



**UW PACC**

Psychiatry and Addictions Case Conference

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# OPIOIDS: ENGAGING PATIENTS IN OUD TREATMENT

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# GENERAL DISCLOSURES

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# SPEAKER DISCLOSURES

✓ No disclosures.

# OBJECTIVES

1. Identify factors that impact engagement in treatment
2. Identify strategies to engage patients early in treatment
3. Identify strategies to promote long term engagement

# CASE- HN

- 24 year old male
- Smoking heroin for 2 years
- Smokes marijuana daily and uses cocaine “at parties”
- Lives with family
- Working swing shift and late nights
- Endorses feeling depressed, never treated; PHQ9= 5
- Has never had treatment for OUD, wants to try buprenorphine
- Goals: “to get clean”

# FACTORS THAT CAN IMPACT RETENTION IN BUPRENORPHINE MAT

- Early Treatment
  - Polysubstance use
  - Access (lack of access can also promote diversion)
- Ongoing Treatment
  - Male gender (?)
  - Employment (?)
  - Race (Black & Hispanic) (?)
  - Family support (?)
  - Psychiatric problems (?)

# ENGAGEMENT: BUILDING RAPPORT

- Elicit patient's story- be curious
- Clarify goals
  - Hope and dreams
  - What does “get clean” mean to you?
  - What would be different in your life if you weren't using?
- Convey hope
- Express gratitude

# ENGAGEMENT: DURING FIRST VISIT

- Collect lots of contact information
  - not only “emergency contact”
  - “If I needed to get a message to you, who can usually get in touch with you?”
- Discuss best times and methods to get in touch
  - Phone calls
  - Text messaging
  - Electronic health portal or email



# ENGAGEMENT: PLAN CONTACT

- Schedule phone visit to support at home induction or to follow up after in-clinic induction
- Schedule next appointment for follow up within at least one week
- If patient no shows, reach out to reschedule
  - Use all that contact information you collected!

# ENGAGEMENT: MANAGE EXPECTATIONS

- Encourage patient to return “no matter what” by all program staff and providers
- Discuss duration of treatment
  - Buprenorphine is a maintenance medicine
- Be clear with patient about impact of on-going use on continuing medication
- As the provider, expect relapse

# EVIDENCE OF ENGAGEMENT

- Attending appointments
- Taking medication
- Identifying goals
- Taking action in treatment

# CASE UPDATE #1- HN

- Started buprenorphine-naloxone 12-3 mg daily 4 weeks ago
- Consistently endorsing opioid craving
- UDT +bupe, +opioids, +MJ
- Has trouble making scheduled appointments
- Endorsing depression, PHQ9 = 6
- Lost his job last week due to attendance

# IMPROVING ENGAGEMENT

- Elicit the story
  - What is important to the patient
  - Identify barriers
- Medication dose adjustment
- Consider psychosocial intervention
- Involve family
- Adjust frequency of contact
- Plan contact
  - Outreach proactively if patient misses

# CASE UPDATE #2- HN

- Stable on buprenorphine-naloxone 16-4mg for 14 months
- UDT appropriate: +bupe & +MJ
- Attends monthly appointments
- Engaged in counseling for depression
- Missed his most recent counseling appointment
- Called to reschedule his buprenorphine appointment due to conflict with work schedule
- Has extra medication because he missed a few doses this month

# QUESTION?

# Is this patient engaged?

# LONG TERM ENGAGEMENT

- Adjust treatment to patient's current needs and goals
  - More frequent or less frequent contact
  - Phone visits
  - Walk in UA
- Keep contact information current
- Keep the antennae up for thwarted engagement



# ENGAGEMENT FOUNDATIONS

- Elicit the story
- Convey hope
- Encourage patient to return/get in touch
- Adjust treatment
- Contact patient proactively if engagement is slipping
- Express gratitude

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