

# Medication-Assisted Treatment (MAT) in the Primary Care Setting

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May 18, 2020

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HealthRIGHT 360

# Disclosure

- Speakers and planners have no financial conflicts to disclose.

# Who is in the audience?

1. Medical Providers - MD, NPs, PAs
2. Medical Staff - RNs, MAs
3. Therapists & Counselors
4. Admin & Operational staff

# Learning Objectives

1. Identify the strategies family planning and primary care providers can utilize to recognize and discuss substance use disorders.
2. State the role of a family planning and primary care provider in substance use disorder treatment.
3. Discuss the process for prescribing Medication Assisted Treatment in a primary care setting.

# Discussion Topics

- Identify strategies to recognize and discuss substance use disorders (Screening tools)
- Understand your role in this: how addiction interferes with contraception use and increases STI risk
- How to start the conversation about substance use disorders and engage a patient to consider medication assisted treatment

# Validated Screening Tools

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Screening tools offer an objective way to get information from your population and to risk stratify them to prevent illness.

# Screenings Tools

- TAPS - Tobacco, Alcohol, Prescription medications, and other substances
- DAST - Drug Abuse Screening Test
- SBIRT - Screening Brief Intervention Referral to Treatment
- Audit C - Alcohol Use Disorders Identification Test

# TAPS

- Two parts - TAPS 1 and TAPS 2
- TAPS 1 - identifies the substances used
- TAPS 2 - assesses risk of each drug from “problem” to “substance use disorder”
- Takes under 5 minutes
- High accuracy
- Can be self administered



# DAST - 10

- Assess drug use, but NOT alcohol or tobacco use
- Duration over the past 12 months
- Takes less than 8 minutes to complete
- Can be self administered or by a clinician

# SBIRT

- 3 Questions
- Alcohol
- Illegal drug use
- Misuse of prescription drugs
- Can be self administered

# AUDIT C

- Focused on Alcohol Use
- Can be self administered
- Takes less than 5 minutes

# How to start the conversation

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Motivational Interviewing

FRAMES

Coaching

# Motivational Interviewing

- Empathy through reflective listening
- Discrepancy between goals/values and current behavior
- Avoid argument and confrontation
- Adjust to resistance
- Support self-efficacy and optimism

# FRAMES

- Feedback - on the risk of use and consequences. Seek reaction & listen
- Responsibility - emphasize the person is responsible for change
- Advice - about reduction or to change completely
- Menu - provide a variety of strategies
- Empathy - warm, reflective, understanding
- Self- Efficacy - optimism change can occur

# Coaching Elements

- Use of empowering questions – Start with 'What' and 'How', never 'Why'.
- What are their goals?
- What is important about the goals?
- What is at stake if you don't get to your goal?
- What is wanting to emerge within you?

# Case Studies

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Case 1 - prescription drug misuse

Case 2 - alcohol use

Case 3 - marijuana use



# Case 1

- Jenna is a 22 y/o woman with a history of depression. She has a male partner and has been using condoms as contraceptive. She does not want to get pregnant. She says that lately she has been feeling more depressed and has been running out of her antidepressant before the month ends. She is prescribed Bupropion 300 mg a day. Her TAPS score is positive for misuse of medication.

# POLL #1: What would you explore first?

1. Use of condoms to prevent pregnancy at this time?
2. Her feelings of greater depression?
3. Her misuse of Bupropion?
4. Risk of STIs?

# Clinical Considerations for Case #1

- Recall that TAPS screens for misuse of prescription medications
- Screening tools, like TAPS in this case, can be used to discern the cause of misuse of prescribed medication. Is it under-treatment of illness, or addiction?

# Motivational Interviewing Example

- Using Motivational interviewing to start the conversation in Case #1
- Start with: Empathy through reflective listening
- Goal: form a therapeutic partnership, trust

## Case 2

- Lori is a 35 y/o woman with a 10 year history of drinking alcohol. She admits to binge drinking on the weekends and blacks out. She takes an oral contraceptive daily, but says she misses it a lot on the weekends. She scored positive on the AUDIT-C and SBIRT.

## POLL #2: What would you explore first?

1. Lori's binge drinking?
2. Her missed dosages of her oral contraceptive?
3. Her blackouts?
4. Risk of STIs?

# Clinical Considerations for Case #2

- Recall that AUDIT C is a screening tool for alcohol use, and so is SBIRT. You can use whichever you would like
- Binge drinking often goes under the radar because they may not always be seen intoxicated. Screening tools shed light on the problem.

# FRAMES Example

- Using FRAMES to start the conversation in Case #2
- Start with: Feedback on risks & consequences
- Goal: engage the patient on feelings towards their behavior



# Case 3

- Dana is a 19 y/o woman who smokes marijuana and says that she cannot decide on on a contraceptive. When coached on contraceptive choices, she forgets all about it but says she is concerned about getting pregnant. She is positive for DAST.

# POLL #3: What would you explore first?

1. Dana's marijuana use?
2. How to coach Dana about the most appropriate contraceptive
3. Her other drug use?
4. Risk of STIs?

# Clinical Considerations for Case #3

- DAST is a screening tool that covers illicit drug use. TAPS would also cover this
- Marijuana use impairs memory and demotivates

# Coaching Example

- Using coaching to start the conversation in Case #3
- Start with: What's at stake here?
- Goal: Understand her challenges

# So, now that you've had the conversation...

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Is counseling and therapy  
sufficient, or is Medication  
Assisted Treatment indicated?

# Indications for Medication Assisted Treatment

- If the patient has a history of overdoses, suicide attempts, or has been hospitalized for drug or alcohol use
- Relapsing
- Abuses Opioids
- Feels unstable in their recovery
- Past DUIs

# What about Medication Assisted Treatment makes it the standard of care?

- It can prevent intoxication and overdose in relapse
- It can stop the reward seeking behavior to allow focus on learning coping skills
- For people with mental illness & addiction, treating the addiction helps improve mental health
- It can allow people to resume family roles
- It can save lives

# Who is the Team ?

- Medical Assistants - Urine drug screens, medication agreements, screening tools
- Nurses - more advanced questions about MAT, medication management with patients, speaking to pharmacists for clarification on meds
- Clinicians - prescribe treatment, monitor for compliance, check PDMPs, anti-diversion planning
- Counselors/Therapists



# Medication Assisted Treatment Options

- Opioids - Buprenorphine products, Naltrexone
  - Treatment duration varies
  - Monitoring - very frequently to every 3 months
- Alcohol - Acamprosate, Disulfiram, Naltrexone
  - Treatment duration varies
  - Monitoring also varies with case
- Stimulants - none FDA approved
- Tobacco - Varenicline, Bupropion, Nicotine Replacement
- Prescription drug abuse - medical evaluation and monitoring

# Resources

- Where to find screening tools:

<https://www.integration.samhsa.gov/clinical-practice/sbirt/screening>

- Where to find information about counseling strategies:

<https://www.integration.samhsa.gov/clinical-practice/sbirt/brief-interventions>

# Some Take Home Points

- Decide which screening tool you will implement in your practice and how it will be administered
- Think about drugs, alcohol and misuse of medications when you notice non-compliance with contraceptives or STI protection
- Decide how you will approach the discussion around substance abuse to engage patients in the next step – MAT
- Consider your overall plan to offer MAT to assist patients with identified substance use disorders

# Next steps

- Operationalize the screening tools into your practice
- Staff training on drugs, alcohol, tobacco and prescription misuse, and various MAT options
- Setting up your practice to start MAT

# Questions

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Thank you for your attention!

Contact me:

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# Upcoming Events



## Medication-Assisted Treatment for Substance Use Disorder in a Family Planning or Primary Care Setting Free Webinar Series

Operationalizing Addiction Screening + Treatment  
May 29, 2020 - 12:00 PM - 1:00 PM

Problem Solving + Overcoming Challenges with Addiction  
Screening + Treatment  
June 24, 2020 - 12:00 PM- 1:00 PM

Register at [essentialaccesstraining.org](https://essentialaccesstraining.org) for these and other Online Courses and On-Demand Webinars via our Learning Portal

**Questions? Contact us at [learningexchange@essentialaccess.org](mailto:learningexchange@essentialaccess.org)**