Implementing Technology and
Medication Assisted Treatment
and Team Training in Rural Colorado

Behavioral Health Provider Training

Module 5: Working with Patients Receiving Treatment with Buprenorphine

What is success?

- Sobriety? Functioning?
- Harm reduction
  - Reduction in use of opioids
  - Discontinuation of IV drug use
  - Maintenance on buprenorphine despite use of other drugs

For many providers, treating patients on MAT means reframing what success is.

Phases of Buprenorphine Treatment for OUD

Phase	Description	Role of BH
Induction	Find the right dose of buprenorphine: 1) no opioid withdrawal symptoms, 2) discontinuation or marked reduction of use of other opioids, 3) reduction in cravings, 4) minimal/no side effects, 5) ability to return to usual activities	Help patient prepare for induction: 1) develop plan to ensure appropriate withdrawal at time of induction, 2) provide coping skills
Stabilization	Patient may need daily contact for several days depending on response. Dose may continue to be adjusted.	Provide ongoing support and revisit relapse prevention plan
Maintenance	Withdrawal symptoms resolved, cravings improved, side effects managed, able to deal with factors that contributed to OUD. Monthly visits typical for stable patients.	Assist in addressing factors that contribute to OUD (e.g., depression, PTSD)

Why motivation enhancement? *It works!*

Motivation-enhancing approaches are associated with positive treatment outcomes!

Benefits include:

- Inspiring motivation to change
- Preparing patients to enter treatment
- Engaging and retaining patients in treatment
- Increasing participation and involvement
- Improving treatment outcomes
- Encouraging rapid return to treatment if symptoms recur

IT MATTTRs Colorado™

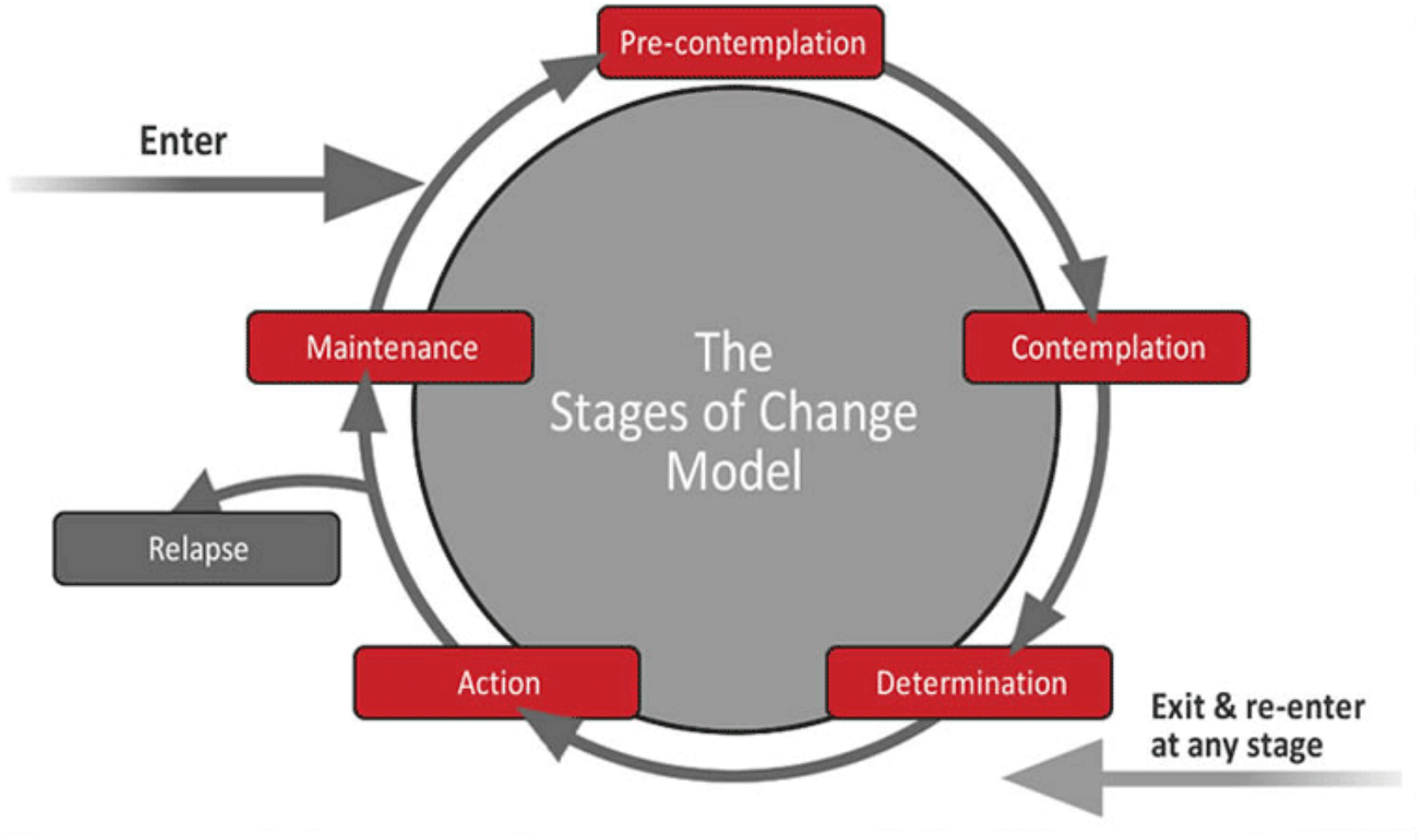
Transtheoretical Model of Change

"Sorry, pal, right metaphor, wrong motivation."

Five Stages of Change

Stage	Motivational Conflict
Precontemplation	I don't see how my heroin use is concerning. I'm only here because my husband asked me to get help, but I don't know for what.
Contemplation	I can see how my health would improve if I quit drinking, but just the thought of not drinking makes me anxious.
Preparation	I'm ready to set a quit date and to stop having any contact with my dealer. I worry, though, that I won't be able to stick to my plan.
Action	I've been clean for the past 3 weeks and I feel good. I feel so good I want to celebrate with a drink.
Maintenance	I've been abstinent for a few months already. I feel that I'm well into my recovery, but sometimes I wonder whether I could have just one drink.

Five Stages of Change



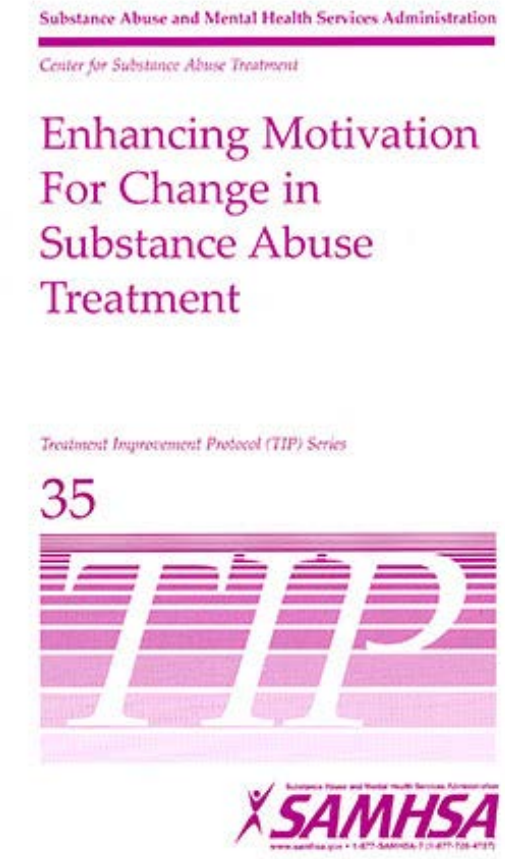
Assessment

- Current use of substances
  - Current Opioid Misuse Measure (COMM)
- Self-efficacy
  - Brief Situational Confidence Questionnaire (BSCQ)
- Readiness for Change
  - Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)
  - Alcohol (and Illegal Drugs) Decisional Balance Sheet

IT ATTTRs Colorado™

Motivational Interventions

Summary of SAMHSA's TIP 35 "Enhancing Motivation for Change in Substance Abuse Treatment"



Motivational Interventions

- Any clinical strategy intended to enhance patient motivation to change (e.g., assessment, brief intervention)
- Motivation is:
  - Key to change
  - Multidimensional
  - Dynamic and fluctuating
  - Influenced by social interactions
  - Modifiable
  - Influenced by clinician's style

Who should be in control?

- Focus on strengths, not weaknesses
- Respect autonomy and decisions
- Make treatment patient-centered
- Use empathy, not authority of power
- Recognize that substance use disorders exist along a continuum
- Recognize that comorbities are common
- Focus on early interventions, less intensive treatments
- Accept new treatment goals:
  - Interim, incremental, and temporary steps toward ultimate goals
- ***Integrate substance abuse treatment with other disciplines***

IT ATTTRs Colorado™

Motivational Interventions

- FRAMES
  - **F**eedback regarding personal risk or impairment
  - **R**esponsibility is placed on the patient
  - **A**dvice on changing substance use in a non-judgmental manner.
  - **M**enu of self-directed change options and treatment alternatives
  - **E**mpathic counseling
  - **S**elf-efficacy in ability to change is reinforced
- Decisional balances
- Developing discrepancies between future goals and current behavior
- Flexible pacing
- Personal contact (e.g., personal handwritten letters, phone calls)

Motivational Interviewing (MI)

(Miller & Rollnick, 1991)

IT MATTTRs Colorado™

"Client-centered directive intervention focused on resolving ambivalence in the direction of change."

"Motivational interviewing is a way of being with a client, not just a set of techniques for doing counseling."

Goal is to elicit self-motivating statements (change talk) and behavioral change by developing discrepancy to enhance motivation.

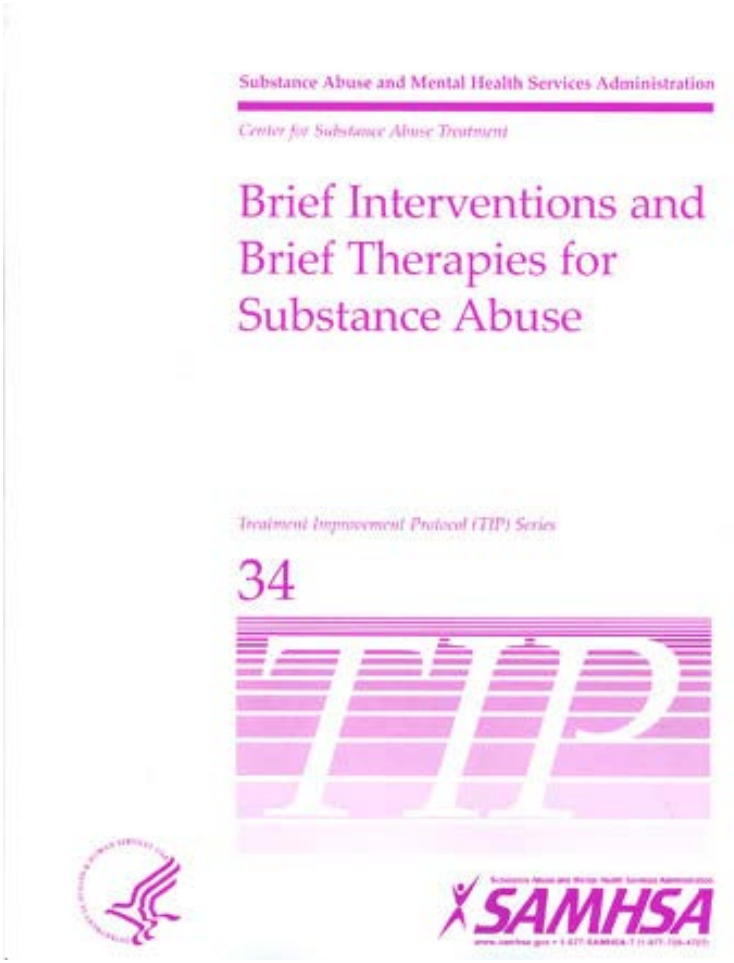
MI: Principles

- Ambivalence is normal and is a motivational obstacle in recovery
- Emphasis on intrinsic motivations and values = greater change
- Collaborative relationship, each brings their own expertise
- Empathic and supportive, yet directive approach = greater change
- Avoid direct argument and aggressive confrontation, which lead to defensiveness

IT ATTTRs Colorado™

Brief Interventions and Brief Therapies for Substance Abuse

Summary of SAMHSA's TIP 34



What are brief interventions?

- Simple advice
- Minimal interventions
- Brief counseling
- Short-term counseling
- Simple suggestions or series of interventions provided within a treatment program

"Set of principles regarding interventions which are different from, but not in conflict with, the principles underlying conventional treatment" (Heather, 1994).

Brief Interventions: Goals

- Aim to investigate potential problem and motivate an individual to begin to address substance use
- Primary goal
  - Reduce risk associated with continued use of substances.
  - Specific goals will vary based on patterns of use, associated consequences, and the setting in which brief intervention is delivered.
- Intermediate goals
  - Provide for immediate success increased self-efficacy.
- Behavioral objectives
  - Should be identified regardless of ultimate treatment goal.
  - Brief intervention will facilitate achievement of these behavioral objectives.

Brief Therapies

- Systematic, focused process that relies on assessment, patient engagement, and rapid implementation of change strategies.
- More and longer sessions than brief interventions
- Goal: provide patients with tools for change
  - Specific behavioral change vs. large-scale change
- Focus is on the present, not psychic causality
- As effective as lengthier treatments for substance use

Who is appropriate for brief therapy?

- Patients who are not willing or able to expend significant personal and financial resources necessary to complete more intensive, longer term treatments
- Individuals who are functioning in society but have patterns of excessive or abusive substance use

Components of Effective Brief Therapy

- Problem focused or solution focused (i.e., target the symptom, not its causes)
- Goals related to specific change or behavior
- Immediate results
- Rapid establishment of a strong working relationship between patient and clinician
- Highly active, empathic, and sometimes directive
- Patient responsible for change
- Enhancement of self-efficacy, change is possible
- Measurable outcomes

Examples of Brief Therapy

- Brief CBT
  - Recognize situations in which use is likely
  - Find ways of avoiding situations
  - Cope more effectively with triggers

- Strategic/Interactional Therapies
  - Identify the patient's strengths and actively create personal and environmental situations in which success can be achieved.

Other Interventions

Acceptance & Commitment Therapy (ACT)

- Hybrid form of CBT and similar to DBT
- Teaches about mindfulness and Eastern meditative practices
- Focus on “cognitive defusion”
  - Distress => “fusion” of thoughts and feelings, which we falsely believe represent facts about our world and ourselves
- Awareness and acceptance of thoughts and feelings for what they are, merely thoughts and feelings of no particular importance

“Oh, I’m having a thought about cocaine. I’m having a feeling it would be fun to use again.”

From this perspective, there is no impetus to use cocaine, nor is cocaine fun. It is merely a thought about those things.

Dialectical Behavior Therapy (DBT)

- Dialectic refers to synthesis of two opposites
  - Create dynamic between two opposed goals: change and acceptance

- Essential functions of treatment:
  - Improving patient motivation to change
  - Enhancing patient capabilities
  - Generalizing new behaviors
  - Structuring the environment
  - Enhancing therapist capability and motivation

- DBT skills
  - Mindfulness
  - Distress tolerance
  - Interpersonal effectiveness
  - Emotion regulation

Trauma-Informed Approach (SAMHSA)

- A program, organization, or system that is trauma-informed:
  - Realizes widespread impact of trauma and understands potential paths for recovery
  - Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices
  - Seeks to actively resist re-traumatization

- Key principles
  - Safety
  - Trustworthiness and Transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice and choice
  - Cultural, Historical, and Gender Issues

Trauma-Specific Interventions

- Trauma-specific intervention programs recognize:
  - Survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
  - Interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
  - Need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

Family Therapy

- For many, family dynamics are major contributors to problems with substance use.
- Family therapy can be used to:
  - Focus on expectation of change within the family
  - Test new patterns of behavior
  - Teach how a family system works (e.g., how to provide support and maintain positive behaviors)
  - Elicit strengths of each family member
  - Explore meaning of substance use disorder within the family

Appropriateness of Brief Family Therapy

- Long-term family therapy is not typically necessary for treatment of substance use disorders.
  - Progress made toward addressing problems within the family system can be continued through subsequent individual therapy.

- Consider brief family therapy for following circumstances:
  - When resolving a specific problem in the family and working toward a solution
  - When the therapeutic goals require a focus on present interactions
  - When the family as a whole can benefit from teaching and communication to better understand some aspect of the substance use disorder

Group Therapy

- One of the most common modalities for treatment of substance use disorders
- Benefits include:
  - Opportunity to see progression of abuse and dependency in themselves and others
  - Opportunity to experience personal success and the success of other group members
  - Added support and comradery conducive to recovery

ITMATTTRsColorado@ucdenver.edu

Implementing Technology and
Medication Assisted Treatment
and Team Training in Rural Colorado

Behavioral Health Provider Training

Module 6: Logistics of Providing Behavioral Health Services for OUD

IT ATTTRs Colorado™

Confidentiality

Title 42 of the United States Code of Federal Regulations

42 CFR

- Places limits on the disclosure and use of any information that will identify a patient as someone one who:
  - Has received substance abuse treatment
  - Is currently receiving substance abuse treatment
  - Has applied to a substance abuse treatment program
- Unlike HIPAA, which applies to all medical treatment, 42 CFR is specific to substance abuse treatment. Prohibits release of records without:
  - Patient consent
  - Court order
  - True medical emergency
  - Report of child abuse

Scope of Title 42 CFR

- Any type of substance abuse treatment or referral for treatment must comply with 42 CFR.
- Individual practitioners who are DEA-certified
- Substance abuse treatment programs
- Federally assisted programs that provide diagnoses of substance use disorder, including those that are:
  - Operated by the federal government
  - Certified for Medicaid reimbursement
  - Receiving federal block grant funds
  - Licensed by the federal government
  - Exempt from paying taxes
- Health plans and health care clearinghouses

House Bill to Amend 42 CFR Part 2

- Rep. Tim Murphy (R-PA) proposed The Overdose Prevention and Patient Safety Act (H.R. 3545)
  - Unintended consequences of regulation have led doctors to make prescribing and treatment decisions without information about patients' history with SUD.

"You cannot treat the whole patient with half of their medical record. In order to help turn the tide on this crisis and prevent more drug overdose deaths, physicians must have access to their patient's entire medical history. The Overdose Prevention and Patient Safety Act will allow doctors to deliver optimal, lifesaving medical care, while maintaining the highest level of privacy for the patient."

Restricted Communications

- Limits on how much information about patients can be communicated
- Actions regarding a patient's information that are prohibited include:
  - Giving information to family member, unless the patient has consented in writing
  - Disclosure of a patient's medical record
  - Use of a letterhead that identifies your office as a substance abuse treatment provider
  - Receptionist confirmation of a person's status as a patient who is receiving substance abuse services

Restricted Communications

- A substance abuse program cannot communicate the following information:
  - A patient's past, present, or future participation in substance abuse treatment
  - Who has applied for treatment or has been interviewed, regardless of whether they actually commenced treatment
  - What patients are deceased
  - Neither confirmation or denial that a patient was treated at a substance abuse treatment program

Who CAN I talk to?

- Internal Communication - Confidentiality rules do not apply when:
    - Information is shared among staff
    - Program staff with access to patient records may consult among themselves or share information if necessary to complete their duties
    - Information is disclosed to the record keeping and billing departments
- Emergency Communication
- Authorized Communication
- Coffee Shop Communication

Other Confidentiality Law Concerns

Consequences for Violation

- Criminal penalty
- $500 fine for the first violation, $5,000 fine for each successive violation
- Violations at program level may result in a revoked license or certification
- Patients may file lawsuits if their confidentiality is violated

Additional Rights for Minors

- Practitioners are prohibited from communicating with a minor patient's parents unless the patient consents to communication.
- Some states require parental approval for the treatment of minors.

Confidentiality: Teens Presenting with Parents

- In many cases, adolescents will present for treatment with the knowledge, and often with the support, of parents.
- In these cases, managing confidentiality is a clinical decision of what information to share with parents in the context of parents already being aware of the “big picture.”

Confidentiality: Teens Presenting without Parents

- Teens may present for treatment without the knowledge or consent of their parents
- In most states, adolescents above a certain age may consent for treatment for an SUD without their parents.
  - Colorado age of consent = 15
- Regarding insurance…if child is on parents' insurance, it's difficult to keep treatment from them.

Confidentiality: Managing Teens that Refuse to involve Parents

IT MATTTRs Colorado™

- Ask adolescent their reasons for excluding parents. Many teens could benefit from the support of parents but are too embarrassed to discuss the problem.
- Offer to treat confidentially and leave the decision of how to proceed up to the teen.
- Ask what they think would happen if their parent learned about the drug problem by accident.
- Offer to help “break the news” to parents.
- Emphasize that teens who enter treatment should be proud of their decision to get help.

Confidentiality: Tips on "Breaking News" to Parents

IT MATTTRs Colorado

- If an adolescent asks for help in disclosing a substance use disorder:
  - Choose words that are acceptable to the teen and convey the message accurately. "Pain meds" may be preferable to "narcotics."
  - Share diagnosis and treatment plan; avoid details from the history.
  - Support self-efficacy by congratulating the teen on recognizing his/her problem and seeking help.

- Support parents who may be shocked and disappointed:
  - Focus on the positive: treatment-seeking behavior.
  - Reassure that you can help.
  - Redirect if a parent becomes very angry or invasive.
  - Offer education about opioid use disorder and medication assisted treatment

Disclosure Rules

Disclosure Rules

- Rights regarding confidentiality should be discussed shortly after patients enter treatment. A written statement with relevant information should be provided.

Disclosure Rules: Circumstances for Disclosure

- Proper consent form allows the provider to disclose information to a third party in certain circumstances:
  - Information may be disclosed only for the purposes outlined in the form
  - A patient may revoke consent at any time, verbally or in writing
  - Whenever information is disclosed, a written statement informing the recipient that the information is protected by federal law must be provided.
- An activity cannot disclose whether or not someone has received treatment for substance abuse UNLESS the activity provides several kinds of services. Then, it may disclose that the patient has been seen but not the reason for treatment.

Exception to Disclosure Rules

- Qualified service organization agreement
  - An office-based treatment program may disclose information to a qualified service organization that provides services that the program does not (e.g., outside laboratory to conduct urine or hair analysis).
- Patient records can be shared for the purpose of scientific research.
  - Outside evaluators must deem the rewards of the research greater than the risks.
  - Patient names and other identifiers should be stripped from data before distributed.
  - Researchers must not re-disclose confidential information.
- Emergency medical records
- Court orders
- Child abuse or neglect reports

Consent Forms

- Name or general description of program(s)
- Name of patient and names of individuals/organizations that will receive the disclosure
- Purpose or need for the disclosure
- How much and what kind of information will be disclosed
- Statement that the patient may revoke the consent at any time
- Date, event, or condition upon which consent expires
- Signature of the patient
- Date on which the consent was signed

How Behavioral Health Providers and Organizations Can Help

How can I be proactive?

- Know who can prescribe in your area

  SAMHSA's Buprenorphine Treatment Practitioner Locator:

  https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
- Help with screening, diagnosis, and coordination of treatment
  - Discuss mutually beneficial agreements between organizations
  - Look into integrated care models
- Know the billing options for enhanced care programming as well as state and national initiatives to support enhanced care

Business Models

- Embed behavioral health providers in medical settings
- Offer space for medical providers in your setting
- Draw up agreements for coordination of care between settings

Billing Options

- Psychotherapy codes: Treatment of mental illness and behavioral disturbances [E.g., 90832 (30 min), 90834 (45 min), 90837 (60 min)
- H&B codes: Behavioral, emotional, cognitive, psychological and social factors important to prevention, treatment, or management of physical health problems [E.g., 96151 (health/behavior assessment each 15)]
- CPC+: national advanced primary care medical home model that aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation
- Increasing physician E&M codes as appropriate

Billing Options

- CCM: Only one practitioner ma be paid for given calendar month
- G-codes and psychiatric collaborative care services: Care team members include a treating or billing practitioner, BH care manager, psychiatric consultant
- Assessment codes
- Role of trainees

Summary

- Both prescribers and BH providers should understand how 42 CFR Part 2 and other confidentiality rules apply to their settings.
- Understand who you can talk to and under what circumstances you can share information without consent.
- The age of consent for an adolescent is 15.
- BH providers should be proactive: identify who prescribes and how you can help with screening, diagnosis, and coordination of treatment.

ITMATTTRsColorado@ucdenver.edu

IT ATTTRs Colorado™

Wrap-up

Case Discussions

- How could this situation apply in your setting?
- How could you help prescribers?
- How can they help you?
- What are possibilities for best care for this patient?
- What do you need to start making more progress in your practice and community to help people with addiction?
- Think SMART Goals
  - specific, measurable, appropriate, reasonable, and time based
- Small Group Discussion with report back to larger group

Ms. Lopez

40 year old female with a history of generalized anxiety diagnosed with arthritis 5 years ago. She was started on opioids after failing NSAIDs. Throughout the years her daily dose has increased significantly and she is now taking hydrocodone and oxycodone. She has noticed that she feels ill whenever she does not take her medication and has even found herself stealing prescription opioids from her best friends medicine cabinet. She is concerned about her use and has been self-medicating with buprenorphine to reduce her use of hydrocodone and oxycodone.

Mr. Brown

35 year old male with extensive history of heroin and other drugs. He was diagnosed with HIV a year ago, which he likely contracted due to unsafe needle use. Since his diagnosis he has continued to use heroin, though he has not injected. His medical provider is urging him to stop using heroin because it can interfere with his HIV treatment. He has previous inpatient detoxifications, which have ultimately failed.

Takeaways and Next Steps

- The opioid epidemic has become a major public health concern.
- Buprenorphine treatment is effective in the treatment of OUD.
- Buprenorphine works! Naltrexone saves lives!
- BH providers must be proactive.
  - Identify prescribers in community and how you can help with screening and treatment.
  - Understand what buprenorphine treatment is and how it works.
- Patient-centered approach is necessary.

What are you going to do?