MEDICATION ASSISTED TREATMENT
COMMUNITY OF PRACTICE

Individualizing Patient Care: Harm Reduction, Diversion, and Policy Considerations

February 14, 2019

Disclosures

No individuals in a position to control content for this activity has any relevant financial relationships to declare.

WELCOME & INTRODUCTIONS

Purpose of MAT CoP

To promote and support the successful implementation of an integrated MAT approach in healthcare settings.

MAT CoP Resources

- **MAT Google Group**

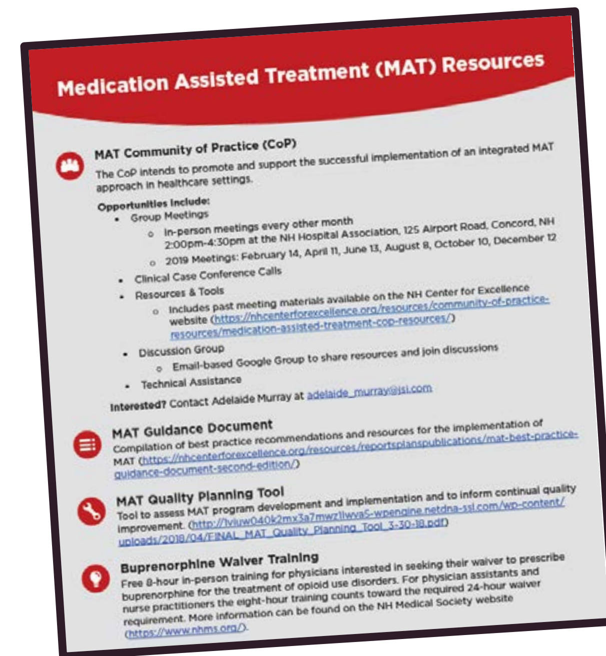
To join discussions about MAT program development, email Adelaide Murray at Adelaide_murray@jsi.com.

- **Resources & Tools**

Resources to support implementation of MAT programs can be accessed on the Center for Excellence website: http://nhcenterforexcellence.org/resources/community-of-practice-resources/

- **MAT Technical Assistance**

Submit requests to the Center for Excellence: http://nhcenterforexcellence.org/center-services/request-ta/



Medication Assisted Treatment (MAT) Resources

MAT Community of Practice (CoP)

The CoP intends to promote and support the successful implementation of an integrated MAT approach in healthcare settings.

Opportunities Include:

- Group Meetings
  - In-person meetings every other month 2:00pm-4:30pm at the NH Hospital Association, 125 Airport Road, Concord, NH
  - 2019 Meetings: February 14, April 11, June 13, August 8, October 10, December 12
- Clinical Case Conference Calls
- Resources & Tools
  - Includes past meeting materials available on the NH Center for Excellence website (https://nhcenterforexcellence.org/resources/community-of-practice-resources/medication-assisted-treatment-cop-resources/)
- Discussion Group
  - Email-based Google Group to share resources and join discussions
- Technical Assistance

Interested? Contact Adelaide Murray at adelaide_murray@jsi.com

MAT Guidance Document

Compilation of best practice recommendations and resources for the implementation of MAT (https://nhcenterforexcellence.org/resources/reportsplanspublications/mat-best-practice-guidance-document-second-edition/)

MAT Quality Planning Tool

Tool to assess MAT program development and implementation and to inform continual quality improvement. (http://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/FINAL_MAT_Quality_Planning_Tool_3-30-18.pdf)

Buprenorphine Waiver Training

Free 8-hour in-person training for physicians interested in seeking their waiver to prescribe buprenorphine for the treatment of opioid use disorders. For physician assistants and nurse practitioners the eight-hour training counts toward the required 24-hour waiver requirement. More information can be found on the NH Medical Society website (https://www.nhms.org/).

Objectives

1. Explain the purpose and components of the MAT Quality Planning Tool.
2. Describe considerations for providing individualized patient care for MAT.
3. Discuss individualized patient care in the context of harm reduction, diversion, and policy.

UPDATE ON HEPATITIS A IN NEW HAMPSHIRE

Regina Flynn, BS

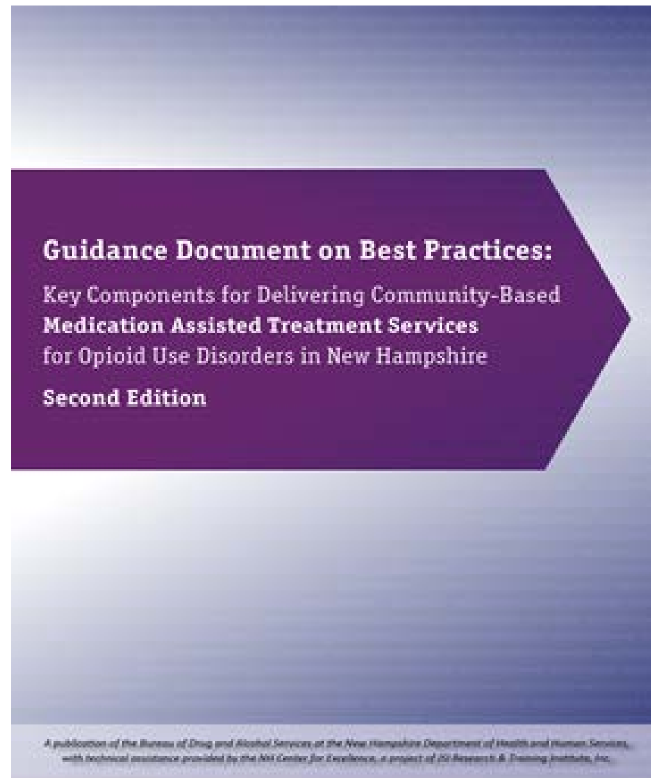
https://www.dhhs.nh.gov/dphs/cdcs/hepatitisa/hepa-nh.htm

MEDICATION ASSISTED TREATMENT: STRIVING FOR QUALITY

Anna Ghosh, MPH

Guidance Document on MAT Best Practices

Key Components for Delivering Community-Based ***Medication Assisted Treatment Services*** *for Opioid Use Disorders in NH*



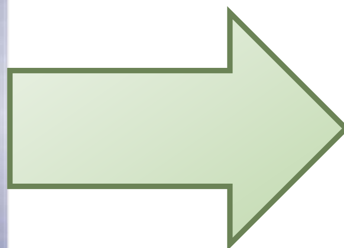
Best Practice to Implementation

Guidance Document on Best Practices:

Key Components for Delivering Community-Based
Medication Assisted Treatment Services
for Opioid Use Disorders in New Hampshire

Second Edition

A publication of the Bureau of Drug and Alcohol Services at the New Hampshire Department of Health and Human Services, with technical assistance provided by the NH Center for Excellence, a project of JSI Research & Training Institute, Inc.



MAT Quality Planning Tool

Medication Assisted Treatment (MAT) Quality Planning Tool

Organization/MAT Program Name: Date:

Contact name: Email address: Phone number:

This MAT Quality Planning Tool is intended to be used by MAT programs to review and assess their progress related to the development and implementation of the recommended best practices. Periodic use of this tool is encouraged to inform continual quality improvement. The tool is organized into two sections; Program Development (staffing, training, policies and procedures, and other infrastructure needs) and Program Implementation (staffing, training, treatment initiation, treatment delivery). Suggested measures are provided for each recommendation to help programs assess the extent of their implementation of best practices.

I. PROGRAM DEVELOPMENT

STAFFING

Best Practice Recommendations	Measures	Implementation Status					Comments	Page #
		Not Developed	In Development	Developed	Developed & Regularly Implementing	Not Applicable		
1. Establish a core team to deliver MAT (to include at least one prescriber, behavioral health clinician, care coordinator, administrative support)	# of Prescribers # of Non-Prescribing Healthcare Providers # of BH Clinicians # of Care Coordinators							#
2. Develop clearly defined, written roles and responsibilities for each member of the MAT team	Written Protocol (e.g. workflow, job descriptions)							#

Purposes:

- ✓ To assess progress & continual quality improvement
- ✓ To measure the development of MAT services across the state of NH
- ✓ To identify training & technical assistance needs

Tool: http://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/FINAL_MAT_Quality_Planning_Tool_3-30-18.pdf

Tool Categories

- **Program Development**
  - Staffing
  - Training
  - Policies and Procedures
  - Other Infrastructure Needs
- **Program Implementation**
  - Staffing
  - Training
  - Patient Evaluation
  - Treatment Delivery

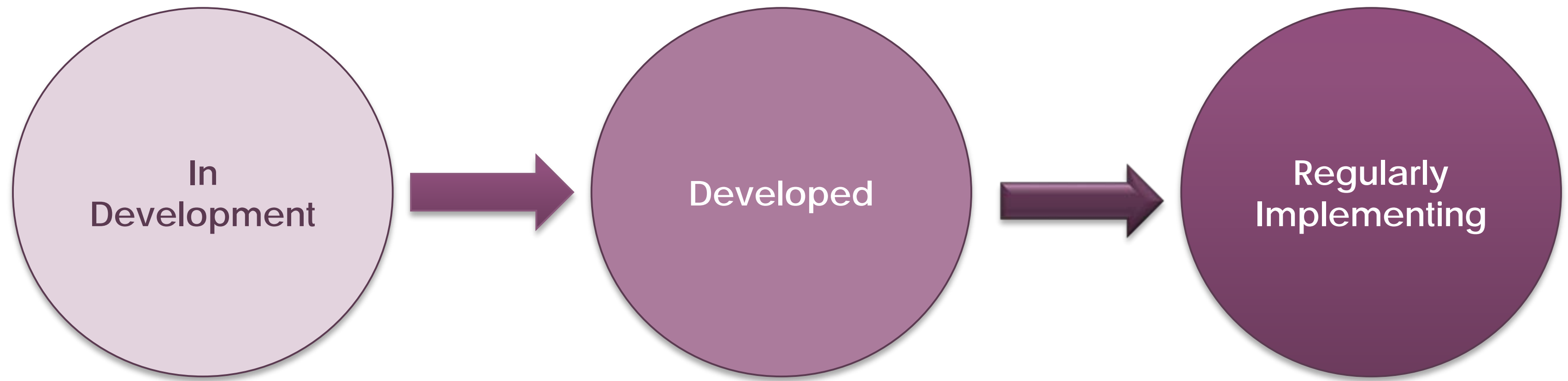
Using the Tool

✓ Self-report

✓ Can complete as a team

- Can use to:
  - Assess areas of progress and areas for growth
  - Strategize next steps
  - Seek assistance and training

MAT Best Practice Implementation



Assessment Participation

Measure 1

- January 2, 2018 - February 2, 2018

- 13 MAT Programs
  - 7 hospitals
  - 5 health centers
  - 1 opioid treatment program (OTP)

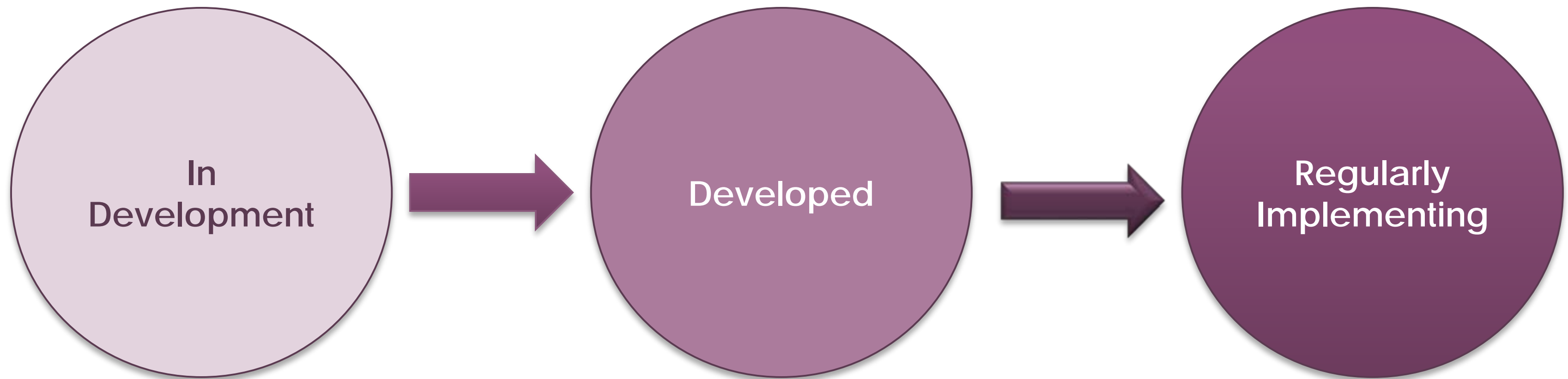
Follow up

- November 2018- December 2018

- Data collection in progress

MAT Best Practice Implementation: Measure 1

On **average** across the 13 programs, the progress of implementing each best practice falls between ***in development*** **and** ***developed***.



Your Turn

Complete the QI Tool with your program by **Friday, March 8**

Identify areas of need based on your responses

Request resources and assistance

YOUR QUESTIONS

anna_ghosh@jsi.com

TREATMENT PLANNING: INDIVIDUALIZING CARE

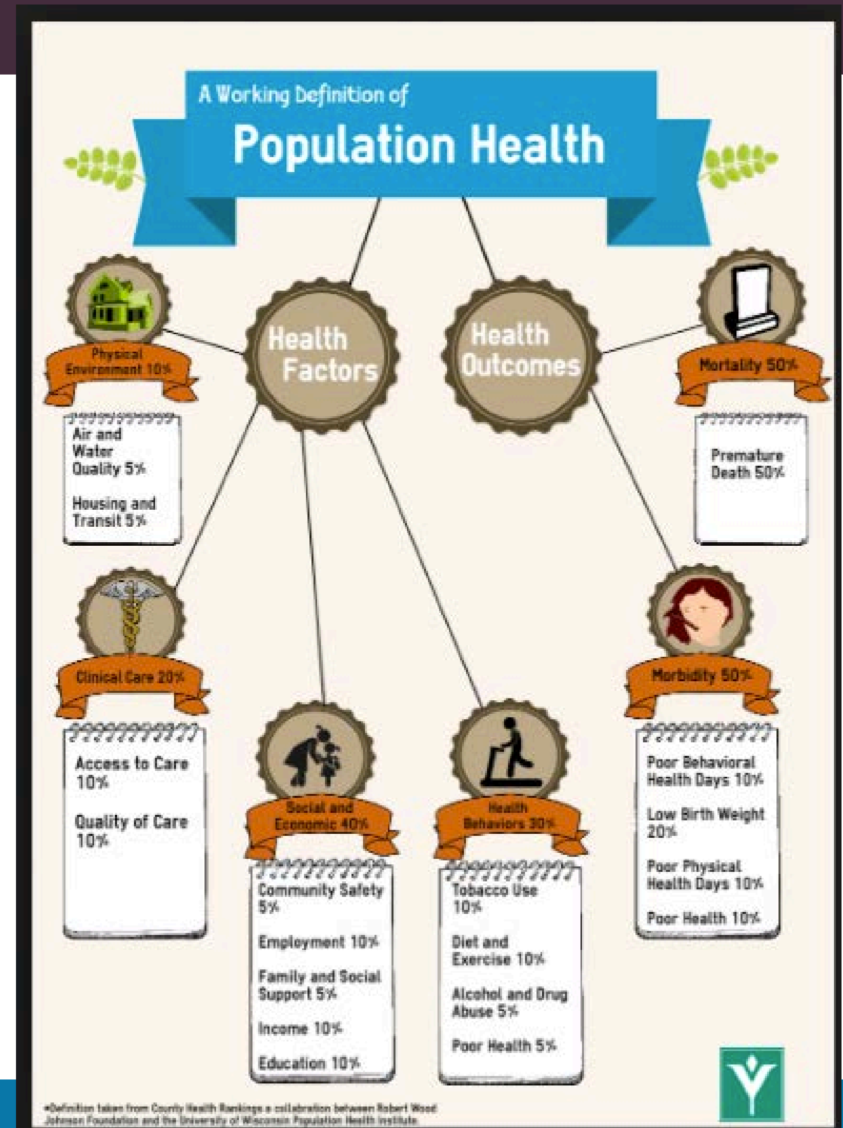
Molly Rossignol, DO FAAFP FASAM

Addiction is a chronic disease

- Requires a chronic care model
- Goals of Treatment
  - Population Health Outcomes
  - Practice, Policy and Quality Outcomes
  - Patient Centered Outcomes

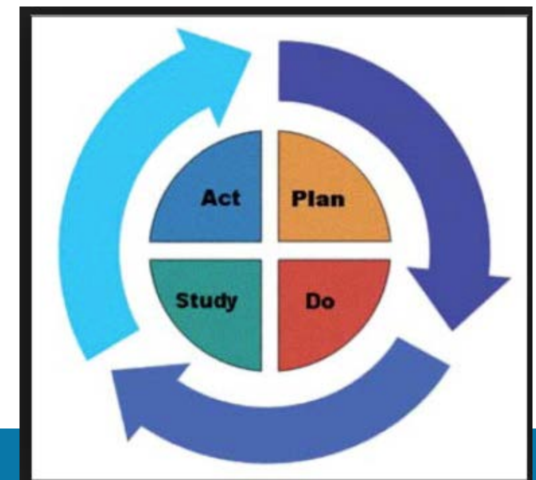
Population Health Outcomes

- Population Characteristics
- Performance of Healthcare Services
- Monitoring interventions/innovations
- Indicators:
  - Mortality
  - Hospitalizations
  - Leaving AMA
  - Infections
  - Number of visits to ED
  - Immunizations
  - Prevalence of NAS
  - Health of various populations…



Practice, Policy & Quality Outcomes

- Type and setting of practice
  - Number of patients retained in care
  - Workflow, staffing and capacity of practice will determine policies
- Quality improvements
  - Hepatitis C/HIV testing and identification for treatment ~ Treatment
  - Identifying peripheral needs of patient and follow through
  - Immunizations (flu, hep A/B, Tdap, HPV)
- Drug Control Policy
  - Reduce risk to patient, community, provider and practice



Assessing Patient Needs

- **Medical Care**
- Psychotherapy
  - Cognitive Behavioral Therapy
  - Twelve-Step Facilitation Therapy
  - Contingency Management
  - Relapse Prevention
- Social and community supports

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

	Dimension	Description
1	DIMENSION 1	**Acute Intoxication and/or Withdrawal Potential** Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	**Biomedical Conditions and Complications** Exploring an individual's health history and current physical condition
3	DIMENSION 3	**Emotional, Behavioral, or Cognitive Conditions and Complications** Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	**Readiness to Change** Exploring an individual's readiness and interest in changing
5	DIMENSION 5	**Relapse, Continued Use, or Continued Problem Potential** Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	**Recovery/Living Environment** Exploring an individual's recovery or living situation, and the surrounding people, places, and things

Diversion Control Plan

- Treatment Agreement
  - Attendance, Adherence, Amicable, Agreeable
- Informed Consent
  - Dependence, Drugs, Diversion
- Drug Testing
  - Urine, saliva, other
- Random counts, tests
  - Buprenorphine vs buprenorphine/naloxone

Patient Centered Outcomes

Finding purpose and meaning in one's life and engaging in worthwhile endeavors, despite one's health condition

- Assessment
- Patient progress
  - Illness condition
  - Personal perspectives on hope
  - Confidence or self determination
  - Responsibility for life
  - Willingness to ask for help
  - Being connected to others

https://valuingpeople.org.au/file/7

Considerations for Care

- Diagnoses
- Substance Use History
- Mental Health History
- Social Determinants of Health
- ASAM Criteria
- Evidence Based Care
- Patient Centered Care/Recovery Oriented Care

- Read Google Group comment…

ND “the whole enchilada”

- 31 year old male reports to Emergency Department (ED) for abscess arm.
  - Diagnosis: Opioid Use Disorder, severe
  - Clinical Opiate Withdrawal Scale (COWS): 11
  - Given buprenorphine/naltrexone 4/1 mg in ED, referral to CMC ADM
- History of severe Motor Vehicle Accident (MVA) with Traumatic Brain Injury (TBI) in mid 20s
- No history of depression, suicidal ideation, childhood trauma
- Homeless several years
- Legal issues pending
- Urine positive: fentanyl, methamphetamine, cocaine, buprenorphine/norbuprenorphine
- Level Of Care: residential treatment (dimensions 1, 2, 4, 5, 6)

Goals of Treatment

- **Treatment/Behavioral Health/Level Of Care (LOC) Goals:** Medication Management; counseling; Retention in best LOC
- **Mutual Help/Community Recovery Goals:** 12 step meetings; Hope for NH Recovery
- **Regulatory:** Mental health screening, suicide risk, falls, nutrition, pain: at every visit
- **Diversion Control:** Buprenorphine/Naloxone 8/2 mg sublingual twice a day for one week; bring in wrappers
- **Population:** Hepatitis C, HIV, immunizations, Narcan
- **Risk Reduction:** harm reduction, Narcan

Patient Centered

- **Contemplative:** opioids
- **Pre-contemplative:** nicotine, stimulants
- **Action:** abstinent of alcohol
- What are patients goals?
  - Survive
  - Reduction in arm pain
  - Get an ID
  - "Stop doing this S%#@!"
  - Not go to jail
  - Not withdraw in jail
  - Find secure housing
  - Be sure his father is okay
  - Agrees to follow up with me/my staff weekly and more often if requested

Case Continued…

- **Week 3:**
  - Buprenorphine is reported as stolen per patient
  - Urine positive for fentanyl, buprenorphine, methamphetamine, cocaine

- **Population Health:** Discuss harm reduction
- **Practice/Quality Issues:** Increase frequency of visits, request that he widen his treatment team; advise visit at the Doorway NH
- **Patient Centered:** Fear that he will be put in jail; declines residential referral and may consider Intensive Outpatient Program; “I have no ID” so I can’t go to Granite Pathways

Case Continued…

- **Week 8:**
  - Infection of the biceps
  - Admitted to the hospital and continued on buprenorphine

- **Goal:** To keep him out of hospital, reduce risk for overdose
- **Plan:** See patient three times a week and give prescription for a few days at a time - he must come in to take medication in front of us
- **Population Health:** Immunizations; harm reduction
- **Practice, Policy & Quality Issues:** Increase frequency of visits, request that he widen his treatment team; advise visit at the Doorway NH
- **Patient Centered:** Fear that he will be put in jail; declines residential referral and may consider IOP; “I have no ID” so I can’t go to Granite Pathways

Diversion Control

- "Lost/stolen" medications
- Must come to office to get rx three times weekly
- Wrappers
- Witnessed dosing
- Adherence testing

Harm Reduction

- Motivational interviewing to move toward action (for higher level of care)
- Reduction in risk of infection (ie, cellulitis (or worse), HIV, Hep C, Hep A, Hep B)
- Reduce risk for overdose ~ Naloxone distribution, MAT on board

Happy Valentine's Day

QUESTIONS?

CASE STUDY DISCUSSION

CoP Meeting Schedule

Location: NH Hospital Association

From: 2:30pm – 4:30pm

April 11

June 13

August 8

October 10

December 12

Final Thoughts

- Reminder to utilize Google Group
- 2 CEUs and CNEs available
- Please hand in your evaluation!

Thank you for coming!

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