?
  - How many visits?
- Who should receive it?
  - Providers, patients, both?
  - All providers, or just outliers?
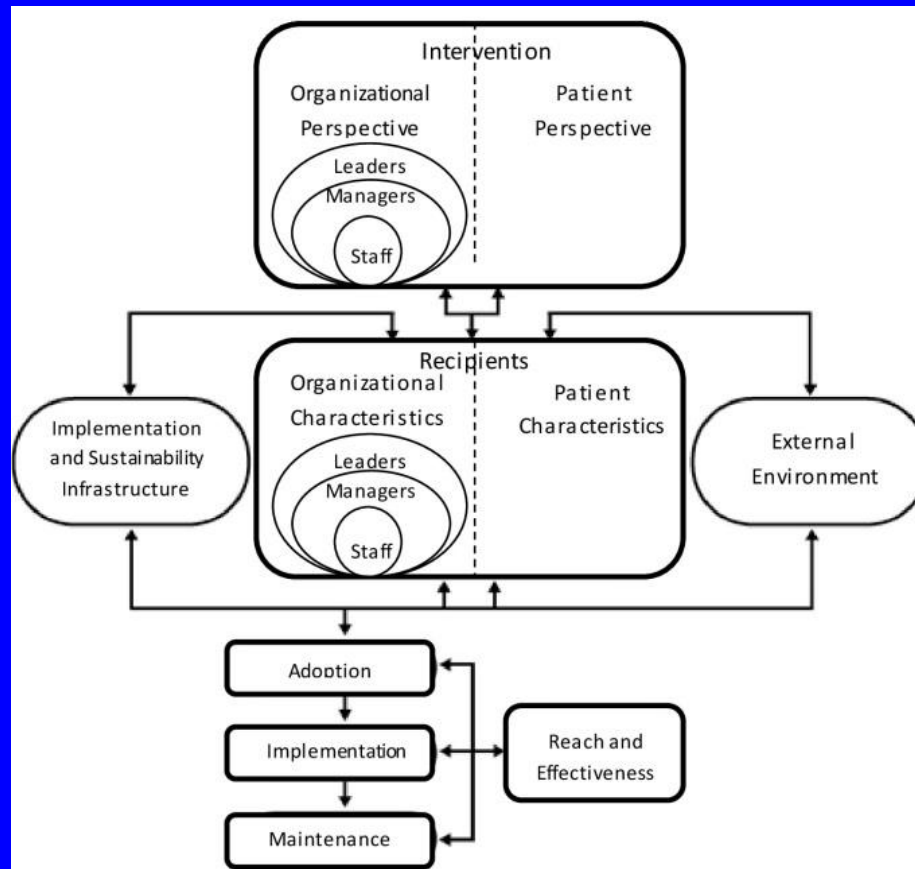 - All patients or just those at highest risk?

The challenge of multicomponent Interventions

- Multicomponent interventions more effective
- How to tease out "active ingredient?
- Population management intervention components (dashboards, reports, registries)

Conceptual frameworks

- The importance of study setting and organizational culture: VA vs. rural CHCs

- Engage the end-user/key stakeholders in study design, the spirit of CBPR

- Useful conceptual frameworks:
  - REAIM (Reach, Effectiveness, Adoption, Implementation, Maintenance)
  - Organizational Readiness
  - PRISM (Practical, Robust, Implementation and Sustainability Model)

PRISM model

How to sustain and spread when the grant ends?

- Sustainability
- Scalability
  - www.mytopcare.org
- What is the business case?