

VA



U.S. Department
of Veterans Affairs

Impact of implementing an academic detailing program on opioid-benzodiazepine co-prescribing trends at the U.S. Department of Veterans Affairs.

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Disclosure statement

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Poll

What are some risk factors of using a benzodiazepine with an opioid?
(Use Poll Everywhere to generate a word cloud)

Background & Objective

VA PBM Academic Detailing Service, along with the Opioid Safety Initiative and the Psychotropic Drug Safety Initiative, targeted VA providers with patients on either opioids, benzodiazepines, or both

Uncertain about academic detailing's impact on reducing potentially harmful co-prescribing of opioids and benzodiazepines among Veterans

A quality improvement project was undertaken to evaluate whether academic detailing enhanced the Opioid Safety Initiative and the Psychotropic Drug Safety Initiative to improve safe prescribing of opioids and benzodiazepines in the Veteran population

Primary Aim: We evaluated the differences in the average monthly prevalence of Veterans co-prescribed an opioid and benzodiazepine between stations that implemented and did not implement academic detailing

Secondary Aim: We evaluated the association between the station-level proportion of providers exposed to academic detailing and the change in the monthly average prevalence

Results (1)

Baseline characteristics of VA stations (N=130) that implemented and did not implement academic detailing.

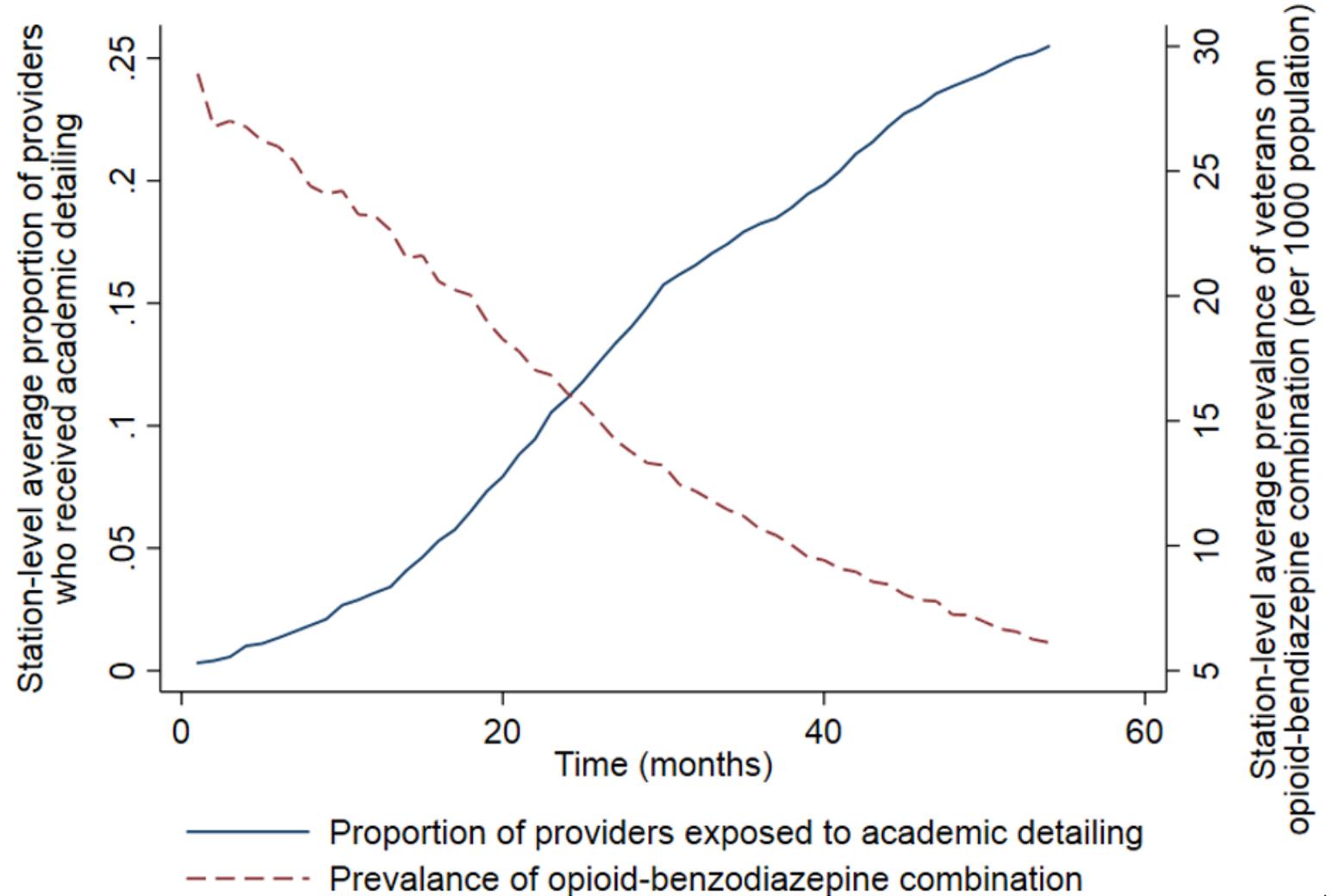
Variable	All VA stations (N=130)	VA stations that implemented academic detailing (N=119)	VA stations that did not implement academic detailing (N=11)	P-value*
Monthly number of unique outpatient visits, mean (SD)	22,837 (13,139)	23,386 (13,073)	16,899 (12,959)	0.139
Monthly number of unique inpatient visits, mean (SD)	439 (336)	545 (339)	283 (254)	0.058
Monthly number of unique emergency department / urgent care visits, mean (SD)	1,345 (872)	1,392 (881)	843 (574)	0.012
Monthly number of unique pharmacy patients, mean (SD)	14,531 (8,291)	14,910 (8,270)	10,430 (7,707)	0.091
Monthly number of unique academic detailers, mean (SD)	0.1 (0.4)	0.11 (0.45)	0.00 (0.00)	0.009
Division, n (%)				
North Atlantic	36 (27.7%)	32 (26.9%)	4 (36.4%)	0.184
Southeast	20 (15.4%)	20 (16.8%)	0 (0.0%)	
Midwest	27 (20.8%)	23 (19.3%)	4 (36.4%)	
Continental	23 (17.7%)	23 (19.3%)	0 (0.0%)	
Pacific	24 (18.5%)	21 (17.7%)	3 (27.3%)	

* P-value represents the comparison between stations that implemented academic detailing to stations that did not implement academic detailing.

SD, standard deviation

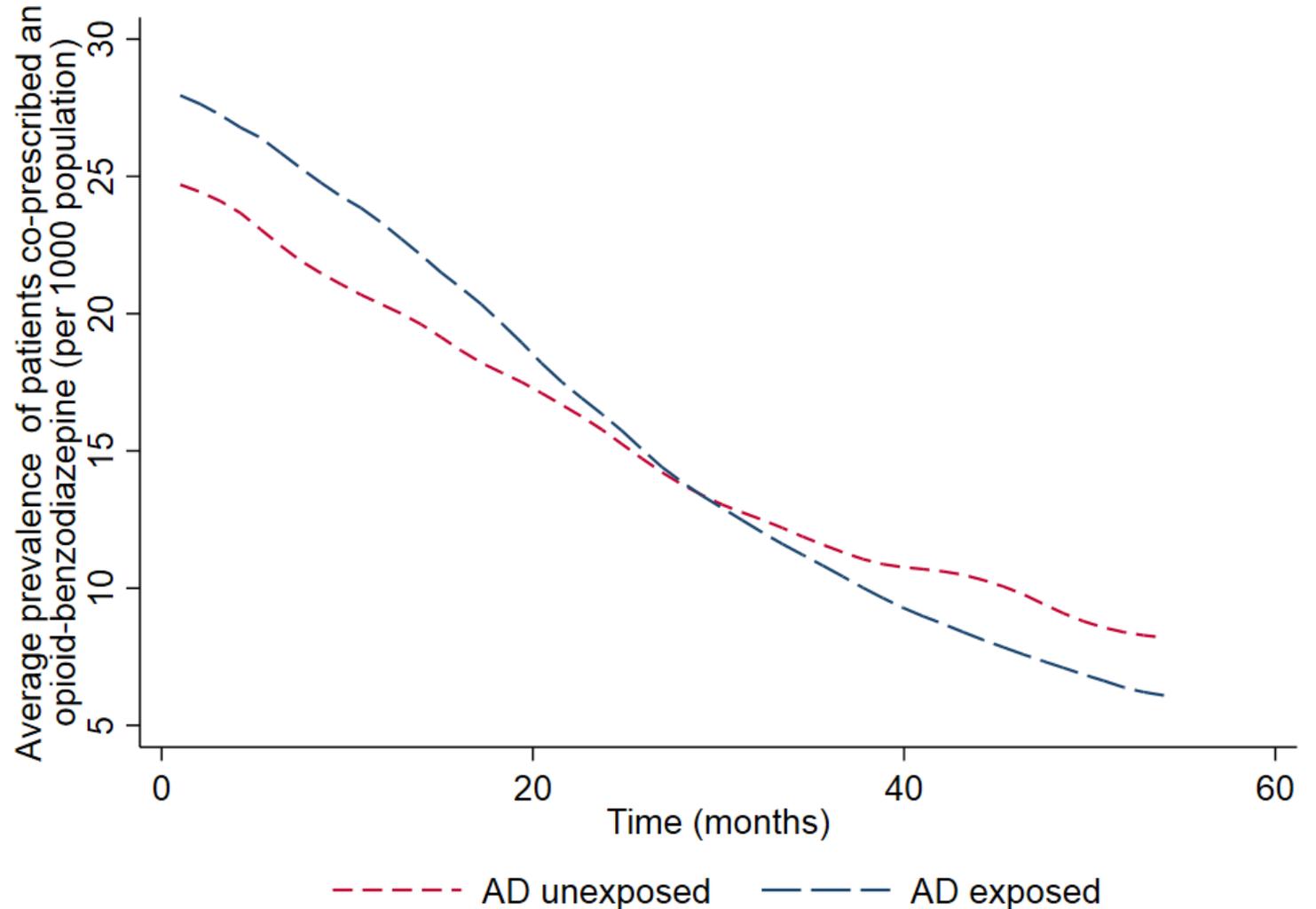
Results (2)

Average station-level proportion of providers who received academic detailing and station-level prevalence of Veterans receiving an opioid-benzodiazepine combination at the Veterans Health Administration, October 1, 2014 to March 31, 2019



Results (3)

VA stations that implemented opioid- or benzodiazepine-related academic detailing programs (AD exposed) had a greater reduction in the prevalence of opioid-benzodiazepine combinations compared to VA stations that did not implement these programs (AD unexposed) during the study period (P=0.036).



Discussion

Academic detailing had an impact on reducing the prevalence of opioid-benzodiazepine co-prescribing and, potentially, reducing the risk of opioid overdose events

Aligns with previous studies that have reported academic detailing's impact on provider's benzodiazepine prescribing

- Ragan and colleagues reported that VA providers, after receiving an academic detailing outreach visit, had a greater reduction in the monthly prevalence of elderly patients receiving harmful benzodiazepine prescriptions compared to before the intervention (Ragan, et al (2019))
- A separate study reported that VA providers who received academic detailing had a greater reduction in the monthly prevalence of inappropriate benzodiazepine prescribing in patients diagnosed with PTSD compared to providers who did not receive academic detailing (Bounthavong, et al (2020))

Limitations

Did not perform provider- or patient-level analyses

Providers may write for both benzodiazepine and opioids

Other VA efforts were on-going during this time period

Heterogeneity between stations

Poll

What additional data do you think we should collect?
(use Poll Everywhere to generate a word cloud)

Conclusions

Academic detailing has an important role in reducing harmful opioid-benzodiazepine co-prescribing

Increasing the proportion of providers receiving opioid- or benzodiazepine-related academic detailing outreach reduces the prevalence of harmful opioid-benzodiazepine co-prescribing

Highlights the importance of implementation reach on academic detailing's effectiveness at reducing harmful opioid-benzodiazepine co-prescribing

Using proportion of providers who received campaign-specific academic detailing can be an important metric for future implementation planning

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Our nation-wide academic detailing programs

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Questions