

# Engaging *Student Pharmacists* in Academic Detailing

Jordan Wulz, PharmD, MPH, BC-ADM

Assistant Professor of Pharmacy Practice

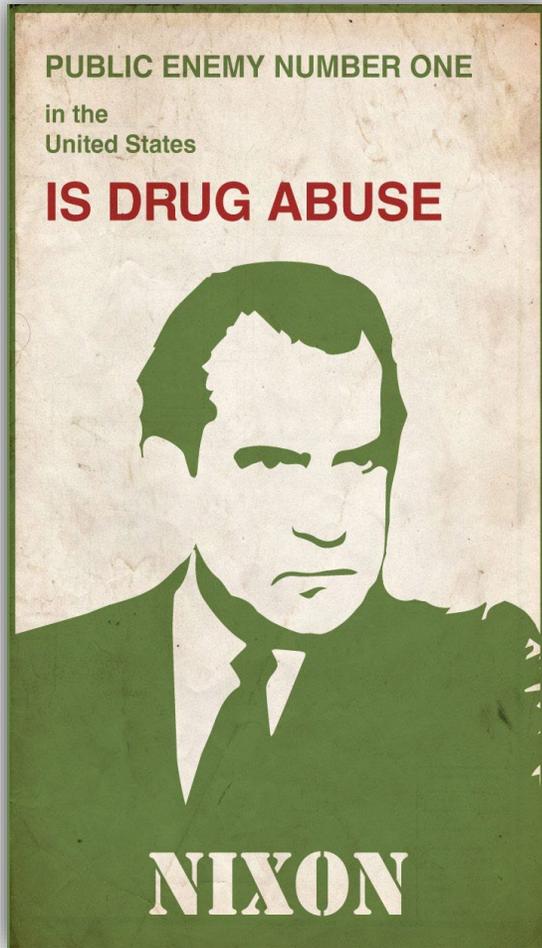
Concordia University Wisconsin

Mequon, Wisconsin

# Disclosure Statement

- I have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject presented today

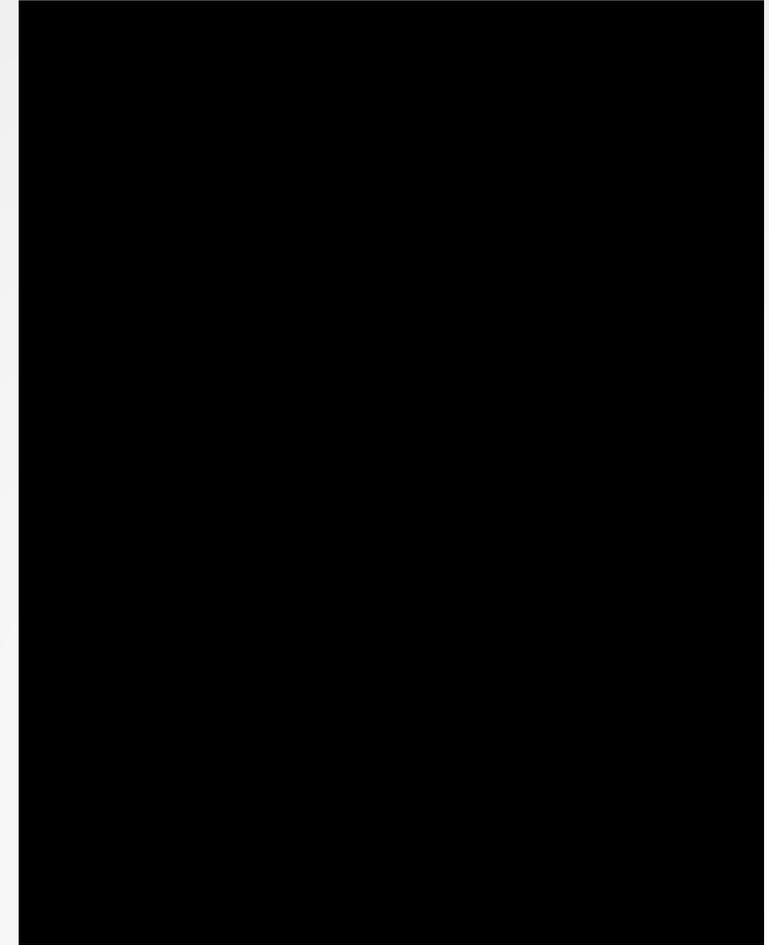
# Background—Opioid Crisis



1971



1982



1987, 1997

# War on Drugs → Harm Reduction

FOR IMMEDIATE RELEASE

September 27, 2016

## Department of Health Services (DHS) Issues Public Health Advisory on Opioid Crisis

Governor Scott Walker launches Task Force to address the use and abuse of heroin and prescription opioids

## Heroin Opiate Prevention and Education (HOPE) Legislation



# Wisconsin's Response



- 1) Prevent high-risk prescribing
- 2) Promote the use of the Prescription Drug Monitoring Program
- 3) **Expand access and use of naloxone**
- 4) Expand access to evidence-based substance abuse treatment
- 5) Collaborate with other state and local agencies, health care providers and other partners to develop strategies to reduce the devastation of opioid abuse

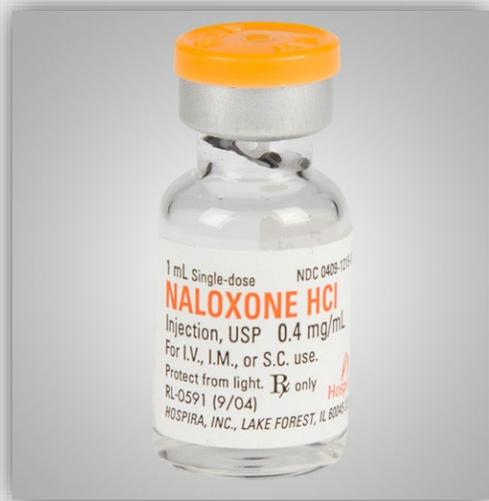
# 2016 CDC Opioid Prescribing Guideline

- **Recommendation 8:** Use strategies to mitigate risk
  - Evaluate risk factors for opioid-related harm
  - **Consider offering naloxone when risk factors for opioid overdose exist**



# 2016 Naloxone Statewide Standing Order

- The SSO allows **pharmacists** in Wisconsin to **dispense naloxone without a prescription** to anyone at risk of an opioid overdose, as well as their family, friends, and anyone who may witness an opioid overdose.
- Considered indirect prescribing authority





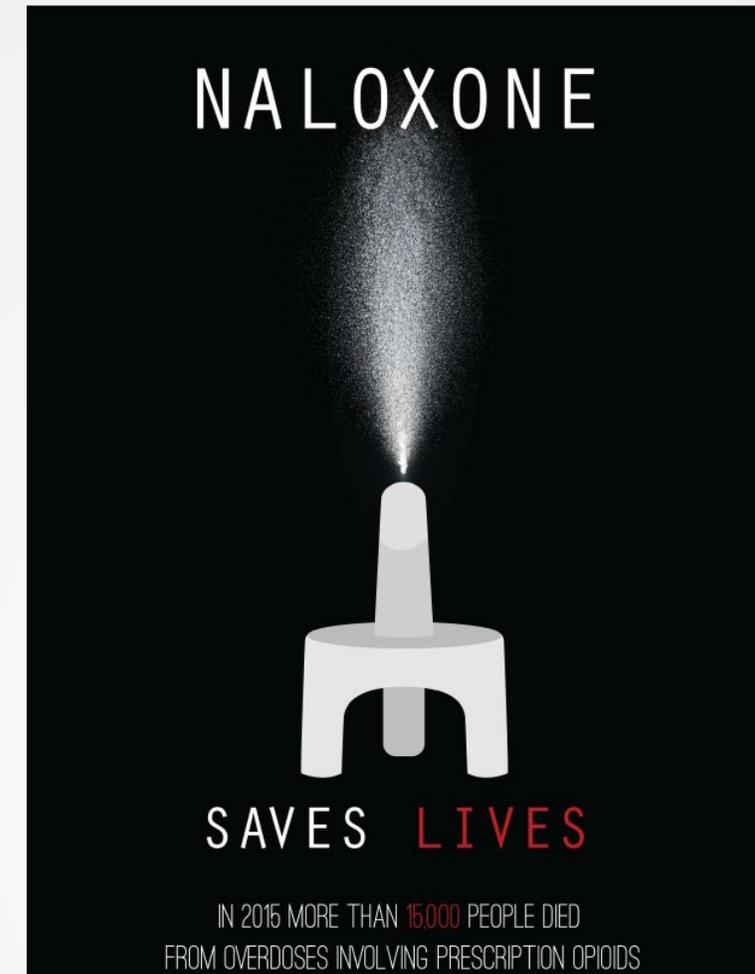
## **Naloxone Standing Order Signed**

August 27, 2016 - PSW Annual Meeting

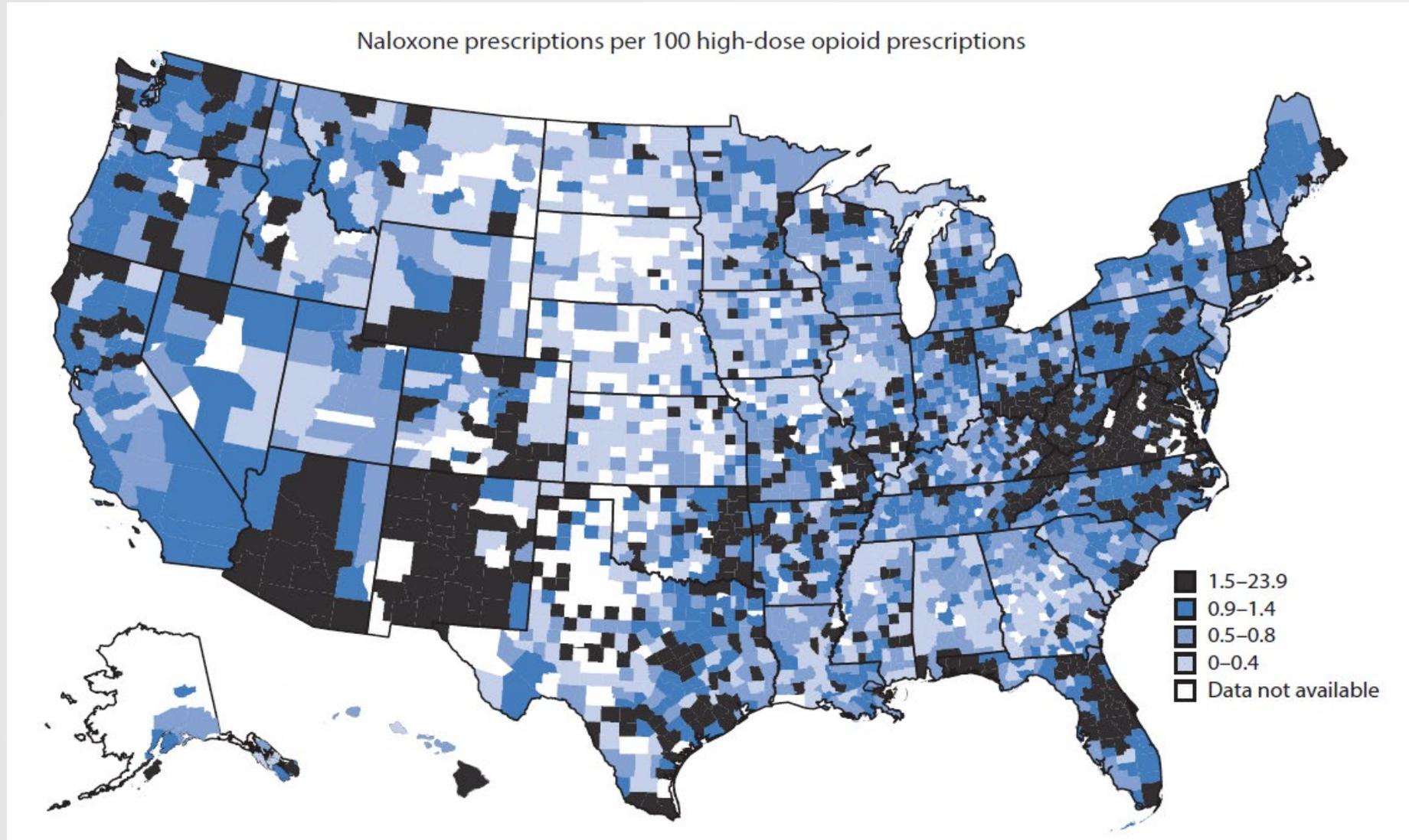
**So what's the problem???**

# Naloxone Co-Prescribing

- Several states have mandated co-prescribing of naloxone when risk factors are present as a result of the 2016 CDC Opioid Guideline
- Naloxone dispensing increased from 1,282 prescriptions in 2012 to 556,847 prescriptions in 2018.
- 9 million patients received a high-dose opioid, but **only 406,000 were dispensed naloxone**



# Naloxone Prescriptions by County



# Academic Detailing Project

- Comprehensive training of all Wisconsin 3<sup>rd</sup> year pharmacy students in naloxone-specific legislation, counseling, prescribing, and academic detailing
- Students instructed to use AD in their 4th year Advanced Pharmacy Practice Experiences to educate practicing pharmacists on 2016 Naloxone Statewide Standing Order
- Project Members:
  - Pharmacy Society of Wisconsin (PSW)
  - Wisconsin Department of Health Services (DHS)
  - Concordia University Wisconsin, School of Pharmacy (CUW)
  - Medical College of Wisconsin, School of Pharmacy (MCW)
  - University of Wisconsin-Madison, School of Pharmacy (UW)



# Project Goals

By way of training 3<sup>rd</sup>-year students in naloxone-specific AD:

- Improve pharmacist identification of patients that may benefit from having naloxone on-hand
  - Increase number of pharmacists making a strong recommendation for naloxone to these patients, including addressing stigma
- Improve pharmacist confidence in making a strong recommendation to health care providers to co-prescribe naloxone when appropriate
- Enhance awareness amongst pharmacy staff that the SSO enables dispensing of naloxone in pharmacies without the need for a prescription from another healthcare provider

# Applied Patient Care Lab

- 1) Naloxone Presentation
- 2) Naloxone Counseling Worksheet
- 3) Naloxone Patient Counseling
- 4) Academic Detailing Presentation
- 5) Academic Detailing Practice

## Lab Activities Process: Naloxone Administration/Academic Detailing

Upon completion of this lab activity, students in Phar 570 should be able to:

1. Utilize the screening checklist provided by the Pharmacy Society of Wisconsin and the Wisconsin Pharmacy Examining Board to determine if a patient is at high risk of overdose.
2. Counsel a patient on how to administer naloxone (both the intranasal and the intramuscular formulations).
3. Educate the patient on signs and symptoms of opioid overdose as well as opioid withdrawal.
4. Provide academic detailing on naloxone prescribing to a healthcare professional.



Activity	Approximate Times (Total = 110 minutes)
PRELAB	Prelab
INTRO <ol style="list-style-type: none"> <li>1. Review the Pharmacist Tools and Patient Education Materials available at <a href="https://www.dhs.wisconsin.gov/opioids/standing-order.htm">https://www.dhs.wisconsin.gov/opioids/standing-order.htm</a>.</li> <li>2. Review the naloxone education documents posted in Blackboard</li> <li>3. Complete the Naloxone Counseling worksheet (posted in Blackboard) and prepare to screen and counsel a patient on naloxone (both intranasal and intramuscular formulations).</li> <li>4. Naloxone counseling: Students will be working in groups of three as patient/pharmacist/peer evaluator to practice screening and counseling a patient on naloxone.</li> <li>5. Detail a healthcare professional on the prescribing and dispensing of naloxone with regard to the state-wide standing order</li> </ol>	5 minutes
LAB ACTIVITY <ol style="list-style-type: none"> <li>1. <b>Naloxone Presentation:</b> 25 minutes</li> <li>2. <b>Complete Naloxone Counseling Worksheet:</b> 15 minutes</li> <li>3. <b>Naloxone Patient Counseling:</b> 20 minutes</li> <li>4. <b>Academic Detailing Presentation:</b> 25 minutes</li> <li>5. <b>Naloxone Academic Detailing:</b> 20 minutes</li> </ol> <p>Hand in completed Peer Evaluation Checklist, Academic Detailing Evaluation Form, and Naloxone Counseling Worksheet before leaving lab.</p>	105 minutes
POST-LAB	



# Who would benefit from having Naloxone on hand?

## Screening Checklist

There are some factors that could put someone at a HIGHER risk of overdose.

Please answer these questions and give this to a pharmacist during your consultation.

Who is this for?

Myself       Someone else

Do any of the following apply to the person taking opioids:

- Known breathing problem, like asthma?  
 Yes     No     Unsure
- History of smoking?  
 Yes     No     Unsure
- Known kidney or liver problems?  
 Yes     No     Unsure
- Prescription for a benzodiazepine, like a muscle relaxer or sedative?  
 Yes     No     Unsure
- Prescription for an antidepressant?  
 Yes     No     Unsure
- Receiving methadone, Suboxone® or Vivitrol®?  
 Yes     No     Unsure
- First time being prescribed opioids?  
 Yes     No     Unsure
- Have a high-dose opioid prescription (higher than 50 mg morphine daily)?  
 Yes     No     Unsure

# HOW TO USE NALOXONE FOR AN OPIOID OVERDOSE

A patient and caregiver's guide to administration of naloxone

## What is an opioid?

Opioids include drugs such as heroin and prescription medications used to treat pain such as morphine, codeine, hydrocodone, methadone, fentanyl, heroin, hydromorphone, and buprenorphine. People do overdose and die by using too much or mixing them with other pills, street drugs, or alcohol.

## What is an opioid overdose?

Due to opioids' effect on the part of the brain that regulates breathing, opioids in high doses can cause someone to stop breathing and even lead to death.

## What is naloxone?

Naloxone, also known as Narcan or Evzio, can reverse an opioid overdose in a few minutes. It reverses the effects of opioids.

## A. RECOGNIZE THE OVERDOSE

- Breathing is very slow or stopped
- Person does not respond when you call his or her name, shake him or her or cause pain by rubbing your knuckles hard on his or her breastbone
- Blue lips and or finger tips
- Slow heart beat or pulse
- Pale, clammy skin
- Deep snoring or gurgling noises

## B. CALL 9-1-1

- All you have to say is "Someone is unresponsive and not breathing"
- Give a clear address and location

## C. START RESCUE BREATHING

- Check to see nothing is in the person's mouth
- Tilt his or her head back, lift chin, pinch nose shut
- Start with two breaths into the mouth, then one breath every 5 seconds for 30 seconds

## D. ADMINISTER NALOXONE

## E. STAY UNTIL HELP ARRIVES

- Keep rescue breathing until ambulance arrives
- Do not leave a person alone after giving naloxone
- If you must leave the person, place the person in a recovery position
  - If the person does not breathe after naloxone has been delivered, continued rescue breathing is important until help arrives.

## D. ADMINISTER NALOXONE



**1 PEEL** back the package to remove the device.

**2 PLACE** the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

**3 PRESS** the plunger firmly to release the dose into the patient's nose.

## Injectable naloxone

- 1** Remove cap from naloxone vial and uncover the needle.
- 2** Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
- 3** Inject 1 ml of naloxone into an upper arm or thigh muscle.
- 4** If no reaction in 3 minutes, give second dose.

## Evzio, Auto-Injector naloxone



Evzio contains a speaker that will guide you to inject naloxone into the patient's outer thigh, through the clothing if needed. |

### Administration steps

**1.** Pull EVZIO from the outer case.

Do not go to Step 2 (do not remove the red safety guard) until you are ready to use EVZIO. If you are not ready to use EVZIO, put it back in the outer case for later use.

**2.** Pull off the red safety guard.

To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

**Note:** The red safety guard is made to fit tightly. Pull firmly to remove.

Do not replace the red safety guard after it is removed.

**3.** Place the black end against the middle of the patient's outer thigh (through clothing (pants, jeans, etc.) if necessary), then press firmly and hold in place for 5 seconds.

If you give EVZIO to an infant less than 1 year old, pinch the middle of the outer thigh before you give EVZIO and continue to pinch while you give EVZIO.

**Note:** EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that EVZIO is working correctly. Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use.

**4.** After using EVZIO, the user should immediately seek emergency medical help.

If symptoms return after an injection with EVZIO, an additional injection using another EVZIO may be needed. Give additional injections using a new EVZIO auto-injector every 2 to 3 minutes and continue to closely watch the person until emergency help is received.

EVZIO cannot be reused. After use, place the auto-injector back into its outer case. Do not replace the red safety guard.

# Using my Training to Train Students in AD



2019 NaRCAD Academic Detailing Training

### Pharmacy Students' Academic Detailing Training Assessment

This assessment is designed to be used when students are practicing the process of academic detailing. Three people are required to complete the activity. One student will act as the detailer, one person will act as the ~~detailer~~, and one person will be an observer. As the student goes through the process of detailing another student or professor, the observer will use this checklist to mark how well the student delivers each component of academic detailing.



Meets Expect 2	Progressing 1	Needs Improv 0	Academic Detailing Component
<i>Introduction</i>			
			Share who you are
			Share where you are from
			Describe what the academic detailing service is
			Explain why you are there and what benefit you will deliver
			Use small talk, when appropriate
			Maintain consistent eye contact
			Check for acceptance
<i>Needs Assessment</i>			
			Bridge from introduction to conversation
			Encourage clinician to lead
			Use active listening skills
			Use open-ended questions
			Be honest
<i>Key Messages</i>			
			Deliver key messages in the form of practice changes/behaviors
			Share features and benefits using linking words (e.g., therefore, because, so that, which means)
			Handle objections and obstacles

			- Probe
			- Restate objection
			- Respond to objection, if ready, with features, benefits, or enablers
			- Gain confirmation that objection was addressed
			Share information sheet
<i>Review and Close</i>			
			Provide a brief review of key messages
			Ask clinician for remaining questions
			Do not repeat messages that were not well-received
			Secure commitment to practice change
			Describe follow-up that will occur

Scores can range from 0 to 50, with higher scores suggesting better implementation of the academic detailing model.

Total score: \_\_\_\_\_

# AD Pharmacist Cases

- **In response to you asking, “What do you know about naloxone?”**
- **Pharmacist 1:** “Isn’t that for drug addicts? It’s similar to Suboxone right?”
- **Pharmacist 2:** “I think it’s ridiculous that we are giving it out without a prescription. It just adds to the cycle of addiction. People who use heroin know they have a safety net now so they’re more likely to continue injecting.”
- **Pharmacist 3:** “I know they changed that law that lets pharmacists dispense it without a prescription, but I don’t really know who it would be appropriate for or how to write the prescription.”

# AD Educational Tool

## OPIOID EPIDEMIC IN WISCONSIN

Opioid deaths in Wisconsin are rising and have exceeded the annual average of ~350 automobile crash fatalities every year.<sup>13</sup> In 2017, 362 Wisconsin residents died of prescription opioid overdose and 880 people died of a heroin or synthetic opioid overdose. Southern Wisconsin counties have the highest rates of opioid fatalities, Dane County included. Kenosha, Florence, and Menominee Counties have the worst fatality rates, in excess of 20% per 100,000 residents.

Figure 1. Rate of drug overdose deaths involving opioids by county of residence - 2018 data.

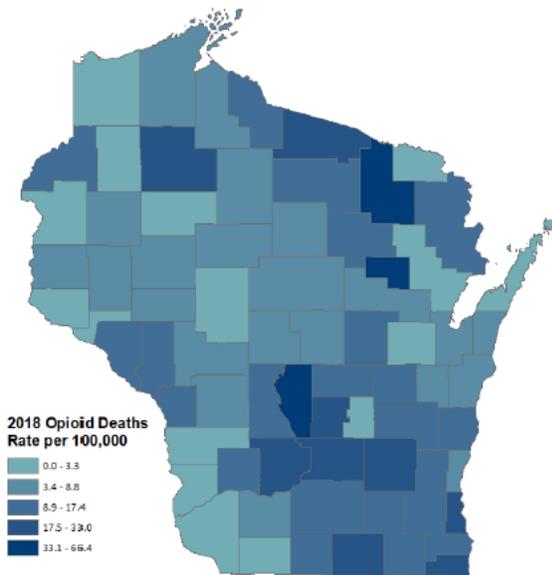
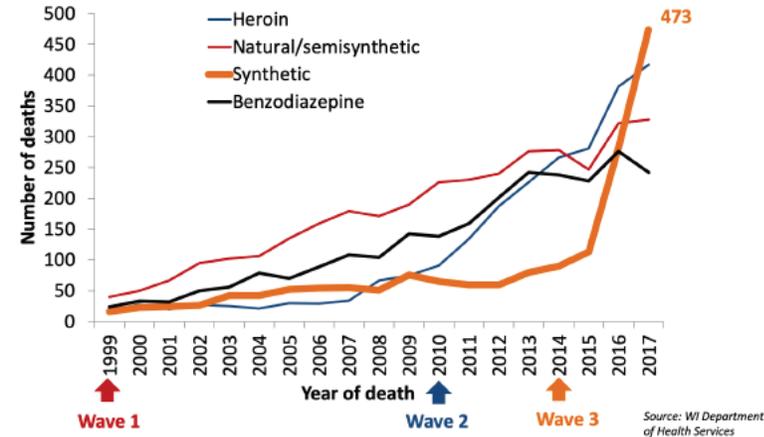


Table 1. Leading Causes of Death in WI, 2017<sup>3</sup>

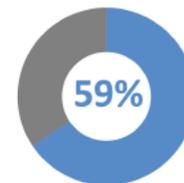
	Wisconsin Deaths	Rate
Drug Overdose	1177	21.2
Diabetes	1433	19.4
Influenza/Pneumonia	974	12.9
Kidney Disease	922	12.5
Suicide	926	15.4
Firearm	624	10.6
Homicide	202	3.7

This project/material development was funded by the Cooperative Agreement 6 NU17CE925003 Centers for Disease Control and Prevention (CDC). Its contents do not necessarily represent the official views of the CDC or the U.S. Department of Health and Human Services.

Figure 2. There have been three waves of increasing opioid-related overdose deaths. Prescription opioids were the first wave, heroin was the second and synthetic opioids are the third. Importantly, benzodiazepine and opioid-related overdose deaths have been steadily increasing.

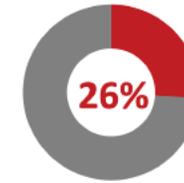


1 in 2 (59%) opioid overdose deaths involve an additional drug or substance.



Statewide nearly 18% of patient prescription days had an overlapping opioid and benzodiazepine prescription

1 in 4 (26%) of opioid-related deaths also involved benzodiazepines



### Symptoms of Opioid Overdose<sup>4</sup>

- Unresponsive to voice or physical stimuli (such as rubbing knuckles on sternum)
- Slow, irregular, or not breathing (respiratory depression, respiratory arrest)
- Blue tinged lips or fingernails (cyanosis)
- Pin point pupils (myosis)
- Low blood pressure (hypotension) or weak pulse (heart rate)

### Who is at Risk for Opioid Overdose?<sup>4</sup>

- Patients at risk of opioid-related overdose who are on high dose opioids or lower dose opioids with concomitant sedatives and/or high risk conditions (see algorithm note card)
- Patients that currently or have a history of heroin use or opioid misuse
- People with recent opioid unintentional or intentional overdose, intoxication or poisoning
- Patients prescribed injectable naltrexone suspension (Vivitrol®), methadone, or buprenorphine

# AD Educational Tool

## HOW NALOXONE CAN HELP

### Naloxone Products Currently Available<sup>4,5</sup>

1. Narcan® 4 mg/0.1 mL Nasal Spray for most insurers is a preferred brand name copay
2. Evzio® 2 mg Auto-Injector is a non-preferred product by most insurances, and requires a prior-authorization.
3. Naloxone 0.4 mg/mL unit dose vial x2 for most insurers is a generic copay (requires 2 IM syringes with attached needles).

#### Product Comparison<sup>4</sup>

<https://prescribetoprevent.org/pharmacists/formulations/>

### DO NOT RECOMMEND:

1. Off-label use of the parenteral product for nasal use is not recommended due to assembly and administration.
2. Naloxone products manufactured for via Carpuject® administration due to complex administration and requires availability and use of a Carpuject® device.
3. Do not dispense multi-dose vials or ampules of naloxone for injection.



Nasal Spray



Auto-Injector



Vial & Syringe

## Cost of Naloxone

Many insurances cover naloxone for patients who are high risk of opioid overdose. If the recipient is NOT the intended end-user (proxy prescription) or if insurance does not cover naloxone, then purchaser will need to pay the cash price. Approximate cash prices are as follows.<sup>6</sup>

Narcan® 4 mg/0.1 mL Nasal Spray x2 doses: \$150

Evzio® 2 mg Auto-Injector: \$2,460

Naloxone 0.4 mg/mL unit dose vial x2: \$24 - \$46  
Plus out of pocket cost of 2 IM syringes with attached needles

### How To Discuss Naloxone with Patients

Refer to the “How to Give Naloxone” patient handout <https://www.dhs.wisconsin.gov/publications/p01576.pdf>

Instead of using the word “overdose,” consider using language like “accidental overdose,” “bad reaction” or “opioid safety.” You may also consider saying:

- Opioids could slow or stop your breathing.
- Naloxone is for an opioid emergency — to be used only if there is a bad reaction where you are unable to awaken.
- Naloxone is for opioid medications similar to how someone with severe allergies carries an EpiPen®.
- Naloxone is an emergency medication if a child, grandchild, teenager, or young adult were to ingest any opioids.
- Naloxone is like a fire extinguisher – it’s there in case of an emergency and hopefully you never need it.



### How to Provide Patients with Naloxone

1. Narcan® Nasal Spray and Evzio® Auto-Injector are available for electronic prescribing similar to other prescription products by licensed prescribers (MD, NP, PA).
    - a. Preferred prescription comments: “RPh may substitute a similar brand or generic naloxone based on insurance coverage, product availability and/or patient preference”
  2. Sign up for the state standing order to dispense naloxone. The DHS/PSW naloxone screening checklist can be used as a prescription to scan into the pharmacy’s prescription software when prescribed by a pharmacist under the WI state standing order. You may also use the algorithm (see algorithm note card) to further clarify if your patient qualifies for (and would be recommended to have) a naloxone co-prescription.
- Call 911 immediately. Give 1 spray or 1 injection for opioid overdose (suspected or confirmed), repeat if needed every 2-3 minutes.
  - Naloxone 0.4 mg/mL vial (for IM use) x2 doses can be dispensed as an alternative to branded products (requires 2 IM syringes with attached needles) Hospira NDC #00409-1215-01; Mylan NDC #67457-292-00

### Other Resources About Naloxone or Opioid Harm Prevention

Refer to the following URLs to find other resources that can be shared with the patient and/or their caregivers.

- WI State Naloxone Standing Order : <https://www.dhs.wisconsin.gov/opioids/standing-order.htm>
- Prescribe to Prevent: <https://prescribetoprevent.org/>
- Dose of Reality: <https://doseofrealitywi.gov/>

### References

1. Wisconsin Department of Health Services <https://www.dhs.wisconsin.gov/publications/p01690.pdf>
2. NIH Drug Abuse <https://www.drugabuse.gov/opioid-summaries-by-state/wisconsin-opioid-summer>
3. [http://www.cdc.gov/nchs/pressroom/states/WI\\_2015.pdf](http://www.cdc.gov/nchs/pressroom/states/WI_2015.pdf)
4. Prescribe to Prevent: <https://prescribetoprevent.org/>
5. Lexi-Comp Online, Lexi-Drugs Online, [Internet database]. Hudson, OH: Lexi-Comp, Inc.; 2012. Accessed August 2019.

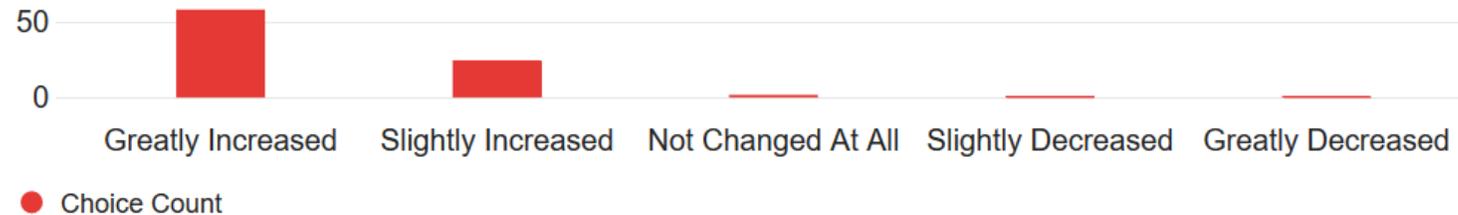


# What We Learned

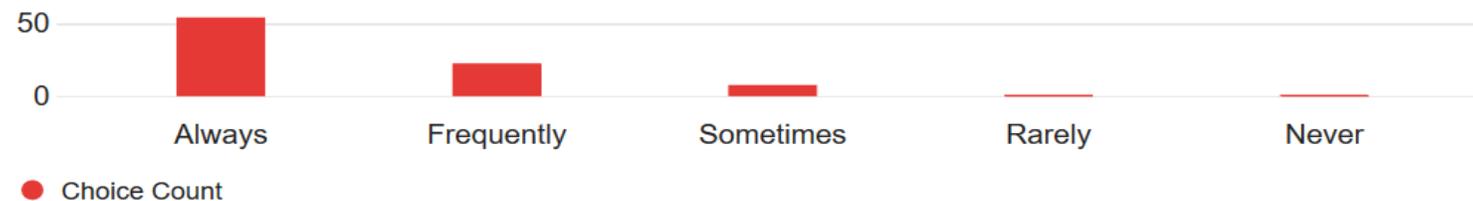
- The NaRCAD training for the pharmacist faculty champions was helpful in rethinking how pharmacy students could be change agents within the pharmacies they work and train in.
- Naloxone education in Wisconsin SOPs has evolved from a patient-centric focus to also include a focus on educating practicing pharmacists.
- This training impacted students' knowledge, attitudes and commitment in identifying individuals who would benefit from having naloxone on hand and prescribing/dispensing naloxone when appropriate.

# What We Learned

Q1 - As a result of receiving education and training on naloxone and academic detailing in APC V: My knowledge regarding the use of naloxone for reversal of opioid overdose has \_\_\_\_\_.



Q5 - As a result of receiving education and training on naloxone and academic detailing in APC V: I commit to adopt the dispensing of naloxone when it is indicated, \_\_\_\_\_.



# Next Steps

- Naloxone-specific academic detailing training in Wisconsin SOPs will continue
- Incorporation of a brief AD survey will be embedded in all Community Pharmacy APPE rotation evaluations
  - Assess utilization of naloxone-specific AD during individual APPE rotations
- Plan to assess state data for a correlation between the quantity of naloxone dispensed directly by pharmacists under the SSO with the advent of academic detailing by student pharmacists and enhanced naloxone training in the didactic setting

# Conclusion

- Training student pharmacists in the science and art of academic detailing is a novel approach to improving the application of evidence-based medicine in practice.
- Although the initial aims of this project were to improve naloxone dispensing through the SSO of current pharmacists, it was clear to both faculty and student pharmacists that academic detailing is an important skill that could be used to educate healthcare professionals on a variety of topics, in many different professional settings.
- Considering most SOPs include naloxone administration and counseling training in their curriculum, the addition of academic detailing within this dedicated time slot is certainly feasible, with the potential to have a greater overall impact on the dispensing of naloxone by pharmacists with or without a prescription.