

# Academic Detailing to Improve Opioid Prescribing in Utah

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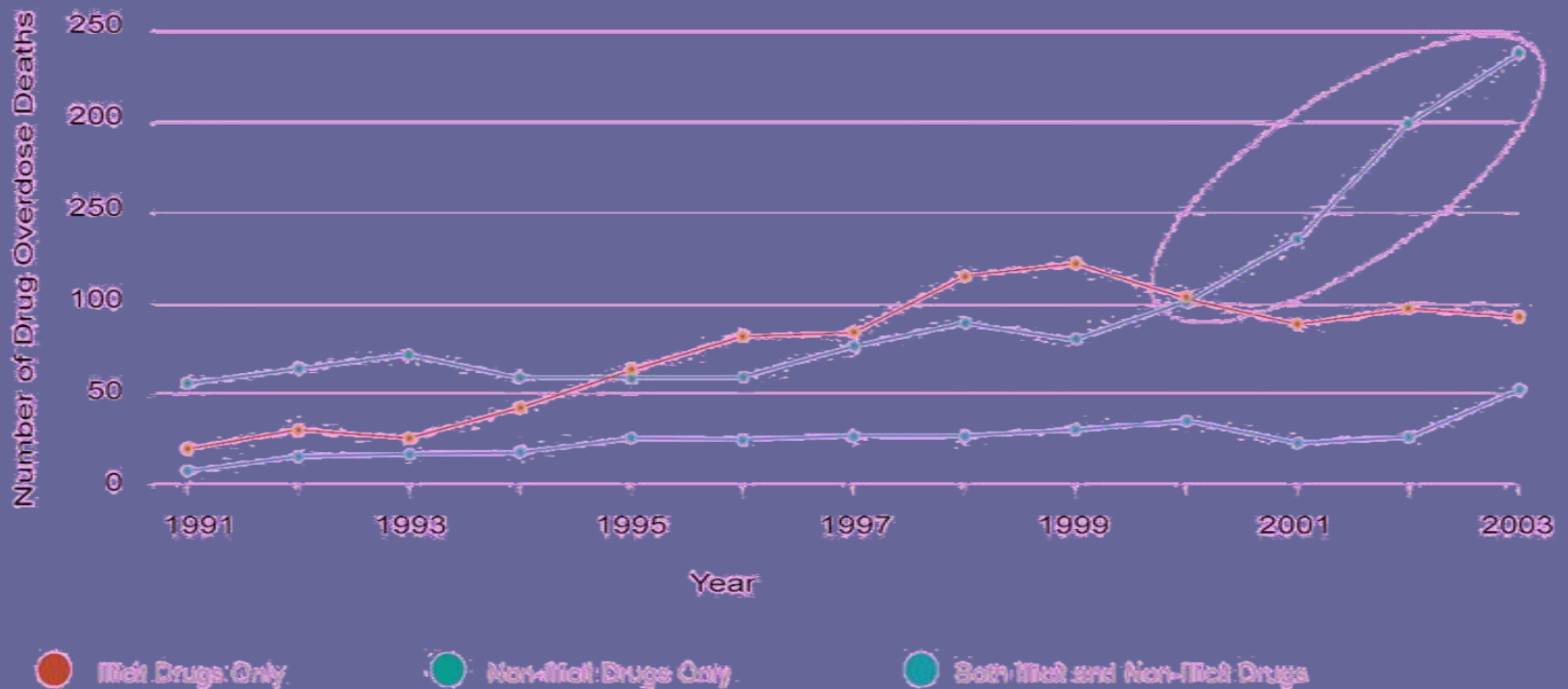
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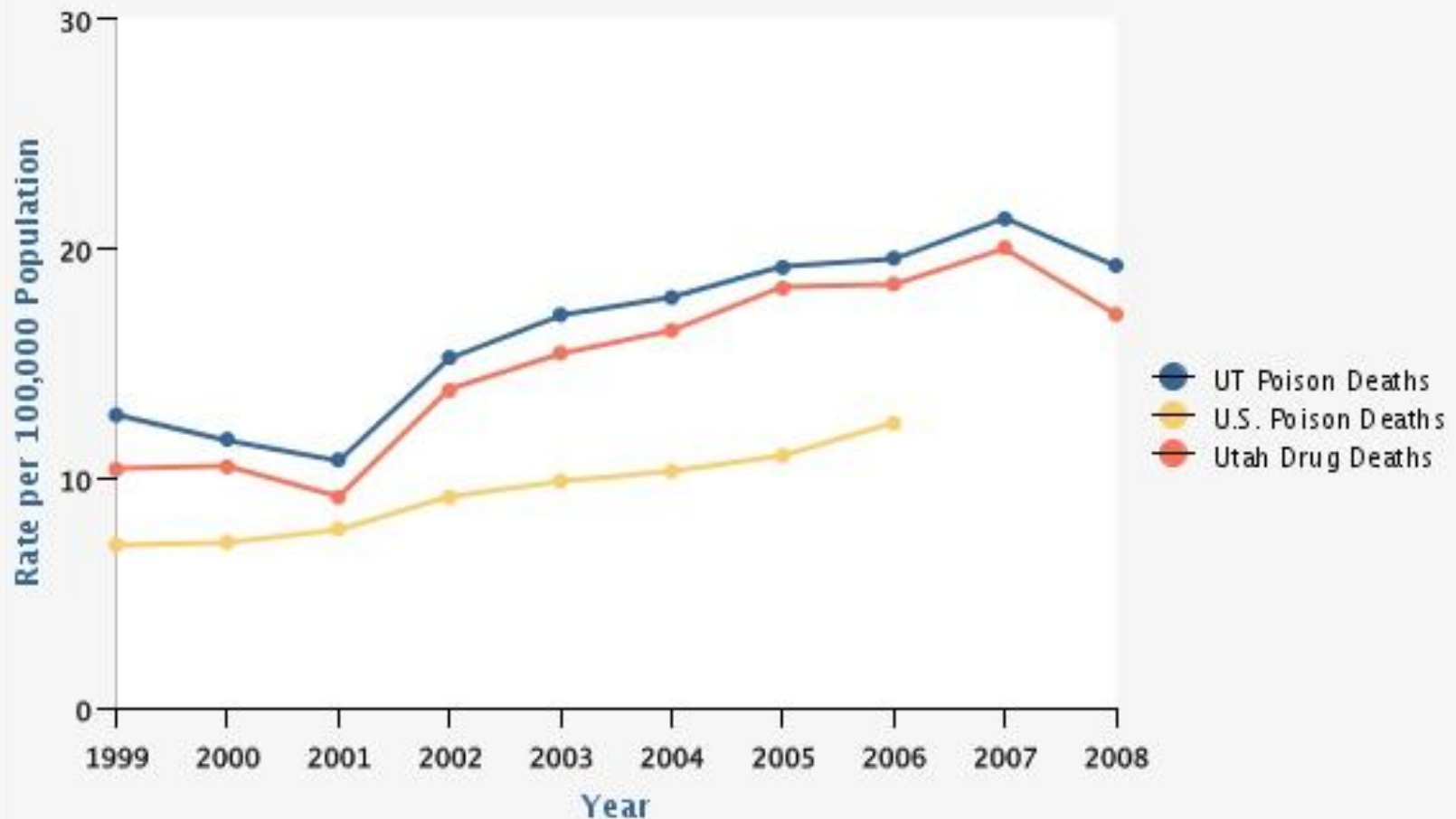
# The Problem

- Utah's Epidemic of Opioid-related deaths:
  - Increase in Number of Drug Poisoning Deaths began in 2003
  - Higher than national rates (US)

# Number of Drug Poisoning Deaths, Utah, 1991-2003



# Poisoning Death Rates by Year Utah and US, 1999-2008



# Tackling the Problem



# Utah House Bill 137 (2007)

## *“Pain Medication Management & Education”*

- A multi-pronged intervention:
  - Research the Epidemic
  - Develop Utah Opioid Prescribing Guidelines
  - Provider Education on Safe Prescribing
    - “Academic Detailing” by *HealthInsight* (local QIO)
  - Public Education Campaign
    - “Use Only As Directed”

# Intervention: “Academic Detailing” Provider Education on Safe Prescribing

- Outreach completed
  - Total live audience: 581 providers, 136 others
    - Primary care practices: 12 rural, 20 urban
    - Large groups (ie:UMA): 14 presentations
  - Published articles: 7
- Behavior change support
  - Check DOPL report before presentation (+CME cr.)
  - Complete survey at presentation, 1, & 6 mos. (+CME cr.)
  - Chart templates, pt. education materials, posters.

# Academic Detailing Presentations

## Topics covered

- Overview of Utah and local county epidemic
- Utah Prescribing Guidelines (once available)
- Utah's "Six Practices" for safe prescribing:
  - Start Low, Go Slow
  - EKGs with Methadone
  - Sleep studies
  - Avoid sedating meds with opioids
  - Avoid long-acting opioids in acute pain
  - Educate patient and family about safety



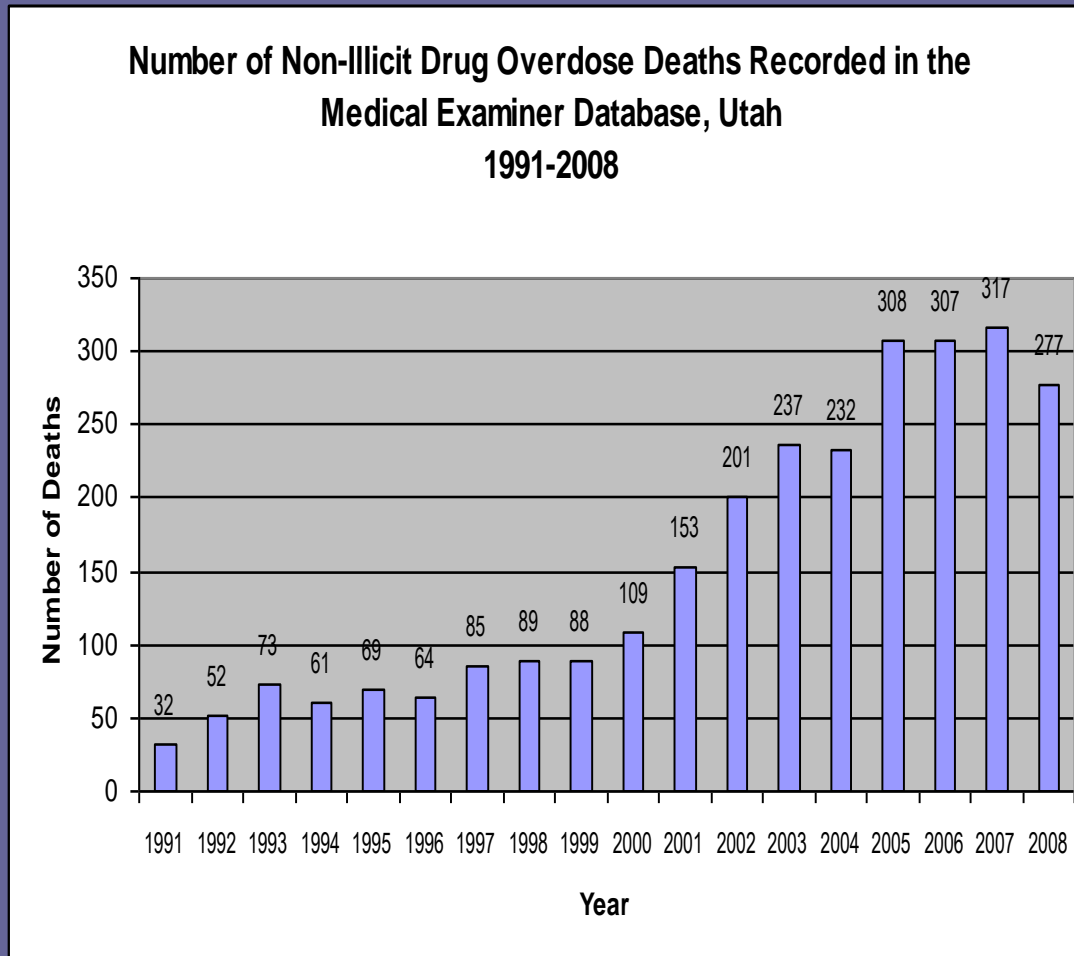
# Outcomes

- **Survey Results** (prescriber self-report)
  - Use of CSDB: 32% at presentation, 65% at 6mos.
  - Use of Six Practices: 40-80% compliance
    - Rates looked similar @ 0,1, & 6 months
      - » ??? real or bad questions ???
- **Limitations**
  - Low response rates (30% @ 1 mo; 15% @ 6 mo)
  - Questions asked about confidence to change behavior

# Outcomes

- **Utah's drug deaths**
  - Decreased in 2008 (14%)
- **Limitations:**
  - Was this due to our intervention?
    - » Other HB 137 Interventions?
    - » Other reasons altogether?

# Medical Examiner Database: Non-Illicit Drug Overdose Deaths



# Lessons Learned

- **Facilitate dialog within care teams at clinics**
  - Go where they already are
  - Include staff
  - Respect their good intent
- **Work collaboratively**
  - Through contacts within target organizations
  - With state team (UDOH, epidemiology, etc)
- **Improve surveys**
  - Better incentives for better response rates (teeth?)
  - Better questions for better ability to infer effect
- **Get started, then modify**
  - Added guidelines once available
  - Softened sleep study recommendations (Medicaid coverage)

# Next Steps

- **SB 137 Interventions are complete**
- **Utah Health Dept. Epidemiologists**
  - Still following state data
  - New annual behavioral survey questions (citizens)
    - Most Utahns receive more pills per Rx than they use
    - Save and share with friends/family when “needed”
- **SMART Utah County**
  - Goal: Prevent initiation of opioid use
    - Tighten pool of Rx opioids in the community
  - Educate providers and community
    - Prescribe fewer pills, only when necessary



Solitude, Utah