



Addressing
Alcohol & Drug
Misuse in NH



Medication Assisted Treatment in NH: Implementation of Best Practices

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Objectives

1. Summarize best practices for delivering community-based medication assisted treatment services for opioid use disorders in NH.
2. Identify models and specific strategies for implementing office-based opioid treatment programs.
3. Discuss barriers and enablers to implementing office-based opioid treatment protocols.

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 Bi-State Primary Care Association and Foundation for Healthy Communities to work with health centers and hospitals to implement and expand MAT
- Awarded SAMHSA MAT Expansion Grant
- Worked with the American Academy of Addiction Psychiatry (AAAP) to provide 4 free buprenorphine waiver trainings
- Will facilitate a Community of Practice focused on MAT

What is a Community of Practice (CoP)?

A Community of Practice (COP) refers to a group of people who interact regularly with the goal of gaining knowledge and sharing information and experiences related to a specific topic.

Learning Opportunities

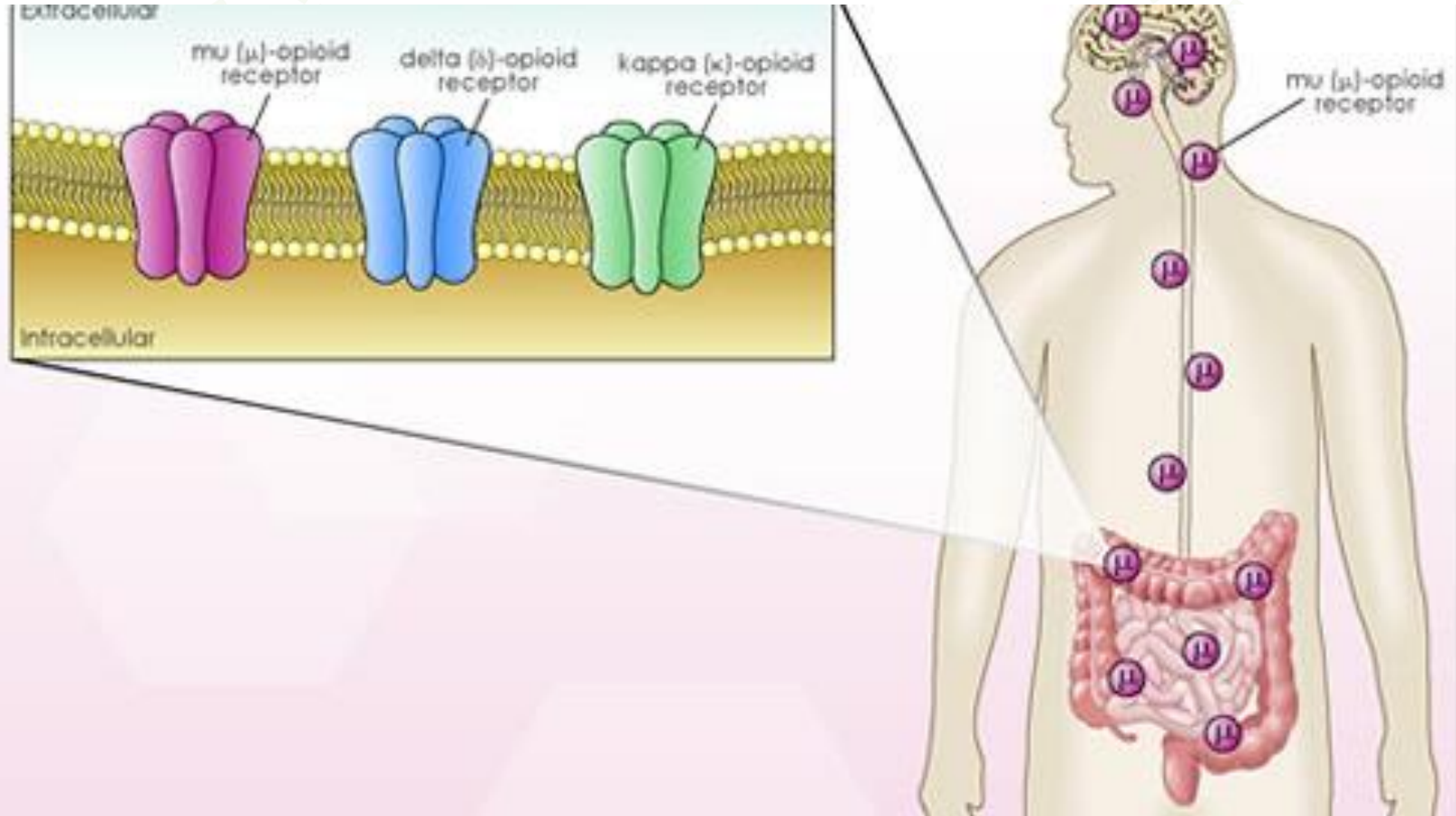
Participants involved with the CoP will have the opportunity to receive and engage in:

- *Resources and tools*
- *Webinars*
- *In-person meetings*
- *Group calls*
- *Individual technical assistance*
- *Discussion forum*

Discussion Forum

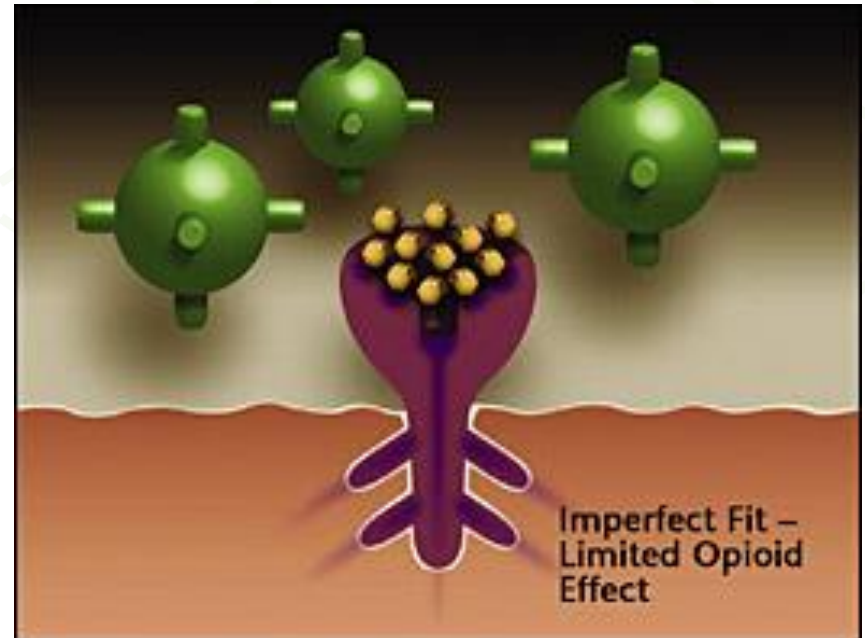
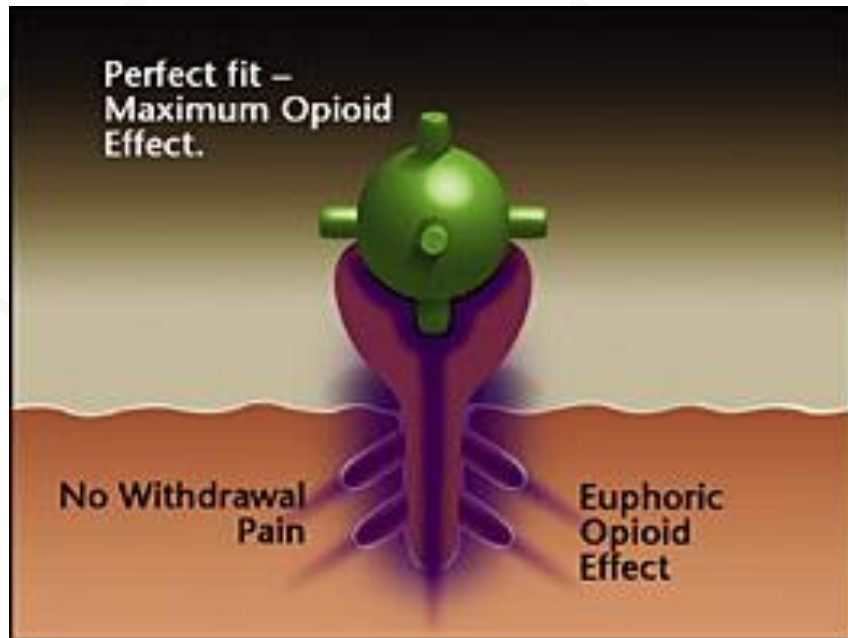
Online “bulletin board” that allows CoP members to read and post questions and comments and share resources and tools.

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.

Full vs Partial Agonist



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[®]

Medication: Naltrexone

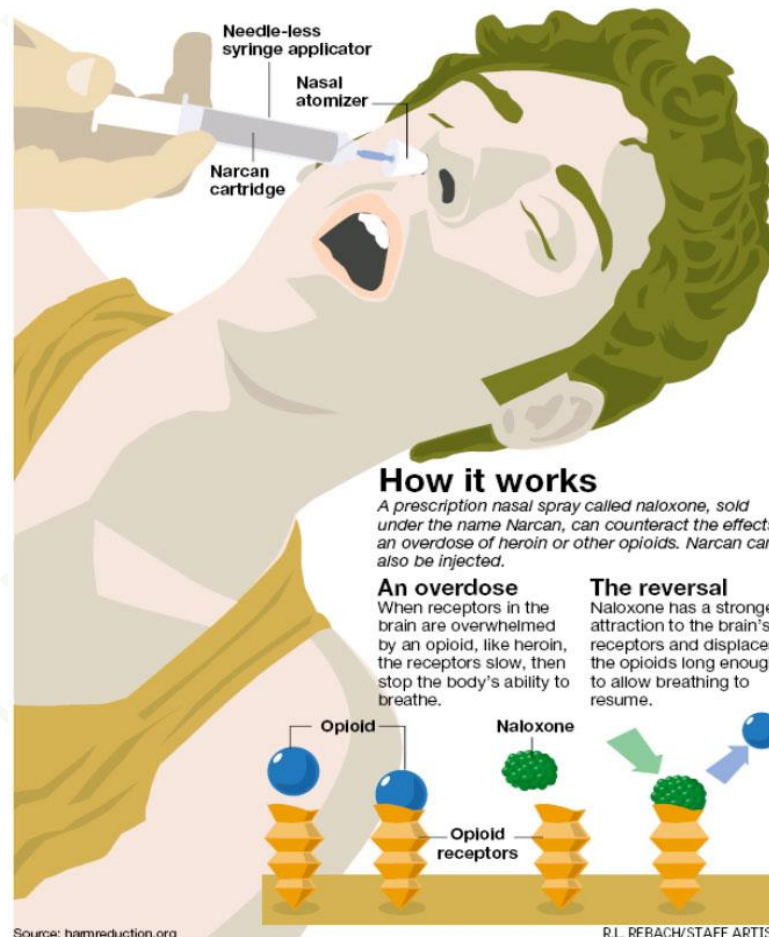
- Antagonist activity at μ receptor
- No dependence
- No RX restrictions



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

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

Medications: Antagonists



How it works

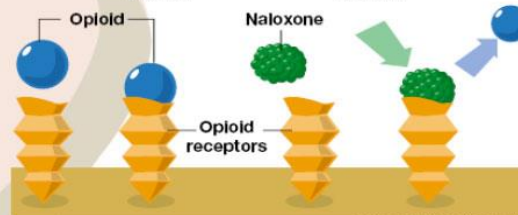
A prescription nasal spray called naloxone, sold under the name Narcan, can counteract the effects of an overdose of heroin or other opioids. Narcan can also be injected.

An overdose

When receptors in the brain are overwhelmed by an opioid, like heroin, the receptors slow, then stop the body's ability to breathe.

The reversal

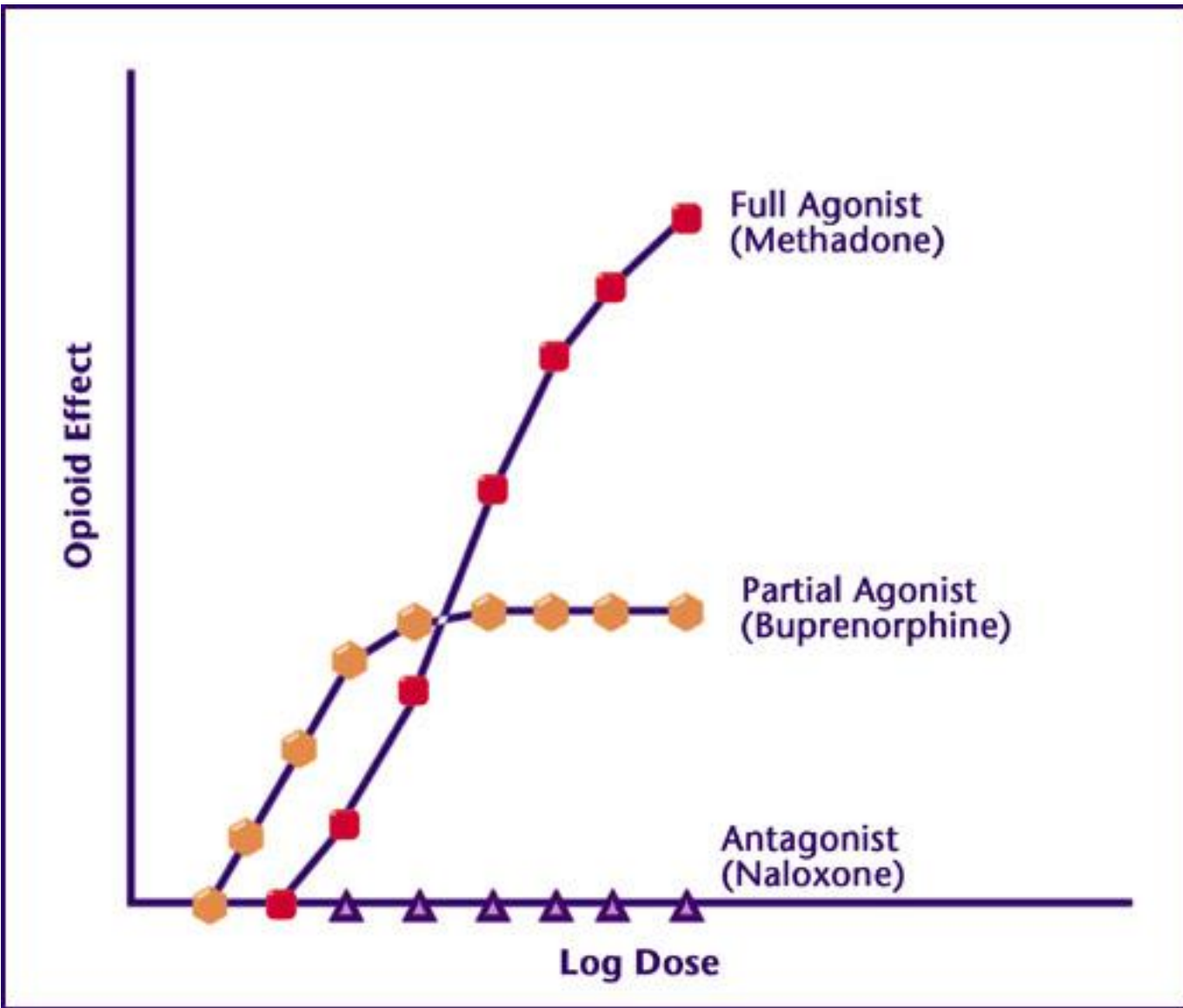
Naloxone has a stronger attraction to the brain's receptors and displaces the opioids long enough to allow breathing to resume.



Source: hamreduction.org

R.L. REBACH/STAFF ARTIST

www.hdmreduction.org

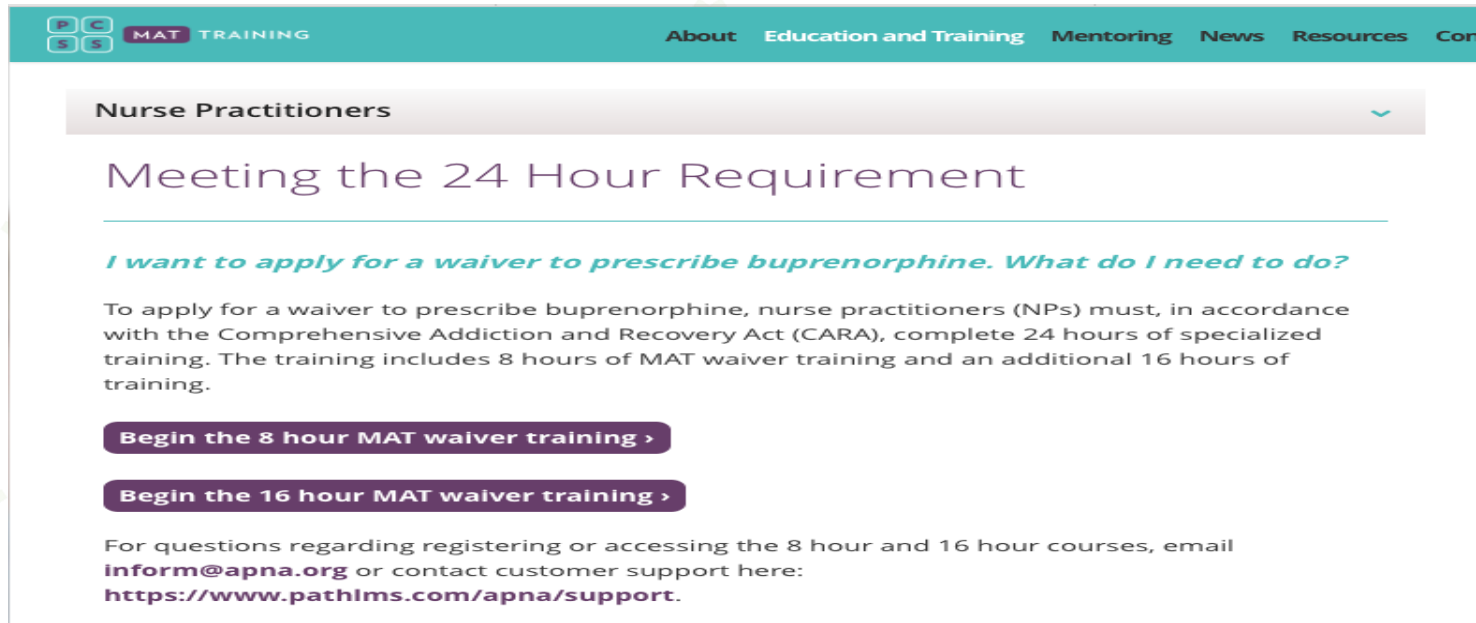


Updates

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

Buprenorphine Prescribers

- Physicians  Practitioners (NP/PA)
- 24 hours of training



The screenshot shows the APNA MAT Training website. The header includes the APNA logo and navigation links: About, Education and Training, Mentoring, News, Resources, and Contact. The main content area is titled "Nurse Practitioners" and "Meeting the 24 Hour Requirement". It includes a sub-heading "I want to apply for a waiver to prescribe buprenorphine. What do I need to do?" and a paragraph explaining the 24-hour training requirement. Two buttons are provided: "Begin the 8 hour MAT waiver training >" and "Begin the 16 hour MAT waiver training >". At the bottom, contact information is provided: "For questions regarding registering or accessing the 8 hour and 16 hour courses, email inform@apna.org or contact customer support here: <https://www.pathlms.com/apna/support>."

APNA MAT TRAINING

About Education and Training Mentoring News Resources Cor

Nurse Practitioners

Meeting the 24 Hour Requirement

I want to apply for a waiver to prescribe buprenorphine. What do I need to do?

To apply for a waiver to prescribe buprenorphine, nurse practitioners (NPs) must, in accordance with the Comprehensive Addiction and Recovery Act (CARA), complete 24 hours of specialized training. The training includes 8 hours of MAT waiver training and an additional 16 hours of training.

[Begin the 8 hour MAT waiver training >](#)

[Begin the 16 hour MAT waiver training >](#)

For questions regarding registering or accessing the 8 hour and 16 hour courses, email inform@apna.org or contact customer support here: <https://www.pathlms.com/apna/support>.

Criteria to Treat 275

Possess additional credential (board certification)

OR

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

Federal Requirements

- Obtain buprenorphine waiver to prescribe
 - Physician (MD/DO) (8 education hours and exam)
 - OR
 - Nurse Practitioner/Physician Assistant (24 education hours and exam)
- Conduct full evaluation and medical exam
 - Verify that patient meets criteria for an opioid use disorder
 - Verify that patient is deemed appropriate for MAT and medication
- 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

New Hampshire Recommendations

- Federal requirements plus...
- **Query the prescription drug monitoring program (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**

NH Best Practice Recommendations

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

NH Best Practice Recommendations

- Perform routine and random urine drug testing (UDT)
- 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 to all staff

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



QUESTIONS?

Next Learning Opportunity

Webinar:

Thursday, June 29, 2017

11:00AM-12:30PM

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 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs, <http://store.samhsa.gov/shin/content//SMA12-4214/SMA12-4214.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.pcsmat.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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