

Milwaukee Public Health Detailing Project to Promote Judicious Opioid Prescribing
Proposal to Cardinal Health Foundation

Organizational Capacity

In its 40th year, **Community Advocates (CA)** is one of the oldest and largest non-profits in Milwaukee, most commonly recognized in the city as a provider of human basic needs, including energy assistance for those struggling to pay their utilities bills, and housing and case management for formerly homeless individuals with severe mental illness. In 2008, CA created the **Community Advocates Public Policy Institute (PPI)**, which targets poverty reduction by advocating for changes to relevant public policies and laws; preventing it through education and public health efforts; and increasing opportunity and wellness by fostering factors related to success, resilience and well-being.

For greater impact in preventing social problems that are contributors to or are symptoms of poverty, including substance abuse, PPI has developed a niche in coordinating community coalitions. One of which is our Milwaukee County funded Milwaukee County Substance Abuse Prevention Coalition (MCSAP) where we focus on policies, practices and programs in two priority areas: *marijuana use among youth* and *fatal drug overdose, with a particular emphasis on prescription drugs*, including opiates. PPI provides technical assistance and guidance to more than 50 members from a diverse cross-section of the Milwaukee County community.

An accomplishment we are proud of is our work in getting drop boxes for safe disposal of unused medications placed outside of all City of Milwaukee Police Stations in 2015. Following this milestone, we've raised community awareness on how to properly dispose of unused medications and promote the drop boxes by developing postcards and refrigerator magnets to distribute widely in the community. We delivered postcards to over 150+ pharmacies throughout Milwaukee County promoting safe drop box locations to patients picking up their medications in 2016 alone.

PPI is viewed as a leader in prescription drug misuse prevention due to the vast experience with the other initiatives we've worked on as well. In addition to MCSAP, we've spent several years as the funded coordinator of the Alliance for Wisconsin Youth (AWY). PPI administers the southeast Wisconsin region of AWY, which entails providing training and technical assistance to the array of youth substance abuse prevention coalitions in our eight-county region. In addition, we coordinate Partnership for Success II and 2015 which enables us to expand awareness and prevention efforts that target prescription drug misuse and abuse among youth age 12-24. We are proud that in 2015 we were selected as the community partner in Milwaukee by the Federal Drug Administration Enforcement Agency to collaborate on additional outreach and education. Most recently, our Deputy Director and proposed healthcare provider partner for this project, Dr. George Morris, were asked to serve on the newly created City/County Taskforce on Opiates, Heroin and Cocaine developed in 2016.

The proposed *Milwaukee Public Health Detailing Project* will benefit from CAs' high level of management capacity. Staff in CA overall, and PPI in particular, are highly experienced with collaboration, fiscal management, adhering to funder guidelines, monitoring grant-funded implementation, and reporting results to funders. CA effectively manages numerous federal, state and local grants, as well as more than 25 sub-contracts each year and currently administers a

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budget of \$12 million. Overseen by a volunteer Board of Directors of approximately 20 professionals with diverse backgrounds and expertise, CA is operated by a Chief Executive Officer, a Chief Operating Officer, and a Chief Financial Officer. Our Chief Financial Officer is a CPA and has two staff that currently report directly to him. We have the infrastructure in place and demonstrated experience to manage funds with very high effectiveness, which includes the ability to get new programs up and running quickly and efficiently.

Supporting organizations

We intend to collaborate with the Medical Society of Milwaukee County on this project. Established in 1846, the Medical Society of Milwaukee County is an organization of physicians that provides leadership on critical health issues, such as prescription drug safety, to improve the overall health status of the community.

To impact the prescription drug misuse epidemic, the Medical Society researches best practices to see if there are lessons learned we can apply or pilot in Milwaukee. A promising approach they learned of was one undertaken by the Health Department in Staten Island New York in 2013 when they employed a strategy referred to as "Public Health Detailing," which serves as the basis of this proposal.

We propose PPI will serve as the applicant, and administrative agency for this project. PPI's role will be to provide expertise in the development of messaging for materials/ "action packets" that we will use in the detailing project. Building on what was used in the original New York study, PPI will engage in a process to ensure the messaging of the campaign is Milwaukee specific and supports the CDC Guidelines for Prescribing Opioids for Chronic Pain, United States, 2016. PPI will utilize its partnerships to recruit the public health workers that will provide detailing, and to disseminate data and outcomes throughout the project. We will draw on the expertise and connections provided by the Medical Society, who will serve the project with a large role in connecting to medical providers and patient settings. They will also help to obtain training support from the original implementers and train our Health Navigators (who will provide the detailing for this project in Milwaukee) on the messages and assist with tracking and measuring outcomes. The primary contact through this partnership will be Dr. George Morris, who serves as the Chair for the Medical Society's Taskforce on Opioids.

Proposal

1. Modify prescribing and develop comprehensive treatment plan with patients

Modeled after successful pharmaceutical sales strategy, "Public Health Detailing" is an approach intended to create prescribing impact through brief one-on-one educational visits. In August 2016, the American Journal of Public Health (volume 106, No.8) shared promising evidence that detailing may be able to successfully reduce the number and size of opioid prescriptions.

In 2013, the Health Department in Staten Island New York implemented detailing to promote judicious opioid prescribing, which entailed employing public health staff to appear unannounced to practices, introducing themselves to front desk staff and to the nature of their campaign, and then waiting to see healthcare providers or returning at a scheduled time. During

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one-on-one visits with healthcare providers, workers provided detailing campaigns regarding opioid prescriptions, and provided "action kits" that reinforce 3 major points: 1) a 3 day supply of opioids is usually sufficient for acute pain, 2) avoidance of prescription opioids for chronic non-cancer pain, and 3) avoidance of high-dose opioid prescriptions (greater than or equal to 100 daily MMEs) . They supplied posters to use in examination rooms and made sure that there message was delivered to the provider as well as the office staff to create an environment within the clinic space regarding opioid prescribing. They tracked to outcome measures: 1) changes in knowledge among healthcare providers and 2) changes in opioid prescribing pattern for prescribers in program.

The Department demonstrated an 11.5% reduction in prescriptions over a 2 month and a 12% reduction in high-dose prescriptions during the same period. Both of these reductions were statistically significant and are the basis of the approach which we would like to pilot in Milwaukee.

In an effort to modify prescribing and develop comprehensive treatment plan with patients we propose to pilot detailing in Milwaukee. We will first work to develop the messages for our campaign. Building on what was used in the Staten Island study, we will create the messages to be Milwaukee specific and also ensure they mirror CDC Guidelines for Prescribing Opioids. Following the development of the messaging we will create materials/ "action kits" for distribution in detailing sessions that will include posters, brochures and other tools and resources to help both providers and patients. We will then work with the Medical Society of Milwaukee County to complete the following:

- Ensure the proposed study is completed under supervision by appropriate institutional review boards.
- Obtain training support from the original implementers (New York Public Health Department)
- Train community public health workers from the Milwaukee area with the help of the Staten Island public health department in their detailing procedures.
- Identify several Milwaukee clinics for the detailing exposure and a subsequent de-identified analysis of opioid prescribing of practitioners in these clinics compared with a similar time period for clinics located in a similar part of the city.
- Oversee and track "detailing" to 250 healthcare providers including doctors, nurses, advanced practice nurses, and physician assistants.
- Compare to a control group of 250 matched providers for comparison.

Our hypothesis is that practitioners exposed to 3 key messages of public health detailing regarding safe opioid prescribing will reduce both the size and number of opioid prescriptions. We further hypothesize that supporting a safe approach to opioid prescribing through patient engagement will lead to appropriate opioid use rather than total abandonment of opioid therapy.

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2. Encourage patient engagement

During detailing visits, we will supply providers with “action kits” that include posters, brochures and links to other resources that can be placed examination rooms. It will be recommended that the tools provided are placed throughout the clinic environment, including in examination rooms, so patients will be exposed as well. Following the 2016 CDC Guidelines, provide education and recommendations for patient engagement in one-to-one meetings with staff and providers as well. Some examples of key messages we are exploring embedding in action kits and one-to-one visits to help increase patient engagement are, “What questions to ask your doctor if you’re being prescribed an opioid?”; “Understanding the side effects related to opioids”; “Alternatives to help with pain management”; and “What to do if you have left over opioids that you don’t need.” We will also provide information to online resources and tools that promote patient engagement as well.

3. Measure progress

We intend to use a similar measurement model as the Staten Island Health Department who used de-identified information from the states Prescription Drug Monitoring Program (PDMP) to compare prescriptions prior to and following the intervention. They compared the outcomes from Staten Island to surrounding New York boroughs to identify potential intervention effects.

A total of 250 healthcare providers including doctors, nurses, advanced practice nurses, and physician assistants will receive detailing during the course of an 8 month period and we will compare a control group of 250 matched providers for comparison. This study and its progress will be completed under supervision by appropriate institutional review boards. PPI also intends to conduct retroactive surveys with providers and potentially patient. Surveys earmarked for providers will measure change in prescribing habits and ease of talking to patients. Surveys designed for patients will measure knowledge and comfort in advocating for themselves when talking to their provider.

4. Share best practices and outcomes

We will compare outcomes from our Milwaukee pilot to surrounding counties to identify potential intervention effects. We will provide results in the community through our coalition partners. The Medical Society will disseminate results locally and to medical providers. We will also look forward to participating in best practice sessions with Cardinal Health Foundation and other grantees around the county.

Timeline

We propose to complete this project over a twelve-month period including 2 months for worker training, 8 months for clinic engagement, and 2 months for follow-up.

Planning: Months 1, 2 following anticipated funding award		
Task	Who’s Responsible	Target Completion
Ensure the proposed study is completed under supervision by	Medical Society of Milwaukee County	30 days upon award

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appropriate institutional review boards.		
Obtain training support from the original implementers (New York Public Health Department)	Medical Society of Milwaukee County	30 days upon award
Develop Messaging for Detailing Campaign (Milwaukee specific and ensure CDC Guidelines for prescribing are reinforced)	PPI/ Coalition partners with support from Medical Society of Milwaukee County	30 days upon award
Develop Action Kits	PPI/ Coalition partners with support from Medical Society of Milwaukee County	60 days upon award
Recruit/Hire Health Navigators who will conduct detailing sessions	PPI/ Coalition partners with support from Medical Society of Milwaukee County	60 days upon award
Train Health Navigators	Medical Society of Milwaukee County	60 days upon award
Identify several Milwaukee clinics for the detailing exposure and a subsequent de-identified analysis of opioid prescribing of practitioners in these clinics compared with a similar time period for clinics located in a similar part of the city.	Medical Society of Milwaukee County	60 days upon award
Confirm measurement tracking and outcome collection process	PPI and Medical Society of Milwaukee County	60 days upon award
Implementation: Months 3, 4, 5, 6, 7,8, 9, 10 following anticipated funding award		
Provide Detailing with 250 providers in one-to-one sessions	Public Health Navigators	8 months upon award
Distribute 250 Action Kits in one-to-one sessions	Public Health Navigators	8 months upon award
Track/Measure Progress	PPI, Medical Society of Milwaukee County	8 months upon award
Implement retrospective surveys with providers	PPI/	8 months upon award
Analysis and Information Dissemination: Months 11, 12 following anticipated funding award		
Collect outcomes using de-identified information from the Wisconsin Prescription Drug Monitoring Program (PDMP)	Medical Society of Milwaukee County	12 months upon award
Compare prescriptions prior to and following.	Medical Society of Wisconsin	12 months upon award
Disseminate outcome results to community	PPI/	12 months upon award
Disseminate outcome results to providers	Medical Society of Wisconsin	12 months upon award
Share best practices and outcome results with Cardinal Health Foundation and other grantees	PPI, Medical Society of Milwaukee County	12 months upon award