

UCSF SOM Coaches Workshop
June 11, 2019 (90min)

Helping Students Address the Opioid Epidemic:
Raising Awareness, Shaping Attitudes, and Building Skills

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Description: Opioid overdoses have become a leading cause of death in young and middle-aged adults with an even larger proportion suffering social and medical complications from ongoing opioid use disorders. In their training, students will be confronted with a complex, confusing, and often stigmatized content area in the realms of substance use disorders, opioid prescribing, overdose prevention, and medication-assisted treatments where few clinics and fewer frontline clinicians feel equipped to adequately respond. This interactive, evidence-based workshop provides information on what every coach needs to know in order to best prepare their students and ultimately pave the way to improved patient care. Real world cases will be used to illustrate skills-based applications relevant to coaching students and providing basic screening and overdose prevention for patients. Resources and tools to deepen student learning around safe opioid prescribing, pain management, and medication-assisted treatments for opioid use disorders will be provided.

Outline (~90min)

- I. Overview/Didactics (10min total)
- II. Applied cases (65min total)
 - A. Case 1: Words Matter [20min]
 - B. Case 2: Screening and Interventions for OUD [25 min]
 - C. Case 3 Harm reduction OD prevention [20 min]
- III. Summary, Resources, and Next Steps (5min)
- IV. Reflection and Action Planning (2 min)

For further information/collaboration:

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Cases

Case 1: Words Matter – Using Person-First Language

You are working with a 2nd year resident in General Medicine Clinic. Your resident comes to precept with you about the patient they just saw.

“ J.P is a 56 year old IV drug user here for follow up after a recent hospitalization for another abscess. She left the hospital AMA after 1 day, because she was frustrated by the interruptions to her sleep when they would get vitals and blood draws. Her utox from the hospitalization

came back dirty, consistent with cocaine. This is her drug of choice, which she's been shooting daily for years. The good news is there was no meth or heroine. They also screened her for HIV which was negative. Her PMHx is significant for Hep C and her viral load was 1.2 million. She also has had elevated BP, though it is not clear if she has HTN or if this is just because she's always high when she comes in for care. Ms. P was discharged on amlodipine 5 mg, but her blood pressure today is 164/90, so she's obviously not taking it. Though she says she picked it up. She also was discharged with antibiotics, which she says she finished yesterday. Her abscess is resolved, but she says she thinks she is getting a new one and is in a lot of pain. She was last seen here 2 years ago and it looks like they talked with her about how she needs to stop using so that we can treat her Hep C. "

Instructions:

- Break into pairs for role play [8 min]
- Role play with coach and resident during the precepting encounter
 - Coach should intervene and demonstrate use of teachable moment with special attention to language, stigma and patient-centered care

Questions to Consider:

- *What concerns do you have about the language used by the resident?*
- *How will you address your concerns to the resident? What will you do if the resident becomes defensive?*
- *How can you promote person-first language and patient-centered care?*

Case 2: Screening, Intervention, and Education

Mr. B is 45-year-old man with a history of injection heroin use who is admitted with fever and erythema in his right upper extremity and diagnosed with cellulitis.

Two hours after admission, he feels achy and nauseous. His pulse is 102, he is sweating, and moving frequently in bed.

You are the medical student who admitted Mr. Blue and spent time with him in the ED and now the hospital room. He tells you that his last use was this morning. He has tried to quit cold turkey before but "that just doesn't work," he says. He is currently homeless, and lost his job last month when he didn't show up to work for the third time in one week.

Questions to Discuss:

- What is on your ddx? How would you narrow in on the dx?
- What diagnostic or therapeutic steps would you suggest?
- What would you do if your preceptor wasn't helpful? When/how would you involve your coach or coaching cohort?

Case 3: Harm Reduction – Preventing Death from Opioid Overdose

Ms Y is a 43-year-old woman with a h/o heroin use % acute R ankle pain x 1 day onset s/p “stepping off a curb wrong”. Vital signs are unremarkable aside from HR 98. On physical exam you notice a right lower leg fluctuance, swelling, and redness consistent with a developing abscess. She is also tapping her leg nervously, sniffing, and occasionally yawning. When you inquire about the abscess, she discloses that she injects heroin in that area, last time was yesterday. You ask how she is feeling overall, and she discloses that while waiting to be seen in the ED, she has begun to feel “sick” from withdrawal. You calculate a COWS score of 16. Ms Y has tried buprenorphine---she calls it “subs” for suboxone on the street and is amenable to starting treatment today for her withdrawal and to cut down on her heroin use. You consult a “quick start” buprenorphine dosing algorithm, initiate treatment with buprenorphine, and arrange next day follow up at a substance use clinic for continued treatment. Xray of the ankle is unremarkable, dressing and an ace wrap are in place, and crutches have been dispensed. Abscess incision and drainage is complete, and the patient feels better, asking to leave.

Questions to discuss:

- *If she had not disclosed her heroin use, how would you start the conversation about substance use?*
- *Why is acute care management of OUD critical?*
- *What interventions could be provided to reduce her risk of infection and/or overdose?*
 - *How would you put these into action?*
- *What other benefits may arise from the use of harm reduction interventions?*
- *How can you teach harm reduction to your coaching cohort?*

Resources and Next Steps

1. Opioids and Safe Prescribing
 - a. <https://www.nap.edu/catalog/25310/medications-for-opioid-use-disorder-save-lives>
 - b. <http://mytopcare.org/prescribers/>
 - c. *Urine Drug Testing*
 - **Urine drug testing guide:** <https://ciswh.org/wp-content/uploads/2017/06/Urine-Drug-Testing-Guide-2013.pdf>
 - **My TopCare Urine drug testing decision support:** <http://mytopcare.org/udt-calculator/interpret-a-urine-drug-test-result/>
 - **ASAM Policy Statement of Urine Drug Testing:** https://www.asam.org/docs/default-source/public-policy-statements/2019-ethical-use-of-drug-testing-in-the-practice-of-addiction-medicine.pdf?sfvrsn=75bb4bc2_4
2. Chronic pain management
 - a. <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

- b. <https://www.cdc.gov/drugoverdose/training/nonopioid/index.html>
 - c. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain — United States, 2016. *MMWR Recomm Rep* 2016; 65(No. RR-1):1-49.
 - d. Nuckols TK, Anderson L, Popescu I, Diamant AL, Doyle B, Di Capua P, and Chou R. Opioid Prescribing: A Systematic Review and Critical Appraisal of Guidelines for Chronic Pain. *Ann Intern Med*. 2014;160:38-47.
 - e. Volkow ND, and McLellan AT. Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies. *N Engl J Med* 2016;374:1253-63.
 3. Person-first language
 - a. <https://cherishresearch.org/resources/#NonStigmatizingLanguage>
 - b. <https://www.cdc.gov/drugoverdose/training/communicating/>
 - c. <https://pcssnow.org/education-training/training-courses/10-keys-communication-success-opioid-management/>
 4. Opioid use disorders – diagnosis and treatment
 - a. General
 - Mccarty, D., Priest, K. C., & Korthuis, P. T. (2018). Treatment and Prevention of Opioid Use Disorder: Challenges and Opportunities. *Annual Review Of Public Health*, 39525-541. doi:10.1146/annurev-publhealth-040617-013526
 - Schuckit MA. (2016). Treatment of Opioid-Use Disorders. *NEJM* 375(4):357-68.
 - b. Screening and diagnosis
 - <https://www.cdc.gov/drugoverdose/training/oud/index.html>
 - c. Medication-assisted treatment (MAT)
 - <https://www.samhsa.gov/medication-assisted-treatment>
 - Substance Abuse and Mental Health Services Administration. **Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63 – Part 3 Pharmacotherapy**. HHS Publication No. (SMA) 185063FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018. <https://store.samhsa.gov/system/files/sma18-5063pt3.pdf>
 - Saloner B; Stoller KB; Alexander GC (2018). Moving addiction care to the mainstream – Improving the quality of buprenorphine treatment. *The New England Journal of Medicine*, 379 (1), pp. 4-6
 - Volkow ND, Frieden TR, Hyde PS, Cha SS (2014). Medication-assisted therapies: Tackling the opioid overdose epidemic. *NEJM* 370:2063-66.
 - d. ED and Hospital-based opioid treatment:
 - <https://www.bridgetotreatment.org>
 - <https://www.cdc.gov/drugoverdose/training/implementing/>
 5. Understanding and prevention of opioid overdoses; other harm reduction
 - a. <https://www.cdc.gov/drugoverdose/training/reducingrisk/index.html>

- b. Center for Disease Control and Prevention [CDC] (2017a). Understanding the epidemic. <https://www.cdc.gov/drugoverdose/epidemic/index.html>
 - c. National Institute of Drug Abuse [NIDA] (2018a). Opioid overdose crisis. Retrieved 7/16/18 from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>
 - d. Harm Reduction Coalition (East Bay): <https://harmreduction.org>
6. Next Steps and Opportunities
- a. General training around OUD and specific courses for buprenorphine
 - www.pcass-now.org
 - <https://education.aoaam.org/>
 - <https://www.cdc.gov/drugoverdose/training/online-training.html>