Using a Nurse-Led Model for Effective Team-Based Care for Opioid Use Disorder

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Disclosures

Jeanelle Pestes, RN, has no relevant financial interests to disclose.

Objectives

- Specify two ways a nurse care model (NCM) can increase a patient's access to medications for opioid use disorder
- Describe three main findings from the Massachusetts nurse care manager model study
- Describe two strategies to help prepare a patient for buprenorphine induction
- Demonstrate two (2) lessons learned from the case presentation

ARCHIVES OF INTERNAL MEDICINE

Collaborative Care of Opioid-Addicted Patients in Primary Care Using Buprenorphine

Five-Year Experience

Daniel P. Alford, MD, MPH; Colleen T. LaBelle, RN; Natalie Kretsch, BA; Alexis Bergeron, MPH, LCSW; Michael Winter, MPH; Michael Botticelli, MEd; Jeffrey H. Samet, MD, MA, MPH

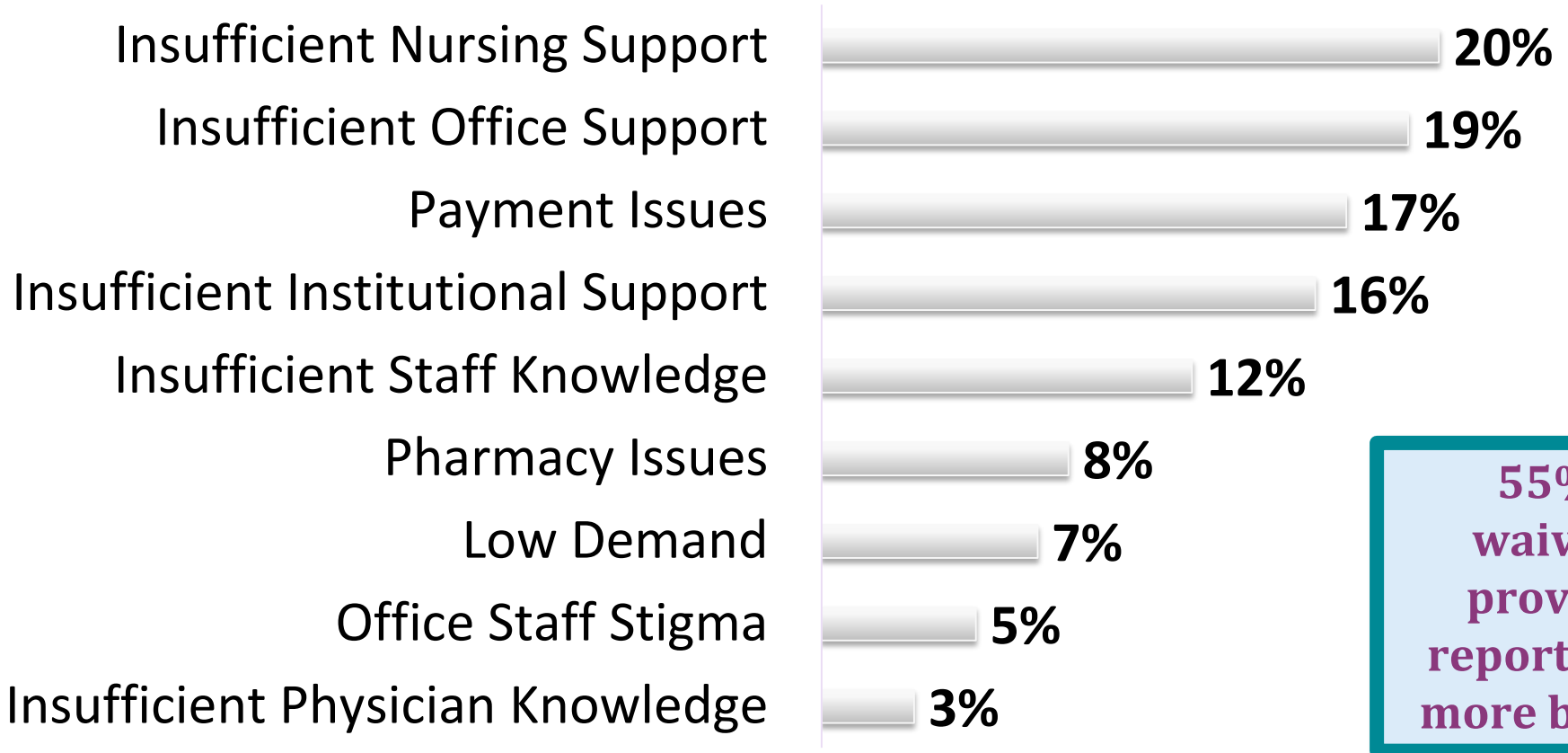
Arch Intern Med. **2011;171:425-431.**

BMC's Office Based Addiction Treatment (OBAT) Model

- Collaborative Care / Nurse Care Manager Model developed at Boston Medical Center (BMC)
  - Nurse care managers (NCMs) work with physicians to deliver outpatient addiction treatment with buprenorphine and injectable naltrexone
- More recently dubbed the "Massachusetts Model"

Barriers to Prescribing Buprenorphine in Office-Based Settings

N=156 waivered physicians; 66% response rate among all waivered in MA as of 10/2005



55% of waivered providers reported 1 or more barriers

Source: Walley et al. *J Gen Intern Med.* 2008; 23(9): 1393-1398.

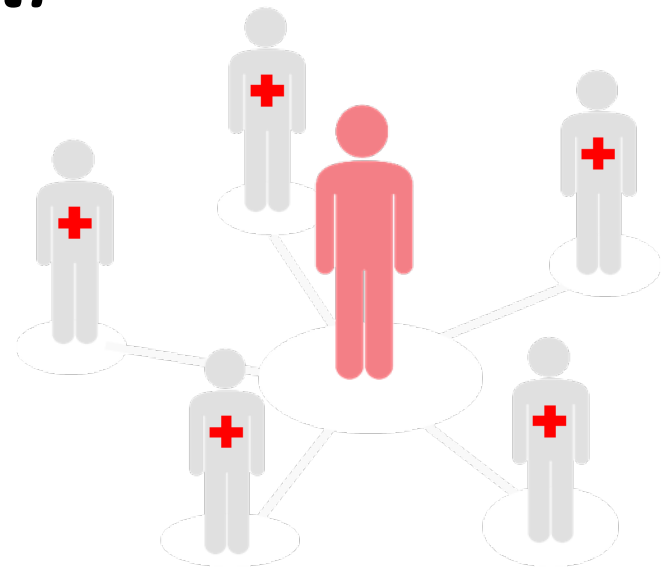
Only waivered providers can prescribe BUPRENORPHINE.

However…

…it takes a ***Multidisciplinary Team Approach*** for effective treatment.

What MAKES THE BMC NCM OBAT Model SUCCESSFUL?

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

Journal of Substance Abuse Treatment

Office-Based Opioid Treatment with Buprenorphine (OBOT-B): State-wide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers

Colleen T. LaBelle, B.S.N., R.N.-B.C., C.A.R.N. [a,b,*], Steve Choongheon Han, B.A. [b], Alexis Bergeron, M.P.H. L.C.S.W. [a], Jeffrey H. Samet, M.D., M.A., M.P.H. [a,b,c]

***J Subst Abuse Treat*. 2016;60:6-13.**

BMC OBOT Became Known as Massachusetts Model of OBOT

- 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

Nurse Care Managers (NCM)

- Registered nurses, completed 1 day buprenorphine training
- Performed patient education and clinical care by following treatment protocols (e.g., UDT, pill counts, periop mgnt)
- Ensured compliance with federal laws
- Coordinated care with OBOT prescribers
- Collaborated care with pharmacists (refills management) and off-site counseling services
- Drop-in hours for urgent care issues
- Managed all insurance issues (e.g., prior authorizations)
- On average each NCM saw 75 patients/wk

Massachusetts Model of OBOT

- Maintenance treatment patient in care (at least 6 months)
  - NCM visits weekly for 4-6 wks, then q2 wks, then q1-3 months and as needed
  - **Waivered provider visits at least every 4 months**
- Medically supervised withdrawal considered based on stability if the patient requested to taper
- Transferred to methadone if continued illicit drug use or need for more structured care
- Discharged for disruptive behavior

UMass Study Findings in Massachusetts

- Studied 5,600 Mass Health Clients prescribed buprenorphine and methadone (2003-2007)
- Overall Mass Health expenditures lower than for those with no treatment
- Clients on Medications had significantly lower rates of relapse, hospitalizations and ED visits: no more costly than other treatments
- Buprenorphine attracting younger and newer clients to treatment

Clark RE, Samnaliev M, Baxter JD, Leung GY. *Health Aff.* 2011;30:1425-1433.

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 Waivered Provider

- Review of history
  - Mental health, substance use, medical, social
- Physical Exam
- Lab and urine review
  - Assess contraindications, toxicology
- Confirm opioid use disorder diagnosis
  - DSM criteria
- Confirm appropriate for office treatment
- Signs the orders and prescription
- Develop treatment plan with OBOT team

OBOT RN Preparation for Induction

Review Program Requirements

- Nurse/ Physician appointments:
  - frequency, times, location
- Counseling:
  - weekly initially
- UDT:
  - at visits, call backs
- Abstinence:
  - from opioids is the goal
- Insurance verification:
  - prior authorizations, co-pays
- Safety:
  - medication storage (bank bag)

OBOT Team

Patient Instructions for Induction Day

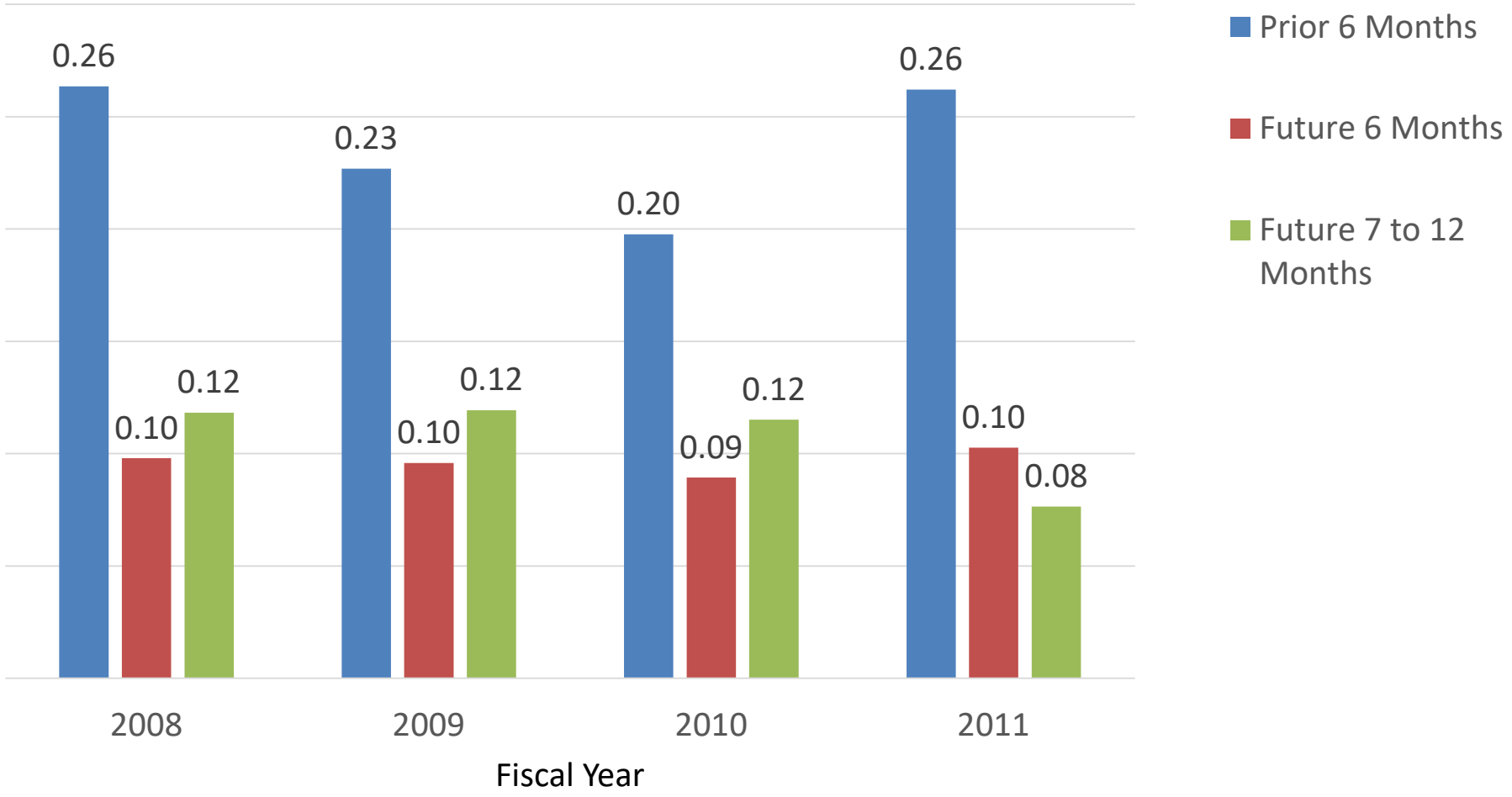
- Insurance verification
  - Prior authorizations, co-pays
- Dispose of paraphernalia, phone numbers, contacts
- Medication pick up: 2mg/8mg tabs
- No driving for 24 hours
- Plan to be at clinic or office for 2-4 hours
- Bring a support person if possible
- Discuss potential side effects (e.g. precipitated withdrawal)

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

Hospital Admissions

Average Hospital Admissions Per OBOT Enrollment

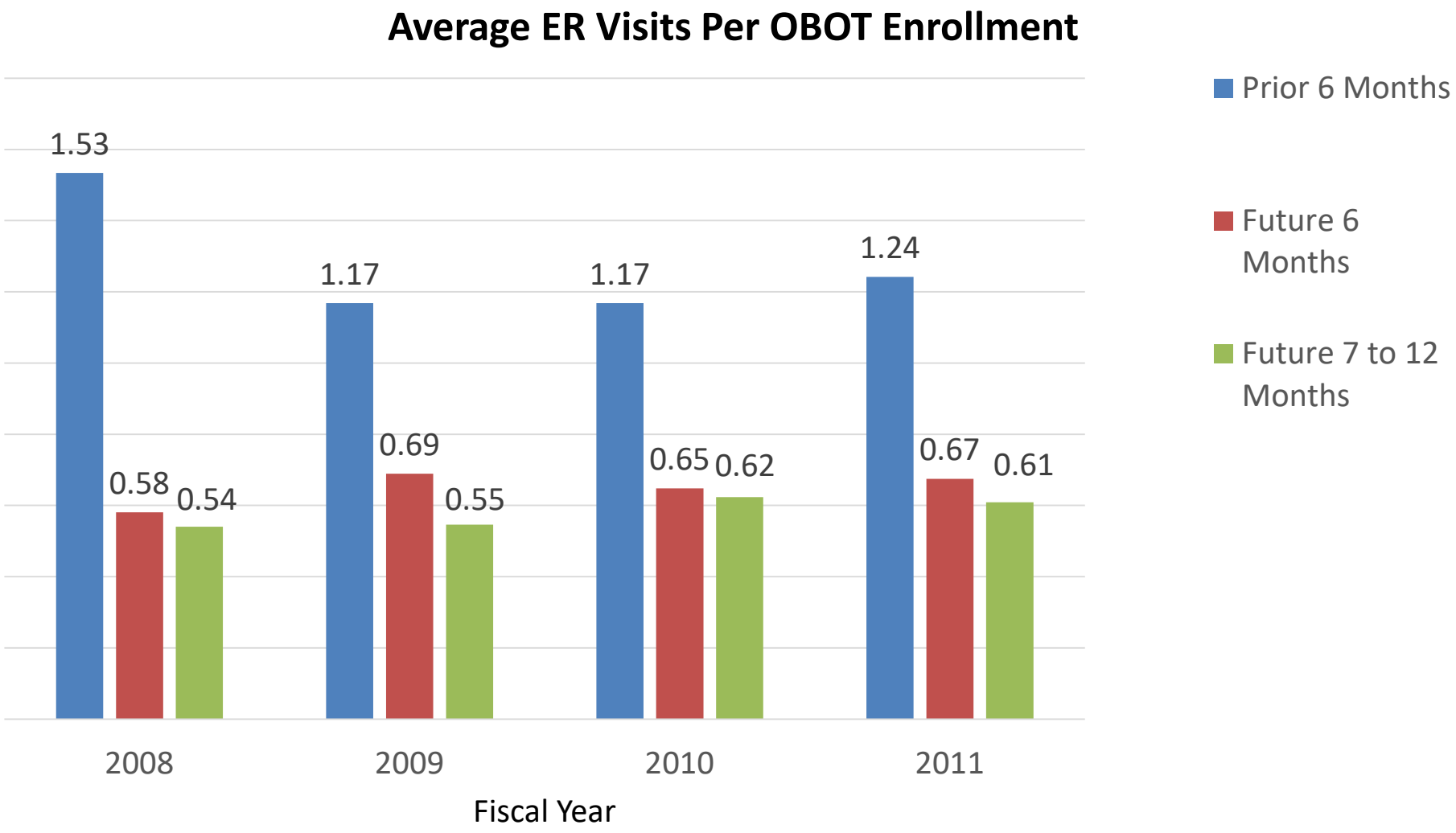


Notes:

- *Hospital data is only available through 9/30/2012*
- *Enrollments must have lasted at least 12 months*
- *Paid amounts are calculated using hospital specific pay to charge ratios*

Prepared by Synthesis Health Systems, Inc.

ER Visits



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Social Determinants Health Substance Use Disorder (SUD)

- Health determinants contribute to biological, socio-economic and psycho-social status
- What determines our health
  - Environment: living conditions, shelter, homeless
  - Employment: economic disparities
  - Access to healthcare: insurance, emergency care
  - Social stressors: abuse, neglect, food insecurities
  - Educational disparities: occupation
  - Mental health issues
  - Cultural norms: attitudes, treatment settings, decision-making

Complex Care Management in OUD

- Patient-level outcomes comparable to physician-centered approaches

- Allows efficient use of physician time to focus on patient management (e.g., dose adjustments, maintenance vs. taper)
  - Allowed physicians to managed > numbers of patients due to support of NCM
- Improved access to OBOT and daily management of complex psychosocial needs (e.g., housing, employment, health insurance

Alford DP, LaBelle CT, Kretsch N, et al. *Arch Int Med.* 2011;171:425-431.

Discussion and Questions