IT MATTTRs

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

PRIMARY CARE PRACTICE TEAM TRAINING

Module 2
Preparing the Patient

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Practice team training modules

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. Providing Ongoing Care and MAT in Special Populations

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MODULE 2

PREPARING THE PATIENT

- What information do you need to share with your patient about buprenorphine?
- How will you identify and diagnose patients (just like you do for diabetes)?
- How do you assess patients, including their motivation?
- Which patients are good candidates for MAT with buprenorphine?
- How does your practice want to define success?

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Medications for OUD – why Buprenorphine?

"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	▪ 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	▪ Tablet: everyone one to three days ▪ Injection: monthly	Doctor or pharmacist

See your MATerials Resource Toolkit for a handout on other medication treatments

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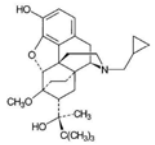
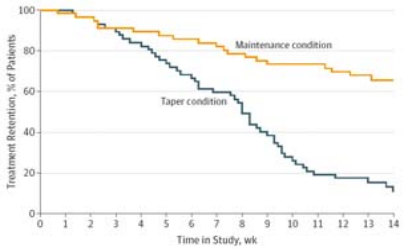
Buprenorphine safety

- Highly safe medication
- Primary side effects: nausea and constipation
- No evidence of significant disruption in cognitive or psychomotor performance or organ damage



Martin S et al. Annals IM, 2018

Buprenorphine effectiveness: Treatment retention in maintenance vs. taper for prescription opioid use disorder



- Completion 14 weeks
  - Taper = 11%
  - Maintenance = 66%

Fiellin DA et al. *JAMA Intern Med.* 2014

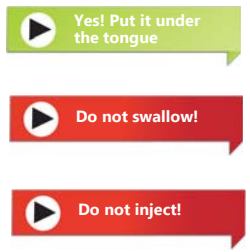
Potential abuse of buprenorphine

- Slight euphoria in non-opioid dependent individuals
- Abuse among opioid-dependent people is low
- Abuse potential less than full opioid agonists
- Most illicit use is to prevent or treat withdrawal and cravings

Yokel MA et al. *Curr Drug Abuse Rev.* 2011.
Lofwall MR, Walsh SL. *J Addic Med* 2014.

Buprenorphine/naloxone bioavailability

- If dissolved sublingually
  - Buprenorphine is active (good)
  - Naloxone is not active
- If swallowed
  - Buprenorphine is not active (won't do anything; not good)
  - Naloxone is not active
- If injected
  - Buprenorphine is active, but no effect because…
  - Naloxone is active, so it attentuates (decreases) "the rush"
- Not time-released, so tablets/film strip can be cut/split



Lauren

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(Don't worry about right or wrong answers.)

- Based on what you know about Lauren – and what you currently know about opioid use disorder – do you think there is an opioid use disorder?
- Do you think Lauren is appropriate for outpatient treatment?
- What would you recommend?
- How would you discuss your recommendations with the patient?

MATerials Resource Toolkit

Your MATerials Resource Toolkit includes: https://www.asam.org/education/live-online-cme/waiver-training/materials	Sudfwlfh#Zlwk#Exs#Suhvfulehu	Sudfwlfh#Zlwkrxw#Exs#Suhvfulehu
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Assessment overview

1. Establish diagnosis of OUD and current opioid use history
2. Document use of alcohol and other drugs and need for medically supervised withdrawal management
3. Identify comorbid medical and mental, emotional, and behavioral health conditions; how, when, where they will be addressed
4. Physical examination
5. Laboratory evaluation
6. Determine patient's readiness to participate in treatment

FSMB Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office, April 2013.)

Assessment Step 1: establish diagnosis

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Practices can "observe" but also screen for OUD:

- Who does screening for other conditions in your practice?
- Who can do these screenings? Anyone? Just the prescriber?
- Screening tool(s) are included in your IT MATTTRs™ MATerials Toolkit.

What screenings does your clinic team already do?

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Who is responsible for helping the patient complete screenings in your practice?

Front desk A | Medical Assistant B | Nurse C | Physician D | Behavioral Health E | Other F

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Assessment Step 1: establish diagnosis

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What are we looking for?

- Opioids taken in larger amounts or over longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control opioid use
- Great deal of time spent obtaining, using, or recovering from effects of opioids
- Craving/strong desire or urge to use (new to DSM-5)
- Recurrent use resulting in failure to fulfill major role obligations at work, school, home

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Assessment Step 1: establish diagnosis

IT ATTTRs

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What are we looking for?

- Continued use despite persistent or recurrent social or interpersonal problems caused by exacerbated by effects of opioids
- Social, occupational, or recreational activities given up or reduced due to use
- Recurrent use in situations where physically hazardous
- Use continued despite persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by opioids
- Tolerance
- Withdrawal

Not applicable if used as prescribed in pain program

Opioid Use Disorder score of ≥ 4 = moderate OUD

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Assessment Step 1: establish diagnosis

Opioid use history

- Quantity used per day
- Type: heroin, prescription opioids
- Routes: IV (vein), IM (muscle), SC (under skin), PO (oral), intranasal, inhaled
- Last used, date and time
- Previous attempts to discontinue
- Past treatment experience
  - o Non-pharmacologic (e.g., counseling, support groups)
  - o Pharmacologic with agonist (methadone, buprenorphine) and antagonist (naltrexone) therapies

Diagnostic code F11

Assessment Step 2: alcohol and other drugs

Use of other drugs does not mean patient cannot receive buprenorphine treatment

- Screen for unhealthy alcohol and other drug use, assessing:
  - o Substance use disorder (DSM 5)
  - o Other consequences (medication interactions, medical complications)

Drug Screening:

- "**How many times** in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"

How you ask questions and respond to answers matters!

Tip: Assessing patients for OUD and need for MAT

Qualities of the healthcare team interviewer

- Non-judgmental, curious, respectful
- Follows up on vague or "qualified answers"

To facilitate effective treatment

- Acknowledge some information is difficult to talk about
- Ask questions out of concern for patient's health
- Avoid using labels or diagnoses
- Assure confidentiality

Assessment Step 3a: identify co-morbid conditions

Medical co-morbidities

- Past and present medical illnesses, hospitalizations, surgeries, accidents/injuries
- Current medications, drug allergies
- Is the patient taking other medications that may interact with buprenorphine, e.g., opioids, naltrexone, sedative-hypnotics?

Assessment Step 3b: identify co-morbid conditions

Mental, emotional, and behavioral (MEB) co-morbidities

- Understand history of inpatient and/or outpatient treatment
- Determine if the patient is psychiatrically stable
- Tailor behavioral health care to the patient's needs *(revisited in Module 3)*
- Recommendation:
  - Provide initial treatment with buprenorphine to allow patients to think more clearly, stop the cycle of addiction, and increase time and energy to address behavioral and social issues.
  - Identify behavioral health partners after patient stabilizes physically.
  - Recognize that behavioral health care is not limited to therapy. Supportive care provided by your care team at all stages of MAT are important components of behavioral health care.

Assessment Step 4: physical exam

- Vital signs
- Standard physical examination
- Pay attention to (does not preclude treatment):
  - Signs of injection drug use, e.g., needle tracks, skin and soft tissue infections
  - Signs of chronic infections, e.g., HIV, hepatitis C
  - Neurocognitive function
  - Liver disease and dysfunction

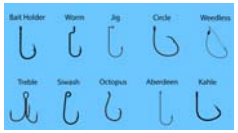
Assessment Step 5: laboratory evaluation

- Liver function tests
- Hepatitis and HIV serologies
- Pregnancy test for women
- Urine drug testing
  - Naturally occurring opiates (morphine [heroin], codeine)
  - Synthetic and semisynthetic opioids (methadone, oxycodone)
  - Other commonly used drugs (cocaine, amphetamines, benzodiazepines)

Gordon and Krumm, 2008
Federation of State Medical Boards Model Policy, 2013

Assessment Step 6: patient readiness

Is the patient ready to participate in treatment?



- What motivates the patient to do this?
- Patient understands the risks and benefits of (and alternatives to) buprenorphine treatment
- Patient expects to follow safety procedures
- Patient has stable psychosocial circumstances that will support treatment
- Any indication of commitment? Your team can:
  - *Enhance motivation in low readiness*
  - *Support motivation in moderate to high readiness*
  - *Create an Action Plan in high readiness, e.g. MAT?*

Who are better candidates for MAT with buprenorphine?

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- Patients with history of overdoses, particularly following detoxification
- Patients who have been opioid-free but never felt “normal”
- Patients in whom MEB illness emerged/worsened after previous detoxes
- Patients with mild to moderate chronic pain requiring chronic opioid pain treatment

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Lauren

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Criterion (DSM – 5)	Present/Absent
Taken in larger amounts/longer period than intended?	✓
Desire to cut down or unsuccessful efforts to control use?	✓
Great deal of time spent acquiring/using/recovering?	✓
Craving/strong desire or urge to use?	✓
Failure to fulfill major role obligations at work/school/home?	✓
Continued use despite persistent social/personal problems?	✓
Important social, occupational, recreational activities lost?	✓
Recurrent use where physically hazardous?	No
Recurrent psychological or physical problems caused or exacerbated by drugs?	✓
Tolerance	na
Withdrawal	na
Total Score	**8**

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Lauren's DSM-5 Score

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Are you ready to help your patient?

Words of wisdom

- Don't start with the most complicated patient
- Start with one patient, not 30
- Know your limits
- Don't be afraid to consult with colleagues or other resources

"Be patient, my heart: for you have endured things worse than this before."
— Homer, The Odyssey

IT ATTTRs MATerials

Resource Toolkit

IMPLEMENTING TECHNOLOGY, MEDICATION ASSISTED TREATMENT, TEAM TRAINING, AND RESOURCES

TOOLS

Treatment agreement

Expectations of patient

- No disruptive behavi
- No medication diversi
- Adherence to treatment protocols
  - Induction, maintenance
  - monitoring strategies (i.e., urine drug tests, pill counts)
  - Additional treatment
  - Appointments and refills
- Contact with other caregivers and pharmacies
- Safe storage

Expectations of provider

- Scheduling visits
- Medication supply/refills
- Night coverage
- Response to
  - prescriptions
  - Unexpected UDT results
  - Non-adherence or unexpected results
- Maintenance vs. detox

Informed consent

- Physical dependence
- Side effects: sedation, constipation
- Risk of impairment, overdose
- Possible medication interactions
- Limited pain control options
- Neonatal abstinence syndrome
- Other treatments available: naltrexone, detoxification

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MODULE 2 WRAP UP

- You are already doing many of the assessments done to identify and prepare patients for MAT.
- Specific team members need to be responsible for doing screens and assessments. Who will that be here?
- Patients with a moderate or severe opioid use disorder (≥4 criteria) can benefit from buprenorphine therapy.
- Treatment Agreements help practices and patients work through important decisions, such as how to handle relapses, and set expectations for everyone.

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MODULE 3 Sneak Preview

THE PRACTICE

- What does the team do (front desk, nursing, prescriber, behavioral health, billing)?
- What are the phases of MAT (Induction, Stabilization, Maintenance)?
- Who can help? **You can help.**

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DISCUSSION

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