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Journal of the American Pharmacists Association

journal homepage: www.japha.org

EXPERIENCE

Opioid overdose education and naloxone distribution: Development of the Veterans Health Administration's national program

Elizabeth M. Oliva^{*}, Melissa L.D. Christopher, Daina Wells, Mark Bounthavong, Michael Harvey, Julianne Himstreet, Thomas Emmendorfer, Michael Valentino, Mariano Franchi, Francine Goodman, Jodie A. Trafton, Veterans Health Administration Opioid Overdose Education and Naloxone Distribution National Support and Development Workgroup

ARTICLE INFO

Article history:

Received 17 September 2016

Accepted 29 January 2017

ABSTRACT

Objectives: To prevent opioid-related mortality, the Veterans Health Administration (VHA) developed a national Opioid Overdose Education and Naloxone Distribution (OEND) program. **Setting:** VHA's OEND program sought national implementation of OEND across all medical facilities (n = 142).

Practice description: This paper describes VHA's efforts to facilitate nationwide health care system-based OEND implementation, including the critical roles of VHA's national pharmacy services and academic detailing services.

Practice innovation: VHA is the first large health care system in the United States to implement OEND nationwide. Launching the national program required VHA to translate a primarily community-based public health approach to OEND into a health care system-based approach that distributed naloxone to patients with opioid use disorders as well as to patients prescribed opioid analgesics. Key innovations included developing steps to implement OEND, pharmacy developing standard naloxone rescue kits, adding those kits to the VHA National Formulary, centralizing kit distribution, developing clinical guidance for issuing naloxone kits, and supporting OEND as a focal campaign of academic detailing. Other innovations included the development of patient and provider education resources (e.g., brochures, videos, accredited training) and implementation and evaluation resources (e.g., technical assistance, clinical decision support tools).

Evaluation: Clinical decision support tools that leverage VHA national data are available to clinical staff with appropriate permissions. These tools allow staff and leaders to evaluate OEND implementation and provide actionable next steps to help them identify patients who could benefit from OEND.

Results: Through fiscal year 2016, VHA dispensed 45,178 naloxone prescriptions written by 5693 prescribers to 39,328 patients who were primarily prescribed opioids or had opioid use disorder. As of February 2, 2016, there were 172 spontaneously reported opioid overdose reversals with the use of VHA naloxone prescriptions.

Conclusion: VHA has successfully translated community-based OEND into health care system-based OEND targeting 2 patient populations. There is a tremendous amount that can be learned from VHA's experience implementing this novel health care innovation nationwide.

Published by Elsevier Inc. on behalf of the American Pharmacists Association.

Disclosure: Dr. Oliva has received federal funding from the U.S. Department of Veterans Affairs Health Services Research and Development's (HSR&D) Quality Enhancement Research Initiative (QUERI) to conduct a formative evaluation of Opioid Overdose Education and Naloxone Distribution (OEND) implementation (see "Funding"). She has an HSR&D grant pending to examine the effectiveness of naloxone to prevent opioid overdose in veterans. The other authors have no relevant financial or nonfinancial relationships to disclose. During the

development of this manuscript, the authors were employees of the U.S. Veterans Health Administration, Department of Veterans Affairs. The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any agency of the U.S. government. **Funding:** VA HSR&D's QUERI funded a formative evaluation of OEND implementation (Rapid Response Project 13-446; Principal Investigator: Oliva) whose results were used to inform and improve the national OEND program.

Key Points

Background:

- The United States is in the midst of an opioid overdose epidemic with opioid overdoses killing approximately 91 people per day.
- Veterans have almost twice the risk for accidental overdose compared to the general United States' population, so strategies to mitigate risk are needed.
- One promising risk mitigation strategy is Opioid Overdose Education and Naloxone Distribution (OEND).
- OEND provides education on opioid overdose prevention, recognition and response, including provision of naloxone.
- Although OEND has been employed by many community-based programs, it is a relatively new clinical practice in health care systems.
- VHA translated a community-based public health approach to OEND into a national health care system–based approach.

Findings:

- VHA is the first large health care system in the United States to implement OEND nationwide.
- Veterans who are at risk for opioid overdose could be seen in any clinic setting, so it was critical for program offices (e.g., pharmacy, mental health, pain management, primary care, nursing) to collaborate to ensure successful implementation of OEND.
- Pharmacists are essential with regards to setting the foundation for, and facilitating, a viable OEND program.
- VHA went from facility-level interest in OEND in April 2013 to full implementation nationwide by November 2015.
- Innovations in the following areas were critical to expediting VHA OEND implementation: (1) pharmacy-driven, (2) policy and clinical guidance, (3) educational resources, and (4) implementation and evaluation resources.

Objectives

The United States is in the midst of an opioid overdose epidemic with opioid overdoses killing approximately 91 people per day.¹ Because patients treated by the Veterans Health Administration (VHA) have almost twice the risk for

accidental overdose compared with the general United States' population,² strategies to mitigate risk are needed. VHA uses a wide array of risk-mitigation strategies to reduce opioid overdose risk, including strategies outlined in various clinical practice guidelines^{3,4} (e.g., urine drug screening, minimizing coprescription of sedatives, medication-assisted treatment for opioid use disorder). The present paper describes the development and evaluation of a newer strategy, Opioid Overdose Education and Naloxone Distribution (OEND). The focus is on describing practice innovations that facilitated implementation of a national health care system–based OEND program to prevent opioid-related overdose deaths by providing education on opioid overdose prevention, recognition, and response, including provision of naloxone.

Setting

VHA's national OEND program sought to implement OEND across all VHA medical facilities ($n = 142$). This was a quality improvement project primarily involving leadership from across VHA national program offices who participated in the VHA OEND National Support and Development Workgroup (composed of representatives from pharmacy, mental health, pain management, emergency medicine, nursing, primary care, and employee education).

Practice description

VHA was tasked with translating what had mainly been a community-based public health approach to OEND into a health care system–based approach that distributed naloxone to patients with opioid use disorders as well as to patients prescribed opioid analgesics. To capture the zeitgeist and confluence of events that helped to speed implementation of VHA's national OEND program, a general overview of events leading to the development of the program is described here (see [Figure 1](#)^{5,6}).

Cleveland was the first VHA facility to implement a pilot OEND program, which inspired its regional Mental Health Director to include OEND implementation in every facility region-wide as part of his fiscal year 2014 strategic plan (a goal that they achieved). This led to models of OEND implementation at both facility and regional levels. The experiences of these facilities underscored the need for a national website to house helpful resources to reduce duplication of efforts, including sample implementation plans and information to assist with patient education and naloxone prescribing (e.g., list of naloxone kit components to include in pharmacy proposals, presentations to garner buy-in for OEND, standard operating procedures, nursing competency). Mental health developed and launched a national website that included a document outlining “Steps for Implementing OEND.” That site began as a document repository but was transformed into a

Previous presentation: Some of the information contained in this paper has been presented in various meetings/conferences, including the following: Department of Veterans Affairs/Department of Defense Suicide Prevention Conference, Dallas, TX, January 28, 2015; Food and Drug Administration, Center for Drug Evaluation and Research, National Institutes of Drug Abuse, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration's scientific workshop Exploring Naloxone Uptake and Use—A Public Meeting, Silver Spring, MD, July 1 and 2, 2015; HSR&D/QUERI National Conference, Philadelphia, PA, July 9, 2015; Walter Reed National Military

Medical Center's 5th Annual Pain Care Skills Training, Bethesda, MD, September 15, 2015; Department of Health Care Services for California's Academic Detailing Conference, Sacramento, CA, October 20, 2016; and the Association for Medical Education and Research in Substance Abuse National Conferences, Washington, DC, November 6, 2015, and November 5, 2016.

* **Correspondence:** Elizabeth M. Oliva, PhD, National Opioid Overdose Education and Naloxone Distribution (OEND) Coordinator, Program Evaluation and Resource Center, Office of Mental Health Operations, Veterans Health Administration, 795 Willow Road (152 MPD), Menlo Park, CA 94025.

E-mail address: elizabeth.oliva@va.gov (E.M. Oliva).

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