

Supporting the Patient Beyond Buprenorphine

Module 12



Today's Presenters

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Program Manager for MI-CCSI's involvement in the Michigan Overdose Data to Action (MODA) program, content expert, faculty member, and participant in practice transformation initiatives. Dr. Nolan has experience in community, specialty, and ambulatory pharmacy.



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Trainer for MI-CCSI with care management experience in the primary care, behavioral health, and payer settings. She has trained hundreds of clinicians on the care management process and motivational interviewing. Her love of and partnership with patients, families and clinicians is rooted in early work as a psychiatric nurse and the deep conviction that care management is a privilege and calling.

Disclosure

MI-CCSI, or the presenter, does not have any financial interest, relationships, or other potential conflicts, with respect to the material which will be covered in this presentation.

Patient-Centered Treatment for Substance Use Disorder in Primary Care



Clinical

Module	Title
1	Navigating Buprenorphine Prescribing for the Primary Care Physician
3	Buprenorphine Medical Management: Monitoring the Patient
5	Challenging Clinical Scenarios in MOUD: Early Refills and Lost or Stolen Medication
7	Complex Cases in Buprenorphine Treatment, Part 1
9	Complex Cases in Buprenorphine Treatment, Part 2
11	Pain and Addiction

Operational

Module	Title
2	Substance Use Disorder and Patient Identification
4	OBAT Eligibility, Intake and Assessment
6	Patient Support for Induction and Maintenance
8	Operationalizing Team Meetings, Systematic Case Review, & Documentation
10	Team Roles and Responsibilities
12	Supporting the Patient Beyond Buprenorphine

Action Period Assignment

From Module 10

- **Use the Task List Tool to define roles and responsibilities for your team.**
- **Develop workflows for key processes.**



OBJECTIVES

At the conclusion of this presentation, the participant will be able to:

Understand principles of care coordination related to management of substance use disorders.

List examples of services and interventions, beyond buprenorphine therapy, that can be provided to patients with substance use disorder.

Understand best practices for team problem solving related to special populations, including those with polysubstance use.

AGENDA

1	Review
2	Care Coordination
3	Services and Interventions
4	Problem Solving
5	Practice Interviews



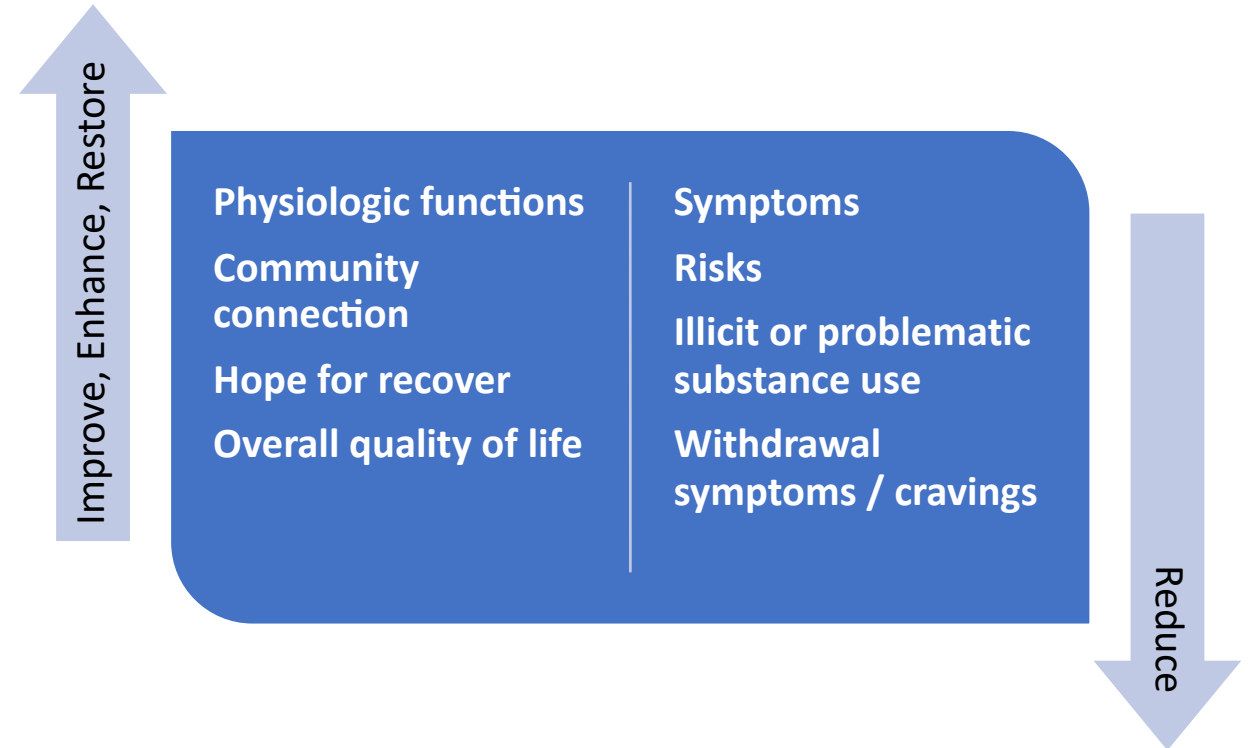
REVIEW

Previous Modules

Office-Based Addiction Treatment (OBAT)

Overview

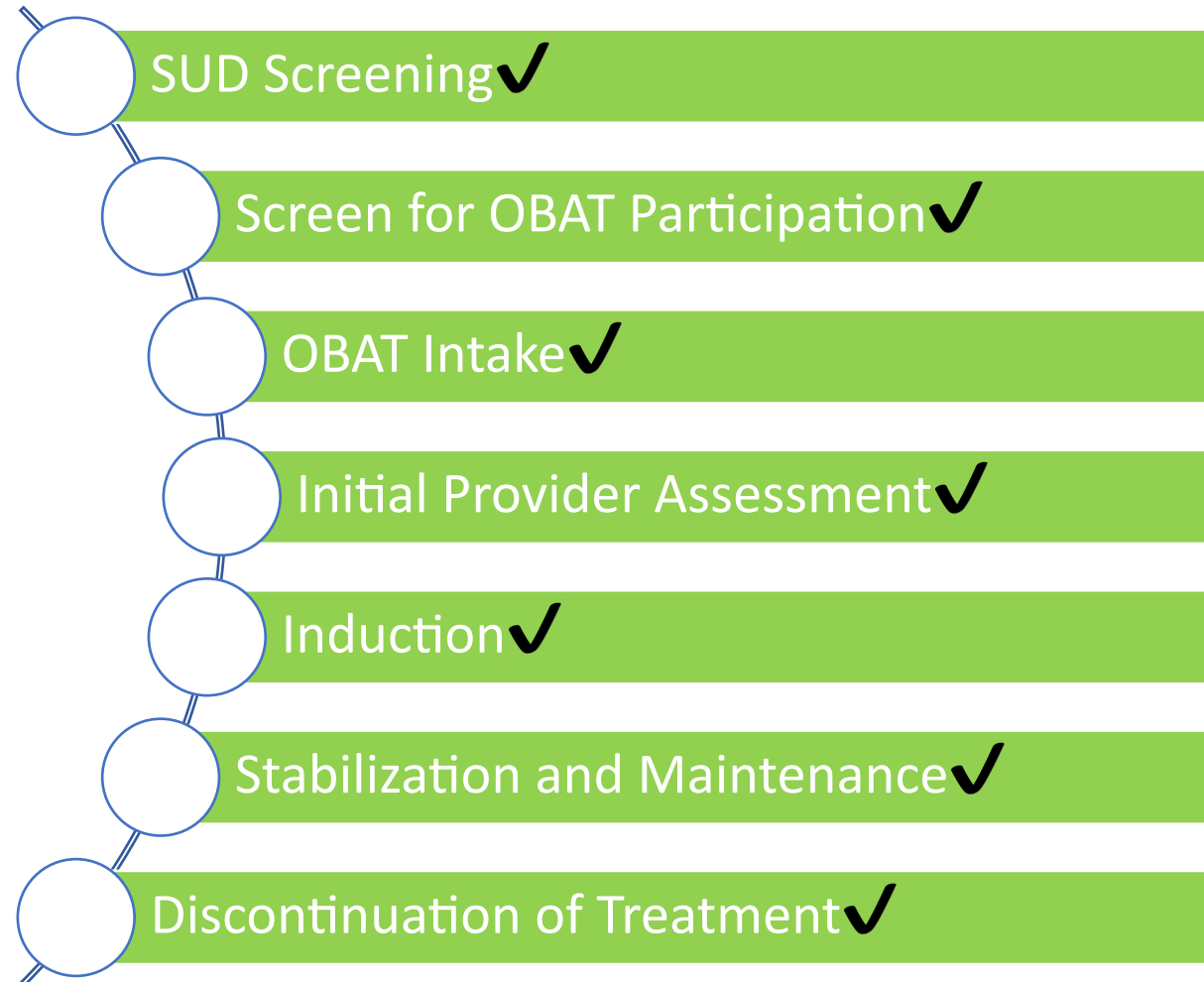
- Patient-focused
- Evidence-based
- Primary care / community model
- Offer of medication and psychosocial therapies as a component of a comprehensive care plan
- Select patients identified via screening may be candidates for OBAT



Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center.
https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf

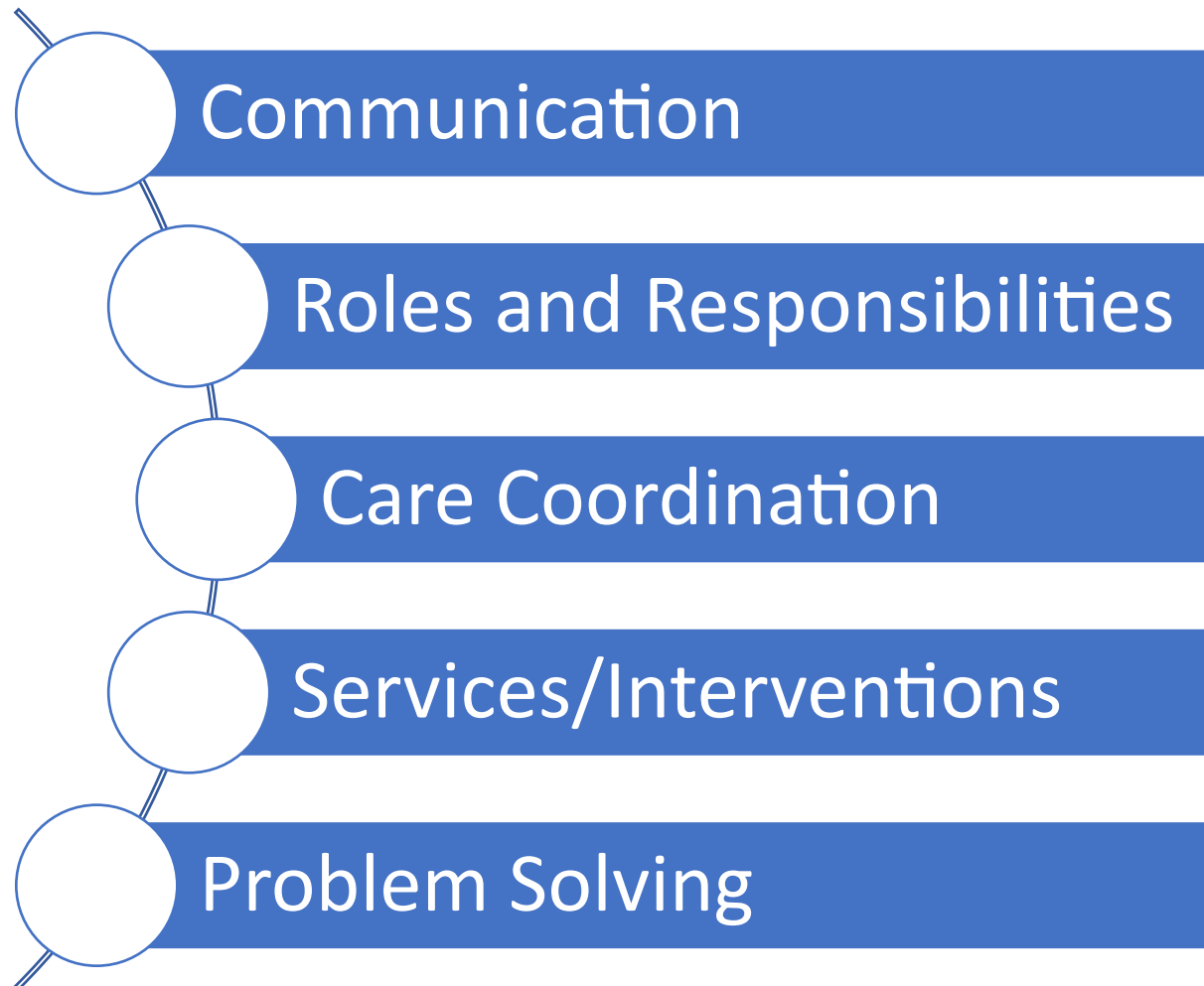
OBAT

Program Components



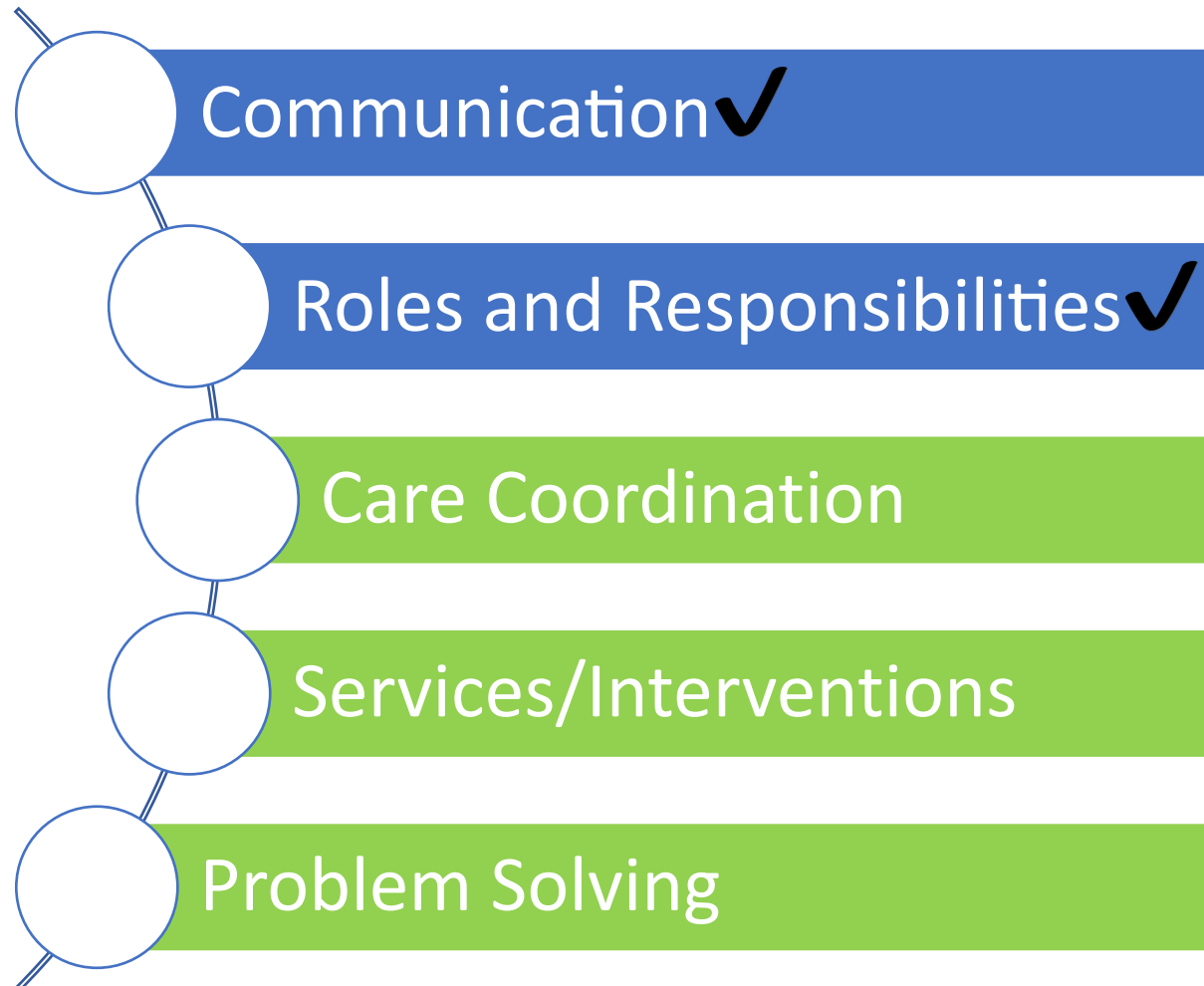
Team-Based Approaches

Complementing OBAT



Team-Based Approaches

Complementing OBAT





Care Coordination

Care Coordination

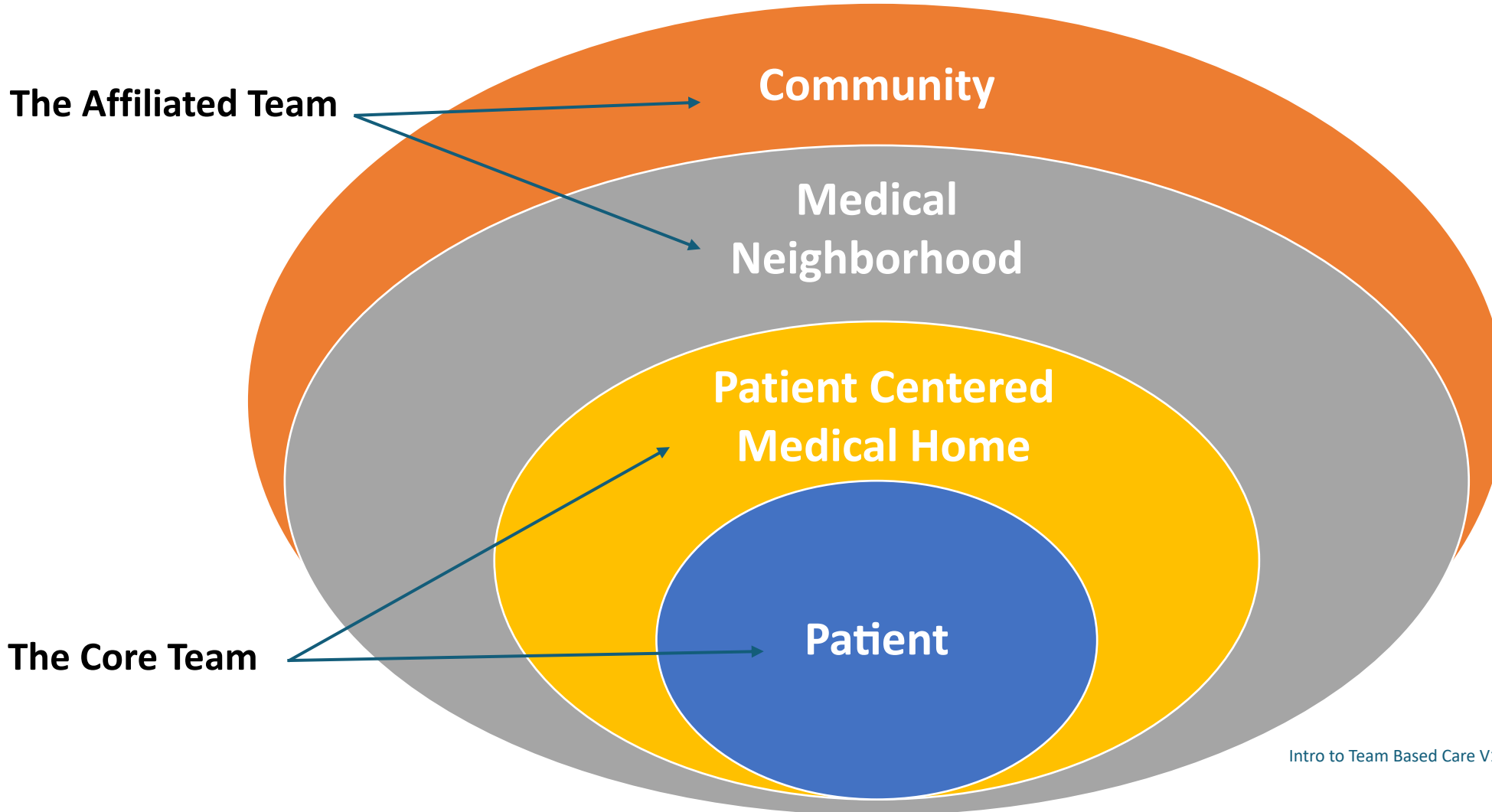
General Principals

Agency for Healthcare Research and Quality

“Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.”



Community Team Members

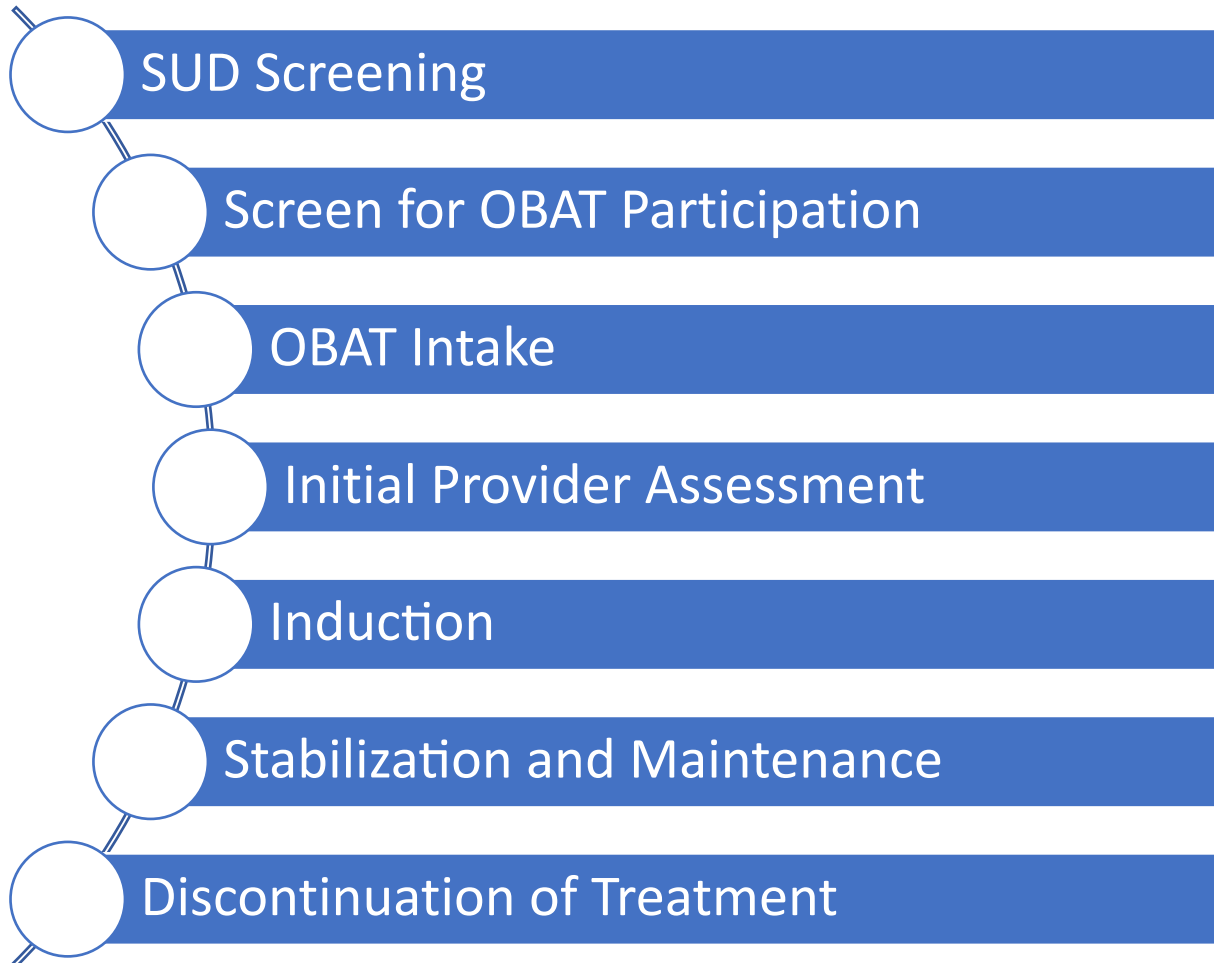


Intro to Team Based Care V1 5.18.2020

Team-Based care: Moving from ideas to action. Institute for Healthcare Improvement. (2016). <http://www.ihl.org/communities/blogs/layouts/15/ihl/community/blog/itemview.aspx?list=7d1126ec-8f63-4a3b-9926-c44ea3036813&id=192>

Care Coordination

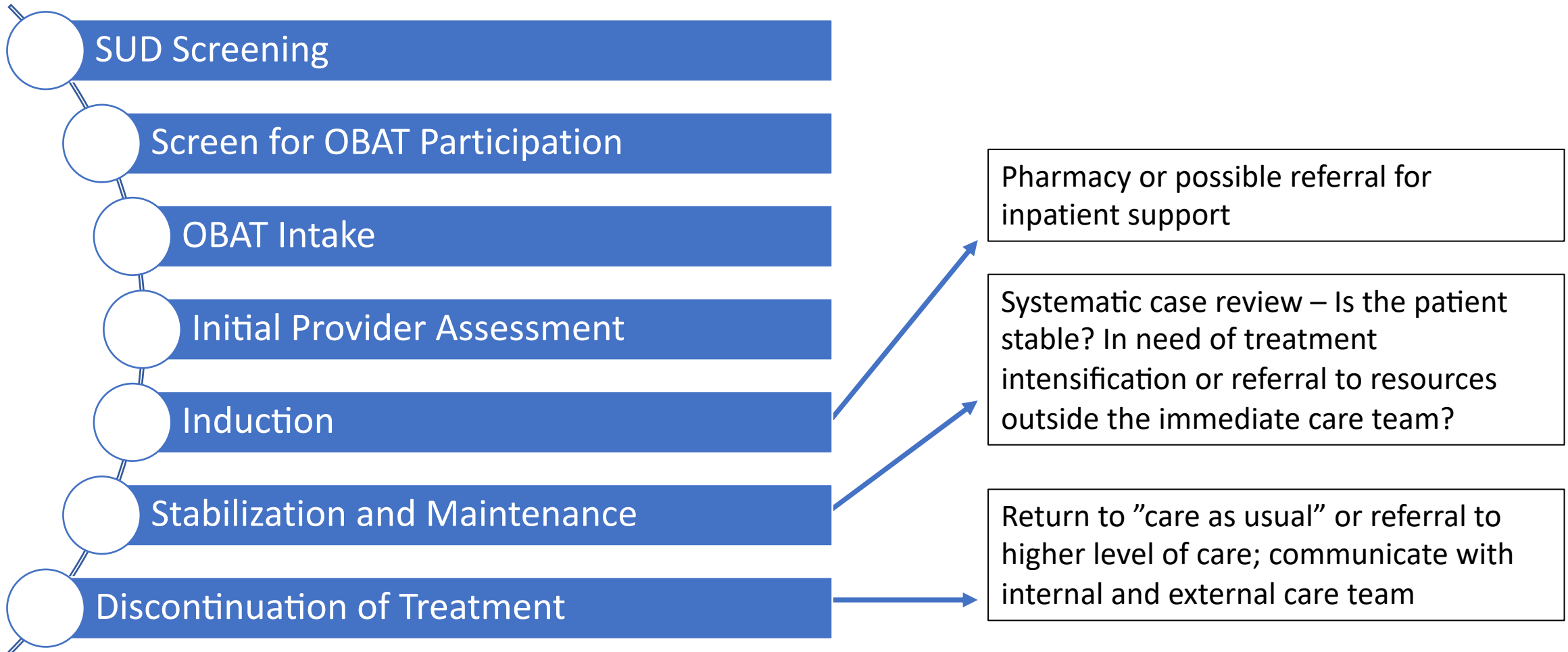
Example Opportunities in OBAT



- Substance use disorder – possible referral to higher level of care
- Physical – consider comorbidities and associated treatment needs
- Behavioral – consider past behavioral health history and treatment; coordinate with internal or external therapy resources
- Psychosocial – SDoH (e.g., transportation, food, housing)

Care Coordination

Example Opportunities in OBAT

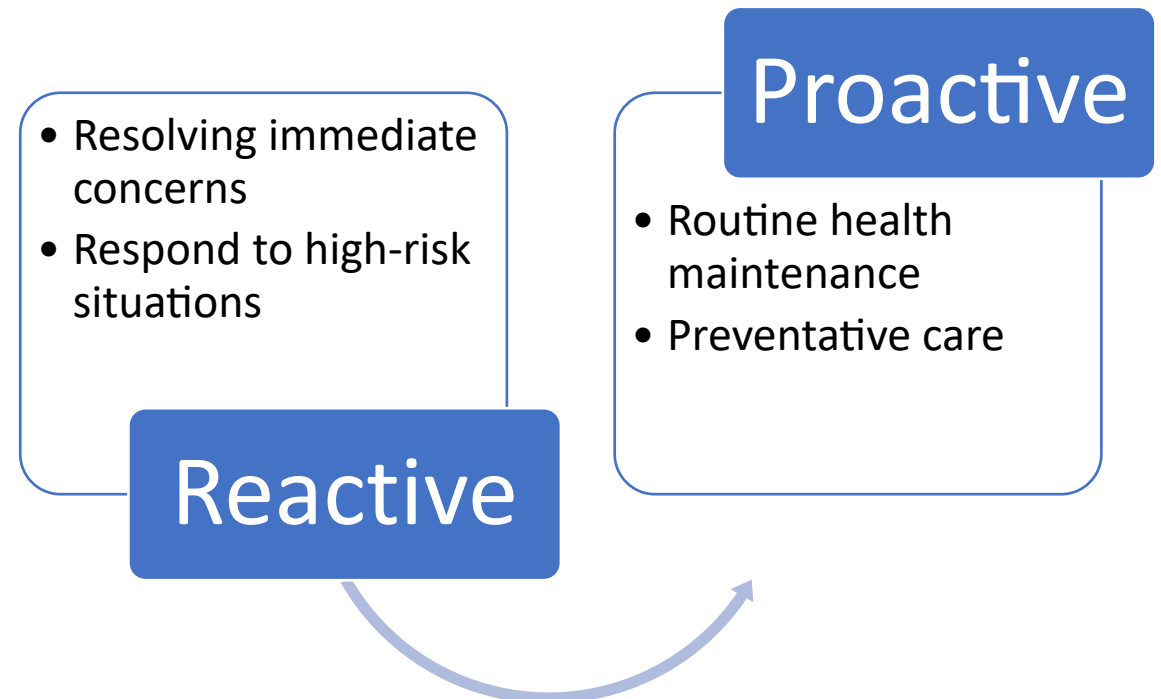


Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center.
https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf

Care Coordination

A Journey

- Substance use disorder may be one of multiple comorbidities a patient is experiencing
- Other chronic illnesses may be unmanaged at baseline
- The goal is move from reactive to proactive over time



Care Coordination

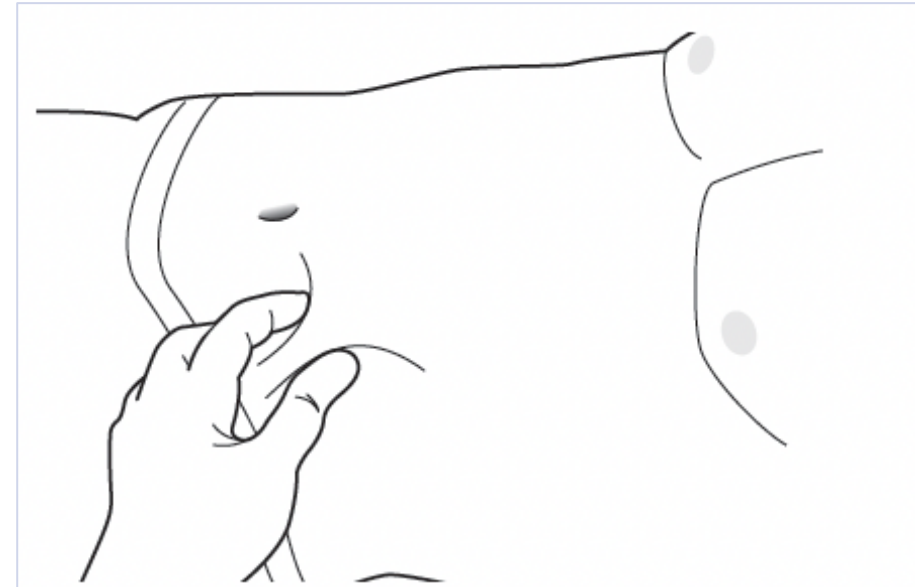
- Warm hand-off whenever possible.
- Call ahead to help set up connection.
- Talk about what your ongoing role will be.
- Follow up on the referral.
- Be realistic about payment and cost and work within the constraints of insurance coverage.
- Follow best practices for release of information.
- Be sure to consider HIPAA and 42 CFR Part 2 when coordinating care for patients with substance use disorders.



Services and Interventions

Injectable Buprenorphine

- Once-monthly subcutaneous injection.
- Approved for use in patients who have initiated treatment with transmucosal buprenorphine-containing products.
- Patients must be on a stable dose of buprenorphine for at least 7 days before transitioning.



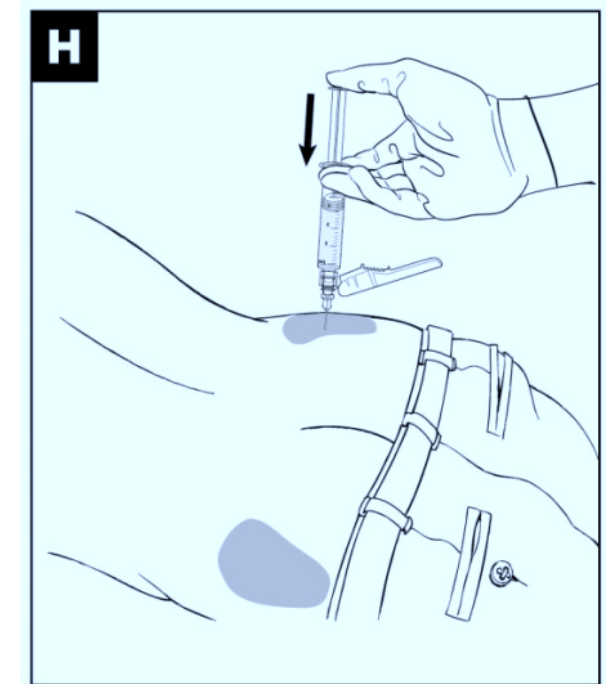
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https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf

Indivior, Inc. (2021). Sublocade: Prescribing Information. Burlington, MA: Author.

Naltrexone

Pharmacology Overview

- Pure opioid antagonist
- Opioid-free interval of 7-10 days is required prior to therapy initiation
- 380 mg dose delivered intramuscularly every 4 weeks or once monthly
- No prescribing limitations
- Insufficient data to indicate ↓ deaths with use



Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; August 20, 2021.

Alkermes. (2021). Vivitrol: Prescribing Information. Waltham, MA: Author.

Towers CV, Katz E, Weitz B, et al. *Use of naltrexone in treating opioid use disorder in pregnancy.* *Am J Obstet Gynecol* 2020;222:83.e1-8.

Wakeman SE. *Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder.* *JAMA Network Open.* 2020;3(2).

Naltrexone

Place in Therapy

Candidates

- History of opioid use disorder at risk of recurrent use
- Not currently using opioids
- Highly motivated to remain abstinent
- Desire to discontinue or avoid agonist or partial-agonist therapy
- History of alcohol use disorder

Contraindications

- Unable to adhere to 7–10-day opioid-free interval
- Pain condition requiring opioid therapy
- Current opioid dependency
- Failed naloxone challenge test
- Liver and/or renal impairment
- Advanced uncontrolled psychiatric disease

ERASE SPACE

A Supportive Approach

Sleep

Pain

Affect

Cognitive
Changes

Energy
Deficits

ERASE SPACE

A Supportive Approach

Emotions

Reflections

Actions

Sleep

Environment

ERASE

Emotions

- Altering pain perceptions through emotions.
- Negative affect can profoundly influence chronic pain perceptions
- Approaches:
 - Emotional Awareness and Expression Therapy (EAET)
 - Pleasant activity scheduling
 - Traditional psychotherapy



ERASE

Reflections, Reframing, and Relaxation Response

- Reflections – use cognition to alter pain perceptions
- Reframing – shifting perspective
- Relaxation response – yoga, medication, visual imagery



ERASE

Actions

- Approaches
 - Exercise
 - Lifestyle physical activity
 - Pacing
 - Problem solving and goal setting

ERASE

Sleep

- Considerations
 - Timing
 - Sleep behavior
 - Thermal tips
 - Environment
 - Ingestion
 - Mental control



ERASE

Environment

- Social and physical challenges may impact pain perceptions and impact wellness





Problem Solving

Special Populations and Complex Situations

Special Populations

Persons with Concurrent Pain

- Analgesic requirements are typically greater
- Provide reassurance that SUD will not be a barrier to pain management
- Include patients in care planning process
- Establish clear goals for pain management
- Use a multi-modal approach
- Apply the concept of ERASING SPACE



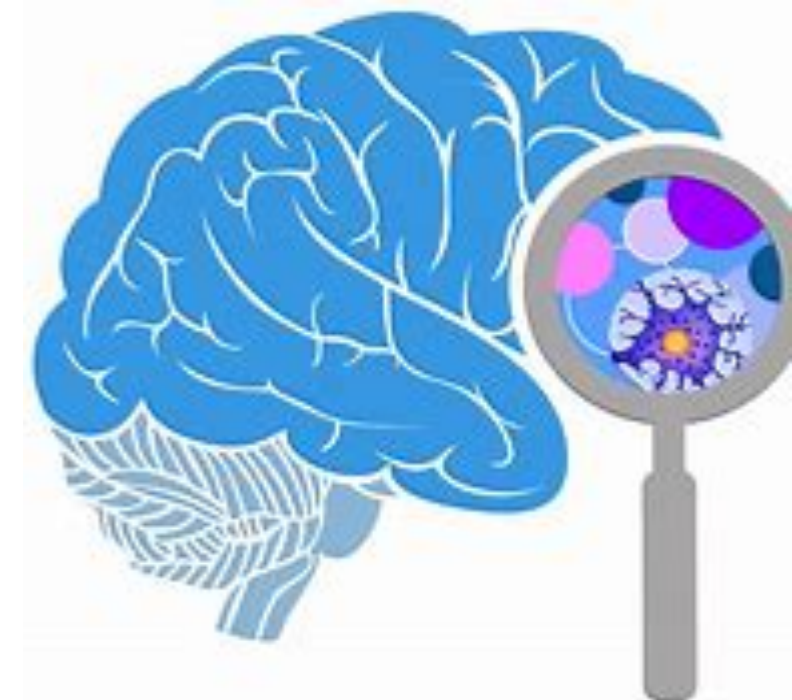
Polysubstance Use

General Principles

- Address in a timely manner
- Treatment intensification and/or care coordination may be necessary
- Perform a safety assessment
- May be a sign of an attempt to self-treat a co-occurring mental illness
- Counsel on harm reduction strategies

Special Populations Considerations

- Traumatic brain injury
- Adolescents and young adults
- Pregnancy and post-partum period
- Criminally/legally involved
- Older adults and medically complex patients
- Persons experiencing homelessness



HOMework

Action Period

- **Work within your team to define processes for care coordination.**
 - For example, how will you manage referrals?
- **Define what services and interventions your practice will provide, beyond buprenorphine.**





Thank You

Please email Claire.Nolan@miccsi.org with any questions.

Examples From Practice

Team Roles and Responsibilities

What types of support does your practice provide to patients with substance use disorder beyond treatment with buprenorphine?