Beyond the Med List: Utilizing Medication History Techs to Expand Naloxone Access

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2026 ICHP Annual Meeting

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Speaker Conflicts

- I do not have any conflicts of interest with ineligible companies to disclose

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Learning Objectives

1. Identify patient populations at risk for opioid overdose based on key demographics and significant trends.
2. Describe barriers and stigma associated with naloxone and patient education strategies to improve uptake.
3. Examine the impact of an improved medication history technician interview process on naloxone access and distribution.

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Naloxone Background

Naloxone was approved by the FDA in 1971

Initially used **only** in hospitals and emergency medical services

During the opioid epidemic of the 1990s, harm reduction organizations and syringe service programs pioneered community-based naloxone distribution

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Current Challenges

Despite expanded access, significant barriers remain:

- **Unequal availability:** Underserved communities
- **Stigma:** Negative attitudes toward people who use drugs discourages carrying naloxone.
- **Limited awareness:** Many individuals at risk of overdose are unaware of naloxone or do not know where to obtain it.
- **Possession versus availability:** Even when people own naloxone, they may not have it with them during an overdose.

Bennett, A. S., & Elliott, L. (2021). Naloxone's role in the national opioid crisis—Past struggles, current efforts, and future opportunities. *Translational Research, 234*, 43–57. https://doi.org/10.1016/j.trsl.2021.03.001

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Study Background

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Population Qualifications

- Potential admit/admitted patient available for a med history interview
- Recent fill history (6 mo.) or medication reconciliation evidence of an opioid or naloxone prescription
- In person or telephone interviews with patients or POA's
- Excludes nursing home patients

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Identifying At-Risk Communities

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(2018-2021) Winnebago County experienced an opioid overdose mortality number of 64.9 per 100k people (460 total)
48.5 is the second highest rate (Madison County)
Neighboring counties (Boone, DeKalb, Ogle, Stephenson) range from 22 to 24 overdoses per 100k
Average of 36.3 for Illinois

NORC at the University of Chicago. (n.d.). *Overdose Mapping Tool*. https://opioidmisusetool.norc.org/

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Identifying At-Risk Populations

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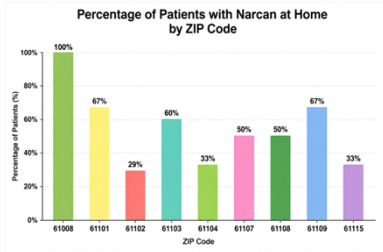
- 46.7% of patients report ever dispensing naloxone
- 26.7% of patients report having at home
- 46.7% acetaminophen-hydrocodone, 41.7%Oxycodone (remaining is acetaminophen-oxycodone, morphine, acetaminophen-codeine)



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Distribution By Zip Code

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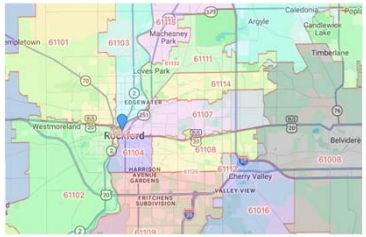

- Each patient fit within this Graphic of primarily Winnebago Country
- 61101, 61102 and 61103 accounted for the greatest amount of patients interviewed

Randy Majors. (n.d.). *ZIP Code map*. https://www.randymajors.org/zipcodegmap

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In a word, why might someone not be open to receiving naloxone?

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Neutral Factors

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Naloxone adherence was not shown to be gender specific

60 year old mean age, 62 year old median

43% of patients on Medicare

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Noted Indicators

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Emphasis on acetaminophen-hydrocodone and oxycodone

Average age in study was 59.5, but average age of patients with a "comment" was 72

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Patient Barriers

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"Comments": Patients needing prompting for what Naloxone is, or patients who avoid naloxone due to a negative stigma

A single example of a patient dispensing when making a stigma-related comment

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Thoughts to Incorporate in Patient Interviews

- Expansion of education paired with elimination of the medication stigma
- Community benefit
- Reduction in medical intervention cost

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Steps to Med History Technician Intervention

1. Review of patient's medication history to identify a need
2. Inquire if patients have naloxone, if they would like any, and inform the patient on what the product is and how they would receive it if needed
3. Enter this need via a ".dot" phrase in the MHT review menu
4. Incorporate this distribution to the patient's discharge orders

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Line of Questioning

1. Do you have a need for naloxone?
2. Do you have naloxone?
3. Do you want naloxone

In an effort to...

1. Hit an untargeted population
2. Identify non-traditional naloxone candidates

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Similar Work

Staff identifies high risk patients & new workflow is organized

High risk patients:

- Taking **50 or more morphine milligram equivalents (MME) per day,**
- Concurrent use of an opioid and a benzodiazepine,
- Using a fentanyl patch of **25 mcg/hour or greater,**
- History of overdose or substance use disorder
- Performed in a grocery store pharmacy (North Carolina)

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Similar Work

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Pros: new workflow developed, great benefits

Cons: small study, short term and small scale, challenges of substance use screening

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Projected Outcomes

- Based on compiled data (CDC, SAMHSA), we predict 0.03 lives are saved annually with each naloxone kit distributed
- In a 250 full-time work year, an MHT who distributes 2 naloxone kits per day could save 15 lives annually based on this metric
- A calculated $40 medical benefit per kit could result in a $20,000 value through this MHT program

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MHT Projected Benefit

A projected 60-90 second increase in interview/documentation time per patient

Reduced workload on nursing staff/RPH's to review dispense history and/or discuss patient education and interest

Increased naloxone circulation in one of the most at-risk counties in the midwest

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Question 1

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Roughly how many patients qualified for interview report having naloxone at home or on hand?

A) 90%
B) 65%
C) 45%
D) 25%

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Question 2

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What primary demographical indicator was noted in patients who made a "comment" regarding naloxone, indicating a potential cause of social stigma?

A) Race
B) Gender
C) Age
D) Location of residence

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Question 3

On average, what time increase can an MHT expect to have through naloxone education and documentation?

A) ~1 min
B) ~5 min
C) ~no time increase
D) ~10 min

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