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California Naloxone Mandate

A UCSF Health *Best Practice Alert* Solution

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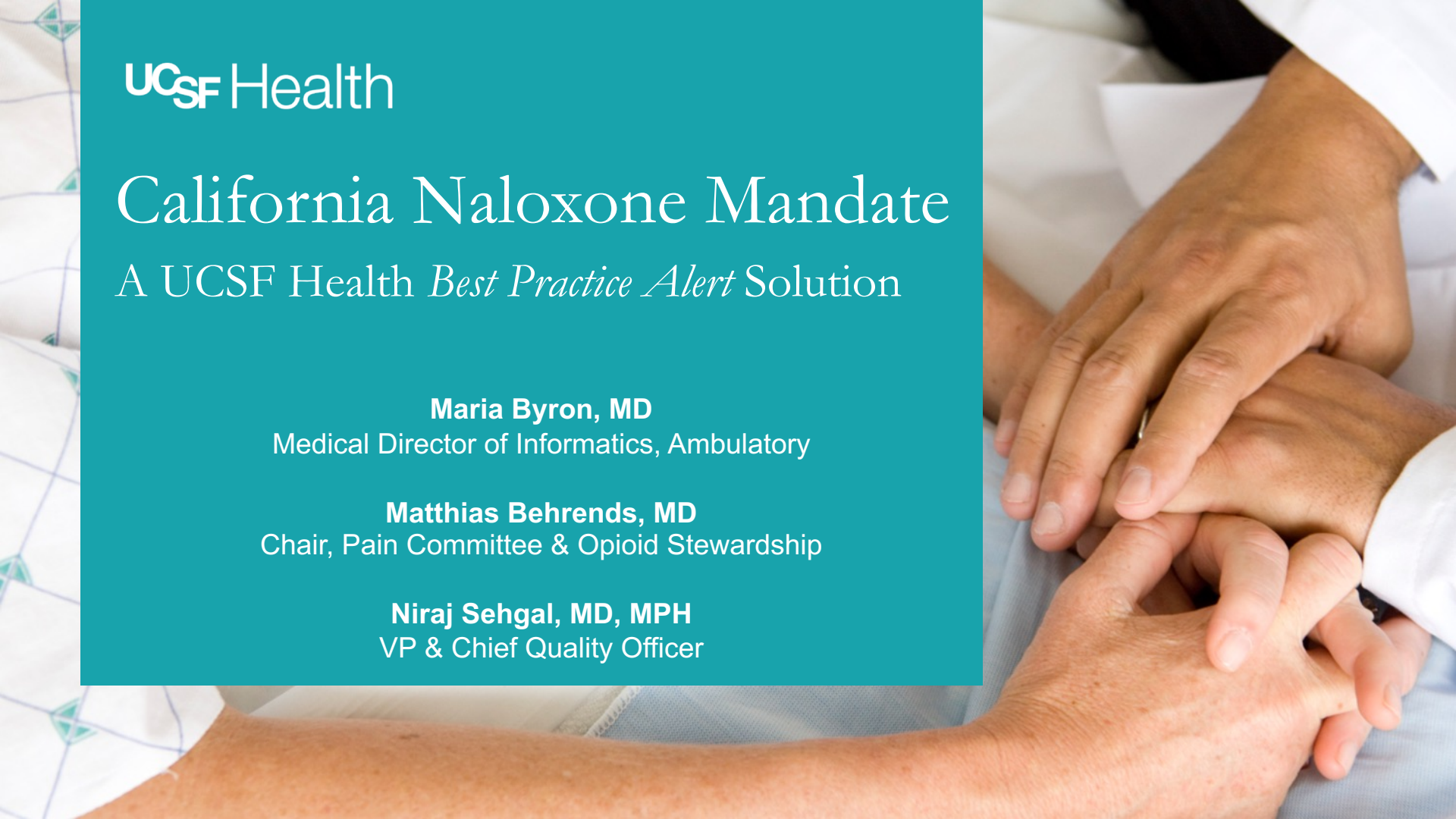

Context: Addressing The Opioid Crisis

- Addressing the opioid crisis is a national priority
- UCSF Health formed an *Opioid Stewardship Initiative* that is focused on: 1) addressing the impact of opioid prescribing for our patients and providers, and 2) building tools, support and resources to better care for our patients with pain
- The California state legislature is also trying to influence prescribing behaviors with a new mandate focused on prescribing naloxone and educating patients on overdose prevention

Background: California Naloxone Mandate

- Providers must offer naloxone for:
  - Patients taking a Morphine Equivalent Daily Dose (MEDD) of ≥ 90 mg
  - Patients co-prescribed a benzodiazepine with an opioid medication
  - Patients with increased risk or history of overdose or substance use disorder

- Providers must provide education to patients about naloxone use

- State Mandate Effective Jan 1, 2019; FAQ link provided below:

http://www.mbc.ca.gov/Licensees/Prescribing/OverdosePrevention/AB2760FAQs.pdf

What does 90mg MEDD actually mean?

- CDC provides a nice 2 page educational guide about how to calculate total daily dosage of opioids for safer prescribing:
  - https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
  - APeX will do this for you within the next ~9 months as new opioid stewardship tools continue to get developed; the goal is making patient-specific MEDDs more visible to assist with identifying “at risk” patients at the point-of-care
  - Below is an example of commonly prescribed medications that quickly add up to 90 MME/day:

90 MME/day:

- 90 mg of hydrocodone (9 tablets of hydrocodone/acetaminophen 10/325)
- 60 mg of oxycodone (~2 tablets of oxycodone sustained-release 30 mg)
- ~20 mg of methadone (4 tablets of methadone 5 mg)

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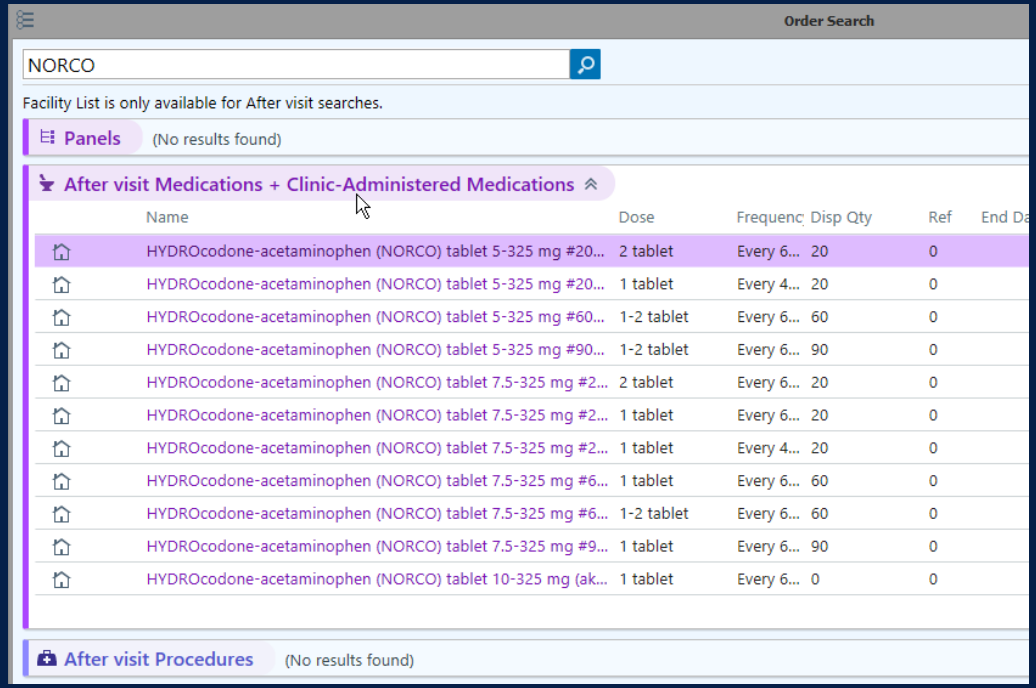
We created a systematic way in APeX to remind providers to offer and prescribe naloxone

The Solution:

- A *Best Practice Alert (BPA)* will fire at the time of prescribing an opioid and provide an automatic order for naloxone nasal spray
- The BPA will NOT fire if naloxone is already on the patient's medication list
- BPA will fire in all ambulatory settings; for the hospital/ED, the BPA will only fire for discharge medication orders (not for orders written during hospitalization)

How does it work?

Order an opioid medication as you do today



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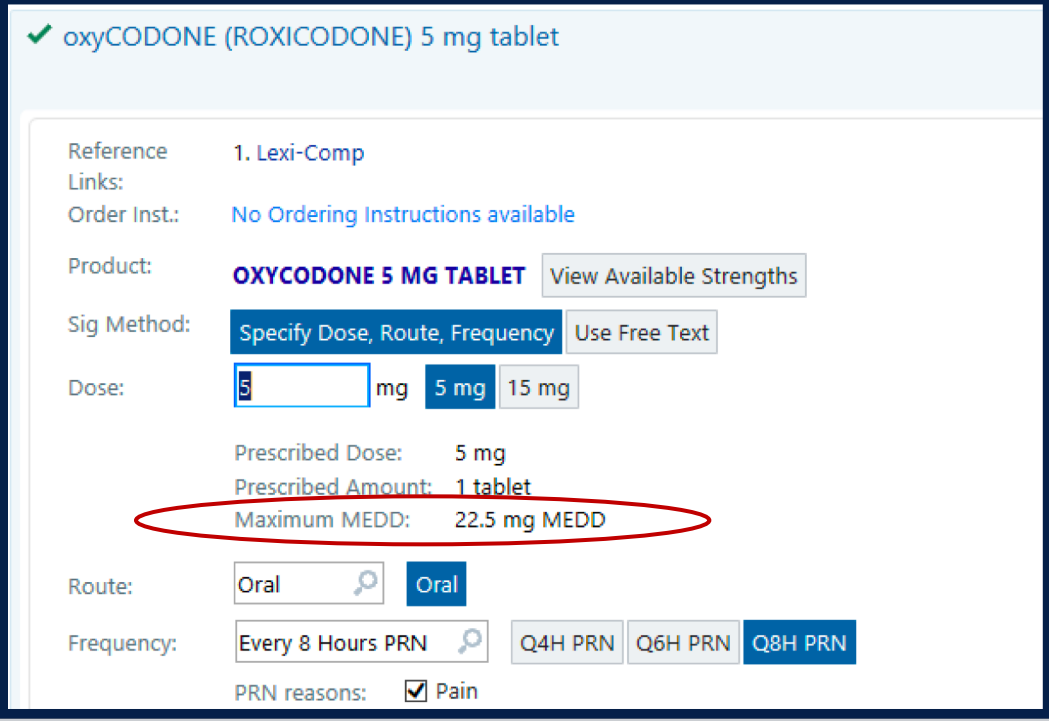
How does it work?

Order now also includes the MEDD for this specific prescription (see red below)



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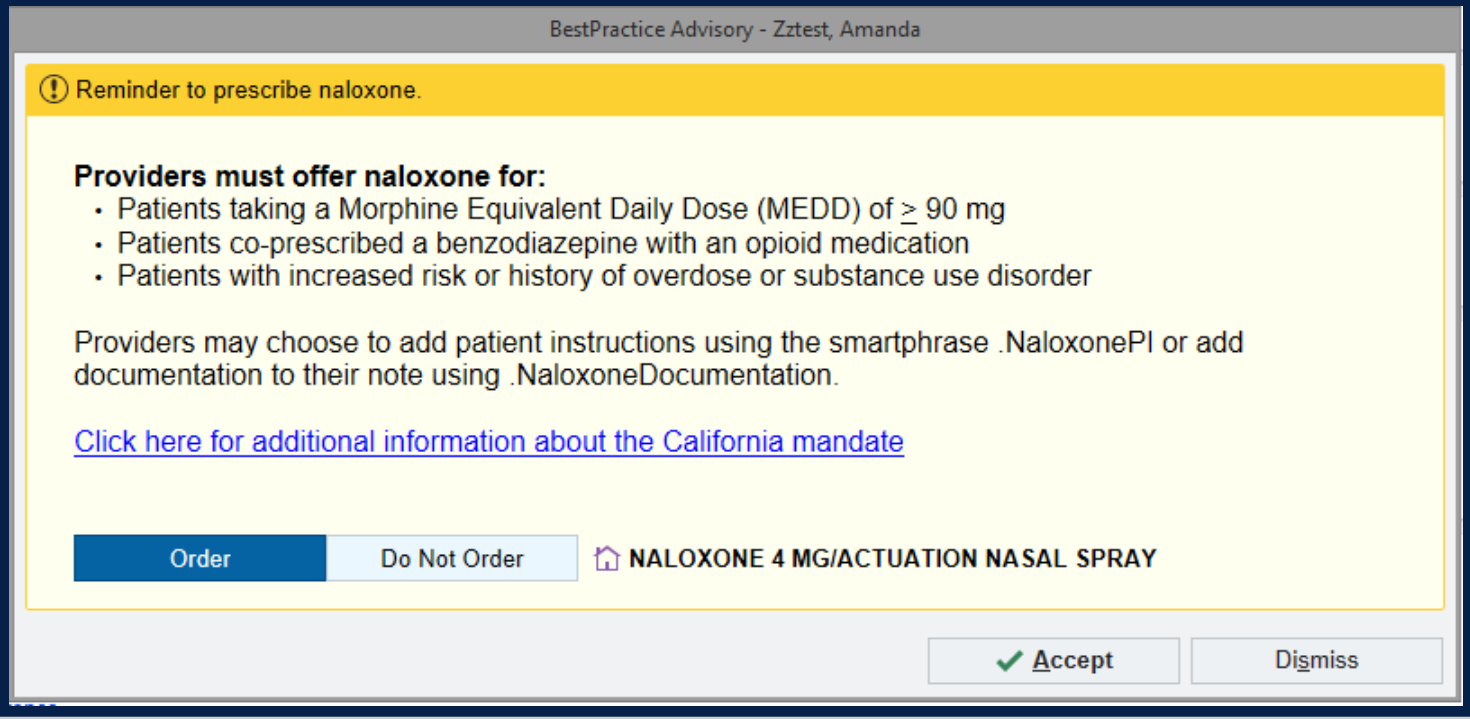
How does it work?

The BPA pops up. Click “Accept” to order naloxone.



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How does it work?

Responding to the BPA

- Click “Accept” to order naloxone. It will automatically be added to your prescriptions.
- Click “Do Not Order” and then “Accept” if naloxone is not indicated
- If you select Do Not Order, the BPA will fire again next time you prescribe for that patient

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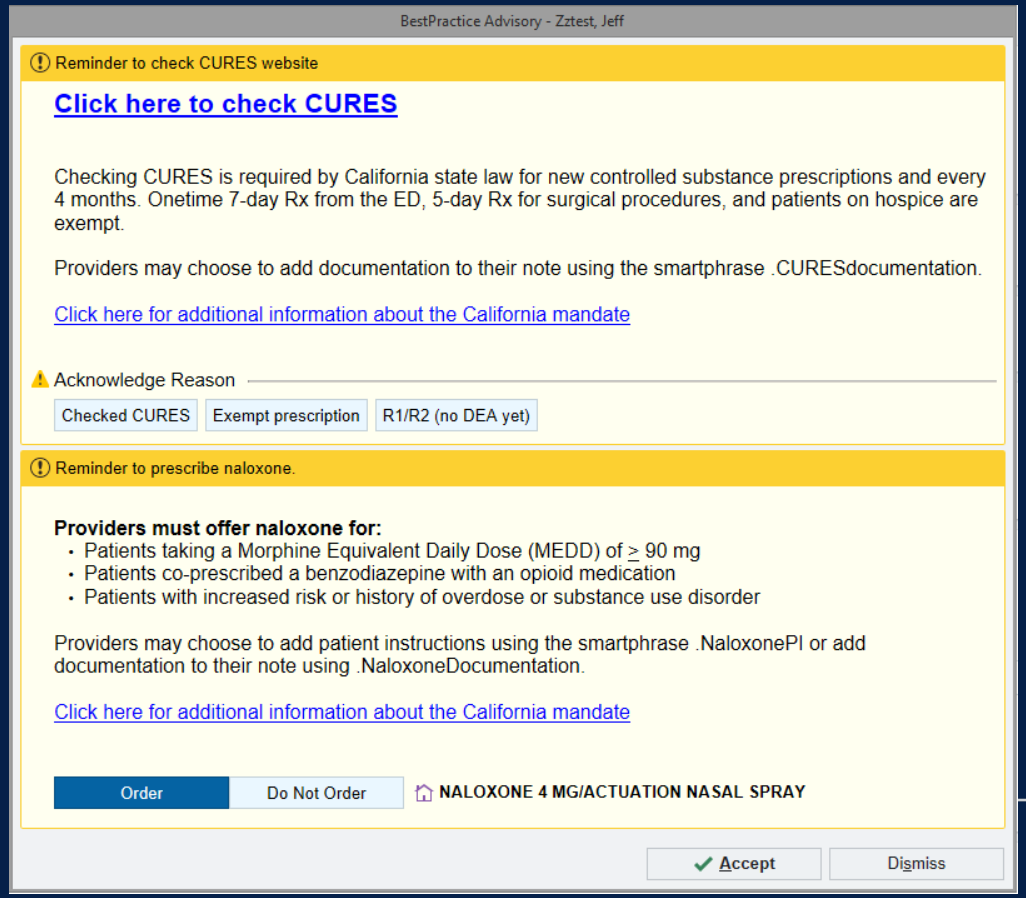
How does this BPA relate to the CURES BPA?



- If the CURES BPA is triggered for a given patient, a single BPA will combine both (so you won't get 2 BPAs)

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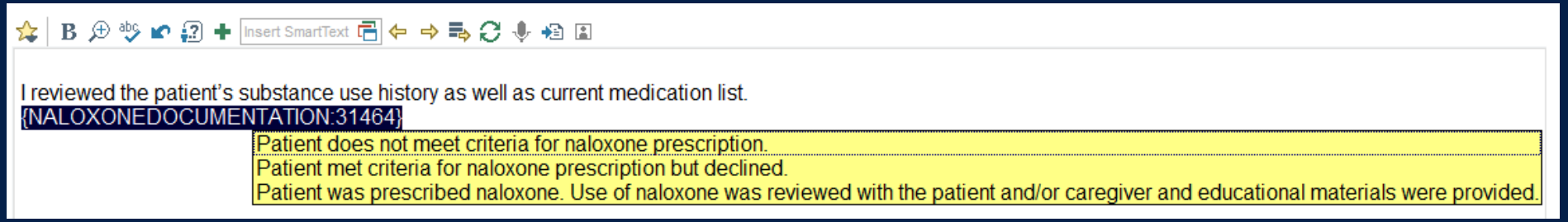
Common FAQ: How do I document in APeX?

- A new smartphrase allows providers to add documentation to their note:
  - Type .NaloxoneDocumentation [also referenced in the BPA]
    - Select from three options:



  - Practices/Services may choose to embed the smartphrase into their note templates for all encounters if it assists in provider workflows
- Adding .NaloxonePI allows providers to add standardized naloxone education to patient instructions [also referenced in the BPA]

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What's coming next?

- The BPA will go live on January 9th
- We will modify the BPA based on user experience and early assessment of its impact

- New Opioid Stewardship tools in APeX are coming in the next ~9 months that will make MEDDs more visible for all patients as one strategy to better identify "at-risk" patients; ideally, these tools would have preceded the BPAs but we'll enhance functionality of all tools and their interaction with each other later in 2019