Redefining the Treatment of Opioid Use Disorder- A Patient-Centered Approach

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Disclosures

None

Objectives

Define opioid use disorder and briefly review statistics for treatment in Primary Care

Review current models of treatment for opioid use disorder in Primary Care

Define patient-centered care model

Discuss ways to implement patient-centered care for opioid use disorder into the primary care setting

Opioid Use Disorder

Severity

Mild: 2-3 symptoms

Moderate: 4-5 symptoms

Severe: 6 mor more symptoms

*Tolerance and Withdrawal not considered to be met for those taking opioids solely under appropriate medical supervision

DSM-5 Criteria for Diagnosis of Opioid Use Disorder

Diagnostic Criteria*

These criteria not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

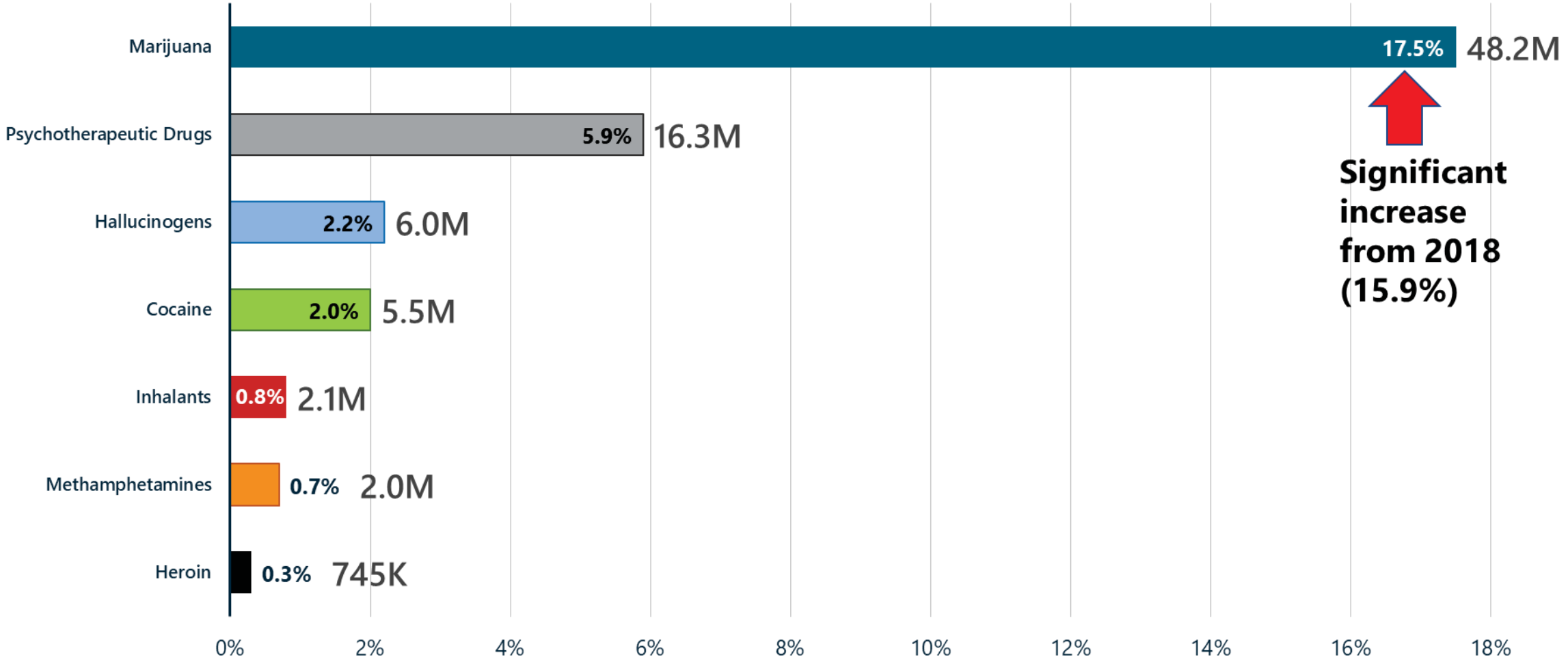
Check all that apply

	Opioids are often taken in larger amounts or over a longer period of time than intended.
	There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
	A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
	Craving, or a strong desire to use opioids.
	Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
	Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
	Important social, occupational or recreational activities are given up or reduced because of opioid use.
	Recurrent opioid use in situations in which it is physically hazardous
	Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
	*Tolerance, as defined by either of the following: (a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of an opioid
	*Withdrawal, as manifested by either of the following: (a) the characteristic opioid withdrawal syndrome (b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms

Updated Statistics

Illicit Drug Use: Major Concerns: Opioids, Marijuana, Methamphetamines

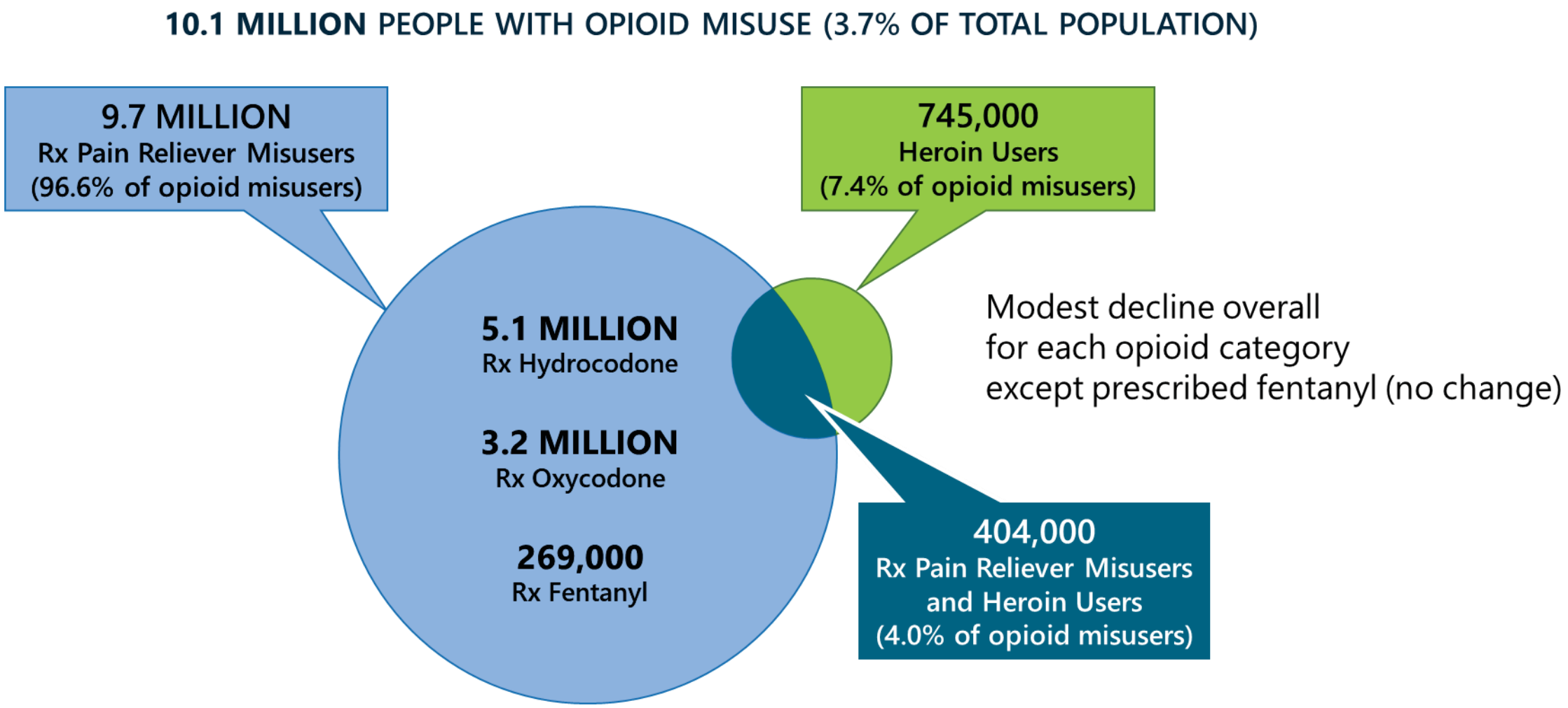
PAST YEAR, 2019 NSDUH, 12+



SAMHSA
Substance Abuse and Mental Health Services Administration

Progress on the Opioid Epidemic: Prescription Pain Reliever Misuse

PAST YEAR, 2019 NSDUH, 12+



Rx = prescription.
Opioid misuse is defined as heroin use or prescription pain reliever misuse.

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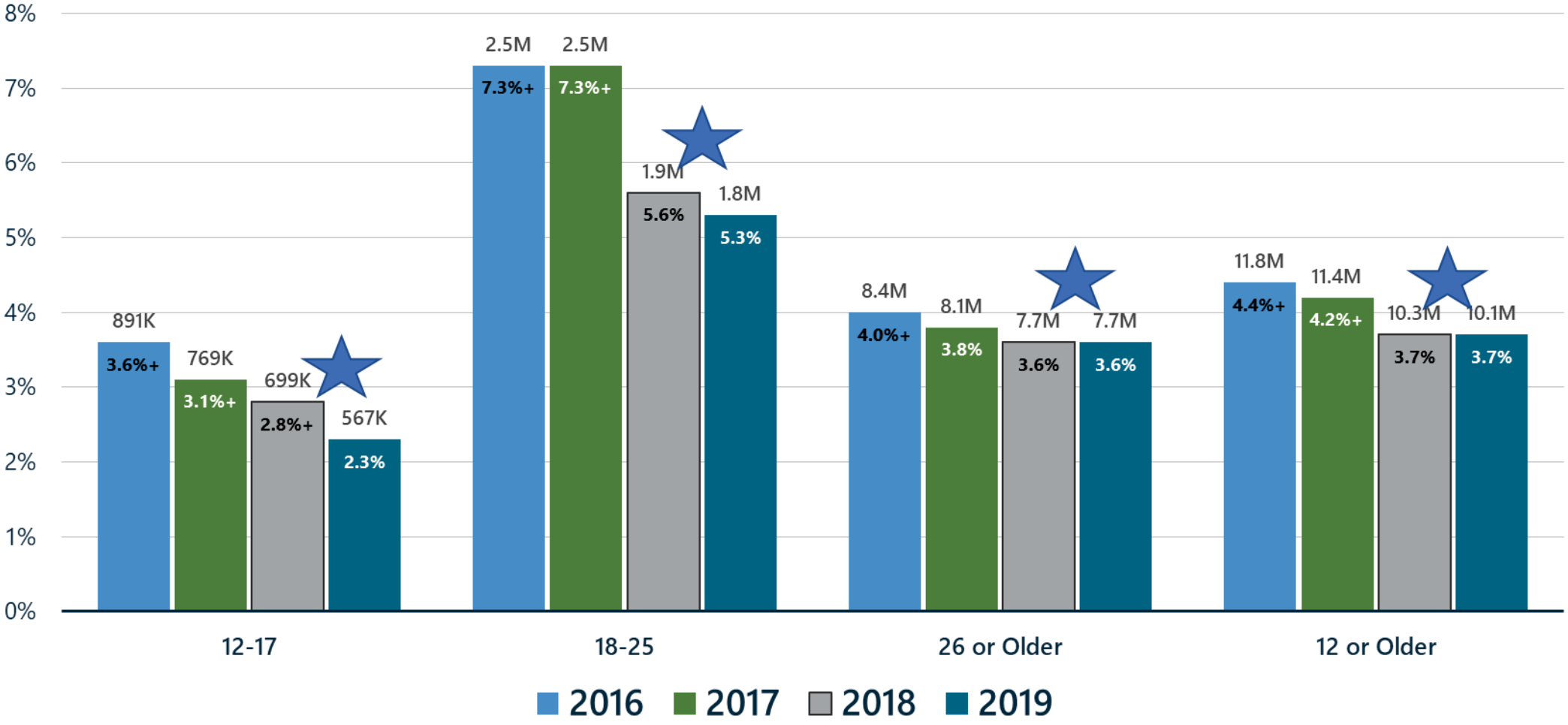
Opioid Misuse

PAST YEAR, 2016-2019 NSDUH, 12+



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

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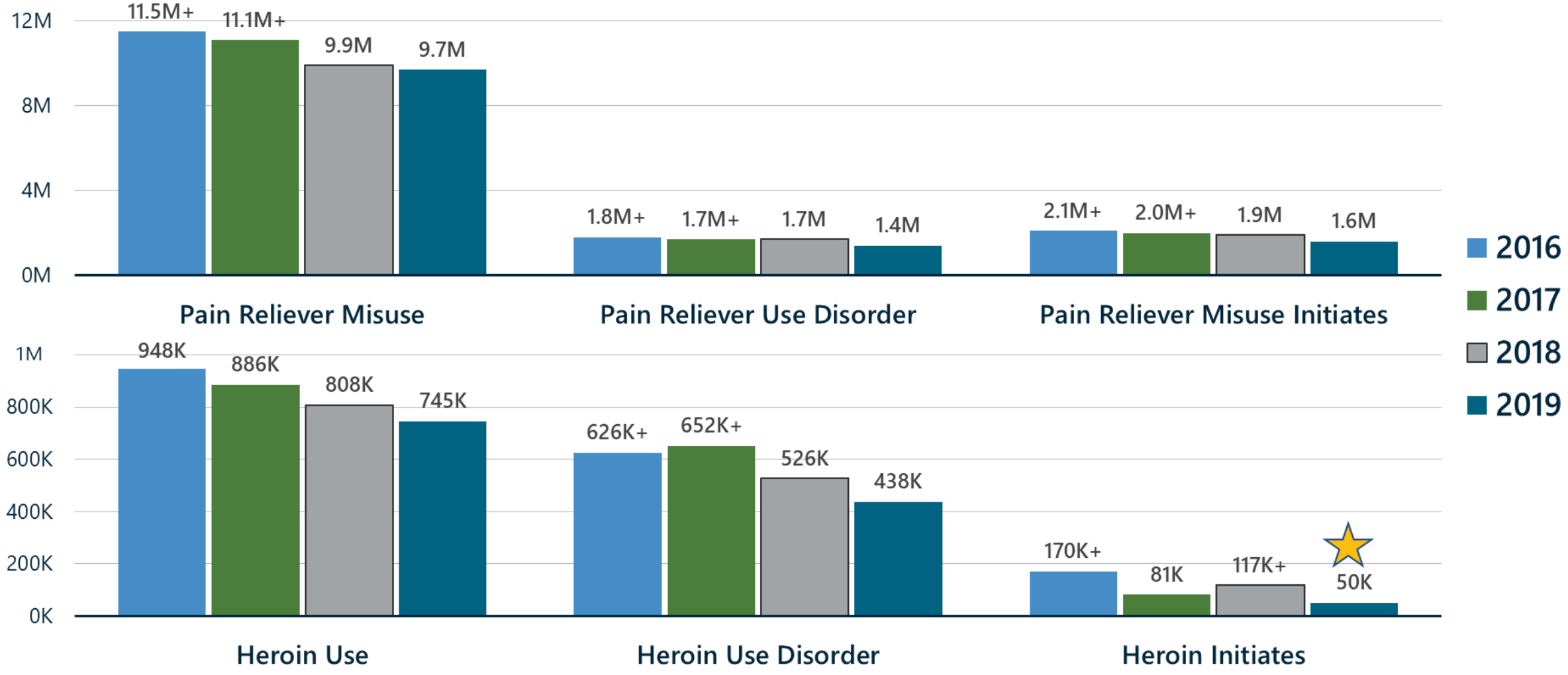
Prescription Pain Reliever Misuse and Heroin Use

PAST YEAR, 2016-2019 NSDUH, 12+



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Prescription Pain Reliever Misuse

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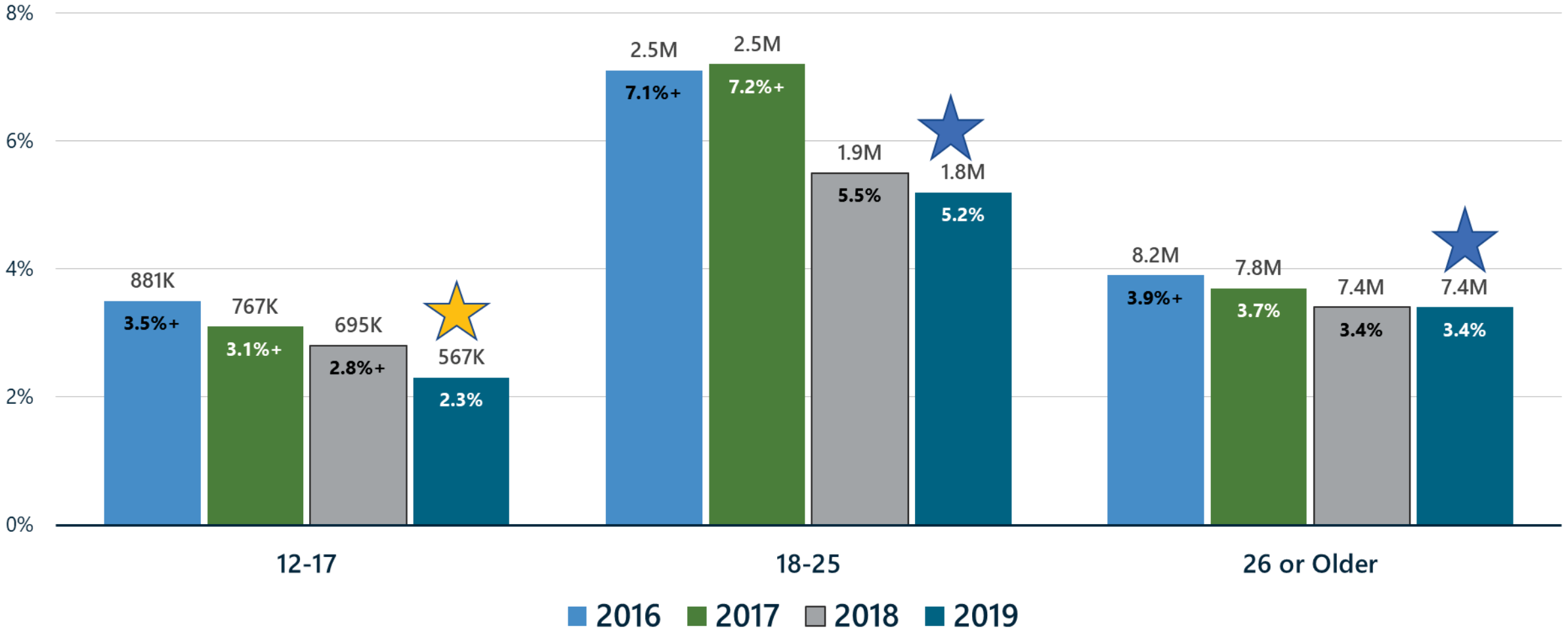

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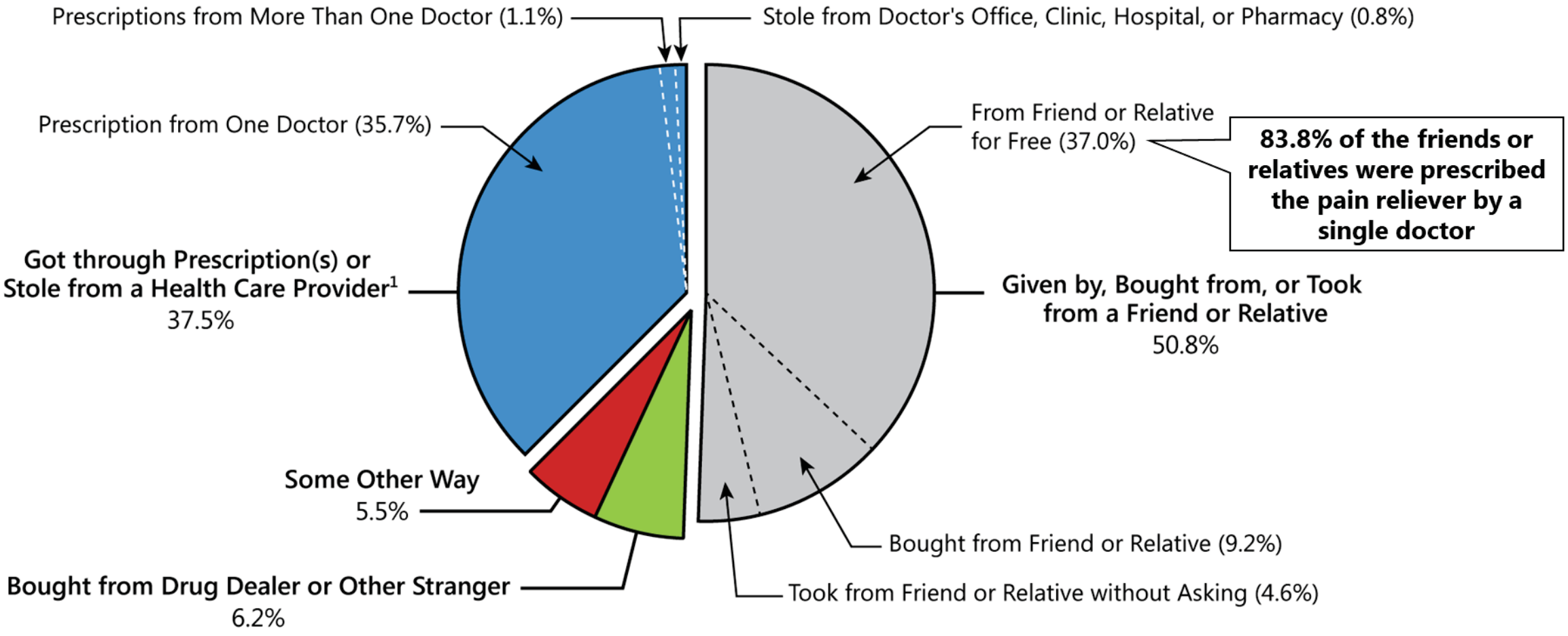
Sources Where Pain Relievers Were Obtained for Most Recent Misuse among People Who Misused Prescription Pain Relievers

PAST YEAR, 2019 NSDUH, 12+



9.7 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

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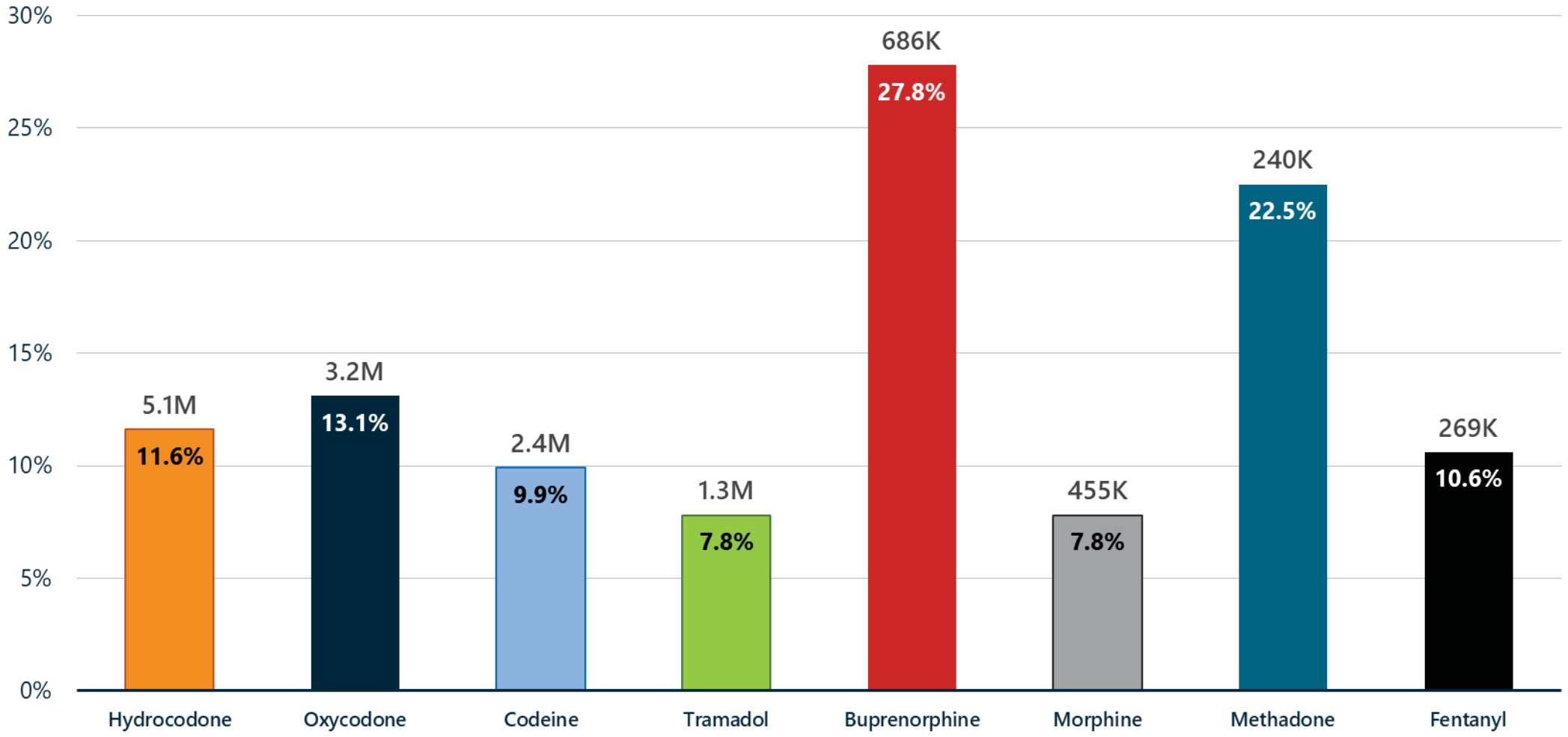
Misuse of Prescription Opioid Subtypes

PAST YEAR, 2019 NSDUH, 12+ SUBTYPE USERS



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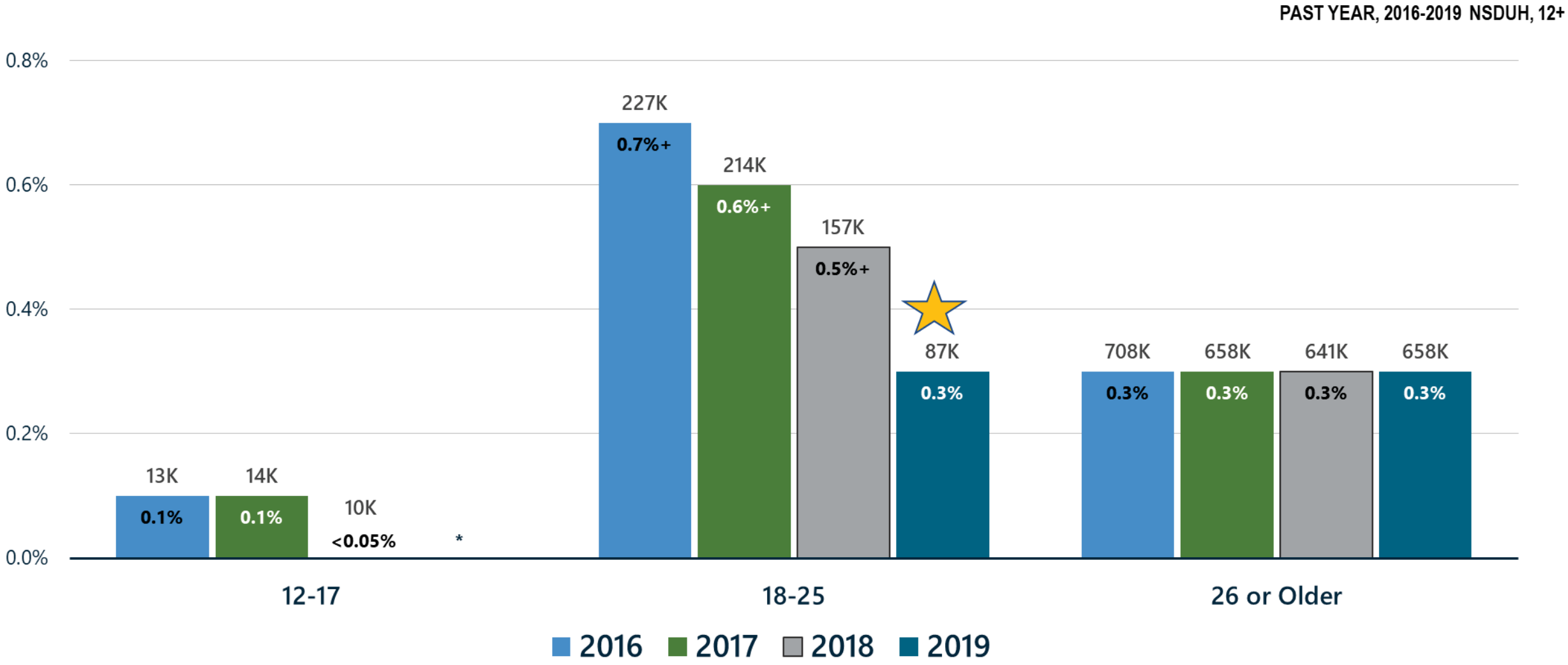
Heroin Use: Continuing to Decline in 18-25 y.o.



* Estimate not shown due to low precision.

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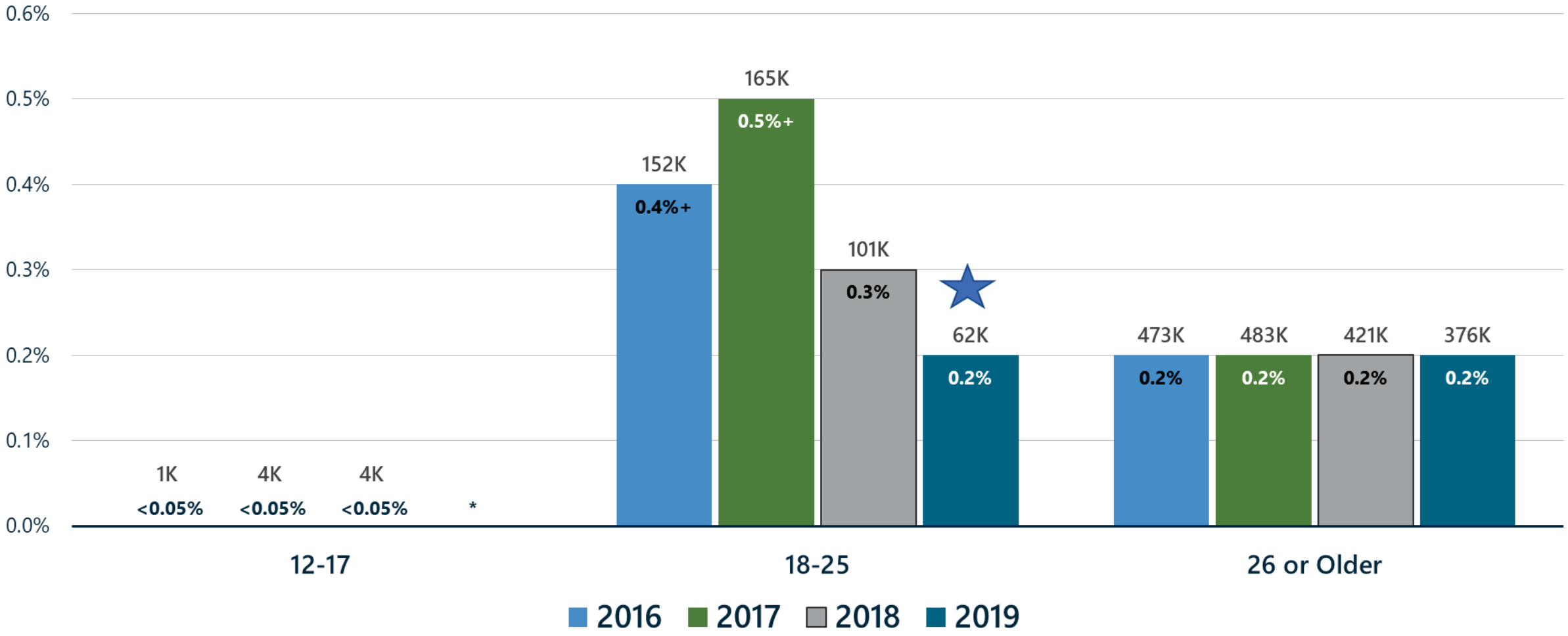
Heroin-Related Opioid Use Disorder

PAST YEAR, 2016-2019 NSDUH, 12+



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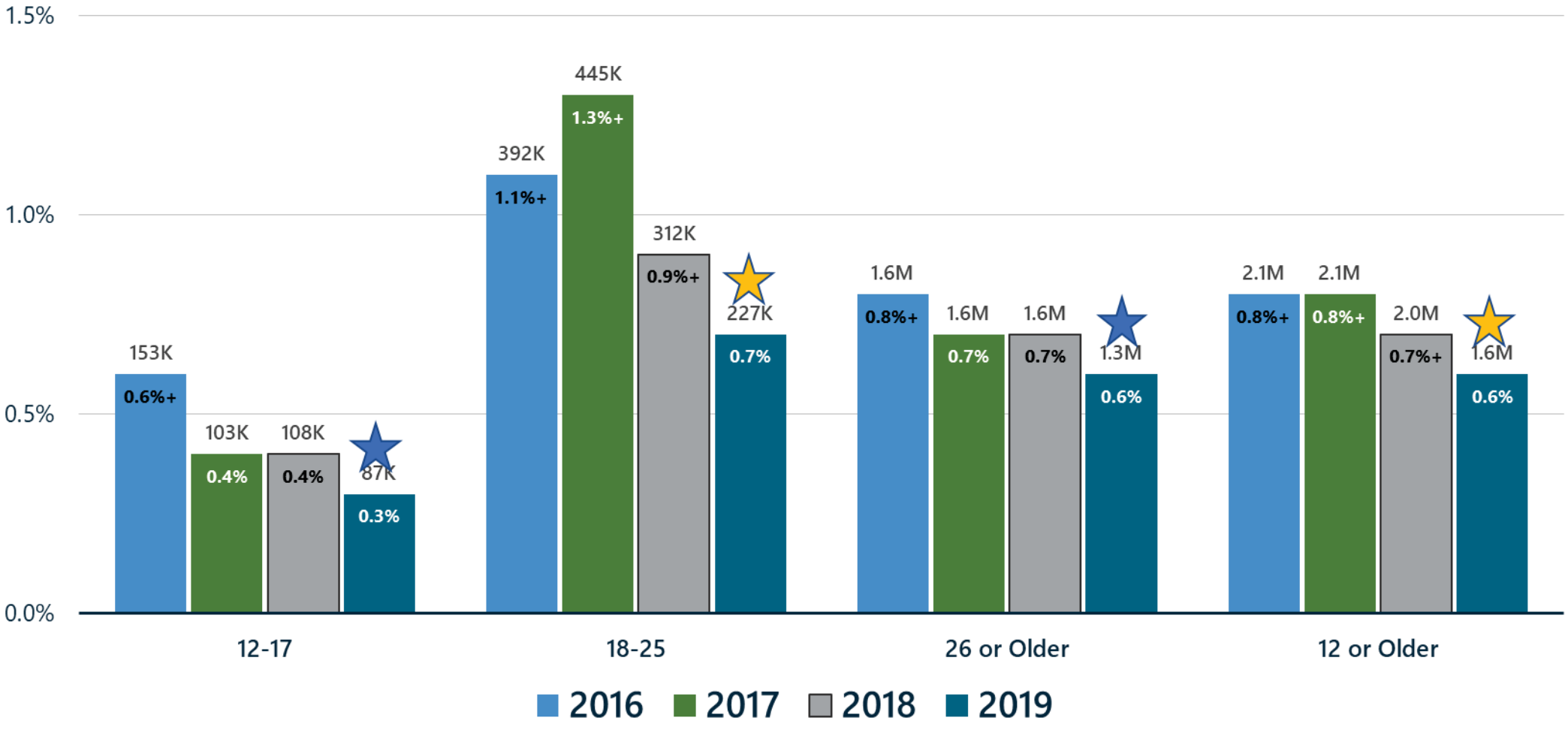
Opioid Use Disorder

PAST YEAR, 2016-2019 NSDUH, 12+



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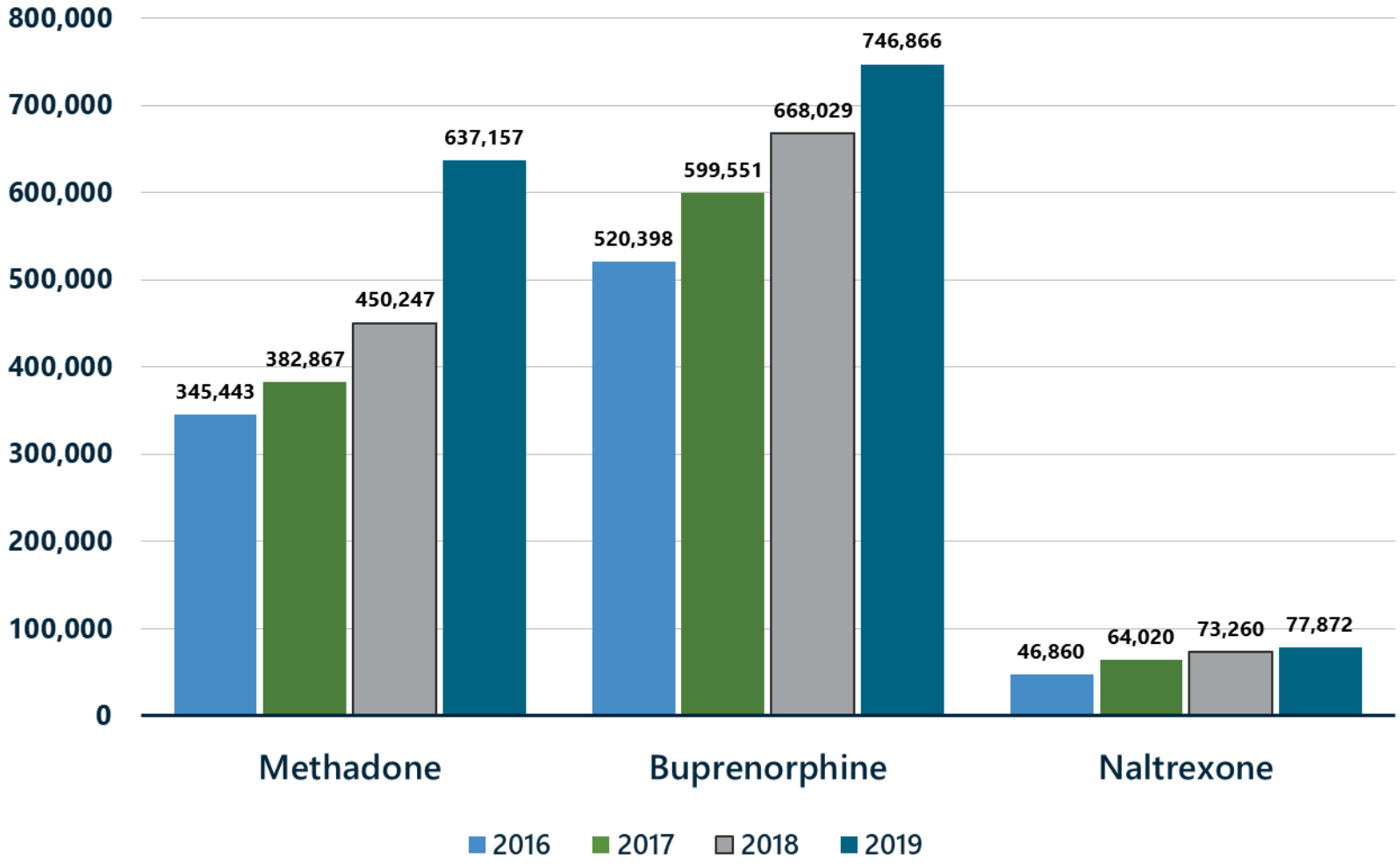
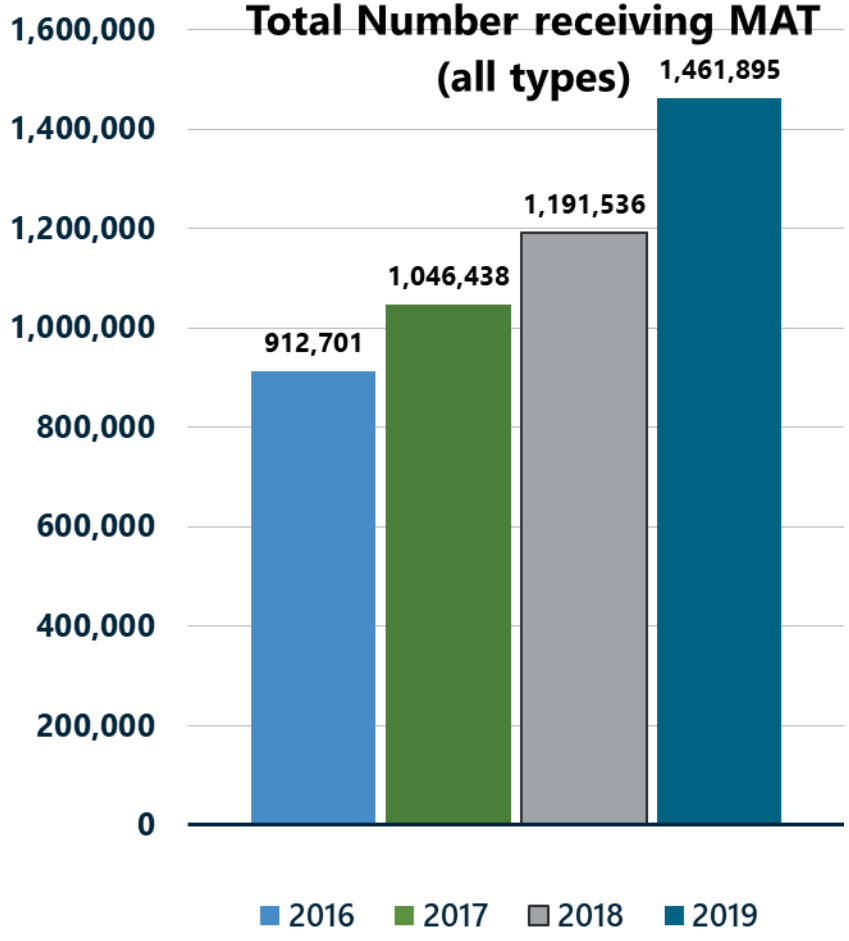
Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)





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Summary: Opioid Misuse in the United States in 2019 Compared to 2018

- Opioid use disorder decreased significantly from 2.0M to 1.6M. Efforts to increase access to Medication-Assisted Treatment, psychosocial and community recovery supports have had a positive effect.
- Among those aged 12+, opioid misuse decreased significantly from 2017 and for those 12-17, opioid misuse decreased significantly from 2018.
- Pain reliever misuse decreased significantly from 2018 for those 12-17 years of age and continues trending downward for 18-25 year olds.
- Heroin initiation decreased significantly with a 57% decline from 2018.
- Heroin use among 18-25 year olds decreased significantly from 2018.
- Despite gains opioid overdose deaths increased in 2019 by approximately 4.6% underscoring the risks of potent illicit synthetic opioids and need to continue to engage people in treatment/recovery services.
- Buprenorphine continues to be the opioid with the highest percentage of users acknowledging misuse of the medication.

Do you provide office-based treatment for OUD in your practice?

A. Yes

B. No

If so, how many patients do you treat?

A. 0-30

B. 30-100

C. more than 100

For those of you who do not treat OUD in your practice, what is your #1 barrier?

A. I don’t want to incorporate medication assisted treatment into my practice

B. I want to incorporate medication assisted treatment into my practice but don’t know how

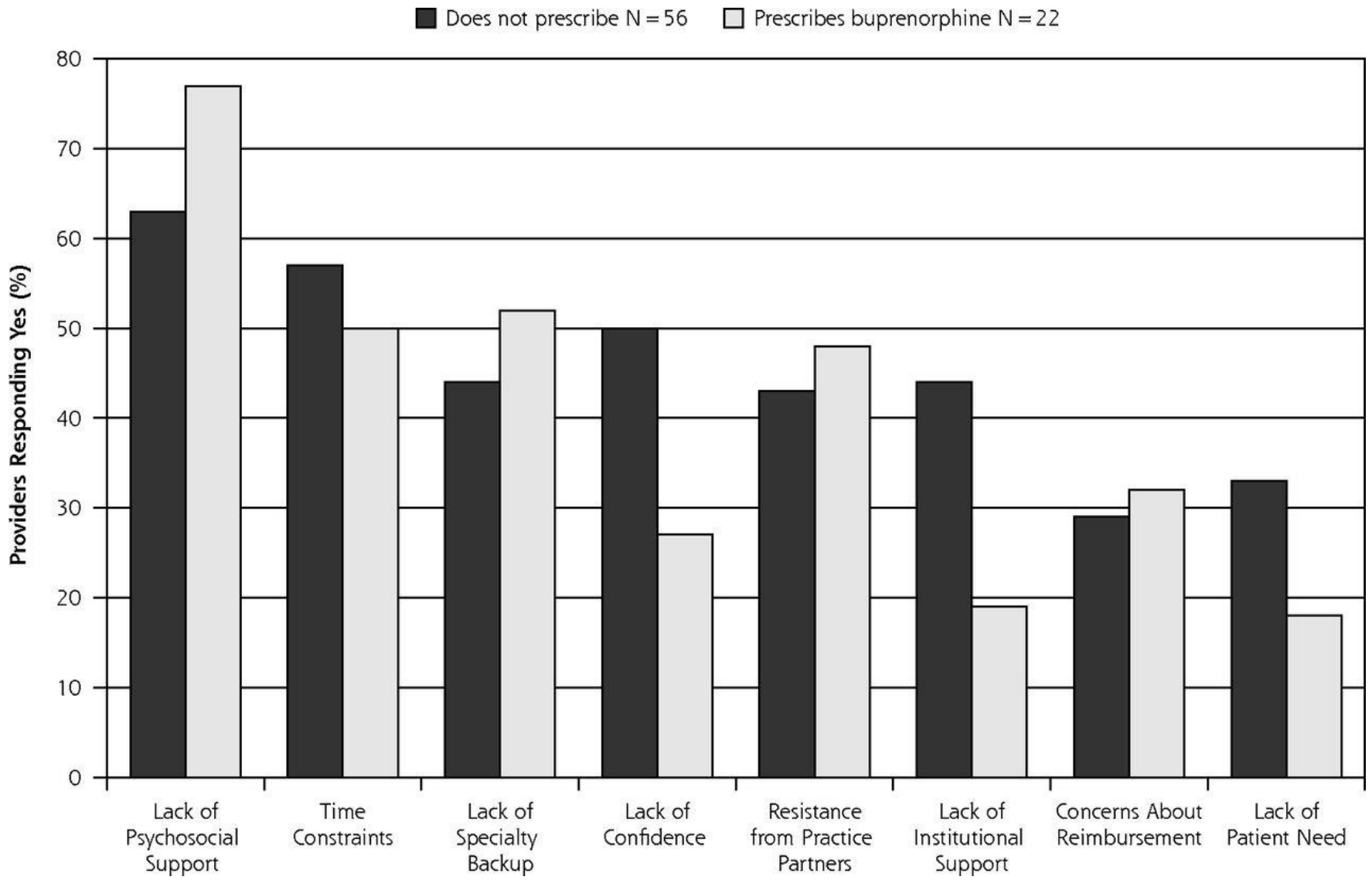
C. I don’t have access to behavioral health/psychosocial support

D. I don’t treat a population of patients who may have opioid use disorder

E. I lack institutional support for incorporating this practice

F. Time constraints

G. If not listed here, please add your #1 barrier to the chat box



Survey of 120 physicians
78 responses qualified
50 obtained X-wavier (64%)

- 22 prescribed
- 56 had not prescribed

doi: 10.1370/afm.1595

Models of treatment

Outpatient Treatment Centers

Office-Based Treatment

Patient-Centered Office-Based Treatment

Outpatient Treatment Programs (OTP)

Outpatient treatment programs are governed and certified under 42 Code of Federal Regulations

Administer FDA-approved medication assisted therapy

- Methadone
  - By law, only a SAMHSA-certified treatment program can dispense methadone for treatment of OUD
  - CS II, full mu agonist
  - Reduces opioid cravings and withdrawal and blunts or blocks effects of opioids
- Buprenorphine
  - CSIII, partial mu agonist
  - Suppresses and reduces cravings for opioids
- Naltrexone
  - Not controlled substance, full opioid antagonist
  - Blocks the euphoric and sedative effects of opioids

Must provide counseling and other behavioral therapies

Must provide counseling on prevention of HIV

Office-Based Treatment

Treatment of opioid use disorder in physician's office

First began with the Drug Addiction Treatment Act of 2000 (DATA 2000)

- Permits physicians who obtain an X-wavier to treat patients with CSIII, IV and V medications for OUD
- Limitations on number of patients allowed to treat

Comprehensive Addiction and Recovery Act of 2016

- Addresses the opioid epidemic by encompassing six pillars of response (prevention, treatment, recovery, law enforcement, criminal justice reform, overdose reversal)
- Endorses use of medications for OUD and raised total number of patients from 30 to 100

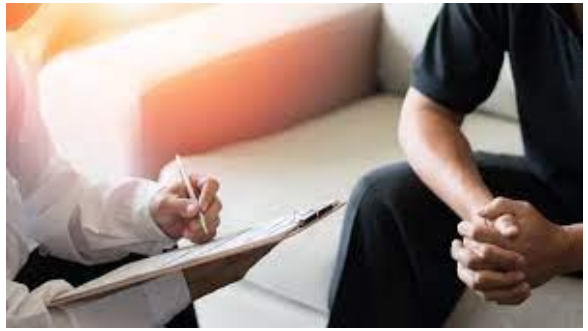
Substance Use Disorder Prevention Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018

- Extended privilege of prescribing buprenorphine to APPs
- Further extended limitations on patient numbers with certain qualifications (30, 100, 275)

Office-Based Treatment expansion 2020

Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder

- exempts eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives from the certification requirements related to training, counseling and other ancillary services (i.e., psychosocial services) under 21 U.S.C. § 823(g)(2)(B)(i)-(ii) of the Controlled Substances Act (CSA)
- Must submit a notice of intent (NOI) to SAMHSA
- Practitioners who utilize this exemption are limited to treating no more than 30 patients at one time
- May get wavier trained to expand to number of patients



Patient-Centered Care

Patient-Centered Care

What is Patient-Centered Care in substance abuse treatment?

Patient-centered care

- Collaboration between clinician and the patient
  - Provide information for informed decision making
  - Provide patient the authority and control over clinical decisions
- Engagement of the patient
  - Patients encouraged to share decision-making process
  - Patients encouraged to share non-clinical history
  - Patients encouraged to share individual preferences
- Patient involvement in decision-making is associated with
  - Greater satisfaction with care
  - Increased compliance with treatment plan
  - Less severe substance use

Correlates of Patient-Centered Care Practices at U.S. Substance Use Disorder Clinics

Survey of 657 US Substance Use Disorder Treatment Clinics in 2017

Only 139 (23%) invited patients to participate in clinical decision-making process

- 23% outpatient opioid treatment programs
- 18% outpatient non-opioid treatment programs
- 26% inpatient treatment clinics
- 39% residential clinics

More likely to engage patients in decision-making when in residential treatment centers compared to outpatient non-opioid treatment programs

https://doi.org/10.1176/appi.ps.201900121

Primary care models for treating opioid use disorders: What actually works? A systematic review

Primary care-based models for medication assisted treatment reduce mortality for OUD and have equivalent efficacy to MAT in specialty treatment facilities

The findings suggest that multidisciplinary and coordinated care delivery models are an effective strategy to implement OUD treatment and increase medication assisted therapy access in primary care

Research is still needed to compare specific structures and processes of care models

https://doi.org/10.1371/journal.pone.0186315

What works?

Coordinated Care Model

- At least two health care providers sharing responsibilities
  - Physician with APP, RN-CM or pharmacist
- Non-physician team members help manage appt, labs

Multi-disciplinary models

- Two physicians working closely to coordinate care
- Usually primary care provider and psychiatry

Shared care models

- Specialty services with more experienced provider for induction process
- Hands off patients to general PCP once stable

Chronic care model

- Healthcare resources used to increase patients' self-efficacy in managing care
  - Home induction protocols

What works?

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Molly

23yo female who scheduled her appointment today for pap and contraception discussion. Do you screen for substance use during this visit?

A. Yes

B. No

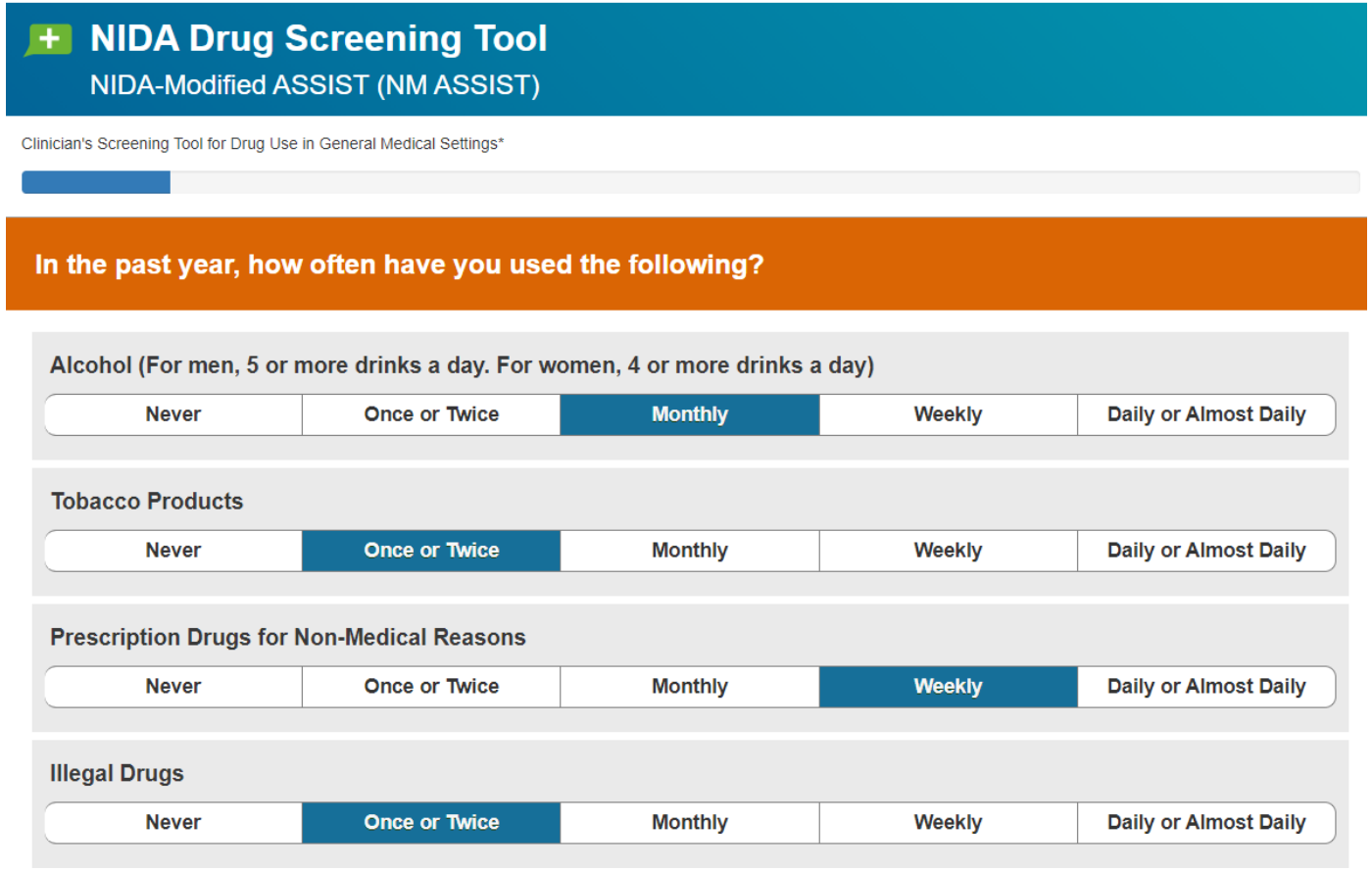
USPTSF Recommendation – Alcohol (2018)

Population	Recommendation	Grade
Adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	B
Adolescents aged 12 to 17 years	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents aged 12 to 17 years.	I

USPTSF Recommendation Updated 2020

Population	Recommendation	Grade
Adults 18 years and older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults 18 and older. Screening should implemented when services for accurate diagnosis, effective treatment and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens)	B
Adolescents	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents.	I

Molly


NIDA Drug Screening Tool
NIDA-Modified ASSIST (NM ASSIST)
Clinician's Screening Tool for Drug Use in General Medical Settings*
In the past year, how often have you used the following?
Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)
Never
Once or Twice
Monthly
Weekly
Daily or Almost Daily
Tobacco Products
Never
Once or Twice
Monthly
Weekly
Daily or Almost Daily
Prescription Drugs for Non-Medical Reasons
Never
Once or Twice
Monthly
Weekly
Daily or Almost Daily
Illegal Drugs
Never
Once or Twice
Monthly
Weekly
Daily or Almost Daily

Next

You inquire further about her drug use and determine she has met criteria for opioid use disorder. You then follow the treatment steps to get Molly into treatment.

Stages of Care

1

Screening

- Assess patients for OUD
- Assess readiness for change/treatment

2

Intake

- Diagnostic interview
- Physical exam
- Diagnostic testing such as drug screen, labs

3

Induction

- Start medication
- In office vs home induction

4

Stabilization

- Dose adjustments to suppress cravings and prevent relapse

5

Maintenance

- Ongoing therapy

Best practices in patient-centered care

Use of RNs or other support staff to conduct patient intakes

Allow home inductions

Provide patients with after-hour support

Engage clinical pharmacists and advance practice providers

Provide trauma-informed and culturally competent care

Utilize point-of care urine drug screens when possible

Utilize treatment agreements

- May or may not be beneficial in treatment outcomes
- Helpful with “difficult” patients

Resources for providers

ASAM THE e-LEARNING CENTER
Your Educational Portal for Addiction Medicine

SAMHSA
Substance Abuse and Mental Health Services Administration

PCSS
Providers Clinical Support System

References

Lagisetty, P., Klasa, K., Bush, C., Heisler, M., Chopra, V., & Bohnert, A. (2017). Primary care models for treating opioid use disorders: What actually works? A systematic review. *PloS one*, *12*(10), e0186315. https://doi.org/10.1371/journal.pone.0186315

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SAMSHA

https://www.samhsa.gov/data/

https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation