



Naloxone Co-Prescribing Across a Large Health System

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The Problem

Opioid Overdose Deaths have **Decreased** the US Life Expectancy

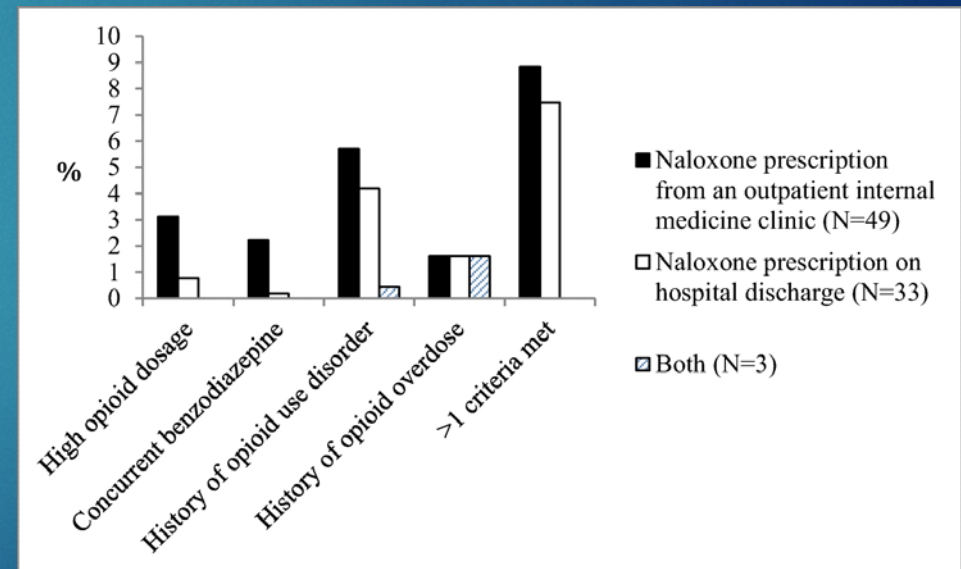
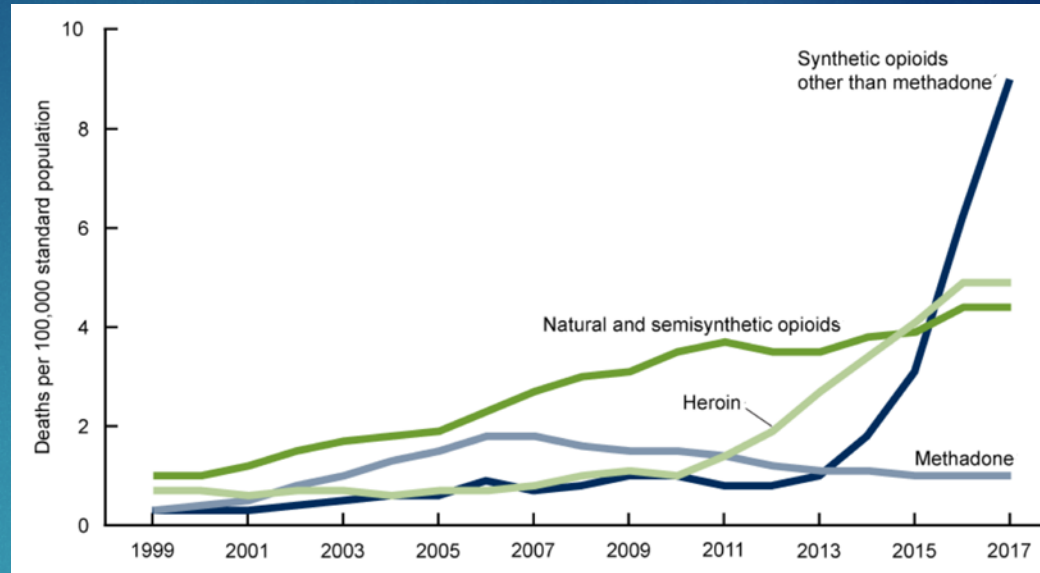
Naloxone is proven to curb mortality from opioid overdose

CDC issued guidelines for Co-Prescribing

MMC Internal Medicine Clinic

~6% of eligible patients had naloxone on their medication list

We saw similar rates at all sites across MaineHealth



Kispert et al. "Differences in Naloxone Prescribing by Patient Age, Ethnicity, and Clinic Location Among Patients at High Risk of Opioid Overdose." JGIM. 2019

Naloxone Committee Actions

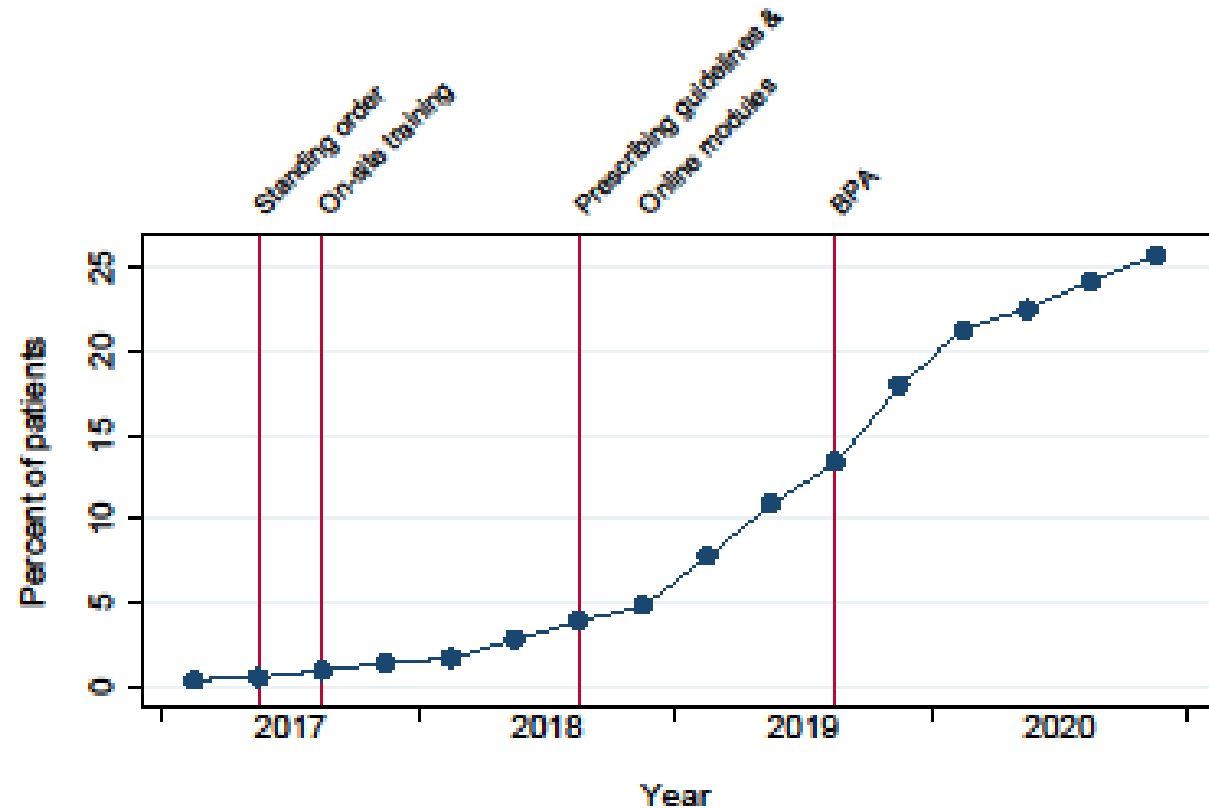
- ▶ Q2 2017 – Implementation of Naloxone Standing Order
- ▶ Q3 2017 – On Site Naloxone Training Provided
- ▶ Q3 2018 – Development of MaineHealth Opioid Prescribing Guidelines
- ▶ Q3 2018 – Development of Online Educational Modules
- ▶ Q3 2019 – Implementation of Best Practice Advisory (BPA)

Results

Overall change was 23% (8.6 Fold Increase)

Largest Uptake was related to BPA (12%)

Second Largest Uptake was Online Modules/Guidelines (7%)



The Western Maine Health Phenomenon

Stratified Data

WMHP had an anomalous 30% increase

Unrelated to anything the Naloxone Committee was doing

WMHP stated they made Naloxone Co-prescribing an Annual Implementation Plan (AIP) Goal

Empowered front-line providers to solve problem. Distributed Naloxone from DPH

