



To Infinity and Beyond: Detailing Nationwide to ADVANCE Opioid Safety

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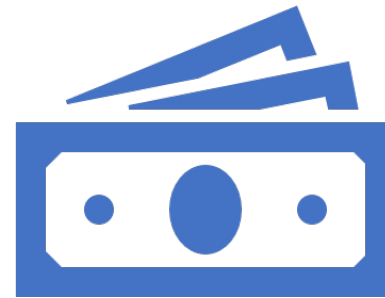
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Disclosures



No conflicts of interest



No financial or non-financial
relationships of concern

How many different types of providers/clinicians are you detailing?

1

0%

2-3

0%

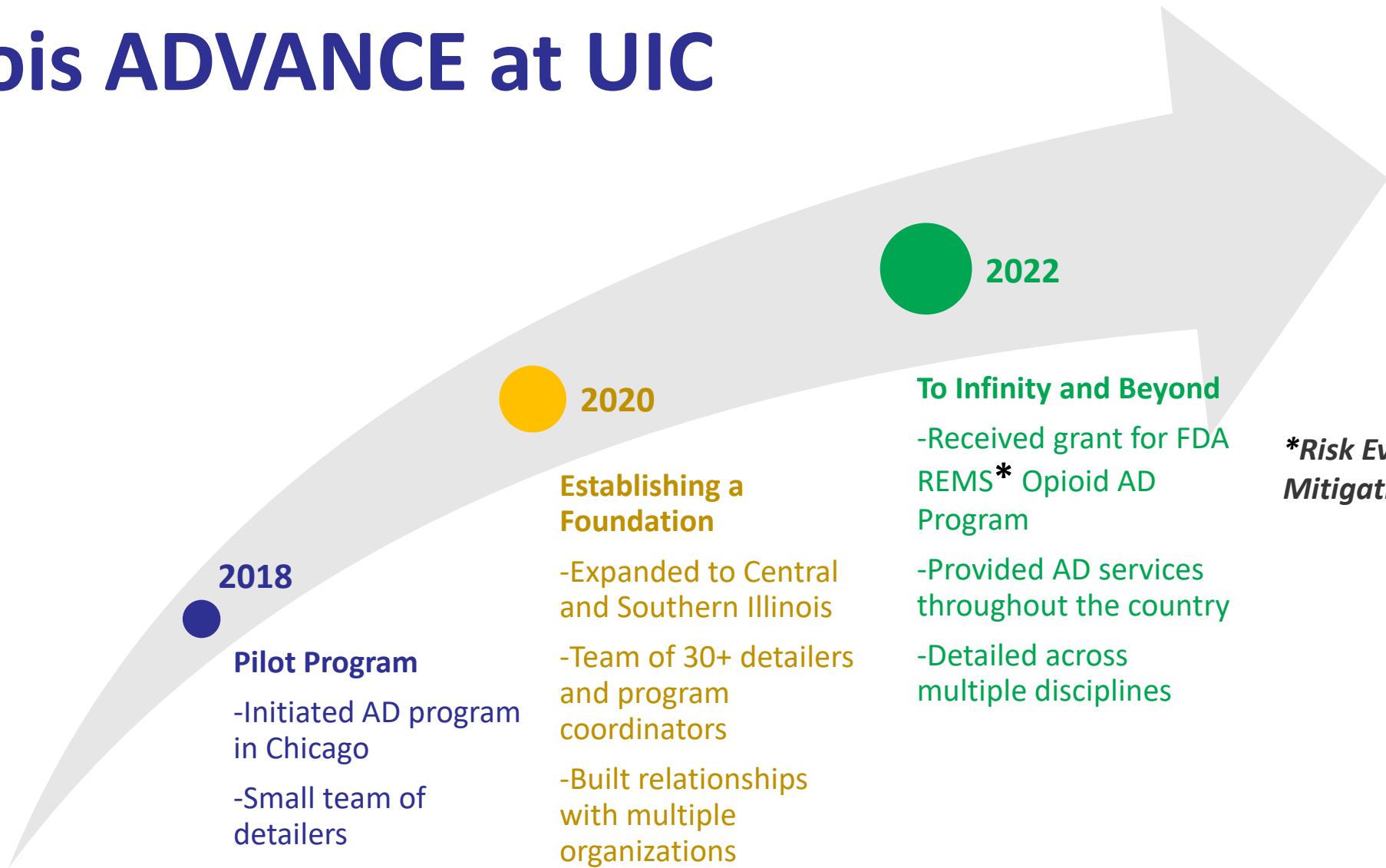
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0%

None - have not detailed yet and still developing an audience

0%

Illinois ADVANCE at UIC



2018

- Pilot Program**
- Initiated AD program in Chicago
- Small team of detailers
- Leveraged relationship with local health system

2020

- Establishing a Foundation**
- Expanded to Central and Southern Illinois
- Team of 30+ detailers and program coordinators
- Built relationships with multiple organizations

2022

- To Infinity and Beyond**
- Received grant for FDA REMS* Opioid AD Program
- Provided AD services throughout the country
- Detailed across multiple disciplines

**Risk Evaluation and Mitigation Strategy*



Igniting Clinician Interest Beyond the Horizon

- **Outreach**

- Email blasts via Constant Contact
- Mission-driven messaging
- Direct asks
- On-the-spot visits at conferences

- **Social media**

- LinkedIn ad campaigns
- New platforms – Instagram, Threads
- Varied captions and video responses
- Pharmacy podcasts



Igniting Clinician Interest Beyond the Horizon

- **Branding**
 - How customers FEEL about your product
- **Marketing**
 - How customers ACT on your products
- **Shifting the Focus**
 - Pillars of success
 - Story Brand
 - Hero's journey

Opioid Analgesic FREE REMS CE



UIC UNIVERSITY OF
ILLINOIS CHICAGO
College of Pharmacy



**Right Therapy
Right Time
Right Outcome**

Academic detailers from UIC share up-to-date information on pharmacotherapy and treatment guidelines through interactive discussions on opioid safety.



Connect with clinical pharmacists

- 15 to 20 minute virtual visits
- 1:1 focused education
- Convenient, flexible scheduling



Get the latest information

- CDC Guideline Overview
- Saving Lives with Naloxone
- Pain in Special Populations



Discuss evidence-based resources

- Tools targeted for real-world prescribing decisions
- Relevant, practical pharmacotherapy insights



Earn free CE credit

- 1:1 educational visits qualify for CME/CNE/CPE
- Meets DEA requirements for Opioid Analgesic REMS education

To learn more about our program visit
<https://academicdetail.pharmacy.uic.edu/>



ILLINOIS ADVANCE

IMPROVING PATIENT OUTCOMES



SCAN ME

SIGN UP TODAY TO RECEIVE PERSONALIZED,
EVIDENCE-BASED GUIDELINE UPDATES IN A BRIEF VISIT.
GAIN ACCESS TO AN ONGOING RELATIONSHIP AND
VALUABLE RESOURCE AT NO EXPENSE TO YOU!



The Ongoing Opioid Epidemic – Why it Still Matters

- **Potential stigma** surrounding the cause of the opioid epidemic
- **Impact on all healthcare** providers and clinicians
- **Interest in newer opioid topics** (*eg, naloxone, special populations, buprenorphine prescribing*)
- While treatment guidelines and therapy options have remained consistent, **there is value in continuing the conversation on opioids in a reinvigorated way**



The Ongoing Opioid Epidemic – How AD Can Make a Difference

- **Academic detailing is an opportunity for:**
 - Individualized, open, non-judgmental discussions
 - On patient cases, treatment challenges, impact on clinical practice
- **Value of opioid education via AD includes:**
 - Improve prescribing practices
 - Provide resource to ask questions and discuss barriers to therapeutic goals
 - Help reduce stigma – both clinicians and patients

Behavior Change Goals

- **Reduce opioid prescribing.** Increase use of nonpharmacologic and nonopioid pharmacologic therapies.
- **Increase awareness of safe opioid prescribing in special populations** (*e.g., pregnancy, pediatrics, substance use disorders, military*)
- **Establish realistic treatment goals with the patient** and sign a provider-patient opioid treatment agreement.
- **Educate patients and caregivers** on the safety benefits of naloxone and have supportive conversations **to help increase acceptance and reduce stigma.**
- **Counsel patients on appropriate storage** and disposal of opioid medications to **reduce risk of potential diversion, misuse, or accidental ingestion.**

Clinical Resources



CDC GUIDELINE

Recommendations for Opioid Prescribing³



Determine Pain Treatment

Optimize nonpharmacologic and nonopioid therapies before initiating opioids.



Select Opioids and Dosages

Prescribe immediate-release (IR) opioids, and use the lowest effective dosage.



Decide Duration and Follow-up

Prescribe a quantity sufficient for the expected duration of severe pain. Regularly assess risks and benefits.



Assess Risk and Address Potential Harms

Mitigate risk with tools such as prescription drug monitoring programs (PDMP) and treatment strategies such as naloxone and medication-assisted treatment for opioid use disorder (OUD).

Initiate Nonpharmacologic and Nonopioid Treatment^{3,7}

Nonpharmacologic and nonopioid pharmacologic therapies are recommended over opioids to manage acute, subacute, and chronic pain. Opioids are NOT first-line treatment.

Nonopioid pharmacologic therapies can be at least as effective as opioids but with less risk of harm. The SPACE trial found no statistically significant difference in pain-related function between opioid and nonopioid treatment of chronic back pain, and hip or knee osteoarthritis pain.

Consider opioid therapy *ONLY IF* expected benefits for both pain and function are anticipated to outweigh risks to the patient.

Pain Relievers

Nonopioid pain relievers such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs)



Antidepressants & Anticonvulsants

Certain medications that also have benefits for depression and seizures



Other Nonopioid Treatment

Exercise
Physical therapy
Ice or heat
Multidisciplinary rehabilitation
Rest or immobilization



Cognitive Behavioral Therapy

Changing thoughts and behaviors related to pain



3

OPIOID USE DISORDER

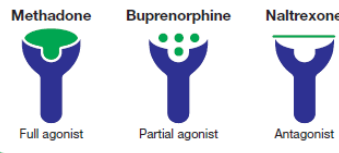
Background¹⁻³

Only 1 in 4



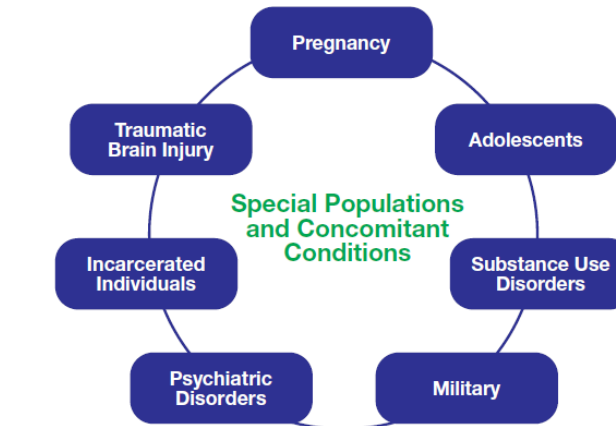
people with opioid use disorder (OUD) receive the needed medications to treat the condition

MOUD Treatment



Medications for OUD (MOUD) (ie, methadone, buprenorphine, and naltrexone) are the cornerstone of treatment. Despite their effectiveness for OUD, utilization of these medications is low and unequal across populations.

Specific populations and those with co-occurring conditions with OUD have unique treatment needs that require special attention.



2

INCREASE ACCEPTANCE

Talk About Naloxone⁷

Use thoughtful language when having conversations about naloxone to help patients understand its value without feeling judged or becoming guarded.

The word “overdose” may have negative connotations for those taking prescription opioids. Consider alternative language such as “accidental overdose,” “bad reaction,” or “opioid safety.”



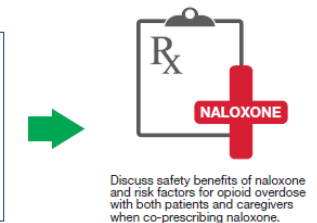
“Opioids can sometimes slow or even stop your breathing.”
“Naloxone is the antidote to opioids—to be sprayed in the nose or injected if there is a bad reaction where you or your loved one will not wake up.”
“Naloxone is for adverse effects of opioid medications like an epinephrine pen is for a severe allergic reaction.”

Determine When to Co-prescribe⁸⁻¹⁵

Offer naloxone to all patients using opioids chronically and those at increased risk of overdose.

Risk factors for overdose

- Resuming opioid use after extended period of abstinence
- History of opioid abuse, misuse, or overdose
- Age ≥ 65 years
- High opioid dosing ≥ 50 MME
- History of substance use disorder
- Psychiatric disorders (eg, depression, anxiety)
- Lung disease (eg, COPD, sleep apnea)
- Combining benzodiazepine and opioid therapy



Discuss safety benefits of naloxone and risk factors for opioid overdose with both patients and caregivers when co-prescribing naloxone.

While co-prescribing rates may be low, studies illustrate that primary care providers are willing to co-prescribe naloxone to patients on chronic opioid therapy, even if risk of harm is low. Discussing and providing naloxone co-prescriptions can lead to improved patient-provider relationships.

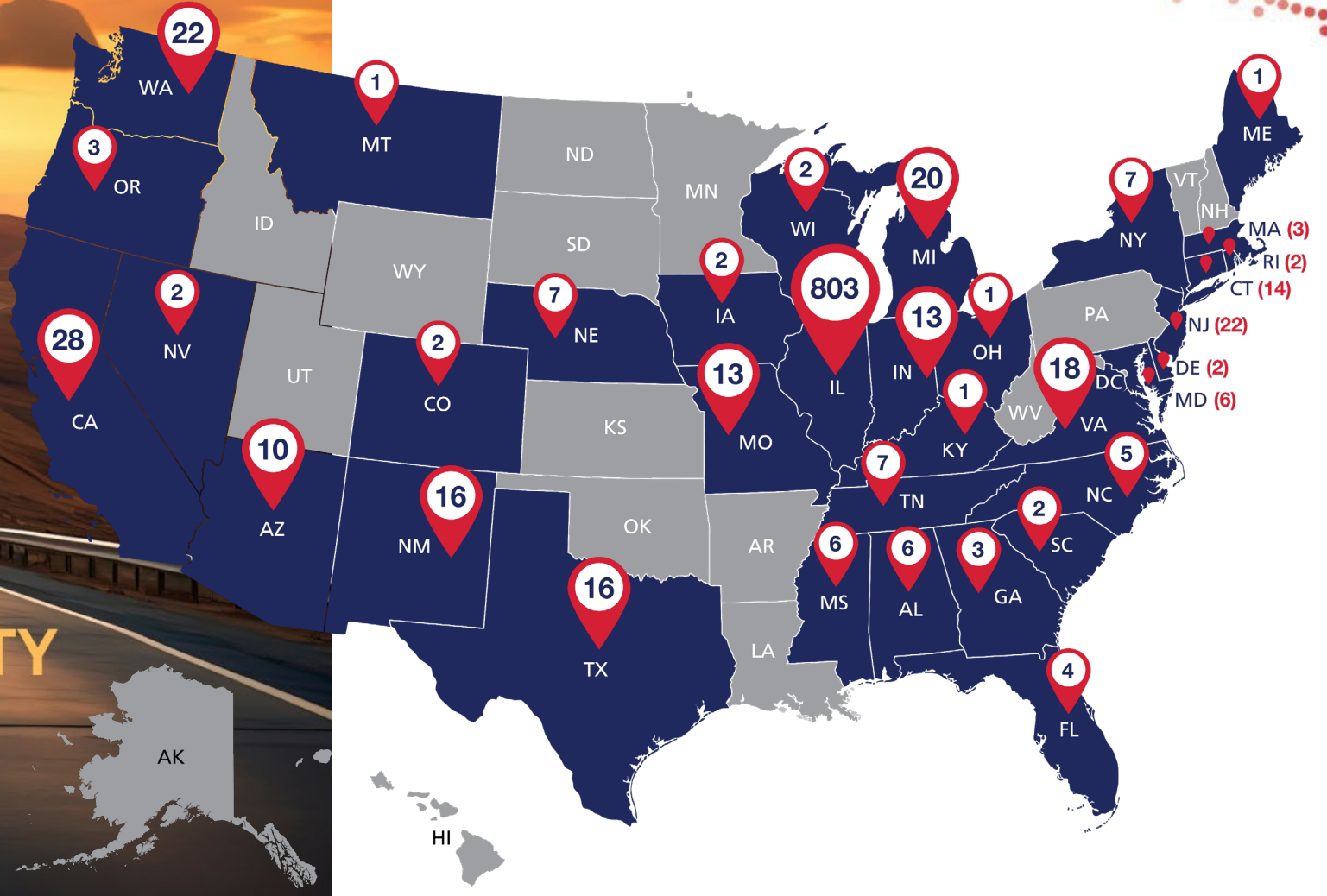
Several states have laws requiring or recommending naloxone co-prescriptions for patients deemed at risk for opioid overdose. Additional legislation and protections are in place for prescribing, dispensing, and administering naloxone.

For detailed information: <https://legislativeanalysis.org/naloxone-summary-of-state-laws/>

3



ROAD TO INFINITY



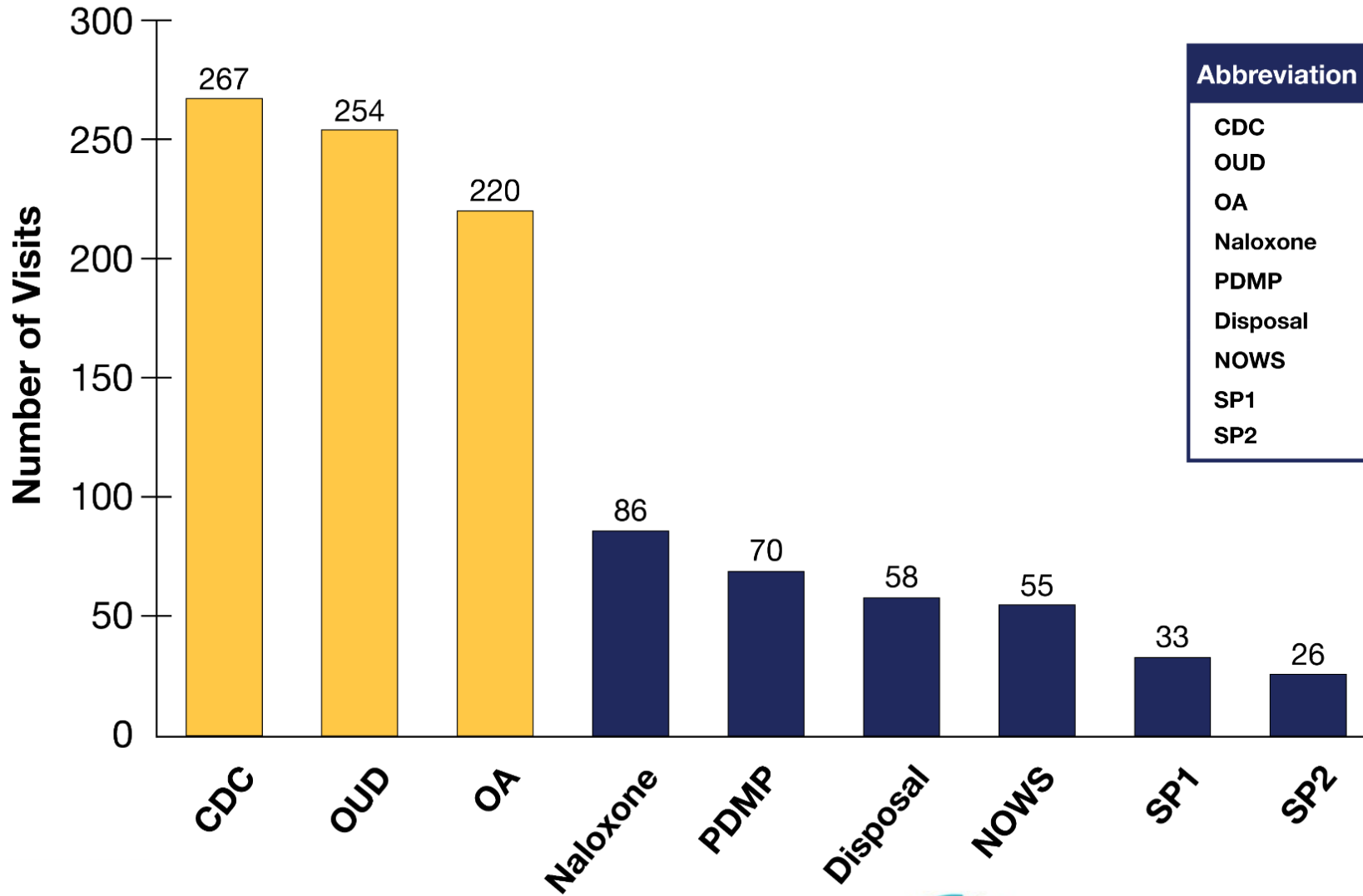


Quantitative Outcomes

- From October 2022 to August 2023, **over 1000 visits completed!**
- Reached a wide variety of healthcare disciplines
- Completed learners
 - **Visits + CE: 156**
 - **Visits only: 205**
- Completed all 9 topics: **26**

Healthcare Credential	Total Visits
Registered Pharmacist	705
Medical Doctor (MD)	152
Nurse Practitioner	63
Registered Nurse	36
Student Pharmacist	36
Medical Doctor (Residents)	30
Dentist	35
Medical Doctor (DO)	12
Pharmacy Administrator	1
Physician Associate	1

Total Number of Visits per Topic



Abbreviation	Detailing Topic
CDC	Opioid Prescribing for Pain: CDC Guideline Overview
OUD	Preventing Opioid Misuse and Abuse
OA	Opioid Alternatives in Chronic Pain Management
Naloxone	A Focus on Opioid Harm Reduction
PDMP	Prescription Drug Monitoring Program
Disposal	Opioid Medication Storage and Disposal
NOWS	Managing Newborns Affected by Opioids
SP1	Pain in Special Populations
SP2	Opioid Use Disorder in Special Populations

Impact on Healthcare Providers



- **Reaching out to all healthcare providers increases opioid safety awareness across the board.**
 - Focus on team approach – working together to ensure proper treatment
 - Foster open communication and culture without stigma
- **Destigmatizing conversations with patients**
 - Patient barriers to achieving pain goals
 - Prescription Drug Monitoring Program (PDMP) review
 - Naloxone underusage and stigma against it
- **Opportunity to help create institutional changes to enhance practice-wide uniformity among clinicians vs. individual-level changes**

Impact on Healthcare Providers

- Visits provided an **interactive and engaging** experience
- **Detailers offered more patient-facing information** (*e.g., options in pictures or other languages*) and community resources
- **Visits increased clinician interest in buprenorphine prescribing** after learning about removal of X-waiver
- **They experienced AD as highly valuable** for effectively applying guidelines
- They acquired a comprehensive understanding of opioid education that **built confidence for decision-making on opioid safety**

Impact on Detailers



Learned how to adapt approach for specific clinicians

- **AD services for nurses and pharmacists** (*limited prescribing authority*)
- **Prescriber-centric educational materials** and clinical resources also utilized for non-prescribing clinicians

Provided examples to match individual settings

Case scenarios with naloxone:

- **MDs:** mention naloxone during the appointment, offer co-prescription
- **Nurses:** educate on naloxone dispensing sites, offer patient handouts
- **Pharmacists:** offer naloxone, demonstrate proper administration, address insurance coverage issues
- **Long-Term Care Setting (LTC):** inform family about naloxone for extended home visits

Which of the following would be a strong needs assessment question when detailing a community pharmacist?

What types of chronic pain conditions do you encounter with your patients?

0%

How often do you offer naloxone with opioid prescriptions?

0%

What are the most relevant counseling points you discuss with your patients?

0%

All of the above

0%

STAY FOCUSED ON
— YOUR JOURNEY



Best Practices for AD Programs

- **Utilize strategies outside the box.** Every idea is worth a shot.
- **Listen to your clinicians.** Listen to your detailers.
- **Navigate key messages and educational materials based on your audience.**
- **Acknowledge and celebrate small wins.** Every basket contributes to the final score.

Connect with Illinois ADVANCE!



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Expert REMS Opioid Detailer live at the Fairmont Copley!
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