

Enhancing Clinical Decision Support for Low-Threshold MAUD Prescribing in Primary Care

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INTRODUCTION

Decision Support Tools

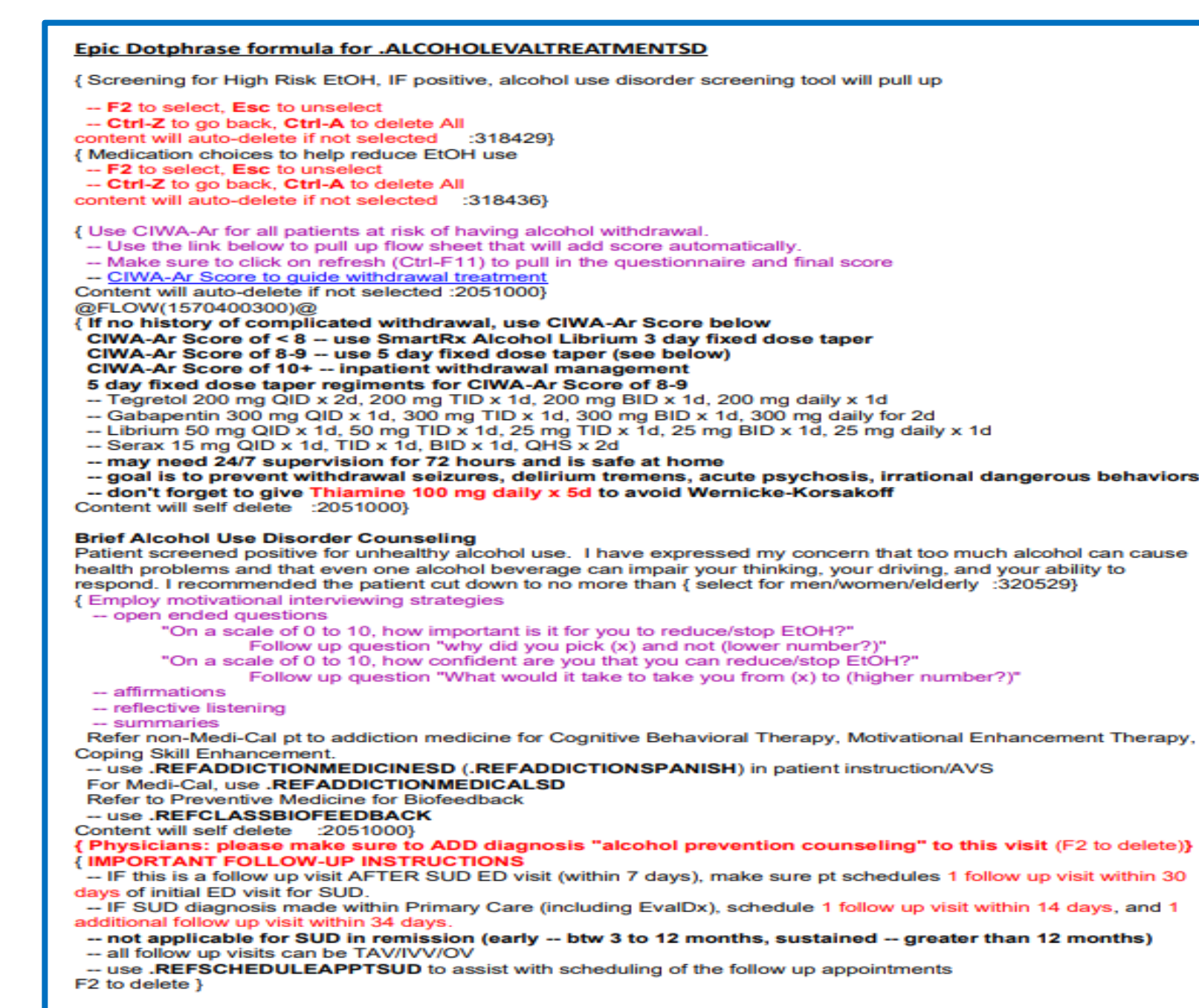
RESULTS

- Alcohol is one of the top 3 causes of preventable death in the US.
- As of 2022, ~29 million Americans had Alcohol Use Disorder (AUD) and only 2% had received Medications for AUD (MAUD) in the past year.
- Only ~20% of those with AUD ever receive any form of treatment.
- Physician education programs can improve knowledge and skills related to prescribing MAUD while Clinical Decision Support (CDS) tools in the electronic health record (EHR) can support practice change.
- This study measured the impact of a physician education program in a large integrated health system that leveraged CDS to promote low-threshold MAUD prescribing in the primary care setting.

Fig 1: SmartRx: Alcohol Use Disorder: prepopulated MAUD orders with dosing instructions and follow-up recommendations.



Fig 2: Contents of Dotphrase streamlining 4 stages in the management of AUD (Screening, Withdrawal, Treatment, Maintenance)



METHODS

- A retrospective cohort study was performed at Kaiser Permanente San Diego (KPSD) in 2022-2023. A physician education campaign for primary care physicians (PCPs) was implemented February 2023 to address low MAUD utilization and physician's relative unfamiliarity with such medications. The Kaiser Permanente Southern California IRB granted this data-only quality study an exemption from review.

- PCPs in a large practice group (N=288) were provided a 1-hour training session delivered by 2 physicians, the Substance Use Disorder Champion (PS) and Chief of Addiction Medicine (KF). Goals of training were to enhance knowledge related to AUD, demystify the use of medications and increasing MAUD prescribing rates. PCPs also received 2 concise follow-up emails in the 6 months after training.
- Practice change was supported by training in the use of 2 recently implemented CDS tools for AUD in the Electronic Health Record (Epic): a SmartRx [Fig 1] and Dotphrase [Fig 2].

- Past year MAUD prescriptions from the integrated pharmacy database were filtered according to prescriber (only Family Medicine and Internal Medicine) and associated diagnosis (one of 43 unique alcohol-related diagnoses). Monthly & Total prescriptions for Naltrexone and Acamprostate from the 6 months before (Aug 2022-Jan 2023) and after (Feb 2023-July 2023) educational intervention were compared and analyzed with a paired t-test. Dotphrase and SmartRx utilization counts were generated by KP Data Services using their unique identifier codes.



KEY FINDINGS

Fig 3: PCP Utilization of SmartRx

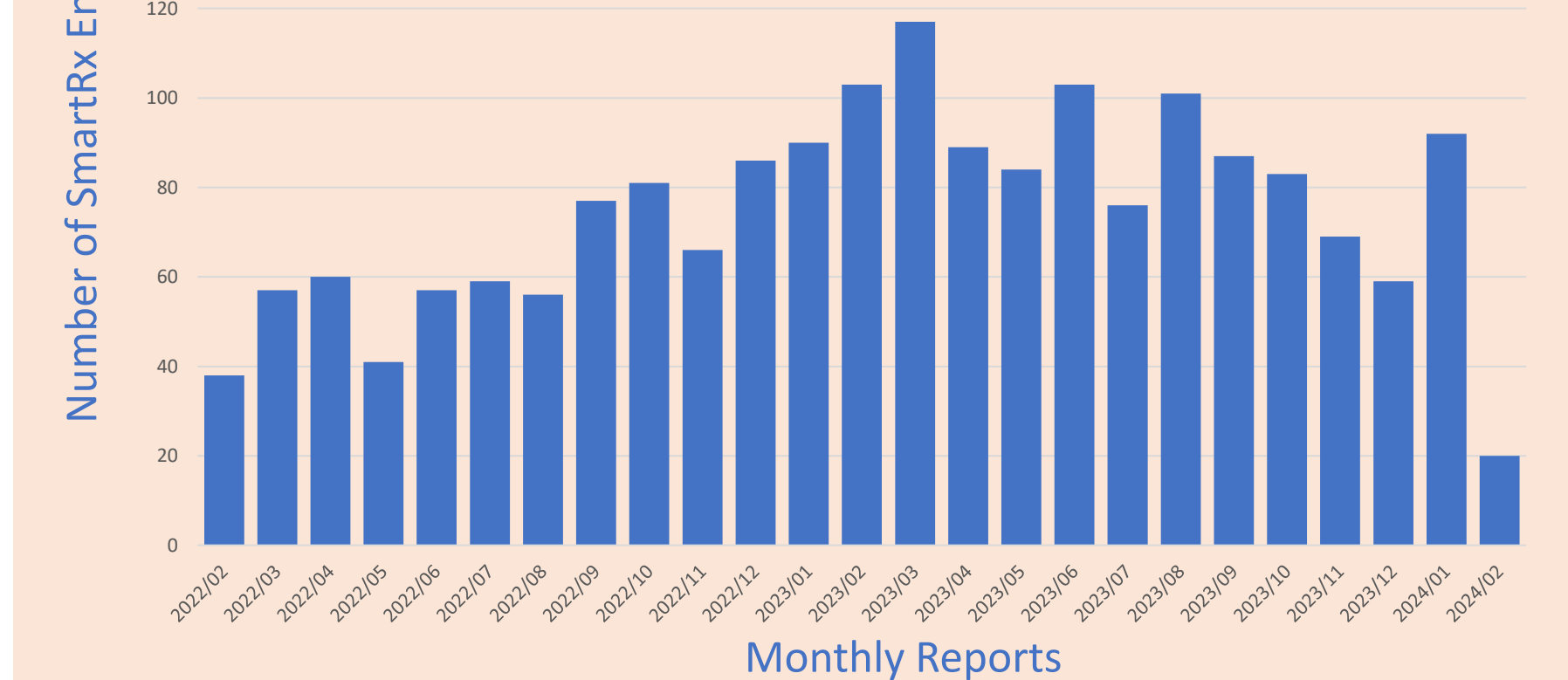
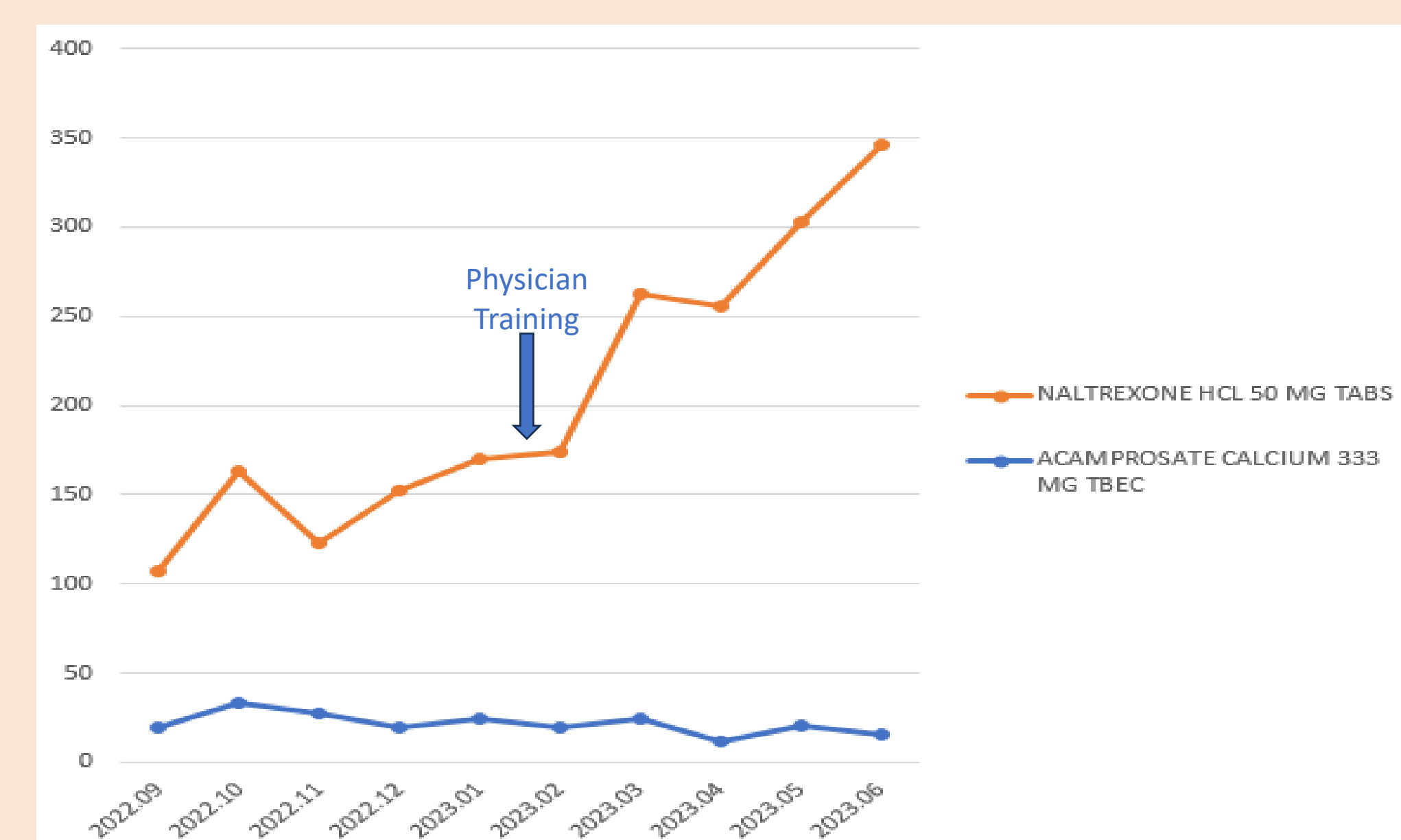


Fig 4: PCP Utilization of Dotphrase



Fig 5: Monthly Counts of MAUD Prescriptions from KPSD Primary Care Physicians Before and After Educational Campaign



- 212 out of 288 department members (79%) received the live training and all PCPs received the video recording and follow-up emails.
- Utilization of the 'SmartRx' showed a nearly 2-fold increase in the number of 'hits' for this tool in the 6 months after the educational offering. [Fig 3]
- Dotphrase utilization peaked immediately post-training and then declined sharply showing a need for process improvement. The second peak in Aug 2023 coincided with the timing of the follow-up email communication [Fig 4]
- Average monthly Naltrexone prescriptions: 83 (95% CI 71-95) pre-training and 108 (95% CI 99-115) post-training, respectively. Naltrexone prescriptions generated by PCPs for Alcohol diagnoses increased 56% from 416 to 648, for 6 months pre- and post-training, respectively (p=0.034). [Fig 5]
- Acamprostate prescribing did not change significantly with a monthly average of approximately 20 prescriptions/month suggesting very few new Acamprostate starts post-training. [Fig 5]

CONCLUSION

- Educational programs aimed at increasing Naltrexone prescribing for AUD by PCPs do not have to be elaborate to be effective. Leveraging physician colleagues with expertise can demystify MAUD and boost prescribing rates.
- CDS tools can improve quality of care and streamline the process for PCPs interested in improving AUD care.
- CDS tools that demand the fewest clicks by physicians are more likely to support desired quality care outcomes. Dotphrases implementation should ideally be accompanied by continuous process improvement to ensure optimization and utilization.

AUTHOR DISCLOSURES

The study authors have no relevant financial disclosures.

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