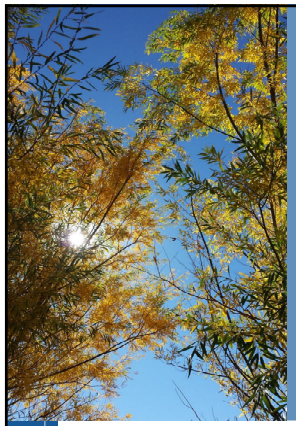


IT MATTTRs

Implementing Technology,
Medication Assisted Treatment
Team Training, and Resources

PRIMARY CARE PRACTICE TEAM TRAINING

Module 4
Stabilization & Maintenance and Special Populations

Copyright 2018 Regents of the University of Colorado. All Rights Reserved. For permission to use content for purposes other than IT MATTTRs Practice Team Training, please contact ITMATTTRs@cuanschutz.edu.

SNOCAP

Department of Family Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

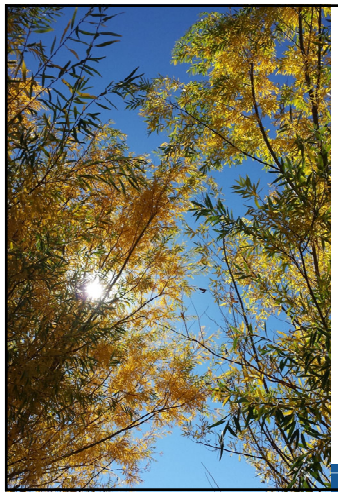
Practice team training modules

IT MATTTRs

1. Opioids, Receptors, and You
2. The Patient: *Your role preparing the patient for MAT with buprenorphine*
3. The Practice: *Supporting and providing MAT*
4. **Stabilization and Maintenance and Special Populations**
5. Methamphetamines and Treatment in Primary Care

SNOCAP

Department of Family Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



IT MATTTRs

MODULE 4

- Practice MAT care during Stabilization and Maintenance
- Insurance and billing
- Duration of treatment and relapse
- Special populations

Buprenorphine treatment

IT MATTTRs

SNOCAP

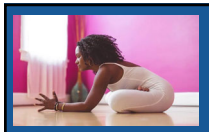
Department of Family Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

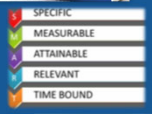
Treatment with Buprenorphine: Why are we doing this?

REMEMBER

To find the right dose of buprenorphine at which the patient:

- Has no opioid withdrawal symptoms
- Experiences decreased cravings
- Has minimal/no side effects
- Return to usual activities (work, school, family)
- Discontinues or markedly reduces use of other opioids





MAT DURING STABILIZATION AND MAINTENANCE

Stabilization and Maintenance

Stabilization

- Lasts for 4-12 weeks, as patient's dose is adjusted and other opioid use (hopefully) resolves
- Contact: tailored to patient's needs. Daily, weekly, monthly as patient becomes more stable
- Behavioral health care is introduced
- Practice checks the **Prescription Drug Monitoring Program**

Don't expect abstinence after first dose of buprenorphine

Maintenance

- Withdrawal symptoms are resolved, cravings are decreasing, side effects are managed
- Patient is able to start dealing with other stuff that contributed to having OUD in the first place
- Contact: Continue monthly visits typical for stable patients. We recommend 12 months, or more.

Primary care management: medical care team

- Contact: every 2-4 weeks initially, monthly once stabilized
- Monitor medication compliance (frequency, sublingual technique)
- Monitor patients' drug use (tobacco, alcohol, and other drugs)
- Encourage abstinence from illicit opioids
- Ask about cravings/triggers
- Identify and treat side effects (constipation, sedation)
- Discuss safe storage
- Ask your patient about social support, family, relationships
- Check Suhvfulswlrq#Guxj#Prqlwrulqj#Surjudp for outside medications and providers
- Be aware of and/or provide referral for housing, employment, legal issues…

Acknowledge progress!

Pill/Film Count = Standard Care:
- Have patient bring in medication supply
- Confirm patient ID and fill date on bottle/box
- Have patient count pills/film in front of staff member
- Confirm all tablets/film are identical
- Compare current quantity with expected quantity

Primary care management: behavioral care team

Behavioral health takes many forms – tailor to patient's need

- "Supportive care": informal counseling, motivational interviewing, goal setting, etc.
- Individual, group, and/or family counseling; peer counseling
- Self-help groups
- Cognitive behavioral therapy (CBT / DBT)
- Addiction counseling
- Lifestyle changes that support recovery and to avoid potential triggers of drug use
- Relapse prevention
- Increased services for higher psychiatric severity patients

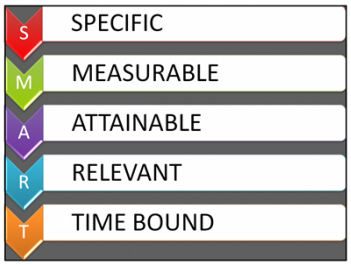
Lots of options

Primary care management: behavioral care team

- Stabilize patient with buprenorphine.
- Discuss behavioral health options. (Evidence does not support mandated counseling.)
- During MAT Review Appointment, acknowledge that behavioral health care can play an important role in successful MAT.
  - If needs are known prior to Induction, consider placing a referral as a pro-active step, especially if the referral process takes a while.
  - Inform patient that behavioral health care needs will be discussed throughout the MAT.

Martin S et al, Annals of Internal Medicine, 2018

Setting and monitoring treatment goals



- Discuss and document specific, realistic goals
- Set specific time periods
- Document progress on goals at each visit – celebrate!
- Examples:
  - Achieve abstinence from illicit and non-prescribed drugs
  - Meet with clinician
  - Attend meetings
  - Complete job applications

Urine drug testing (UDT)

Iru#kvh#ri#qrq0suhvfulswlrq#dgfl#gux jv

- ***Use UDT as a way to support your relationship with your patient.***
- *** Know how your practice will use results.***
- Part of standard of care for:
  - Monitoring for ongoing opioid use and use of non-opioids
  - Monitoring for adherence to buprenorphine administration
  - Identifying those who may need higher level of care
- Conduct every 1-2 weeks early in treatment; monthly after
- Know how your practice will use results. You want to find buprenorphine and nothing else! If there's no bup, the patient might be diverting (selling) medication.

Martin S et al, Annals of Internal Medicine, 2018

Insurance (Medication Coverage)

- MAT is covered for moderate and severe opioid use disorder
- Medicaid:
  - Covers buprenorphine treatment (office-based opioid treatment)
  - Requires pre-certification (quick process, easy)*; valid for a year
    - *House Bill 18-1007 requires coverage without prior authorization for a five-day supply of FDA-approved drugs for a first request within a 12-month period
- Medicare:
  - Covers buprenorphine treatment, but prior authorization may be more difficult depending on insurer.
  - Part D and Advantage Plans
- Private insurers: almost all insurances cover prescription but there is variation by payer, patient's plan

Insurance (Medication Coverage)

- Questions to ask: Does the patient's insurance cover…
  - MAT in the primary care setting?
  - Buprenorphine?
  - Behavioral Health treatment? Beware of carve outs!
  - Lab services?
  - Any duration of treatment (no restrictions)?
- Anticipate prior approval procedures
  - Collect forms from each payer and submit prior to prescription fill
  - Consider cash for first few days supply
  - Monitor patient's pharmacy benefits
  - 340B coverage in some Community Health Centers

Insurance (continued)

- Cost of suboxone: approximately $1.50 - $2.75 for every mg; buprenorphine (alone) cheaper
- Uninsured pts can apply for a patient assistance program (PAP) for buprenorphine
  - Free medications for up to one year
  - Each prescriber is allowed three patients on this program.
  - *** Coupons are available for eligible patients at: http://www.suboxone.com/treatment-plan/savings-card?cid=subx
  - Or consider generic tabs (much cheaper, $1.50 for mono-product and $2.50 for combo)

Relapse

- Estimated relapse in drug addiction: 40-60%, can be higher in first year
  - Does not mean patient is failing medical treatment!
  - Does mean patient needs support to stay in treatment, keep trying, and possibly make some refinements (e.g., social exposures, family to monitor taking medication)
- Estimated long-term adherence to therapy for chronic illness overall: 50%
- Estimated relapse in other chronic diseases:
  - Hypertension: 50-70%
  - Asthma: 50-70%

Relapse

F rqvlghu#jrdov#ri#wkhdwp hqw

Here's a philosophical question…

What is the culture you want to create in your practice around treatment goals?
What are your expectations as a practice team?
What do you see as being the purpose of treatment for your patients?

Relapse

F rqvlghu#jrdov#ri#wkhdwp hqw

- Abstinence from illicit and non-prescribed drugs?
- Improved functioning (better quality of life – e.g., hold a job, meaningful relationships)?
- Harm reduction?
- Facilitate and accelerate behavior change?
- Treatment/prevention of medical co-morbidities?
- Identification and treatment of psychiatric co-morbidities?
- Decrease negative impact on society?
- *To what degree is patient meeting treatment goals?*

Relapse

F rqvlghu#jrdov#ri#wkhdwp hqw

- How do you create a cohesive vision of this goal as a team?
  - What do you have in place that supports this?
  - Where might your team struggle with this?

Buprenorphine discontinuation

- First question is "Why discontinue?"
- Explore reasons for discontinuation with patient and significant others
- Naltrexone therapy might be considered (deterrent; "sick high")
- Psychosocial treatments should continue
- Patients should be followed by provider after discontinuation
- Patients should be told they can resume buprenorphine treatment if cravings, lapses, or relapses occur

Lauren

63#|lr1#hp dd#z lk#sulru#klwru|#r##suhvfulswrq#srlqj#kvh#
glvrughu##Kdv#ehhq#grlqj#z hd#rq#exsuhqruskloh2qdor{rqh#
iru#;#p rqwkv#z lk#p suryhp hqw#lq#kxqfwrq#lqg#xddw|#r##h1##
Uhwuqv#ru#urxwlqh#roz #ks#lssrlqwp hqw#lqg#p hqwrqv#kdv#
khu#dlvw#shulrg#z dv#9#z hhnv#ljr1##Grxew#vkh#rxq#eh#
suhjqdqw#hv#vkh#lqg#khu#xvedqg#sufwfh#vkh#k|wkp #
p hwkrg1#Khu#kulgh#suhjqdqf|#hvw#frp hv#edfn#srvlwlyh1##Vkh#
z dqw#r#hqrz #i#vkh#vkrxq#wrs#khu#exsuhqruskloh2qdor{rqh#
lp p hg1whq|#h1h#khu#xvedqg#v#hqdlj#khu#r#gr1

CONSIDERATIONS FOR SPECIAL POPULATIONS

Pregnancy: maintenance therapy is standard of care

- Methadone and buprenorphine (both category C) are safe and effective treatment options
- Maintenance therapy is standard of care

Maternal Benefits

- 70% reduction in overdose related deaths
- Decrease in risk of HIV, Hep B, and Hep C
- Increased engagement in prenatal care and recovery treatment

Fetal Benefits

- Reduces fluctuations in maternal opioid levels, reducing fetal stress
- Decrease in intrauterine fetal demise
- Decrease in intrauterine growth restriction
- Decrease in preterm delivery
- Tradeoff of MAT during pregnancy with signs of withdrawal and delivery close to term

Fischer et al. 1998, 1999; Jones et al. 2010

Management of newly pregnant patient

- For women on buprenorphine/naloxone who become pregnant:
  - Maintain patient on buprenorphine/naloxone
  - Buprenorphine monotherapy is also safe to use, and should be continued if used prior to pregnancy
  - May need to increase medication dose during pregnancy
- For women who need to start treatment:
  - Induce to start treatment? Yes, put patient into withdrawal.
  - Start first dose at lower COWS score (6-7 vs 12). Start with higher dose (8 mg vs 4 mg).

Pharmacologic treatment with adolescents

- Pharmacologic therapy is recommended for adolescents with severe OUD.
- Buprenorphine is considered first line treatment. Most methadone clinics cannot admit patients under 18 years old.
- Impact on the developing brain is unknown - exposure to heroin and other drugs is worse than the possible effects of buprenorphine.

Co-Morbidities

Medical Co-morbidities

- Persons with OUD frequently have or are at risk of other co-morbid medical conditions.
- Office-based buprenorphine treatment provides an opportunity to combine substance use treatment with medical care.
- Know your patients' Hepatitis C status
  - 70-90% of people who inject drugs (e.g., heroin) have Hep C
  - ~30% are less than 30 years old
  - Hep C-related deaths outnumber deaths due to HIV.
  - Recommendation is to test everyone for Hep C.

Psychiatric Co-morbidities

Substance-induced: Disorders ***related to the use*** of psychoactive substance; typically resolve with sustained abstinence.

- Patient's history suggests symptoms occur only when he/she is actively using substances.
- Goal should be sustained abstinence followed by re-evaluation of symptoms.

Independent: Disorders ***not* related to the use** of psychoactive substance but rather arise during times of *abstinence*)

- Family history of the disorder may exist.
- Goal of substance use disorder treatment should still be cessation of substance use, but treatment must also address psychiatric symptoms simultaneously.

General treatment principles

- Patients with opioid use disorder and independent depressive, anxiety, or stress disorders (PTSD) can respond to medication (typically antidepressants) and/or psychotherapy
- Buprenorphine can be a good replacement treatment for benzos.
- Generally avoid use of benzodiazepines

Utilize Resources

- University of Colorado Practice Innovation Program offers:
  - Interactive online Forums (free, with Consultant Panel)
  - Consultant Panel (clinicians, staff, and others with expertise)
  - Colorado MAT Virtual Help Desk (itmatttrs2@ucdenver.edu)
- University of California – San Francisco "Warmline"
  - Free and confidential clinician-to-clinician telephone consultation
  - For primary care clinicians
  - 1-855-300-3595

IT MATTTRs™ Facilitation Support Guide

☐ Practice has a prescriber with buprenorphine waiver certification (required for "Documentation" section)

Suggested Priority		
	GENERAL	
1	Potential Facilitation Discussion: • Do you see patients like David and Lauren? • If not, are you screening for drug use? • If yes, how have you been able to help these patients in the past?	
	DOCUMENTATION (FORMS) – Requires a waivered prescriber	
2	☐ Patient Consent Form for buprenorphine	
2	☐ Patient Treatment Agreement	
2	☐ Urine drug testing protocol and system	
	Potential Facilitation Discussion: • Expectations/Definition of Success: ○ How are you (practice) going to define success for patients in MAT? Walk through a sample treatment agreement and discuss shared practice culture. What will the practice expect from patient, from themselves? ○ What aspects of MAT cause pause (tension)? • Leadership Needs: ○ What needs to happen with practice or system leadership to complete this documentation? ○ If a health system, will it be universal for all sites?	
	PERSONNEL	
1	☐ Designated MAT practice team	
1	☐ Staff trained in MAT	
1	☐ Provider with waiver OR identified provider to refer patients	
2	☐ MAT team with regularly scheduled team meetings	
	☐ Engaged leadership willing to commit resources to MAT (especially for systems)	
	Potential Facilitation Discussion: • Which team members have a passion for this work and want to have a role? • Are all disciplines/roles represented on your MAT practice team? • Is there a champion/leader? Who:	
	CARE COORDINATION	
1	☐ (For practice without a waivered prescriber) Signed Treatment/management agreement with practice with buprenorphine prescriber.	
1	☐ Integrated care model OR plan in place for referral to external behavioral health (signed Treatment/Management Agreement). Steps taken to know who they should call, time from referral to appointment, information needed by the BH team, whether notes shared.	
2	☐ Psychosocial support/connection identified and referrals available (12 step, faith community, community organizations)	
2	☐ Emergency management protocol	

	Potential Facilitation Discussion: • What are some outside resources that can support MAT patients? Be creative. • Review sample treatment agreements and develop (with the team) the document(s) the practice wants to use. • Who wants to work on these tasks? Designate staff and resources to accomplish tasks.
	WORKFLOWS
1	☐ Screening process (and screening tool) for patients currently on opioids, new opioid prescriptions, identification of elicit use
1	☐ Patient assessment and checklist
2	☐ (For practice without prescriber) Referral to practice with waivered prescriber protocol
2	☐ Referral to behavioral health protocol
2	☐ Billing and coding
2	☐ Prescription Drug Monitoring Program account (designee, optional) and checking protocol
	Potential Facilitation Discussion: • Process map. Refer to MAT Overview Appointment and Office Induction Clinic Protocol, and Stabilization and Maintenance information. Identify passionate, committed team members to take on various tasks and responsibilities. • How will the practice handle staff turnover (is expectation that MAT will endure)? (Might not have answer at beginning but good to plant the seed.)
	ADDITIONAL RESOURCES
	Information or scripts for having difficult conversations
	Motivational Interviewing skill training
	Contact with other practices providing MAT, MAT Forum

MODULE 4 WRAP UP

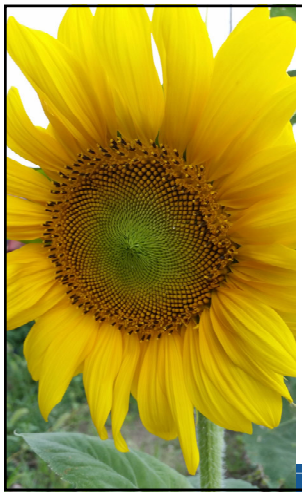
- Frequent follow-up, monitoring, support, PDMP checking, are important part of MAT.
- Relapse is part of recovery.
- Practices must have the ability to refer for counseling. Behavioral health support is ideal. Studies show good outcomes even with low intensity models.
- Pregnant females and adolescents with OUDs can be managed successfully with buprenorphine.
- OUD is a chronic condition that can co-occur with other medical and psychiatric problems.

CONGRATULATIONS!

IT MATTTRs

Are you feeling empowered and equipped to:

- ❑ Identify and diagnose patients in need of MAT?
- ❑ Understand what your patients will experience with MAT?
- ❑ Monitor patients receiving MAT?
- ❑ Continue providing care for co-morbidities in context of MAT?
- ❑ Implement buprenorphine-based treatment of OUD?



IT MATTTRs

WHAT'S NEXT

- Review your MATerials Resource Toolkit.
- Schedule follow-up implementation support meetings.
- Let us know what you need.
- Schedule a first induction!

IT MATTTRs

THANK YOU!

The IT MATTTRs Primary Care and Behavioral Health Team Training curricula were created with support from the Agency for Healthcare Research and Quality (grant number 5R18HS025056-02).

Copyright 2018 Regents of the University of Colorado. All Rights Reserved. For permission to use content for purposes other than IT MATTTRs Practice Team Training, please contact ITMATTTRs@cuanschutz.edu.

SNOCAP

Department of Family Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS