Patient Support for Induction and Maintenance

Module 6

Today's Presenters

Claire Nolan, PharmD

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.

Robin Schreur, BS, RN, CCM

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.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

MI-CCSI
Center for Clinical Systems Improvement

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.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Patient-Centered Treatment for Substance Use Disorder in Primary Care

MI-CCSI
Center for Clinical Systems Improvement

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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Action Period Assignment

From Module 4

- **Identify the tool your team will use to determine patient eligibility for office-based treatment of addiction.**
- **Define the process your team will follow for intake into the program.**

MI-CCSI
Center for Clinical Systems Improvement

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

OBJECTIVES

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

- **Describe the buprenorphine induction process (clinic and community), including management of withdrawal symptoms.**
- **Recognize best practices for buprenorphine maintenance and stabilization.**
- **Explain general principles of buprenorphine treatment discontinuation.**

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

MI-CCSI
Center for Clinical Systems Improvement

AGENDA

1	Review
2	Buprenorphine Induction
3	Buprenorphine Maintenance and Stabilization
4	Discontinuation of Buprenorphine Treatment
5	Practice Interviews

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

MI-CCSI

Center for Clinical Systems Improvement

REVIEW

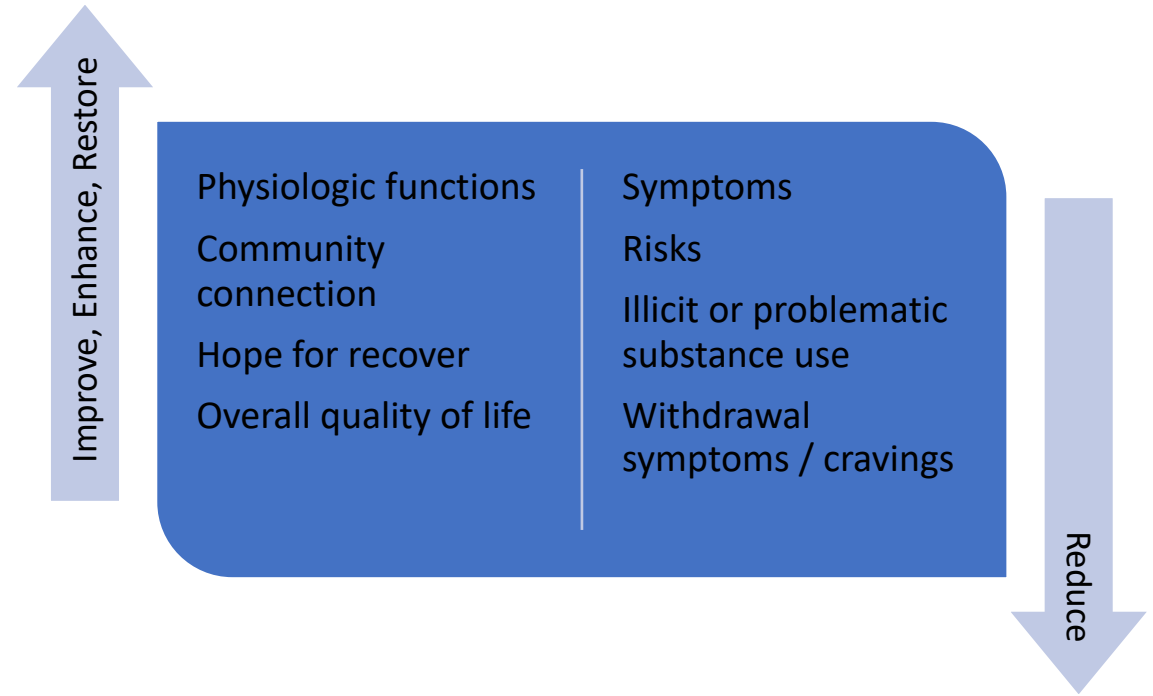
Previous Modules

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

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

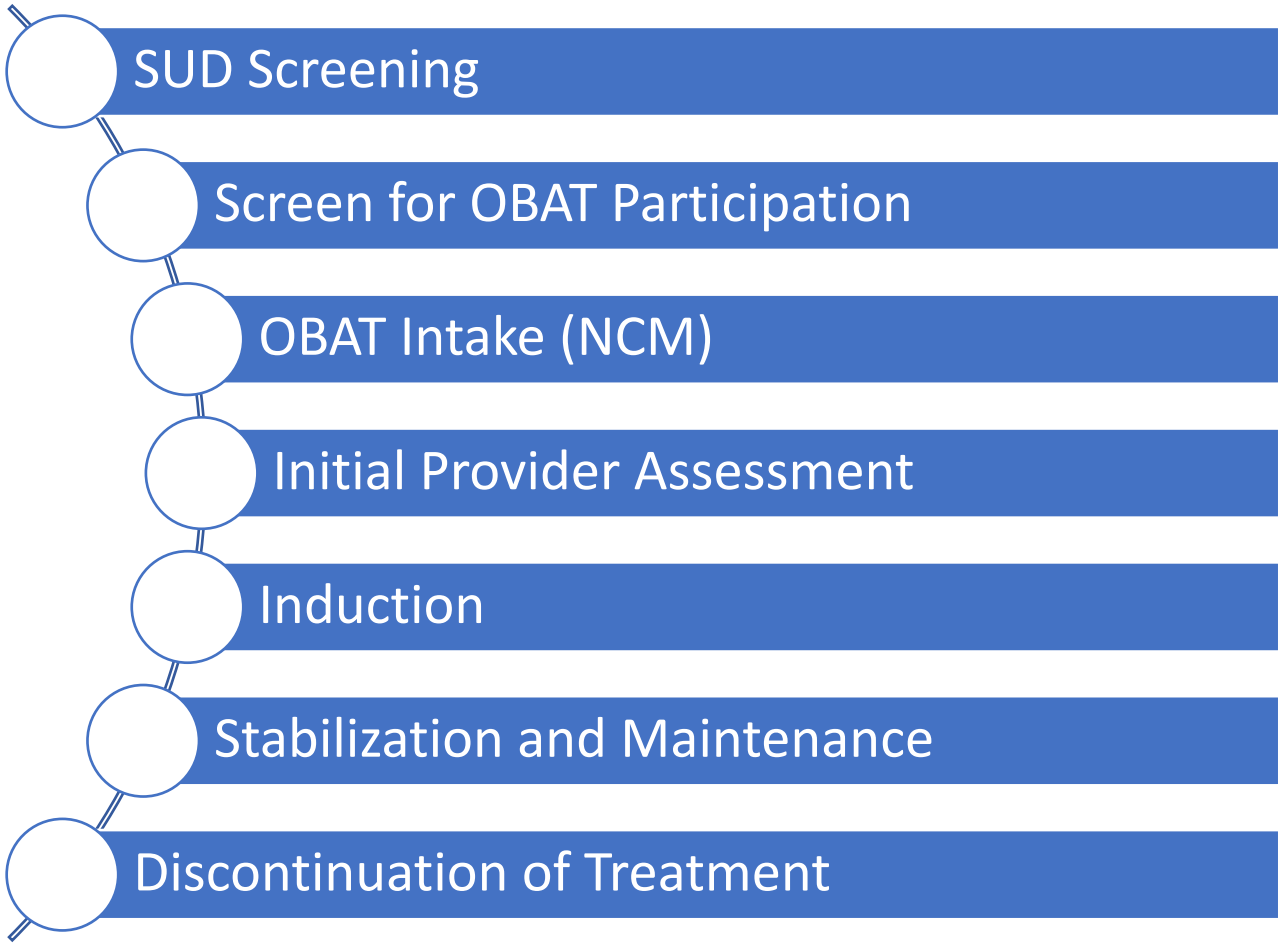


Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

OBAT

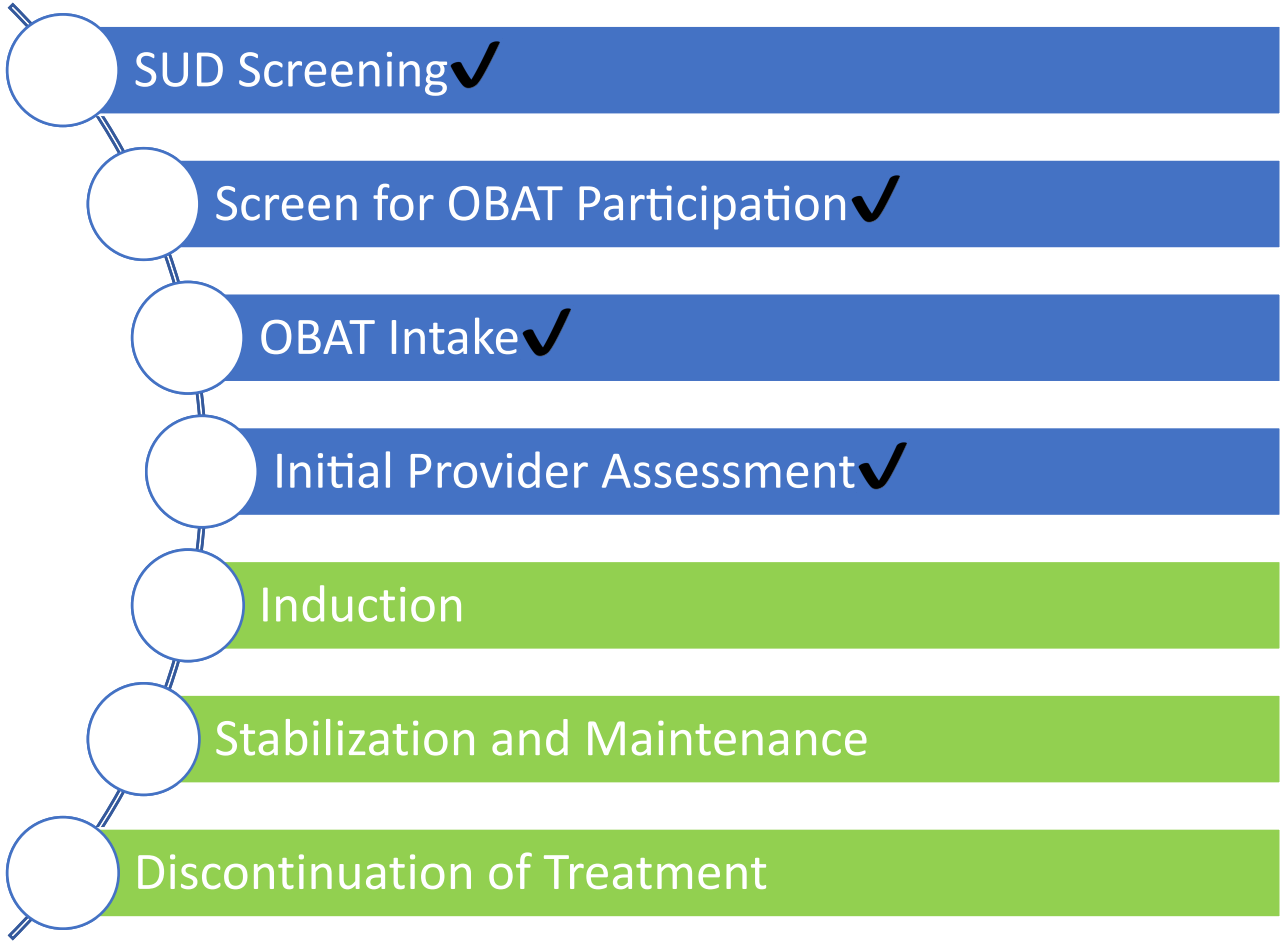
Program Components



This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

OBAT

Program Components



This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Induction

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine / Naloxone

Pharmacology Overview

- Partial mu agonist
  - ↓ cravings
  - ↓ withdrawal
  - X acute effects of other opioids
- Co-formulation with naloxone (opioid antagonist) decreases intravenous (IV) abuse

DOSAGE FORM	BRAND NAME	ACTIVE INGREDIENT(s)
Film, buccal	Belbuca®	Buprenorphine
Film, buccal	Generic only	Bup / Naloxone
Film, sublingual	Suboxone®	Bup / Naloxone
Implant, SubQ	Probuphine Implant Kit®	Buprenorphine
Patch, transdermal	Butrans®	Buprenorphine
Solution, injection	Buprenex®	Buprenorphine
Solution, SubQ PFS	Sublocade®	Buprenorphine
Tablet, sublingual	Generic only	Buprenorphine
Tablet, sublingual	Zubsolv®	Bup / Naloxone

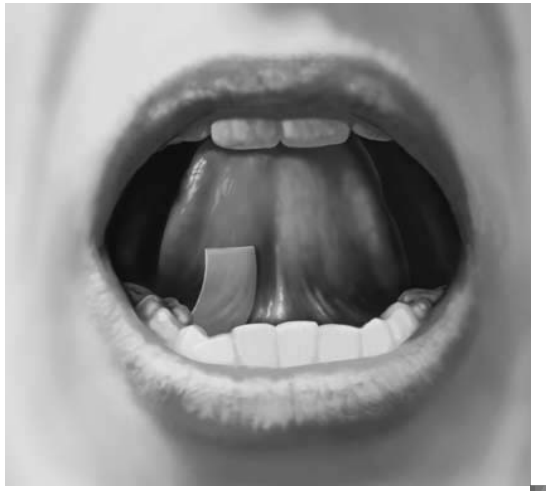
Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 13, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine / Naloxone

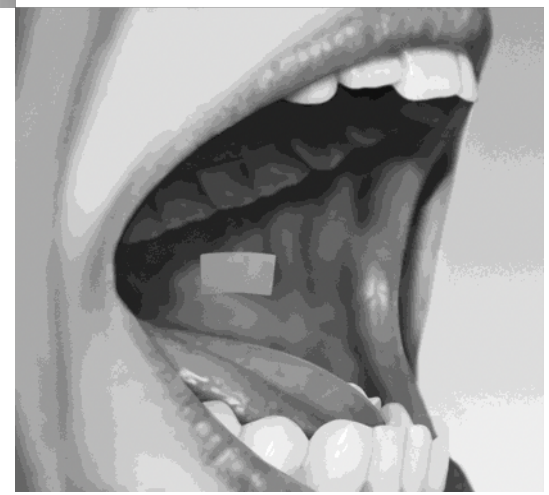
Administration

- Buccal
  - Moisten inside of cheek with tongue or water prior to administration
  - Press and hold film in place for 5 seconds with finger
  - Keep film in place until fully dissolved (up to 30 min)
  - Do not chew, swallow, touch, or move film
  - Avoid eating or drinking
  - Avoid application to any area with open sores or lesions
- Sublingual
  - Place under the tongue until dissolved (up to 10 min)
  - Do not chew or swallow



Buccal

Sublingual



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

Aquestive Therapeutics. (2021). Suboxone: Medication Guide. Warren, NJ: Author.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Induction

General Principles

- Initiate therapy ASAP
- Review induction plan with the patient prior to prescribing
- Communicate directly with pharmacy to ensure product availability is aligned with induction plan

Prior to Induction

- Treatment agreement and consent reviewed and signed
- Patient engagement confirmed (e.g., ability to attend frequent appointments)
- Offer connection to counseling
- Obtain toxicology
- Complete pregnancy testing, when appropriate

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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Transitioning to Treatment

Discontinuation of Drug Use

- Before buprenorphine induction, the patient must first discontinue drug use
  - Often referred to as “full agonist discontinuation”
  - Recommended timing of drug discontinuation varies
- Induction begins when the patient is in mild-to-moderate withdrawal
  - Assess using standardized tool (e.g., Clinical Opiate Withdrawal Scale [COWS])
  - Exception: buprenorphine micro-dosing
- Goal is to avoid ***precipitated*** withdrawal

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

Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Transitioning to Treatment

Discontinuation of Drug Use

- Timeline for discontinuation of drug use dependent on:
  - Drug's half-life
  - Patient's individualized treatment plan
  - Patient-specific risk for complications

Current Opioid Use	Discontinuation Time Frame
Short-acting opioids, other than fentanyl	8-12 hours prior to scheduled initiation
Fentanyl	At least 16-24 hours prior to scheduled initiation
Long-acting opioids	At least 12-24 hours prior to scheduled initiation
Methadone	When possible, discontinue at a dose of 30 mg or less at least 36-96 hours prior to scheduled buprenorphine initiation

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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Clinical Opiate Withdrawal Scale (COWS)

Assessing for Opiate Withdrawal

- 11-item scale
- Summed score can identify current state / severity of opiate withdrawal
- Can be tracked over timed

Resting Pulse Rate	Sweating	Restlessness
Tremors	Pupil size	GI Upset
Anxiety or Irritability	Bone or Joint Aches	Yawning
Runny Nose or Tearing	Gooseflesh Skin	

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

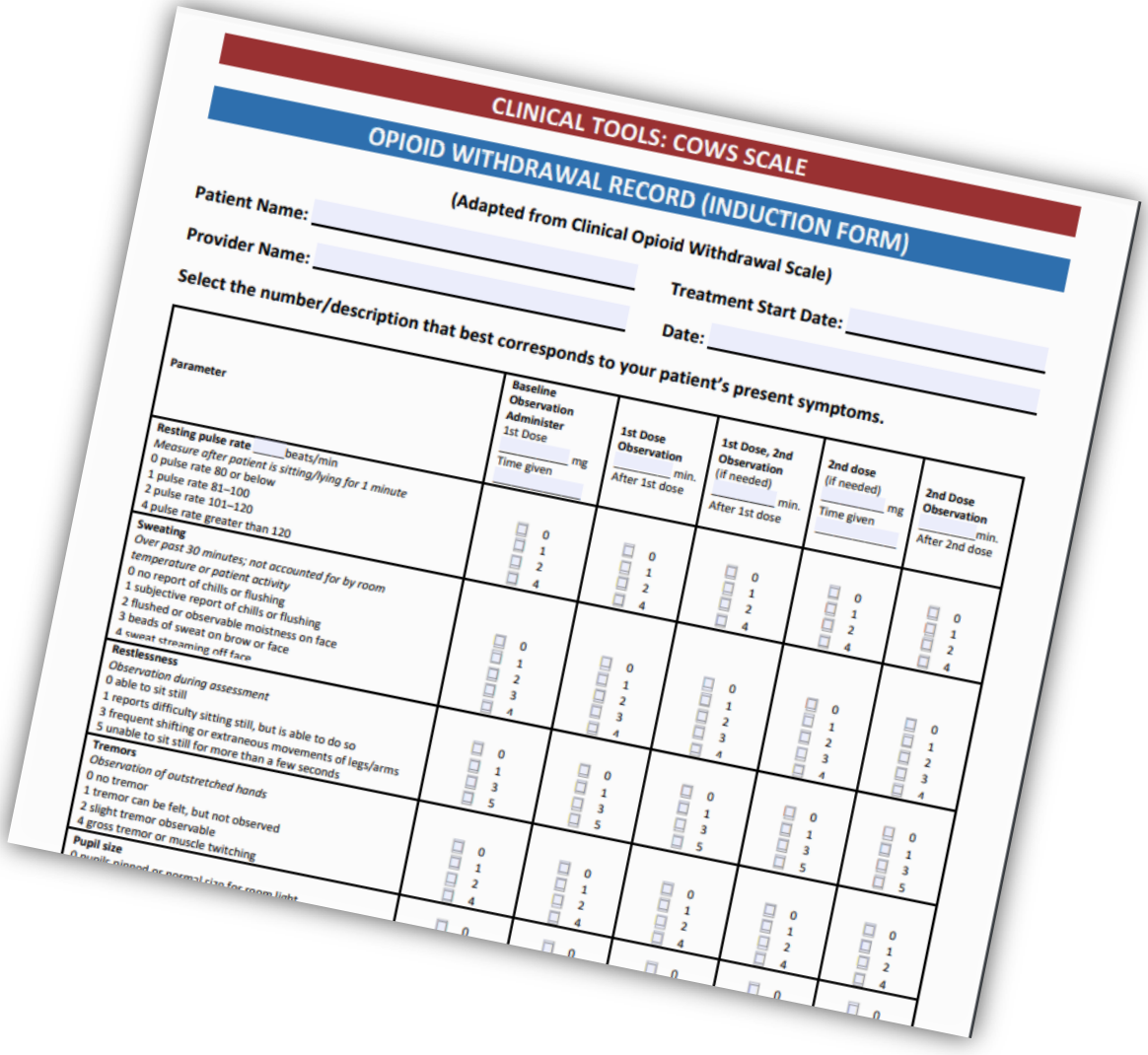
This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Clinical Opiate Withdrawal (COWS)

Assessing for Opiate Withdrawal

- Score indicated level of withdrawal
  - 5-12 = mild withdrawal*
  - 13-24 = moderate*
  - 25-34 = moderately severe
  - > 35 = severe

** goal prior to buprenorphine induction*



CLINICAL TOOLS: COWS SCALE

OPIOID WITHDRAWAL RECORD (INDUCTION FORM)

(Adapted from Clinical Opioid Withdrawal Scale)

Patient Name: _____ Treatment Start Date: _____

Provider Name: _____ Date: _____

Select the number/description that best corresponds to your patient's present symptoms.

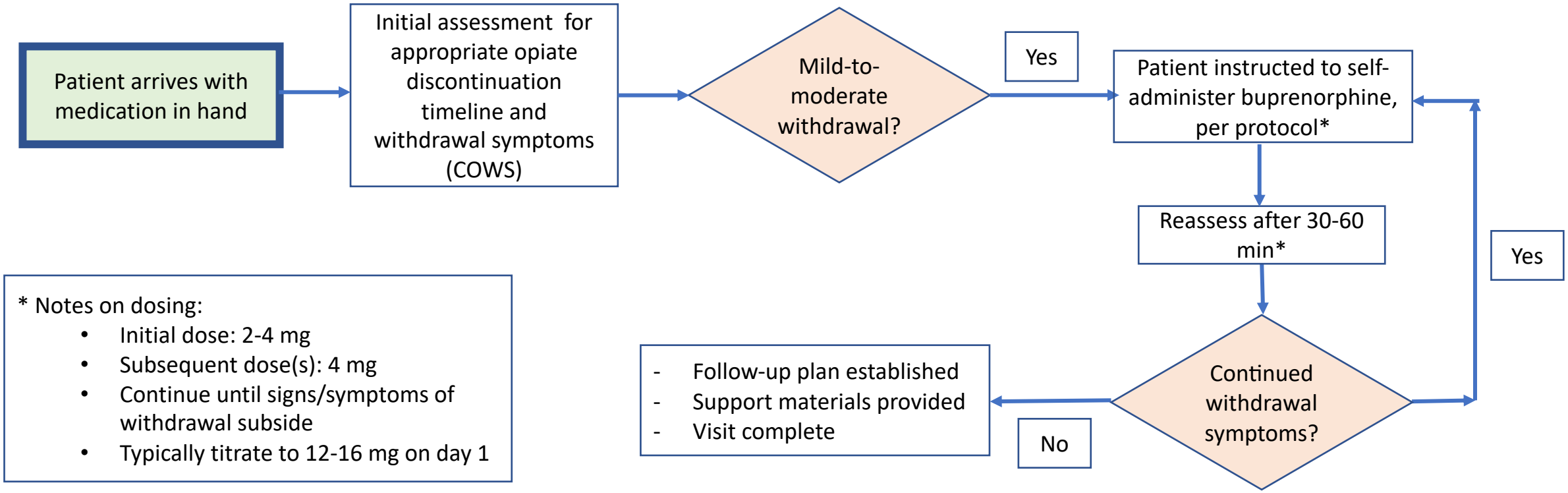
Parameter	Baseline Observation Administer 1st Dose _____ mg Time given _____	1st Dose Observation _____ min. After 1st dose	1st Dose, 2nd Observation (if needed) _____ min. After 1st dose	2nd dose (if needed) _____ mg Time given _____	2nd Dose Observation _____ min. After 2nd dose
Resting pulse rate _____ beats/min *Measure after patient is sitting/lying for 1 minute* 0 pulse rate 80 or below 1 pulse rate 81–100 2 pulse rate 101–120 4 pulse rate greater than 120	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4
Sweating *Over past 30 minutes; not accounted for by room temperature or patient activity* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	☐ 0 ☐ 1 ☐ 3 ☐ 5	☐ 0 ☐ 1 ☐ 3 ☐ 5	☐ 0 ☐ 1 ☐ 3 ☐ 5	☐ 0 ☐ 1 ☐ 3 ☐ 5	☐ 0 ☐ 1 ☐ 3 ☐ 5
Tremors *Observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4	☐ 0 ☐ 1 ☐ 2 ☐ 4
Pupil size 0 pupils pinned or normal size for room light	☐ 0	☐ 0	☐ 0	☐ 0	☐ 0

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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

In-Office Induction

Day 1 Workflow – Patient Arrives in Withdrawal

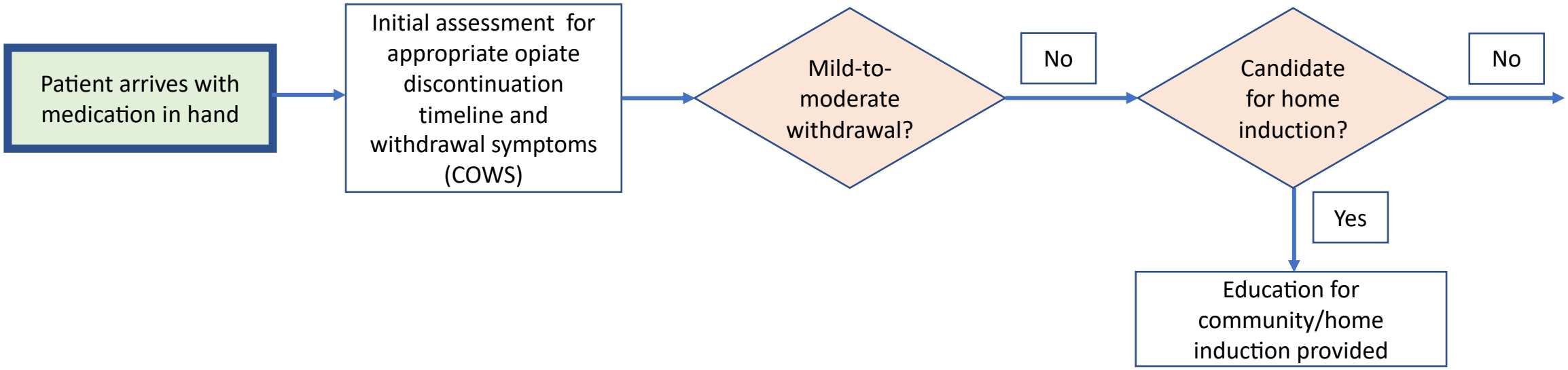


Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

In-Office Induction

Day 1 Workflow – Patient Arrives Not in Withdrawal

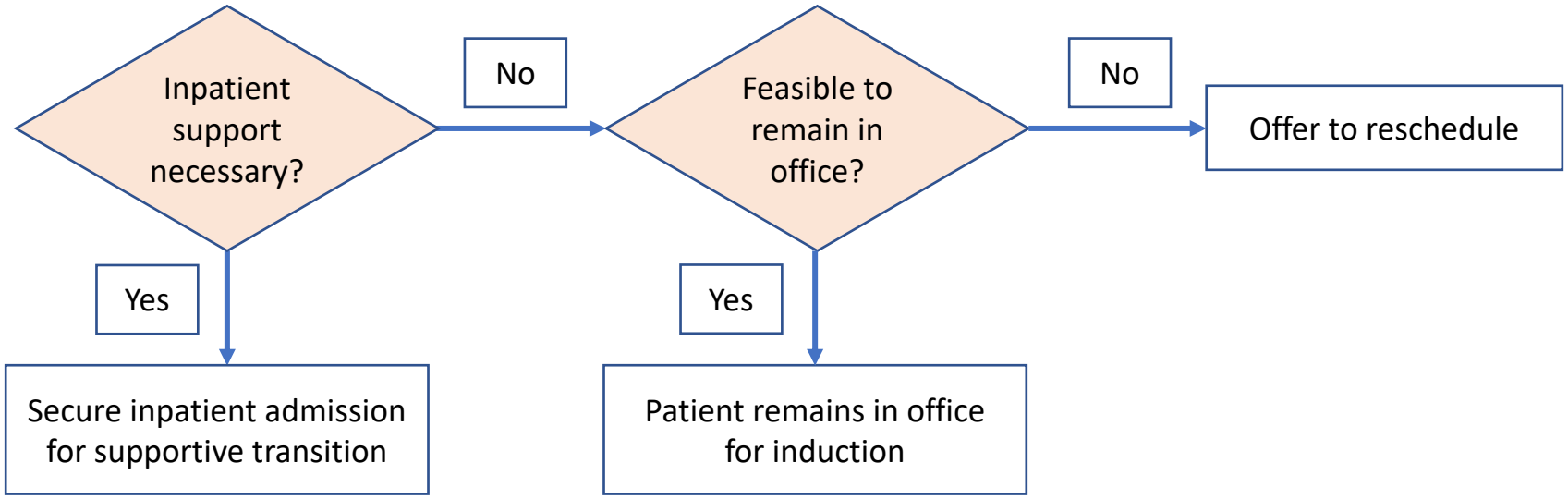


Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center. *https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf*

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

In-Office Induction

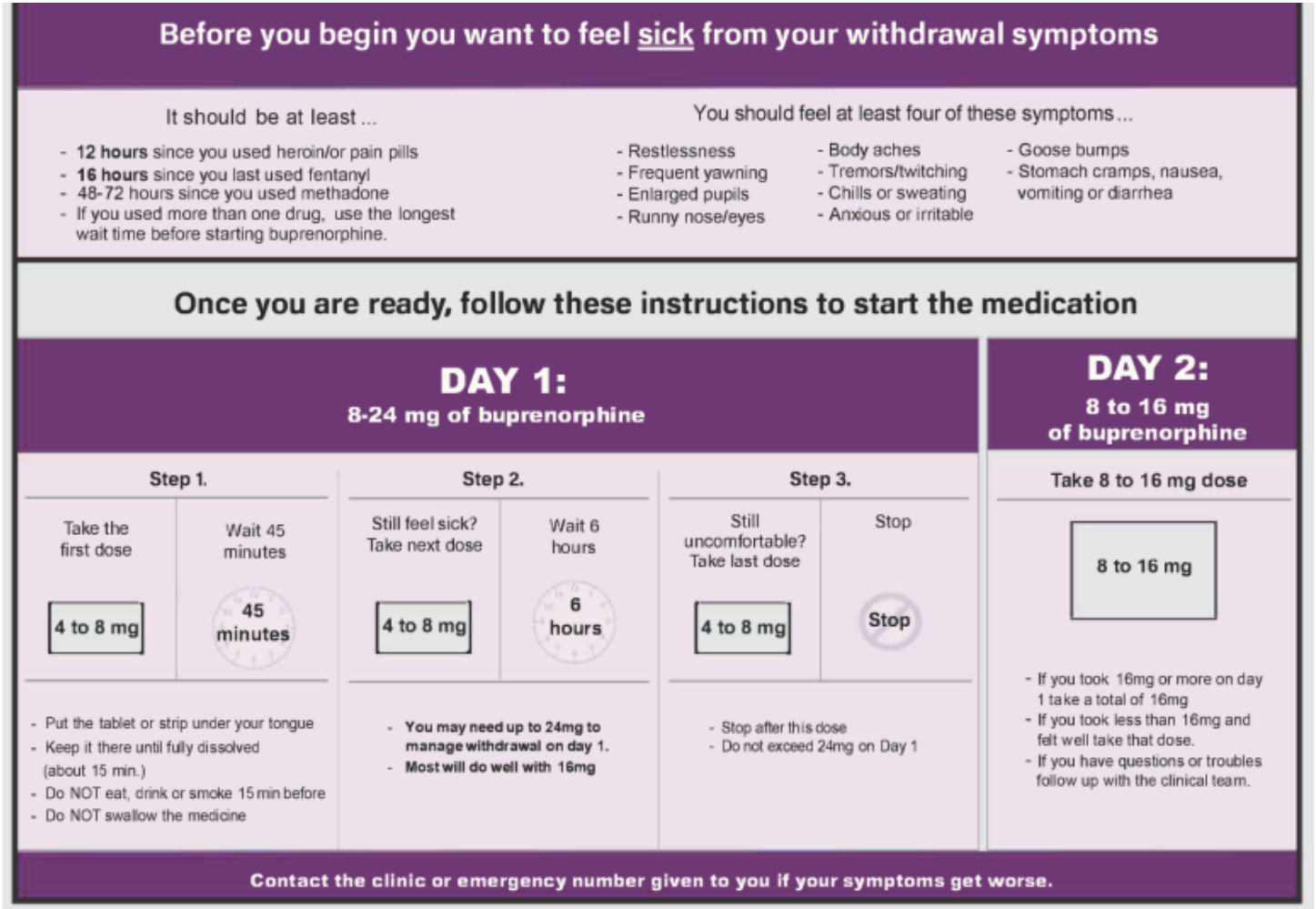
Day 1 Workflow – Patient Arrives Not in Withdrawal (continued)



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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

A Guide for Patients Beginning Buprenorphine Treatment



Before you begin you want to feel sick from your withdrawal symptoms

It should be at least ...

- **12 hours** since you used heroin/or pain pills
- **16 hours** since you last used fentanyl
- 48-72 hours since you used methadone
- If you used more than one drug, use the longest wait time before starting buprenorphine.

You should feel at least four of these symptoms...

- Restlessness
- Frequent yawning
- Enlarged pupils
- Runny nose/eyes
- Body aches
- Tremors/twitching
- Chills or sweating
- Anxious or irritable
- Goose bumps
- Stomach cramps, nausea, vomiting or diarrhea

Once you are ready, follow these instructions to start the medication

DAY 1:
8-24 mg of buprenorphine

Step 1.

Take the first dose

4 to 8 mg

Wait 45 minutes

45 minutes

- Put the tablet or strip under your tongue
- Keep it there until fully dissolved (about 15 min.)
- Do NOT eat, drink or smoke 15 min before
- Do NOT swallow the medicine

Step 2.

Still feel sick? Take next dose

4 to 8 mg

Wait 6 hours

6 hours

- **You may need up to 24mg to manage withdrawal on day 1.**
- **Most will do well with 16mg**

Step 3.

Still uncomfortable? Take last dose

4 to 8 mg

Stop

Stop

- Stop after this dose
- Do not exceed 24mg on Day 1

DAY 2:
8 to 16 mg of buprenorphine

Take 8 to 16 mg dose

8 to 16 mg

- If you took 16mg or more on day 1 take a total of 16mg
- If you took less than 16mg and felt well take that dose.
- If you have questions or troubles follow up with the clinical team.

Contact the clinic or emergency number given to you if your symptoms get worse.

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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Stabilization and Maintenance

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Stabilization

Days 2-7 and Beyond

Day 2

- ≥ 8 mg required on day 1 → 8 mg upon awakening
- < 8 mg required on day 1 → total day 1 dose upon awakening

Days 2-7

- Symptoms of opioid withdrawal and/or cravings → up to 16 mg/day
- Some patients may require higher daily doses during this period

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

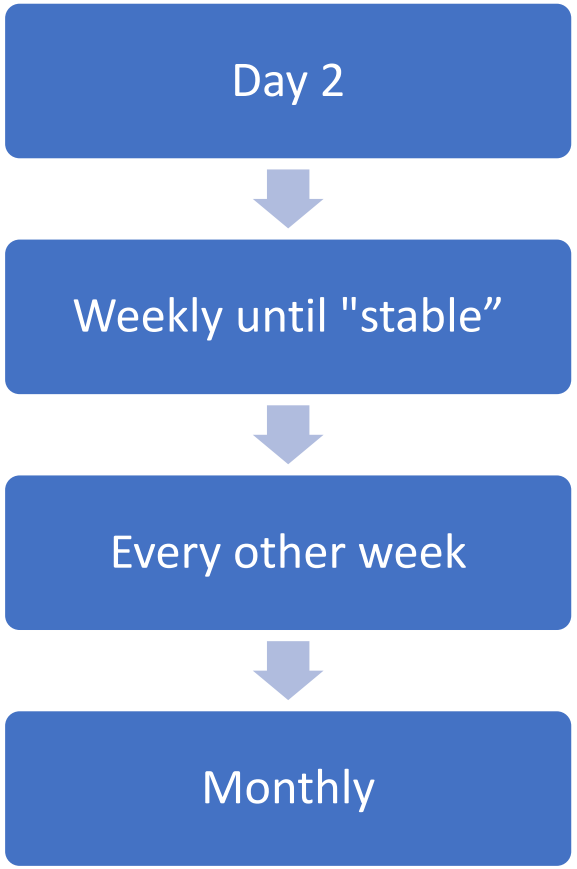
Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Stabilization

Follow-Up

- Patient-specific
  - Support needs
- Weekly visits typically continue for 4-6 weeks
- Stable:
  - Steady dose
  - Minimal to no withdrawal symptoms or cravings
  - Progress made towards treatment goals



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*

Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Stabilization

Follow-Up

- Assess/review/evaluate
  - Treatment plan
  - Adherence
  - Drug use
  - Symptoms of opioid withdrawal and/or cravings
  - Support patient self-management (e.g., relapse prevention planning)
  - Additional support needs

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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Withdrawal Symptoms

General Principles

- Optimize buprenorphine dose
- Proactively communication with patient – what to expect
- Avoid pre-treatment beyond buprenorphine
- Symptom management in line with management related to other causes
- Patients unable to tolerate withdrawal symptoms may require referral to a specialist

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*

Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Withdrawal Symptoms

Medication Management

- Alpha-2 adrenergic agonist
  - Clonidine, tizanidine, lofexidine
  - Most effective for autonomic symptoms
  - Least effective for muscle aches, restlessness, insomnia, and cravings
- Symptoms-specific therapy

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*

Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Withdrawal Symptoms

Symptoms-Specific Therapy

Anxiety	• Hydroxyzine, clonidine, lofexidine
Insomnia	• Sedating antidepressants (e.g., trazodone), antihistamines (e.g., hydroxyzine, diphenhydramine)
Musculoskeletal Pain	• NSAIDs, acetaminophen, heat packs, topical analgesics
Gastrointestinal Issues	• Antiemetic (e.g., ondansetron), antispasmodics (e.g., dicyclomine), anti-diarrheal (e.g., bismuth subsalicylate), oral hydration
Restless legs	• Muscle relaxants (e.g., tizanidine), dopamine promoter (e.g., ropinerole)
Rhinorrhea	• Antihistamines (e.g., hydroxyzine, diphenhydramine)

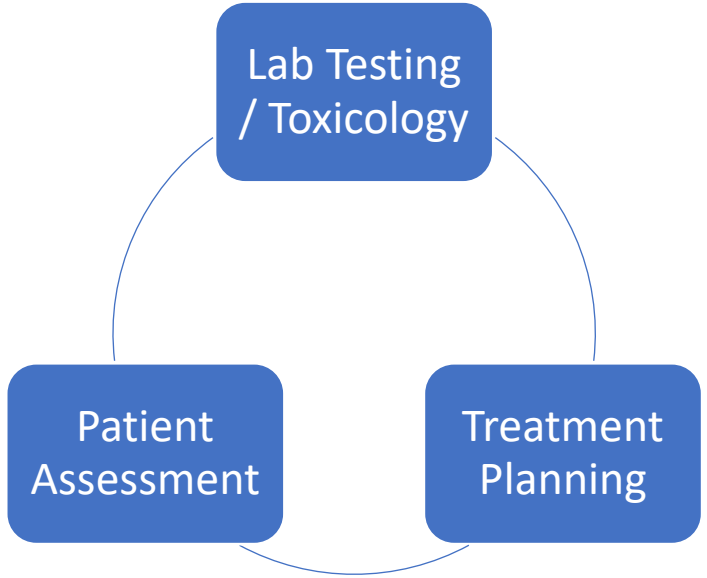
Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Maintenance

Clinic Visits

- Consider patient preferences and support needs in follow-up planning
  - Visits with provider should occur at least every 3-4 months
- Medication refills coincide with visits
- Provide support outside of clinic visits (e.g., telephonic outreach)
- Relapse prevention planning
- OBAT Training and Technical Assistance Manual
  - Nursing Follow-Up Note (pages 110-114)



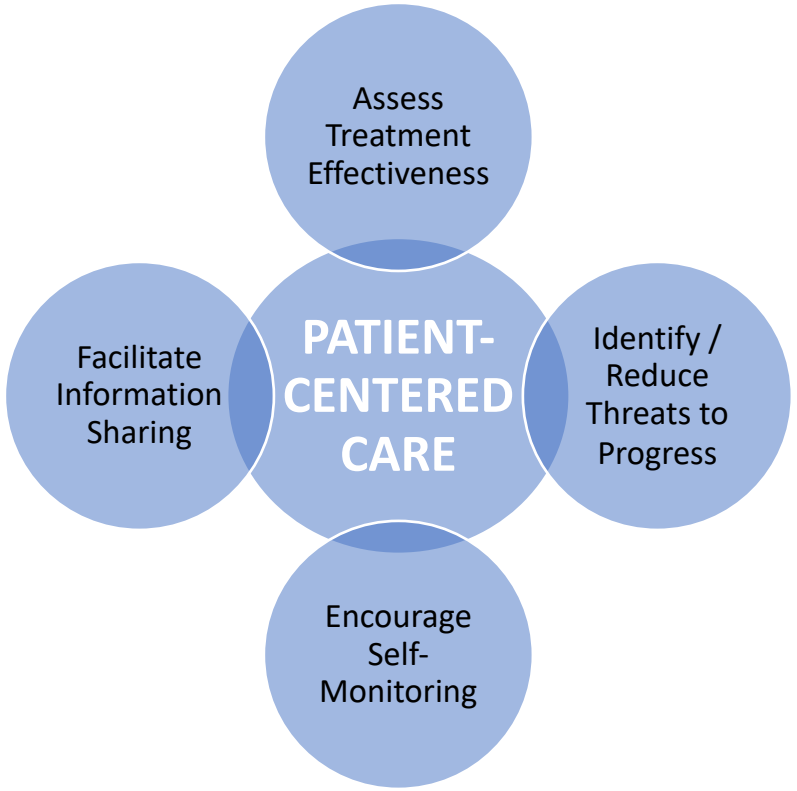
Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22_2021_Clinical_Guidelines_06.22.21.FINAL.pdf

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Maintenance

Supporting Long-Term Recovery

- Monitoring and evaluation focused on patient-centered care
- Treatment plan revisions should be expected
  - Visit frequency
  - Medication (e.g., dose, quantity)
  - Care coordination
  - Level of care



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*

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Recurrent Use

Relapse Prevention Plan

- Periods of recurrent use are expected
- Preparing the patient is a critical component of person-centered care
- Document a relapse prevention plan in collaboration with the patient
- The more specific the better

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

University of Washington Psychiatry & Behavioral Sciences. (2014). Relapse Prevention Plan. AIMS Center. https://aims.uw.edu/sites/default/files/RelapsePreventionPlan.pdf

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Relapse Prevention Plan

Points for Consideration

Triggers

- What are some of my everyday stressors?
- Was there a specific time of the day I was more prone to substance use?
- Did specific people participate in my use?
- What caused me to relapse in the past?

Warning Signs

- Who in my life can help me identify warning signs?
- Review a list of warning signs and identify those that have been relevant in the past

Coping Strategies

- What coping strategies have worked for me in the past?
- How can I remind myself to use these strategies?
- Brainstorm outlets for pain/frustration (e.g., exercise, journaling)
- Create a list of supportive resources or people to call

University of Washington Psychiatry & Behavioral Sciences. (2014). Relapse Prevention Plan. AIMS Center. https://aims.uw.edu/sites/default/files/RelapsePreventionPlan.pdf

How to Create a Successful Relapse Prevention Plan. (2021, April 22). Retrieved from https://www.therecoveryvillage.com/treatment-program/aftercare/related/relapse-prevention-plan/

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Discontinuation of Buprenorphine Treatment

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Discontinuation

A Note on Treatment Duration

- Substance use disorder is a complex chronic condition
  - A pre-defined treatment duration is not recommended
- Longer treatment duration associated with improved outcomes
  - ↓ mortality
- Patients may choose to discontinue medication for addiction treatment

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

Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Discontinuation

General Principles

- Team-based support continues
  - Ongoing recovery support
  - Dose adjustments / management of withdrawal symptoms
  - Regular check-ins via telephone
- Individualized buprenorphine taper
  - Gradual (e.g., months) > rapid (e.g., days)

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*

Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Buprenorphine Discontinuation

Individualized Buprenorphine Taper

- Gradual (e.g., months) > rapid (e.g., days)
  - Reduce dose by 2 mg every 1-2 weeks
- Adjust continuously based on patient response
  - Withdrawal symptoms
  - Protracted abstinence syndrome

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*

Lexicomp Online, Access Lexicomp Online, Hudson, Ohio: UpToDate, Inc.; 2021; July 22, 2021.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

HOMEWORK

Action Period

- Identify the tools your team will use to support the buprenorphine induction process.
- Define the process your team will follow for relapse prevention planning, in collaboration with the patient.

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Thank You

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

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.

Examples From Practice

Patient Support for Induction and Maintenance

How does your practice support patients during the induction and maintenance stage for buprenorphine treatment?

This document contains confidential and proprietary information of MI-CCSI and/or its affiliates. Any further copying, reproduction, or distribution outside of MI-CCSI without express written consent is strictly prohibited.