Operationalizing Addiction Screening and Treatment

May 29, 2020

Tipu V. Khan, MD, FAAFP, FASAM

Medical Director, Prototypes/Health Right 360 Southern California; Fellowship Director, VCMC ADMF Program

essential access health

shaping the future of sexual + reproductive health care™

Disclosure

- Dr. Khan serves as a speaker for AbbVie on Hepatitis C Treatment.
- Planners have no financial conflicts to disclose.

essential access health

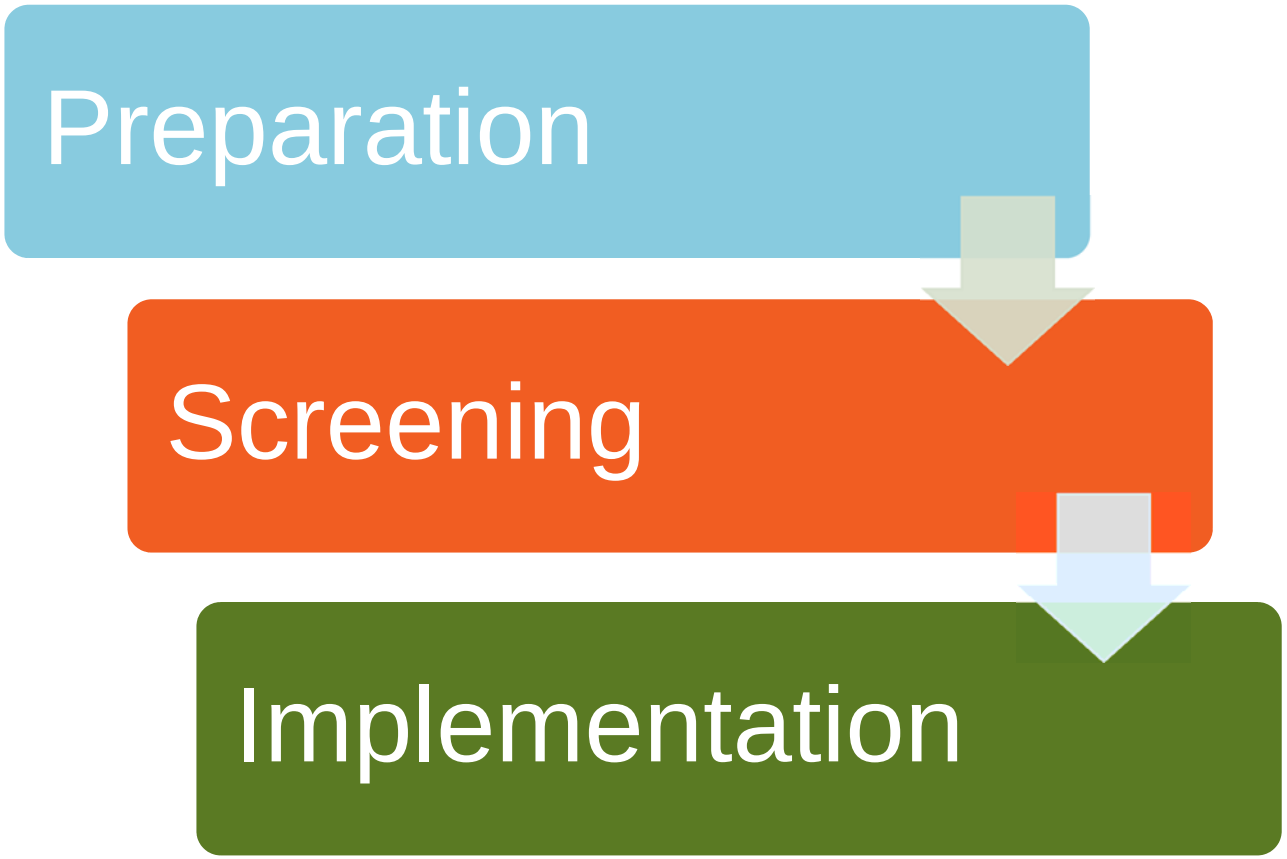
Learning Objectives

After this webinar, participants will be able to:

1. Discuss strategies for integrating and operationalizing substance use disorder screening in a family planning and primary care setting.
2. Identify barriers and opportunities for integrating and operationalizing the provision of Medication Assisted Treatment.
3. Initiate a focused project to improve their delivery of substance use disorder treatment.

essential access health

Road Map



essential access health

Poll #1

1. Please select where you are in the process of MAT in your system:
    a. Preparation
    b. Screening
    c. Implementation
    d. Not sure if you are providing MAT at your site
    e. No current plans to provide MAT at this time
    f. N/A

essential access health

Preparation Phase

Begin assessing clinical need and reach out to community partners and other stakeholders to get buy in.

essential access health

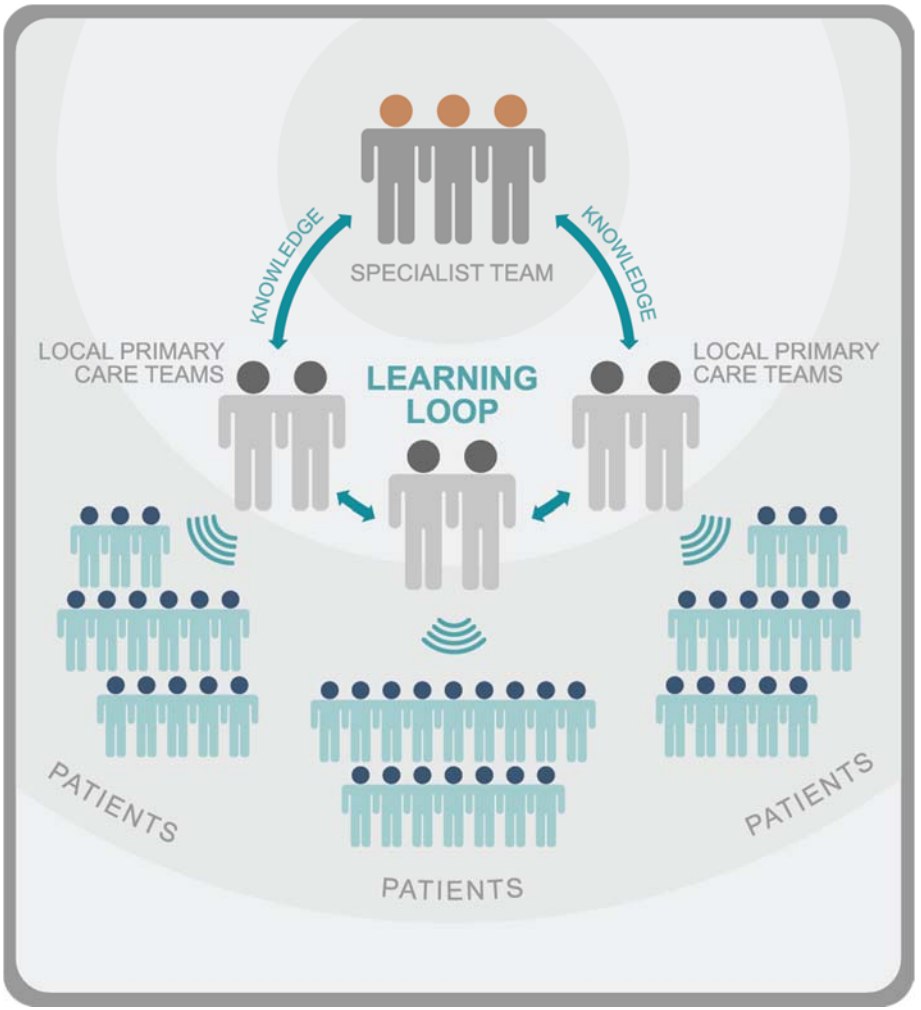
Explore

- Build an implementation team
  - Prescribing Provider Champion
  - Clinic Manager
  - Medical Director
- Identify Goals
  - When?
  - How?
    - Different models
  - Where?
- Conduct a needs assessment
- Identify potential solutions

essential access health

Regional Hub and Spoke Model

- Project Echo
  - A: Amplification – Use technology to leverage scarce resources
  - B: Share Best practices to reduce disparity
  - C: Case-based learning to master complexity
  - D: Web-based Database to monitor outcomes



essential access health

Clinical Hub and Spoke Model

- Opioid Treatment Program or Specialist Partnership
  - They induce/stabilize
  - PCP takes over maintenance
- Internal Referrals
  - Group refers to internal X-waivered providers to treat ONLY the SUD
- External Referrals
  - Clinic partners with other local providers to provide MAT

essential access health

Outreach

- Identify referral sources
  - Emergency Departments
  - Urgent Care
  - SAMHSA Buprenorphine Treatment Practitioner Locator
  - Local providers/clinics
  - Internal referrals
- Start low, go slow!

essential access health

Staff

- Provide stigma training to staff
  - https://pcssnow.org/education-training/training-courses/stigma-and-oud/
- Team approach
  - Front office/Receptionist
  - Back office: MA, RN
  - Providers
  - Counselors
  - Champion!

essential access health

Prescriber

- Identify at least 2 X-waivered providers
- Identify Prescriber Champion
- Home and In-office Induction process
- Consider Hub and Spoke programs
- Decide scheduling type
  - Integrated
  - Dedicated

essential access health

Poll #2

1. How many x-waivered providers are in your system?
    a. 0
    b. 1
    c. 2-3
    d. 4-6
    e. 7-10
    f. 10+
    g. N/A

essential access health

Scheduling Models

- Integrated
  - Benefits: Normalizes SUD as a chronic disease, allows for a diverse patient panel, increased access for the patient.
  - Downsides: Requires all staff be trained on policies/procedures, requires all team members be available.
- Dedicated
  - Benefits: Easier to coordinate all team members be available, can train staff to be experts and may increase workflow.
  - Downsides: Stigmatizes MAT as separate from primary care, availability is more limited.

Poll #3

1. Which model do you see working best in your system?
    a. Integrated
    b. Dedicated
    c. N/A

essential access health

Billing and Prior Auth/TARs

- Determine which insurances you will take
- Self Pay
- Medicaid is a large group
- Determine what PA/TAR process will be

essential access health

Policy and Procedures

- Record keeping
- Provider coverage (vacation, after hours)
- Patient management checklist and flow
- Screening process
- Induction process
- Maintenance process

essential access health

Documentation

- Ensure standards are uniform across all providers
- Consider templated notes
  - Initial visit
  - Induction
  - Follow Up

essential access health

Treatment Agreement

- Trial
- Pharmacy
- Medication
- Refill policy
- Avoidance of CNS depressants
- Adverse Effects

essential access health

Prescriptions

- Identify and contact preferred pharmacy to ensure they stock your medication and dosages
- Consider local pharmacist owned pharmacies
- Is the pharmacy easily accessible?
- Are the inviting and receptive of this patient population?

essential access health

Patient Tracking

- EMR Reports
  - ICD 10 codes
  - Prescriptions
  - Naloxone Rx
- Consider separate records for MAT patients

essential access health

Screening

Implement evidence based screening that is universal and trauma informed.

essential access health

Screening

- Choose a validated tool that works best for your clinical practice and time availability
- What are you looking for?
  - Drugs VS Alcohol
- Who are you screening?
  - Age
  - Special populations
- Who does the screening?
  - Patient self administered VS staff administered
- Remember to bill

essential access health

NIDA

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screens						
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
NIDA Drug Use Screening Tool: Quick Screen (NMASSIST)	X	X	X	See APA Adapted NM ASSIST tools	See APA Adapted NM ASSIST tools	X
Alcohol Use Disorders Identification Test-C (AUDIT-C (PDF, 41KB))	X		X		X	X
Alcohol Use Disorders Identification Test (AUDIT (PDF, 233KB))	X		X			X
Opioid Risk Tool (PDF, 168KB)		X	X		X	
CAGE-AID (PDF, 30KB)	X	X	X			X
CAGE (PDF, 14KB)	X		X			X
Helping Patients Who Drink Too Much: A Clinician's Guide (NIAAA)	X		X			X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X

essential access health

https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

Implementation

Provide high quality MAT with appropriate stop gaps and safety checks to keep everyone safe and satisfied.

essential access health

Front Office

- Create a receptive environment for those calling in
  - Remember, first impression is everything and these patients are often apprehensive of the medical system
- Be flexible with scheduling
  - Getting an IV Drug using patient off opiates is a priority to prevent overdose deaths and can not wait for the next available appointment in 4 weeks

essential access health

Back Office

- MA to measure COWS on intake
  - Teach staff how to use a COWS (Clinical Opiate Withdrawal Scale)
- Collect urine
  - To send or not to send, that is the question.
    - Initial
    - Follow up
- Run PDMP Cures
  - Set up a delegate to help prepare the days reports
  - Health and Safety Code Section 11165.4
    - Before Rx for the first time AND
    - At least q4 months if maintenance

essential access health

Provider

- Obtain H+P
- Determine DSM-V Diagnosis of SUD
- Initiate MAT
  - Be aware of prior authorization or TAR requirements
- Schedule close follow up
- Document plan
- Coordinate psychosocial referrals

essential access health

DSM 5 - OUD

Opioid Use Disorders – DSM V

13

The diagnosis of Opioid Use Disorder under DSM V can be applied to someone who uses opioid drugs and has at least two of the following symptoms within a 12 month period:

- Taking more opioid drugs than intended.
- Wanting or trying to control opioid drug use without success.
- Spending a lot of time obtaining, taking, or recovering from the effects of opioid drugs.
- Cravings opioids.
- Failing to carry out important roles at home, work or school because of opioid use.
- Continuing to use opioids, despite use of the drug causing relationship or social problems.
- Giving up or reducing other activities because of opioid use.
- Using opioids even when it is physically unsafe.
- Knowing that opioid use is causing a physical or psychological problem, but continuing to take the drug anyway.
- Tolerance for opioids.
- Withdrawal symptoms when opioids are not taken.

SAMHSA

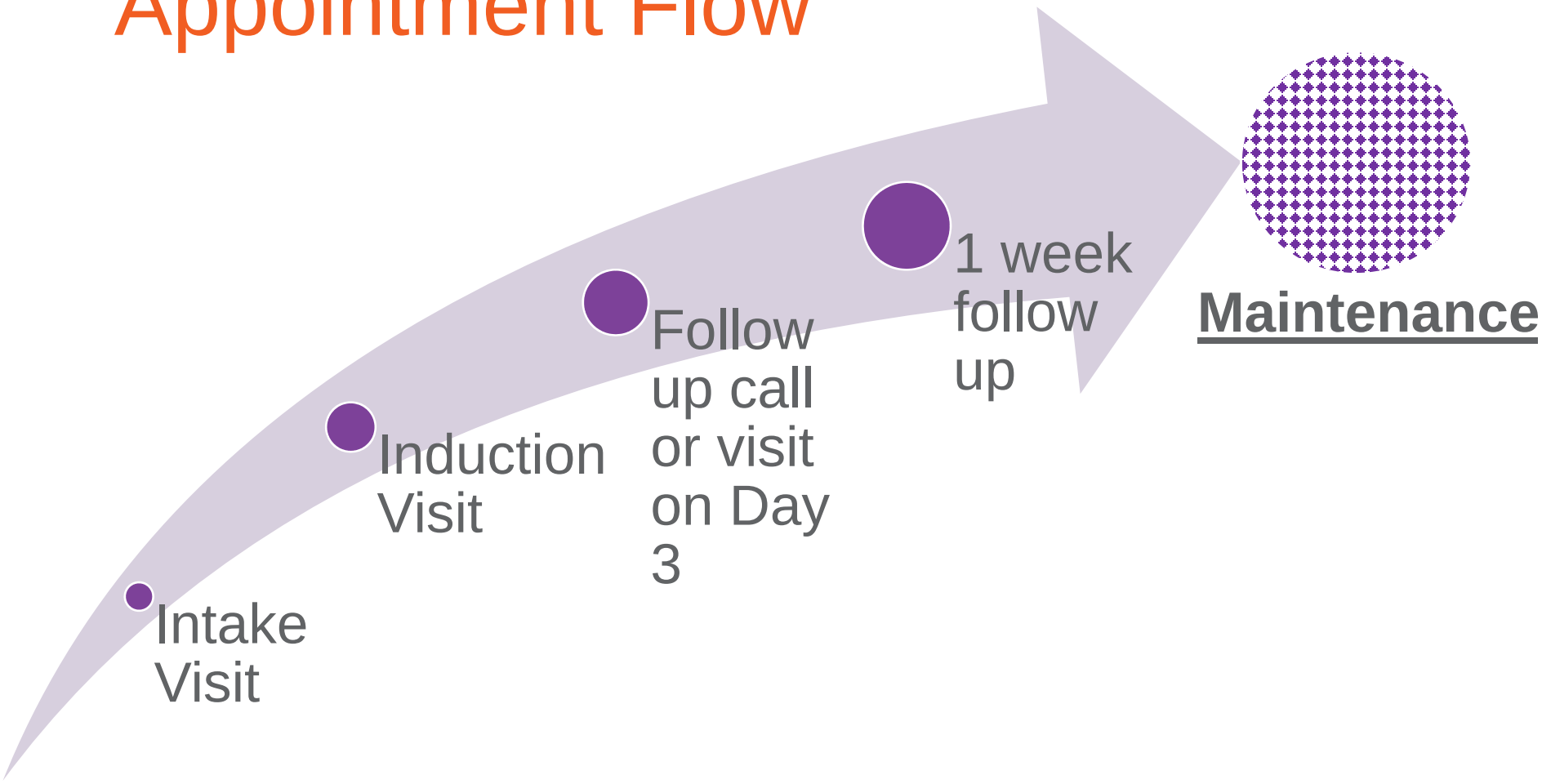
essential access health

Special Populations

- Identify which patients require expert consultation
  - Pregnant
  - Adolescents
  - Geriatrics
  - Poly-Substance
  - Other CNS depressant meds/drugs
  - Severe dual-diagnosis
- UCSF SUD Warm Line 0900-2000 ET
  - 855-300-3595

essential access health

Appointment Flow



essential access health

Intake Appointment

- Counsel patient on
  - Risks/Benefits/Alternatives
  - Home vs in-office induction
  - Psychosocial support and treatment
- Sign treatment consent
- Review PDMP and provide Rx
- Labs
  - UDS
  - LFTs
  - Hepatitis Panel (and consider vaccinating)
  - Pregnancy test

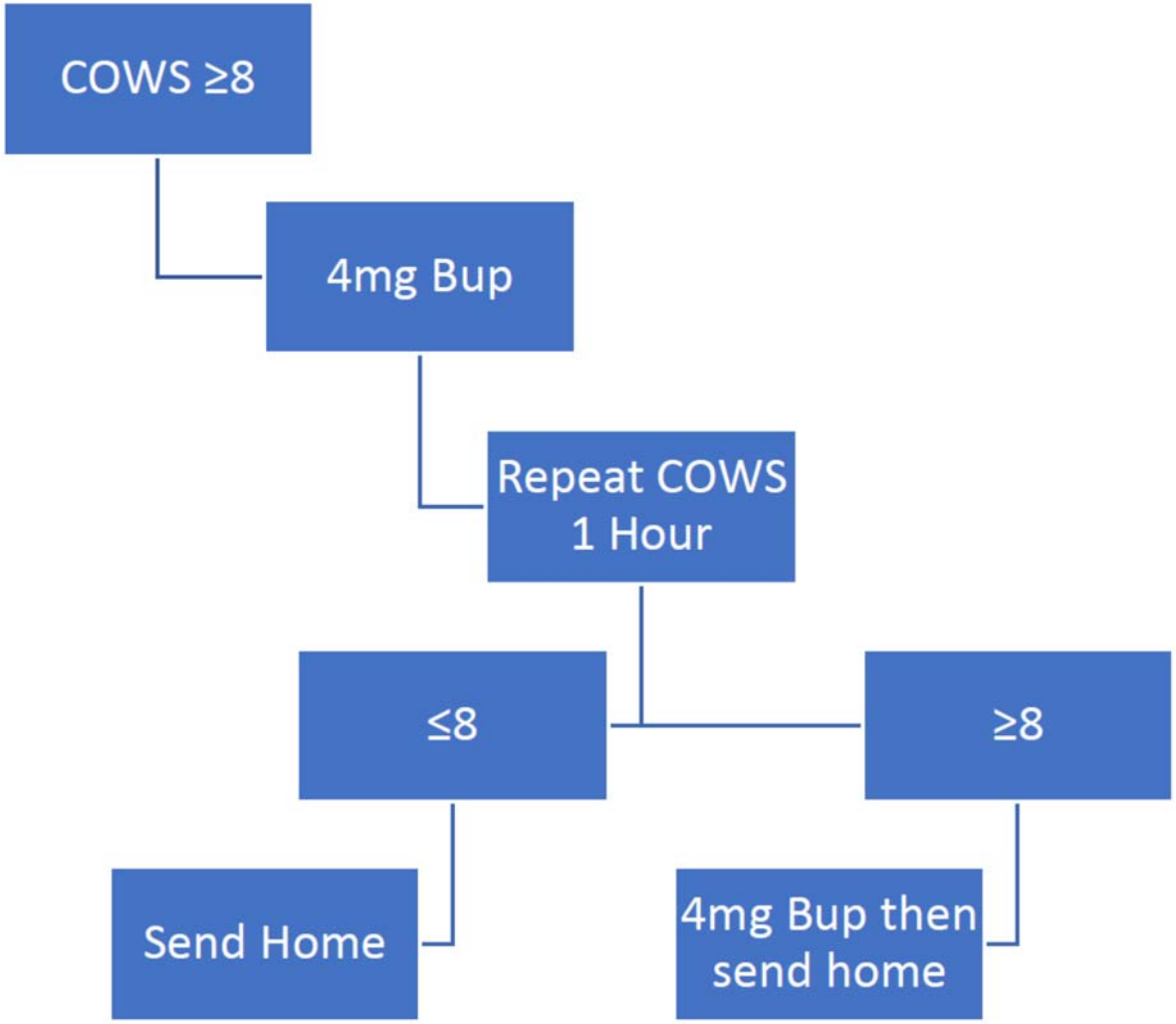
essential access health

Induction Visit

- Home Induction
  - Provider home induction instructions
  - Schedule phone/clinic follow up on day 3
  - Schedule follow up at week 1
- In-office induction
  - Provide instructions for last use
  - Schedule induction visit
    - Anticipate up to 2 hours
  - Schedule follow up visit/call on day 3
  - Schedule follow up at week 1

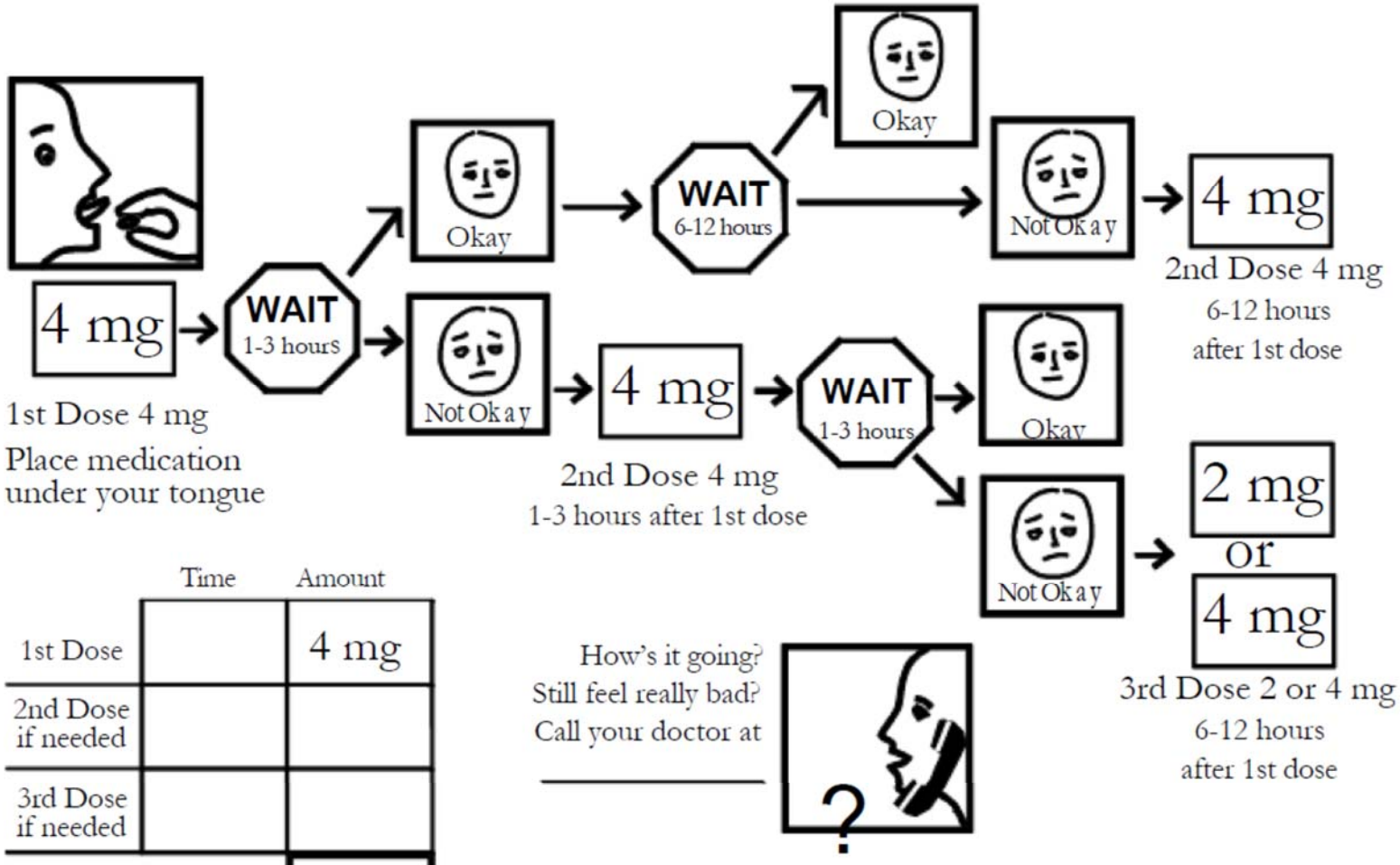
essential access health

Office Induction



essentia health

Home Induction



essential access health

Monitoring

- PDMP Reports
- UDS
- Med counts
- Once stable, consider 3 month appointments

essential access health

Naloxone

It's the law → AB 2760
- MEQ 90 or more
- Opioid + BZD
- Inc risk of OD
  - h/o OD
  - h/o SUD
  - Increasing tolerance

Overdose is the leading cause of injury-related death in the U.S.

100 PEOPLE DIE FROM DRUG OVERDOSE EVERYDAY IN THE UNITED STATES.

FIGURE 1. DEATH BY LEADING CAUSE OF INJURY (PER 100,000)[1]

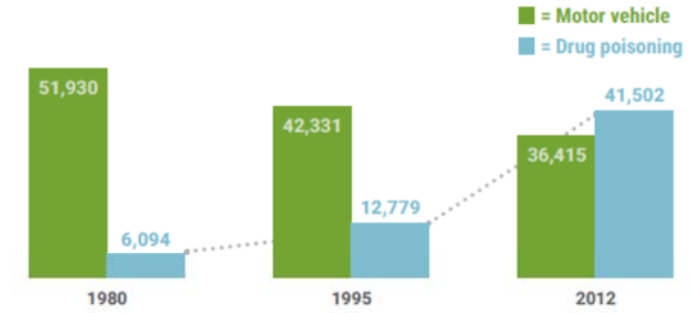
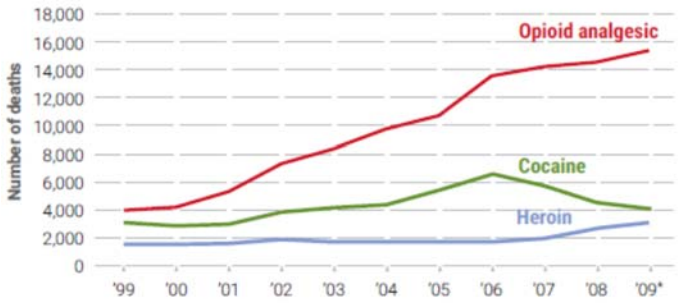


FIGURE 2. OVERDOSE DEATH BY DRUG TYPE[2]



Opioid analgesics accounted for over 16,000 deaths in 2010.

essential access health

Poll #4

1. Are you are routinely prescribing naloxone per California guidelines?
    a. Yes
    b. No
    c. N/A

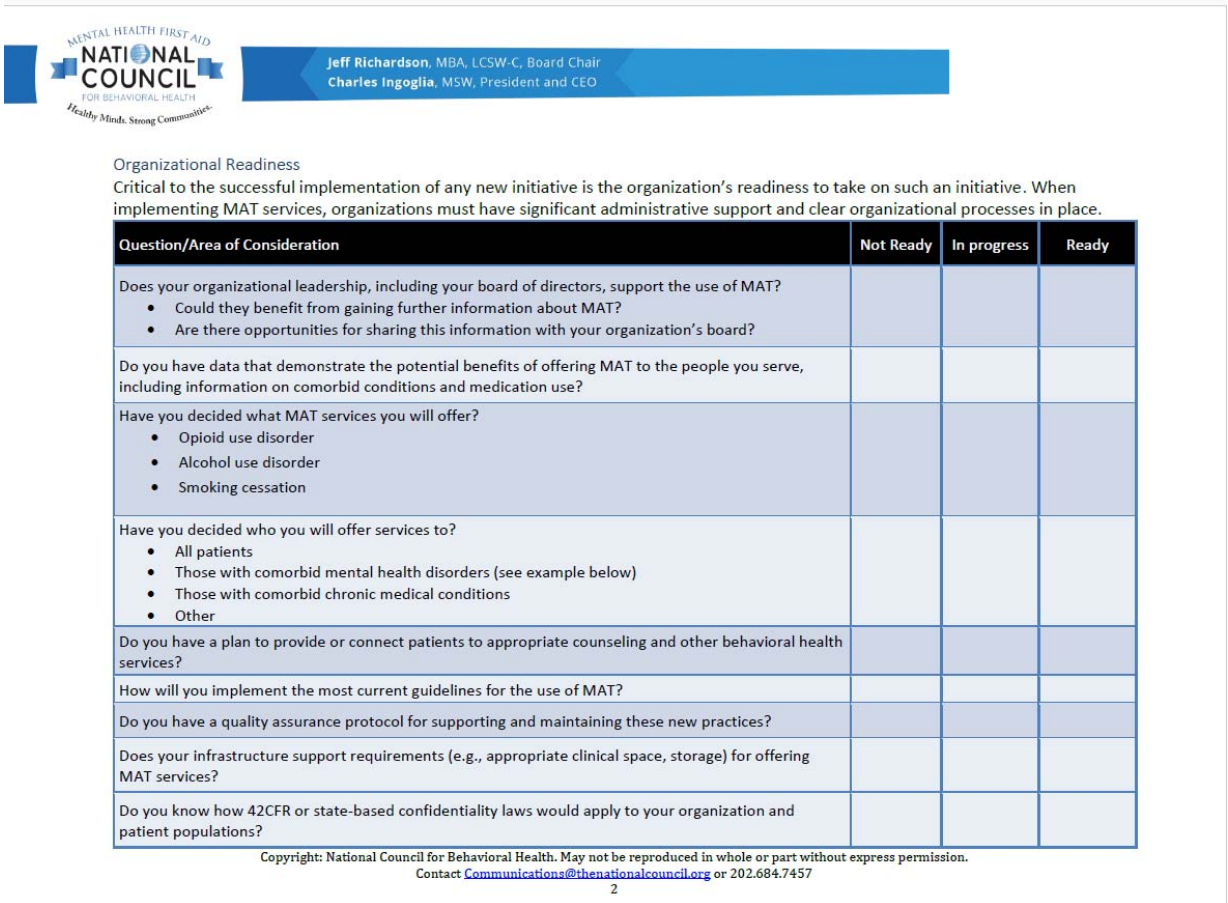
essential access health

Resources

- Provider Clinical Support System (PCSS): https://pcssnow.org/
- Project Echo: https://echo.unm.edu/opioid-focused-echo-programs/

essential access health

Center of Excellence for Integrated Health Solutions



MENTAL HEALTH FIRST AID
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

Organizational Readiness

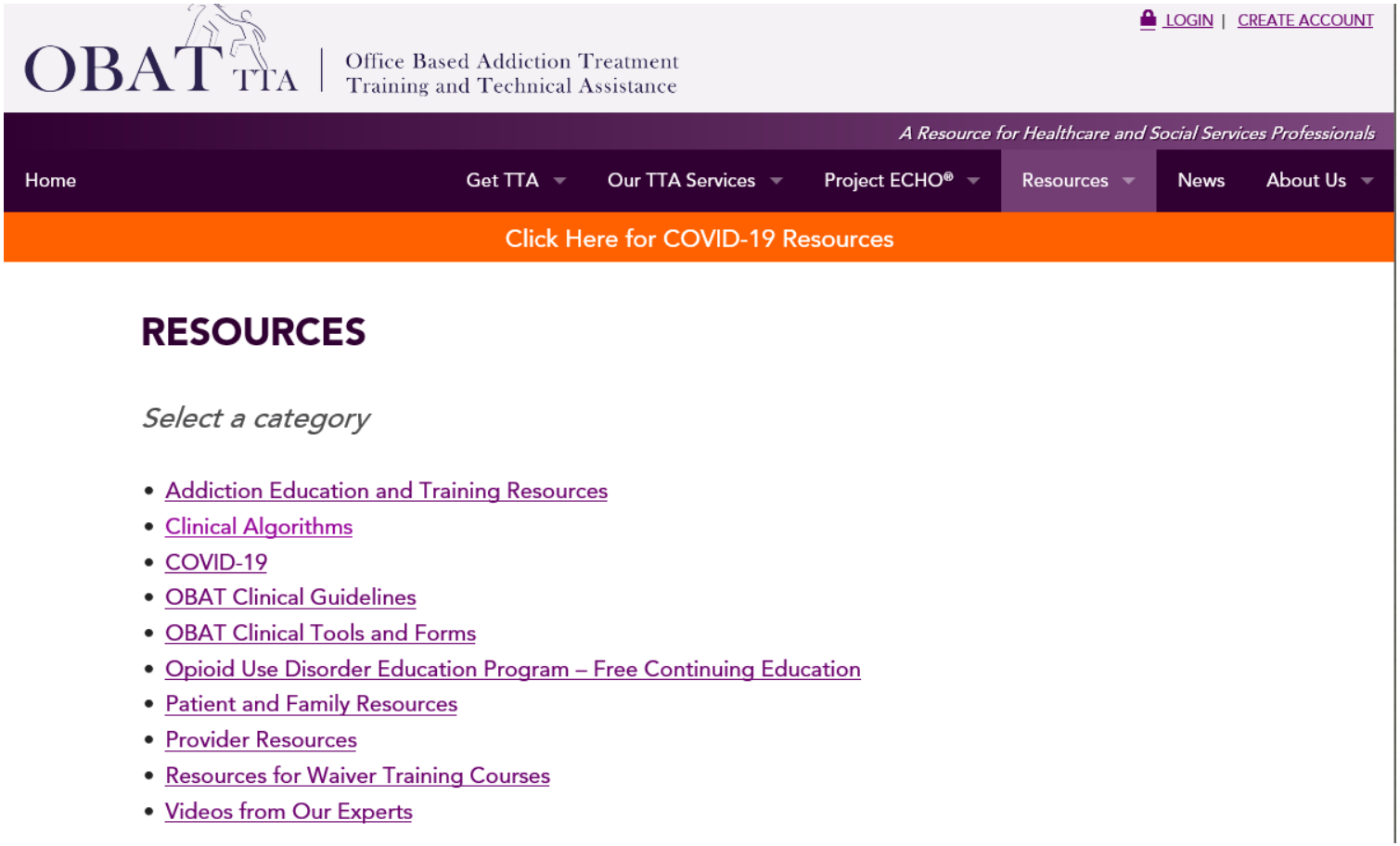
Critical to the successful implementation of any new initiative is the organization's readiness to take on such an initiative. When implementing MAT services, organizations must have significant administrative support and clear organizational processes in place.

Question/Area of Consideration	Not Ready	In progress	Ready
Does your organizational leadership, including your board of directors, support the use of MAT? • Could they benefit from gaining further information about MAT? • Are there opportunities for sharing this information with your organization's board?			
Do you have data that demonstrate the potential benefits of offering MAT to the people you serve, including information on comorbid conditions and medication use?			
Have you decided what MAT services you will offer? • Opioid use disorder • Alcohol use disorder • Smoking cessation			
Have you decided who you will offer services to? • All patients • Those with comorbid mental health disorders (see example below) • Those with comorbid chronic medical conditions • Other			
Do you have a plan to provide or connect patients to appropriate counseling and other behavioral health services?			
How will you implement the most current guidelines for the use of MAT?			
Do you have a quality assurance protocol for supporting and maintaining these new practices?			
Does your infrastructure support requirements (e.g., appropriate clinical space, storage) for offering MAT services?			
Do you know how 42CFR or state-based confidentiality laws would apply to your organization and patient populations?			

essential access health

https://www.thenationalcouncil.org/integrated-health-coe/resources/

Boston Medical Center OBAT



essential access health

https://www.bmcobat.org/resources/

Questions

For continuing education credit, you must complete the post assessment evaluation and continuing education form. Click ‘Continue’ to open the survey when you log out of the webinar. An email with a link to the survey will also be sent to attendees after the session.

essential access health

Upcoming Events

Free COVID-19 Webinar Series

Delivering Sexual Health Services in the Time of COVID-19
June 11, 2020 - 12:00 PM - 1:30 PM

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

Webinar 4: Problem Solving + Overcoming Challenges with Addiction Screening + Treatment
June 24, 2020 - 12:00 PM- 1:00 PM

Register at essentialaccesstraining.org for these and other Online Courses and On-Demand Webinars via our Learning Portal

Questions? Contact us at learningexchange@essentialaccess.org