CENTER FOR EXCELLENCE | Addressing Alcohol & Drug Misuse in NH

NH DEPT. OF HEALTH AND HUMAN SERVICES
NHBDAS
BUREAU OF DRUG AND ALCOHOL SERVICES
Promoting Prevention and Recovery

Medication Assisted Treatment in NH: Implementation of Best Practices

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Disclosures

In the interest of full disclosure, Dr. Peter Mason is a part-time contract physician for Groups Inc., where he provides buprenorphine and medical consultation.

Objectives

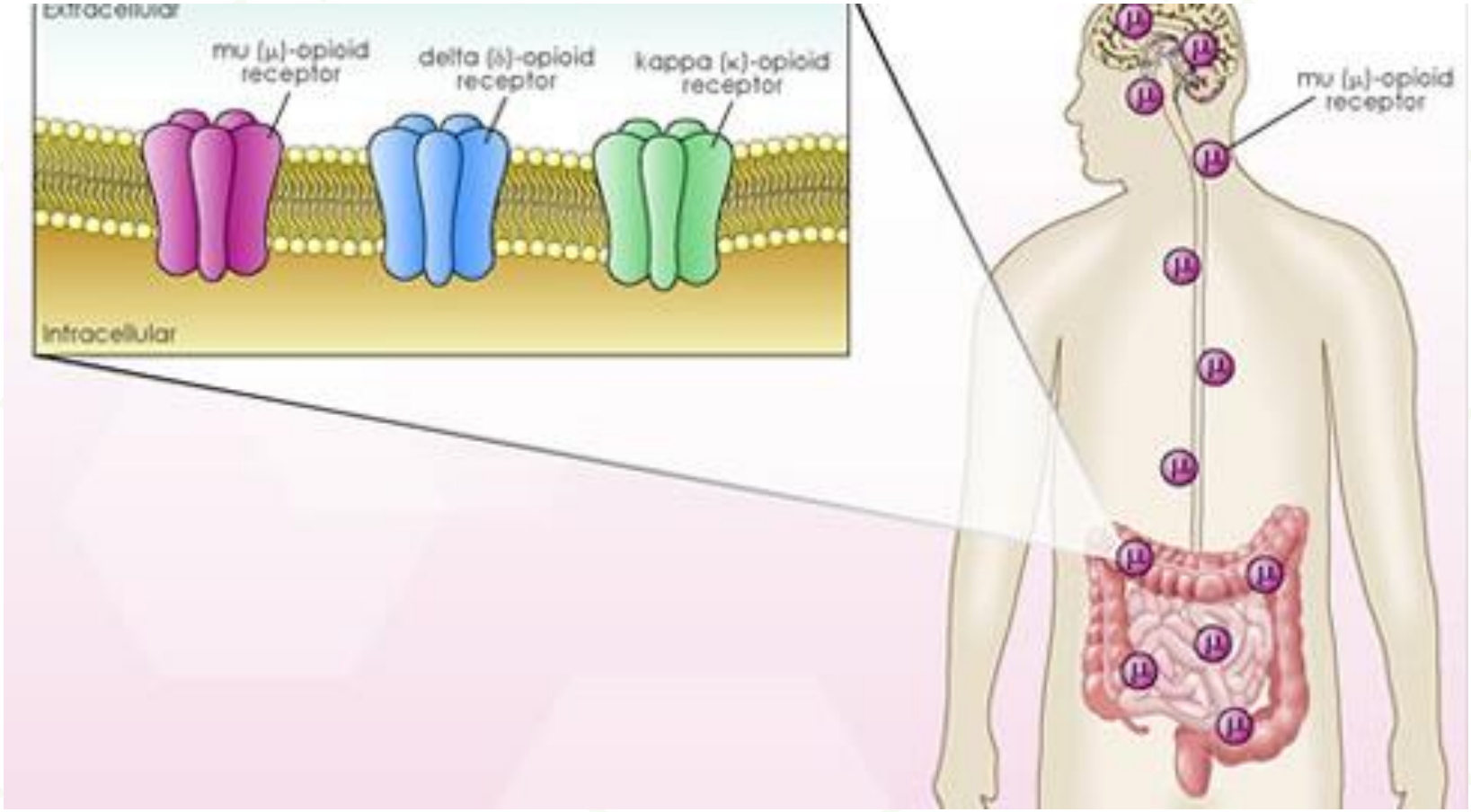
1. Summarize best practices for delivering community-based medication assisted treatment services for opioid use disorders in NH.

2. Recognize the efficacy of medication assisted treatment across populations.

3. Identify strategies for implementing office based opioid treatment programs.

4. Discuss barriers and enablers to implementing office based opioid treatment protocols.

Overview of Medications



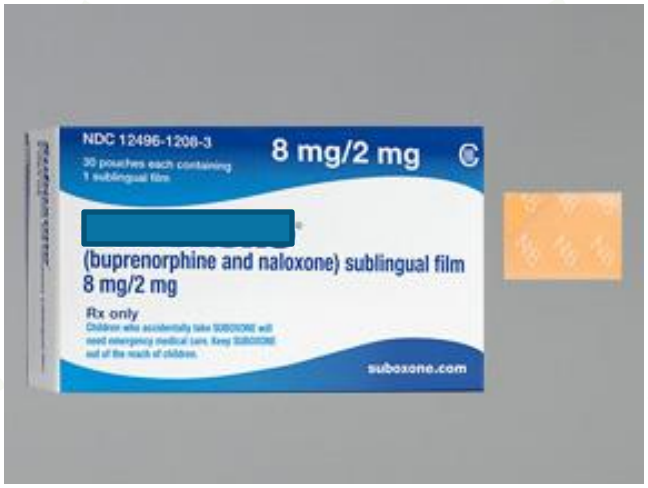
By the Force Opioid Analgesics Share a (relatively) To: «weak" - Hydrocodone, Propoxyphene, Tramadol, Codeine and Drugs Containing A... "Opioid Analgesics : The Opioid Receptors." Opioid Analgesics. Web. 12 Oct. 2016.

Medication: Methadone

- Full opioid agonist
- Long acting at μ receptor 36-72 hours
- Recovery/risk reduction oriented evidence
- Dispensed at specially licensed Opioid Treatment Programs (OTPs formerly MMTPs)
- Overdose risk; unique properties
- Cardiac Arrhythmias

Medication: Buprenorphine

- Partial μ receptor agonist
- Ceiling effect
- DEA X waiver
- Office based opioid treatment (OBOT) ~ primary/specialty care



Buprenorphine

Tablets: (Subutex®, generic)

Buprenorphine/Naloxone

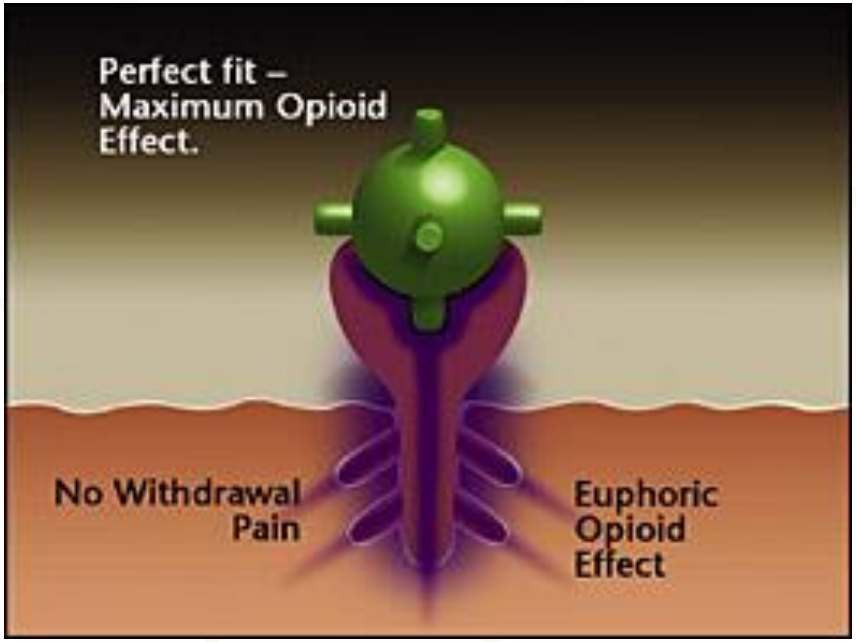
Tablets (Suboxone®, Zubsolv®)

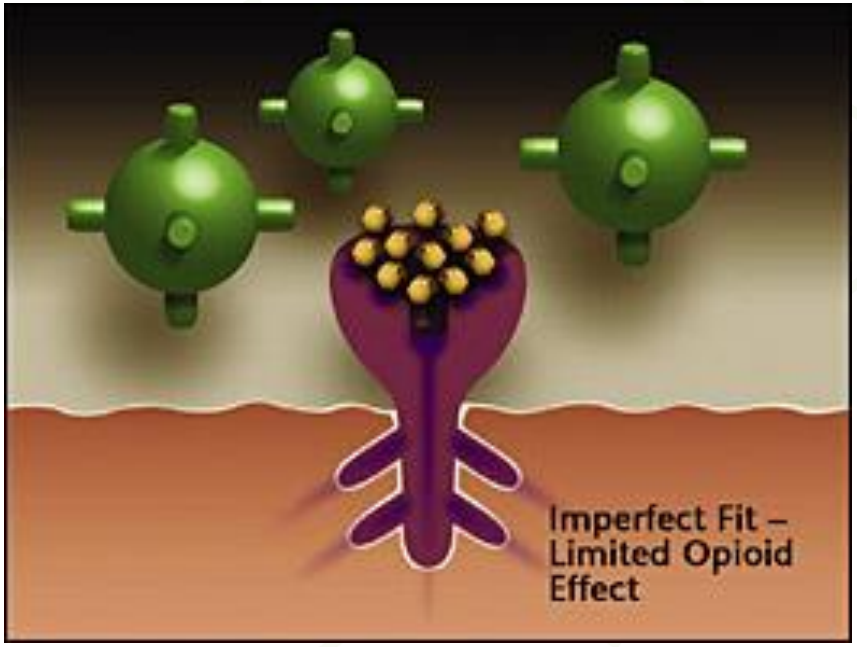
Film (Suboxone®)

Buccal (Bunavail®)

Probuphine®

Full vs Partial Agonist





https://www.naabt.org/education/technical_explanation_buprenorphine.cfm

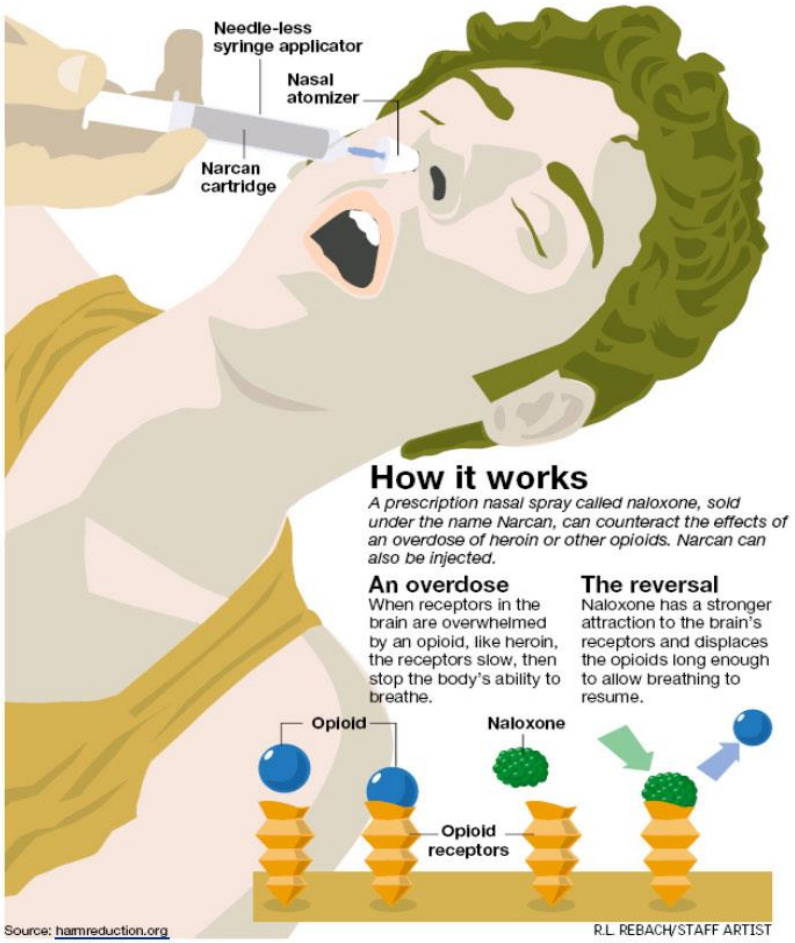
Medication: Naltrexone

- Antagonist activity at μ receptor
- No dependence
- No RX restrictions

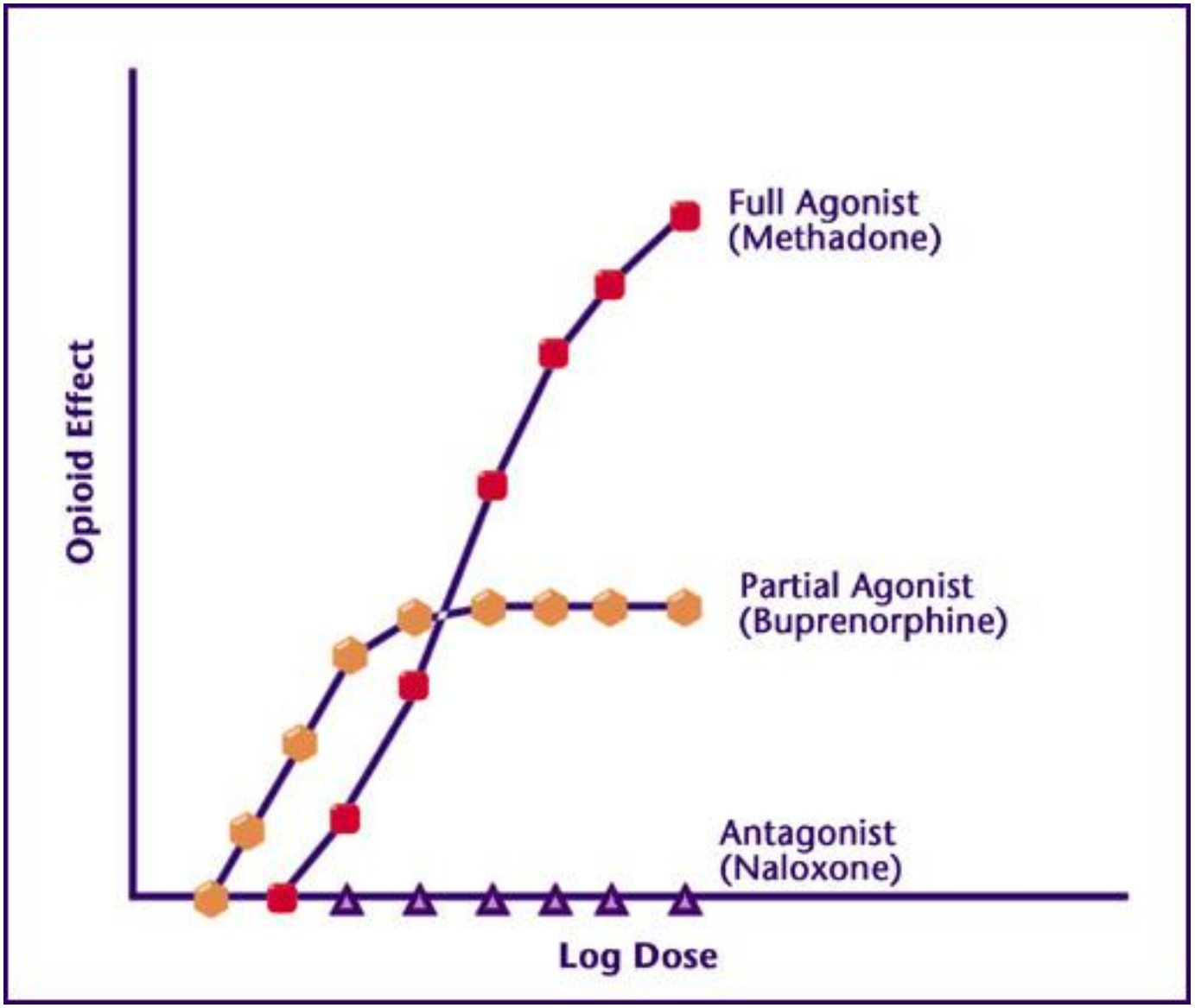
Oral (Revia®, Depade®) 50 mg daily
Overdose risk

Injection (Vivitrol®) (every 28 days)
Patient selection

Medications: Antagonists



www.hdrmreduction.org



https://www.naabt.org/education/technical_explanation_buprenorphine.cfm

NH's Strategy to Initiate and Expand MAT

- Developed compendium of best practice recommendations and resources (http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2016/06/FINAL_MAT_bookmarked.pdf)
- Contracted with 5 specialty addiction treatment programs to include MAT
- Contracted with Foundation for Healthy Communities to work with physician practices part of a hospital network to include MAT
- Awarded SAMHSA MAT Expansion Grant – Will serve 1,400 patients over three years in Manchester and Nashua
- Working with American Academy of Addiction Psychiatry (AAAP) to provide buprenorphine waiver trainings
- Will facilitate a MAT Community of Practice with availability of a discussion forum

Federal Regulatory Requirements	New Hampshire Best Practices
• Physician to obtain buprenorphine waiver to prescribe (8 hours CME and exam) • Verify that patients meet criteria for opioid dependence • Determine patients are deemed appropriate for MAT level of care and medication • Conduct full evaluation and medical exam • Provide regular office visits • Document care properly (e.g., treatment plans, confidentiality) • Ensure capacity to refer patients for appropriate counseling and other appropriate ancillary services.	• Federal requirements plus… • **Query the PDMP each time a prescription is written** • **Identify additional qualified staff to include care coordinator** • **Enroll and credential with managed care organizations (MCOs), qualified health plans (QHPs), and other insurers** • **Perform routine and random UDT checks** • **Perform routine and random pill/film counts** • **Practice timely communication among the prescriber, the patient and external providers** • **Provide initial and on-going training and resources**

Best Practice Recommendations

- **Query the Prescription Drug Monitoring Program (PDMP) each time a prescription is written**
- **Identify qualified staff**
  - Team should include prescriber, care coordinator, behavioral health clinician, administrative staff
- **Enroll and credential with managed care organizations (MCOs), qualified health plans (QHPs), and other insurers**

Best Practice Recommendations

- **Perform routine and random urine drug testing (UDT)**
  - Conduct at a minimum, qualitative UDT during each visit, as well as random drug testing.
- **Perform routine and random pill/film counts**
- **Practice timely communication among the prescriber, the patient and external providers**
- **Provide initial and on-going training and resources**

Updates

- Comprehensive Addiction and Recovery Act (CARA)
- Buprenorphine prescribing to be expanded to NPs and PAs at 30 and 100-patient limit only
- 275 limit

Comprehensive Addiction and Recovery Act (CARA) 2016

- Grants for Communities to address local substance use issues
- NP/PA X waiver
- Veteran's substance use issues
- Naloxone availability/First responders
- PDMP improvement
- Treatment of incarcerated individuals with addiction
- Support for recovery supports

Buprenorphine Prescribers

- Physicians → Practitioners (NP/PA)
- 24 hours of training
- 3 years to re-evaluate and report

Criteria to Treat 275

1. Possess additional credential (board certification)

OR

1. Meet qualified practice setting criteria

Qualified Setting Criteria

- Provide professional coverage for medical emergencies during hours when his or her practice is closed
- Ensure access to patient case-management services
- Use health information technology systems if it is already required in the practice setting
- Register for his or her state PDMP where operational and in accordance with applicable laws
- Ability to accept third-party payment for costs in providing health services

OVERVIEW OF MAT SETTINGS

	PRIMARY CARE	BEHAVIORAL HEALTH / SPECIALTY ADDICTION TREATMENT	MAT-SPECIFIC
Buprenorphine	Have interested physician(s) in practice obtain buprenorphine waiver, prescribe medication, and oversee patient care.	Have staff physician obtain buprenorphine waiver. Establish a working relationship with a physician in the community waivered to prescribe buprenorphine.	Consult and/or hire physician(s) waivered to prescribe buprenorphine.
Naltrexone	Identify existing healthcare providers to prescribe naltrexone and oversee patient care.	Have staff physician prescribe naltrexone. Establish a working relationship with a healthcare provider in the community to prescribe naltrexone.	Have staff physician prescribe naltrexone. Hire or subcontract with a medical professional to prescribe naltrexone and to participate in oversight of patient care.

If methadone is determined to be the most appropriate medication for patients, providers can establish care coordination plans with one of the state's eight methadone clinics to support effective, integrated primary care, behavioral health care, and addiction treatment.

MAT-Specific Treatment Programs

Groups, Inc.

- Weekly group
- Weekly UDT (urine drug testing)
- Weekly Suboxone Rx dependent on attendance and UDT
- Monthly MD presence—participation in group, writing Rxs,
- Individual consultation as needed or request
- $65/week (doesn't include Rx)
- Insurance not accepted
- Payment for Rx responsibility of patient
- Mostly generics prescribed, insurance may cover Rx

MAT-Specific Treatment Programs

Groups, Inc. Model - *Advantages*

- Low overhead
- Affordable for many
- Easier, faster access to services for new patients
- Confidentiality (separate record system)
- Tight communication between counselor and prescribing MD
- No stigma ("normalization")
- Powerful effect of peer interactions

MAT-Specific Treatment Programs

Groups, Inc. Model - *Disadvantages*

- Lack of insurance coverage
- Not affordable for many
- Poor communication/coordination with PCPs
- Supposed 2 year limit

Primary Care Based MAT Delivery
Example 1

Nurse Care Manager Model

- 5 year study
- Outcomes similar to physician office-based opioid treatment (OBOT)
- Increased access to treatment
- Care management provided for complex patients
- Supportive of prescribers
- Primary care focus
- Reduces stigma

Primary Care Based MAT Delivery
Example 2

- Physician, RN Coordinator, Integrated Behavioral Health Clinician
- Referrals from residents, attendings, inpt
- Patients obtain care from community health center (CHC) setting
- Release of information (ROI)
- Shared medical record
- Occasional shared visits
- Face to face discussions

Primary Care Based MAT Delivery
Example 3

- Initially only X-waivered clinician in 14 person practice
- Cared for my own patients and referral from partners
- I no longer do primary care there, only MAT
- Patients must have PCP in the practice
- Contracts signed by both of us
- Counseling/therapy not co-located—many different providers

Primary Care Based MAT Delivery
Example 3 *(continued)*

- UDT done at each visit, unless done at therapist's office
- Frequency of visits decrease quickly from weekly to every 4 weeks for patients in good recovery
- Frequency of both counseling visits and Rx visits determined in consultation with counselor
- One RN functions as contact person when I am not there
- Email confirmation of visits to counselor incorporated in medical record

Primary Care Based MAT Delivery
Example 3 - Advantages

- Insurance coverage makes it affordable for many patients
- I know all of the patients very well
- Little stigma coming into a healthcare facility
- Excellent communication with PCPs—acute health problems are rapidly addressed, potential drug interactions minimized
- Comprehensive documentation in electronic health record

Primary Care Based MAT Delivery
Example 3 - Disadvantages

- Patients without insurance can't afford treatment
- High overhead
- Access for new patients is cumbersome and not timely
- Prior authorizations are a major problem
- Urine drug tests are expensive
- Communication with counselors is often delayed and difficult
- I don't observe the patient in group situations

Behavioral health/specialty addiction treatment-based MAT delivery

GNCA/Keystone Hall - *Nashua*

- Integrated care with Harbor Homes' Harbor Care Health and Wellness Center
- Outpatient and residential clients have access to MAT: buprenorphine (Suboxone and Subutex) and extended-release injectable naltrexone (Vivitrol)
- Residential program: Physician visits program weekly, random but routine UDTs and case manager and physician/clinic are in contact as needed throughout treatment
- Outpatient program: Clients schedule appointments and cases are discussed weekly via peer supervision between the MAT and SUD treatment clinicians

CASE STUDY

QUESTIONS?

Resources

- The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf
- TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, http://store.samhsa.gov/product/TIP-40-Clinical-Guidelines-for-the-Use-of-Buprenorphine-in-the-Treatment-of-Opioid-Addiction/SMA07-3939
- PCSS-MAT, www.pcssmat.org
- Medication-Assisted Treatment of Opioid Use Disorder Pocket Guide, http://store.samhsa.gov/product/Medication-Assisted-Treatment-of-Opioid-Use-Disorder-Pocket-Guide/SMA16-4892PG
- Opioid Addiction Treatment: A Guide for Patients, Families and Friends, http://eguideline.guidelinecentral.com/i/706017-asam-opioid-patient-piece
- NH Alcohol and Drug Treatment Locator – www.nhtreatment.org
- NH Statewide Addiction Crisis Line – 1-844-711-HELP (4357) or hope@keystonehall.org

THANK YOU!

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