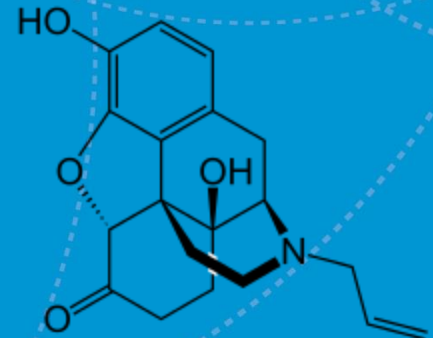


Evaluation of National Academic Detailing Service on Naloxone Kit Prescription Rates in the Veterans Health Administration

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Disclosures / Disclaimers

The authors have no relevant financial or nonfinancial relationships to disclose. During the development, analysis, and preparation of this presentation, the authors were employees of the US Veterans Health Administration, Department of Veterans Affairs.

The views and opinions expressed in this presentation are those of the authors 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.

Outline



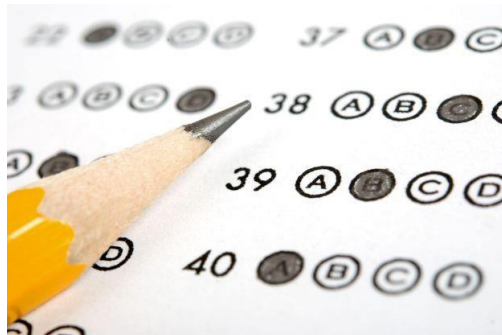
Introduction



Aims



Approach



Preliminary results




Questions

Introduction

“Today, we are seeing more people killed because of opioid overdose than traffic accidents.”

President Barack Obama



President Obama  **Young People in Recovery**

3 mins · 

Tomorrow, I'm heading to Atlanta to join leaders and advocates from across the country at the [National Rx Drug Abuse Summit](#). I'll be joined by Justin Luke Riley, a founding member of [Young People in Recovery](#), who has been in long term recovery since 2007. And he's going to bring some of your questions and stories with him to help us drive this conversation.

This epidemic is harming too many Americans and their families. But we know—and your lives affirm—that treatment works and recovery is possible. That's why my Administration is working to make sure that everyone who wants treatment can get it. And it's why I want to thank you all for sharing your stories. Because what you're doing couldn't be more important. You're helping so many Americans—folks you'll probably never meet—to keep fighting. So thank you all again. See you in Atlanta.

Opioid overdose mortality is a rising epidemic in the US, increasing by 400% from 1999 and surpassing motor vehicle mortality by 150% in 2014



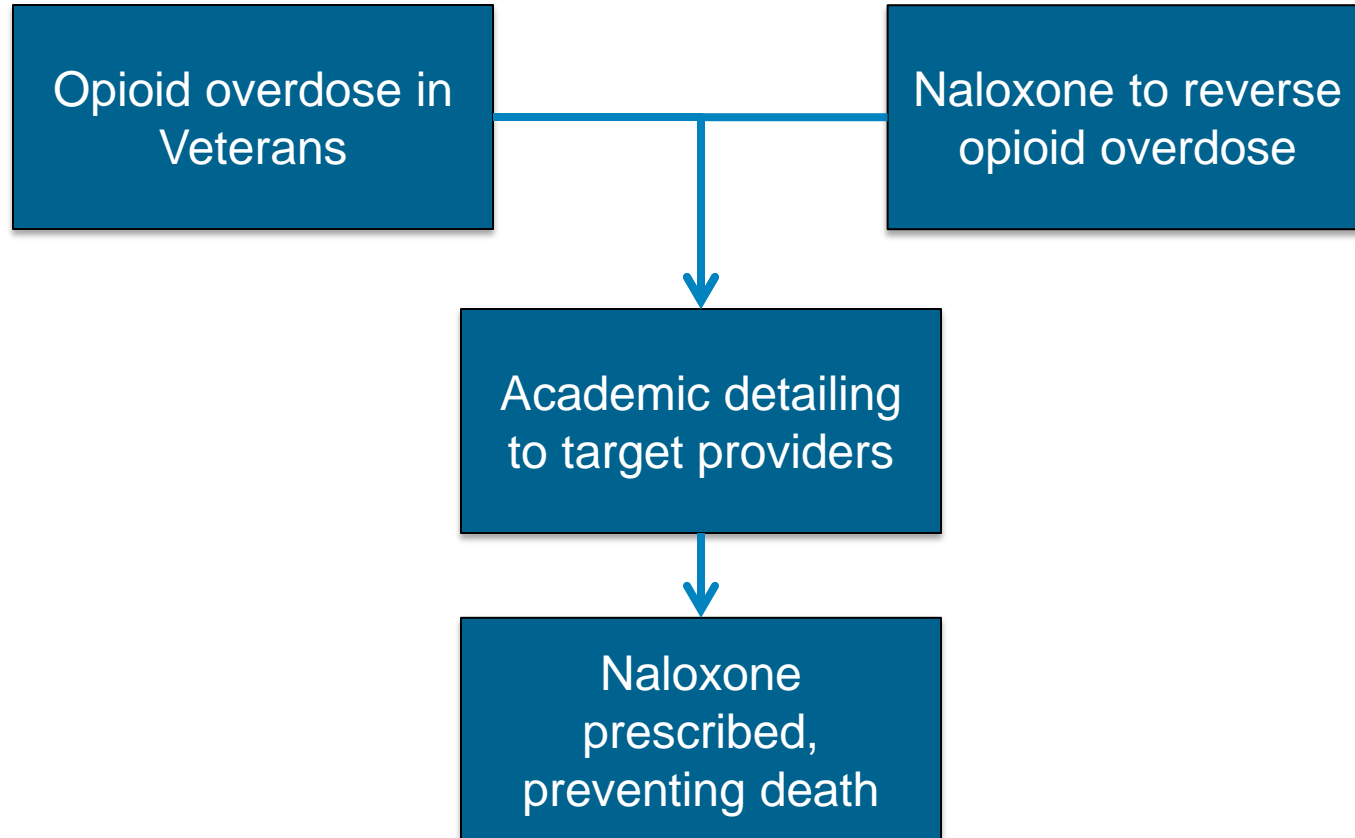
“[W]e want to make sure that naloxone is in the hands of first responders and anyone else who responds to an opioid overdose.”

Secretary Sylvia M. Burwell

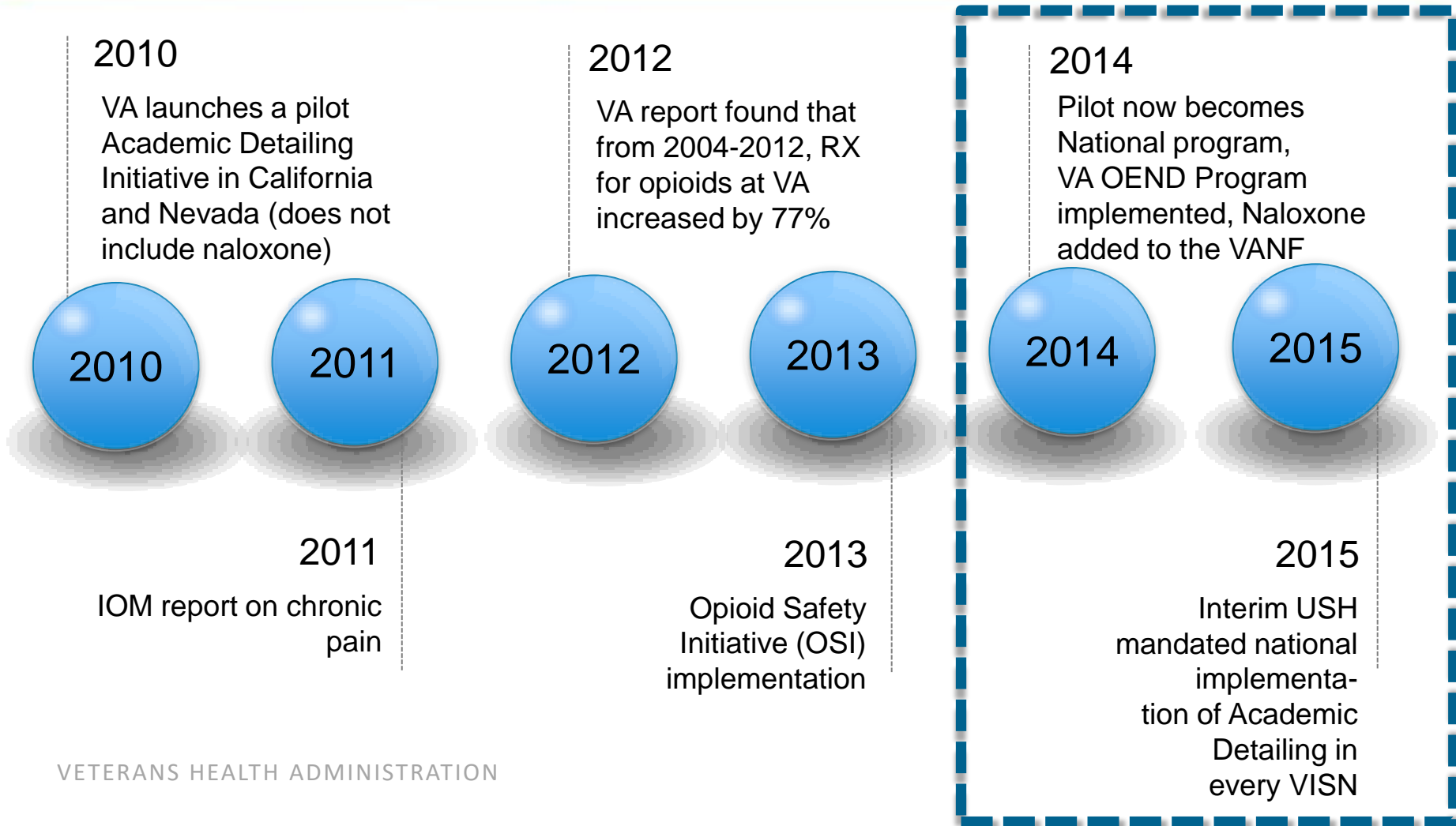


“Academic Detailing is a proven method in changing clinicians’ behavior when addressing a difficult medical problem in a population.”

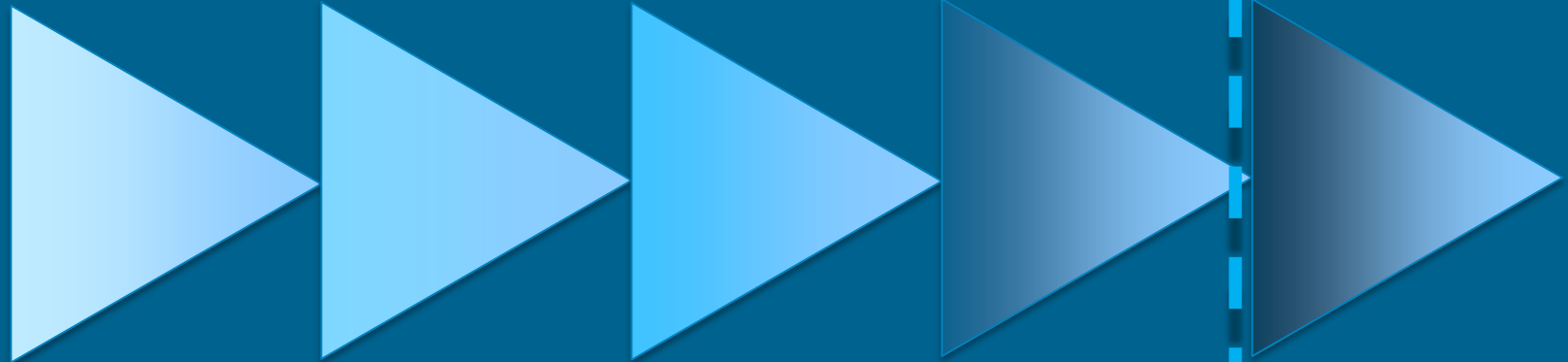
Interim Under Secretary of Health, Dr. Carolyn Clancy



VA's Response



Elements of a successful Academic Detailing Program



Identify
program
needs

Developing
and
producing
materials

Hiring and
management
of academic
detailers

Training of
detailers

Measuring
Program
effectiveness

ADS Interventions



Standardization: Standardized training to ADs to assist them in conducting their outreach visits to target the prescribing habits of providers



Data Tools: Created a OEND-centric suite of data tools to assist in identifying high risk patients



Educational Materials: Created OEND educational materials for both providers and patients



Workload Recording: Utilized software to ensure workload was tracked to document topics covered, time, # of providers/visits, etc.

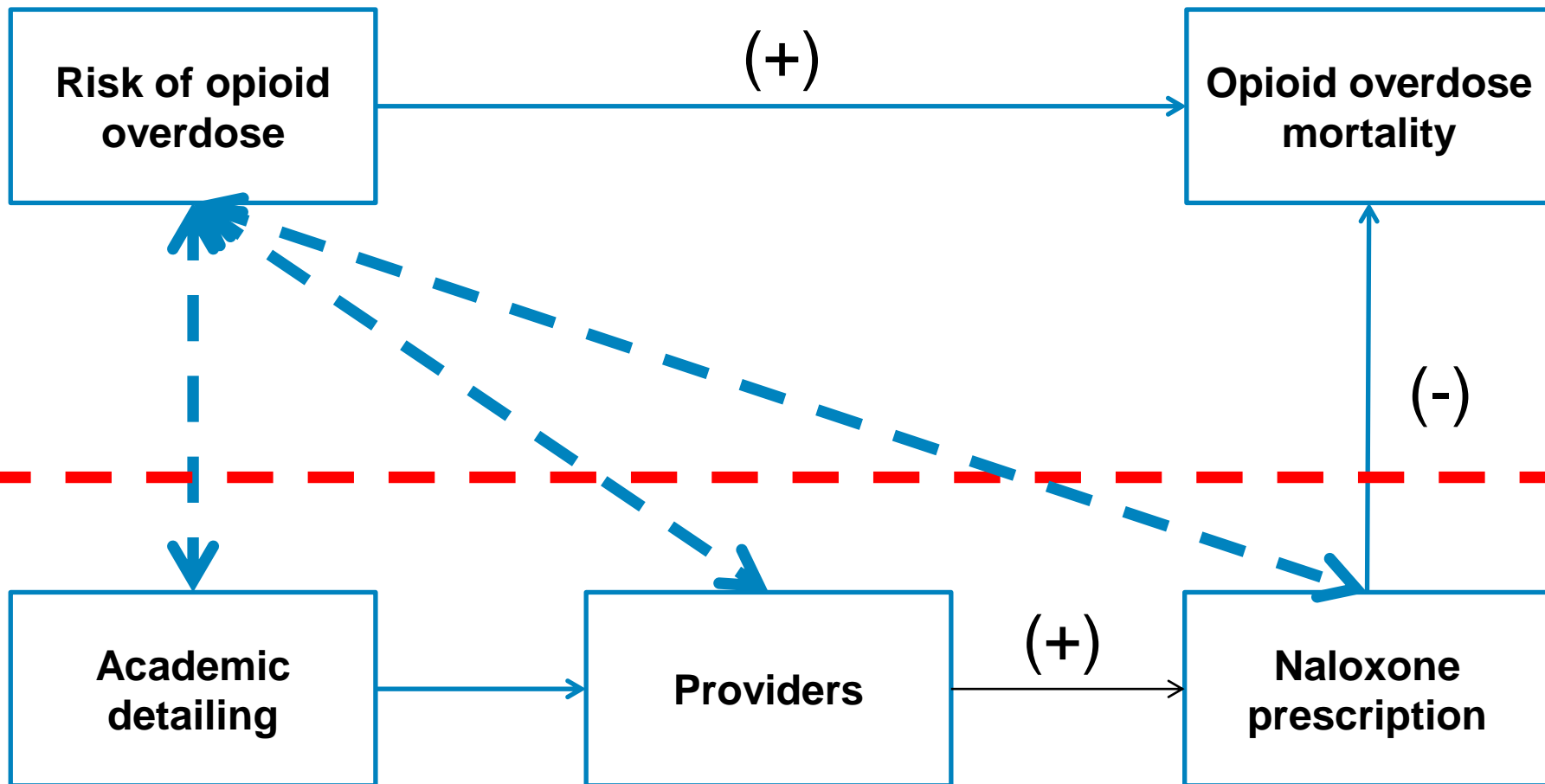


Evaluation: ADS is providing evaluation on naloxone kit distribution at facility, VISN, and National level

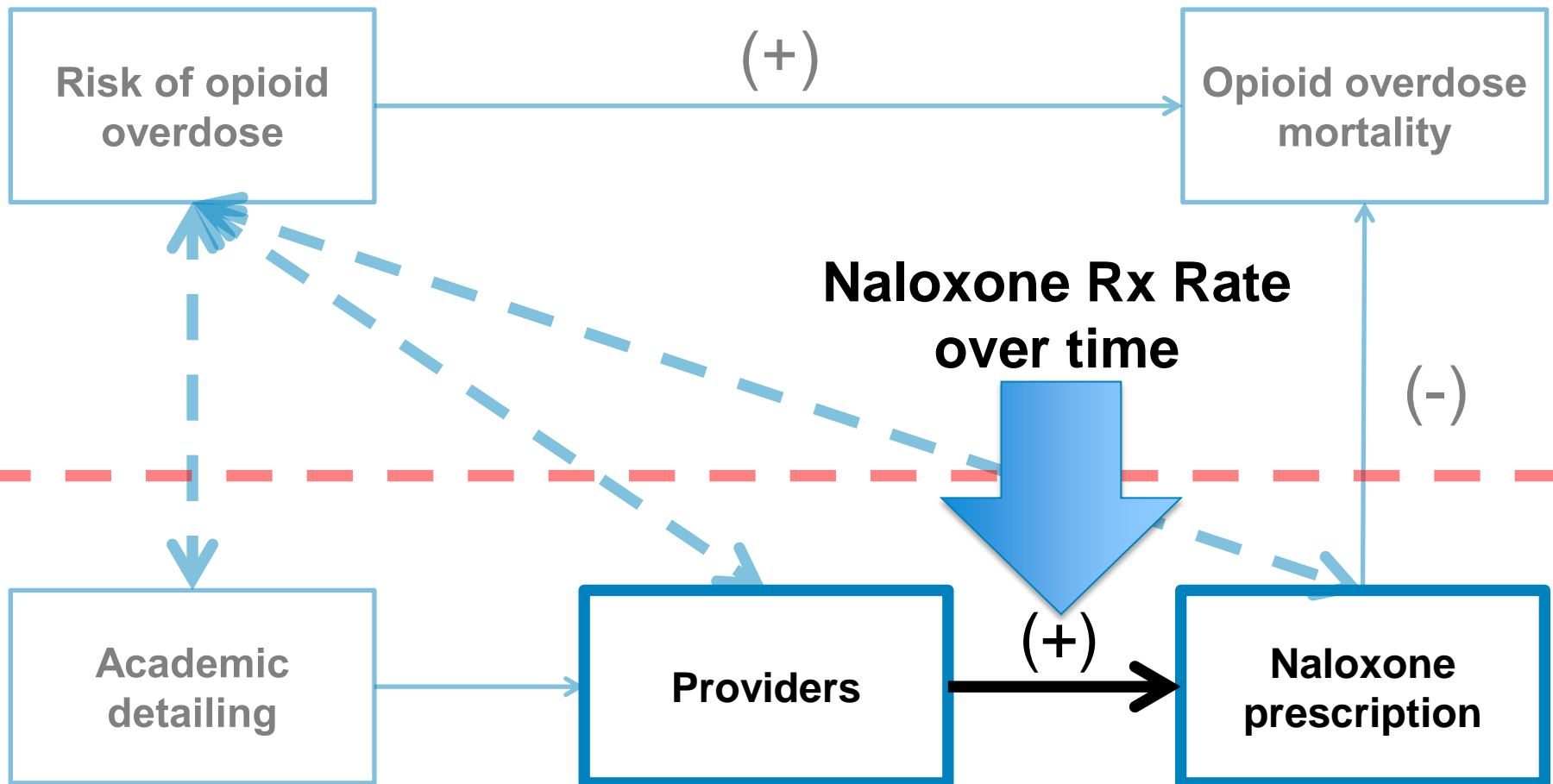
Evaluation

Aim: To evaluate the impact of academic detailing on naloxone prescribing

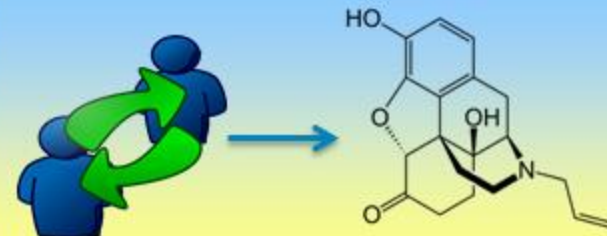
Measurement Model



Aim: Evaluate the impact of ADS on Naloxone prescribing to Veterans from October 2014 to September 2016



Methods



Objective

- To evaluate the impact of VA National Academic Detailing Service alongside the Opioid Overdose Education and Naloxone Distribution (OEND) program on naloxone prescriptions prescribed from October 2014 to September 2016

Hypothesis

- Naloxone prescribing will be greater for prescribers who received AD intervention compared to those who did not

Design

- A retrospective, repeated measures cohort study

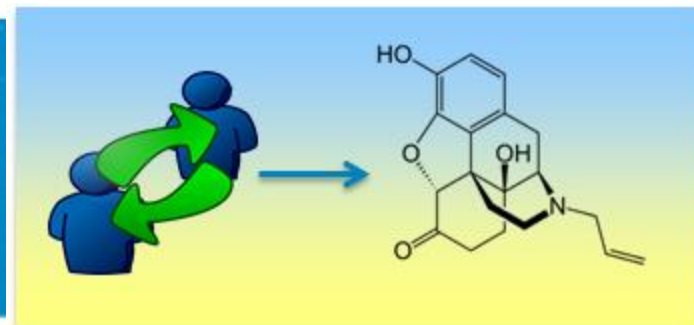
Dependent Variable (Outcome)

- Average naloxone prescriptions prescribed per provider per month

Intervention (time-dependent)

- ≥ 1 AD OEND-specific visit by AD to a provider

Methods



Data

- VA Corporate Data Warehouse
- Salesforce.com

Sample

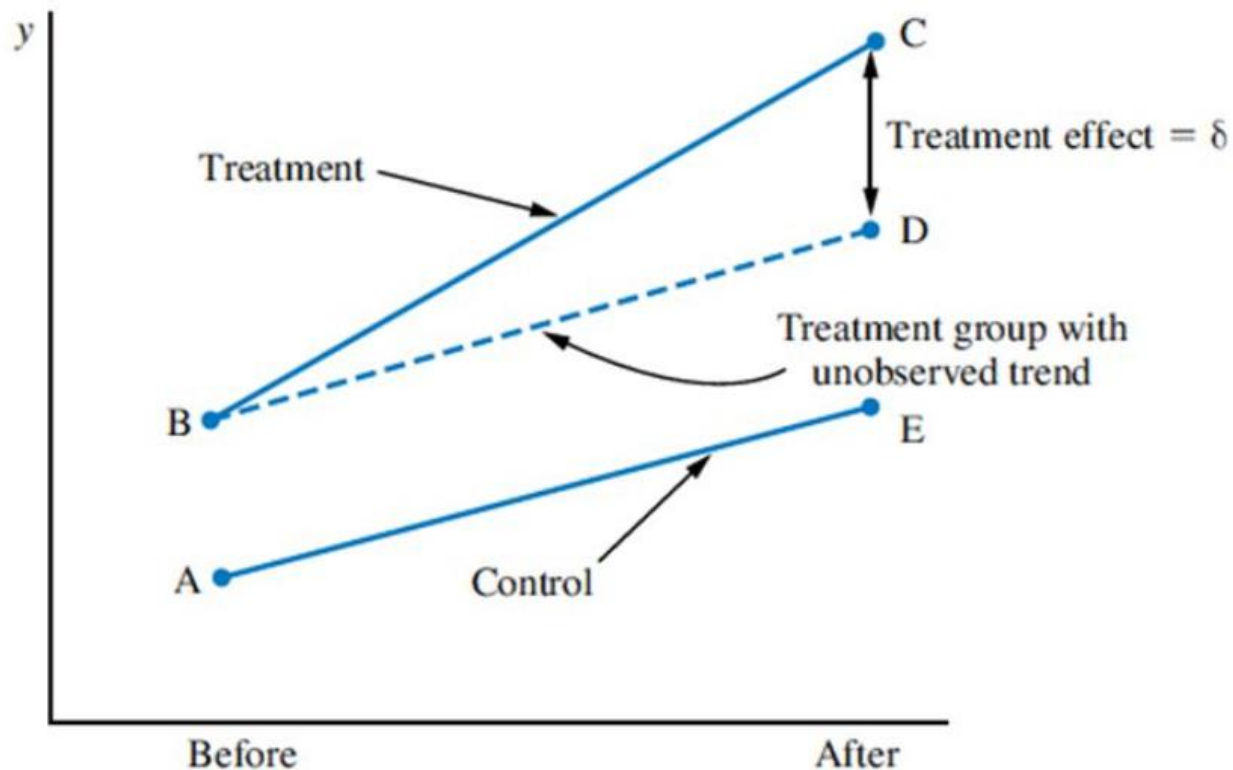
- Providers were included if they were actively treating patients in primary care (PCP) or substance-use disorder (SUD) clinics during the study period
- Providers were categorized as academic detailing (AD)-exposed when they had an OEND-specific academic detailing session; otherwise, they were categorized as AD-unexposed

Analysis

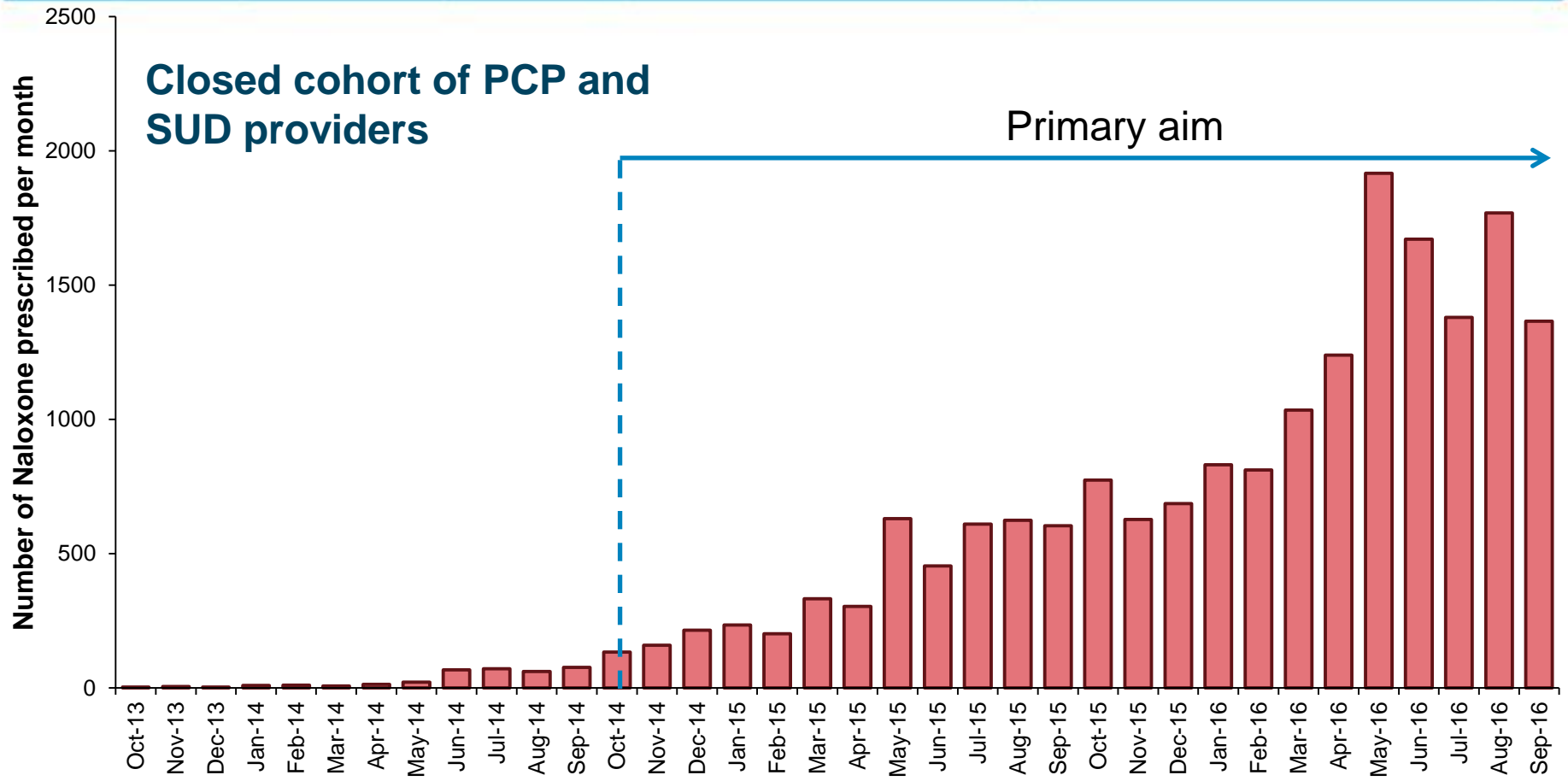
- Longitudinal data analysis using generalized estimating equations was used to estimate the association between provider exposure to academic detailing and monthly naloxone prescriptions prescribed

Difference-in-Differences estimator

$$\hat{\delta}_{DD} = \bar{Y}_1^T - \bar{Y}_0^T - (\bar{Y}_1^C - \bar{Y}_0^C)$$



Results—Number of naloxone prescriptions prescribed from Oct 2013 to Sept 2016



Results—Baseline comparisons

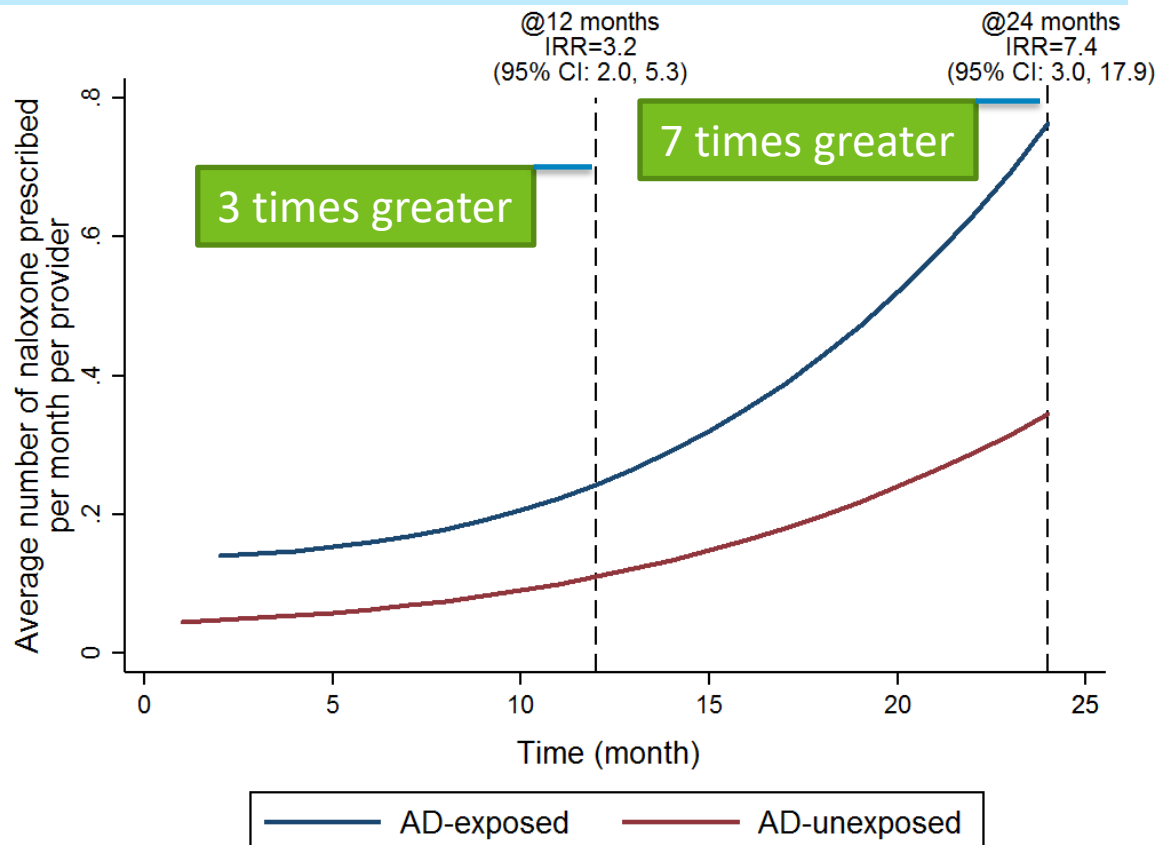
- A total of 750 (22.6%) out of 3,313 providers received at least one OEND-specific academic detailing visit.

Table 1. Comparison of providers exposed and unexposed to academic detailing at baseline.

Variable	AD-exposed (N=750)	AD-unexposed (N=2,563)	Total (N=3,637)	P-value
Age (years), mean (SD)	54.5 (8.7)	54.7 (8.8)	54.7 (8.8)	0.672
Male, n (%)	381 (50.8%)	1,205 (47.0%)	1,586 (47.9%)	0.068
Primary care provider (PCP)	704 (93.9%)	2,308 (90.1%)	3,012 (90.9%)	0.002
Substance use disorder (SUD)	42 (5.6%)	246 (9.6%)	288 (8.7%)	
Both (PCP and SUD)	4 (0.5%)	9 (0.4%)	18 (0.5%)	
Months worked at the VA, mean (SD)	143.2 (99.1)	147.3 (104.9)	146.4 (103.6)	0.316

Results—Longitudinal data analysis

Provider-level comparison of naloxone prescriptions prescribed between AD-exposed providers and AD-unexposed providers.



The average difference in naloxone prescribing rate from baseline to 2 years was 7.1% greater in the AD-exposed providers (95% CI: 2.0%, 12.5%) compared to the AD-unexposed providers (difference in differences).

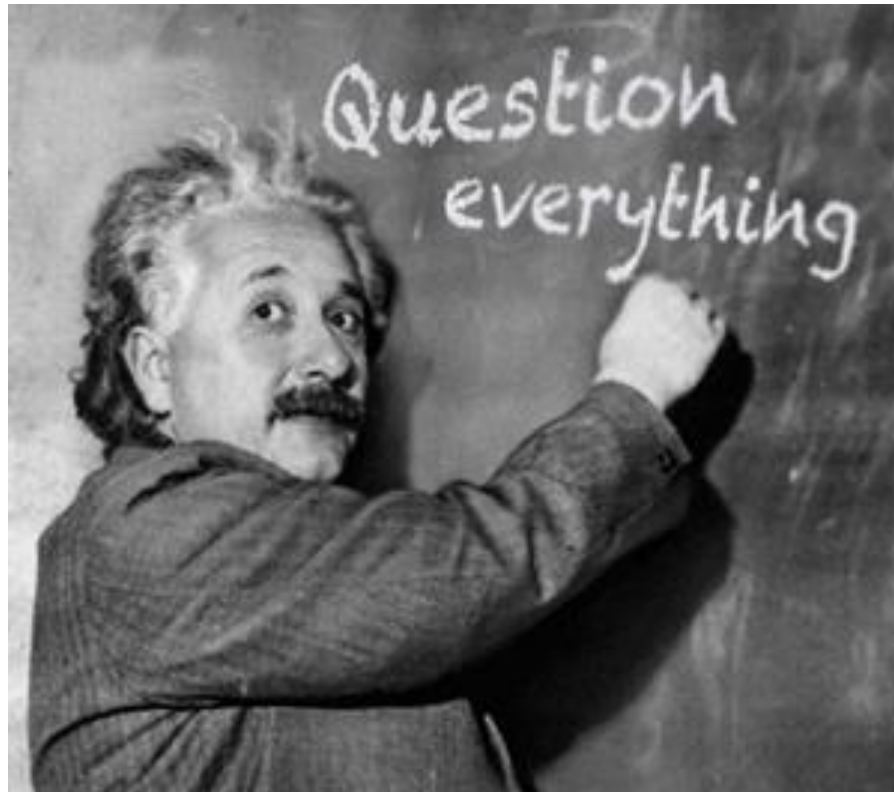
Discussion / Conclusions

- Providers exposed to academic detailing had more naloxone prescribed at 1 and 2 years
- Differences in the rate of naloxone prescribed from baseline to two years between the two groups were significantly greater in the AD-exposed providers
- Study did not take into account selection bias; therefore, future studies will need to mitigate this
- Lacked facility level and patient level characteristics, which may confound the results
- Future studies will evaluate the reach of ADS in high-risk patients
- Although these results are preliminary, they provide valuable information for policy makers in making future decisions regarding innovative strategies to address the opioid overdose epidemic

Acknowledgements

- Academic Detailing Service is a PBM program under the direction of Dr. Virginia Torrise, Deputy Chief Consultant, Professional Practice. Support is provided by Mr. Michael Valentino, Chief Consultant, PBM. We could not have implemented Academic Detailing without the support of these very important leaders in VHA.
- PBM ADS Staff and all the academic detailers throughout the VA, VA Academic Detailing Advisory Board, VISN pharmacist executives leading AD programs throughout Veteran Healthcare system, and the providers who care for our veterans every day with dedication and honor.
- OEND National Coordinator, Dr. Elizabeth Oliva, a tremendous partner in all OEND programming.
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Questions



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VA PBM Academic Detailing Website

<http://www.pbm.va.gov/PBM/academicdetailingservicehome.asp>



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