Screenings, Interventions, and Treatment & Recovery Support

Recommendations
• Should be integrated into medical settings:
  – Pain management
  – Primary care
  – Emergency medicine
  – Psychiatry
  – Obstetrics
  – Surgery
• Addiction medicine should be a coordinating “hub” or “health home” for people with SUDs

Resources
• SAMHSA-HRSA
  – Screening, Brief Intervention, and Referral to Treatment materials
  – Drug & alcohol abuse screening tools
  – Integrating Addiction and Primary Care Services
• Vermont's opioid use disorder hub and spoke model
Emergency Discharge / Warm Handoffs

- Ideal Option is committed to supporting its community partners in implementing warm handoff programs
- Today, medically and legally risky for emergency departments NOT to attempt to intervene, refer, and prevent overdose

Recommendations:
- Warm Handoffs: Overcoming Barriers to Implementation
  Tuesday, April 23
  2:00 PM – 3:15 PM
- warmhandoff.org

Warm Handoffs: Significance

- Economic burden: 7/16-9/17 142,557 visits; 30% more ED care than general population
- “The Prince Phenomenon”
  - 62% of decedents had prior OD
- ED is set up to intervene on acute disturbance on top of chronic state, needs partners
  - Warm handoff poised to take off nationwide
    - Spurred by state law and policy
    - Short-term federal funding
- What happens?
  - Reverse overdose and observe withdrawal or not!
    - If in withdrawal: consider buprenorphine
    - If not in withdrawal: assess for appropriate treatment
  - Warm Handoff
ED UTILIZATION BEFORE AND AFTER ENGAGEMENT - RETAINED PATIENTS

Reference: ED Utilization Data for Ideal Option Patients: Allgaier, Dawson, Barthwell, Kelley, ASAM Poster April 2019
3. Care for Individuals with Active SUDs

- Convey compassion
- Encourage treatment engagement
- Inform them of risks and trends, e.g., unpredictable potency, counterfeit pills
- Connect them with a peer in recovery
- Dispense naloxone for individuals with OUD and those close to them
- Prevent, screen for, and treat comorbid conditions, e.g., hepatitis C, HIV
- Support them with social services, e.g., meals, stable housing,
- Give them a reason to return and re-engage

Excellent article: STAT

Taking care of Charlie helped one California town nearly halve hospital use

By LAURAN HARDIN and SHELLY TRUMBO / APRIL 8, 2019

Overview of Project Restoration in Clearlake, CA

1. Lauran Hardin & Shelly Trumbo, Taking Care of Charlie Helped One California Town Nearly Halve Hospital Use, STAT (April 8, 2019).
Charlie

• TORQUE, NOT PORK PROJECT: $AVING$ REALIZED FROM REDUCED CO$T OF CARE
• History: Alcoholic, lost job, lost family, homeless, incarcerated, hospitalized
• Community Partners:
  – Law enforcement
  – Emergency services
  – NFP
  – Health agencies
  – Faith organizations
• Elements
  – Compassion, unconditional love and acceptance, comprehensive care
• Findings: 44% decrease use of hospital, 82% reduction in community response, 45% reduction of cost of frequent users
“People organize their brains with conversation. If they don’t have anyone to tell their story to, they lose their minds.”¹

Behavioral Therapies

• CBT- thoughts, emotions, behaviors

• Individual Therapy:
  – Joint process between therapist and person in therapy
  – Inspire change or improve quality of life for issues hard to face alone
  – When distressed or problem interferes with daily life
  – Barriers: stigma, shame, denial, fear, finances

• Group Therapy
  – One or more therapists treat a group of people on a shared journey
  – Hope, universality, information sharing, altruism, corrective recapitulation of family of origin, socialization, imitative behavior, interpersonal learning, group cohesion, catharsis, existential factors

• Apps: 9/17 first FDA approved mobile app to treat SUDs (reSET) and later one for use with buprenorphine
  – Caution: smartphone “addiction” increase loneliness, isolation, and forms neurological connections in ways similar to opioid addiction
Recovery Enhancement

• Medications in combination with counseling and psychotherapies may be the best addiction treatment we have at this point
  – Treat the survival/pleasure system abnormalities with medications to facilitate abstinence and prevent relapse
  – Treat the cortical decision-making system with counseling and therapies
• Abstinence- understand and practice universal abstinence
• Medications- for primary SUD and co-morbid conditions
• Peer Support- to create cohesion and identification; support the ability to identify, own, and express ones feelings
• Professional Guidance- bond, practice surrender, and gain insight
• Exercise- for restoration and protection
• Diet- for restoration and protection
• Ritual- wide range of activities and schedule to support change and normalize circadian and Ultradian rhythms
Medications for OUD

- Whenever possible, provide access to ritual and soothing balms, and then
- “Fix” the receptor
  - Repair impaired receptors (restore)
- “Fill” the receptor
  - Substitute a similar molecule (patch)
- “Block” the receptor
  - Competitive blockade; to impede, obstruct, stymie desire to use (arrest use)
Individualize client care and treatment.

DATA 2000

• Basis of limit = fear surrounded with a hard candy ‘science’ shell
• X-waiver is required for Qualified HC Practioners to prescribe buprenorphine
  – Minimal educational requirements
  – Patient limits
• March 2019 a federally-funded report found 80% of roughly 2 million people with OUD are NOT receiving MAT
• Fewer than 7% of physicians have cleared regulatory hurdles to prescribe
  – More than half of counties in U.S. are without a prescriber
• JAMA 12/18 calls for deregulation
  – In France where buprenorphine used, saw 79% decrease in OD over 3 years
  – That would translate into over 30,000 fewer deaths per year in U.S.
• NY with 22 signatories call for eliminate waiver entirely –OR- increase limit to 100 with 3 day expanded to 2-4 weeks
DATA 2000

“X the X Waiver”

• National Academies: MAT works, but large majority don’t receive it \(^1\)
• JAMA: Deregulation would lead to more MAT, fewer fatal overdoses \(^2\)
• 22 States urging deregulation \(^3\)

Amid epidemic, New York urges feds to deregulate addiction medicine

Advanced Practitioners

• DATA 2000 authority extended to NPs, PAs, + other advanced-practice nurses
• Patient limit still too low
  – 24 hours initial training vs. 8 for physicians
• Nurse care manager (MA) model \(^4\)

Federal law limits who can prescribe buprenorphine — and how much

4. C. LaBelle et al., Office-Based Opioid Treatment with Buprenorphine (OBOT-B): Statewide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers. 60 J Subst Abuse Treat. 6–13 (2015).
Telemedicine

• Vital to rural and urban desert populations
• Can be used for behavioral therapy
• Current federal policy on Controlled Prescription Medicine (CPMs) a barrier to use of telemedicine for OUD
  – In-person physical exam before Rx for CPM, unless exception applies
    • Patient located in a DEA-registered hospital or clinic, or in presence of DEA-registered practitioner
    • Special registration (no rules currently exist to implement)
• SUPPORT Act requires DEA to issue rule for special registration for telemedicine by October
• May have issued a rule
• Essential elements of new federal rule:
  – Should parallel actual practice

Therapeutic Drug Testing

Resources

- Clinical and Public Health Considerations in Urine Drug Testing to Identify and Treat Substance Use
  - Frequency based on treatment plan adherence
  - When to go direct to definitive
- Definitive Urine Drug Testing in Office-Based Opioid Treatment: A Literature Review
  - Selection of substances known to be used concurrently
  - Selection of methodology based on reliability of results in relation to risk

Recommendations

- Insurance companies: Cover drug testing in a manner that reflects current medical-scientific literature
- Laboratories: Address the need for more affordable comprehensive definitive testing
  - Let’s finally get Comprehensive Definitive Drug Profile (CDDP), letting the competitive market drive the cost, that includes the world of available

Treatment Plan Adherence & Preventing Medication Diversion

• Non-adherence (other substance use)? Kick up, not out.
  – Difficult in rural populations
    • Long distances preclude more frequent visits
    • When a patient needs daily supervision, a methadone clinic may not be available
  – Forced tapering can be dangerous
    • Potential reversion to illicit use
    • Illicit supply is increasingly lethal
  – Regulators/law enforcement may support a stricter standard

• Evidence of diversion?
  – Safety of patient, public, and prescriber are all at risk
  – Methadone
  – Residential
  – Depot medications (FDA, c’mon!)

Recommendations:
• Have a policy
• Train staff and monitor compliance
• Document bases of treatment decision
Insurance Coverage and Payment

- Must reflect medical standard rather than dictating it
- Implement new models to reflect current practice and improve outcomes
- **ASAM-AMA P-COAT model**¹
  - Single payment for evaluation, diagnosis, treatment planning, and medication initiation
  - Monthly payments for medication, psychological treatment, and social services
  - Adjustments for health outcomes
  - Add-on payments for following best practices
  - Opportunity to **join pilot program**²
- CMS-approved pilot in FL for **Medicaid coverage of housing assistance** for beneficiaries with SMI or SUD³

---

2. [https://www.surveymonkey.com/r/PCOAT](https://www.surveymonkey.com/r/PCOAT)
Pregnant and Parenting Women—
Universal Screening to Reduce Stigma


2. ACOG. Committee Opinion Number 711: Opioid Use and Opioid Use Disorder in Pregnancy (2017).

Pre-Arrest Diversion

• Directing a person away from the justice system without ever entering it
• Keeping a person out of jail can prevent new or worsened mental or physical health conditions

Pre-Arrest Diversion Examples (Brands) with Related Framework

• Angel (MA) / Arlington (MA) - paariusa.org
  (200 sites for Angel and Arlington – PD, Sheriff, Fire and other)
  – Self-referral, Active Outreach
• Civil Citation (FL) - civilcitationnetwork.com (62 sites: 61 juvenile, 1 adult)
  – Officer Intervention Referral
• DART (OH) - jcsodart.com (many and varied sites)
  – Naloxone Plus
• LEAD (WA) - leadingcounty.org (7 sites)
  – Officer Prevention Referral
• STEER (MD) - CenterforHealthandJustice.org (1 site)
  – Naloxone Plus, Officer Prevention/Intervention Referral

Resources:
• PTAC Collaborative overview of pre-arrest diversion, including program models
• Treatment Advocacy Center (focusing on SMI)
  • #abedinstead
  • State map
    • Psychiatric beds
    • # with SMI in jails, prisons
13. Treatment for Incarcerated Individuals

Resources:


Recommendation:

Opioid Use Disorder Interventions and Treatment in Jails: Policy and Practice

Wednesday, April 24
7:15 AM – 8:30 AM
Post-Incarceration Reentry

1. SAMHSA, MAT in the Criminal Justice System: Brief Guidance to the States (2019).
3. Sheriff Hatchet, Eastern Washington with Ideal Option
Recovery Support Services

Misunderstanding around the [MAT] – even among many in the medical and addiction fields – enables stigma . . . that a patient is still suffering from addiction even when they're in full recovery, just because they require medication to treat their illness – Scott Gottlieb

Recommendation:

A Sobering Task: Protecting the Health and Safety of People in Treatment and Recovery

Wednesday, April 24
5:30 PM – 6:45 PM

Remember: Recovery residences have not always been safe
What is Recovery?

• A list of characteristics that are endorsed by > 90% of a group of 9,341 responders in long term recovery who said that these “Elements” belonged in a definition of recovery
• Authenticity
• Emotional competence
• Healthy Relationships
• Right sizing of ego and spirituality
• Attention to neuroadaptation
How Do You Get From Addiction to Recovery?

• Address neuroadaptation
• Achieve emotional competence and develop healthy relationships
• Learn right sizing of ego and spirituality
• Heal developmental trauma
• Develop Authenticity
Neuroadaptation

- Using -> not using
  - Leave seductive people, places and things alone -> change people places and things
    - Go to meetings
    - Make friends in recovery
    - Avoid risky environments
    - Eat well
    - Exercise

- Applicable Step work
  - 1, 2, 3, 11, 12
Emotional Competence

• Defense against Trauma
  – Guilt and shame -> self-acceptance
  – Conditional love -> unconditional positive regard
• Immaturity
  – Repression of feelings -> expression of feelings
  – Avoidance of feelings -> embrace of feelings as information
• Applicable Step work
  – 4, 5, 6, 7, 8, 9, 10
Spirituality

• Defense against trauma
  – Being the highest authority -> accepting a higher authority
  – Self centeredness -> concern for the welfare of others
• Immaturity
  – Indulgence in appetites -> moderation of appetites
  – Win-lose behaviors -> win-win behaviors
• Applicable Step work
  – 6, 7, 10, 11, 12
Towards Healthy Relationships

- Defense against trauma
  - Conditional love -> unconditional positive regard
  - Repression and hiding of guilt and shame -> intimacy
  - Confusion about boundaries -> Learning where I stop and you begin
  - Guardedness -> vulnerability
- Immaturity
  - Intolerance of feelings -> embrace of feelings as information
  - Overreacting to feelings -> regulation of feelings
  - Fluid commitments -> reliability
- Applicable Step work
  - 4, 5, 6, 7, 8, 9, 10
Authenticity

• Defense against trauma
  – Guardedness -> vulnerability
  – Untruthfulness -> honesty
  – Cute, angry, demanding, “private,” -> real, benign, giving and open

• Immaturity
  – Avoiding feelings -> Open and vulnerable

• Applicable Step work
  – 6 & 7
QUESTIONS & DISCUSSION
THANK YOU

Andrea G. Barthwell, MD, DFASAM
610 S. Maple Avenue, Suite 3400
Oak Park, IL 60305
708-613-4750

Ideal Option Contact
5615 Dunbarton Avenue
Pasco, WA 99301
509-222-1275