

Community Academic Detailing Script - Steps for Engaging the Pharmacist

- 1) CALL THE PHARMACY before showing up, and ask to speak with a pharmacist/pharmacy manager. INTRODUCE YOURSELF and ask if they have a few minutes to review materials to help them with naloxone dispensing.

“I am part of the town overdose prevention coalition, working with the Massachusetts Department of Public Health, to reduce community overdoses.” OR
“I am calling to talk with you about some new ways that you can offer naloxone rescue kits to your community members at the pharmacy.” OR
“Your pharmacy has a standing order for naloxone rescue kits and I want to help you implement this program.”

If they **don’t** have time when you plan to arrive, ask when they would have time to talk and schedule an appointment. **While speaking to the manager is best, it’s ok** to speak to a pharmacist on duty.

- 2) INTRODUCE SELF IN PERSON: At the time arranged, approach the counter and ask to speak to the pharmacist/pharmacy manager. Introduce yourself (again) and provide materials.

“Hi, I am a (Pharmacy student / MOON research team / community coalition / prevention coalition member), may I speak to the pharmacy manager or the pharmacist? I would like to spend a few minutes reviewing this Guide for Pharmacists Dispensing Naloxone to Patients and talking about how you can help save lives here in [TOWN/CITY] with naloxone.

If asked if you represent a company/pharmaceutical product: I'm a volunteer: I'm not here representing any company or products, I'm here because I live/work here in RI/MA and I am part of a community prevention coalition working with your pharmacy to increase naloxone distribution into our community.”

- 3) ASK THE PHARMACIST HOW MUCH TIME THEY CAN SPARE: The amount of time they offer determines if you will only review the guide, or be able to also include a role play scenario.

A) If the pharmacist does not have ANY time right now, offer to wait up to 15 minutes or schedule a time when you can return to review the materials.

“Thank you for talking to me, I want to make sure that we have enough time to review this guide and answer your questions. How much time do you have right now?”

B) If the pharmacist does have time, proceed with the detailing.

- 4) ASK ABOUT NALOXONE: Pharmacists who have dispensed naloxone may want to more quickly review **the process, while pharmacists who haven’t dispensed naloxone may have more questions and need more time to digest the information.**

To assess where the pharmacist is at, ask: **“Have you ever dispensed naloxone?”**

IF YES: Quickly review the guide, and attempt to complete a role-play scenario AT THIS VISIT.

**“Can you tell me how that went for you?
What went well and what was a challenge?”**

As we go through the Guide, think about your experience and how the guide will help you the next time that you dispense naloxone. Then, you can practice counseling me on overdose response and naloxone using the guide.”

IF NO: Review each section of the guide, asking questions to assess understanding and to clarify anything in the section that is unclear.

“Well, what do you know about dispensing naloxone at the pharmacy?”

We feel that this guide will help you recommend naloxone and deliver overdose response education to patients.”

- 5) INTRODUCE GUIDE: Briefly explain the importance of the guide and personal significance to you.

Pharmacies are an important source for this life saving medication	Half of all naloxone dispensed in Rhode Island in 2015 came from pharmacies (Source- Boston Medical Center, 2015) and naloxone dispensing is on the rise in Massachusetts.
Studies show that greater naloxone access saves lives	Opioid overdose deaths were reduced by half in communities with higher naloxone access. (Source- A Y Walley, et. al. 2013. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. BMJ 346: f174.
The CDC recommends providing naloxone to prevent overdose	The CDC released guidelines for prescribing opioids and indicated patients with high daily MME or co prescriptions of benzodiazepines and opioids should be counseled on precautions to reduce risk of overdose, including an offer for naloxone. (Source- CDC Guideline for Prescribing Opioids for Chronic Pain, 2016)

Review the key points on the front side of the Guide (top yellow box). SIDE ONE is a teaching tool for other staff and patients, and SIDE TWO contains helpful tips and reminders for the pharmacist. Ask questions about each section to evaluate the pharmacist’s level of understanding, especially if they have never dispensed naloxone.

<u>Side 1: High Risk for Overdose</u>	<p>“What fraction of your patients are at high risk of overdose (take high dose opioids, take opioids with benzodiazepines, or are caregivers of patients at high risk of overdose?)”</p> <ul style="list-style-type: none"> ○ Up to 1 in 10 of ALL prescriptions dispensed are for opioids ○ Of these 10, at least 1 is also dispensed with a benzodiazepine, most prescribed by the same provider on the same day ○ Source: Hwang, et al Trends in the Concomitant Prescribing of Opioids and Benzodiazepines, 2002-2014, AJPH, 2016
<u>Side 1: Types of Naloxone</u>	<p>“Are you familiar with the types of naloxone?”</p> <ul style="list-style-type: none"> ○ The multi-step intranasal (“Pink Box”) is labeled for IV, IM, or SC – but is used intranasally with white atomizer (“nose cone”) ○ Explain 2 dose minimum for each formulation <ul style="list-style-type: none"> ○ Generic: 2 boxes + 2 nose cones OR 2 vials + 2 IM syringes ○ Brand: each box contains 2 doses ○ All forms are available by standing order
<u>Side 1: How to Respond in an Overdose</u>	<p>“Are you familiar with steps to tell patients how to respond to an overdose?”</p> <ul style="list-style-type: none"> ○ Emphasize not just assembly and administration, but also: <ul style="list-style-type: none"> ○ Recognition, call 911, CPR/rescue breaths, and ○ What happens after naloxone administration <ul style="list-style-type: none"> ▪ Rescue position ▪ Stay with patient ○ Patient Handouts
<u>Side 1: Resources</u>	<p>“Are you familiar with any of these resources?”</p> <ul style="list-style-type: none"> ○ Videos on prescribetoprevent.org for pharmacists AND patients ○ National treatment referral helpline
<u>Side 2: Importance of Counseling and Tips for Counseling</u>	<p>“Why is it important for pharmacists to counsel patients about naloxone?”</p> <ul style="list-style-type: none"> ○ Need to talk about opioid risks and purpose for naloxone ○ Review overdose signs and symptoms – “Breathing emergency” “Opioids and opioid combinations increase household risk of breathing emergency, naloxone is needed in case of emergency” <p>If there are any questions you cannot answer, can always call/text URI Professor Jef Bratberg at 401-419-6303 or jefbratberg@uri.edu</p>

6) ADDITIONAL PATIENT RESOURCES: Give treatment resource materials to pharmacist. See data below to emphasize importance of treatment referrals, Tell the pharmacist that they can order additional resources at no cost (MA Wallet Card – bit.ly/MATreatment; RI “Addiction is a Disease.” - 401-462-4680

“Do you dispense buprenorphine/naloxone?”

“Studies show that evidence-based drug treatment, especially buprenorphine and methadone, SAVES LIVES, but people may not know where to turn, so I’m leaving these materials with you today.”

A 10-year follow up study found that opioid substitution therapy significantly lowered mortality rates among opioid dependent people. (Source- Gibson A, Degenhardt L, Mattick RP, et al. Exposure to opioid maintenance treatment reduces long-term mortality. *Addiction*. 2008;103(3):462–468.)

“When people are treated with buprenorphine and methadone, their risk of death goes down, they return to work and to their families, and they have a better quality of life. We see this in the US, and across the world.

Researchers have found a strong, statistically significant association between the increase in buprenorphine patients and a decrease in heroin-related overdose deaths in Baltimore, MD. (Source- Schwartz, et al. Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009. *American Journal of Public Health* 1013(5), 917-922.)

Over four years, France increased the number of patients receiving opioid agonist treatment (methadone and buprenorphine) from 2,000 patients to 60,000 patients. During that same time period, the number of opioid overdose deaths declined by 79%. (Source- Auriacombe M, Fatséas M, Dubernet J, Daulouède JP, Tignol J. French field experience with buprenorphine. *Am J Addict*. 2004;13(suppl 1):S17–S28.)

Opioid substitution therapy can reduce the risk of HIV infection in people who inject drugs by 50%. (Source- MacArthur G, Minozzi S, Martin N, Vickerman P, Deren S, et al., et al. Evidence for the effectiveness of opioid substitution treatment in relation to HIV transmission in people who inject drugs: a systematic review and meta-analysis. *BMJ* 2012; 345: e5945- doi: 10.1136/bmj.e5945.)

7) Suggest Role-Play

<p>ASK IF THE PHARMACIST STILL HAS TIME and wishes to role-play.</p>	<p><i>“Thank you for taking time to review the guide with me. Do you have time to practice using the guide with me as a patient? I can also come back to role play another time, as well.”</i></p>
<p>IF NO OR LIMITED TIME: Schedule a time to return for a complete role-play, OR Offer to play a patient picking up an opioid prescription or an opioid and benzodiazepine prescriptions and the pharmacist can practice just recommending naloxone to you.</p>	<p>“No problem, I completely understand. When would be the best time to come back and practice with you?” OR <i>“I understand you only have a minute. Could we practice how you would recommend naloxone to a patient?”</i></p>
<p>IF NOT INTERESTED: End visit by thanking them again for their time, tell them that they can contact Jef Bratberg with any questions at 401-419-6303, jefbratberg@uri.edu</p>	<p>“Ok! I hope you find the guide useful, and if you have any questions, please contact Jef Bratberg (hand card). He will be calling the pharmacy to follow-up.”</p>
<p>IF TIME: practice steps via role-play. Choose <u>one</u> of the scenarios below:</p> <p>a. Co-prescription of opioid and benzodiazepine <i>“Hi, I’m here to pick up my oxycodone and alprazolam.” OR</i> <i>“Hi, I’m here to pick up my pain and anxiety pills.”</i></p> <p>b. High MME <i>“Hi, I’m here to pick up my Oxycontin.”</i></p> <p>c. Patient/caregiver request <i>“Hi, I’d like to pick up some naloxone. Someone in my household is at risk.”</i></p>	<p><u>Co-prescription of opioid and benzodiazepine:</u> Multiple studies of fatal overdose deaths found evidence of concurrent benzodiazepine use in 31%–61% of decedents. (Source- CDC Guidelines for Prescribing Opioids for Chronic Pain – United States, 2016) <u>High MME:</u> The CDC recently released new guidelines for opioid prescribing which includes offering naloxone to patients that get high dose opioids (>50MME), as these high doses are associated with increased overdose risk. (Source- Source: CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016) <u>Patient request for naloxone:</u> Opioid overdose deaths were reduced by half in communities with naloxone. (Source- A Y Walley, et. al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. <i>BMJ</i> 2012; 346: f174.</p>
<p>2) Choose a naloxone product for counseling when the pharmacist offers the choices.</p>	<p>For generic naloxone, the pharmacist should use their patient handout to review the steps for assembly or drawing up naloxone from the vial.</p>
<p>3) Must receive a naloxone patient handout.</p>	<p>Pharmacist can review all of the steps for overdose response using their standard patient handout. Treatment resources sheet should be given, if applicable.</p>
<p>4) DOUBLE TEACH-BACK: Be sure you use a teach back process with the pharmacist and</p>	<p>The pharmacist should repeat the overdose response AND naloxone assembly back to you. Then the</p>

<p>then the pharmacist uses a teach-back process with you (as the role-playing patient).</p> <p>Essential for role-playing patients at risk, as they will have to practice teaching their caregivers these steps using the materials you give them.</p>	<p>pharmacist should guide you (as the role-playing patient) to repeat the overdose response and naloxone assembly steps back to the pharmacist.</p>
<p>5) Give feedback on role-play, review guide to emphasize any missed key points.</p>	<ul style="list-style-type: none"> ○ Reviewed purpose of, when to use, and how to administer naloxone, & what to expect after naloxone ○ Used language used as appropriate for patients ○ Maintained eye contact ○ Used double teach-back technique ○ Recommended treatment and video resources
<p>End visit by thanking them again for their time, tell them that they can contact Jef Bratberg, a professor of pharmacy at URI and a researcher on this project, by phone 401-419-6303 or email jefbratberg@uri.edu with any questions (give card).</p>	