

The Nurse Care Manager Model For Office Based Addiction Treatment (OBAT)

Kristen O'Connor RN BSN CARN September 23, 2024



Indigenous Land Acknowledgement

We live and work on unceded ancestral lands of Indigenous people who were removed unjustly and that we, in our non-Native communities across the nation, are the beneficiaries of that removal. UCLA is a land grant institution on Tongva and Gabrielino land.

We offer respect for all Indigenous people and their sovereignty.

Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at https://native-land.ca

Option 3: Access Native Land website via QR Code:







What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.

September 2024



SEPTEMBER IS

SUICIDE PREVENTION AWARENESS MONTH

#SUICIDEPREVENTIONMONTH | #SPM24

National Hispanic, Latino & Latinx Heritage Month 2024



SHAPING THE FUTURE TOGETHER



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Disclosures



- I have no commercial interest to disclose.
- Some of the slides and content of this presentation were used with permission and belong to Colleen La Belle, MSN, RN-BC, CARN, Director BMC Grayken Center for Addiction TTA, Director STATE and Boston Medical Center Office Based Addiction Treatment.



Learning Objectives



- Please fill in the blank: Nurse Care Managers allow prescribers
 to ______ more patients.
- Provide Two Barriers for MOUD Treatment Implementation in Outpatient Care that Nurse Care Managers Can Help Address
- Identify Three Clinical Responsibilities Nurse Care Managers Provide For OBAT



Barriers and Facilitators to Use of Medication for Opioid Use Disorder

Categories and Subcategories of System-Level
Barriers and Facilitators

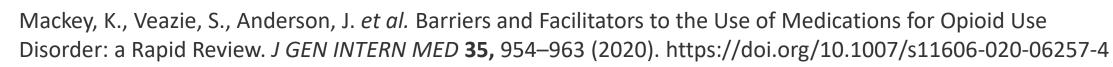
Stigma

Treatment experiences and beliefs

Anti-pharmacotherapy attitudes among providers

Lack of provider awareness/understanding of buprenorphine

Logistics

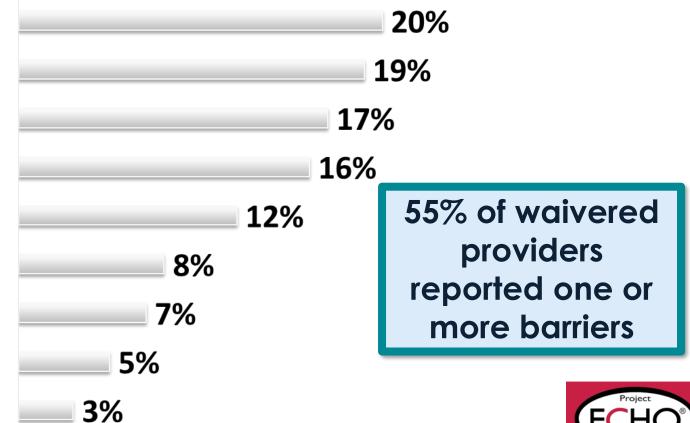




Barriers to Prescribing Buprenorphine in Office-Based Settings

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

Insufficient Nursing Support Insufficient Office Support Payment Issues Insufficient Institutional Support Insufficient Staff Knowledge Pharmacy Issues Low Demand Office Staff Stigma Insufficient Physician Knowledge





TIMELINE: EVOLUTION OF BMC OFFICE BASED ADDICTION TREATMENT (OBAT)

2003

BMC funded by
DPH to implement
Office-Based
Opioid Treatment
(OBOT)

BMC OBOT expanded to 14 community health centers (CHCs) across MA

2007

Due to success of BMC OBOT program, DPH funded OBAT Training and Technical Assistance (TTA) Under BMC's
leadership the STATE
OBAT Program
treated over 15,000
patients for
substance use
disorders in 2015

2020

BMC OBAT TTA
continues to expand
and reaches more
than 2500 members of
the addiction
treatment workforce
anually

- "Massachusetts Model" integrated care model where nurse care managers play the lead role in patients' care, increasing patient access and retention in care
- Now referred to as Office-Based Addiction Treatment (OBAT) to include all substance use disorders, such as alcohol and stimulants
- Federal Qualified Health Centers (FQHCs) are required to implement behavioral health programs in United States



Nurse Care Manager Model for OBAT

Nurse Care Managers increase patient access to treatment and retention in care



Allows Prescribers to treat more patients

NCM role includes:

- Assessment, intake, screening, educating
- Medical Care management
- Brief counseling, social support, patient navigation

NCMs able to address:

- Urine toxicology results
- Insurance issues
- Prescription/pharmacy issues
- Pregnancy, acute pain, surgery, injury
- Concrete service support: legal/ social issues, safety, housing
- NCM allows for direct/emergent access for patients



A decade of experience: Bringing the BMC model to CHCs across MA



Journal of Substance Abuse Treatment



Office-Based Opioid Treatment with Buprenorphine (OBOT-B): Statewide 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.



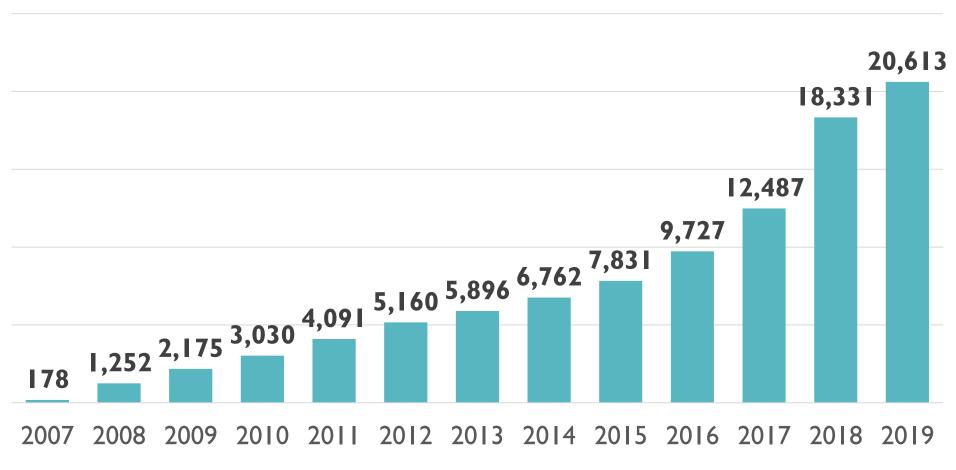
In 2007 State Technical Assistance Treatment Expansion (STATE) OBAT Program created to expand BMC model to 14 CHCs across MA

First 5 years of outcomes:

- Between 2007 and 2013, 14 CHCs successfully initiated OBAT
- Physicians "waivered" increased by 375%, 24 to 114 over 3 years
- Annual admissions of OBAT patients to CHCs increased from 178 to 1,210
- 65.2% of OBOT patients enrolled in FY 2013/2014 remained in treatment ≥ 10 months

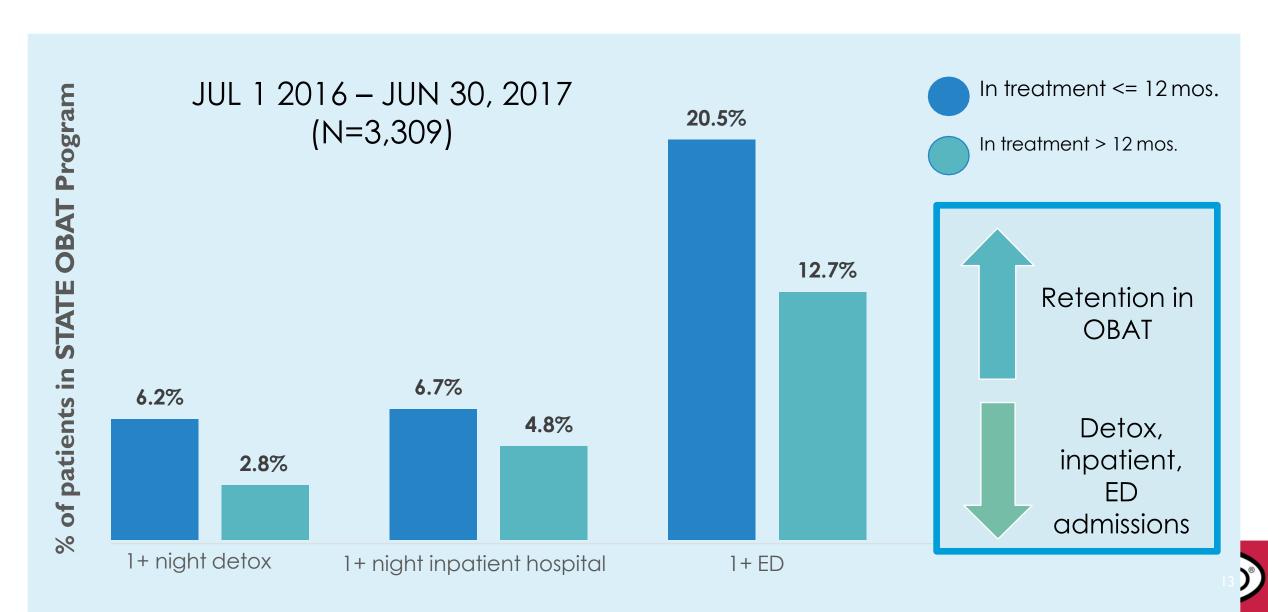


CUMULATIVE NUMBER OF PATIENTS EVER TREATED BY YEAR AT SITES WITH NURSE CARE MANAGERS





Health care utilization outcomes: MA OBAT sites



Nurse Care Manager or Massachusetts Model is being implemented nationally as best practice





Santa Cruz Community Health RN Team







RN Role In OUD Treatment In Pediatrics

- Identify Champion Pediatric Provider
- Update Validated SUD Screening For Adolescents Such as CRAFFT, S2BI
- Train Staff For Brief Interventions
 Including handing out naloxone and providing overdose education
- Arrange Patient Care Plan Meetings
 With Outside Providers/Supports
- Carry A Work Cell Phone

 Better communication with adolescent patients

Be Available For Staff And Providers



SLANG: O.C./OXY/PERCS/VIKE/M/MONKEY/ WHITE STUFF/LEAN/SCHOOLBOY/SIZZURP/ PURPLE DRANK/LOADS

GET THE FACTS

OPIOIDS AFFECT YOUR BRAIN. Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. They affect both the spinal cord and brain to reduce the intensity of pain-signal perception as well as brain areas that control emotion. They can also affect the brain to cause euphoria or "hight."

OPIOIDS AFFECT YOUR BODY. Opioids slow down the actions of the body, such as breathing and heartheat. Even a single dose of an opioid can cause severe respiratory depression (slowing or stopping of breathing), which can be fatal; taking opioids with alcohol or sedatives increases this risk.⁴

OPIOIDS ARE ADDICTIVE. Even though heroin is highly addictive, more people struggle with addiction to prescription pain relievers.³ Marry young people who inject heroin report misuse of prescription opioids before starting to use heroin.⁶

OPIDIS CAN KILL YOU. Drug overdose is the leading cause of accidental death in the United States, with 68,690 drug overdose deaths between March 2017 and March 2018.⁷ More than 46,000 of those deaths involved opioids.⁸

OPIOID ADDICTION IS TREATABLE. Methadone, buprenorphine, and naltrexone are medications that are FDA-approved to treat opioid use disorder. For more information, visit https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-use-disorder.



Q. MY DOCTOR PRESCRIBED ME OPIOIDS. DOESN'T THAT MEAN THEY'RE SAFE?

Prescription opioids—when used long term or incorrectly—can cause the brain to become reliant on the drug and are addictive.⁹

Q. IF I USE OPIOIDS, WILL I BECOME ADDICTED?

A. Prescription opioids can cause physical dependence when used as finereted or addiction if misused; lilegal opioids such as heroin are also highly addictive. People who regularly use prescription opioids or heroin often develop tolerance, which means that they need higher and/or more frequent doses of the drug to get the desired effects.¹⁰

THE DOTTOM LINE

Many people are prescribed opioids out of medical necessity, but opioids can still be dangerous and addictive. Even if someone is prescribed one of these medications such as hydrocodone, oxycodone, and morphine—misuse of these substances is rampant. Talk to your parents, a doctor, a counselor, a teacher, or another adult you trust if you have questions.

LEARN MORE

Get the latest information on how drugs affect the brain and body at teens.drugabuse.gov.

LEARN MORE ABOUT OPIDIDS CONTACT

SAMHSA

1-877-SAMHSA-7 (1-877-726-4727) (English and Español)

www.samhsa.gov store.samhsa.gov



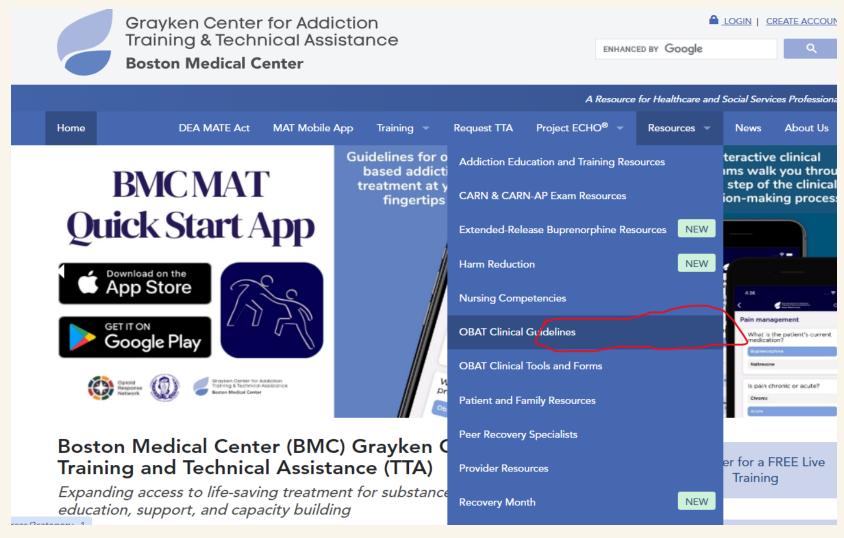






GRAYKEN CENTER FOR ADDICTION TRAINING AND TECHNICAL ASSISTANCE: RESOURCE



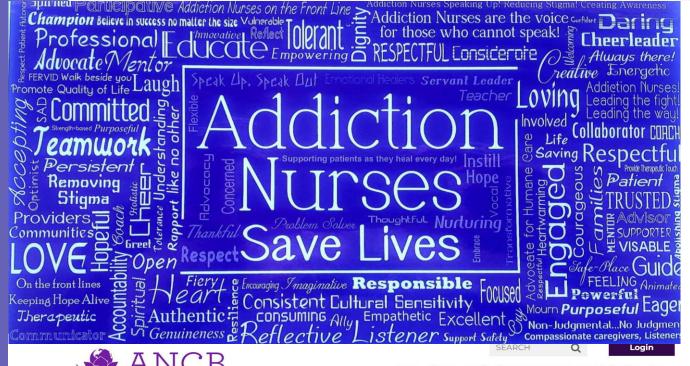






Addictions Nursing Certification Board





Home About > Certification > News & Events > Scholarships Store

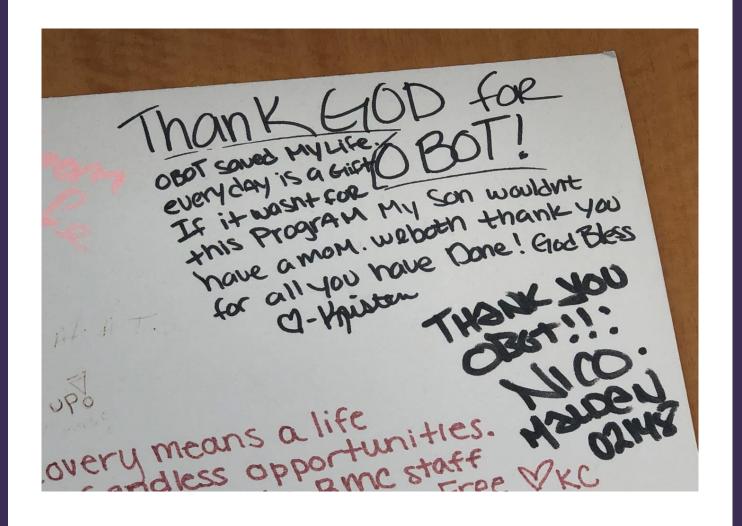
Promoting the development, implementation, and coordination of all aspects of addictions nursing certification and recertification

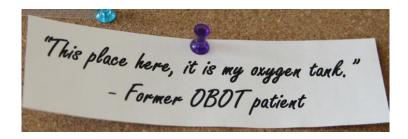
Why Get Certified?

Certification attests to the attainment of specialized knowledge beyond the basic nursing credential. Certification serves to maintain and to promote quality nursing care by providing a mechanism for nurses to demonstrate their proficiency in a nursing specialty area. It documents that special knowledge has been achieved, elevates the standards of addictions nursing practice, and provides for expanded career opportunities and advancement within the specialty of addictions nursing. Thus, certification benefits the nurse, the profession of nursing, and the public!

ancbonline.org











Thank You!

Kristen O'Connor, RN BSN CARN

OBAT Program Director Santa Cruz Community Health koconnor@schealthcenters.org





Self-Paced Learning Opportunities

Individualized Learning Plan: MATE ACT

Medication Access and Training Expansion (MATE) Act
Trainings to meet the 8-hour DEA requirement

- The Intersection of DEA & MAT (1.5 credit hours)
- Addressing Fentanyl Use In Primary Care (1.0 credit hour)
- Structural Competency: Medicine for the Inequalities that are Making Us Sick (1.0 credit hour)
- Advancing Equity in Substance Use Disorder Treatment (1.0 credit hour)
- Addressing Stimulant Use in Primary Care Settings (1.0 credit hour)
- Methamphetamine Use and Affective Disorders (1.0 credit hour)
- Trauma-Informed Care (1.0 credit hour)
- Homelessness and Substance Use Disorder in Veterans (1.0 credit hour)



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