WORKSHEET

Considerations for Engaging Medical Professionals

This worksheet is a component of *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, produced by Harm Reduction Coalition. More information at harmreduction.org

Things to Consider:

- ☐ Share information about other overdose prevention initiatives carried out by physicians and medical providers and offer reassurance about the legality of naloxone prescription. Gather information and support documents from other programs doing similar work, such as Project Lazarus. Bring documentation on legality of prescribing naloxone (i.e. Scott Burris' article on naloxone prescription).
- ☐ Be prepared to provide suggestions about different ways that patients can be educated about overdose. Providers may be resistant to having to squeeze one more thing into their visits with patients. There are creative ways that programs have addressed this, including the use of pamphlets, videos (including the Project Lazarus patient education video: http://projectlazarus.org/patients-families/videos), or referrals to health workers, interns or counselors on staff that could provide the overdose education.
- ☐ Be prepared to discuss barriers to enacting a traditional prescription model and offer examples of how this has been carried out successfully in other places around the US (North Carolina, Pittsburgh, Massachusetts).
- ☐ Clinics and doctors may have questions about how to bill for overdose prevention services and how naloxone can be covered by insurance. Several programs report that they bill for naloxone under opioid abuse/use codes for Medicaid.
- ☐ If providers want to differentiate opioid "misusers" from the rest of their opioid using patients, refer to the inclusion criteria for naloxone prescription and reframe the issue as "opioid safety education" or "patient safety." Anyone taking opioids can benefit from overdose prevention education.
- ☐ Remember, there are three major players involved in naloxone prescription: the prescribers, the pharmacists and the payers (insurance, Medicaid, etc.).

Notes: