

# Implementing Best Practices for Co-Prescribing Naloxone in Your Agency: A guide for Healthcare Professions

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## Introduction

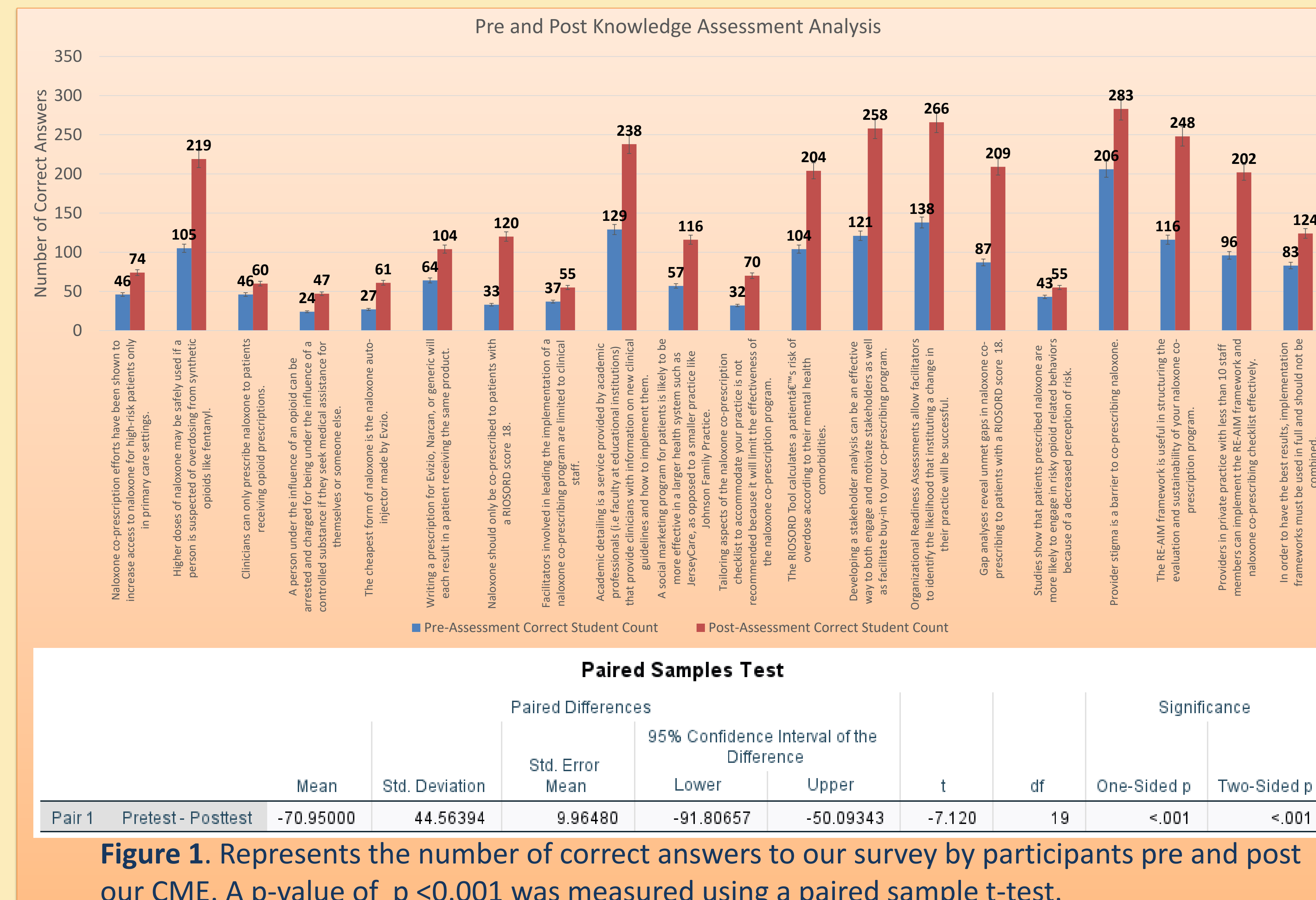
From April 2020 to April 2021, it's been recorded that there have been 75,673 opioid overdose-related deaths in the United States<sup>1</sup>. This number is up almost 20,000 more from the last period that deaths were record coming in at 56,064 from April 2019 to April 2020<sup>1</sup>. With the use of naloxone, it's been proven to save the lives of overdose patients on opioids by reversing its effects. Its already shown significant reduction in opioid overdose related mortality. Pharmacists are now able to prescribe naloxone with opioid prescriptions without a script from a doctor<sup>2</sup>. EMS units are active in communities utilizing naloxone in overdose cases. More importantly, healthcare providers need to continue increasing the amount of naloxone that's co-prescribed to their patients on opioids. Not only should more healthcare providers have more access to naloxone, but they should be able to explain how to use it to their patients. Motivating more healthcare providers to use naloxone is one of our fundamentals of our best practices intervention. In this pilot study, which is under a larger grant study that survey's physicians on attitudes and behaviors on co-prescribing naloxone, we decided to start by surveying medical students and assessing their knowledge of naloxone pre and post using our Continuing Medical Education (CME) called, "Implementing Best Practices for Co-Prescribing Naloxone in Your Agency: A guide for healthcare professions". Based off the preliminary data, all domains tested in the survey showed statistically significant improvement ( $p < 0.001$ ) after going through the program. Based on these results, it provides further reinforcement that our CME training could be implemented in other healthcare sectors to further increase naloxone co-prescription rates by healthcare providers.

## Methods

For this study, all 3<sup>rd</sup> year medical students doing their rotations at the Neuromusculoskeletal Institute (NMI) were recruited for this study from March 2020 to July 2021. The data was obtained using the Canvas Learning Management System (LMS) to produce the results for pre and post assessment. Statistical analysis was performed using IBM SPSS statistical software. A paired-samples t-test was performed on 331 participants and included their pre and post knowledge assessment data.

## Discussion

This project is still ongoing project and data collection is still occurring. This pilot study was intended to test the CME's effectiveness on improving knowledge on naloxone co-prescribing in a cohort of medical students. A possible limitation to this study is that this is only one approach in assessing the effectiveness of our CME through survey methodology where other approaches can also be tested (i.e. measuring pre and post levels of naloxone prescription in physicians or assessing confidence in prescribing naloxone pre and post our CME among healthcare workers.) There are also other cohorts of healthcare professionals that this program still needs to be tested on to determining how effective this course is on increasing knowledge of naloxone co-prescribing. Another weakness to this study is the medium in which this training intervention was administered. Since this training module was in online format, participants could possibly look up the answers to the questions and so the post-assessment results may not be completely reflective of the effectiveness of the training program. A way to possibly improve the impact that the training program could be to either modify the wording to items in the survey that participants scored the lowest in (i.e. the more difficult questions) or possibly revamp certain parts of the course to better approach those topics. Overall, as it stands, "Implementing Best Practices for Co-Prescribing Naloxone in Your Agency" shows great promise as an evidence-based training intervention for naloxone co-prescription and could hopefully be applied to other healthcare sectors across New Jersey and the nation.



## Resources

- 1.Prevention CFDCa. Drug Overdose Deaths in the U.S. Top 100,000 Annually. Accessed April 22, 2022. [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)
- 2.Prevention CFDCa. Life-Saving Naloxone from Pharmacies. Accessed April 22, 2022. <https://www.cdc.gov/vitalsigns/naloxone/index.html>