

Safe Alprazolam Prescribing and Benzodiazepine Monitoring Program

Overview: Physicians were provided data from the Electronic Health Record (EHR) on their alprazolam prescriptions by way of "report cards," designed to reinforce safe prescribing practices.

Challenge: When performing chart audits of deceased Ventura County Behavioral Health patients, the Adult Services Medical Director and Quality Medical Director observed that benzodiazepines were often associated with premature deaths and rarely found that a provider ran a Controlled Substance Utilization Review and Evaluation System (CURES) report, ordered a urine drug screen (UDS), completed a required Medication Treatment Agreement (MTA) for prescribed a controlled substance or collaborated with a medical provider furnishing another controlled substance. In the face of increasing overdose deaths locally and the opioid crisis nationally, this challenge was multifaceted: we were dealing with a growing epidemic of prescription drug abuse in the community, consumers' lack of awareness of the dangers these substances pose, providers' lack of awareness of evidenced-based practices and resistance to change on the part of both patient and prescriber. Of all benzodiazepines, alprazolam is the most commonly prescribed, misused and diverted. Beyond this, evidence does not support its long-term use. System challenges included data collection, inconsistent access to non-pharmacologic treatment modalities among clinics, inability to obtain a UDS on-site, incongruent approaches of physicians and administrators in response to patients who were upset with a provider unwilling to prescribe a controlled substance, frequency with which appointments could be scheduled to allow for safe tapering of medication, and provider turnover.

Innovative Solution: The project was innovative in that it used data pulled from the EHR to design report cards, offering medical providers feedback about their prescribing practices (e.g. the number of patients they had on alprazolam, whether or not a CURES report was run and interpreted, and use of the MTA), as well as providing them with de-identified data that reflected how their practice compared to the practice of their peers and the organization as a whole.

Originality: 1) Routine tracking of all prescribed benzodiazepines/Z-drugs; 2) Distribution of a quarterly prescriber report card; 3) On-site UDS collection; 4) Development of a Clinical Practice Guideline; 5) Development of a patient handout and pamphlet in both English and Spanish on safe prescribing practices; 6) Implementation of non-pharmacologic treatments for anxiety, including a Cognitive Behavioral Treatment (CBT) program and relaxation training groups; 7) Offering patients a second opinion rather than automatically transferring their care; 8) Continuing Medical Education (CME) presentations to VCBH providers, our health care agency and physicians in the community.

Cost Effectiveness: While no money was used to fund the project, and direct costs were difficult to measure, in theory, with fewer controlled substances on the street, there will be less diversion of prescription benzodiazepines, fewer controlled substances to divert, fewer hospitalizations related to alprazolam misuse, fewer Emergency Department visits related to alprazolam misuse, and, on a larger scale, fewer overdose deaths.

Results: As of May 1, 2017, the number of patients with an active alprazolam prescription has decreased by 84% from project inception (November 1, 2014), making up 0.55% of all psychotropic agents prescribed and bettering our target goal of 1%. The percentage of completed MTAs for alprazolam more than doubled to 95.8% and the percentage of CURES reports run on these patients increased from 18.7% to a high of 97.7%. The prescribing of most other benzodiazepines and Z-drugs (e.g. zolpidem, zalepalon) are similarly downward trending with reductions of 49% (lorazepam), 51% (clonazepam), 59% (zolpidem) and 77% (temezepam). Providers are utilizing on-site UDS collection to guide their clinical approach to care, and together with our nurses, therapists and clinic administrators, are actively engaged in this ongoing effort.

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