Naloxone Distribution and Training for Outpatients with High Risk Opiate Use

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The Problem

- Deaths from opioid overdose (both heroin and prescription pain medications) have tripled in the US since 2010.
- Veterans die of opiate overdose at twice the national average likely due to high rates of pain, mental health disorders, and concomitant depressant use.
- The VA has implemented the Opioid Overdose Education and Naloxone Distribution (OEND) project to provide veterans with naloxone and the training to properly administer it.
- Despite OEND, no naloxone kits had been distributed to high risk patients at the Downtown Clinic (DTC) prior to September 2015.

Project Goals

- Primary aim (Clinic Based): Distribute naloxone auto-injector kits and provide appropriate training to 25% of Downtown Clinic’s high risk opiate users by March 2016.
- Secondary aim (Supportive Housing Based): Extend naloxone kit distribution and training to the supportive housing sites.

Results / Progress to Date

- Figure 1. The naloxone auto-injector given to veterans at DTC.
- Figure 2. Narcania vs Death by Mike Reger and Erin Ruch. Public art mural, located at Clarion Alley and Valencia Street in the Mission.
- Figure 3. Run chart depicting the cumulative number of naloxone kits distributed to veterans across time in the clinic based (solid green line) and supportive housing based (solid gold line) programs. The red line represents the primary aim of the clinic-based project to distribute naloxone kits to and train 25% of identified high risk veterans (16.75). The black line represents the total number of high risk opioid users at the Downtown Clinic (n=67).
- Figure 4. Pie chart depicting the percentage of naloxone kits distributed by provider type in the clinic-based project.

Table 1. High Risk Patients Who Were Not Distributed Naloxone Kits at Downtown Clinic

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
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<tr>
<td>Patient factors</td>
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<tr>
<td>Patient receptiveness to naloxone kit distribution and training was influenced by setting and framework of distribution.</td>
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<tr>
<td>Clinic: Veterans who carried opioid prescriptions were generally receptive to receiving naloxone kits. This may have been related to being in a medical setting and the sustained relationship with their primary care team.</td>
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<td>Supportive housing: Patients with both high-risk prescription opioid and/or illicit opioid use at the supportive housing site were more reluctant to accept training and expressed concern about being “marked” as drug users, both publically and in their medical records.</td>
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<td>Framing naloxone training as a way to facilitate one’s ability to save another veteran’s life was most effective.</td>
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<td>Provider factors: All clinic providers (LVNs, RNs, and MDs) were comfortable in engaging veterans in naloxone kit training and distribution after receiving appropriate training.</td>
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<td>Sustainability</td>
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<td>Clinic: Will incorporate naloxone candidacy review into routine LVN and RN patient panel data reviews.</td>
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<td>Supportive housing: Devising an “every visit protocol” for offering naloxone kits during on-site field RN visits to normalize this medical intervention.</td>
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Lessons Learned and Next Steps

- Train all DTC RNs and LVNs regarding project aims and procedures.
- LVNs to contact remaining high risk vets.
- Clinic staff (LVN, RN, MD) to distribute naloxone kits to remaining high risk vets and train them to use the kits appropriately.
- Community meeting with supportive housing residents (Kearny St) to introduce program goals.
- Individual naloxone kit distribution and training by supportive housing staff.
- Ongoing kit availability at supportive housing sites for continued distribution and training.

Project Plan

Clinic Based Naloxone Kit Distribution and Training

**PDSA 1**

- Identify vets at high risk of opioid-related adverse events (see STORM report below).
- Pilot distribution of a single naloxone kit (by MD) to one high risk patient.

**PDSA 2**

- Educate one Patient Aligned Care Team (PACT) RN and LVN regarding project aims and procedures.
- LVN to contact 50 high risk vets with plan for clinic staff (LVN, RN, MD) to distribute 10 naloxone kits with training on appropriate use.

**PDSA 3**

- Train all DTC RNs and LVNs regarding project aims and procedures.
- LVNs to contact remaining high risk vets.
- Clinic staff (LVN, RN, MD) to distribute naloxone kits to remaining high risk vets and train them to use the kits appropriately.

Supportive Housing Site Based Naloxone Kit Distribution and Training

**PDSA 1**

- Meet with supportive housing site leadership to discuss implementing site-based naloxone distribution and training program.
- Train supportive housing staff in appropriate naloxone kit use so that they, in turn, can train residents.

**PDSA 2**

- Community meeting with supportive housing residents (Kearny St) to introduce program goals.
- Individual naloxone kit distribution and training by supportive housing staff.

**PDSA 3**

- Ongoing kit availability at supportive housing sites for continued distribution and training.