Best Practices in Treatment Retention for Patients taking Medications for Opioid Use Disorder (MOUD)

CA Hub and Spoke Learning Collaborative

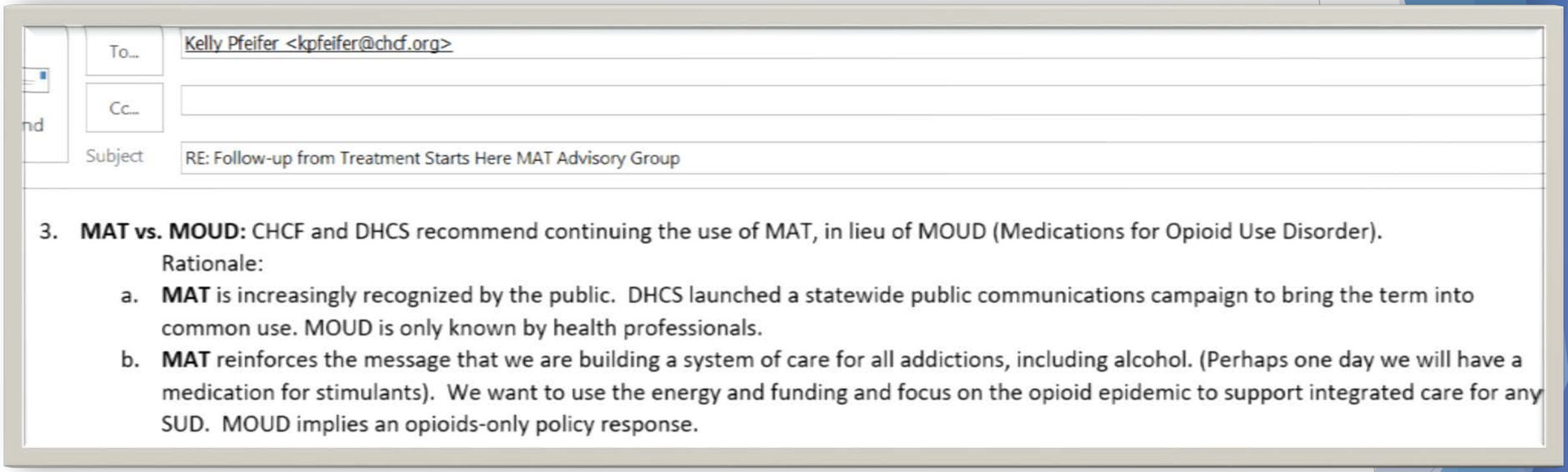
Quarter 7

June/July 2019

Agenda

- Defining retention activity
- Best practices in retention
  - Nurse care model
  - Peer navigation
  - Contingency management
  - Telehealth
  - Racial-ethnic disparities
- Share your best practices
- QI measures

Language Matters



To... Kelly Pfeifer <kpfeifer@chcf.org>

Cc...

Subject RE: Follow-up from Treatment Starts Here MAT Advisory Group

3. **MAT vs. MOUD:** CHCF and DHCS recommend continuing the use of MAT, in lieu of MOUD (Medications for Opioid Use Disorder).
   Rationale:
   a. **MAT** is increasingly recognized by the public. DHCS launched a statewide public communications campaign to bring the term into common use. MOUD is only known by health professionals.
   b. **MAT** reinforces the message that we are building a system of care for all addictions, including alcohol. (Perhaps one day we will have a medication for stimulants). We want to use the energy and funding and focus on the opioid epidemic to support integrated care for any SUD. MOUD implies an opioids-only policy response.

ChooseMAT.org
CaliforniaMAT.org

In California, Treatment Starts Here

DHCS California Department of Health Care Services

MAT Expansion Project

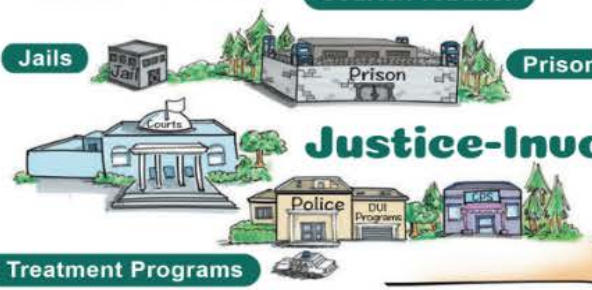
Justice-Involved

Juvenile Justice

Courts/Probation

Jails

Prisons



DUI Treatment Programs

Prevention

Youth

Prescriber Education

Drug Take Back

Naloxone

CURES

SUD Treatment

Drug Medi-Cal Organized Delivery System

Residential Treatment

Narcotic Treatment Programs

Youth

Alcohol and Drug Counselors

Supportive Housing

Hub & Spoke

Clinical Services

Primary Care

Behavioral Health

Tribal Health

EDs/Hospitals

Physician Residency Programs

CA Substance Use Line

Perinatal and Neonatal

Statewide Programs

Evaluation

MAT Access Grants

MAT Toolkits

Mentoring

Coalitions

Media Campaign

Transitions of Care

Fentanyl Monitoring

CaliforniaMAT.org

March 2019

Why Retention?

- Premature discontinuation of opioid agonist treatment is associated with a range of adverse outcomes, including resumption of opioid use and mortality (Clausen et al., 2008, 2009; Magura & Rosenblum, 2001)
- Over half OBOT patients were retained in treatment over one year.
  - Poorer retention for patients who were younger, black, Hispanic, unemployed, or with hepatitis C (Weinstein et al., 2016)
- Retention disparity exists between methadone and buprenorphine (Bell et al., 2009; Hser et al., 2014; Srivastava et al., 2017)

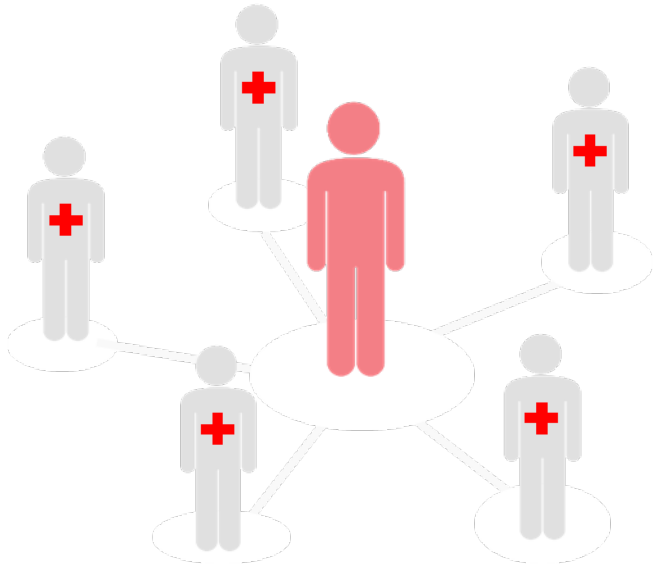
Hub and Spoke 6-month Retention Data Definition

- Patients who remained active**** in treatment continuously (i.e., those who have continuously refilled their MAT prescriptions) for 6 months, as of the reporting month.
- **** *Patients in the opioid treatment program (OTP; most hubs) setting are considered active if they have gone no more than 14 days without medication (i.e., they have not been discharged).*
- *Patients in the office based treatment (OBOT; most spokes) setting are considered active if they have a new MAT prescription or refill of a MAT prescription within the past 90 days.*

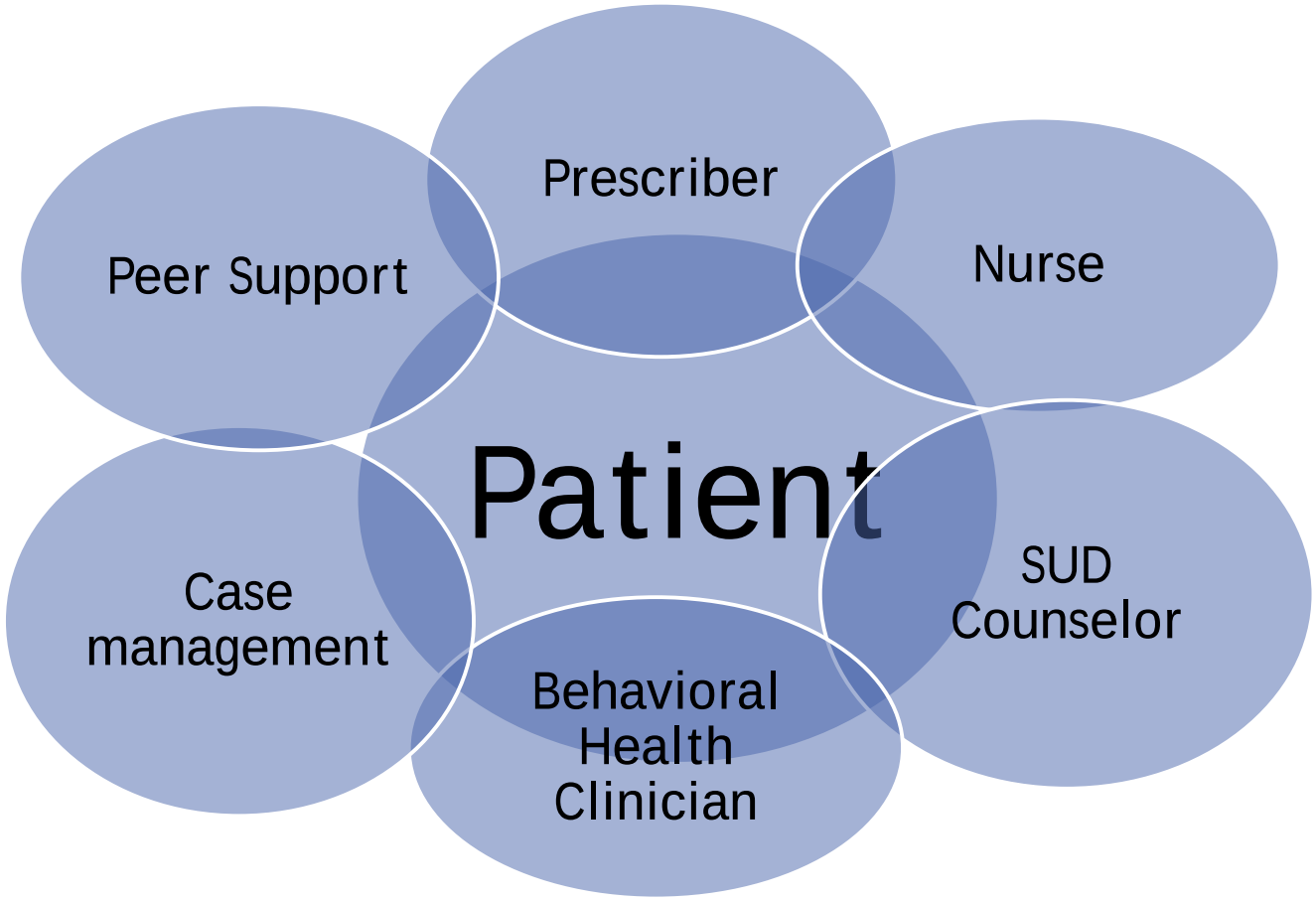
Nurse Care Manager (NCM) Model

NCMs increase patient access to treatment

- Frequent follow-ups
- Case management
- Able to address
  - positive urines
  - insurance issues
  - prescription/pharmacy issues
- Pregnancy, acute pain, surgery, injury
- Concrete service support
  - Intensive treatment, legal/social issues, safety, housing
- Brief counseling, social support, patient navigation
- Support providers with large case loads



Multidisciplinary Team



“Massachusetts Model” of Office Based Opioid Treatment

- Program Coordinator intake call
  - Screens the patient over the telephone
  - OBOT Team reviews the case for appropriateness
- NCM and physician assessments
  - Nurse does initial intake visit and collects data
  - Waivered prescriber: PE, and assesses appropriateness, DSM criteria of opioid use disorder
- NCM supervised induction (on-site) and managed stabilization (on- and off-site (by phone))
  - Follows protocol with patient self administering medication per prescription

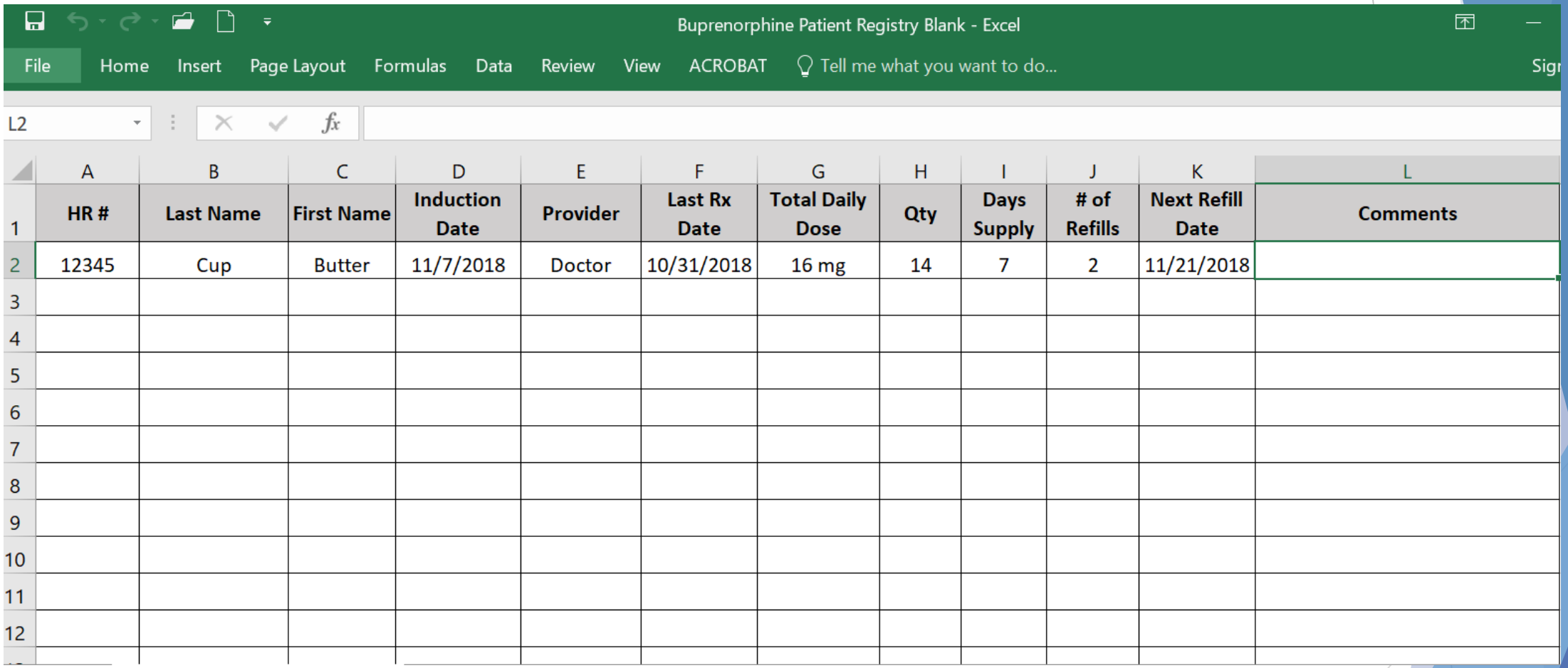
OBOT RN Nursing Assessment

- Intake assessment
  - Review medical hx, treatment hx, pain issues, mental health, current use, and medications
- Consents/Treatment agreements
  - Program expectations: visits & frequency, UDT, behavior
  - Understanding of medication: opioid, potential for withdrawal
  - Review, sign, copies to patient and review at later date
- Education
  - On the medication (opioid), administration, storage, safety, responsibilities and treatment plan
- UDT
- LFTs, Hepatitis serologies, RPR, CBC, pregnancy test

OBOT RN Follow up Visits:

- Assess dose, frequency, cravings, withdrawal
- Ongoing education: dosing, side effects, interactions, support.
- Counseling, self help check in
- Psychiatric evaluation and follow up as needed
- Medical issues: vaccines, follow up, treatment HIV, HCV, engage in care
- Assist with preparing prescriptions
- Facilitating prior approvals and pharmacy
- Pregnancy: if pregnant engage in appropriate care
- Social supports: housing, job, family, friends

Patient Tracking



	A	B	C	D	E	F	G	H	I	J	K	L
1	HR #	Last Name	First Name	Induction Date	Provider	Last Rx Date	Total Daily Dose	Qty	Days Supply	# of Refills	Next Refill Date	Comments
2	12345	Cup	Butter	11/7/2018	Doctor	10/31/2018	16 mg	14	7	2	11/21/2018	
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Peer Recovery Support Services

- Designed and delivered by people who have experienced both substance use disorder and recovery.
- Help individuals and families stay engaged in the recovery process after initial acute care.
- Embodies a powerful message of hope and experiential knowledge.
- Extends the reach of treatment beyond clinical settings.

Understanding the Differences

Peer Support Services

- Minimal role differential
- Non-clinical
- Long-term
- Community-based
- Multiple pathways

Clinical Support Services

- Power differential
- Clinical
- Short-term
- Diagnosis
- Medication
- Boundaries

Understanding the Differences

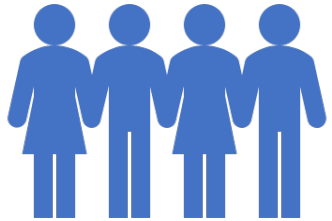
12-Step Programs	Peer Support Services
Prescriptive	Non-prescriptive
Abstinence-based	Multiple pathway
One pathway	Self-directed program
Program to follow	

What are the Domains of Peer Recovery Services?

Developed by the Substance Abuse and Mental Health Services Administration

- **Emotional**
- **Informational**
- **Instrumental**
- **Affiliational**

Emotional Domain



Examples

- Peer coaching
- Peer led support groups

Peer service providers demonstrate empathy and caring to bolster a person’s confidence and self-esteem.

Informational Domain

Examples

- Job readiness training
- Wellness seminars

Peers share knowledge and information and provide vocational or life skills training.

Instrumental Domain

Examples

- Childcare
- Transportation

Peers provide concrete services to help others perform tasks.

Affiliational Domain

Examples

- Recovery centers
- Sports leagues
- Fitness classes

Peer service providers facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging.

What are the Benefits of Peer-Based Services?

- Individuals help each other based on a shared issue and lived experience
- Peer-based services and programs offer support and hope through role modeling
- No power differential - allows for rapid trust building
- Provides opportunities for decreased isolation due to their substance use disorder or for families who often feel alone
- Recovery community centers provide on-going and long-term help

Contingency Management (aka Motivational Incentives)

- Best practice for stimulant use disorder in patients with MOUD
- Use tangible rewards for concrete behaviors
- Use escalating rewards (get more incentives with more positive behavior) or fishbowl method (pick tickets with reinforcers)

Patient attends treatment, gives negative samples

More patients
- attend treatment
- give negative samples

CM Implementation Tips

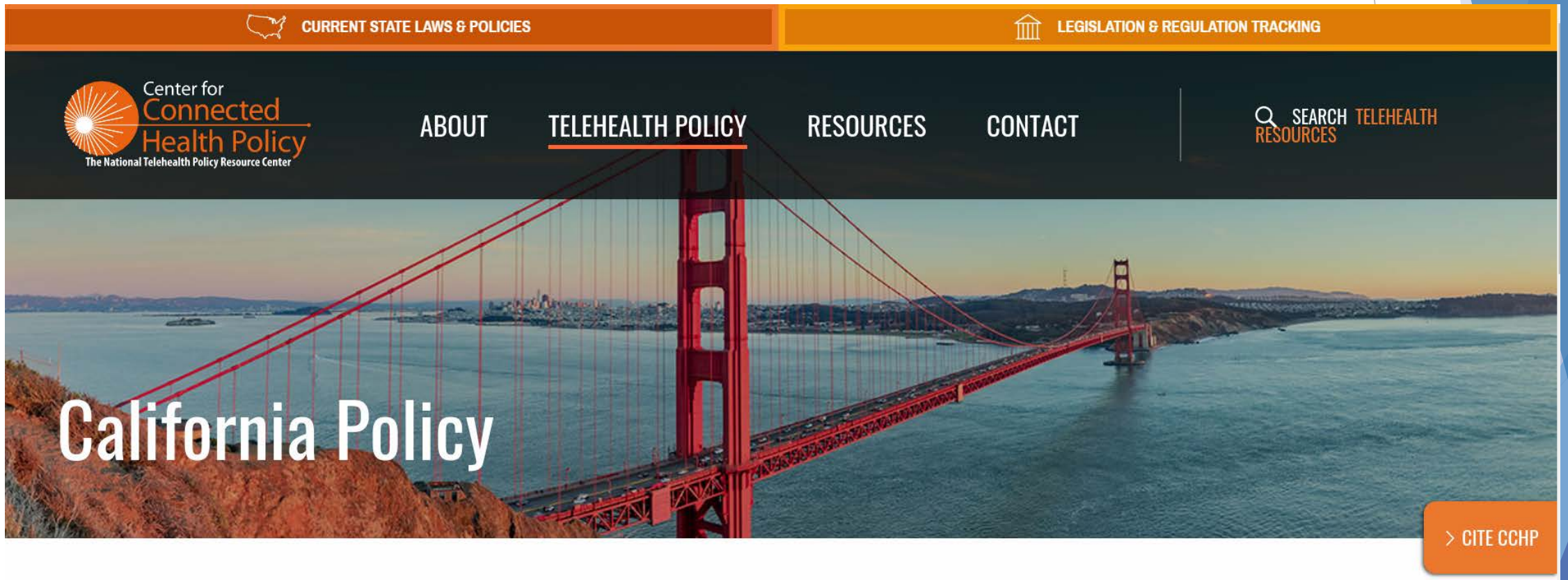
- Staff designated to coordinate
- Give reinforcement frequently
- Easy to earn initially (set the bar low)
- Reinforcers should be items of use and value to patients
- Reinforcement should be connected to specific, observable behavior
- Minimize delay in reinforcement delivery; greater delay, weaker effect
- Focus on small steps; any improvement
- Simple is better

Telehealth

Expands Access

Enhances Treatment Services

Telehealth laws and policies - Cchpca.org



Be aware of racial disparities

Research Letter

ONLINE FIRST

May 8, 2019

Buprenorphine Treatment Divide by Race/Ethnicity and Payment

Pooja A. Lagisetty, MD, MSc[1,2,3]; Ryan Ross, BS[4]; Amy Bohnert, PhD[2,3,5]; et al

» Author Affiliations | Article Information

JAMA Psychiatry. Published online May 8, 2019. doi:10.1001/jamapsychiatry.2019.0876

Retention Best Practices