Saving Lives and Rebuilding Families: Medication Assisted Treatment for Opioid Use Disorders

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Introductions

- Alexa Curtis PhD, MPH, FNP-BC
  - Co-Project Director
  - Associate Professor, USF SONHP
- Karen Werder PhD, MSN, PMHNP-BC
  - Co-Project Director
  - Assistant Professor, Sonoma State Department of Nursing
- Jason Satterfield PhD
  - Project Director
  - Professor Clinical Medicine, UCSF

Advancing Opioid and Drug Prevention Treatment (ADOPT) Webinar Objectives

- Identify and assess opportunities for addressing opioid use disorders within your community and clinical practice site.
- Summarize the process and requirements for providing medication assisted treatment for opioid use disorders in the community setting including the steps to obtain a DEA waiver for buprenorphine, patient census caps, reporting mandates, and recommended best clinical practices.
- Describe currently available supports for clinicians and administrators to optimize capacity to treat opioid use disorder and articulate concrete next steps to improve clinic and/or provider readiness.

Continuing Education

- This webinar has been approved for 1.0 Continuing Education Unit toward CA BRN accreditation by the Sonoma State University Department of Nursing, 1801 East Cotati Avenue, Rohnert Park, CA 94928-3609. Provider # 16694.

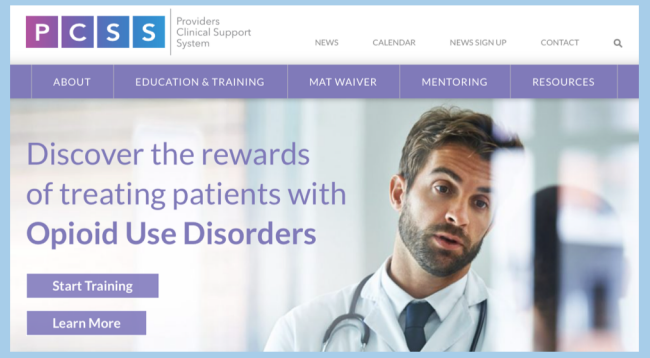
- A certificate of attendance is available for all who complete the full webinar and post-assessment, and may be used to count for hours toward a volunteer faculty appointment when applicable.

Disclosures

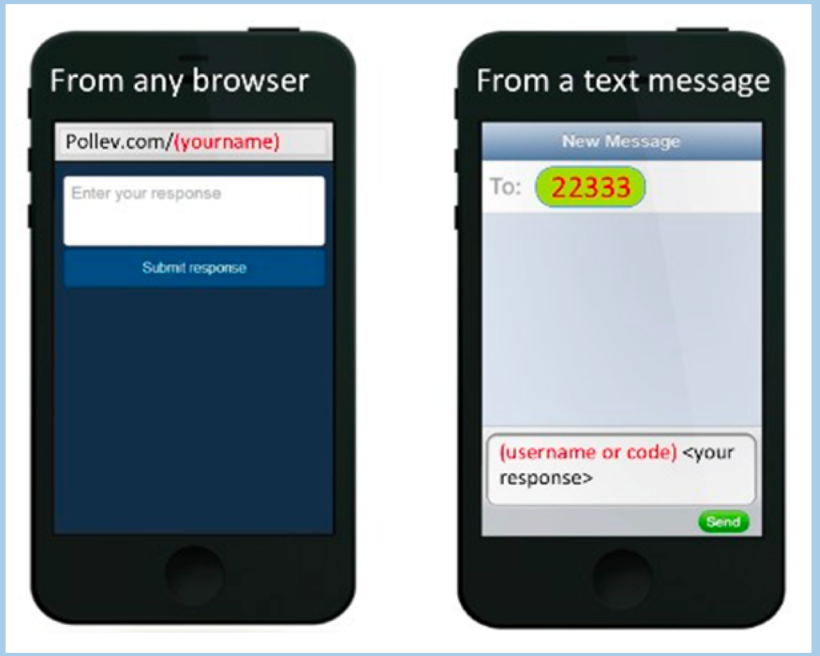
- The moderators and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing education activity

- Funding for the project was provided by SAMHSA (grant number: 1H79TI081654-01) through Providers Clinical Support Systems (PCSS)

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov



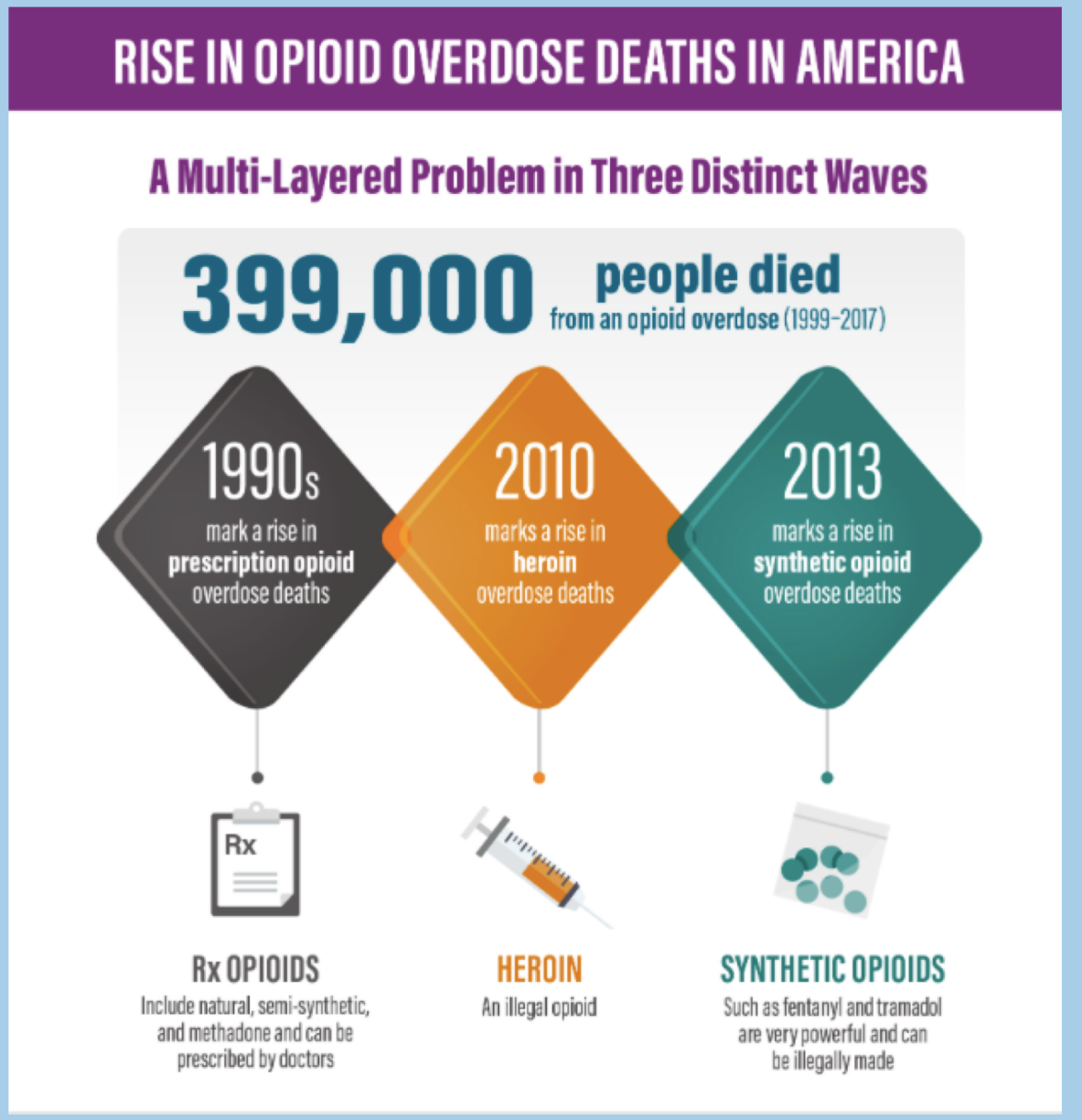
Poll Everywhere

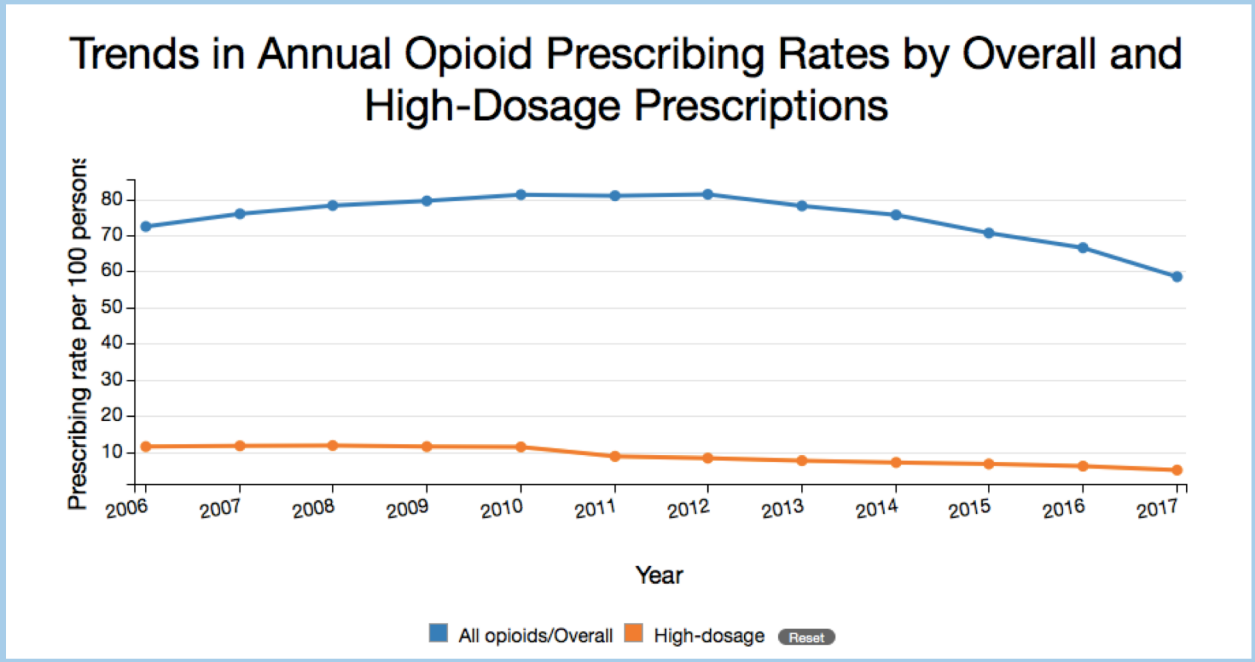


When poll is active, respond at **PollEv.com/alexacurtis188**

Text **ALEXACURTIS188** to **22333** once to join

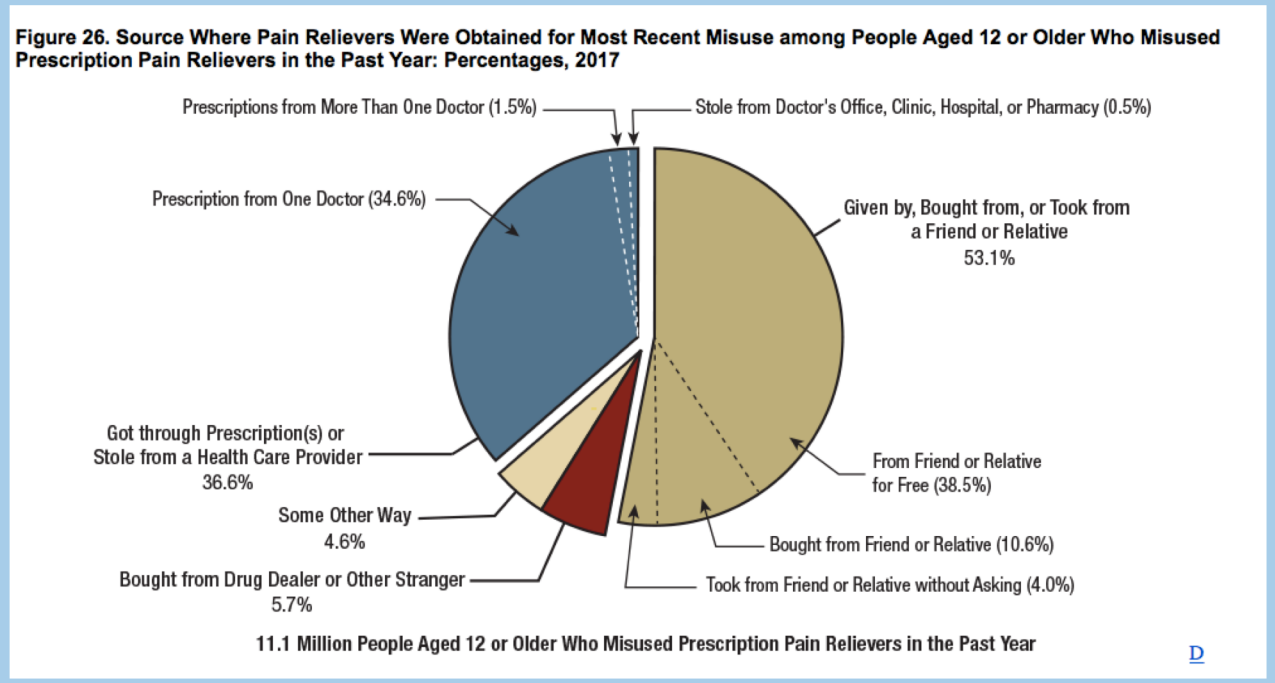
- **Natural opioids** (including morphine and codeine) and **semi-synthetic opioids** (drugs like oxycodone, hydrocodone, hydromorphone, and oxymorphone)
- **Methadone**, a synthetic opioid
- **Synthetic opioids** other than methadone (drugs like tramadol and fentanyl)
- **Heroin**, an illicit (illegally made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.





2017 National Survey on Drug Use and Health

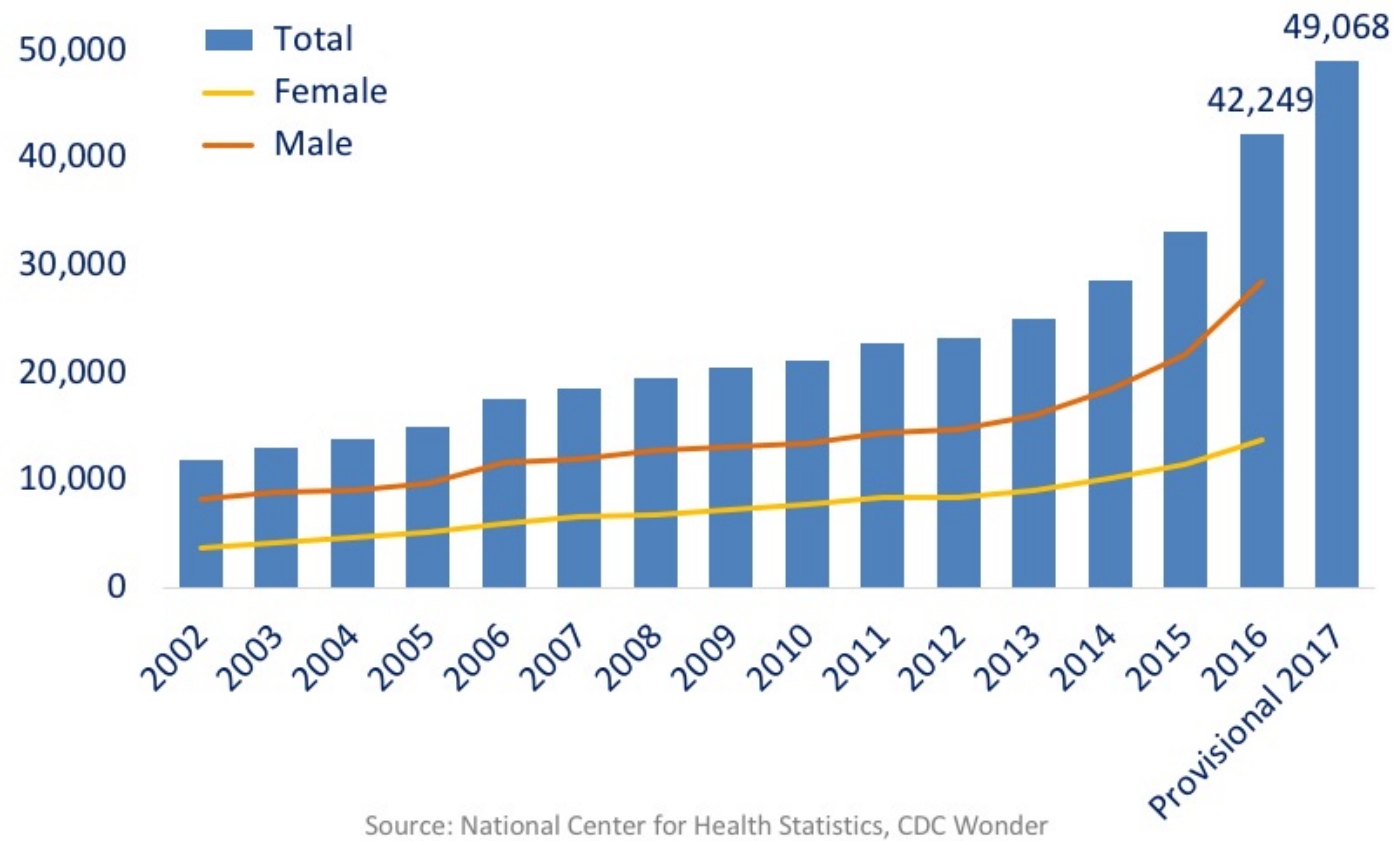
CDC Prescription Opioid Data



National Institute on Drug Abuse

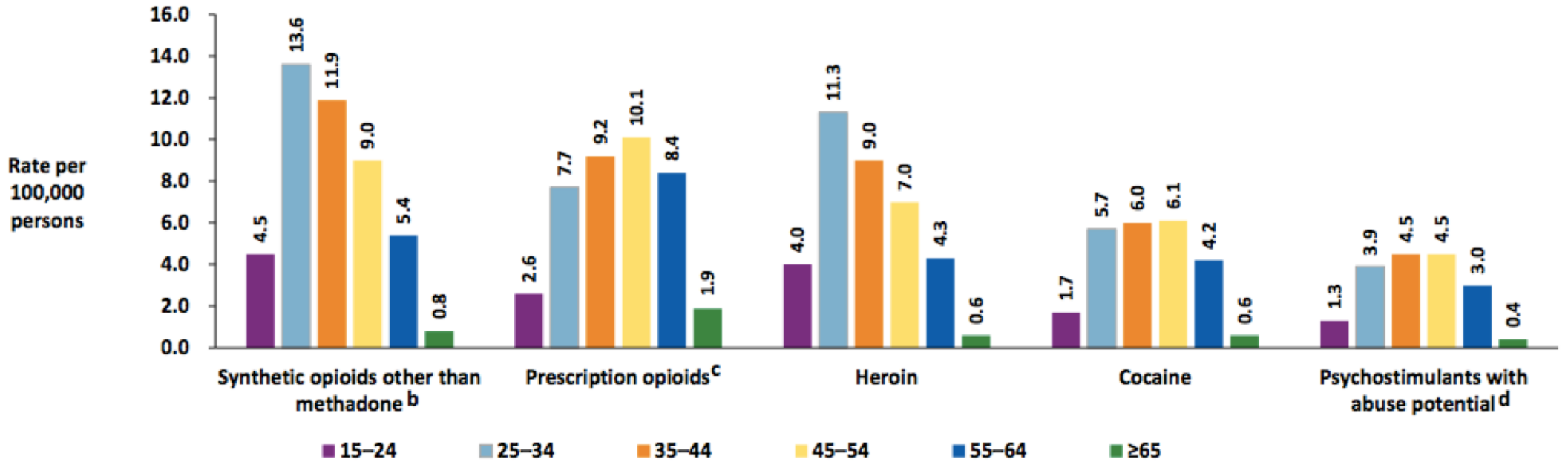
National Overdose Deaths

Number of Deaths Involving Opioids

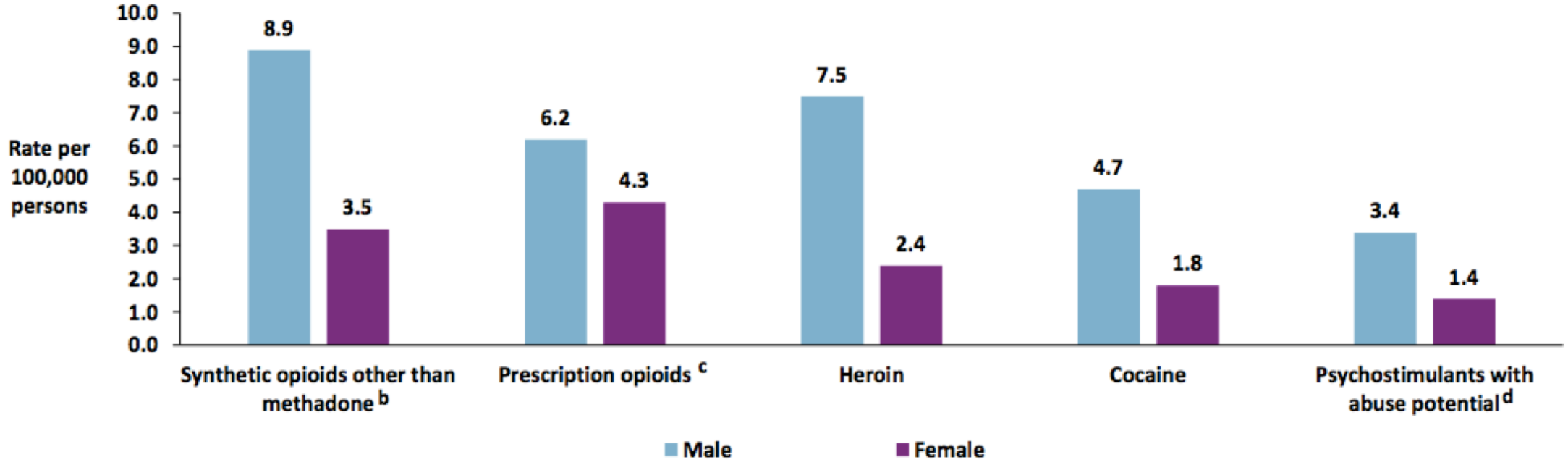


Source: National Center for Health Statistics, CDC Wonder

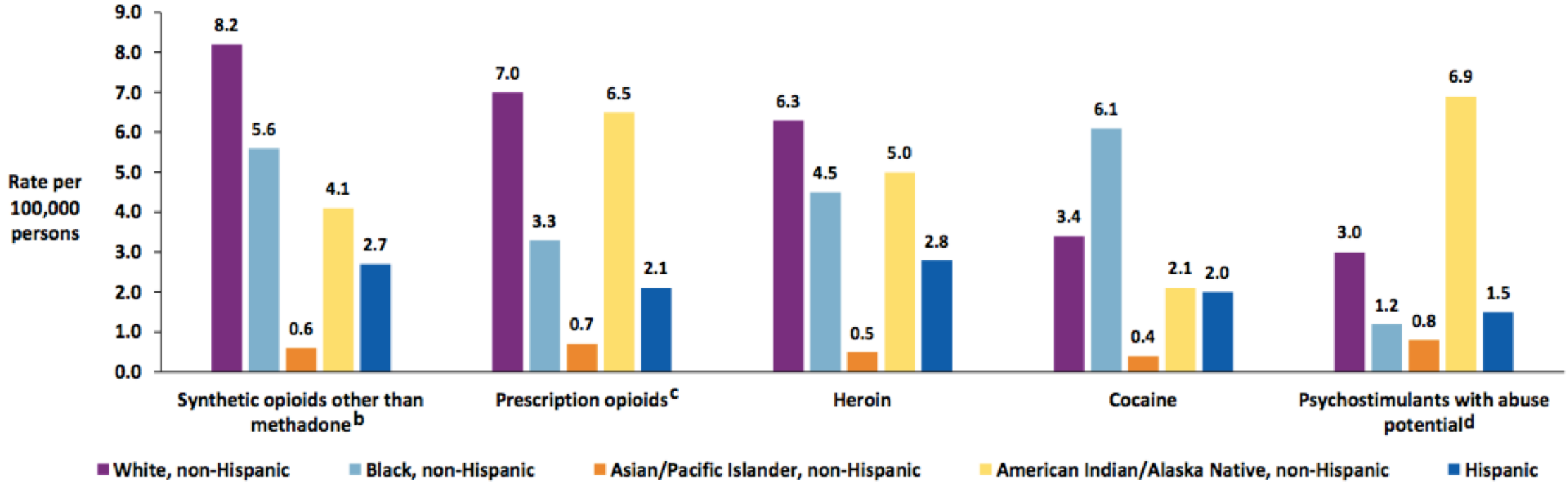
Rates[a] of drug overdose deaths by drug or drug class and age group — United States, 2016



Age-adjusted rates[a] of drug overdose deaths by sex — United States, 2016



Age-adjusted rates[a] of drug overdose deaths by race/ethnicity — United States, 2016



California Opioid Related State Trends

- Prescription deaths peaked in 2009 and have leveled off but remain the most common source of overdose death
- Heroin overdose deaths accelerated starting in 2013
- Overdose deaths from synthetic opioids (predominantly fentanyl) accelerated in 2015

- **In 2017 alone, there were over 2,000 overdose deaths in CA**

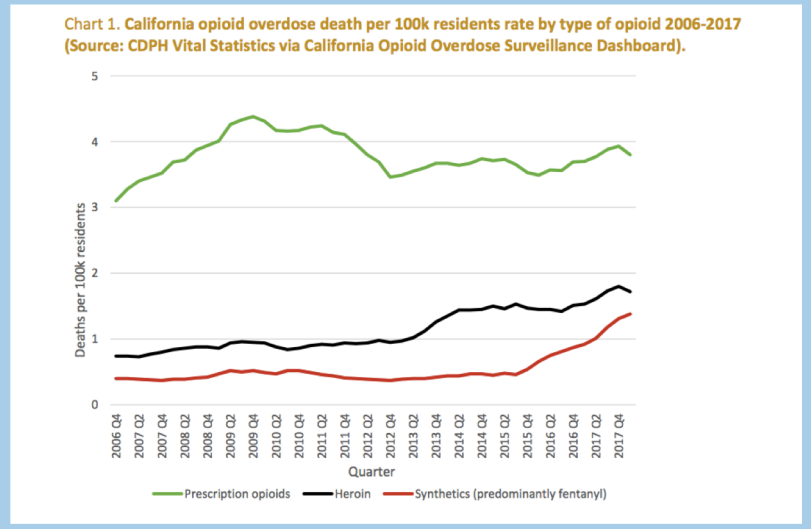
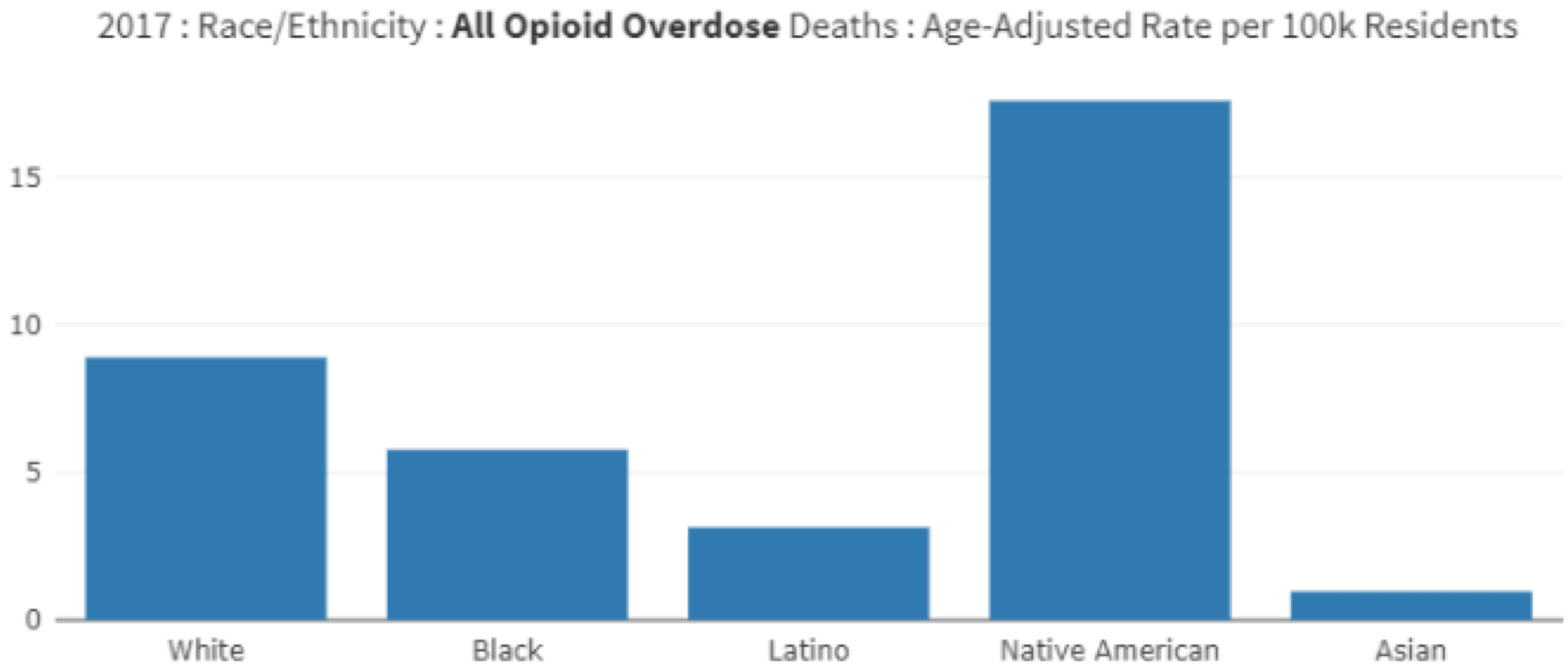
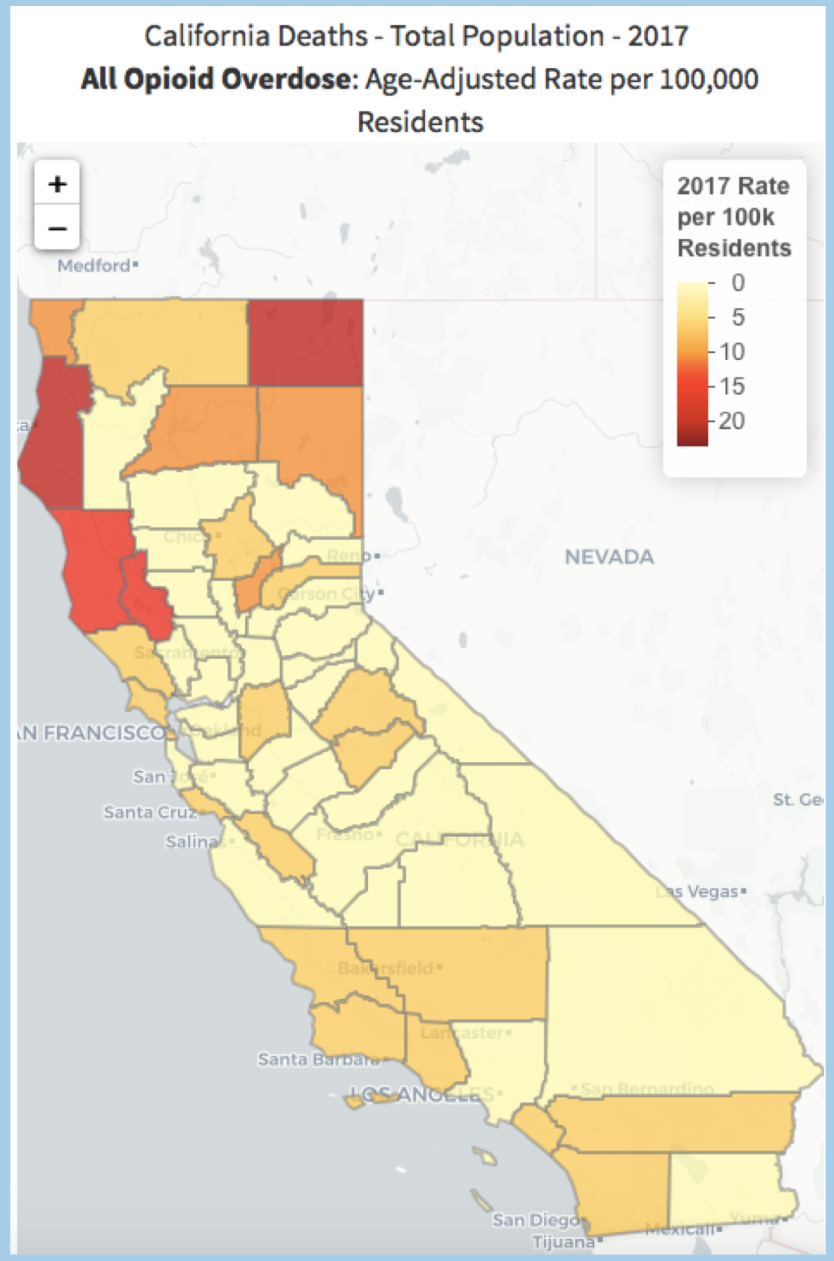
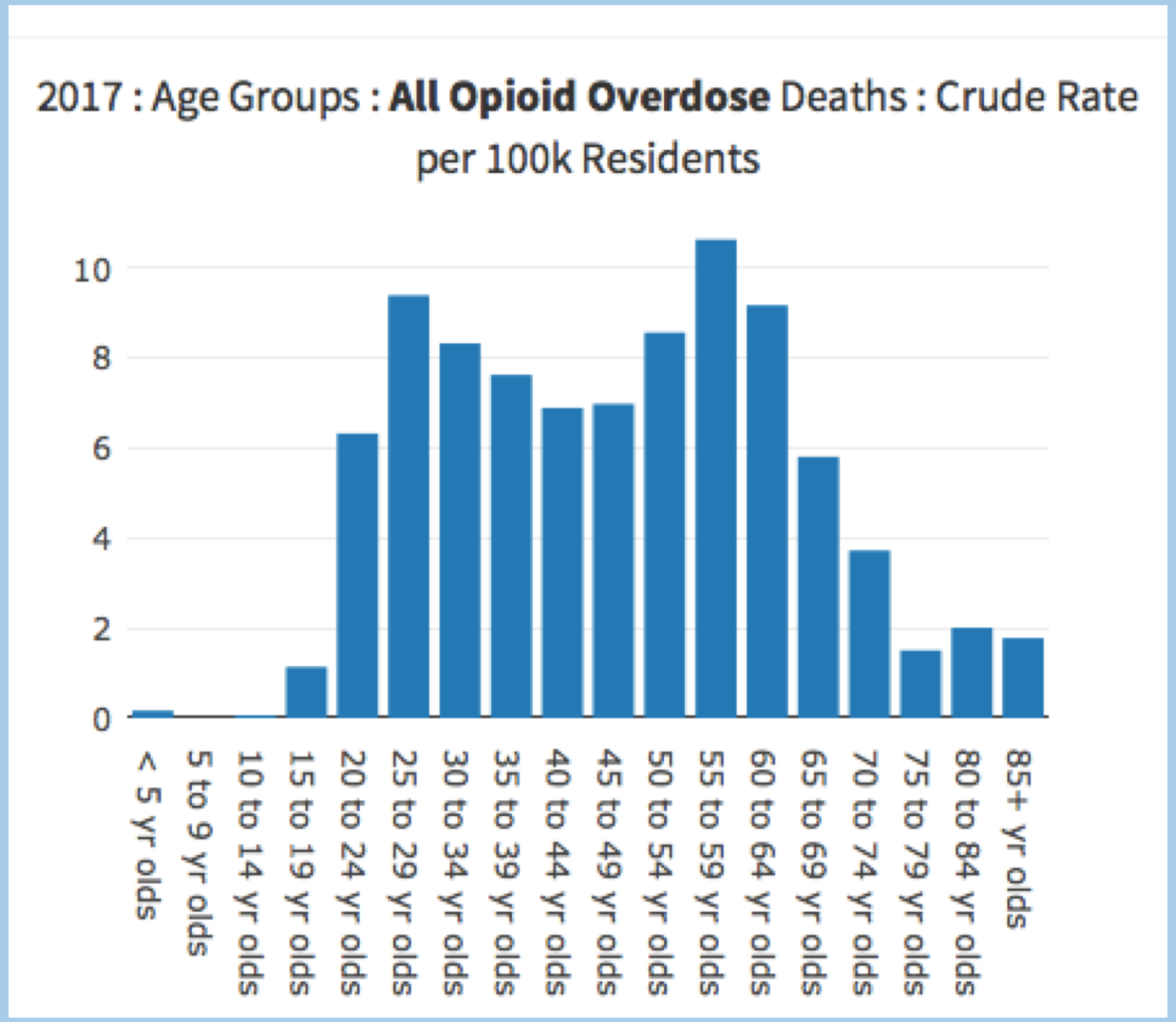


Image 2. **Age-adjusted opioid overdose death rates per 100k residents by race/ethnicity (2017)**



California data


California Deaths - Total Population - 2017
All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents
2017 Rate per 100k Residents
0
5
10
15
20
NEVADA
Medford
Reno
Carson City
Santa Cruz
Salinas
Fresno
Las Vegas
Bakersfield
Lancaster
Santa Barbara
San Diego
Tijuana
Mexicali

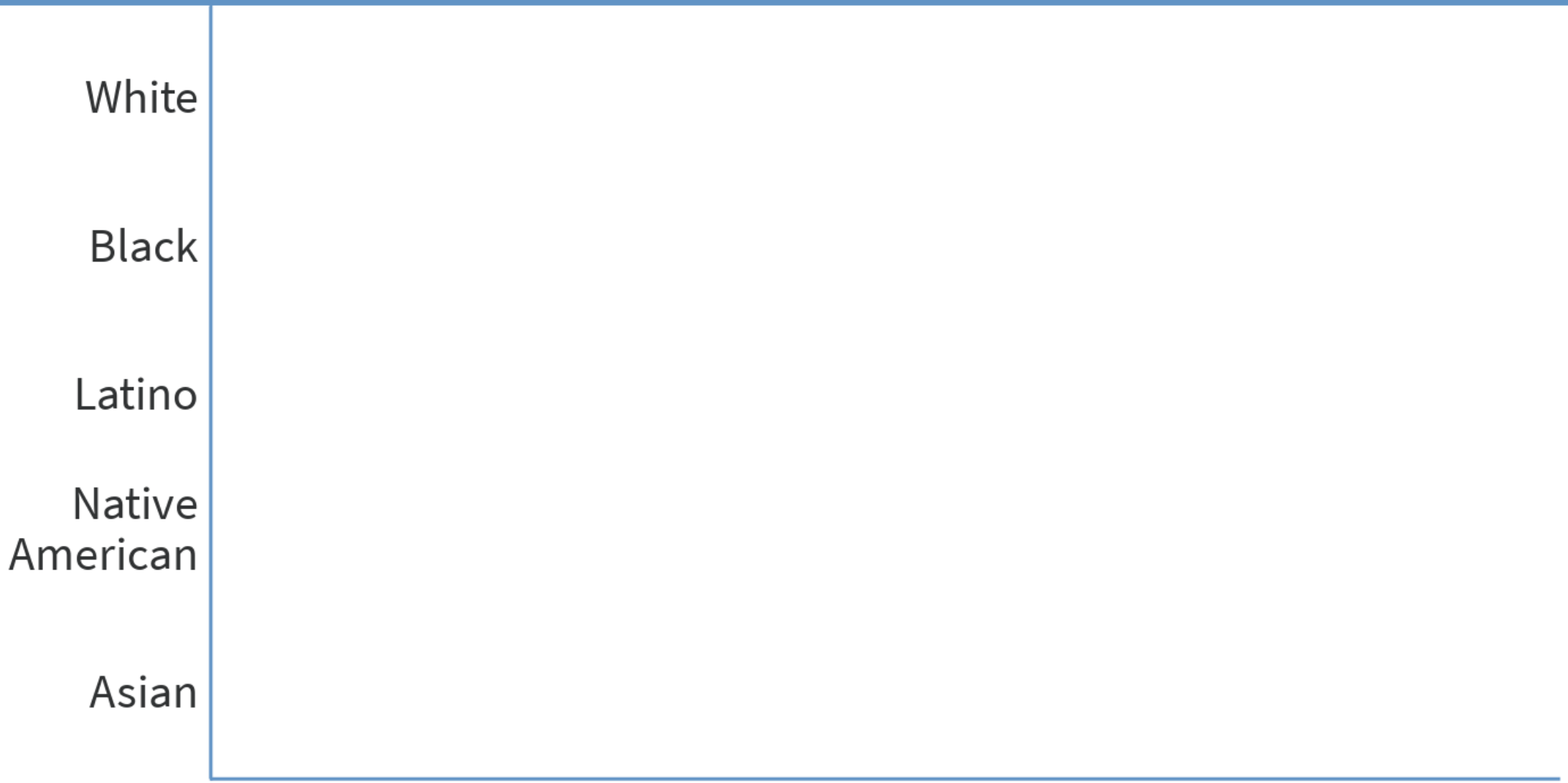

2017 : Age Groups : **All Opioid Overdose** Deaths : Crude Rate per 100k Residents
10
8
6
4
2
0
< 5 yr olds
5 to 9 yr olds
10 to 14 yr olds
15 to 19 yr olds
20 to 24 yr olds
25 to 29 yr olds
30 to 34 yr olds
35 to 39 yr olds
40 to 44 yr olds
45 to 49 yr olds
50 to 54 yr olds
55 to 59 yr olds
60 to 64 yr olds
65 to 69 yr olds
70 to 74 yr olds
75 to 79 yr olds
80 to 84 yr olds
85+ yr olds

California Opioid Use Disorder Surveillance Dashboard

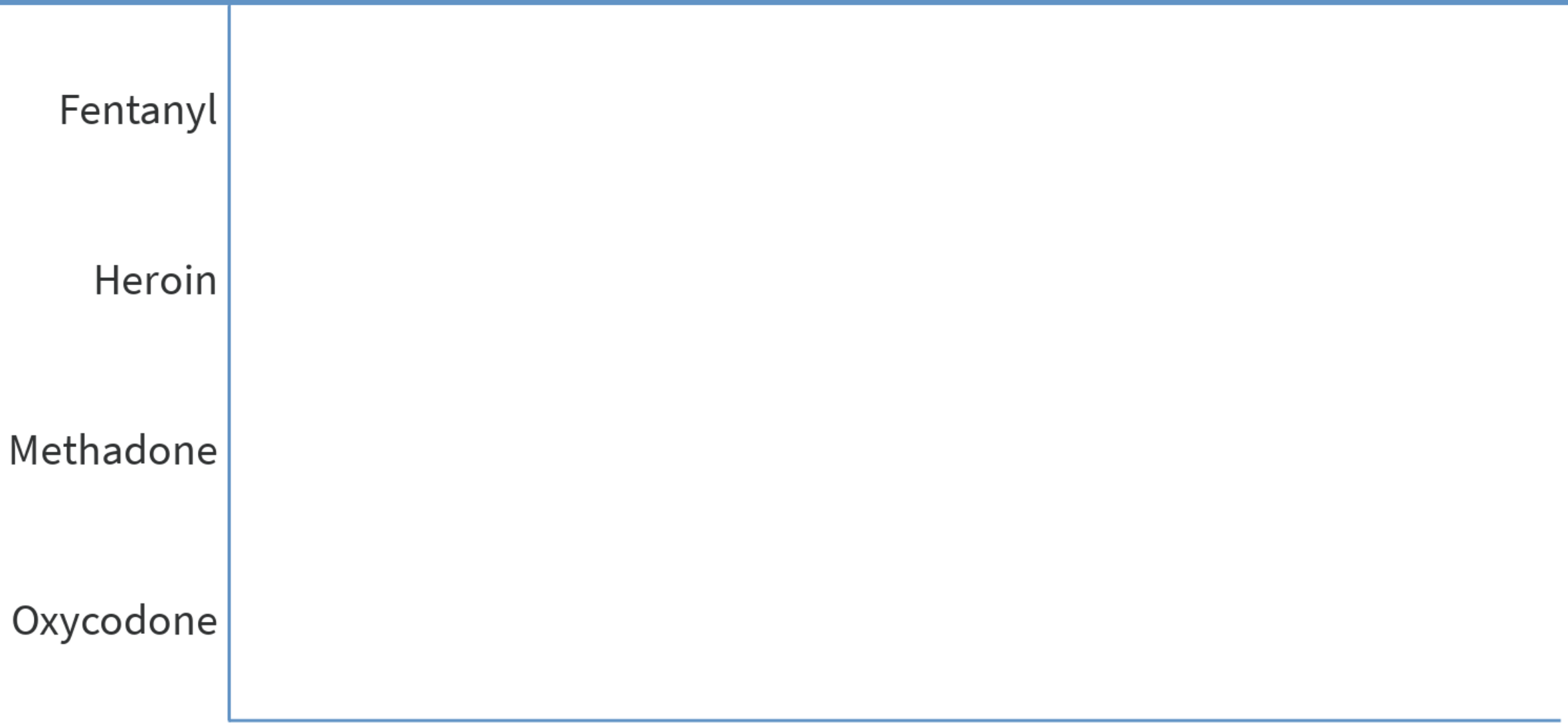
https://discovery.cdph.ca.gov/CDIC/ODdash/

Counties with high overdose rates tend not to have narcotics treatment programs

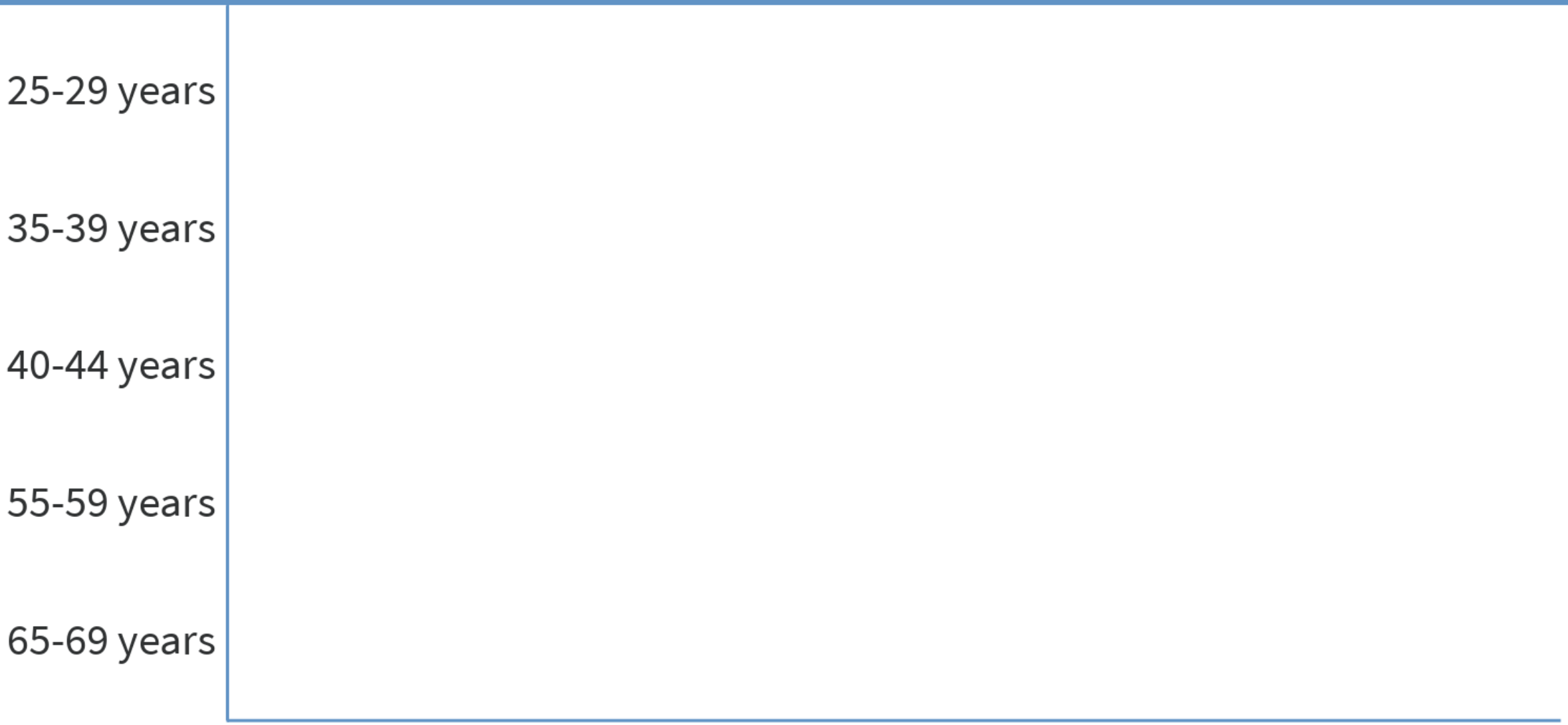
In California, which race ethnicity has the highest rate of opioid overdose deaths ?



Overdose deaths from which substance accelerated in 2015 ?



Which age group has the highest opioid overdose death rate in California ?

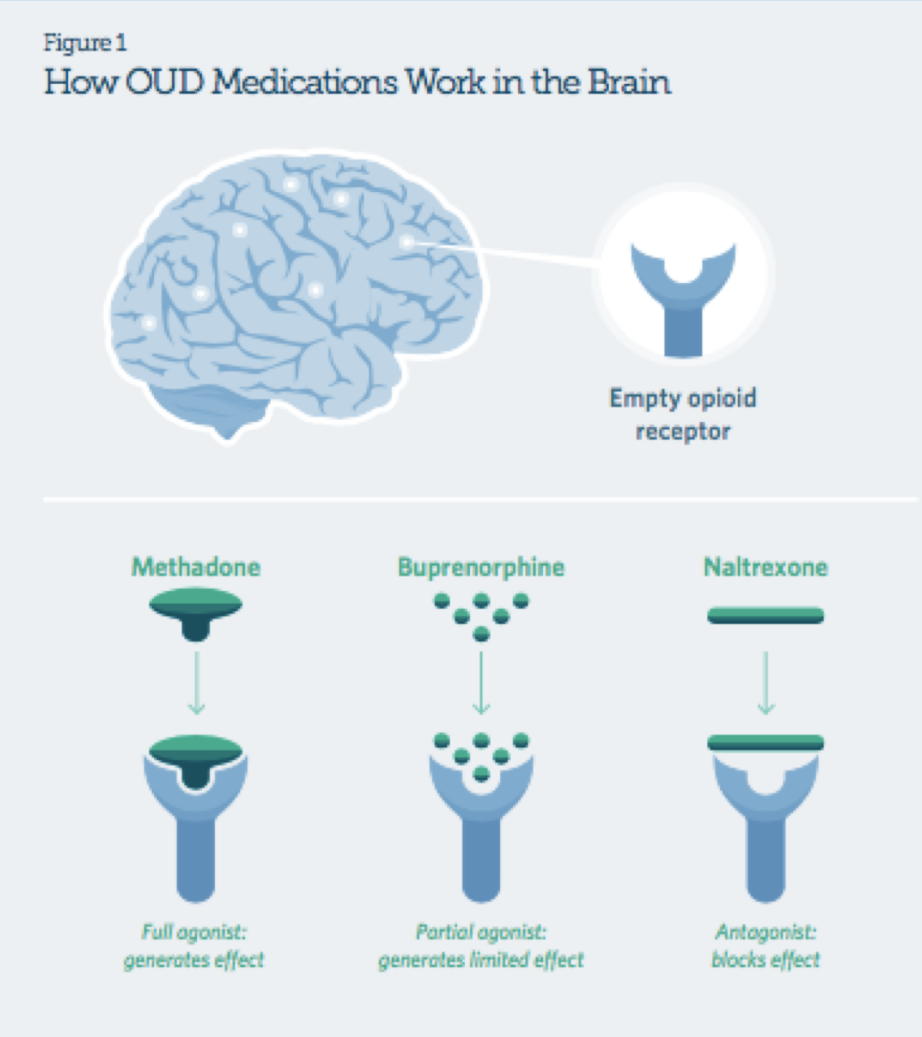


Diagnosing Opioid Use Disorder: DSM5 Criteria

- Larger amounts over time
- Unsuccessful efforts to reduce use
- Increasing time spent around use
- Cravings
- Failure to fulfill responsibilities
- Social/interpersonal problems
- Activities reduced
- Use in physically hazardous situations
- Continued use despite physical or psychological problems
- Development of tolerance
- Withdrawal symptoms

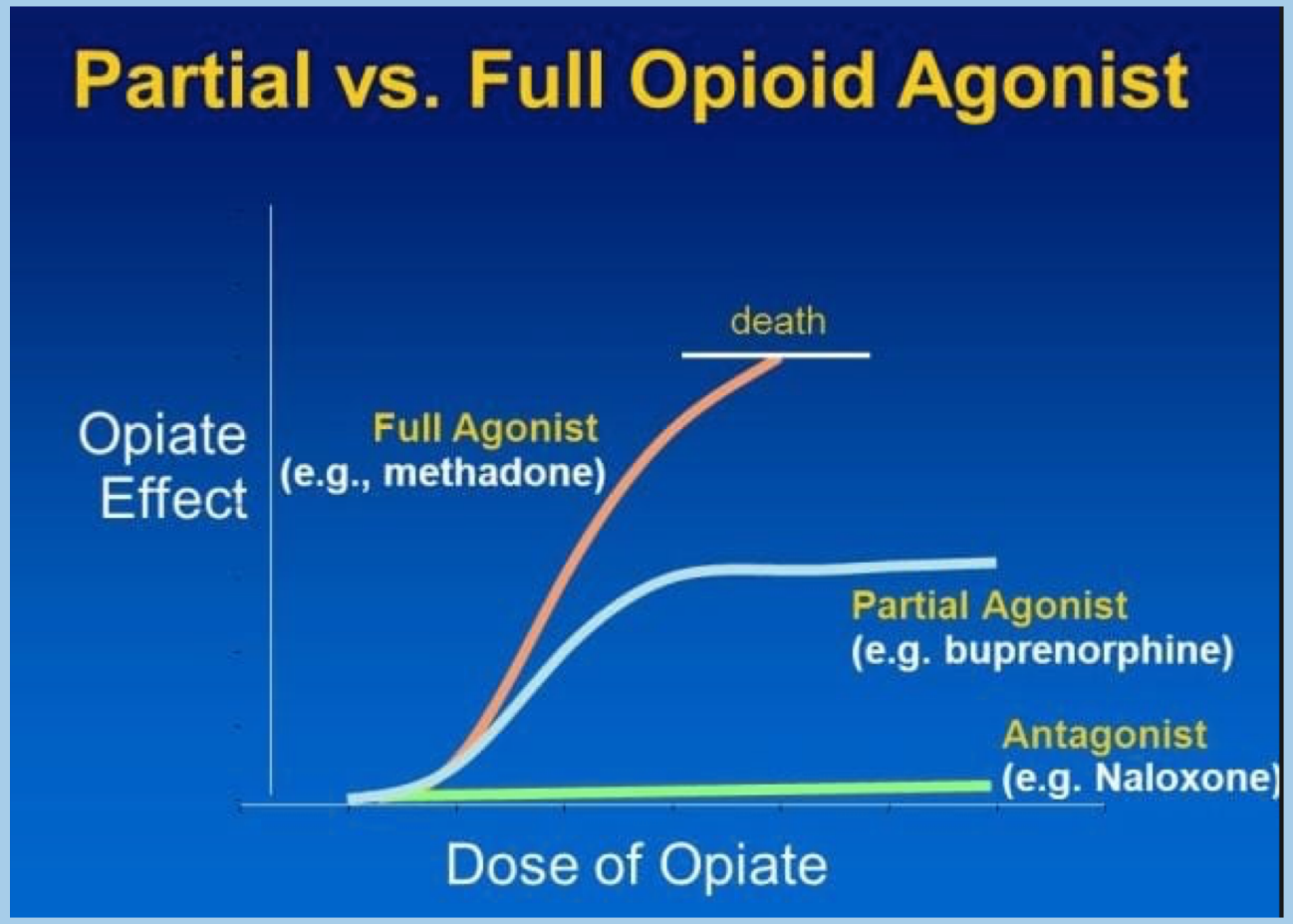
Severity: **Mild**: 2-3 symptoms. **Moderate**: 4-5 symptoms. **Severe**: 6 or more symptoms

Medication Assisted Treatment (MAT) for OUD



- MAT is an effective treatment among medically eligible and motivated patients
- Agonist maintenance programs decrease mortality by up to 50%, decrease transmission of disease (e.g. HIV and hepatitis), decrease crime, and improve social functioning.[1-4]

MAT for OUD



- Naloxone is added to buprenorphine to reduce the risk of diversion

OUD MAT Comparisons [9,10,15]

Methadone	Buprenorphine	Naltrexone IM Extended Release
Equally effective to Buprenorphine; may have increased retention Craving reduction +++	Equally effective to Methadone Craving reduction ++	Equally effective to Buprenorphine Craving reduction +
$504/month (meds + supervision)	$460/month (meds + supervision)	1,176.50/month (meds + supervision)
Special Considerations		
Needs to be dispensed daily from specialized narcotic treatment program	Can be delivered by prescription from a primary care office by a waivered prescriber	Can be delivered monthly in an office-based setting; no provider waiver required
Diversion and overdose risk	Limited diversion and overdose risk	Little diversion and overdose risk
Risk of Prolonged QT interval	Risk of precipitated withdrawal at induction	Reduces alcohol cravings
Can be used to treat pain	Can be used to treat pain	Complete detoxification required prior to initiation, greater than 7 days

Your patient requests an early refill of "Norcos" for LBP, stating that the current dosage is inadequate; he has been supplementing with narcotics obtained from family. He has tried to cut back but states that he is unable to function without the medication. He is fearful of running out of the medication because he expereinces increased pain, agitation and GI symptoms. His partner is concerned that he might have an addiction. Select the most likely diagnosis.

LBP inadequately controlled

Opioid use disorder: Mild

Opioid use disorder: Moderate

Opioid use disorder: Severe

Advantages of buprenorphine in the treatment of opioid use disorder include all EXCEPT:

Can be delivered in a primary care office-based setting by a waivered provider

Cost effective when compared to methadone and naltrexone

Effective in the treatment of OUD compared to other medications and no medication

No risk of diversion

MAT Legislation

- Drug Addiction Treatment Act (DATA 2000)
  - Authorized physicians to prescribe buprenorphine
  - DEA waiver obtained with 8 hours of training
- Comprehensive Addiction and Recovery Act (CARA 2016)
  - Authorized nurse practitioners and physician assistants to prescribe buprenorphine
  - DEA waiver obtained with 24 hours of training
- Legislative action has successfully increased the number of MAT providers however access still lags behind demand

Steps to Obtain a DEA Waiver

- Complete a **FREE, ONLINE** buprenorphine waiver training
  - Funded SAMHSA provided through PCSS
  - https://pcssnow.org/medication-assisted-treatment/
  - Physicians complete an 8 hour training
  - Nurse Practitioners and Physician Assistants complete a 24 training
- Submit the certificate of completion to SAMHSA; the DEA waiver is processed in approximately 6 weeks
- You must have an active DEA license to obtain an X waiver however you may complete the waiver training before your DEA number is obtained

Patient Census Caps and Reporting Mandates

- There is a 30 patient cap during the first year of waivered buprenorphine prescribing
- After the first year of prescribing the patient panel may be increased to 100.
- After a year of prescribing to a patient panel of 100, physicians may increase to 275 patients.
- You must keep patient panel documentation
- You must run a CURES report on all patients prior to prescribing buprenorphine

Best Clinical Practices

- Diagnose an Opioid Use Disorder Using the DSM V criteria
- Establish treatment needs using a standardized assessment tool
  - Treatment Needs Questionnaire (TNQ)
  - OBOT Stability Index
  - ASAM Screening and Assessment Tool
- Provide MAT in accordance with established clinic protocols for induction, stabilization, maintenance, and termination.
- Provide access to behavioral health services
- Provide access to naloxone

Patient Expereince

In a word, summarize your reaction to this patient's experience with opioid addiction and recovery.

Clinician Preparation and Readiness

- Interest in providing treatment for opioid use disorder
- Substance use disorder diagnosis and management training
  - https://www.asam.org/
  - https://pcssnow.org/education-training/

- X – waiver completion
- Clinical support
  - Practice colleagues
  - PCSS mentor system
  - Clinical Consultant Center Warmline

Substance Use Warmline

Peer-to-Peer Consultation and Decision Support

6 am – 5 pm PT Monday - Friday

855-300-3595

Provider Experience

Produced by Ken Saffier MD
PCSS mentor

Please indicate your current level of Medication Assisted Treatment (MAT) practice for Opioid Use Disorder.

I am a waivered provider with a MAT patient panel

I am a waivered provider without a current MAT ptient panel

I am not a waivered provider but I am interested in participating in MAT

I am not interested in participating in MAT at this time

Community Readiness for MAT

- Community needs assessment
  - CA opioid Surveillance Dashboard: https://discovery.cdph.ca.gov/CDIC/ODdash/
  - Urban Institute CA counties OUD treatment gaps county fact sheets: https://www.urban.org/policy-centers/health-policy-center/projects/california-county-fact-sheets-treatment-gaps-opioid-agonist-medication-assisted-therapy-oa-mat-and-estimates-how-many-additional-prescribers-are-needed
- Community support (county health department, hospital, jail)
- Access to Narcotic Treatment Program (NTP) treatment facilities
- Pharmacy access to buprenorphine and naloxone

System Preparation and Readiness

- Staff interested in providing MAT
- Providers with waiver training
- Staff and providers with training in substance use disorders
- Clinic space (exam space, induction room, counseling space)
- Clinic flow
  - Well defined roles and responsibilities
- Billing procedures established

Please indicate your perception of your current clinical system readiness to provide MAT for opioid use disorder.

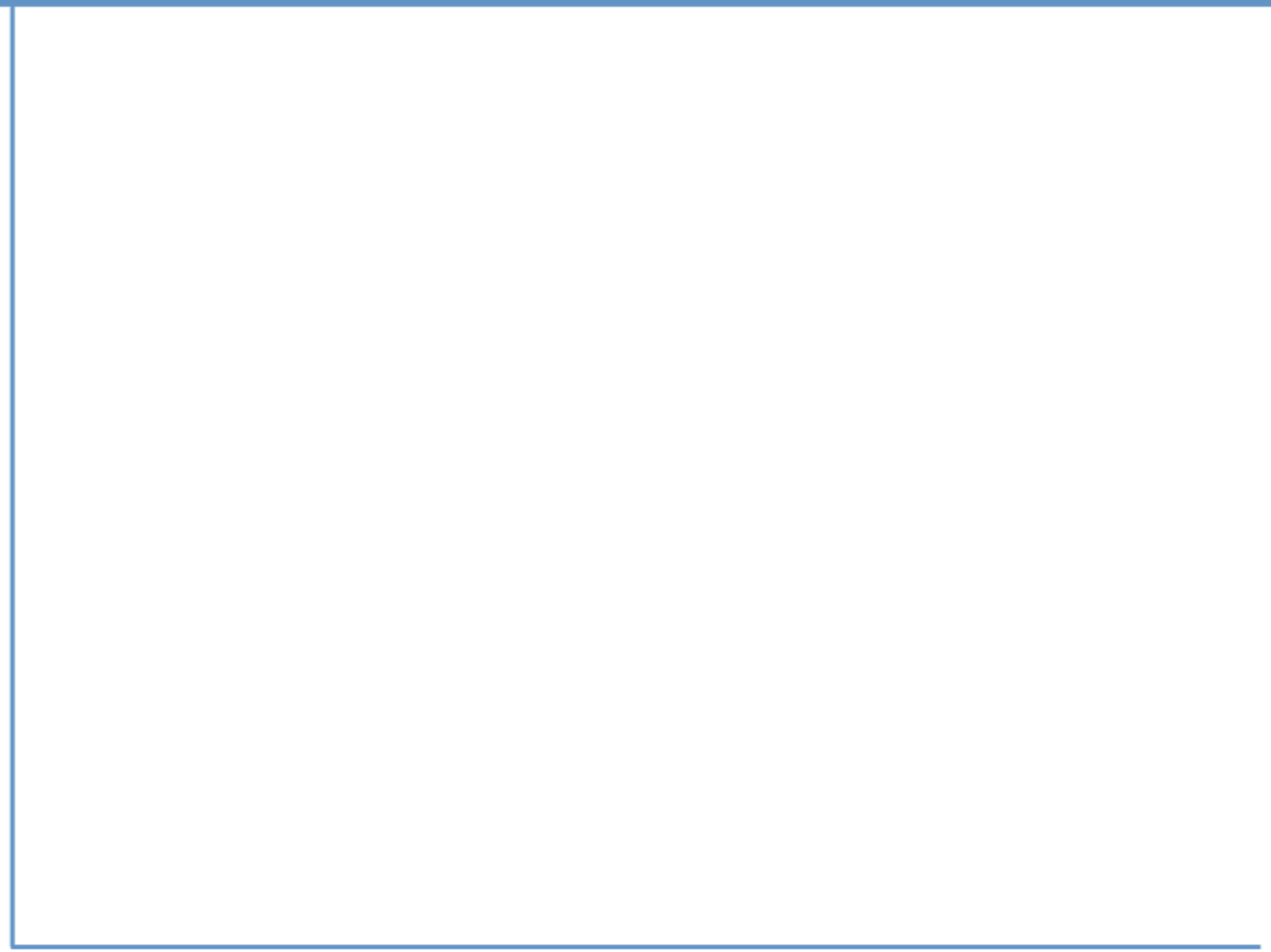
My clinical system is currently providing MAT at capacity to meet the community need

My clinical system is currently providing MAT and could benefit from expanded capacity to meet community need

My clinical system is not currently providing MAT but has the capacity and interest to begin a MAT program

My clinical system is not currently providing MAT and is interested in developing a MAT program but first needs to expand capacity

My clinical system is not curently providing MAT and does not intend to develop this clinical service in the near future



Please indicate in one word your perception of a personal provider or system level challenge to expanding the capacity to provide MAT in your community

What can ADOPT provide?

- To meet you/your clinic's needs:
  - Trainings (e.g., webinars, on-site trainings, audits, and reviews)
  - Coaching and consultation
  - Administrative resources (e.g., tips for quality improvement, implementation kits)

ADOPT Champions

- We are looking for champions – are you interested?!

- Role of the Champion
  - What you get:
    - Training
    - Rewarding experience working with other health care professionals and students
  - What you give:
    - Promote MAT training for clinical preceptors
    - Optimize dissemination and outreach strategies
    - May serve as interventionists
    - Support the spread of system-based practice changes throughout the training clinics

Implementation Clinics

- We are looking for implementation clinics – is your clinic a good fit?
  - What is an implementation clinic ?
  - What would an implementation clinic need to do ?

- Examples of prior focused quality improvement projects:
  - SBIRT Residency Training and Interprofessional Training Programs
  - NIH SBS and CACHE Training Projects

Interested?

- If you are interested in becoming a Champion or Implementation Clinic, please contact the project coordinator, Sara Watchko:

Sara Watchko, MPH
Project Coordinator
E-mail: sara.watchko@ucsf.edu
Office: 415-514-8584
Cell: 412-973-7010

Webinar Assessment

Please go to the following link to complete the webinar assessment/obtain continuing education units:

https://redcap.ucsf.edu/surveys/?s=KCF9JLLL4K

*Upon completion of the brief survey, you will be asked to provide your name and email in order to receive you certificate of attendance. Note that your name and email will not be linked to your survey responses.

Continuing Education Units for RNs

Provider #16694

Sonoma State University, Nursing Department, Rohnert Park, CA 94928

To obtain 1 hour CEU credit, go to the following link and complete the brief survey:
https://redcap.ucsf.edu/surveys/?s=KCF9JLLL4K

*Note this is the same link as shown in the previous slide for the webinar assessment/CEU.

At the end of the survey, you will be asked to provide your name and email address (these will not be linked to your survey responses). This information will be shared with Dr. Karen Werder who will then email you a CEU certificate of completion.