Public Health Detailing as a Strategy to Promote Judicious Opioid Prescribing – Brooklyn, New York

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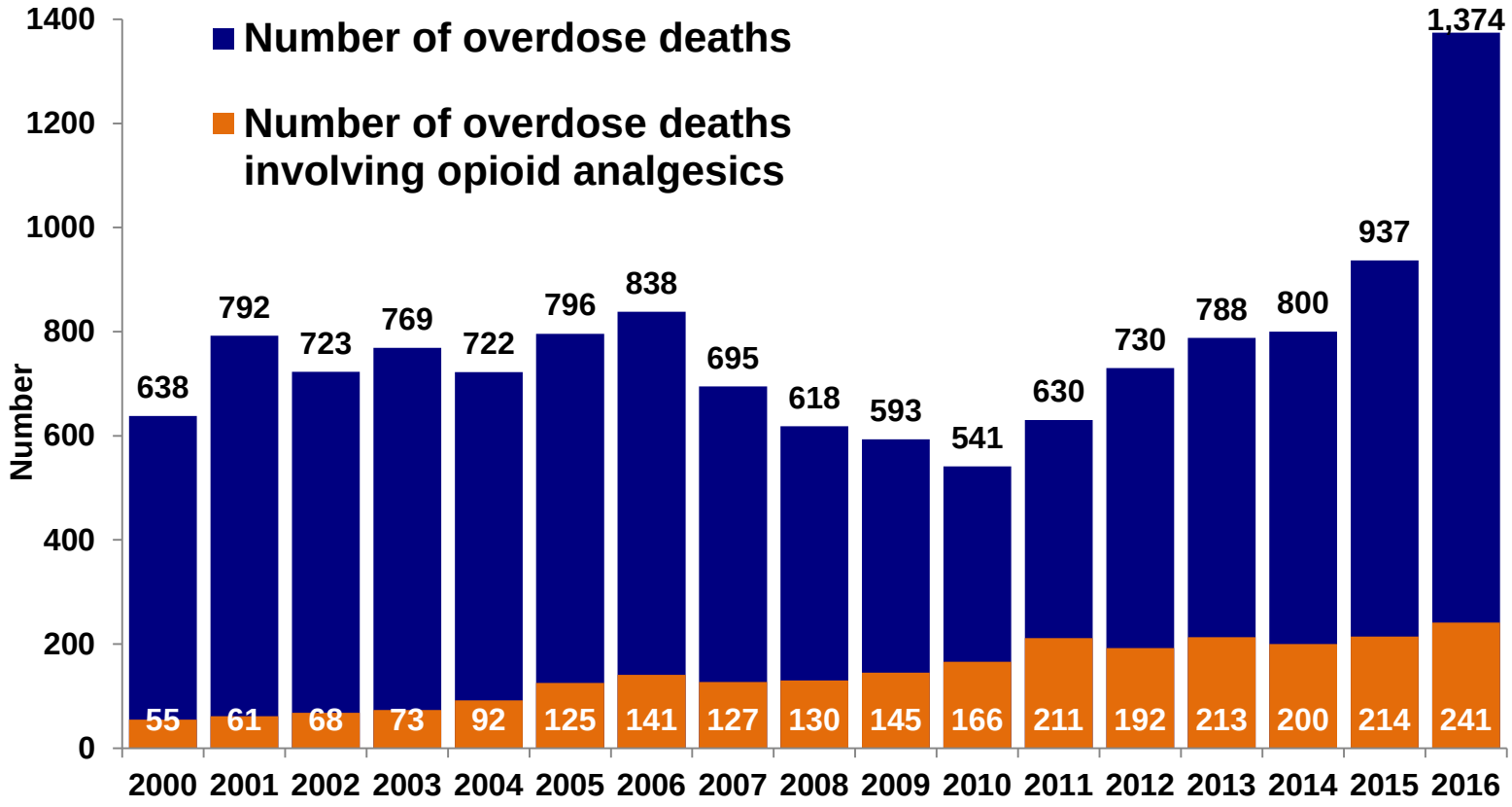
Percent of overdose deaths involving opioid analgesics has increased since 2000



Source: New York City Office of the Chief Medical Examiner &
*New York City Department of Health and Mental Hygiene 2000-2016**
*Data for 2015, 2016 are preliminary and subject to change.

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Public health detailing: What is it?

- Modeled after pharmaceutical sales approach
- “Selling” good health and promoting public health interventions
- Visits conducted by detailing representatives (reps)
- Consists of brief one-to-one educational visits with health care providers and staff
- Health care providers presented with action kits containing recommendations, resources, tools
- Total office call

Seven steps of a detailing visit

1. Introductions
2. Framing the issue
3. Survey questions
4. Stating recommendations
5. Promoting materials in kit
6. Handling objections
7. Gaining a commitment

Building on past success: Staten Island and Bronx opioid analgesic detailing campaigns

- Staten Island campaign
  - Conducted in 2013
  - ~1,200 providers detailed
  - Evaluation demonstrated
    - Knowledge change about recommendations
    - Decreases in high-dose opioid prescribing
  - National attention/interest
- Bronx campaign
  - Conducted in 2015
  - ~1,000 providers detailed
  - Evaluation demonstrated
    - Knowledge change about recommendations

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Highest rates of opioid analgesic (OA) overdose deaths in Brooklyn 2014-2016:

Coney Island-Sheepshead Bay and Bensonhurst-Bay Ridge

Neighborhood	Rate range (per 100,000)
Bensonhurst- Bay Ridge	4.4-10.2
Coney Island- Sheepshead Bay	3.5-4.3
Bedford Stuyvesant- Crown Heights	2.2-3.4
Borough Park	2.3-3.4
Canarsie- Flatlands	2.2-3.4
Sunset Park	2.2-3.4
Williamsburg- Bushwick	2.2-3.4
Downtown-Heights-Slope	0.1-2.2
East Flatbush- Flatbush	0.1-2.2
East New York	0.1-2.2
Greenpoint	0.1-2.2

Campaign strategy

- 8 week duration (May–June, 2017)
- Focus on 2 neighborhoods in Brooklyn with highest rates of opioid analgesic overdose deaths
  - Coney Island-Sheepshead Bay, Bensonhurst-Bay Ridge
- Goal to reach 1,000 physicians, NPs, PAs and their office staff
  - Internal medicine, family medicine, surgery, other specialties
- Initial and follow-up visit
- Public health approach
- Promotional events
  - Commissioner of Health grand rounds, media coverage, blast fax
- Provide “action kits” with three key prescribing recommendations and provider and patient materials

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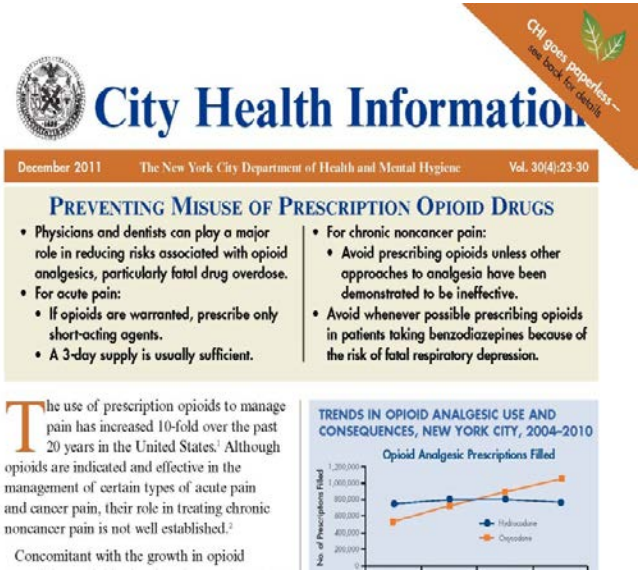
Three campaign recommendations

1. Prescribe non-opioid pain relievers for most patients with acute pain. When you do prescribe opioids, a 3-day supply is usually sufficient.

2. Avoid prescribing opioids to patients taking benzodiazepines whenever possible.

3. Calculate the total daily morphine milligram equivalents (MME) and use ≥100 MME as a threshold for caution and thorough patient reassessment.



CHI goes paperless – see back for details

City Health Information

December 2011 The New York City Department of Health and Mental Hygiene Vol. 30(4):23-30

PREVENTING MISUSE OF PRESCRIPTION OPIOID DRUGS

- Physicians and dentists can play a major role in reducing risks associated with opioid analgesics, particularly fatal drug overdose.
- For acute pain:
  - If opioids are warranted, prescribe only short-acting agents.
  - A 3-day supply is usually sufficient.
- For chronic noncancer pain:
  - Avoid prescribing opioids unless other approaches to analgesia have been demonstrated to be ineffective.
- Avoid whenever possible prescribing opioids in patients taking benzodiazepines because of the risk of fatal respiratory depression.

The use of prescription opioids to manage pain has increased 10-fold over the past 20 years in the United States.[1] Although opioids are indicated and effective in the management of certain types of acute pain and cancer pain, their role in treating chronic noncancer pain is not well established.[2]

Concomitant with the growth in opioid

TRENDS IN OPIOID ANALGESIC USE AND CONSEQUENCES, NEW YORK CITY, 2004–2010

Opioid Analgesic Prescriptions Filled

No. of Prescriptions Filled

Hydrocodone

Oxycodone

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Opioid analgesic action kit

- Clinical tools
- Provider resources
- Patient education materials

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Evaluation of health care provider knowledge

- Assessment survey
  - Self-reported knowledge related to campaign recommendations
- Reps administered survey to health care providers at beginning of initial and follow-up visits
- Designed to be very brief
  - ~3 minutes

Campaign reach

1,018 health care providers received initial visit

- Among these, 746 received a follow-up visit
- 73% follow-up rate

Detailing campaign increased provider knowledge

Recommendation	Initial visit % Correct (n/N)	Follow-up visit % Correct (n/N)	P-value
3-day supply for acute pain	54% (377/696)	70% (491/696)	<0.0001
Concern in co-prescribing an opioid and benzodiazepine	93% (635/684)	98% (668/684)	<0.0001
100 MME = DOHMH threshold for reassessment	10% (66/676)	42% (282/676)	<0.0001

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Conclusions

- Campaign successfully changed health care provider knowledge about opioid prescribing
- Other jurisdictions should consider public health detailing on opioid analgesics

Next steps

Further analysis will be performed to assess campaign impact on prescribing patterns

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Questions?

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