Take-Home Naloxone Kits: A Prescription for Action

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Objectives

• Assess current need on a local and global level for increased public access to naloxone
• Discuss the role of medical residents, primary care providers, and addictions services in prescribing and offering naloxone take-home kits
• Identify obstacles for naloxone take-home kits distribution by health care professionals and patients
• Devise a plan to implement naloxone take-home kits into the emergency department setting
• Identify future initiatives and strategies to improve access of naloxone to high-risk patients

National and Local Statistics

• Opioid overdose deaths were five times higher in 2016 compared to 1999
• ED-related opioid overdoses increased 30% in 45 states from July 2016 - September 2017
  – 70% increase in Midwest region
  – 54% in large cities

Available at: www.cdc.gov/drugoverdose/index.html
Audience Poll

• How many institutions currently dispense naloxone kits in some form from their institution?

Where to Begin?

Emergency Department ▶ Inpatient Unit ▶ Outpatient Clinic

Roles of Medical Providers

- Inpatient providers
- Primary care providers
- Addictions services
- Nursing
Obstacles

- Who has them?
- Who is affected?
- How are they affected?

Stigma
- Providers
- Nursing
- Social workers
- Case managers

Bedside interactions

Audience Participation
- What assessment questions do you need to ask to ascertain if a naloxone kit is needed?

Case Study – Eskenazi Health (EH)
- Sidney & Lois Eskenazi Hospital
  - 315 bed acute care, academic medical center
  - Around 100,000 ED visits annually
- Mission: Advocate, Care, Teach and Serve with a special emphasis on the vulnerable populations of Marion County, IN
Background

Despite > 700 ED encounters for opioid overdose in 2016, only 14 kits were dispensed by an EH outpatient pharmacy.

- All EH outpatient pharmacy sites began dispensing naloxone take-home kits
- Project POINT launched; outpatient prescriptions offered in ED for high-risk patients
- Approached by ED leadership to expand distribution to the ED

Evaluation

- Convened a small group from Pharmacy, Revenue Cycle, and Clinical Leadership to evaluate
  - Volume
  - Cost
  - Dispensing logistics
  - Potential reimbursement

Conclusion & Recommendation

- Current dispensing process was ineffective, missing high-risk patient population
- Infrastructure was already in place to provide comprehensive, wrap-around services for this disease
- Little opportunity for reimbursement

Pursue dispensing take-home kits from ED for high-risk patient population
Goals

- Offer take-home kits to patients with an ED encounter for opioid overdose as a component of comprehensive disease management
- Streamline ordering and dispensing process for prescribers, pharmacy, & nursing
- Ensure 100% compliance with take-home kit education
- Provide one consistent kit, regardless of EH dispensing location

Implementation

- January 2017: Convened Pharmacy, Revenue Cycle, IT, and Nursing workgroup to design workflow
- March 2017: Electronic health record build finalized; Pharmacy, nursing, & prescriber education completed
- April 2017: Go-live of kit dispensing from ED

Process – Kit Contents

- Naloxone 1 mg/1 mL – 2 mL syringe x 2
- LMA® mucosal atomization device 300 nasal atomizer x 2
- Patient education pamphlet
Process – Kit Contents

Process - Dispensing

• Take-home kit stocked in select profiled ED automatic dispensing cabinets (ADC)
• Order is configured for auto-verification
• ADC dispense alert triggered upon removal, reminding nurse to write the patient’s name, prescriber’s name, and date on the prescription label before dispensing
Results

360 kits in 2017 + 233 kits to date in 2018 = 593 kits to date

Case Study – Roudebush VA Medical Center

Next Steps

- Further prescriber education to ensure high-risk patient population is reached
- Expansion of kit preparation and dispensing in inpatient and ambulatory care/health department settings
- Evaluation of 1 syringe vs. 2 syringe kits
Questions?
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Process - Ordering
• Take-home kit is available on ED preference list, and is a pre-checked element of Opiate Overdose order panel

Process - Documentation
• To accommodate inpatient dispensing workflow, kit is configured as a facility-administered medication, not as an outpatient prescription
**Process - Documentation**

- The kit is brought by nurse to patient’s bedside for education. If patient refuses, we don’t dispense, but do educate friends/caregivers that the kit is available from an EH outpatient pharmacy without a prescription.
- Education task is documented by nurse.
- After-visit summary discharge instructions are populated with the same kit instructions.

**Process - Charging**

- Custom ERX configured as take-home medication (253 rev code)
- Because dose is not administered, configured as a COD medication

  ![Essentially no reimbursement.]

- Grant funding secured early 2018
  - Charges for all kits dispensed in ED routed to grant cost center – no longer submitted to payors