Take-Home Naloxone Kits: A Prescription for Action

Sarah Earles, BScN, RN, MA, CARN, LCAC
Molly M. Howell, PharmD, BCPS, BCCCP
Christopher J. Wickesberg, PharmD, BCPS

Midwest Medication Safety Symposium

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

Midwest Medication Safety Symposium

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

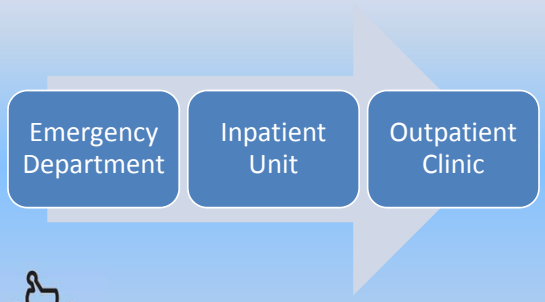
Midwest Medication Safety Symposium

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?



Roles of Medical Providers

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

Obstacles

Stigma	• Who has them? • Who is affected? • How are they affected?
Bedside interactions	• Providers • Nursing • Social workers • Case managers

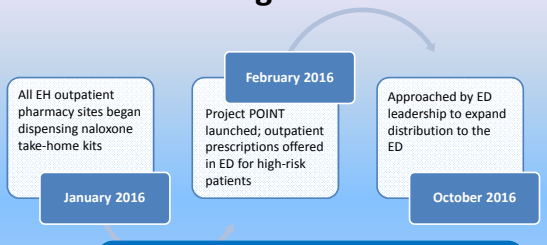
Audience Participation

- 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

Midwest Medication Safety Symposium

Evaluation

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

Midwest Medication Safety Symposium

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

Midwest Medication Safety Symposium

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

Midwest Medication Safety Symposium

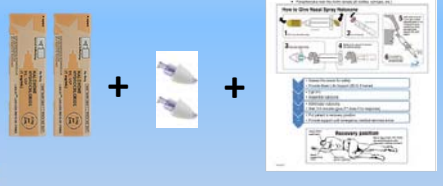
Implementation

- **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

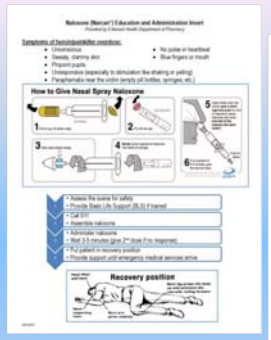
Midwest Medication Safety Symposium

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

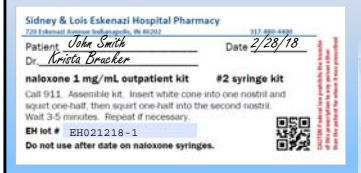


Midwest Medication Safety Symposium



Midwest Medication Safety Symposium

Process – Kit Contents



Midwest Medication Safety Symposium

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

Midwest Medication Safety Symposium

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?

Sarah Earles, BScN, RN, MA, CARN, LCAC
Certified Addictions Nurse
Roudebush VA Medical Center
sarah.earles1@va.gov

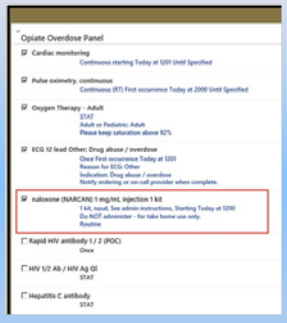
Molly Howell, PharmD, BCPS, BCCCP
Clinical Pharmacy Specialist, Emergency Medicine
Eskenazi Health
molly.mason@eskenazihealth.edu

Christopher Wickesberg, PharmD, BCPS
Director of Pharmacy
Eskenazi Health
christopher.wickesberg@eskenazihealth.edu

Midwest Medication Safety Symposium

Process - Ordering

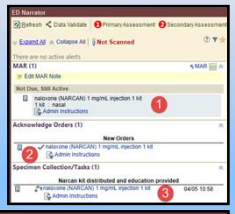
- Take-home kit is available on ED preference list, and is a pre-checked element of Opiate Overdose order panel

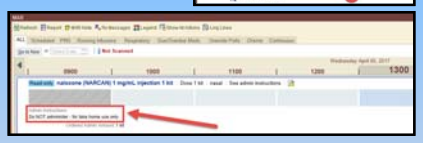


Midwest Medication Safety Symposium

Process - Documentation

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





Midwest Medication Safety Symposium

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 in 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