



IT MATTTRs

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

PRIMARY CARE PRACTICE TEAM TRAINING

Module 1
Opioids, Receptors, Colorado, and You

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What is IT MATTTRs™ Team Training?

IT MATTTRs

- Provides education, training, and facilitation support for the entire practice team in medication assisted treatment (MAT) with buprenorphine for opioid use disorder (OUD)
- Over the course of 4 modules, Team Training covers:
 - Module 1: Why we're here; what opioids are and how do they work; tolerance, dependence, and addiction; and an introduction to buprenorphine
 - Modules 2 and 3: Steps involved with providing MAT with buprenorphine – what your patients experience and what practices need to implement to provide MAT
 - Module 4: Ongoing treatment activities; how MAT with buprenorphine works in special populations (youth, pregnant women, people with comorbidities)

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What is your role on your clinic team?

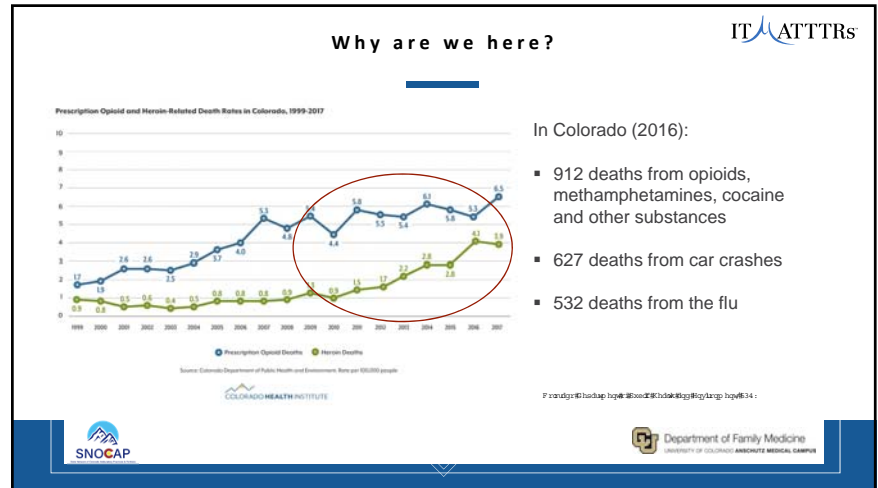
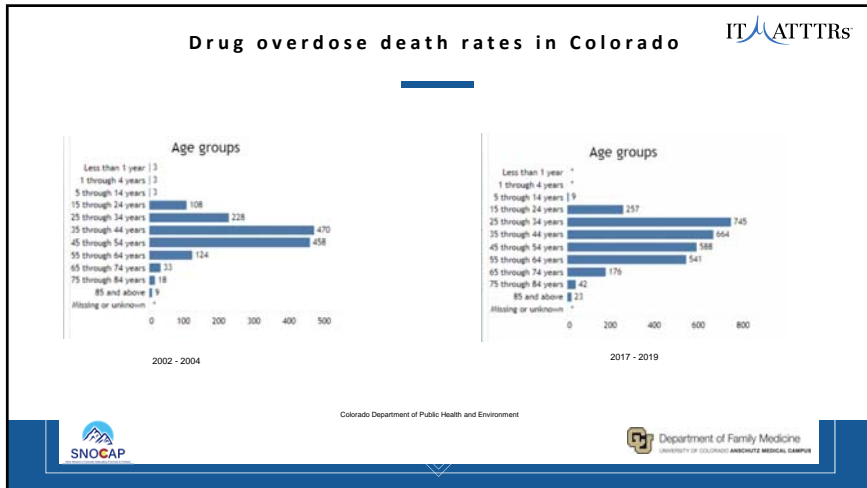
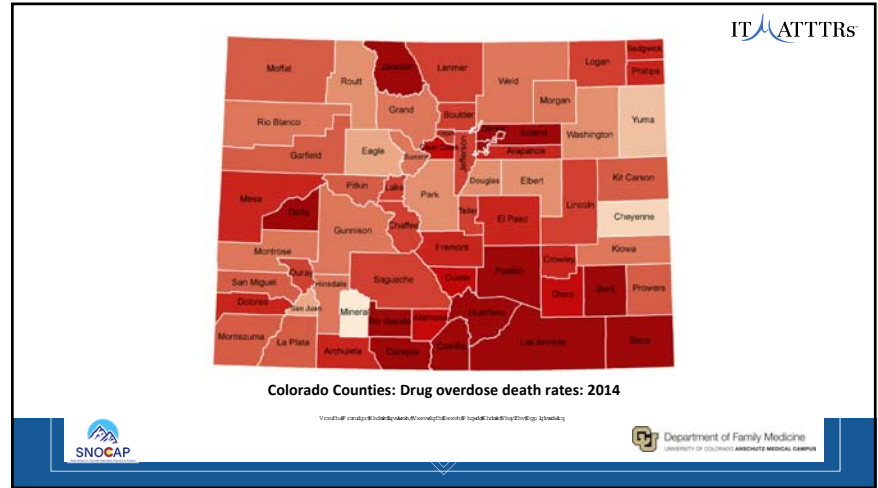
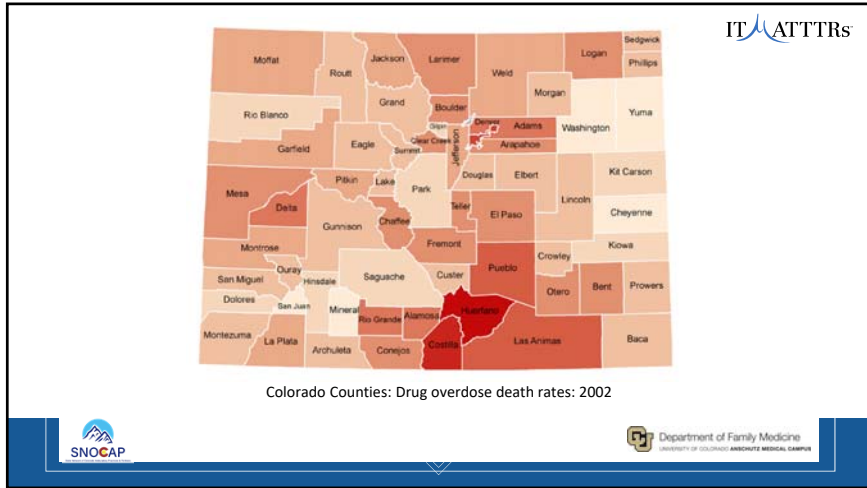
- Clinician
- Nurse
- Medical Assistant
- Front Office/Administrative
- Behavioral Health
- Other

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pdtelev.com/app

Which best describes your practice

- We have already started MAT for OUD.
- We are in the process of starting MAT.
- We are considering MAT in our practice.
- We don't know much about MAT, we are here to learn more.
- None of the above

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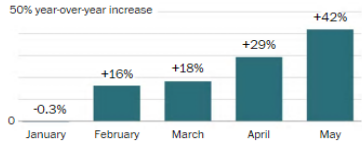
COVID and Overdose Rates

Monthly overdoses grew dramatically during the pandemic

For every 10 suspected overdoses reported to ODMAP in May 2019 ...
... 14 overdoses were reported in May 2020.



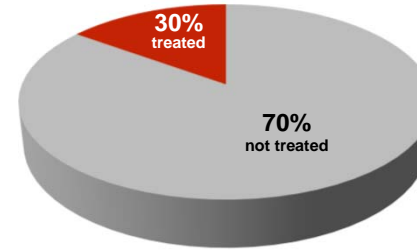
Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.



Note: Percent growth references the 1,201 agencies reporting to ODMAP by January 2019.
Source: ODMAP
ALYSSA FOWERS/THE WASHINGTON POST

Why are we here? Treatment gap

Risk vs. Benefit of MAT

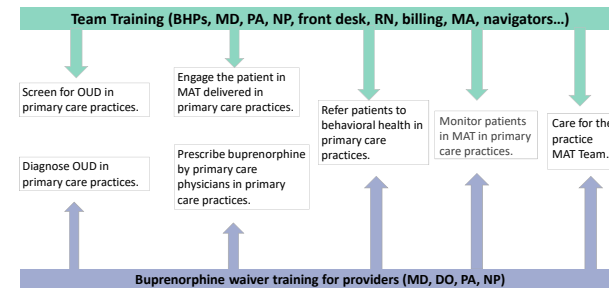


For what other condition is this acceptable?

Why are we here? Because you can change this

- Not only about mortality. Quality of life, crime rates, employment – all affected by opioid epidemic.
- There are effective, evidence-based tools for treatment – such as MAT – but they are severely under-used
- Legislation in 2000, 2016, and 2018 expanded buprenorphine prescribing rights to waived physicians, nurse practitioners, physician assistants, registered nurse anesthetists, and certified nurse midwives
- As a result of COVID-19, multiple factors associated with risk for substance abuse are now much more prevalent in our country
- **You can change this treatment gap! But it takes a team...**

Creating the practice environment conducive to care for OUD using MAT



IT MATTTs^{WP} Team Training Resources

IT MATTTs

- Education for the entire practice team and facilitated implementation support
- IT MATTTs™ MATerials Resource Toolkit
 - Hard copy and online at <https://www.asam.org/education/live-online-cme/waiver-training/materials>
- Colorado MAT Virtual Help Desk
- MAT Consultant Panel (clinicians, staff, and others with MAT expertise)
- MAT Forums (twice a month, online, with Consultant Panel)



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 (Parts 1 and 2)*
4. Special Populations



Jan Knapp, Burlington, CO

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MODULE 1

OPIOIDS, RECEPTORS, COLORADO AND YOU

- **Epidemiology:** Opioid and heroin misuse
- **Legislation:** Drug Addiction Treatment Act (DATA 2000)
- **Opioid Pharmacology:** What are opioids? Mu receptors?
- **Neurobiology of Opioid Use Disorders:** Tolerance, Dependence, Cycle of Addiction
- **Medication Assisted Treatment (MAT) with buprenorphine:** What is buprenorphine? How does it work? How effective is it? Is it safe?

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David

52 year old male former oil field worker, now on disability for back injury. Placed on fentanyl patch by worker's comp, began buying additional short-acting opioids from others to supplement. Workers Compensation physician learned of purchases and discontinued opioids. David now self-medicating by purchasing pills and smoking heroin.





Lauren

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QUESTIONS

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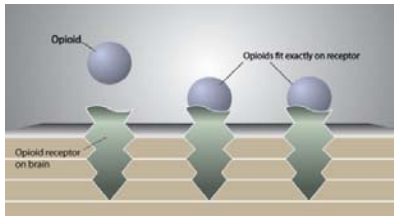
OPIOID PHARMACOLOGY

What are opioids?

- Drugs that bind to the opioid receptors in our bodies:
 - Mu, Kappa, Delta receptors
- Can be naturally-occurring or a derivative
 - Morphine, Codeine
 - Heroin: 10x more potent than morphine
- Can be synthetic
 - Methadone
 - Fentanyl: 100x more potent than morphine



Mu receptors receive the opioid and facilitate the opioid's effects



- Mu receptor triggers:
 - Euphoria
 - Sedation
 - Relaxation
 - Pain relief
 - Anxiety relief
 - Sleepiness
- Opioids affect the central nervous system and:
 - Block pain
 - Slow breathing
 - Create a calming, anti-depressing effect
- Chemical opioids stimulate Mu receptor much more powerfully than the body's natural opioids



NEUROBIOLOGY OF OPIOID USE DISORDERS

Opioid tolerance & physical dependence

Erw#rduqf#bqg#k|vfdy#shqghqf#h#
sk|vkrj|fddg#dwrq#r#Ekrq|f#s|rb#(srxuh



TOLERANCE

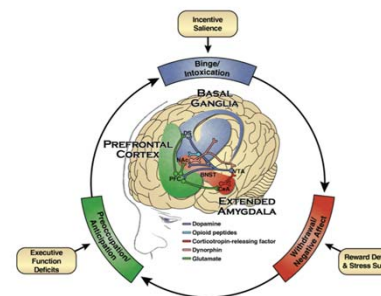
- Increased dosage needed to produce specific effect
- Develops readily for central nervous system and respiratory depression



PHYSICAL DEPENDENCE

- Signs and symptoms of withdrawal by abruptly stopping the opioid, rapid dose reduction, or administration of antagonist

The cycle of addiction

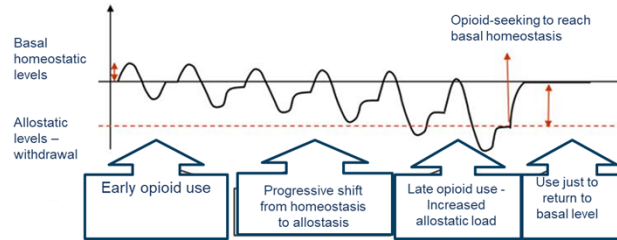


- **Dependence** = biology (happens at a biological level)
- **Addiction** = dependence + behaviors to avoid withdrawal

All chemical opioids may cause physical dependence and addiction.

How addiction hijacks the brain

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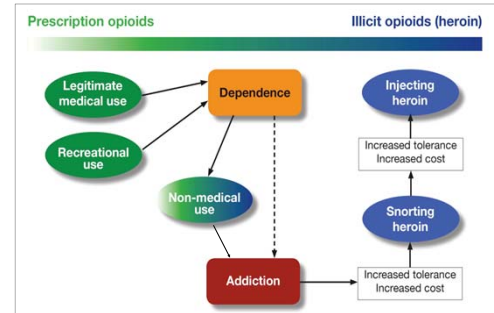
Koob GF. European Neuropsychopharmacology. 2003.



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Why do some turn to heroin?

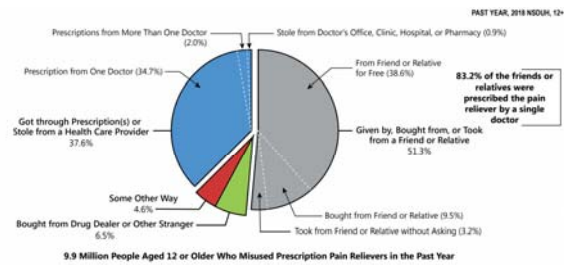
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Sources of diverted opioids

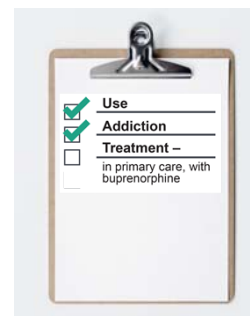
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Primary care practice team members

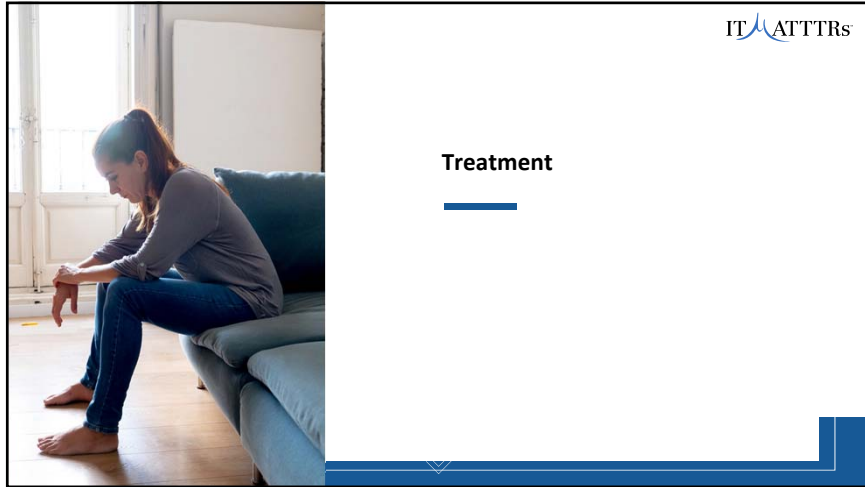
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- Help identify patients with an opioid use disorder (addiction)
- Treat or refer your patients to treatment and behavioral health care
- KNOW what your patients will and are going through in treatment



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Treatment


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Medication Options for MAT


"M" is for Medication: Three Types

Type	How it's taken	What it does	How often it's taken	Where it's available
Methadone	Liquid, edible wafer, or tablet	Long-acting opioid medication that reduces symptoms of withdrawal and blocks euphoric effects of other opioids	Daily	Certified Opioid Treatment Program (OTP), also known as methadone clinic
Buprenorphine	Tablet, oral dissolving strip, or implant	An opioid medication that weakens euphoric effects of many opioids until the effects eventually level off	<ul style="list-style-type: none"> Tablet or strip: daily Implant: every six months 	Doctor, nurse practitioner, or physician assistant with training to prescribe in office-based setting or some OTPs
Naltrexone	Tablet or injection	After mandatory seven- to ten-day withdrawal from all opioids, this non-opioid drug blocks effects of opioids and reduces cravings	<ul style="list-style-type: none"> Tablet: everyone one to three days Injection: monthly 	Doctor or pharmacist

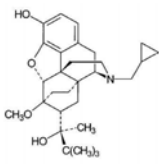


Website: <https://www.practicalpainmanagement.com/treatments/pharmacological/opioids/office-based-treatment-opioid-dependence>
 Email: practicalpainmanagement@practicalpainmanagement.com | 834.1





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Buprenorphine partial agonist




- Partial Agonist ★
- Elimination
 - Excreted in feces (70%) and urine (30%)
 - Mean elimination half-life = 37 hours ★
- Does NOT show as opiate positive on standard drug screen ★

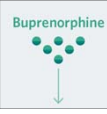



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How does buprenorphine work?




Methadone




Buprenorphine




Naltrexone



Full agonist:
generates effect



Partial agonist:
generates limited effect




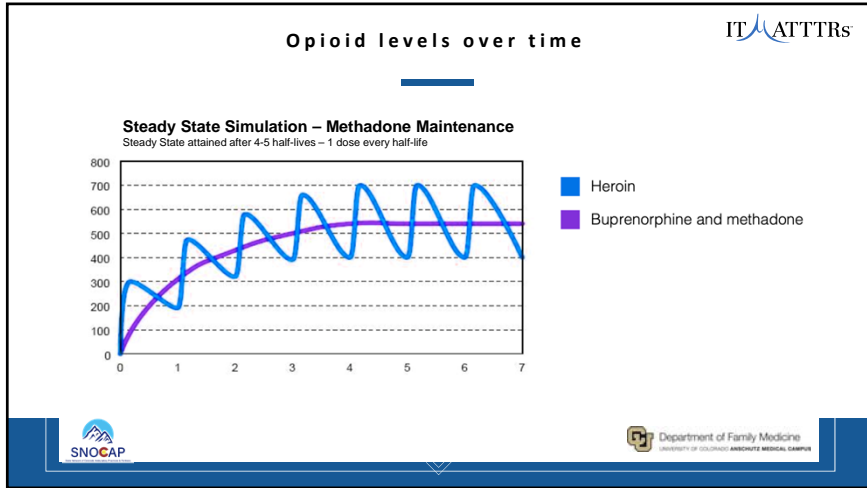
Antagonist:
blocks effect

Affinity = how tightly a chemical binds the Mu receptor

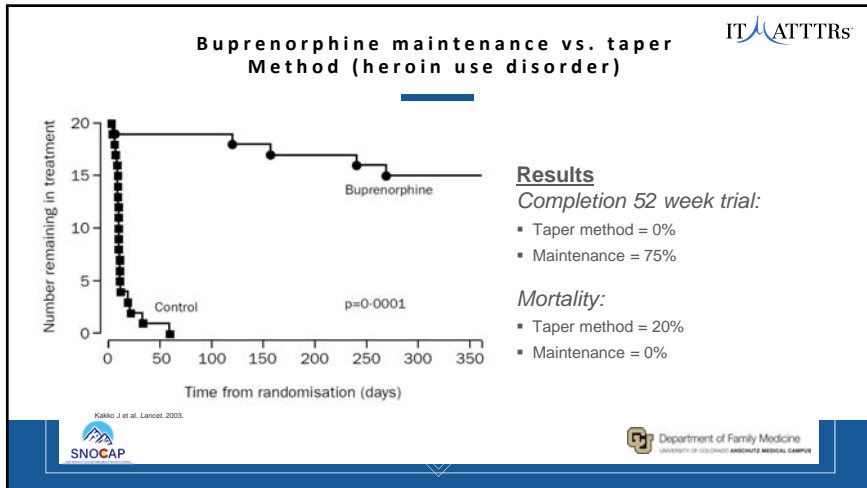
Activity = What does the chemical do – activate (agonist) or block (antagonist)?

Practical Pain Management <https://www.practicalpainmanagement.com/treatments/pharmacological/opioids/office-based-treatment-opioid-dependence>





- ### Buprenorphine efficacy summary
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- Approved and effective for moderate to severe OUD
 - Equally effective to methadone on primary outcomes of:
 - Abstinence from illicit opioid use
 - Retention in treatment
 - Decreased opioid craving
- Johnson et al. NEJM 2000; Fudala PJ et al. NEJM 2003; Kalko J et al. Lancet. 2003; Mattick RP et al. Cochrane Database Syst Rev. 2014.
-



- ### Why use medications?
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- Because they work!***
- Increased treatment retention
 - 80% decrease in drug use, crime
 - 50% decrease in mortality from OUD
 - 70% decrease in death from any cause
- NIH Consensus Statement et al. JAMA. 1998
-

Why use medications?

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MODULE 1 WRAP UP

- The opioid use disorder is an extraordinary public health risk.
- Addiction has a neurobiological basis. It is a chronic disease – not simply a lack of willpower or a personal weakness.
- Federal law allows office-based therapies, which are supported by decades of high quality evidence.
- Buprenorphine is the most effective treatment available to primary care providers and practices.
- And...it takes a team to support patients.

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MODULE 2 Sneak Preview

THE PATIENT

- There is a standard process for identifying and diagnosing patients (just like diabetes).
- What does your patient experience on buprenorphine?
- How does the practice want to define success? Like diabetes, treatment is a lifetime.

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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).



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