

2) Addressing the Opiate Safety Crisis in Vulnerable Veterans

Edith Nourse Rogers Memorial Hospital

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PROJECT DESCRIPTION

Injectable extended-release formulation of naltrexone—marketed as Vivitrol – is a recent significant addition to substance use disorder (SUD) pharmacotherapy for alcohol and for opiate dependence. It is especially helpful due to the lack of abuse potential, the lower rates of adherence to oral meds among this population, and its ability to block the effects of other opioids. Due to the high cost and paucity of supporting data for this formulation in the treatment of opiate dependence with comorbid psychiatric disorders, it is not commonly prescribed. Injectable naltrexone is not on the HOSPITAL formulary and appears to be available only at relatively few SYSTEM sites, and in low quantities. Yet by April 2015, our hospital had the second-highest rate of prescription within SYSTEM.

Success began with meeting with clinic staff, prescribers, pharmacy, and nursing staff to emphasize the extent of the opiate overdose threat to our patients; to evaluate their perceptions of the challenge and possible solutions, and to develop an implementation plan. We then systematized the use of injectable naltrexone by adding a Naltrexone Order Protocol and Naltrexone Clinic, formally training the staff, and opening up naltrexone prescribing to the entire medical staff. We also worked on improving safety by dispensing only through the Clinic for better monitoring and tracking. The templates for Nursing and prescribers were designed to ease the process for non –experienced staff. Although the initiative emphasized the opioid abuse crisis, providers were also encouraged to prescribe the medication for serious alcohol misuse.

Our Hospital also addressed the opioid misuse epidemic as one of the first few HOSPITAL WITHIN SYSTEM in the country to initiate the use of the Naloxone overdose recovery kit. It was launched here through a process of nursing education, hospital wide staff education, demonstration, and implementing patient and family education before dispensing.

OUTCOMES ACHIEVED

- Benefit to patient: Enhanced sobriety and engagement in treatment as well as overdose prevention and reduced relapse rate.
- Benefit to the hospital: Reduced hospitalization costs and improved safety
- Benefit to the Healthcare System: promoting injectable naltrexone use as a best practice to other system facilities through lectures and poster at national meeting 2015).

LESSONS LEARNED

For easier implementation of any new measure :

- Expect, understand, and lower barriers for all involved disciplines
- Education and ongoing support are the best barrier-lowering tactics
- Protocols and prescribing templates contribute to both education and support