

MAHEC

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A Multidisciplinary Approach to Treating Patients with Opioid Use Disorder in the Primary Care Setting

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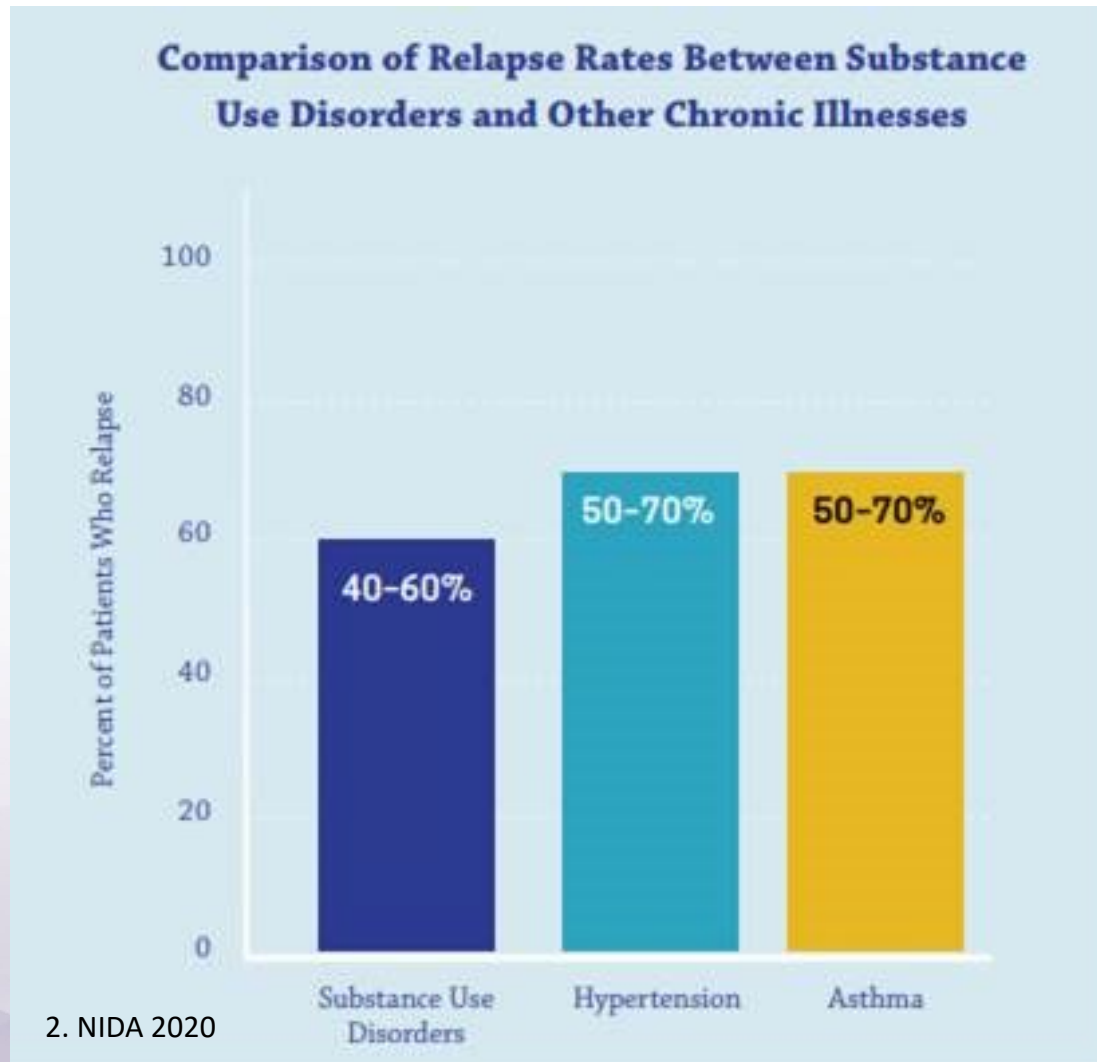
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Clinical Definition Of Substance Use Disorders

“A chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences”

- A brain disorder that changes the brain circuitry involved in reward, stress, and self-control
- A treatable chronic disease with effective treatments

What If We See Substance Use Disorders As A Chronic Illness? ²



Stigma and Bias Associated with MOUD

Four factors leading to MOUD stigma³

Framing of SUDs as a 'willful choice,' not a disease

Separation of SUDs treatment from primary care

Stigmatizing language associated with SUDs

Justice system's lack of recognition for MOUD as an option for medical treatment for individuals with SUD

Common Concerns with MOUD

- “You are just substituting one addiction for another”
- “Addicts are hiding in MOUD programs”
- “Is my loved one going to be on this medication forever?”
- “Patients are abusing methadone/buprenorphine”

Recommendations for Addressing Stigma & Bias in Healthcare ⁴

Establish a relationship:

- Be curious and non-judgmental
- Practice trauma-informed care

Empower patients:

- Patient-centered goal setting
- Encourage two-way communication

Clinic:

- Educate both clinical and nonclinical staff about disease of SUD

Language Matters

Instead of...	Use...
Addict/ User	Person with Substance Use Disorder
Substance/drug abuser	Patient
Junkie	Person in active use
Alcoholic	Person with Alcohol Use Disorder
Former Addict	Person in recovery
Clean	<ul style="list-style-type: none">- Negative toxicology screening- Abstinent from drugs/ alcohol- Not currently using/taking drugs or alcohol
Dirty	<ul style="list-style-type: none">- Positive toxicology screening- Person who uses drugs
Addicted Baby	<ul style="list-style-type: none">- Baby born to mother who used drugs while pregnant- Baby with signs of withdrawal from prenatal drug exposure- Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome (NOWs)- Newborn exposed to substances

The MAHEC Model for SUD Care

MAHEC Office-Based Opioid Treatment (OBOT) Timeline

2016:

- Treated 48 patients
- Trained 11 more MDs
- Began training 3rd year residents in BUP prescribing
- Opened service to new patients & inductions
- Began offering group medical visits

2020:

- Adapted to telehealth treatment with COVID-19 pandemic

2022:

- Reached 400 active patients

2015:

- Formed OBOT Team with MD, PharmD, NP
- Started by only taking patients for treatment maintenance
- 5 MDs treated 7 patients

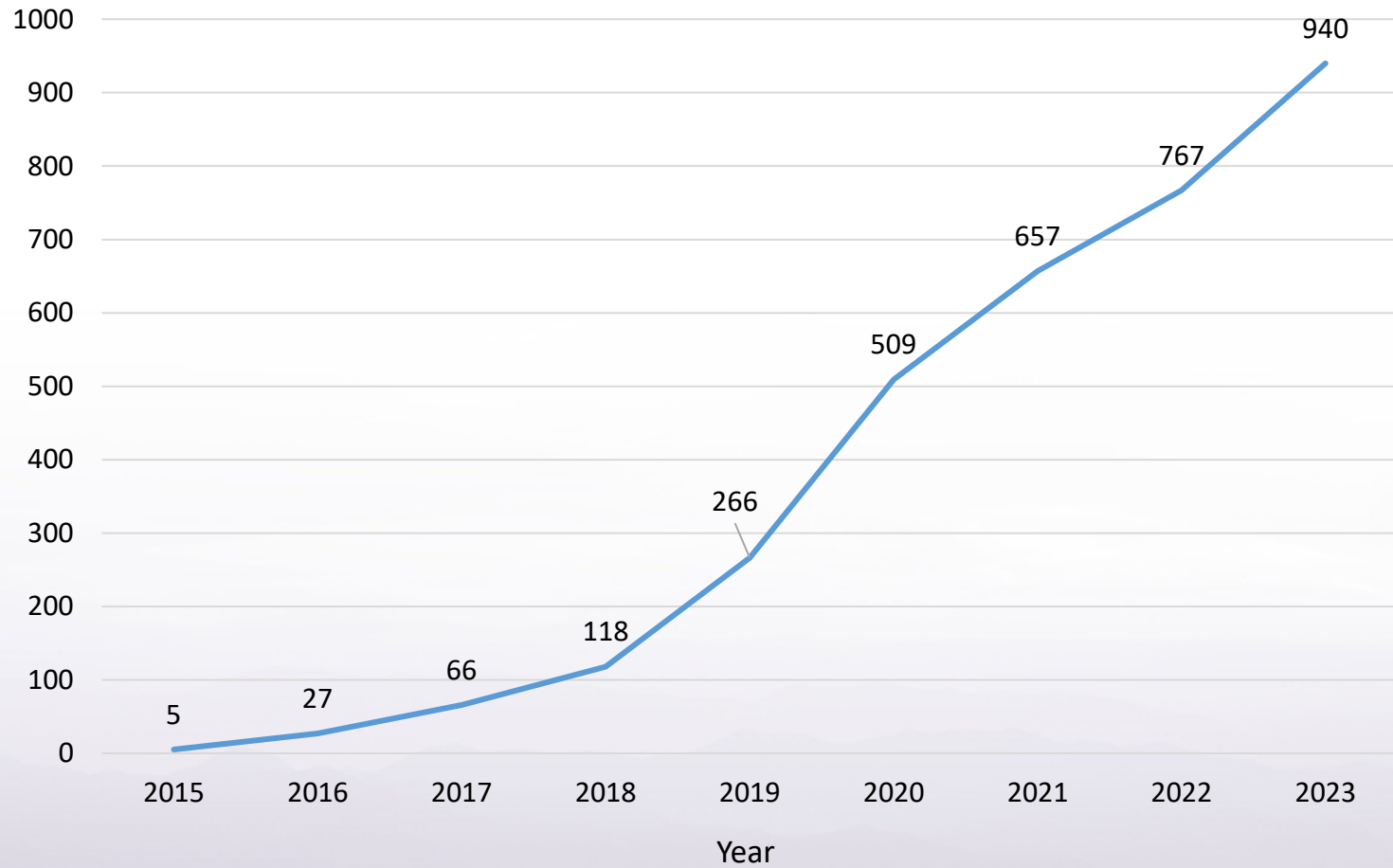
2017:

- Treated 135 patients
- Hired LCSW/LCAS
- FNP began prescribing

2023:

- Over 430 active patients
- Developed Post X-Waiver Training Modules for providers

Number of Unique Patients with OUD Treated at MAHEC, 2015-2023





Prescribers

RNs

Pharmacists

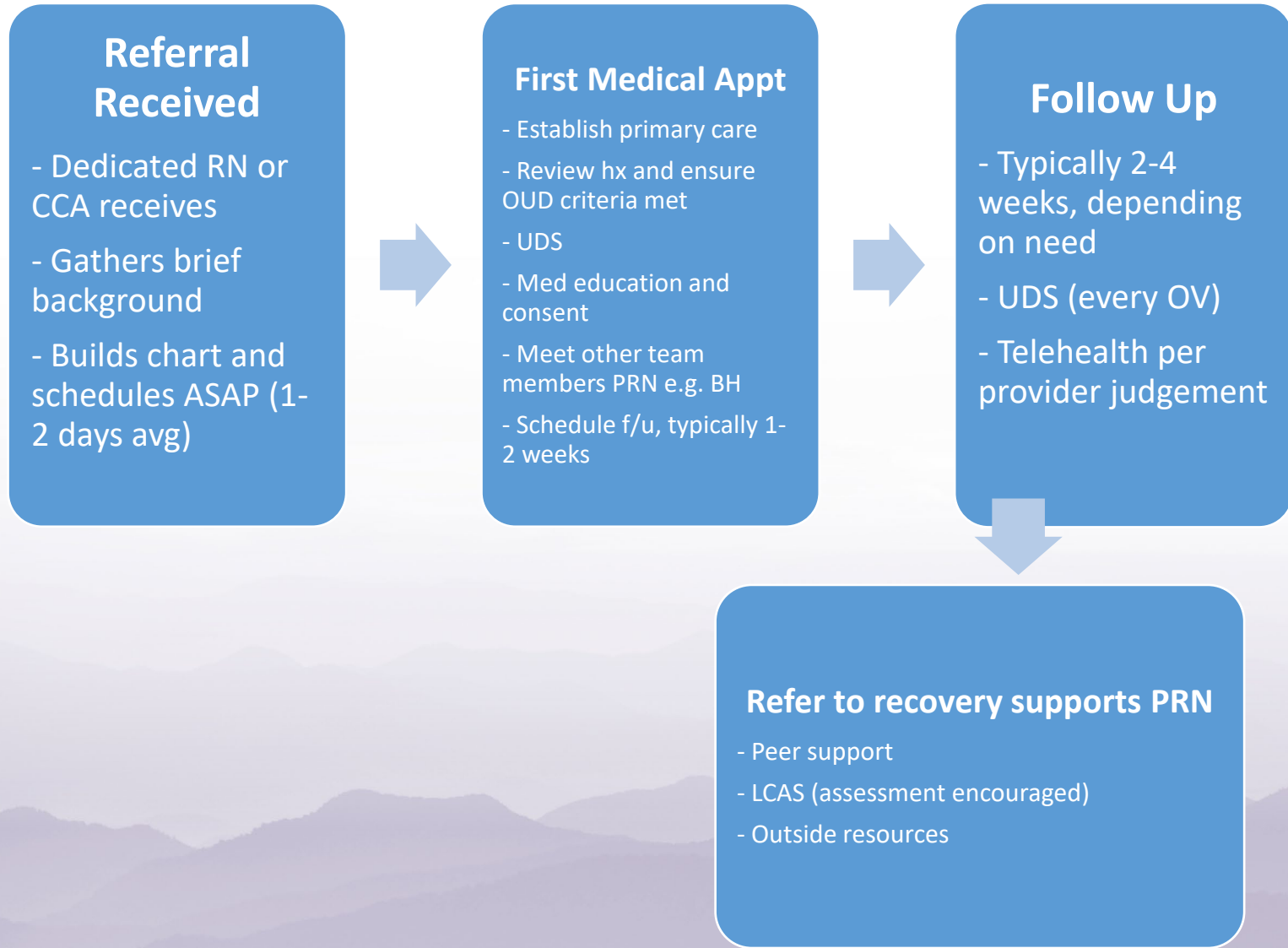
Behavioral
Health

Peer
Support

**MAHEC
OBOT Team**

Care Initiation Process

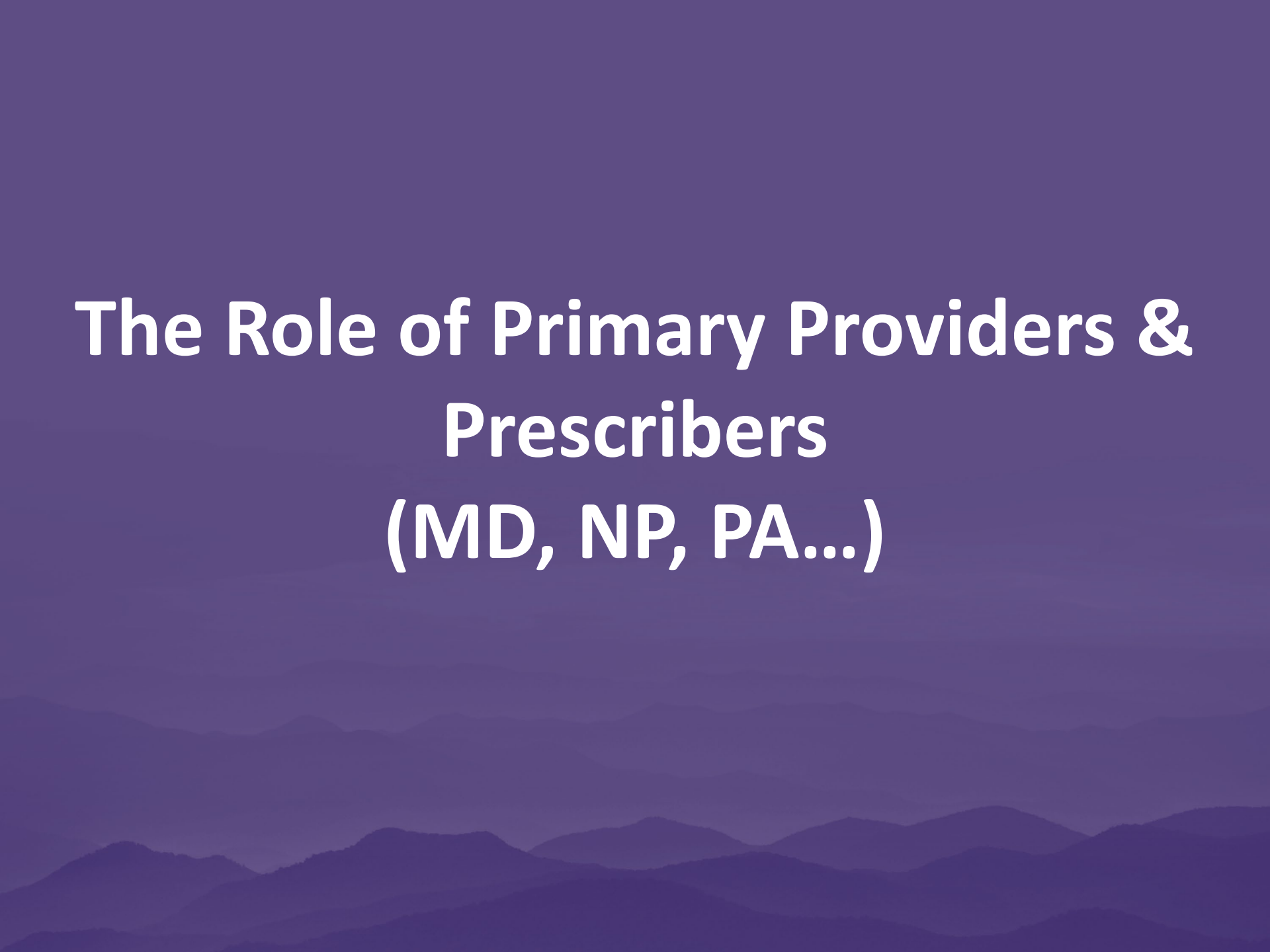
At MAHEC FM



Clinical Structures for OBOT:

One size does not fit all

At MAHEC Family Medicine	In Other Settings
Schedules integrated with primary care <ul style="list-style-type: none">➤ Large number of providers	Scheduled on separate schedules <ul style="list-style-type: none">➤ Smaller number of providers
Individual visit focused <ul style="list-style-type: none">➤ Allows for other medical needs to be addressed, individual focus	Group visits utilized/focused <ul style="list-style-type: none">➤ Serves large number of patients in short time
Behavioral health <ul style="list-style-type: none">➤ Patients encouraged to attend eval➤ No requirements for ongoing BH services (PRN basis)	<ul style="list-style-type: none">➤ Behavioral health leads treatment➤ Behavioral health services are required (not an evidence-based practice)
Mix of office and telehealth visits	Telehealth visits only
Not subject to 42CFR part 2	42CFR part 2 compliance required due to being defined as a “program”



The Role of Primary Providers & Prescribers (MD, NP, PA...)

Engaging the Patient

SBIRT: Intake or Referral

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

Referral to treatment provides those identified as needing more extensive treatment with access to specialty

Why SUD Screening is Recommended

- **Normalize non-stigmatizing discussions about substance use**
- **Provide opportunities for prevention by reinforcing healthy behaviors**
- **Identify patients at risk for problematic substance use**
- **Identify patients for whom to offer referrals or initiate SUD treatment if desired**

Why MOUD?

- The use of the opioid agonists methadone and buprenorphine reduces: ⁸



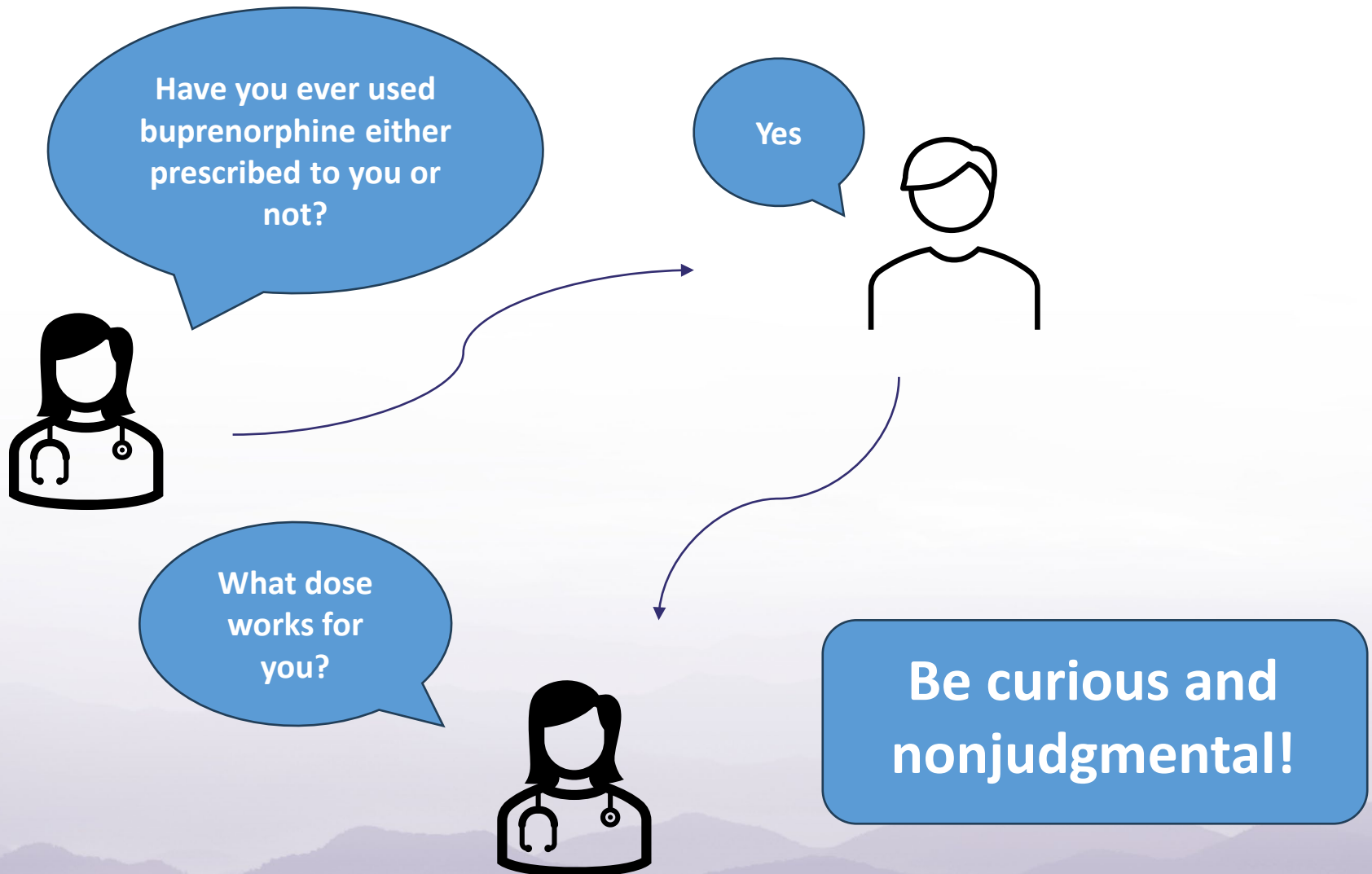
- Including criminal justice costs, MAT treatment saved \$25,000 to \$105,000 in lifetime costs per person ⁹
- **People on MOUD were 82% less likely to die of OD when they were receiving MOUD than when they were not. ¹⁰**
- **(Mixed evidence for mortality benefit from naltrexone)**

8. NIDA 2016

9. Fairley 2021

10. Gupta, The White House Press Briefing 2022

So, How is it really done?



Shared Decision-Making

- Partnership between patient and provider

Strategies to Incorporate: ¹¹

- Foster conversation (be curious)
- Establish nonjudgmental relationship
- Match preferences and problem-solve differences

How Long Should MOUD Maintenance Be?

- Research indicates high return to use rate with medication withdrawal (taking bup for a short time and tapering off)
- Improved retention rates with extended buprenorphine maintenance

How long should treatment be?- **AS LONG AS THE PATIENT BENEFITS**

- Providers can discuss reduction in dose once stabilized, but **caution patients about discontinuing medication too early**

12. Kakko et al., 2003

13. Weiss et al., 2011

14. Bentzley, et al. 2015

Urine Drug Screens

- A UDS is in no way **punitive**. It is about **safety!**
- Remember this is a **medical test** for medication management just like checking lipids or HgbA1c
- Patients can be on ¹⁵:
 - Opioids for pain
 - Benzodiazepines for anxiety
 - Stimulants for ADHD
 - Medication for Opioid Use Disorder
 - Monitoring Abstinence

UDS Collection

- Usually done by staff in lab
- No chain of custody
- Recommend not taking bags or coats in for collection
- No friends or family in bathroom with patient
- Urine is specimen of choice
 - Less invasive
 - Can provide rapid results
 - Can be more cost effective

Immunoassay (POC)	Confirmatory Testing
<ul style="list-style-type: none">• <i>Screening test</i>• Immediate results• More false positives and negatives• In house lab• For most patients, start with this	<ul style="list-style-type: none">• Sent to outside lab• Costly• Much more sensitive and specific• Considered reliable for making clinical decisions• Order for any unanswered questions regarding POC

~~Clean vs Dirty~~ As Expected vs Not As Expected

- The unexpected result will happen - **Be curious and non-judgmental**
 - This is not an opportunity for a “gotcha” moment
 - Power with, not power over

Harm Reduction: What can we do?

Promote harm reduction and overdose risk management via...

- Accessible follow-up with MOUD patients
- Naloxone prescribing and distribution
- Knowledge of and referral to harm reduction organizations (e.g., syringe access and naloxone distribution programs)

Why Use Harm Reduction Methods?

Naloxone Distribution and education is associated with ¹⁷:

- **30% to 45%** decrease in opioid overdose death rates
- **Reduction** in heroin/fentanyl consumption
- Reduction in opioid-related ED visits

The Role of Pharmacists

The background of the slide features a series of overlapping mountain ranges. The mountains are rendered in various shades of purple, from a deep, dark purple in the foreground to a lighter, almost white-purple in the background, creating a sense of depth and atmospheric perspective. The overall aesthetic is clean and professional.

Clinical Pharmacists at MAHEC

- Integral for building OBOT clinic structure
 - Awareness of rules & regulations

Pharmacist-led interventions in MAHEC clinic achieved a **92%** naloxone access rate ¹

Both MAHEC pharmacy locations dispense buprenorphine and naloxone

Clinical Pharmacists at MAHEC

- **Clinical role:**
 - Seeing patients & prescribing MOUD
 - Prior authorizations & med use evaluations
 - Medication counseling

- **Admin role:**
 - Training & education
 - Research
 - Organization policy support

OBOT Pharmacist Workflow



The Role of Behavioral Health

The background of the slide features a stylized mountain range. The mountains are rendered in various shades of purple, with the foreground peaks being a darker, more saturated purple and the background peaks fading into a lighter, almost white-purple hue. The overall effect is a soft, atmospheric landscape that serves as a backdrop for the central text.

Most Common Co-Occurring Disorders with SUD

- Anxiety and mood disorders
- Schizophrenia
- Bipolar disorder
- Major depressive disorder
- Conduct disorders
- Post-traumatic stress disorder
- Attention deficit hyperactivity disorder

SUDs and other Mental Disorders can have genetic and environmental risk factors (ex. trauma), **increasing people's risk of both**

ACEs Increase Risk of SUD

Abuse

Physical

Emotional

Sexual

Neglect

Physical

Emotional

Household Dysfunction

Mental Illness

Incarcerated Relative

Mother Treated Violently

Substance Abuse

Divorce

ACEs Increase Risk of SUD

Trauma increase risk of substance use disorder

- For each ACE a person has, **likelihood of early initiation of illicit drug use** increased by **2x to 4x**.²²
- ACEs are associated with..
 - Younger age of opioid initiation, injection drug use, and likelihood of OD²³
- Students with **5+ ACES** were **15x** more likely to report **opioid misuse** than those without ACES²⁴

22. Dube et al. 2003

23. Stein et al. 2017

24. Swedo et al. 2020

Trauma Informed Care

- **Principles of trauma-informed approach**
 - Safety
 - Trustworthiness and transparency
 - Collaboration and mutuality
 - Empowerment
 - Voice and Choice

Behavioral Health at MAHEC

- **Therapy role:**
 - Seeing patients for scheduled visits
- **Consulting role:**
 - Giving clinical guidance to team (peer support & newer providers)
 - Brief interventions & referrals
 - Co-visits with medical providers
- Requiring behavioral health services is not an evidence-based practice

The Role of Peer Support

The background of the slide features a stylized, layered mountain range. The mountains are rendered in various shades of purple, from a deep, dark purple in the foreground to a lighter, almost lavender purple in the background, creating a sense of depth and atmosphere. The overall aesthetic is clean and modern.

Who are Peer Support Specialists?

- Possess lived experience from their own recovery journeys
- Employed as part of SUD treatment teams

Qualifications:

- At least 1 year of recovery experience
- Certification via 40-hour peer training
- Two letters of recommendation

Advantages of Peer Support

- Low barrier, interpersonal relationship building, outreach, community resource linkage
- Helps empower those with lived experience as an asset to help others struggling with recovery
- Addresses internalized stigma/bias for patients
- Addresses cultural stigma/bias for healthcare workers

>50% relative risk reduction of opioid overdose

>50% relative risk benefit of MOUD initiation

Peer Support at MAHEC

- Work with specific populations
- Involvement when scheduled sessions are difficult to maintain
 - Provide greater flexibility for patients
- Assist patients who would benefit from support via lived experience
 - Provide a sense of safety and hope in recovery
- Manage available community resources and logistics support
- Smooth connections to care (ex: FORE referrals)

Questions?

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