

SafePrescribe: Academic Detailing for Statewide Opioid Safety in Nebraska



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Disclosures

Dr. Balasanova has no conflicts of interest or financial disclosures.

What is the most challenging aspect of getting an academic detailing program off the ground?

Organizational buy-in

Detailer training needs

Resource allocation (marketing,
data collection, etc.)

Development of printed
materials

Phase I
Development




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Initial Phase

- Nebraska Department of Health & Human Services (DHHS) partnership with Nebraska Medical Association (NMA)
- Development team comprised of 4 physicians
 - 3 pain medicine, 1 addiction psychiatry
- All physicians trained in Boston at NaRCAD

Material development

**Co-prescribing
Benzodiazepines
and Opioids**
Information for Prescribers



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Co-prescribing
Benzodiazepines and Opioids


Naloxone
Information for Prescribers



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Naloxone

PDMP
Information for Prescribers



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PDMP

Early Challenges

Reaching consensus on
brochure contents

Selecting a name for the project

Adapting program to a virtual
environment

Demands of Covid-19 on
detailers and potential detailees

Phase II
Implementation



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Ready to Begin Detailing

- Identified primary care physicians as initial target audience
- Clinicians selected randomly from state licensure list
- Verify email addresses for outreach
- Established process for number of contacts
- Created tracking sheet for detailers to log activity and results
- Identified a need for additional detailers

Adding New Detailers

- Additional partnership with Nebraska Pharmacists Association
- Outreach to potential pharmacist detailers through newsletter
- Interviewed a number of candidates
- Selected 3 new detailers for training

Additional Training Needs

COVID prevented on-site training in Boston at NaRCAD

- Through CDC connected with Center for Innovation on Academic Detailing on Opioids (CIAO) out of the San Francisco Department of Public Health
- CIAO provided in-depth virtual training over several sessions to new detailers

Progress to Date

- 24 completed detailing sessions
- 57 individuals reached through 3 group sessions with SafePrescribe materials
- Greatest ongoing challenges
 - Securing appointments with clinicians/ finding compatible times
 - Scheduling monthly all-detailer check-in meetings
 - Maintaining motivation

Formal
Feedback –
Survey
Results

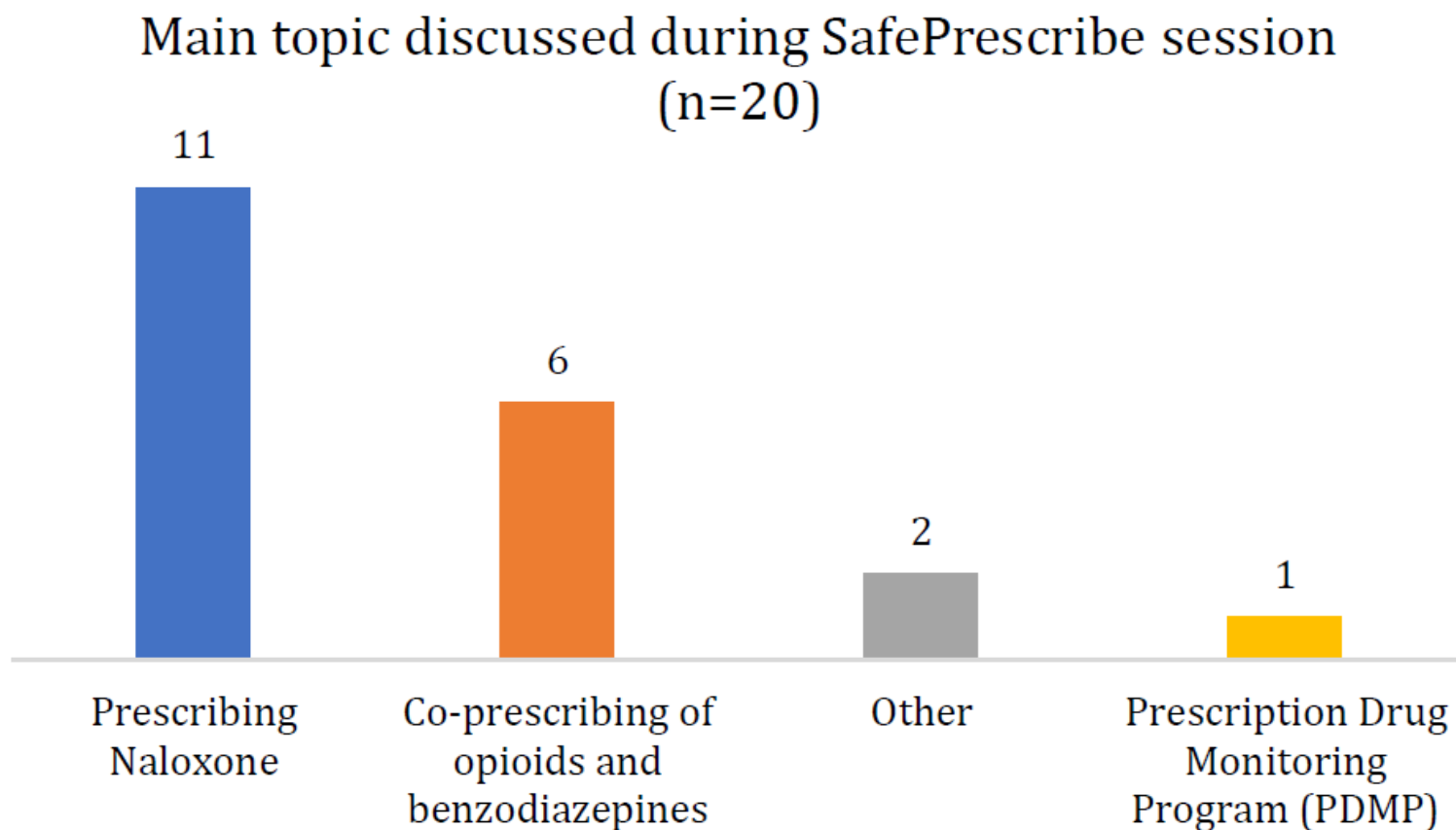


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Topics of Discussion

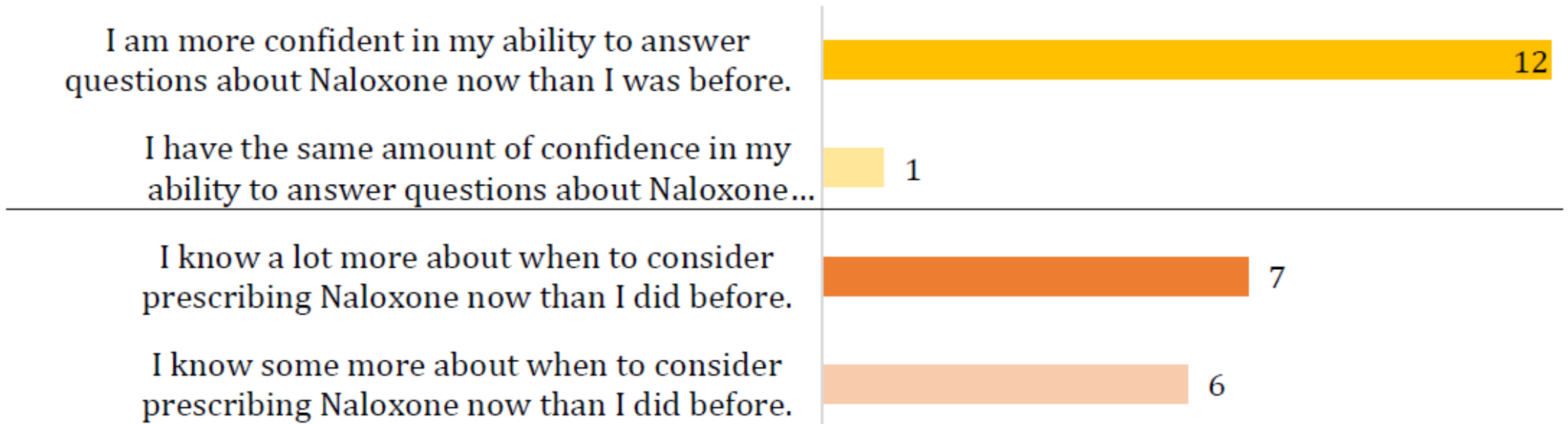
Most respondents reported that the main topic discussed in their SafePrescribe sessions was prescribing naloxone (n=11). The second most common main topic was co-prescribing opioids and benzodiazepines (n=6).

When asked about secondary topics discussed, respondents most commonly discussed co-prescribing of opioids and benzodiazepines (n=6), followed by prescribing naloxone (n=3) and PDMP (n=2).



Impact on Knowledge

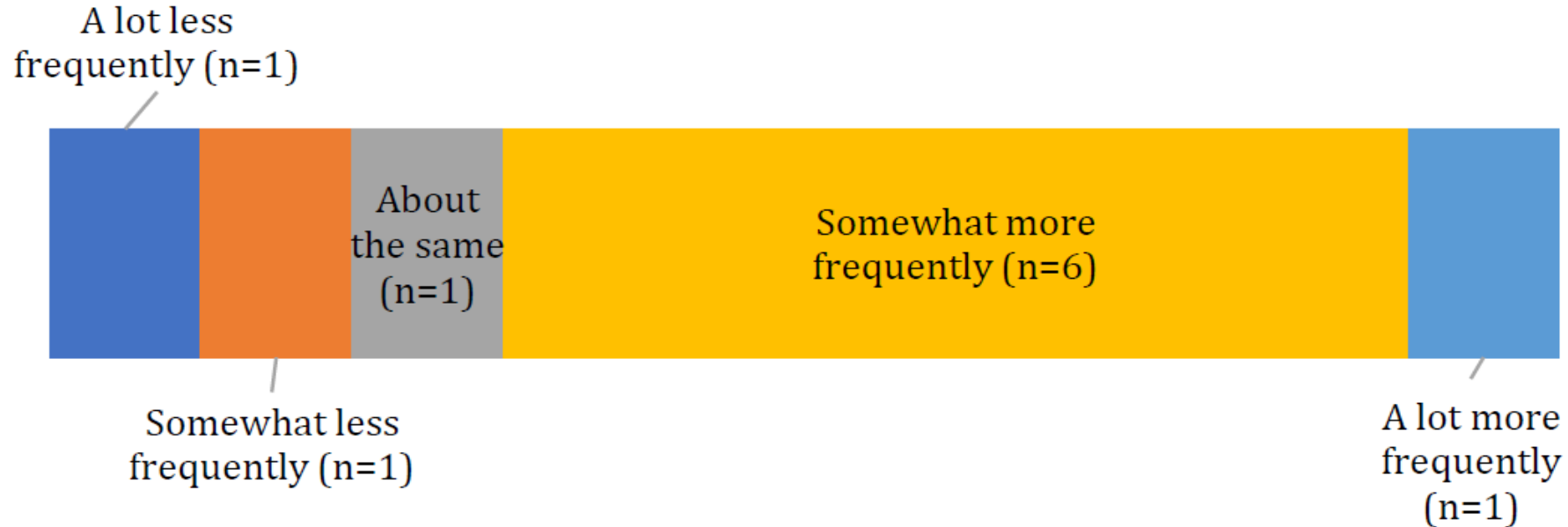
Respondents reported increased knowledge of naloxone, opioid and benzodiazepine co-prescription, and alternatives to opioids and benzodiazepines for common conditions. **All respondents said their knowledge about naloxone increased “some” or “a lot” compared to before their SafePrescribe session (n=13).** 92% of respondents said they feel more confident to answer questions from patients than prior to their sessions (n=13).



I plan to prescribe naloxone...



After SafePrescribe, I plan to consider deprescribing opioids and/or benzodiazepines when appropriate (n=10)



Satisfaction with SafePrescribe educators
n=18

I would recommend my SafePrescribe educator to a colleague.

Agree
22%

Strongly agree
78%

I am satisfied with the way my SafePrescribe educator delivered the material.

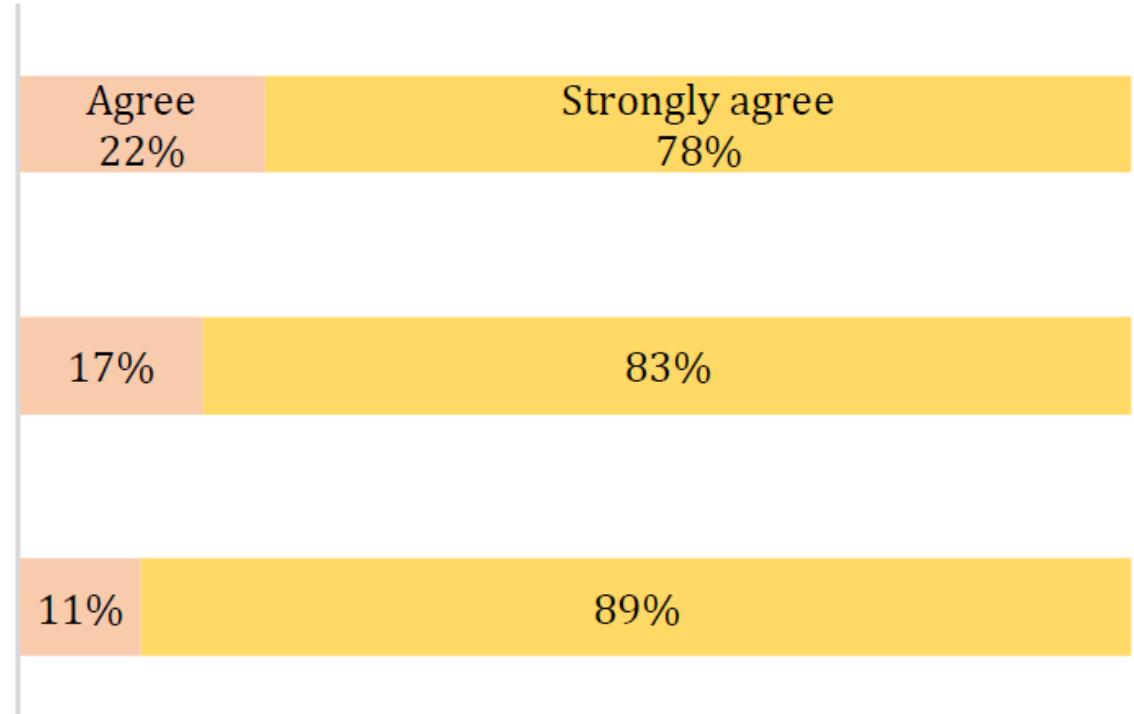
17%

83%

My SafePrescribe educator was knowledgeable about the topic(s) discussed.

11%

89%



Informal
Feedback -
Unexpected
Success



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Successful Detailing at UNMC

- Dr. Balasanova conducts detailing sessions with primary providers at the University of Nebraska Medical Center and Nebraska Medicine
 - Internal Medicine
 - Family Medicine
 - Hospitalists
 - Outpatient primary care
- Front-line clinicians have provided actionable feedback
 - Clinicians reported challenges in prescribing naloxone through EMR
 - Challenges in knowing when to prescribe



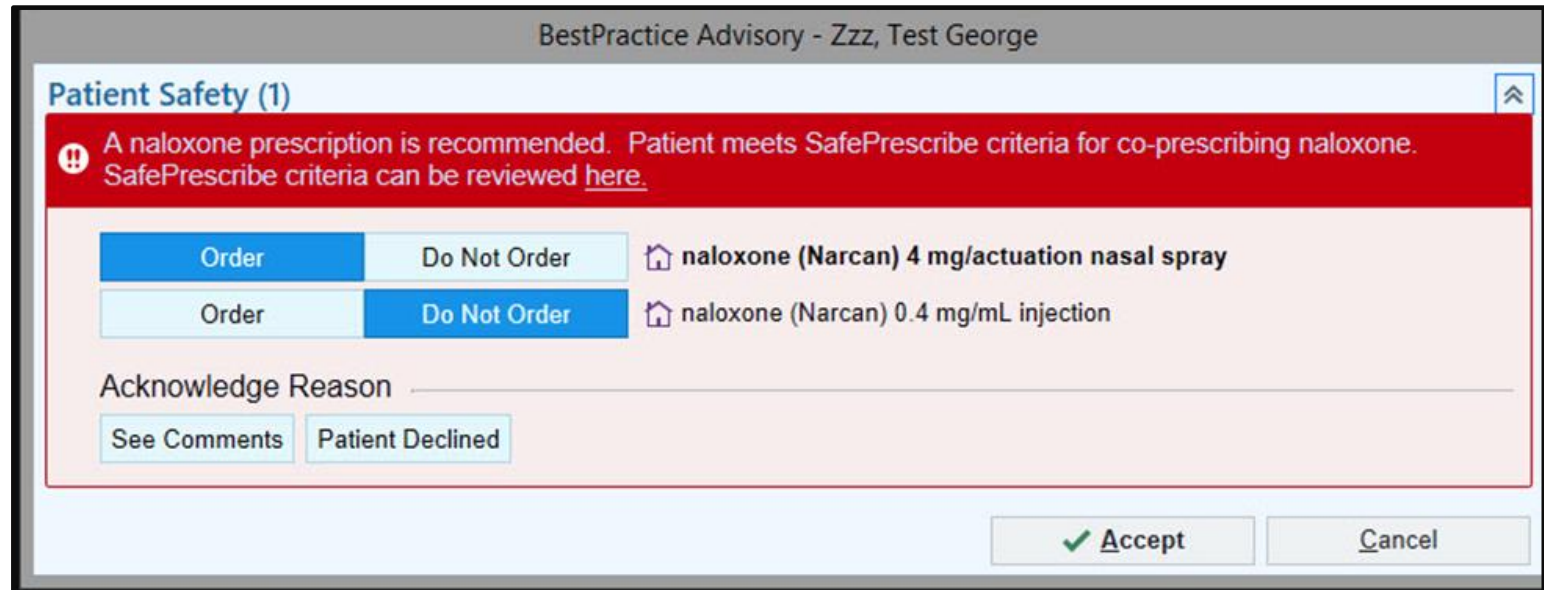
Academic detailing inspired system changes

Four most common naloxone formulations added to the electronic medical record system preference list

System-wide documentation tool added to document naloxone discussion with patients in the electronic medical record

2 electronic bulletins sent to all medical staff reminding about the importance of naloxone and informing of available new tools to facilitate prescribing

Additional System Changes at UNMC



- Best Practice Advisory (BPA) for co-prescribing naloxone: decision support tool that automatically launches when ambulatory opioid prescriptions are ordered and certain criteria are met
 - In outpatient setting or when patients discharge from the hospital

Results of system-wide changes

Month	Total BPA Fires	# of Unique Patients	Patient Declined	See Comments Declination	Naloxone Scripts Ordered
Aug-21	9405	8149	3409	3600	1345
Sep-21	7498	6924	3394	2630	1002

Future Directions

- Increased marketing of program
- Recruitment of additional detailers
- Evaluating new detailing topics