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Psychiatry and Addictions Case Conference
UW Medicine | Psychiatry and Behavioral Sciences

09/12/2019

WELCOME!

Today's Topic:

Harm Reduction Strategies in OUD Patients :

The Meds-First model of care for opioid use disorder

Caleb Banta-Green PhD MPH MSW

PANELISTS:

MARK DUNCAN, MD, RICK RIES, MD, KARI STEPHENS, PHD, AND BARB MCCANN, PHD

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THE MEDS-FIRST MODEL OF CARE FOR OPIOID USE DISORDER

Caleb Banta-Green PhD MPH MSW

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University of Washington

September 12, 2019

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care of Washington

CONFLICT OF INTEREST DISCLOSURE

I have no conflicts of interest to report.
I have never received funding from pharmaceutical companies.

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US DHHS SAMHSA- WA Health Care Authority DBHR
WA HCA DBHR
NIH National Institute on Drug Abuse
Paul G. Allen Foundation/Premera/HCA

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SPEAKER DISCLOSURES

✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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Diana Roll
Cara Towle MSN RN
Niambi Kanye

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OUTLINE

- Opioid prescribing
- Adolescent misuse
- Illicit supply- police evidence testing
- Treatment utilization
- Fatal overdoses
- OUD overview and recent MOUD effectiveness research
- Opioid injectors' experiences and service needs
- Expanding OUD treatment options, care settings and models of care

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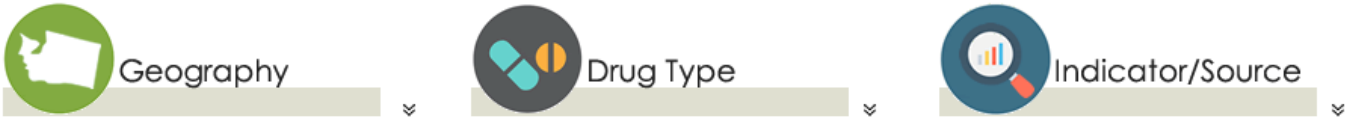
WA Data Home By Geography ▾ By Drug ▾ By Indicator/Source ▾

Washington State Opioid/Major Drug Interactive Data

This site offers a series of interactive data charts and maps featuring Washington state data related to overdose deaths, treatment admissions, statewide opioid sales, and police evidence testing data for opioids and other drugs.

Find data by:



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Acknowledgments

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We thank the following for data access:

- King County Medical Examiner
- Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery
- Center for Health Statistics, Washington State Department of Health
- Washington State Patrol Forensic Laboratory Services Bureau
- US Drug Enforcement Agency ARCOS database
- Washington State Office of Financial Management
- Washington State Department of Health Prescription Monitoring Program
- American Community Survey, US Census Bureau
- Looking Glass Analytics
- Washington State Liquor and Cannabis Board

ADAI thanks our geocoding partner, Texas A&M Geoservices.

We thank ColorBrewer for color palette assistance, used on many of our time-series plots.

Icon made by Gregor Cresnar from www.flaticon.com, licensed by CC 3.0 BY.

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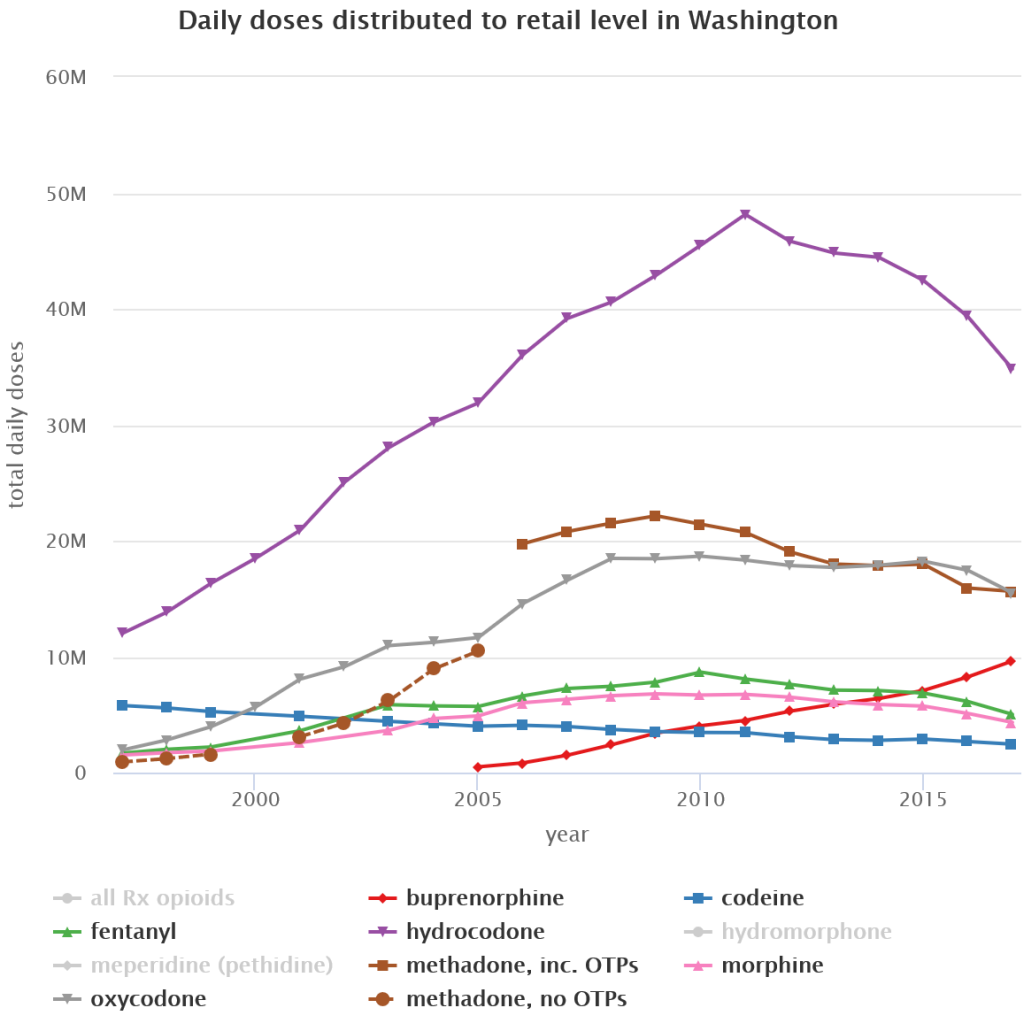
PRESCRIPTION OPIOID SALES



The total number of daily doses of opioids sold to hospitals and pharmacies in WA State peaked in 2011 at 112 million, declining to 90 million in 2017.

http://adai.washington.edu/wadata/ARCOSopiates.htm

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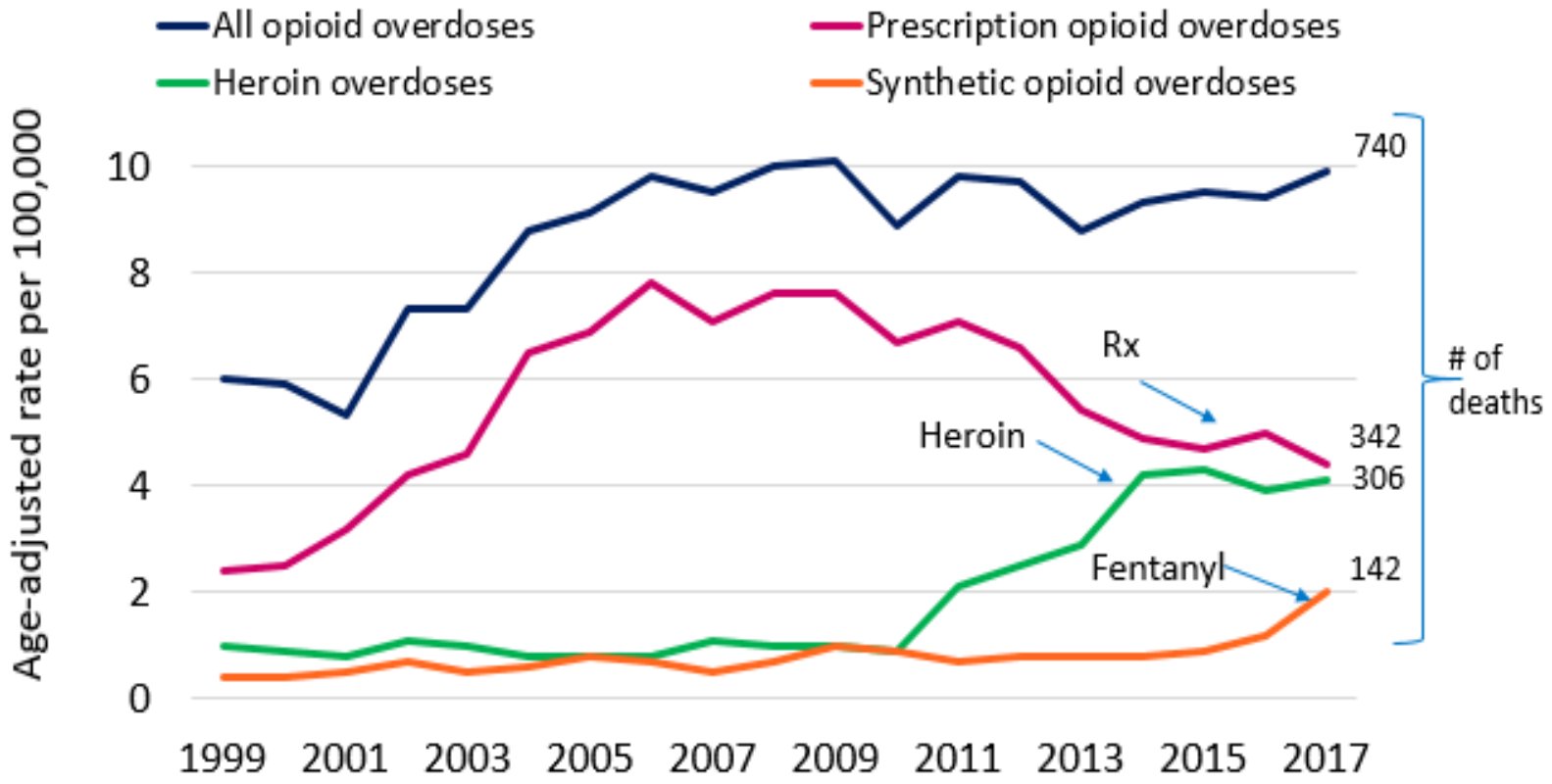
OPIOID-RELATED OVERDOSE DEATHS 2000–2017*



Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)
*Data for 2017 are preliminary as of 8/23/2018.

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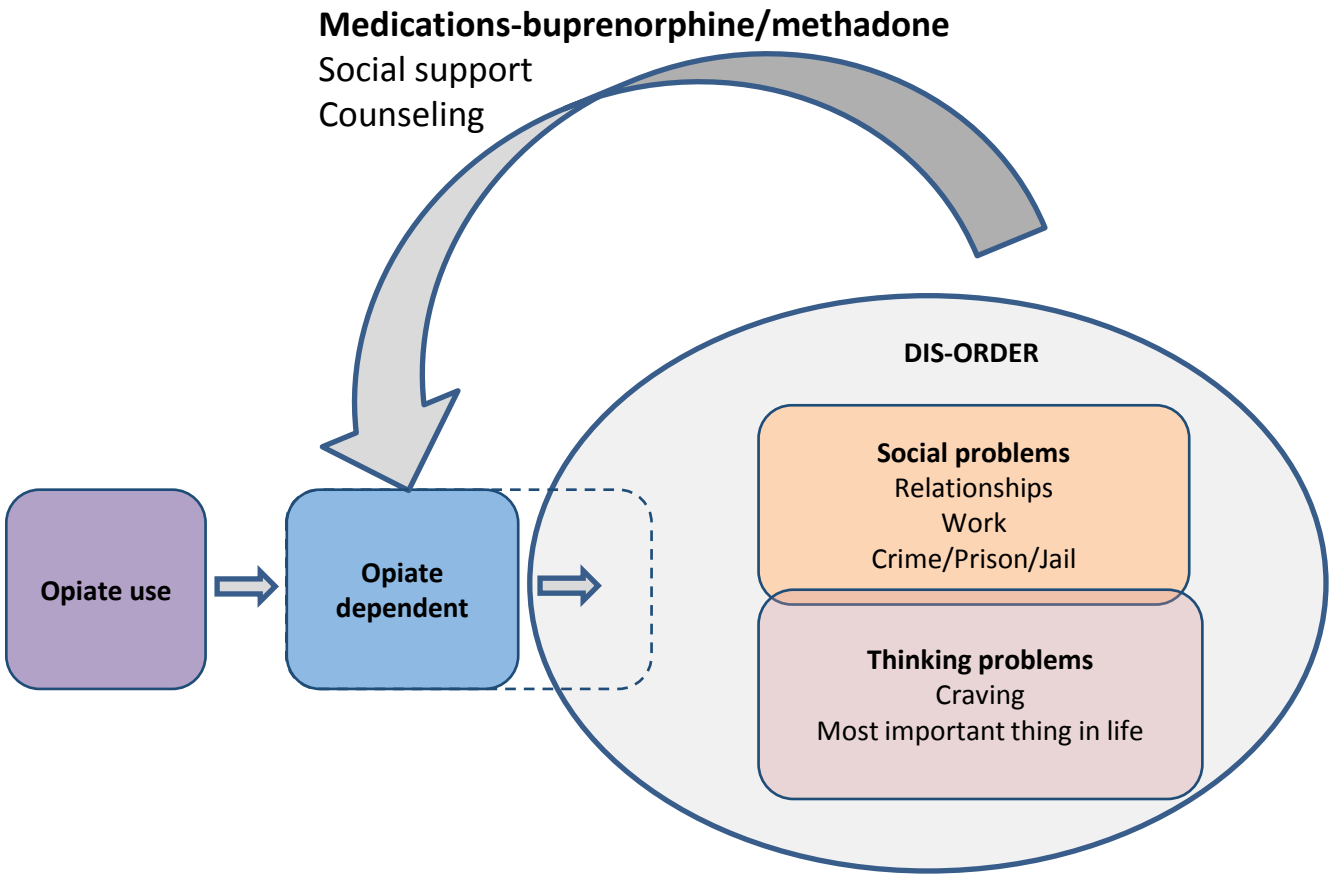

PROS: Strong overdose protection, some report feeling "normal," addresses cravings
CONS: May be side effects, some settings not supportive, can be intensive care

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Annals of Internal Medicine®

LATEST ISSUES CHANNELS CME/MOC IN THE CLINIC JOURNAL CLUB WEB EXCLUSIVES AUTHOR INFO

THIS ISSUE | NEXT ARTICLE ›

ORIGINAL RESEARCH | 7 AUGUST 2018

Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study FREE

Marc R. Larochelle, MD, MPH; Dana Bernson, MPH; Thomas Land, PhD; Thomas J. Stopka, PhD, MHS; Na Wang, MA; Ziming Xuan, ScD, SM; Sarah M. Bagley, MD, MSc; Jane M. Liebschutz, MD, MPH; Alexander Y. Walley, MD, MSc

- Background:Opioid overdose survivors have an increased risk for death. Whether use of medications for opioid use disorder (MOUD) after overdose is associated with mortality is not known.
- Objective:To identify MOUD use after opioid overdose and its association with all-cause and opioid-related mortality.
- Design:Retrospective cohort study.
- Setting:7 individually linked data sets from Massachusetts government agencies.
- Participants:17 568 Massachusetts adults without cancer who survived an opioid overdose between 2012 and 2014.
- Measurements:Three types of MOUD were examined: methadone maintenance treatment (MMT), buprenorphine, and naltrexone. Exposure to MOUD was identified at monthly intervals, and persons were considered exposed through the month after last receipt. A multivariable Cox proportional hazards model was used to examine MOUD as a monthly time-varying exposure variable to predict time to all-cause and opioid-related mortality.

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Results:

- In the 12 months after a nonfatal overdose, 2040 persons (11%) enrolled in **MMT** for a median of 5 months (interquartile range, 2 to 9 months), 3022 persons (17%) received **buprenorphine** for a median of 4 months (interquartile range, 2 to 8 months), and 1099 persons (6%) received **naltrexone** for a median of 1 month (interquartile range, 1 to 2 months).
- Among the entire cohort, all-cause mortality was 4.7 deaths (95% CI, 4.4 to 5.0 deaths) per 100 person-years and opioid-related mortality was 2.1 deaths (CI, 1.9 to 2.4 deaths) per 100 person-years.
- Compared with no MOUD, **MMT** was associated with decreased all-cause mortality (adjusted hazard ratio [AHR], 0.47 [CI, 0.32 to 0.71]) and opioid-related mortality (AHR, 0.41 [CI, 0.24 to 0.70]).
- **Buprenorphine** was associated with decreased all-cause mortality (AHR, 0.63 [CI, 0.46 to 0.87]) and opioid-related mortality (AHR, 0.62 [CI, 0.41 to 0.92]).
- No associations between **naltrexone** and all-cause mortality (AHR, 1.44 [CI, 0.84 to 2.46]) or opioid-related mortality (AHR, 1.42 [CI, 0.73 to 2.79]) were identified.

Limitation:Few events among naltrexone recipients preclude confident conclusions.

Conclusion:A minority of opioid overdose survivors received MOUD. Buprenorphine and MMT were associated with reduced all-cause and opioid-related mortality.

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Despite what we may hear, see and believe:

most people with substance use disorders do NOT want to be using drugs and alcohol in a harmful way

C. Frost, Madeline & C. Williams, Emily & Kingston, Susan & J. Banta-Green, Caleb. (2018). ***Interest in Getting Help to Reduce or Stop Substance Use Among Syringe Exchange Clients Who Use Opioids.*** Journal of Addiction Medicine. 1. 10.1097/ADM.0000000000000426.

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2017 WA State Syringe Exchange Survey

http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf

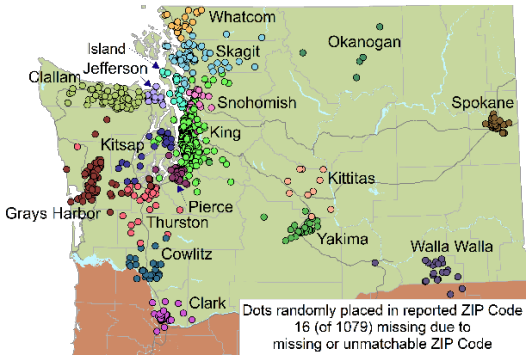
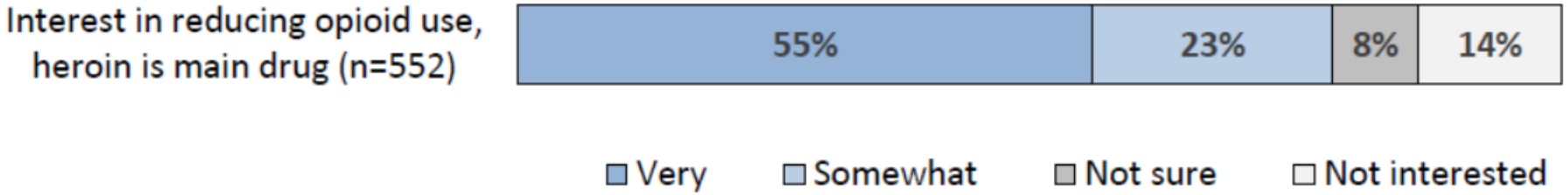


Figure 9. Interest in reducing/stopping use of main drug, among those not in treatment



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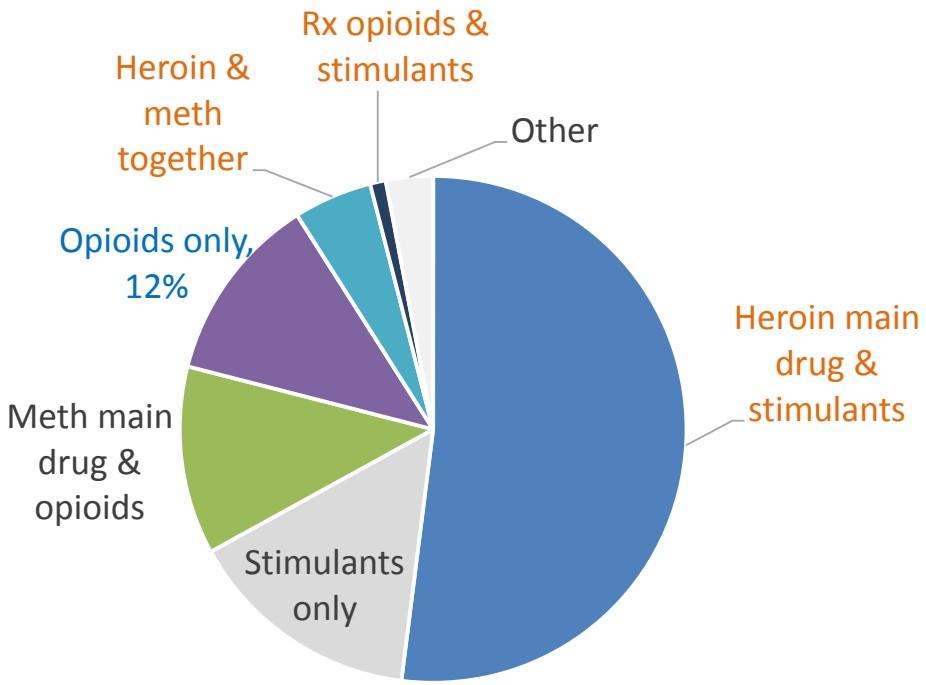
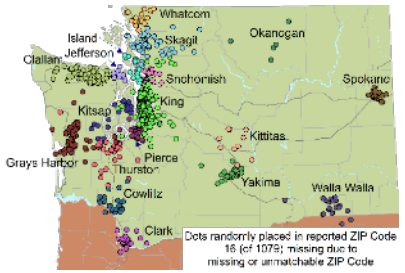
Main drug(s)



- Most people use multiple drugs
- Many are homeless
- Some can't engage in counseling
  - Anxiety, trauma…



2017 WA State Syringe Exchange Survey

http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf

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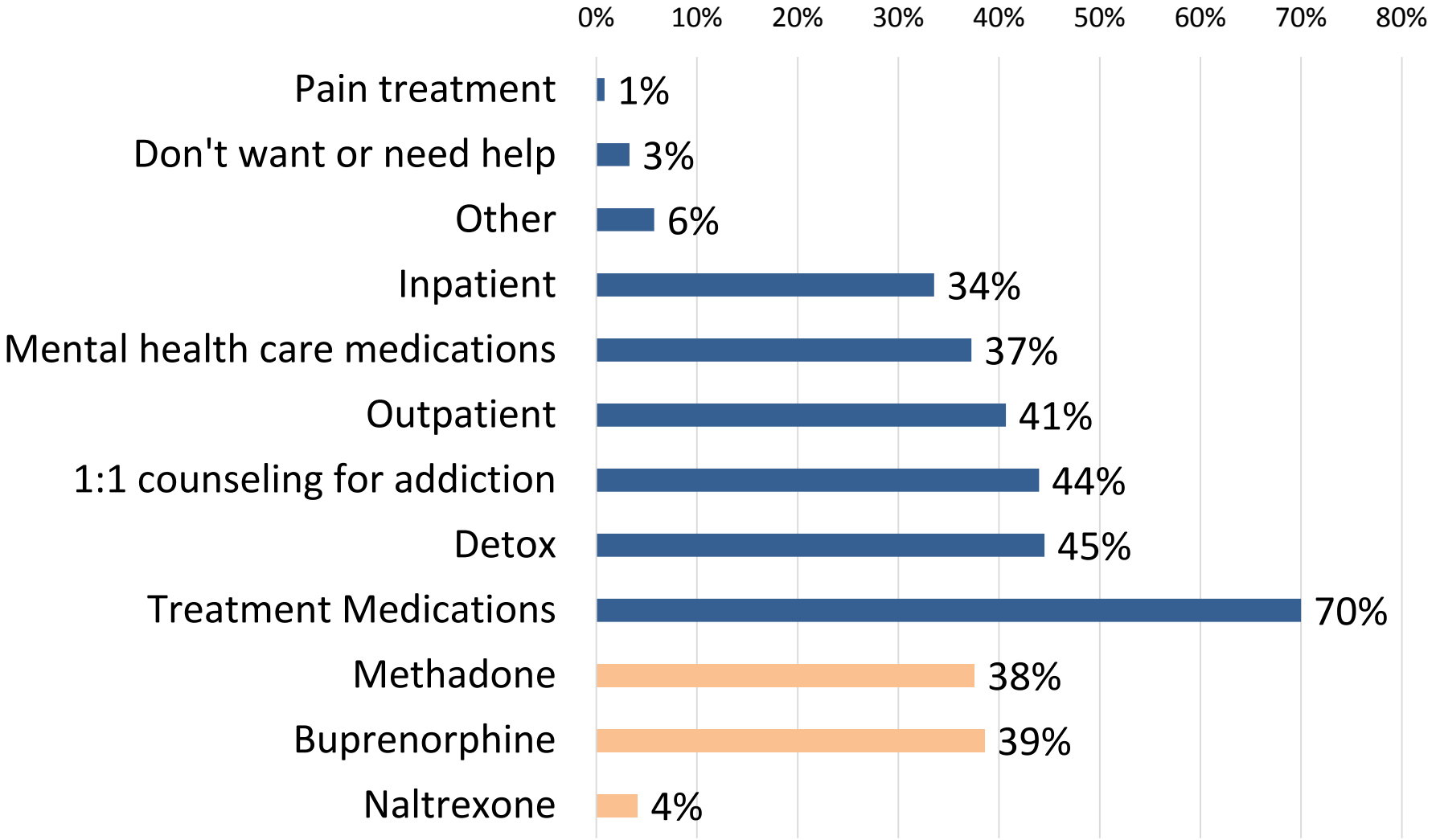
What treatment options would you be interested in if they were easy to get?



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POTENTIAL "FRONT DOORS" TO CARE

"After 3 appointments over 3 weeks we can get you started on treatment medications."

"Let's see if we can get you started on treatment medications this afternoon."

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ELSEVIER

Drug and Alcohol Dependence

Volume 161, 1 April 2016, Pages 1-8

Review

Opioid substitution therapy: Lowering the treatment thresholds

Georgios Kourounis [a, b], Brian David Wensley Richards [a, b], Evdokia Kyprianou [c], Eva Symeonidou [c], Minerva-Melpomeni Malliori [d], Lampros Samartzis [a, b]

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https://doi.org/10.1016/j.drugalcdep.2015.12.021

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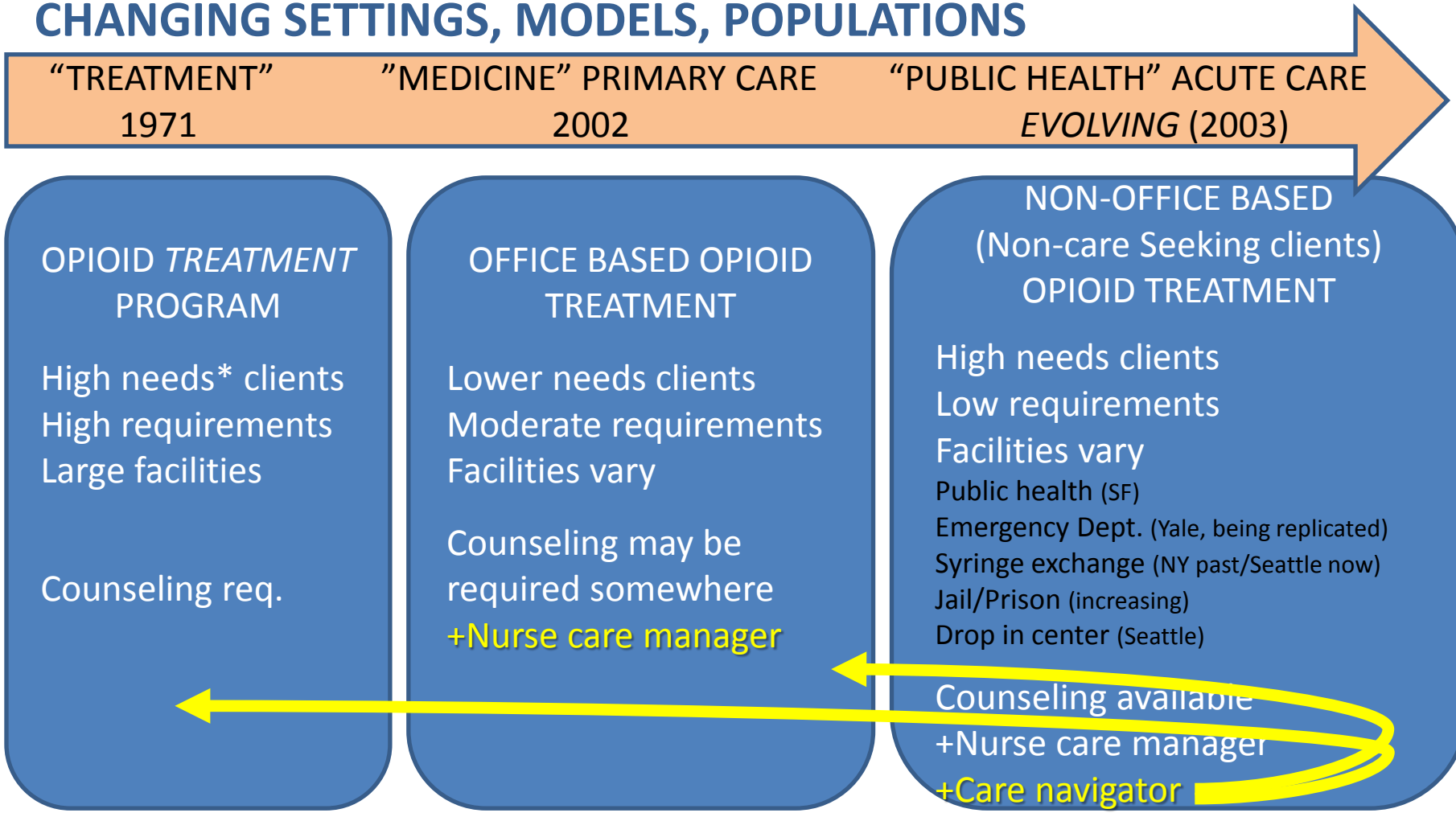
Qualitative characteristics		High threshold treatment design	Low treatment threshold design
Treatment accessibility barriers	Waiting lists	Long	Short or absent
	Admission criteria	Inflexible	Flexible
	Point of access	Strictly specialist care	General practitioners and office based care
	Cost of treatment	Cost to patient	No cost to patient
Treatment design barriers	Treatment design	Universally the same for all patient groups	Individualized according to the patient
	Medication options	Standard and limited	Flexible and pluralistic
	Duration of treatment	Limited	Unlimited
	Relapse policies	Zero tolerance approach	Relapses expected and treated as part of the OST
	Drug administration	Supervised only	Take-home therapies
	Adjuvant psychological treatment	Obligatory	Voluntary or absent

TREATING OPIOID USE DISORDER WITH AGONIST MEDICATION(S)

CHANGING SETTINGS, MODELS, POPULATIONS



*High needs is typical- 85% poly-substance use, substantial % homeless
This figure is a generalization to show the evolution of care.
Yellow text indicates service that substantially increases capacity/uptake

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MEDICATION-FIRST MODEL
ESSENTIAL ELEMENTS

Medication-first-treatment generally involves:

- drop-in visits,
- short time to medication start,
- poly-substance use allowed initially and ongoing,
- no counseling or support group mandates, always offered
- regular urinalysis
  - to document buprenorphine adherence and understand other ongoing substance use.

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MEDICATION FIRST MODEL-
VARIABLE PROGRAM COMPONENTS

- Duration-Programs may provide time limited or ongoing care.
- Settings- Primary care, "treatment agencies", behavioral health, E.D., community settings
- Community based Meds First-Where people already get other care and have trusting relationships.
  - These are people who are NOT looking for "treatment"
  - Syringe exchange, social service providers…
  - Model can also be incorporated into primary care and substance use disorder treatment agencies

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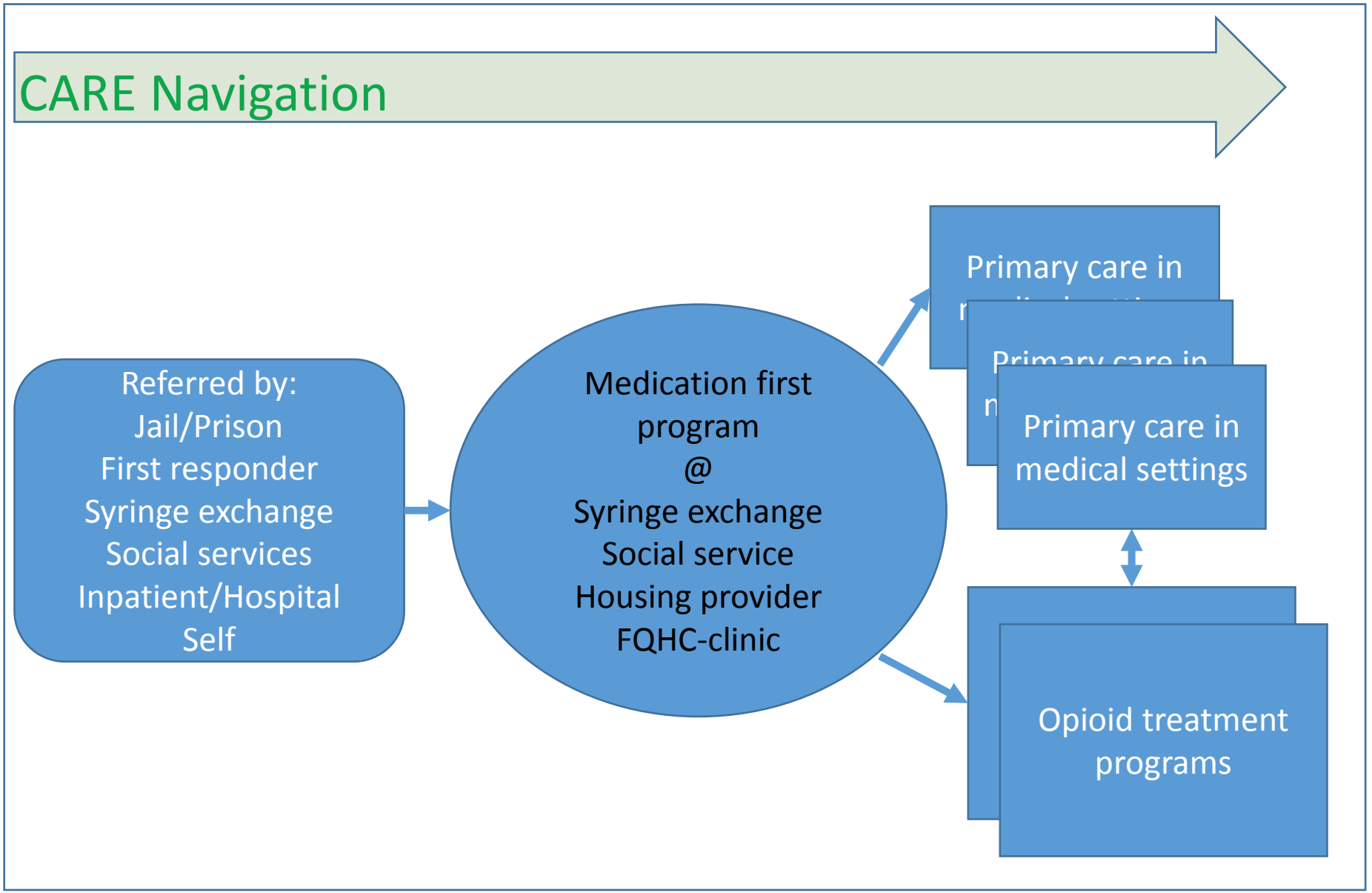
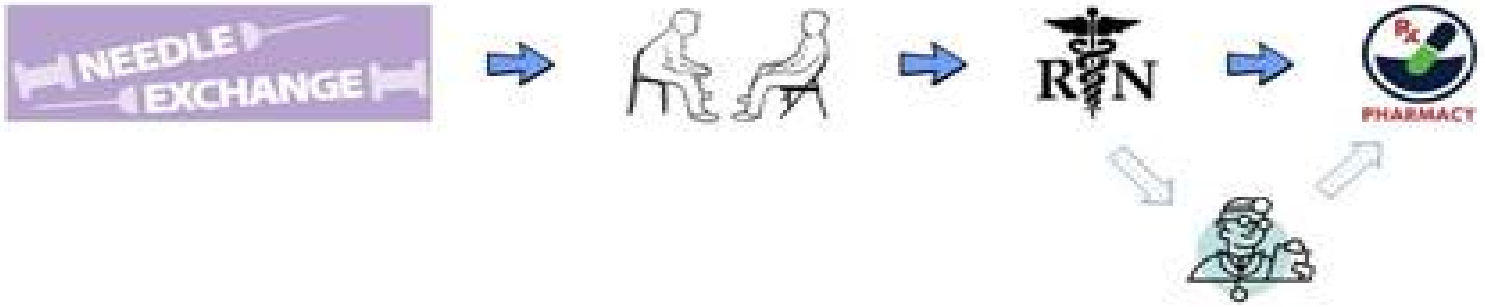
Medication-first program's place in the context of an opioid treatment network



Pilot program- ***Buprenorphine Pathways*** at Downtown Seattle Public Health clinic

INITIAL SERVICE DELIVERY MODEL



- Needle Exchange staff approach clients to engage and gauge interest in program
- Clients also present at clinic, requesting buprenorphine

- Nurse conducts a clinical assessment, develop a buprenorphine induction and care plan tailored to each patient's needs
- Nurse consults with DEA waivered prescriber, who orders the initial buprenorphine-naloxone prescription
- Medications dispensed at on-site pharmacy

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Substance Abuse

ISSN: 0889-7077 (Print) 1547-0164 (Online) Journal homepage: https://www.tandfonline.com/loi/wsub20

Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington

Julia E. Hood, Caleb J. Banta-Green, Jeffrey S. Duchin, Joseph Breuner, Wendy Dell, Brad Finegood, Sara N. Glick, Malin Hamblin, Shayla Holcomb, Darla Mosse, Thea Oliphant-Wells & Mi-Hyun Mia Shim

To cite this article: Julia E. Hood, Caleb J. Banta-Green, Jeffrey S. Duchin, Joseph Breuner, Wendy Dell, Brad Finegood, Sara N. Glick, Malin Hamblin, Shayla Holcomb, Darla Mosse, Thea Oliphant-Wells & Mi-Hyun Mia Shim (2019): Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington, Substance Abuse, DOI: 10.1080/08897077.2019.1635557

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ABSTRACT

Background: Clinic-imposed barriers can impede access to medication for opioid use disorder(MOUD). We evaluated a low-barrier buprenorphine program that is co-located with a syringe services program (SSP) in Seattle, Washington, USA.

Methods: We analyzed medical record data corresponding to patients who enrolled into the buprenorphine program in its first year of operation. We used descriptive statistics and tests of association to longitudinally evaluate retention, cumulative number of days buprenorphine was prescribed, and toxicology results.

Results: Demand for buprenorphine among SSP clients initially surpassed programmatic capacity. Of the146 enrolled patients, the majority (82%) were unstably housed. Patients were prescribed buprenorphine for a median of 47days (interquartile range [IQR]8–147) in the 180days following enrollment. Between the first and sixth visits, the percentage of toxicology tests that was positive for buprenorphine significantly increased (33% to 96%,P<.0001) and other opioids significantly decreased (90% to 41%,P<.0001) and plateaued thereafter. Toxicology test results for stimulants, benzodiazepines, and barbiturates did not significantly change.

Conclusions: SSP served as an effective point of entry for a low-barrier MOUD program. A large proportion of enrolled patients demonstrated sustained retention and reductions in opioid use, despite housing instability and polysubstance use.

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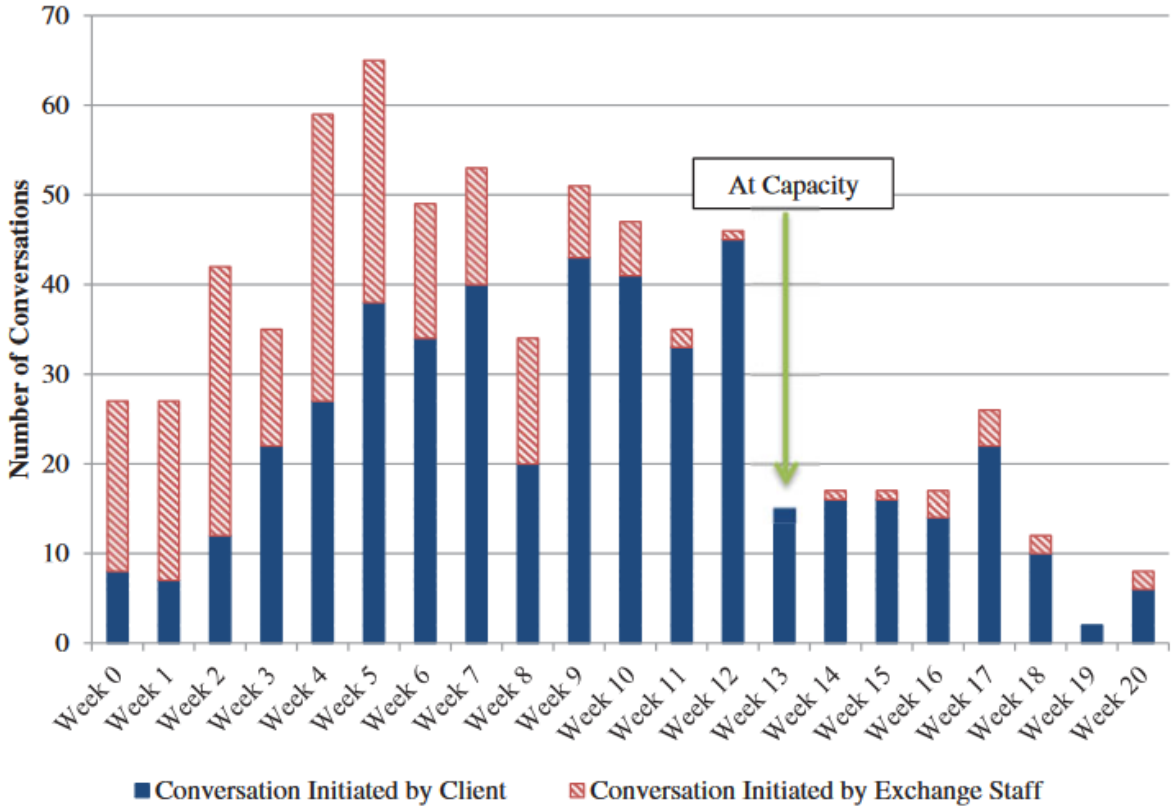

Figure 1. Discussions about buprenorphine among syringe services program clients in the 20 weeks following the launch of Bupe Pathways, Seattle, Washington, 2017–2018. This figure measures the number of conversations about Bupe Pathways initiated by either SSP clients or SSP staff.

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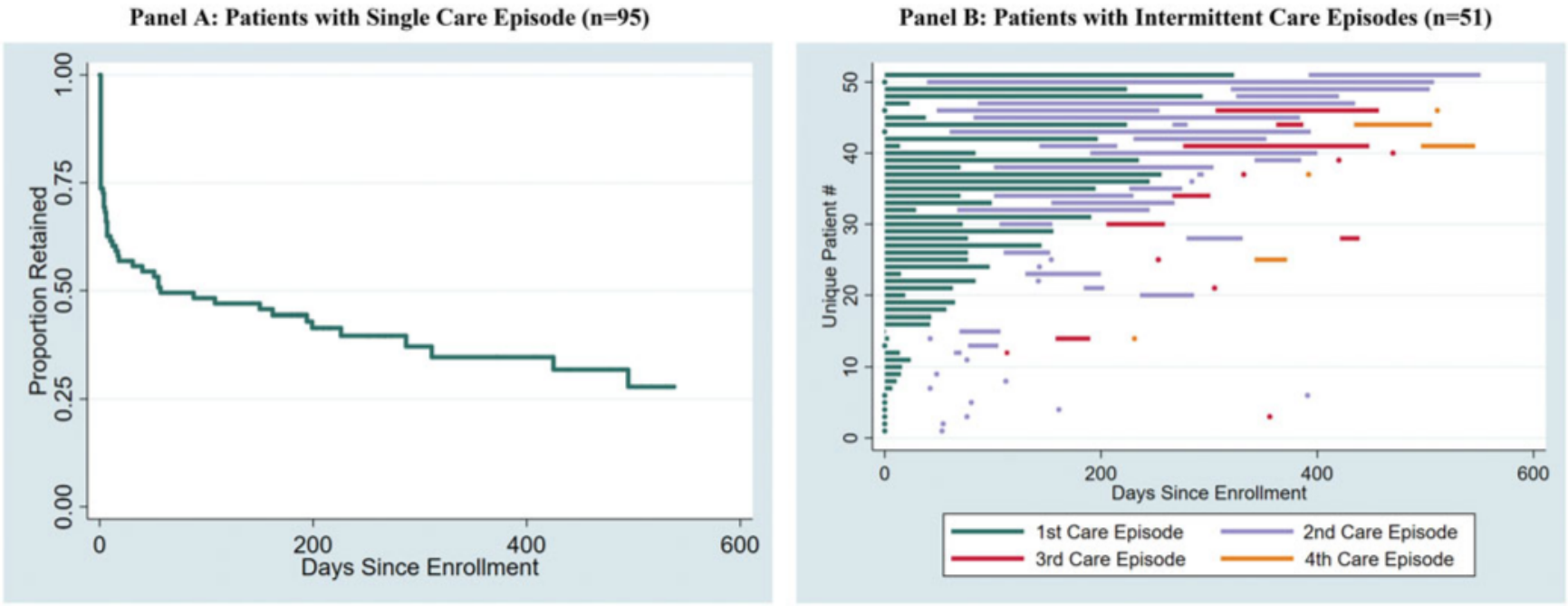
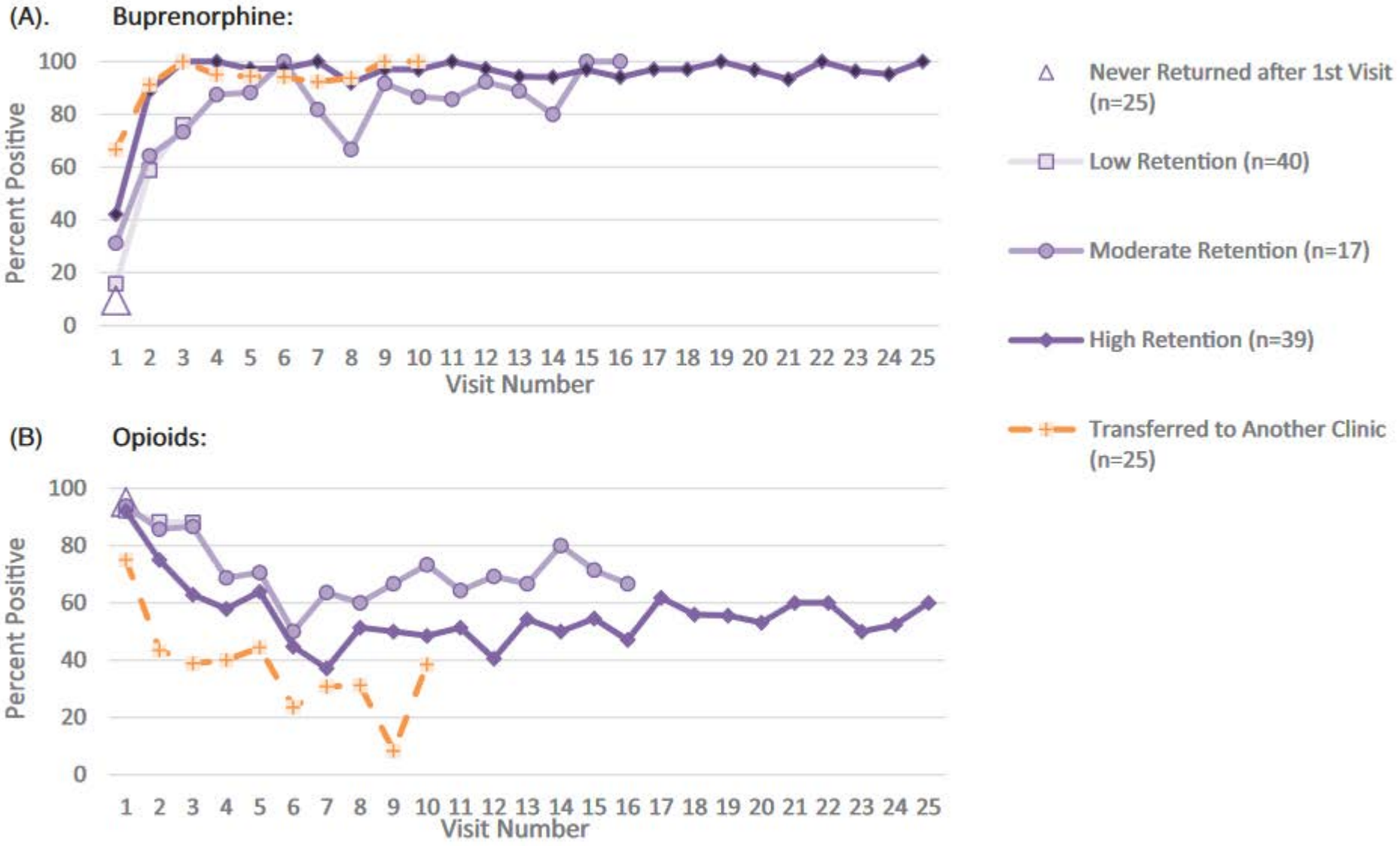


Figure 2. Retention in care among patients with single care episode (A) and among patients with intermittent care episodes (B), Seattle, Washington, 2017–2018. "Care episode" was defined as a collection of visits occurring within 30 days of one another. Panel A represents the proportion of patients with a single care episode ($n = 95$) that was retained each day following enrollment. Panel B represents the 51 patients who exhibited intermittent care; each of the rows in Panel B represents a unique patient.



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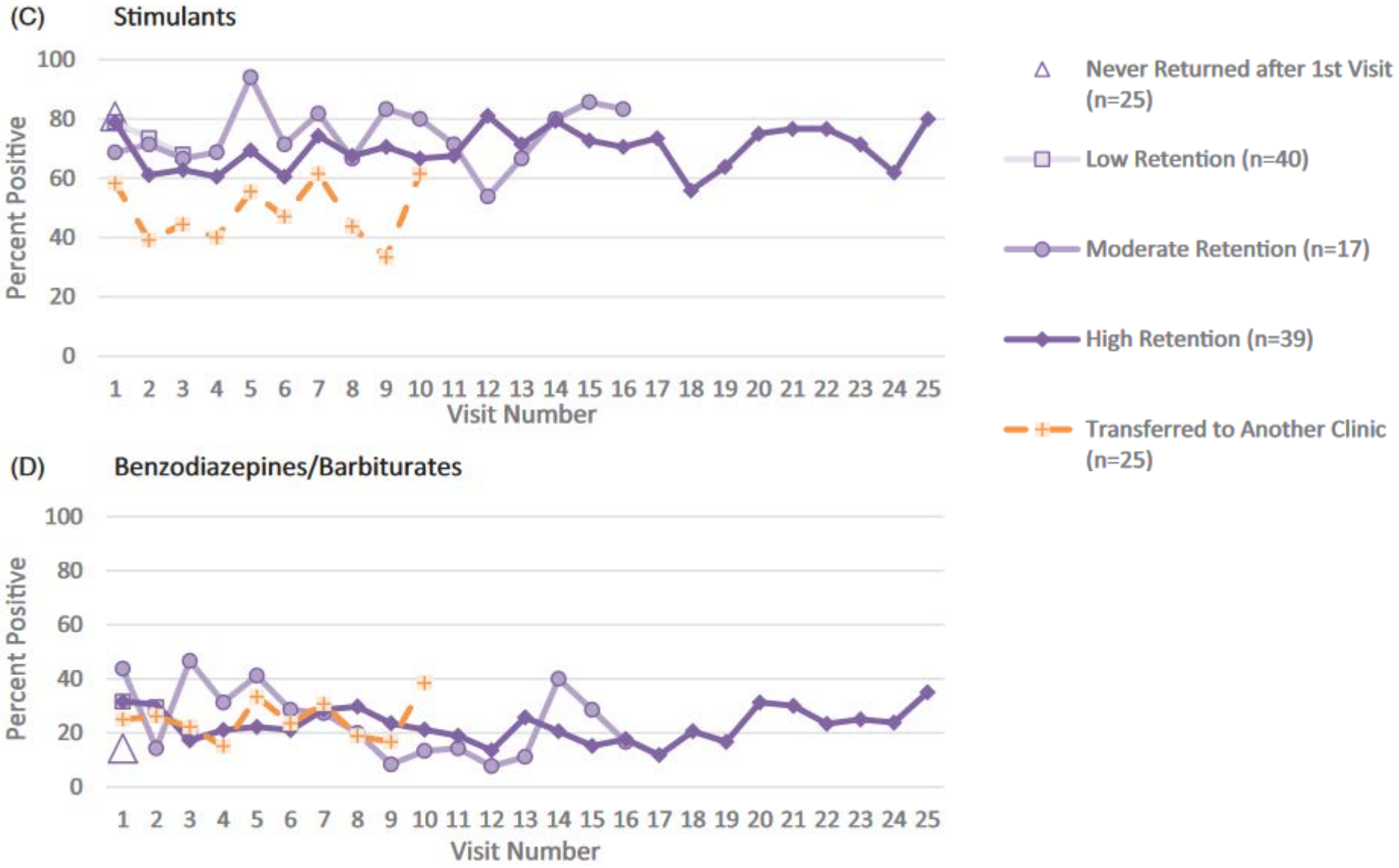

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TAKEAWAYS

- High client demand
- High needs population e.g. 82% homeless
- Most poly-substance users initially and ongoing
- Buprenorphine was almost always documented in UA
- Significant decrease in illicit opioid use
- Mortality rate appears to have been decreased
- Transitions/transfers into primary care for only a minority of patients

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NEXT STEPS

- Many similar programs launched or launching across WA State
- 4 site replication study of Meds First + 6-months of care navigation (PI Banta-Green)

What is the Medication-First Program?

We recognize that many people with opioid use disorder:

- Use alcohol and other drugs
- Relapse, often multiples times
- Have other demands that make it hard to go to lots of appointments

We want to work with you.

We will:

- Work with you to **start medications as soon possible** and stay on them as long as you want
- Provide you kind, supportive care
- Connect you with a care navigator to work with you for 6 months to help you stay on your medications, navigate other medical needs, and increase stability in other areas of your life

I'm interested! What do I do next?

Call
509.724.8533

Visit
Spokane Regional Health District
1101 W College Ave, Rm 155
Southwest Entrance (blue awning)

ADAI W

This project is in collaboration with the University of Washington August 2019

Medication-First Program

for Opioid Use Disorder

We *want* to work with you!

What can I expect?

At your first visit:

- You will **meet with a care navigator** to talk about the program and answer your questions.
- If you are interested, the care navigator will **introduce you to a medical provider** to talk about starting medications.
- If medically appropriate, you may be able to **start medications** the same day and get an initial short-term prescription.

Ongoing:

- Talk with a care navigator to help you stay on buprenorphine.
- You can get help with things like: reminders for your next medication visit, applying for Medicaid, getting ID, transportation, and finding food and other services.
- A care navigator will be available up to **6 months** and will help you connect with a medical provider to work with long-term.

At every medical visit:

- You will meet with a provider who will check how you are feeling on your medication.
- You will get a prescription for buprenorphine; the length of the prescription can increase over time from days to weeks.
- **You will not be "kicked out" of the program if you test positive for other drugs.** The urine tests help the provider know how you're doing.

What is buprenorphine?

Buprenorphine is a medication that lowers or eliminates opioid craving, and:

- Lasts about 24 hours
- Helps prevent withdrawal symptoms (feeling sick)
- Reduces the need to get drugs illegally
- Reduces risk of opioid overdose
- Helps support recovery

Buprenorphine can help you feel normal, reduce the chaos, and stabilize your life.

Once stable on buprenorphine, you can start to:

- Feel better
- Better care for loved ones
- Save money
- Look for a job and/or housing
- Get medical or mental health care, or addiction counseling (if you want to)
- Cut back on alcohol and other drug use (if you want to)

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ANNOUNCEMENTS

FELLOW WEEKLY ROLE ASSIGNMENT

Panel Member: Nadejda Bespalova

Chat Moderator: Jeeven Padda

Recommendation Writer: Angela Argyropoulos

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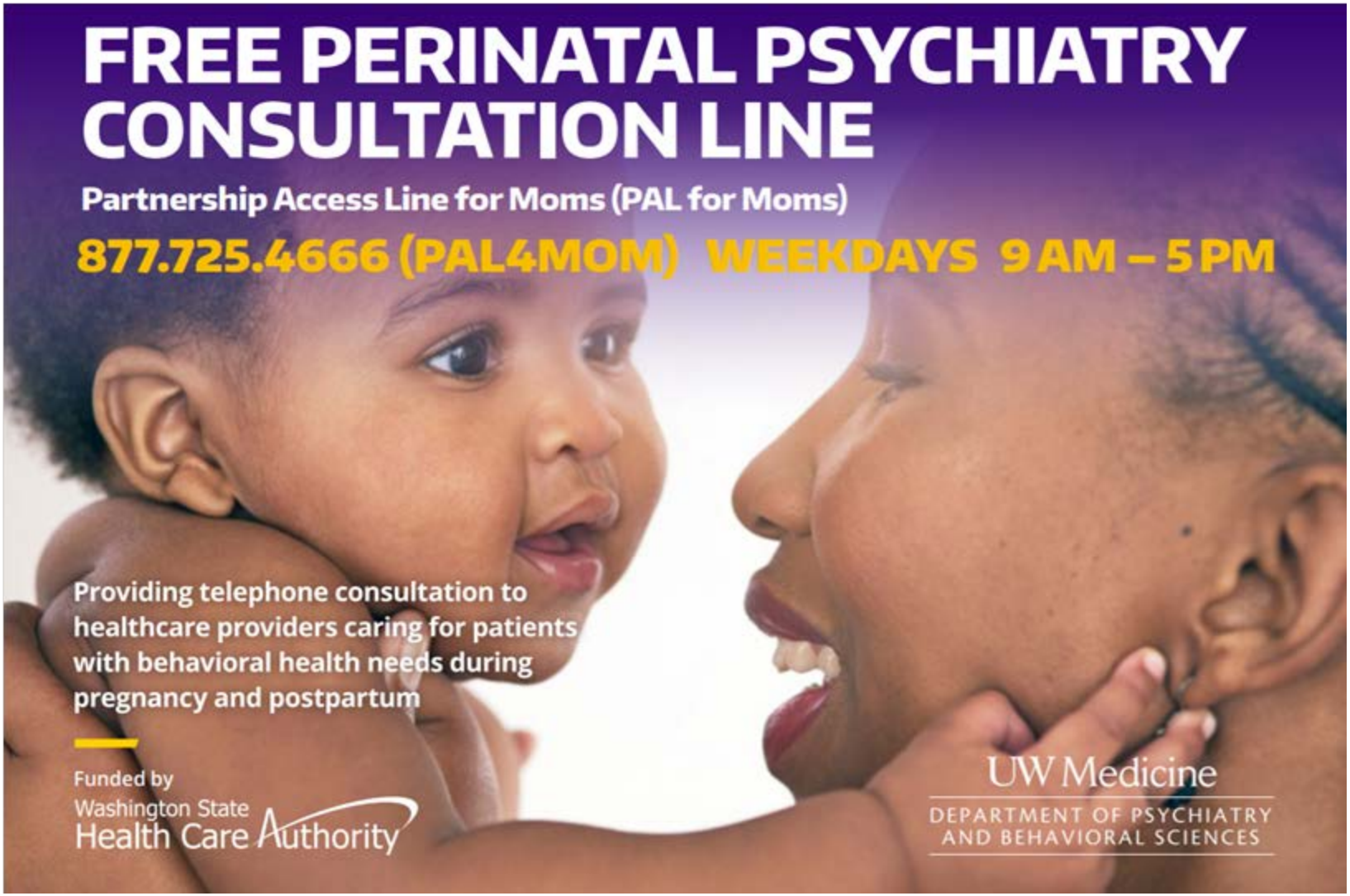

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NW REGIONAL TELEHEALTH RESOURCE CENTER

-Great resource for all things related to telehealth
-Check out this resource if you are providing telehealth or would like to provide it.

See: https://nrtrc.org/

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ANNOUNCEMENTS

Case Submission

When you submit a case you will be entered into a monthly drawing for a gift card!

UPDATE: We will now be giving the option to choose to present your case at the beginning of the session or the end. You may select this option directly on the case form.

Submit your cases:

http://ictp.uw.edu/programs/case-conferences

*Note: If you are employed by the UW or receive any sort of compensation from the UW, you may not be eligible for a gift card

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ANNOUNCEMENTS

UW PACC Schedule

September 19: Medically Unexplained Symptoms

September 26: Tobacco Update

October 3: Borderline Personality Disorder: Diagnosing and Treatment

October 10: Identifying and Addressing Ambivalence to Keep Patients in MAT

- Opioid Thursdays-2nd Thursday's of the month have a didactic focus on opioids

Please continue to submit cases!

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UW PACC REGISTRATION

Please be sure that you have completed the full UW PACC series registration.

If you have not yet registered, please email uwpacc@uw.edu so we can send you a link.

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