

# **Public Health Detailing on Judicious Opioid Prescribing — The New York City Experience**

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# The City's response: HealingNYC

- \$38M investment announced by the Mayor in March 2017
- Goal: Decrease opioid overdose deaths by 35 percent over 5 years
- 12 overall strategies
- Collaborative effort among multiple agencies



# DOHMH-led strategies

Goal 1: Prevent opioid overdose deaths

- Naloxone expansion

Goal 2: Prevent opioid misuse and addiction

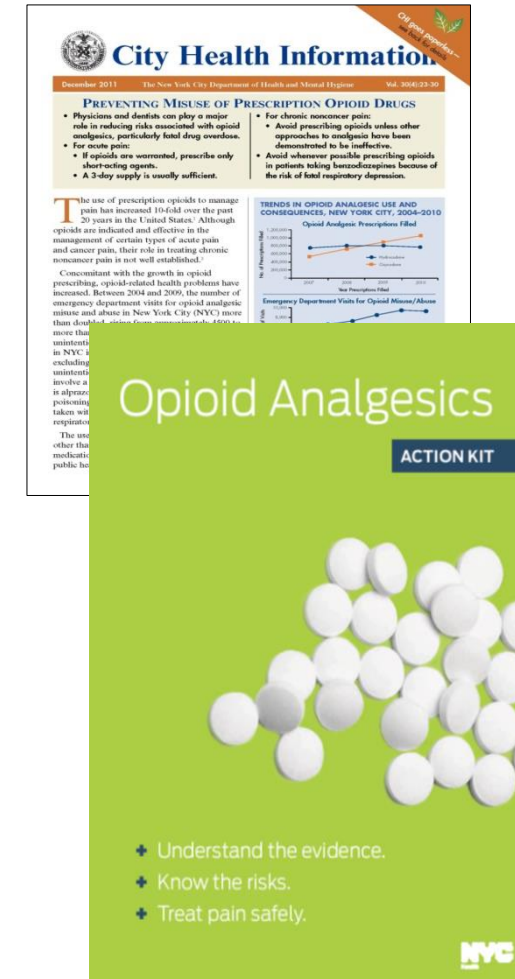
- Judicious opioid prescribing
- Rapid Assessment and Response (RAR)
- Non-fatal overdose response system
- Public awareness campaign

Goal 3: Connect New Yorkers to effective treatment

- Access to medication assisted treatment

# Judicious opioid prescribing is prevention

- Goal: Prevent unnecessary exposure to opioids and new cases of addiction
- Judicious opioid prescribing: Less often, shorter duration, lowest effective dose, not with benzodiazepines
- Prescriber education via public health detailing



# Public health detailing: What is it?

- Modeled after pharmaceutical sales approach
- “Selling” good health and promoting public health interventions
- Visits conducted by detailing representatives (reps)
- Consists of brief one-to-one educational visits with health care providers and staff
- Health care providers presented with action kits containing recommendations, resources, tools
- Total office call

# Seven steps of a detailing visit

1. Introductions
2. Framing the issue
3. Survey questions
4. Stating recommendations
5. Promoting materials in kit
6. Handling objections
7. Gaining a commitment

# Campaign strategy

- Use local data to select targeted neighborhoods
  - Overdose mortality
  - Prescription Monitoring Program
- Goal to reach 1,000 physicians, NPs, PAs and their office staff
- 8 week duration
- Initial and follow-up visit
- Public health approach
- Promotional events
- Provide “action kits” with three key prescribing recommendations, and provider and patient materials

# Opioid analgesic action kit

- Clinical tools
- Provider resources
- Patient education materials





# OpioidCalc

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**NYC Health**

Total Daily MME = **180.0**

⚠ MME ≥ 100 [click for more info](#)

Codeine

+ Add Additional

Fentanyl transdermal (in mcg/hr)

50mcg per patch  **120.0**

(each patch used for 3 days)

+ Add Additional

Hydrocodone

10mg (6 per day)  **60.0**

+ Add Additional

Hydromorphone

+ Add Additional

Methadone



*Free app for iphone and android*

# Three campaigns conducted

- Staten Island (2013); the Bronx (2015); Brooklyn (2017)
- >3,000 prescribers reached
- Knowledge change about key recommendations
- Decreases in high-dose prescribing (Staten Island)

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

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**TABLE 2—Rates, Median Day Supply and Difference-in-Differences Regression Results for Opioid Analgesic Prescriptions and High-Dose Prescriptions Filled by New York City Residents by Prescriber Location: New York City (NYC), March 2013–February 2014**

Variables	Precampaign Period Mar–May 2013	Postcampaign Period 1 Sept–Nov 2013	Postcampaign Period 2 Dec 2013–Feb 2014
Rate of prescriptions filled per 10 000 residents <sup>a</sup> (no. prescriptions; % change <sup>b</sup> )			
Opioid analgesic prescriptions			
Staten Island	889 (45 509)	813 (41 903; –8.5*)	785 (40 635; –11.5*)
Other NYC	550 (454 123)	499 (413 380; –9.3*)	487 (404 047; –11.5*)
High-dose opioid analgesic prescriptions (> 100 MME) <sup>c</sup>			
Staten Island	218 (11 025)	201 (10 221; –7.8*)	191 (9 757; –12.4*)
Other NYC	110 (90 857)	104 (85 995; –5.5*)	102 (84 201; –7.3*)

# Lessons learned

- Public health detailing works
- Importance of data-driven approach
- Challenging to identify gold standard provider list
- Critical to raise community awareness with promotional events prior to campaign
- Utility of framing as a partnership on a community problem

# Thank you