



Syncing Up

Aligning AD with Your Community's Goals and Initiatives

November 7th, 2022

Chirag Rathod, PharmD – crathod2@uic.edu
Stephanie Cooper, PharmD - cooper45@uic.edu

Relevant Disclosures

- No relevant financial/nonfinancial relationships to disclose
- Speakers have no conflict of interests

Today's Goals

- Discuss and analyze the process for creating a **successful and sustainable partnership** with **local organizations**
- Provide participants with an **approach to collaborating** with a local initiative your area

Structure

- **Introduction** (15 minutes)
- **Breakout 1 – “*Planning*”** (20 minutes total)
 - 10 minute for small group/10 minutes for large group
- **Breakout 2 – “*Implementing and Executing*”** (20 minutes total)
 - 10 minute for small group/10 minutes for large group
- **Breakout 3 – “*Following up*”** (20 minutes total)
 - 10 minute for small group/10 minutes for large group
- **Wrap-up** (15 minutes)

Illinois ADVANCE

- Illinois **A**cademic **D**etailing **V**isits **A**nd **N**ew Evidence **C**enter
- Illinois Public Act 101-0278



- Evidence-based, non-commercial, objective information
- **30+** clinical pharmacists and pharmacy technicians



What is Project OPEN



- Project OPEN
 - Opioid Prevention and Engagement Network
- Collaborative effort between Lee, Ogle and Whiteside Counties
 - A group of medical, brain health, public health, education, social service, individuals from the recovery community, court and law enforcement organizations and various non-profits
- Build a network to **prevent opioid addiction, increase access to treatment** options and make the communities **recovery-friendly**



Breakout 1 (Planning)

Breakout Prompt

- *You're an academic detailing organization looking to collaborate with a local initiative in your community and want to begin the planning process.*
- *Your current detailing topic is opioid safety*
- **Questions:**
 - **How are you making people aware of your program and your detailing work?**
 - **What local initiatives related to opioid safety may be available in your community?**



Breakout 2

(Implementing and Executing)

Breakout Prompt

- *A local initiative in your community that supports clinician's focused on opioid safety hearings about your detailing work and wants to connect*
- **Questions:**
 - **How would you introduce your program to the initiative's leadership?**
 - **What sorts of outreach could you consider doing with other staff working at the initiative?**



Breakout 3 (Following up)

Breakout Prompt

- *You've partnered with the initiative and have started detailing clinicians within their network. Your program plans to continue to expand and raise awareness in the community.*
- **Questions:**
 - **What are the best ways to follow up with clinicians and key stakeholders in the community after your detailing visits?**
 - **What are things you can do to gain increased traction throughout the initiative's network?**

Community Success Stories

- Naloxone
- Local Resources
- Asking Patients to Think About “Their Why”



Community Success Stories

- **Naloxone**

- A **valuable tool** to improve opioid safety
- Encouraged prescribers to **engage in discussions** about opioid safety with their patients
- Prescribers open to **offering naloxone** to their patients



Community Success Stories

- **Local Resources**

- Discussion about the **utilization of local resources** available to community members
- Project OPEN allows for **the opportunity to connect** prescribers/patients with resources they may not be aware of in their community



Community Success Stories

- **Asking Patients to Think About “Their Why”**
 - Providers expressed challenge of a **patient’s underlying desire and willingness to change**
 - Providing a space for our **patients to think about their “why”** - those internal and personal motivators that patients can lean on as they work on their journey towards better health



Naloxone

- Co-prescribing naloxone
- Formulation comparison
- Having conversations with patients about use of naloxone




NALOXONE

Co-prescribe Naloxone^{1,12-15}

Offer naloxone to patients with **risk factors** for opioid-related harm, including:

- Higher opioid dosages (≥ 50 MME/day)
- Elderly patients (≥ 65 years old)
- Respiratory conditions (e.g. COPD, sleep apnea)
- Concurrent benzodiazepine use
- History of overdose and/or substance use disorder

Patients who received naloxone by emergency personnel is documented in ILPMP.org 

Formulation	Dosage Form	Quantity	Prescribing Instructions
Narcan[®] (naloxone 4 mg/0.1 mL)		#1 two-pack of single-dose intranasal devices	Call 911. Administer one spray into one nostril for one dose. Repeat with new device in alternate nostril every 2 to 3 minutes until the person responds or emergency medical help arrives.
Kloxxado[™] (naloxone 8 mg/0.1 mL)		#1 two-pack of single-dose intranasal devices	Call 911. Administer one spray into one nostril for one dose. Repeat with new device in alternate nostril every 2 to 3 minutes until the person responds or emergency medical help arrives.
Naloxone Injectable (0.4 mg/1mL)		#2 single-use 1 mL vials PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	Call 911. Inject 1 mL in shoulder or thigh. Repeat with new vial and syringe every 2 to 3 minutes until the person responds or emergency medical help arrives.

The **Illinois Naloxone Standing Order** allows pharmacists to dispense naloxone to anyone **without a prescription**, to increase the availability of naloxone in the community.

Destigmatizing Opioid Safety¹⁵

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 cannot be woken up.”

“Naloxone is for opioid medications like an epinephrine pen is for someone with an allergy.”

Opioid Alternatives

- Osteoarthritis
- Chronic Back Pain
- Fibromyalgia

OSTEOARTHRITIS

Background⁷

The incidence of OA in the US is expected to rise due to increasing obesity rates and longer life expectancy.

From 2008-2014, it is estimated that OA in the US:

- affected over 32 million adults annually.
- resulted in annual direct medical costs of \$65.5 billion.

American College of Rheumatology and Arthritis Foundation 2019 Guideline Recommendations⁸

A comprehensive OA treatment plan may include behavioral, educational, psychosocial, and physical interventions, as well as medications. Individualize treatment decisions according to patient preferences and medical status.

NSAIDs are the primary recommended pharmacologic treatment for OA. Topical NSAIDs may be considered before oral NSAIDs for treatment of hand and knee OA to minimize potential adverse effects.

NON-PHARMACOLOGIC TREATMENT OPTIONS				PHARMACOLOGIC TREATMENT OPTIONS			
	Hand	Knee	Hip		Hand	Knee	Hip
Exercise	+++	+++	+++	Oral NSAIDs	+++	+++	+++
Self-efficacy and self-management programs	+++	+++	+++	Topical NSAIDs	+	+++	•
Weight loss	•	+++	+++	Intra-articular steroid	+	+++	+++
Tai chi	•	+++	+++	Acetaminophen	+	+	+
Yoga	•	+	•	Duloxetine	+	+	+
Heat & cold therapy	+	+	+	Tramadol*	+	+	+
Cognitive behavioral therapy (CBT)	+	+	+	Topical capsaicin	-	+	•
Acupuncture	+	+	+				

*Tramadol is a federally scheduled, synthetic opioid and carries potential CNS and respiratory side effects.⁶

+++ Strongly recommended + Conditionally recommended
 - Conditionally against • No Recommendation

Other Treatment Considerations⁸

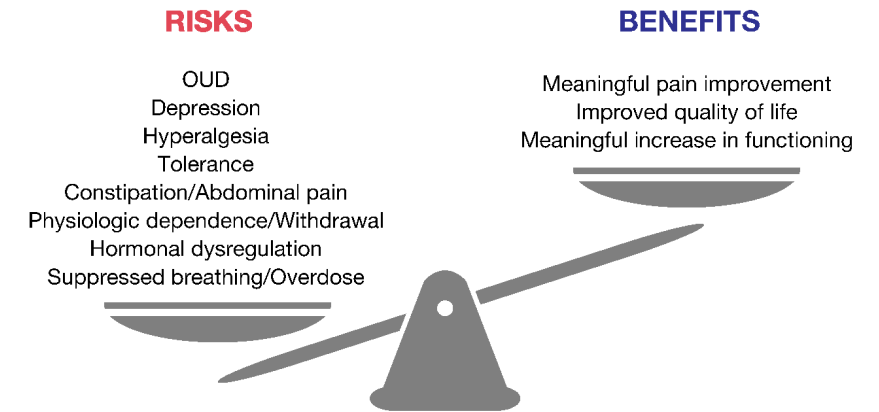
- Oral NSAIDs have varying cardiovascular (CV) and gastrointestinal (GI) risk profiles. Minimize NSAID risk through proper patient selection and monitoring.
- Duloxetine is effective alone or in combination with NSAIDs.
- Long-term treatment with acetaminophen is minimally effective but may be used in patients with intolerance or contraindications to NSAIDs.
- Opioids, including tramadol, are not recommended as first-line treatment for OA. Long-term use of non-tramadol opioids is associated with a high risk of adverse effects and dependence, with minimal benefits. They should only be used after alternatives have been exhausted.

Opioid Use Disorder

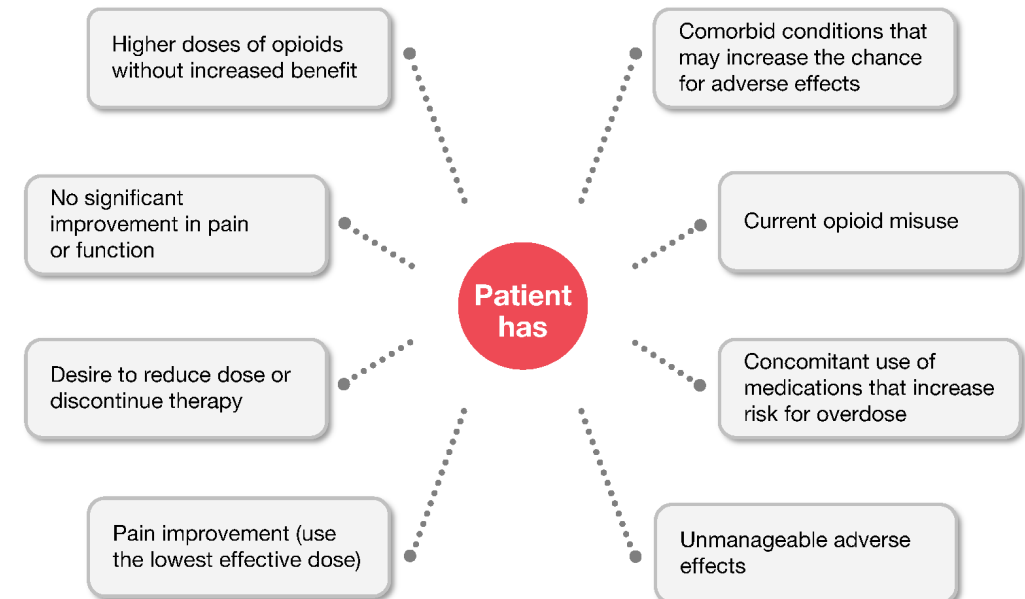
- Screening
- Treatment
- X-waivers

EVALUATE OPIOID THERAPY

Weigh the Risks and Benefits¹¹



When to Consider Opioid Taper¹²



How To Connect with Us



@illinoisadvance



@IL_Advance



@illinoisadvanceuic

Website: <https://illinoisadvance.com>
Email: illinoisadvance@uic.edu



Collaborating with prescribers to ADVANCE evidence-based healthcare



**Please rejoin the main room now
by clicking on the link in the chatbox.**