

Presentation Title

Evaluation Provider Knowledge of Opioid Use Disorder and Naloxone Following Pharmacist-Provided Education

Author(s)

Elizabeth Salisbury, PharmD^{1, 2}; Rachel Selinger, PharmD, BCACP, CPP, CDCES²; John Taylor Schimmelfing, PharmD, CPP²; Amy Sauls, PharmD, BCACP, CPP²; Laura A. Rhodes, PharmD, BCACP^{1, 3}; Macary Weck Marciniak, PharmD, BCACP, BCPS, FAPhA¹

¹University of North Carolina at Chapel Hill, Chapel Hill, NC; ²Campus Health, Chapel Hill, NC; ³Palm Beach Atlantic University, West Palm Beach, FL

Practice Site

UNC Eshelman School of Pharmacy and Campus Health Services

Background Information

An increase of high-potency illicit substances coupled with a disruption of normal daily life intensified the prevalence of opioid use disorders and resulting overdose deaths. The United States saw 70,630 drug overdose deaths in 2019, an over 4% increase from 2018. In the 12-month period ending in May 2020, overdose-related deaths increased to over 81,000, as reported by the Centers for Disease Control and Prevention (CDC).

A study published in April 2021 examined the role of stigma in primary care physicians' treatment of opioid use disorder. The study measured providers' attitudes, beliefs, and current treatment practices. Less than 30% of the 361 providers surveyed reported a willingness to have an individual taking medications for opioid use disorder (OUD) as a neighbor or to marry into their family.³ Persons with substance use disorder often face challenges of stigmatization and lack of provider knowledge regarding appropriate treatment. Minimizing barriers that persons with substance issues face when accessing the healthcare system is essential to improving health outcomes.

Regardless of specialty training, healthcare providers are encouraged to have a baseline understanding of medications used to treat OUD. In comparison to other treatment strategies, buprenorphine and methadone have been associated with a decrease in overdose incidence.⁵ Medications for OUD are effective in promoting treatment retention among individuals, including adolescents, with an OUD.⁶

Adopting harm reduction strategies, including naloxone distribution, have been associated with lower opioid overdose death rates in North Carolina.⁷ Provider naloxone training can reiterate key aspects of identifying a potential overdose and proper administration. Individuals who attend the didactic training on naloxone administration may find the information useful in primary care practice.⁸ Improving health outcomes for individuals with a substance use disorder begins by refining provider expertise and proficiency on this topic.

Objective(s)

The first objective of this project is to evaluate changes in knowledge of opioid use disorder and naloxone education among healthcare providers at a student health center on a large, public university in North Carolina.

A second objective is to evaluate the application of pharmacist-provided education three months following the educational seminar.

Methods

Design and Setting: This project will be conducted with healthcare providers in a college healthcare setting. Pre- and post-surveys will be distributed to providers attending an educational seminar at the time of the seminar and one week post-seminar, respectively. The pre-and post-surveys will not be the same, but will assess similar information. A short-answer questionnaire will be distributed to providers three months following the educational seminar to evaluate application of seminar information in practice. Details of each survey and the questionnaire will be described in the procedures section of this proposal.

Participants: To be included in this study, participants must be at least 18 years old, English-speaking, and work full-time or part-time as a healthcare provider at the student health center. Healthcare providers include, but are not limited to, medical doctors, doctors of osteopathy, psychiatrists, pharmacists, registered nurses, nurse practitioners, physician assistants, social workers, and psychologists. Attendance, virtually in real time or in person, at the 1-hour pharmacist-provided seminar is required for participation. Participants will be excluded if they do not meet the inclusion criteria or fail to complete the initial pre-and post-surveys.

Procedures: A pharmacist will develop and present a 1-hour educational seminar to participants. The seminar will include data on opioid prescribing trends, an overview of opioid use disorder, naloxone administration, and resources to assist patients in making more informed decisions on substance use. At the completion of the learning seminar, participants should understand relevant opioid prescribing trends, opioid use disorder and non-stigmatizing language, naloxone administration, and valuable resources for patients with a SUD.

Prior to beginning the educational seminar, participants will be asked to complete a voluntary pre-survey consisting of 10 questions. All surveys will be administered electronically via Qualtrics and will be accessible using a quick response (QR) code obtainable at the start of the educational seminar. The pre-survey will evaluate baseline understanding of (1) opioid use disorder, (2) observance of non-stigmatizing language, (3) proper naloxone administration, and (4) resources available for patients on campus and within the local community. Participants will be requested to include their profession, duration of employment, and previous clinical experience with SUD. On the same day, attendees will be emailed to complete a similar 10 question post-survey within the next two weeks. The post-survey will evaluate understanding of the above topics after completion of the pharmacist-provided seminar.

Three months following the educational seminar, participants will be emailed a follow-up questionnaire consisting of five questions. These questions will address (1) patient referral to resources discussed, (2) incorporation of non-stigmatizing language into practice, (3) naloxone administration, (4) perceptions on substance use disorders, and (5) feedback on seminar significance.

Preliminary Results

Data from the surveys was inputted into Microsoft Excel for analysis. The data was examined for trends among healthcare providers' knowledge and to identify potential areas for supplementary education. The follow-up questionnaire was also downloaded into Microsoft Excel for analysis. This data was examined to identify information retained from the educational seminar and the relevance of teaching on this topic for Campus Health providers.

- Health care providers at Campus Health are knowledgeable about OUD, incorporating non-stigmatizing language into practice, naloxone administration and resources available for patients with diagnosis of OUD or SUD.
- Knowledge scores improved in comparison of pre-survey and post-survey knowledge-based question scores.
- Additionally, perceptions observed in pre-survey versus post-survey responses displayed a decrease in stigma and bias.
- Follow-up survey proved successful utilization of non-stigmatizing language and perceptions in practice.

Conclusion

This project aims to evaluate competencies in the topic of SUD and related subjects among providers at North Carolina University's campus health center. As a result of this study, providers will be more comfortable initiating discussion with patients about SUD using inclusive language and assist patients in accessing resources for prevention and treatment.

In conclusion, a pharmacist-provided educational seminar on OUD and naloxone administration improved clinical confidence of healthcare providers at Campus Health.