

Public Health Detailing—A Successful Strategy to Promote Judicious Opioid Analgesic Prescribing

Take Away Points

- Public health detailing can improve health care provider knowledge and prescribing practices for opioid analgesics.
- This public health detailing campaign was attributed to a decrease in prescribing rates for the targeted patient population in Staten Island as well as other four New York City boroughs.

The Issue

Prescribing and misuse of opioid analgesics have increased substantially nationwide leading to significant proportion of overdoses. In New York City, the death rate of opioid overdose increased 267% between 2000 and 2011. Among New York City boroughs (Bronx, Brooklyn, Manhattan, Queens, and Staten Island), the death rate of opioid overdose in Staten Island was three times higher than the remaining boroughs in 2011. In an effort to curb the epidemic of opioid analgesic overdoses deaths and higher prescribing patterns in Staten Island, the New York City Department of Health and Mental Hygiene (DOHMH) conducted a 2-month public health detailing campaign, from June 10 to August 6, 2013, on judicious opioid prescribing among health care providers.

The primary objective of this study was to implement judicious opioid prescribing recommendations in the form of public health detailing to healthcare providers and assess changes in their knowledge and prescribing practices.

Study Methods and Design

The public health detailing campaign used a broad and inclusive public health approach and targeted healthcare providers such as physicians, nurse practitioners and physician assistants who were permitted to prescribe opioids in New York. Healthcare provider information was obtained from the National Provider Identifier Registry. The public health detailing campaign outlined three recommendations: 1) a 3-day supply of opioids is usually sufficient for acute pain, 2) avoid prescribing opioids for chronic noncancer pain, and 3) avoid high-dose opioid prescriptions (≥ 100 total daily MMEs).

Health department representatives conducted the initial detailing campaign through either unannounced visit or returning at an agreed upon time to practices in Staten Island. During the visits, providers were educated on the three detailing recommendations about opioid prescribing and were provided “action kits” which included additional resources. An initial and follow-up visit was attempted for each health care provider, with 1069 health care providers having initial visit and 866 providers having both initial and follow up visits. The campaign measured changes in knowledge of providers

Source

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through a brief, standardized survey, and assessed prescribing patterns during three 3-month intervals (pre-campaign, two sequential post-campaign periods). The prescribing pattern was evaluated by de-identified data from New York State's Prescription Monitoring Program (PMP) with borough as geographic unit level.

Key Findings

- Among healthcare providers surveyed (866), knowledge increased for all three detailing campaign recommendations ($p < 0.05$).
 - 64% participants initially responded that “a 3-day supply of opioid is usually sufficient for acute pain” compared with 90% post-campaign.
 - 55% participants initially responded that “insufficient for using opioids to treat noncancer pain” compared with 64% post-campaign.
 - 22% participants initially correctly reported DOHMH's high-dose threshold, compared with 58% post-campaign.
- The prescribing rate for opioid analgesic decreased in the target population on Staten Island
 - A reduction of 11.5% ($p < 0.05$) in opioid prescribing rates was observed at second 3-month post-campaign period in Staten Island.
- The combined average prescribing rate for opioid analgesic in the Bronx, Brooklyn, Manhattan, and Queens decreased by 11.5% ($p < 0.05$).
- Among the five New York City boroughs, Staten Island experienced the most change in the prescribing pattern of high-dose opioid analgesics in the second 3-month post-campaign period.
 - Staten Island had 12.4% ($p < 0.05$) decrease in the prescribing rate of high-dose opioid compared with 7.3% ($p < 0.05$) decrease in the other New York City boroughs.
- Median day supply per prescription remained stable in Staten Island while it increased in the other New York City boroughs.
- The fact that overall prescribing rates decreased across all New York City boroughs may reflect concurrent state law, Internet System for Tracking Over-Prescribing (I-STOP) took effect in August 2013, which requires prescribers to review patient data in New York State's PMP before prescribing a controlled substance.

Limitations

One major limitation of this study was the lack of a control group. A control group would have made the study more applicable to compare changes in the knowledge and prescribing pattern of health care providers who received the recommendations of the public health detailing campaign with those who did not.

Final Thoughts

The public health detailing campaign improved health care provider knowledge about opioid prescribing and decreased the high-dosage rate of prescribing practices in the target population in Staten Island. With the rise of national rates of opioid overdose death, a program such as the public health detailing campaign should be considered by other jurisdictions to promote judicious opioid prescribing and reduce mortality related to opioid use.