



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# REGISTRIES AND TREATING OUD

MARK DUNCAN, MD

ADDY ADWELL, BSN, RN



# GENERAL DISCLOSURES

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# GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care  
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# PLANNER DISCLOSURES

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

Mark Duncan MD

Barb McCann PhD

Rick Ries MD

Kari Stephens PhD

Cameron Casey

Betsy Payn

Diana Roll

Cara Towle MSN RN

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# SPEAKERS DISCLOSURES

- ✓ Any conflicts of interest?
  - ✓ None

# OBJECTIVES

1. Describe the utility of using a registry for OUD management.
2. Identify the data that will be included in the a registry for OUD treatment.
3. Outline how a registry can be used in clinical practice.

# THE CONTEXT: OUD IS STILL A PROBLEM

- Overdose deaths have remained high
  - 2017: 47,600
  - 2018: 46,802
  - 4-fold increase in waivered providers/100,000 from 2007-2017
- 50-80% of all patients stop OUD treatment over several weeks or months.

McBain, Dick, Sorbero, & Stein, 2020; NIDA, 2020; Scholl L, 2019; Timko, Schultz, Cucciare, Vittorio, & Garrison-Diehn, 2016; Weinstein et al., 2017

# WHY USE A REGISTRY?

- **Definition of a registry:** searchable patient list for a defined population
- Why use?
  - Potential improvements in population health outcomes and processes
    - Increase exposure guideline concordant care
    - Increase in remission of symptoms

Keeps people from falling through the cracks



# WHY USE A REGISTRY FOR OUD?

Keeps people from falling through the cracks

- **Highlight individuals at risk of relapse or dropping out**
- **Highlight population trends which may need attention**
  - **Guideline alignment**
  - **Equity issues**

# OD METRICS TO FOLLOW: TIME

- Treatment attendance
  - Medication visits
  - Nurse care manager visits
  - Therapy visits
  - Navigator visits
- Length of time in treatment
- Date of last contact

# ODD METRICS TO FOLLOW: DRUG USE

- Ongoing substance use
  - Urine drug screens
  - Self-report

# OLD METRICS TO FOLLOW: BUP USE

- Buprenorphine Adherence
  - Daily Buprenorphine Tracking Metric
  - Surrogate for cravings and withdrawal (may overuse if those are undertreated)
  - Marker of ambivalence

# OUD METRICS TO FOLLOW: PHQ9

- Mood tracking
  - Negative mood associated with higher drop-out rate
  - Anhedonia associated with opioid cravings and use
  - Depression is common in OUD

# OD METRICS TO FOLLOW: OTHER

- Buprenorphine Dose
  - Dose dependent response
  - Population metric
- Prescription Monitoring Program Check

# ACTIVE PATIENTS

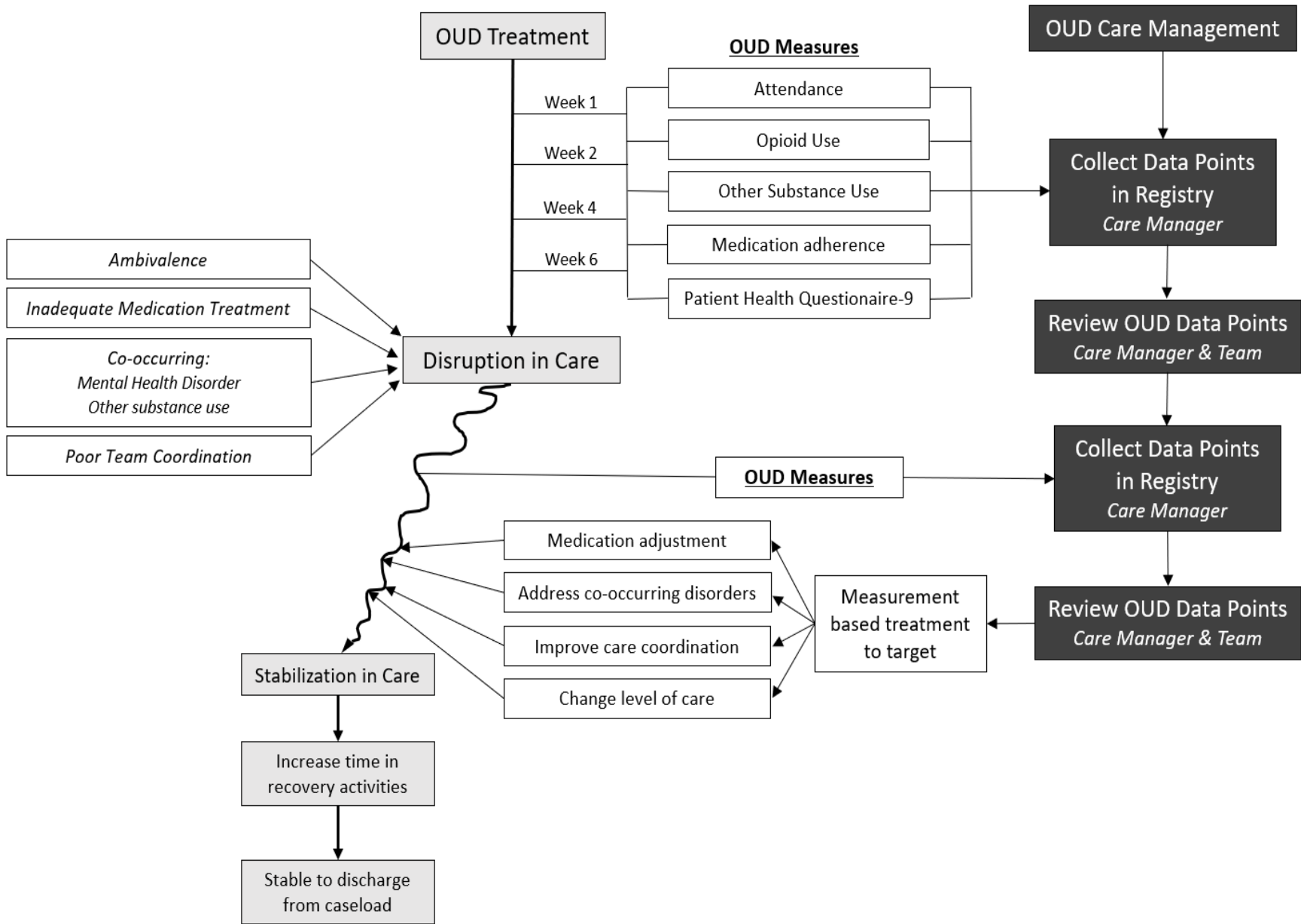
Report for :    
 Report Created on : Thursday, March 12, 2020, 1:47 PM

PATIENT ID	MRN	NAME	WEEKS IN Tx	URINE DRUG SCREEN			LAST REPORTED ADHERENCE	ENCOUNTERS				MOUD		PHQ-9		LAST PMP ACCESS
				Rx	ILLICIT OPIOIDS	OTHER ILLICIT SUBSTANCE		NO SHOW RATE	INITIATION DATE	LAST ENCOUNTER	# ENCOUNTERS	LAST SPECIALTY CONSULT	Rx	DAYS DISPENSED	FIRST	
			0					0%			0					
			6	Y	Y	Y	-	0%	1/28/20		1		Zubsolv 22mg	11	8	8*
			9	Y	Y	N	25%	0%	1/4/20	2/1/20	2		Buprenorphine 16mg	30	0	0*
			17	Y	N	N	86%	0%	11/10/19	2/11/20	2	11/12/19	Buprenorphine 20mg	3	1	1
			21	Y	N	N	86%	0%	10/14/19	2/5/20	5	11/7/19	Buprenorphine 14mg	10	18	11*
			21	N	Y	N	79%	67%	10/12/19	1/6/20	5	10/17/19	Buprenorphine 20mg	7	17	8*
			28	Y	N	N	50%	33%	8/26/19	1/29/20	8	1/28/20	Buprenorphine 12mg	30	14	2*
			30	Y	N	N	100%	0%	8/12/19	2/9/20	6	10/28/19	Suboxone 15mg	14	3	3*

# USING A REGISTRY IN CLINICAL PRACTICE

- Often needed
  - Clinic champion
  - Quality improvement mindset within leadership
- Someone to maintain the registry
- Time to review the registry
- Best used in team-based care





# SUMMARY

- Using a registry can be an effective tool to keep people from falling through the cracks and help identify people who may need more intense or less intense care
- Maintenance and review of registry is critical
  - Often best accomplished in team-based care

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