

Conference abstract

Improving Naloxone Prescribing in a Family Medicine Residency Clinic

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INTRODUCTION

Opioid overdose remains a leading cause of preventable death in the United States. Naloxone is an effective opioid antagonist that reduces overdose mortality and is recommended for patients receiving opioid therapy who may be at increased risk for overdose. Despite these recommendations, naloxone prescribing remains low in primary care. At baseline in our Family Medicine Residency Clinic, only 11.5% of patients prescribed opioids had naloxone listed on their medication list. The aim of this quality improvement initiative was to increase naloxone co-prescribing among opioid-treated patients from 11.5% to $\geq 23\%$ within 11 months through targeted educational and workflow interventions.

METHODS

This quality improvement project was conducted in an academic outpatient Family Medicine Residency Clinic from May 2025 to April 2026. The study population included all clinic patients with an active opioid prescription during each monthly review period (mean N=143). The primary outcome measure was the percentage of patients prescribed opioids who also had naloxone listed on their active medication list in the electronic medical record. Data was extracted monthly from EPIC and displayed using a run chart to evaluate trends. Sequential interventions included provider education on naloxone prescribing recommendations, implementation of EPIC documentation dot phrases

and visual cognitive prompts, engagement of medical assistants to identify eligible patients, and distribution of free naloxone kits obtained through partnership with the Michigan Department of Health and Human Services.

RESULTS

Naloxone co-prescribing increased from 11.5% at baseline to a final rate of 28.6% by April 2026, representing an absolute increase of 17.1 percentage points ($p=0.040$). This corresponds to more than a twofold relative improvement. The increase followed sequential educational, workflow, and access-based interventions and remained elevated despite a change in electronic medical record reporting definitions.

CONCLUSIONS

Sequential educational and workflow-based interventions in a primary care residency clinic were associated with substantial improvement in naloxone co-prescribing. Low-cost system-level strategies, including provider education, team-based workflow support, and improved medication access, may enhance adherence to opioid safety recommendations and strengthen overdose prevention efforts in outpatient settings. These interventions may be feasible and scalable for implementation in other primary care clinics seeking to improve naloxone prescribing.



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