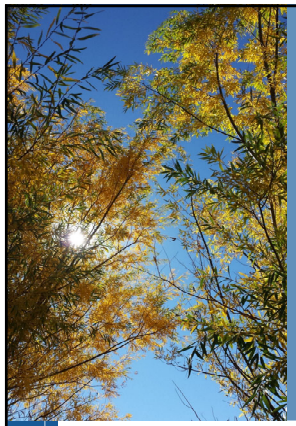

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Implementing Technology, Medication Assisted Treatment, Team Training, and Resources

PRIMARY CARE PRACTICE TEAM TRAINING

Module 4
Stabilization & Maintenance and Special Populations

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Practice team training modules

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1. Opioids, Receptors, Colorado, and You
2. The Patient: Your role preparing the patient for MAT with buprenorphine
3. The Practice: Supporting and providing MAT
4. ***The Practice: Stabilization & Maintenance and Special Populations***

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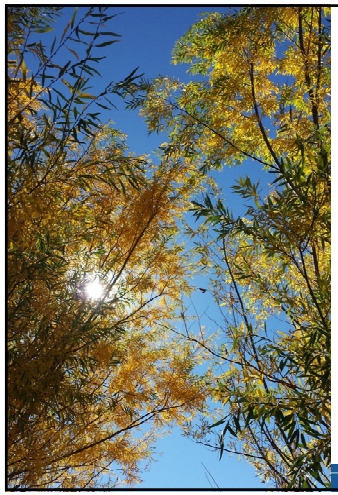

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MODULE 4

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

Buprenorphine treatment

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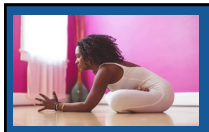
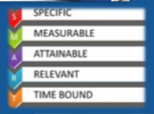
Treatment with Buprenorphine: Why are we doing this?

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 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 – <u>tailor to patient's need</u>

- "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 <u>mandated</u> 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

- S – SPECIFIC
- M – MEASURABLE
- A – ATTAINABLE
- R – RELEVANT
- T – TIME BOUND

- 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)

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- ***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

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- Abstinence from illicit and non-prescribed drugs
- Harm reduction
- Engage/retain in treatment
- 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?*

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

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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

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- 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.

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Psychiatric Co-morbidities

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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.

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General treatment principles

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- 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

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Utilize Resources

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- University of Colorado Practice Innovation Program offers:
  - Interactive online Forums (free, 2x a month, with Consultant Panel)
  - Consultant Panel (clinicians, staff, and others with expertise)
  - **Colorado MAT Virtual Help Desk** (itmatttrs2@ucdenver.edu)
  - www.practiceinnovationco.org
- University of California – San Francisco "Warmline"
  - Free and confidential clinician-to-clinician telephone consultation
  - For primary care clinicians
  - 1-855-300-3595

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Resource Reminders

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- **COPIC points** (1 for one module, 2 for all four modules)
- **Colorado MAT Virtual Help Desk** (itmatttrs2@ucdenver.edu)
- **MAT Consultant Panel** (clinicians, staff, and others with MAT expertise)
- **MAT Forums** (twice a month, online, with Consultant Panel)

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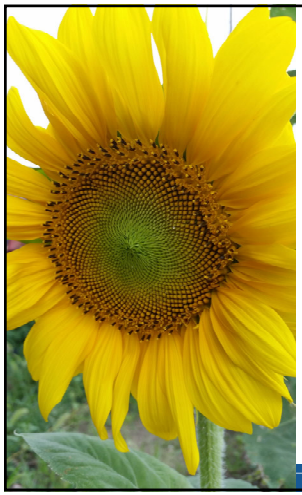

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MODULE 4 WRAP UP

- 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!

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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?

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WHAT'S NEXT

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

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THANK YOU!

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