Interprofessional Stakeholder Engagement Process in the Implementation of a Targeted Clinical Decision Support Opioid Toolkit to Improve Naloxone Prescribing

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Background

• Interprofessional Stakeholder Engagement (ISE) is defined as the process of developing and maintaining effective working relationships with a diverse group of individuals and organizations to support optimal program outcomes.

• Fort HealthCare (FHC), a rural health system in Jefferson County, Wisconsin, recently implemented an electronic health record (EHR)-based clinical decision support (CDS) opioid toolkit to alert prescribers of patients at risk of opioid overdose and to prompt a “naloxone co-prescribing” alert. The CDS opioid toolkit was activated in February 2020.

• FHC adopted ISE to gain buy-in and for successful implementation of the toolkit.

Research Objective

To describe the interprofessional stakeholder engagement that contributed to successful implementation of the opioid toolkit.

To evaluate the effectiveness of the naloxone alert.

Methods

- Semi-structured interview was conducted with the Director of Pharmacy to understand the interprofessional stakeholder engagement for the successful implementation of the opioid toolkit.

- We examined monthly trends in the proportion of high-risk patients provisioned naloxone from January to November 2020.

Step 1. Defining the Goals & Scope of Stakeholder Engagement

Goal: Leverage interest of champions and include stakeholders with passion to make change, willingness to share honest opinions and time to make the tool successful.

Scope: Use already existing stakeholders in the opioid stewardship taskforce, thoughtful use of time and resources, having users directly impacted, engagement of an interprofessional team for fastest adoption.

Step 2. Identifying Stakeholders

Drivers of the initiative: Director of Pharmacy & team

The Opioid Toolkit Implementation Workgroup consisted of the following stakeholders:

- Director of Pharmacy; Ambulatory Pharmacist; Clinical Pharmacist
- Population Health Director
- Information technology (IT) team (integral part)
- Quality department
- Chief Medical Informatics Officer (CMIO)
- Chief Medical Officer (CMO)

Drawn from previously existing Opioid Stewardship Committee made up of: Frontline Taskforce, Provider Taskforce.

Step 3. Roles and Responsibilities

-Pharmacy Division: Main drivers, frontline testing, technical decision making, evaluating alerts, clinical recommendations, training, training materials, continuous process improvement.

-IT Team: Builders, created test patients, taking feedback—communicating what will/will not work in the EHR system, key in communication with Cerner.

-Quality Department: New metrics, data pull from the EHR system.

-Physician-Hospitalist: Frontline Laboratory medicine resource; IT team; Quality department

-Population Health Director: Clinical providers; Provider Taskforce.

-Frontline Taskforce: Frontline nurses—both inpatient & outpatient; Physical Therapy—both inpatient & outpatient; Certified Nurse Anesthetics; Physician-Hospitalist; Frontline Laboratory teams; Billing team; Information technology (IT) team; Quality department

Provider Taskforce: Information technology resource; Pharmacy division staff; CRNA-Anesthesiology; Physician-Hospitalist; Pediatrics; Obstetrics; Clinical Providers including Chief Medical Informatics Officer & other providers; Chief Medical Officer; Outside providers—who have access to same system.

Results

The preliminary findings from the time series analysis after the activation of the opioid toolkit showed that the percentage of high-risk patients who were provisioned naloxone increased from 5.2% in January 2020 (a month prior to activation of the toolkit) to 17% in September 2020 and dropped to 10.3% in November 2020.

Discussion

The successful implementation of the Opioid Toolkit was possible because of the CULTURE at Fort HealthCare: organization’s willingness to bring positive change for patients, having pharmacy team as in-charge; strong connections & relationships with medical staff, and champions involvement!

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Taskforce

Frontline Taskforce:

Frontline nurses—both inpatient & outpatient; Physical Therapy—both inpatient & outpatient; Certified Nurse Anesthetics; Physician-Hospitalist; Frontline Laboratory teams; Billing team; Information technology (IT) team; Quality department

Provider Taskforce:

Information technology resource; Pharmacy division staff; CRNA-Anesthesiology; Physician-Hospitalist; Pediatrics; Obstetrics; Clinical Providers including Chief Medical Informatics Officer & other providers; Chief Medical Officer; Outside providers—who have access to same system.

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