INTEGRATING MOUD INTO RURAL CLINICS

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OBJECTIVES

- Understand the key components for a successful MOUD program.
- Best practices for initiation and maintenance of MOUD, specifically buprenorphine.

KEY COMPONENTS

- Assessing readiness; of both the provider and the patient
- Develop partnerships
  - Colleagues
  - Treatment facilities
  - Social workers
  - Behavioral health
- Staff education
  - Reduce stigma
  - Appropriate language
- Monitoring
  - Drug screens
  - Pill counts
- Follow-up

HOW TO GET STARTED

- Identify/screen
- The approach
- Initiate
- Supportive medications/co-occurring conditions
- Support beyond the exam room
- MOUD Agreement
- Laboratory assessment
- Follow-up

SCREENING TOOLS

- U.S. Preventive Services Task Force recommends that clinicians screen adults for alcohol misuse and provide persons engaged in risky or hazardous drinking behaviors with brief behavioral counseling to reduce alcohol misuse
- The following are validated tools
  - CRAFFT
  - Single-Question Screening Test
- CAGE is also widely used

CRAFFT SCREENING INTERVIEW - ADOLESCENTS

- Part A During the PAST 12 MONTHS, did you:
  - 1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)
  - 2. Smoke any marijuana or hashish?
  - 3. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")
  - Did the patient answer "yes" to any questions in Part A?
    - No - Ask CAR question only, then stop
    - Yes - Ask all 6 CRAFFT questions

CRAFFT PART B

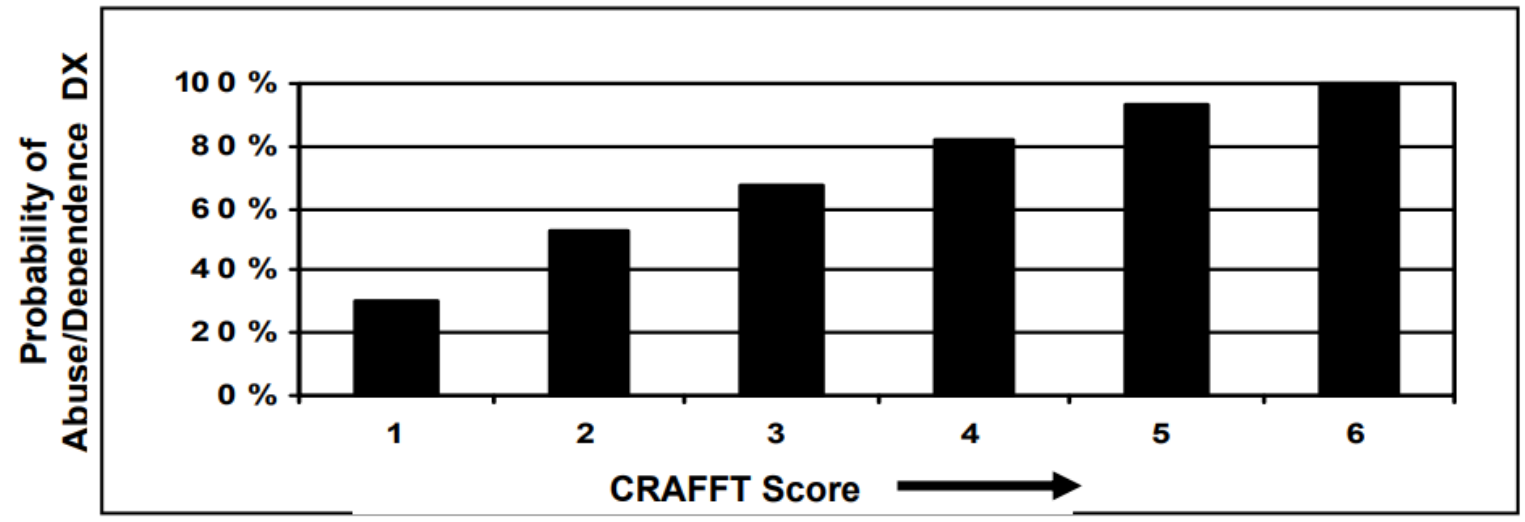
- 1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
- 4. Do you ever FORGET things you did while using alcohol or drugs?
- 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

SCORING CRAFFT

SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each "yes" response in **Part B** scores 1 point.
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score[1,2]



SINGLE QUESTION SCREENING TEST

- How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons (for example, because of the experience or feeling it caused)?
- A positive answer should be followed up by a full screen

CAGE QUESTIONS

1. Have you ever felt you should "cut" down on your substance use?
2. Have people "annoyed" you by criticizing your substance use?
3. Have you "guilty" about your substance use?
4. Have you ever used a substance first thing in the morning to steady your nerves or start the day (an "eye" opener)?

- Typically, answering "yes" to two or more questions suggests you may have a substance dependency

HOW TO GET STARTED
THE APPROACH

- Take your time
  - Good things take time.
  - You may get behind, it happens.
- Empathy
  - Empathy is the ability to see things from another's perspective and feel their emotions. Putting yourself in another person's shoes might lead you to act with compassion and do what you can to improve their situation.
- Body posture
  - Arms/legs uncrossed, get down to their level, speak kindly.
- Chronic Disease Model
  - Discuss this with the patient, it may help them to understand that just like other health conditions

HOW TO GET STARTED
THE APPROACH

- Medication
  - Tell them that you have a medication that you think would be helpful
  - Ask them if they've heard, or even tried, "Suboxone".
  - Make sure to let them know that even though they will feel better shortly, it is not a short-term commitment and if they stop it suddenly the withdrawal symptoms return.
  - "That's just trading one thing for another," "That's just a crutch".
- Words
  - Choose your words carefully. SUD rather than "addiction", "dirty" in regards to UDS, etc.
- Time
  - Again, this whole conversation can take time, be patient, it can certainly be worth it.

HOW TO GET STARTED
INITIATION

- Where?
  - **Clinic** – You sure can, if you have the medication available or they can (if safely able to do so) go to the pharmacy, get it and come back.
  - **ER** – Sure, same as above. Much easier if your pharmacy keeps a few doses on hand
  - **Hospital** – Possibly, especially if co-existing acute diagnosis.
  - **Home**
    - This is my preferred choice.
    - I have yet to have a poor outcome with a home induction.
    - There are Buprenorphine Self-Start guides available online. **Bridgetotreatment.org** is an excellent resource for most everything we've discussed today.

HOW TO GET STARTED
INITIATION

- Dosing
  - They may need to plan for a day at home.
  - Instruct patient to wait until they feel very ill from withdrawals, at least 12 hours from last use.
  - Actual dosing varies widely, most commonly I will start patients on a half of an 8-2 mg tab (4 mg). Place under tongue and wait an hour, repeat dose if needed. I will commonly tell patients to take 4 mg twice daily.
  - Other references may recommend a whole 8-2 mg tab and repeat in an hour, if needed, or even more.
  - The feel better quickly, it is amazing to witness, as well as rewarding.

HOW TO GET STARTED
INITIATION

- Supportive medications/Co-occurring conditions
  - OUD is a mental health disorder, often times it is accompanied by others
    - Anxiety/Depression
      - SSRI/SNRI
      - Buspirone 10 mg TID PRN
      - Hydroxyzine 25-50 mg Q6 h PRN
      - Clonidine 0.1 mg Q6 h PRN for anxiety – not my favorite d/t possible hypotension.
    - Sleep
      - Melatonin
      - Diphenhydramine/hydroxyzine
      - Trazodone 50-100 mg QHS PRN

HOW TO GET STARTED
INITIATION

- Supportive medications/Co-occurring conditions
  - Nausea
    - Ondansetron 4 mg Q8 h PRN
  - Diarrhea
    - Loperamide 2 mg QID PRN
  - Arthralgias/myalgias/headaches
    - Acetaminophen 1 g TID PRN
    - Ibuprofen 600 mg QID PRN
  - Alternative
    - Gabapentin 300 mg TID for 4 days could be considered. Can be helpful for a multitude of things such as anxiety, alcohol cravings, pain, puritus, RLS etc.
      - Not my favorite d/t misuse potential.

HOW TO GET STARTED
INITIATION

- Naloxone – NARCAN
  - Prescribe Narcan with initial prescription, not necessarily for them but they may have friends or family that could benefit at some point.
  - Education is quick.
  - You cannot hurt anyone by administering NARCAN.

HOW TO GET STARTED
SUPPORT BEYOND THE EXAM ROOM

- Licensed Addiction Counselor
- Social worker/services
- Behavioral Health
- Treatment centers
- AA/NA
- Church

HOW TO GET STARTED
MOUD AGREEMENT

- Optimal if can review and sign at initial appointment but d/t time constraints I have put off until the next appt.
  - Agree to be on time for appointments
  - Do not sell/share medications
  - Take meds as directed, do NOT take more than directed.
  - Consent to urine/serum drug screens
  - Consent for pill counts, there's an app for that!
  - Risks of taking with benzos, alcohol.
  - Pregnancy/surgery notifications

HOW TO GET STARTED
LAB ASSESSMENT

- CBC, CMP
- HIV, HCV
- STIs
- Pregnancy test
- Drug screen

HOW TO GET STARTED
FOLLOW-UP

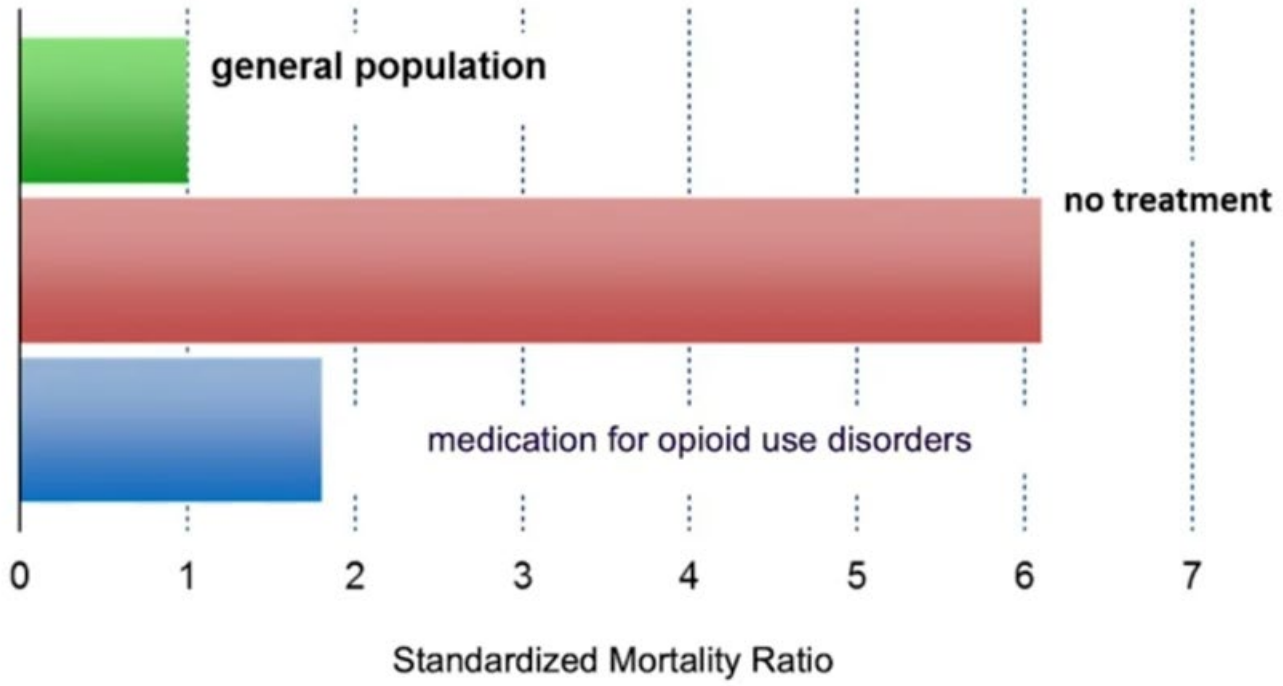
- When
  - Optimally the next day, this rarely works d/t logistical/financial barriers.
  - Quite often my patients first f/u will be in 4-7 days.
- Make the appointment
  - If needed, walk with them to schedule to follow-up
- Transportation
  - Ensure that if they do not have dependable transportation that they attempt to arrange this ASAP.
- Titration
  - Typically I will increase by 4 mg/day, every patient is differnet.

HOW TO GET STARTED
FOLLOW-UP

- Follow-up thereafter
  - No set guidelines
  - I like to see them every week until stable for a couple of weeks, then we work our way out to follow-ups every 28 days.
  - Optimally I like to see patients maintain on buprenorphine for 2 years before tapering off. Tapering can be long and challenging but it is possible.

IMPACT OF MOUD

Death rates:



Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

PCSS Providers Clinical Support System

CONCLUSION

- MOUD can be implemented in nearly any practice or location.
- It is not difficult but sometimes it can be challenging.
- Partner with a colleague, nurse, etc.
- There are great resources available to help guide initiation, there is no one size fits all.
- This is an extremely gratifying service to offer and you are saving lives!

PROVIDER RESOURCES

- **SAMHSA, Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP**) Series 63; 2018. Available at https://store.samhsa.gov/product/SMA18-5063FULLDOC
- **SAMHSA Buprenorphine Information**. Available at: https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/buprenorphine
- **Provider Clinical Support System (PCSS)** www.pcssNOW.org
- **Yale ED-Initiated Buprenorphine** https://medicine.yale.edu/edbup/
- **CA Bridge** https://cabridge.org/
- **USCF Substance Use Consultation "Warm Line"** - (855) 300-3595; Mon-Fri, ET
- **ECHO** https://echo.unm.edu/opioid-focused-echo-programs/