

Policy Evaluation of Michigan's Statewide Naloxone Standing Order

Pharmacy Secret Caller Study Method and Key Findings

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Calvin University Center for Social Research



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Background and Purpose

The Michigan Department of Health and Human Services (MDHHS) received a grant from the Center for Disease Control (CDC) to better understand and address the opioid crisis in Michigan. As part of the grant, the Calvin University Center for Social Research (CSR) conducted an evaluation of Michigan's statewide naloxone standing order, focusing on its implementation and impact in Kent County, Michigan. The naloxone standing order allows people to get naloxone at participating pharmacies without an individual prescription. Naloxone, better known by the brand name Narcan, is a drug that can prevent death in the case of an opioid overdose.

CSR identified eight indicators of success for the naloxone standing order through interviews with 11 key informants and focus groups with 29 stakeholders. These indicators are listed in **Table 1**. Next, CSR searched for existing data sources that could be used to measure each of the indicators of success. Only indicators 1a, 4, and 7 could be measured through existing data sources. Then, CSR designed new evaluation tools to measure the remaining indicators of success for which there were no existing data sources. These evaluation tools were implemented between fall 2020 and summer 2021.

As listed in **Table 1**, the pharmacy secret caller study was designed to measure indicators of success 2a and 2b.

Table 1 Indicators of success of the naloxone standing order and their data sources

#	Indicator of success	Data source(s)
1a	Pharmacy involvement: Enrollment in SO	Naloxone Standing Order Report (MDHHS)
1b	Pharmacy involvement: Pharmacist training	Pharmacist survey
1c	Pharmacy involvement: Pharmacists recommending naloxone	Pharmacist survey
2a	Pharmacist awareness of the SO, OD symptoms, & naloxone administration	Pharmacist survey Pharmacy secret caller study
2b	Pharmacist stigma about opioid use and having naloxone	Pharmacist survey Pharmacy secret caller study Community survey
3a	Public awareness of naloxone, the SO, OD symptoms, & naloxone administration	Community survey
3b	Public stigma about opioid use and having naloxone	Community survey
4	Naloxone prescriptions filled through SO	Naloxone Standing Order Report (MDHHS)
5	Rate of people who keep naloxone on hand	Community survey
6	Successful reversal	None
7	Opioid overdose death rate	Michigan Resident Death File (MDHHS)
8	Comprehensive and standardized data collection and reporting	% of indicators 1-7 with a data source

Method

Study Design

This study involved making phone calls to community-based pharmacies in Kent County, Michigan. Research team members posed as community members calling about the availability of naloxone. The study had four conditions. In the first pair of conditions, the caller asked about naloxone for their brother (or sister) who was ostensibly recovering from back surgery and on strong pain medication. In the second pair of conditions, the caller asked about naloxone for their brother (or sister) who purportedly used heroin. Thus, the study had a 2 (gender of patient: male vs. female) × 2 (type of opioid: prescription vs. illicit) design. Neither gender of patient nor type of opioid had a notable effect on results, so results are collapsed across conditions in this report.

A random number generator was used to randomly assign the 101 community-based pharmacies in Kent County, Michigan, to a calling script condition. Additionally, research team members called pharmacies in a random order.

Procedure

When making calls, a trained research team member followed a script that directed the caller what to say depending on the pharmacy staff member's response (see [Figure 1](#)). The caller recorded the pharmacy staff member's responses during the phone call.

Immediately following the call, the caller completed a form about the caller's experience with the phone call. The form included objective questions such as whether the pharmacy staff member put the caller on hold, transferred the caller to another staff member, and so on. The form also included subjective questions such as the extent to which the caller felt the pharmacy staff member treated them in a respectful manner.

The [data collection form](#) can be viewed online. The study was reviewed and approved by the Calvin University Institutional Review Board (IRB), including a waiver of informed consent.

Data Visualizations

[Interactive data visualizations](#) of the study's results can be viewed on Tableau Public.

Figure 1 Pharmacy secret caller study calling script

Pharmacy:	[Greeting]							
	<i>Version 1: brother uses heroin</i>		<i>Version 2: Sister uses heroin</i>		<i>Version 3: brother had back surgery</i>		<i>Version 4: Sister had back surgery</i>	
	↓ ↓ ↓ ↓ ↓		↓ ↓ ↓ ↓ ↓		↓ ↓ ↓ ↓ ↓		↓ ↓ ↓ ↓ ↓	
Caller:	1-A Hi. I'm calling to see if you have naloxone, or, I think it's called Narcan? My sister uses heroin. I thought we should have some naloxone on hand just in case.	1-B Hi. I'm calling to see if you have naloxone, or, I think it's called Narcan? My brother uses heroin. I thought we should have some naloxone on hand just in case.	1-C Hi. I'm calling to see if you have naloxone, or, I think it's called Narcan? My brother just had back surgery and is on some <u>pretty strong</u> pain meds. I thought we should have some naloxone on hand just in case.	1-D Hi. I'm calling to see if you have naloxone, or, I think it's called Narcan? My sister just had back surgery and is on some <u>pretty strong</u> pain meds. I thought we should have some naloxone on hand just in case.				
Pharmacy:	2-A Yes, we have naloxone		2-B No, we don't have naloxone / out of stock		2-C Says naloxone is not needed		2-D Asks for more information	
	↓ ↓ ↓ ↓ ↓		↓ ↓ ↓ ↓ ↓		↓ ↓ ↓ ↓ ↓		↓ ↓ ↓ ↓ ↓	
Caller:	3-A Okay, good. Do we need to get a prescription for naloxone from their doctor or can I just stop by and pick it up?	3-B Okay. Do you know where else I might be able to get naloxone?	3-C Oh, it would make me feel better to have it even if they probably don't need it. Can I get some naloxone just in case?	3-D Oh, I don't know the details off the top of my head, I'll have to check later. But can I get some naloxone just in case?				
Pharmacy:	4-A No, just come in	4-B Yes, need Rx	4-C Gives referral	4-D No referral	4-E Yes	4-F No	4-G Yes	4-H No
	↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓	↓ ↓ ↓ ↓ ↓
Caller:	Thank you for the information. Goodbye. [End call]	If we can't get a prescription right away, do you know where else I might be able to get naloxone? [Go to 4-C or 4-D]	Thank you for the information. Goodbye. [End call]	Thank you for the information. Goodbye. [End call]	[Go to 3-A]	[Go to 3-B]	[Go to 3-A]	[Go to 3-B]

Key Findings

Pharmacy Staff Awareness

The calling script was designed to assess pharmacy staff members' awareness of the naloxone standing order. Specifically, if a community member contacts a pharmacy that is enrolled in Michigan's statewide naloxone standing order, will the pharmacy staff member:

1. Indicate that naloxone is available at the pharmacy?
2. Tell the community member that they can get naloxone without an individual prescription?
3. Provide any inaccurate information that could keep people from using the standing order (e.g., that insurance is required, that the person who is most likely to need naloxone must be present to get naloxone)?

Although we called all 101 community-based pharmacies in Kent County, Michigan, our analyses focused on the 65 pharmacies that were enrolled in Michigan's statewide naloxone standing order. Staff members at 58 of these pharmacies reported that naloxone was currently available at their pharmacy (see **Table 2**). Further, when asked whether an individual prescription was required to get naloxone, staff members at 48 pharmacies accurately reported that a prescription is *not* required.

Although the call script included only the question asking whether an individual prescription is required, some pharmacy staff members provided additional information without prompting. Some of this information was helpful, whereas other information was inaccurate and could prevent community members from using the standing order. As shown in row 3 of **Table 2**, a few pharmacy staff members inaccurately said that one's eligibility for naloxone through the standing order depends on insurance or that the person who is at risk of overdose (i.e., the caller's sibling) must be present to get naloxone.

In all, staff members at 67.7% of Kent County pharmacies that are enrolled in Michigan's statewide naloxone standing order answered questions in a way that would allow a community member to get naloxone at the pharmacy through the standing order. Based on these results, **success indicator 2a has a score of 67.7**; this indicator is also measured in the pharmacist survey.

Table 2 Pharmacy staff members providing information that would allow a community member to use standing order

#		# (out of 65)	%
1	Said the pharmacy has naloxone available	58	89.2%
2	Said the community member can get naloxone without an individual Rx	48	73.8%
3	Did NOT make other inaccurate statements about requirements (e.g., insurance is required to use SO, the person at risk of overdose must be present)	61	93.8%
	Answered questions in a way that would allow a community member to get naloxone through the standing order	44	67.7%

Caller Experience of Pharmacy Staff Stigma

After completing each call, the research team member recorded their experience, including how they felt they were treated by the pharmacy staff member(s) with whom they spoke. Specifically, they used a scale from 1 (*strongly disagree*) to 5 (*strongly agree*) to rate the extent to which the person they spoke with:

- Treated them with courtesy.
- Treated them with respect.
- Cared about them and their situation.
- Was friendly.
- Was rushed (reverse-scored).
- Was annoyed (reverse-scored).

After reverse-scoring the two negative items, we averaged the caller's ratings across the six items for each call. Among the 65 Kent County pharmacies enrolled in Michigan's statewide naloxone standing order, the average score was 4.60 on the 1-5 scale on which higher scores indicate *less* experience of stigma. Further, 57 pharmacies had an average of 4 (*somewhat agree*) or higher (see **Table 3**). Based on these results, **success indicator 2b has a score of 87.7**; this indicator is also measured in the pharmacist survey and pharmacy secret caller study.

Table 3 Callers experiencing positive treatment from pharmacy staff members

#		# (out of 65)	%
1	Pharmacies with average score of 4 or higher	57	87.7%

Questions, Feedback, and Requests for Support

Please reach out if you have questions or would like to use these evaluation tools in another jurisdiction. We are ready to offer free support through summer 2022. Please email csr@calvin.edu or laura.luchies@calvin.edu.