

California's Hub and Spoke System Learning Collaborative 3

Talking to Patients about MAT

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Agenda

- ▶ Welcome, introductions
- ▶ Using patient-centered language
- ▶ Talking to patients about MAT - TTC
- ▶ Practice presentation - Matrix
- ▶ QI reporting and PDSA
- ▶ Action planning - what's next, upcoming events, resources

Talking to patients about substance use

Reducing stigma

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Language and Stigma

No other medical condition is shrouded in stigma like that of substance use disorders. This harmful stigma affects those who are suffering, their loved ones, and often numerous others connected to the individual.

Sadly, it is often due to this stigma that those in need of treatment do not seek medical attention.

Stigmatizing Language

Often we use stigmatizing terms every day, not realizing the extent of their negative impact. In order to collectively work to humanize the issue of substance use disorders, the following terminology must be avoided when either discussing or writing about this issue.

Think about the negative sentiment attached to each of the following statements:

“My friend is a ***drug addict***”

“No matter what we do, she can’t seem to get ***clean***”

“Our community has a serious ***drug abuse*** problem”

“He can’t seem to avoid ***relapse***”

Stigmatizing vs. Affirming

Stigmatizing Language

Abuser, Addict, Alcoholic

”Clean”

“Dirty”

Drug Abuse

Relapse

Substance Abuse or Misuse

Drug

Lapse

Opioid Replacement Therapy

Affirming Language

Stigmatizing vs. Affirming

Stigmatizing Language

Abuser, Addict, Alcoholic

"Clean"

"Dirty"

Drug Abuse

Relapse

Substance Abuse or Misuse

Drug

Lapse

Opioid Replacement Therapy

Affirming Language

A person suffering from a substance use disorder

A person in recovery

A person not yet in recovery

Substance Use

Recurrence

Substance Use

Medication OR non-medically used psychoactive substances

Resume OR Experience a recurrence

Medications for addiction treatment

Talking to Patients about MAT

The background of the slide is white with abstract, overlapping green geometric shapes on the right side. These shapes include triangles and polygons in various shades of green, from light to dark, creating a modern, layered effect.

The Essentials

- ▶ MAT is standard of care for opioid use disorder
- ▶ Three FDA-approved medications
- ▶ Shared decision-making using motivational interviewing skills

Surgeon General's Report (2016)

- ▶ “Well-supported scientific evidence shows that medications can be effective in treating serious substance use disorders, but they are under-used.”
- ▶ “MAT for patients with a chronic opioid use disorder must be delivered for an adequate duration in order to be effective. Patients who receive MAT for fewer than 90 days have not shown improved outcomes.”
- ▶ “One study suggested that individuals who receive MAT for fewer than 3 years are more likely to relapse than those who are in treatment for 3 or more years.”



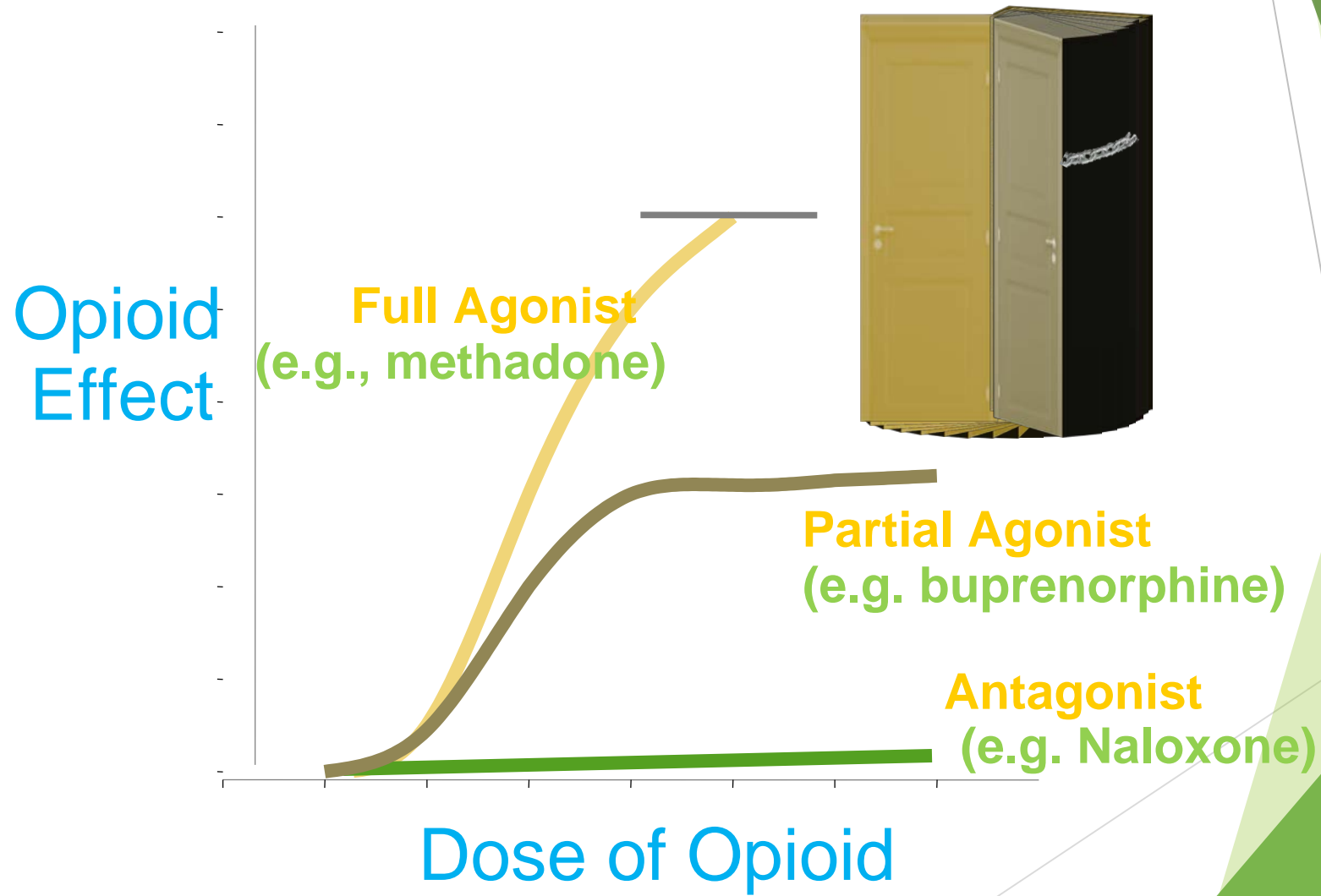
FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

Know the Medicines

- ▶ Buprenorphine
- ▶ Methadone
- ▶ Naltrexone

How Do Opioids Work?



Methadone



Dolophine[®] Methadose[®]

How does methadone work?

- ▶ Methadone binds to the same receptor sites as other opioids
- ▶ Suppresses withdrawal and reduces craving
- ▶ Oral administration effective
- ▶ Slow onset of action
- ▶ Long duration of action
- ▶ Slow offset of action

Why Choose Methadone?

- ▶ Accessibility - Able to get to an approved program daily
- ▶ Pregnant and post-partum women
- ▶ Have severe or chronic pain
- ▶ People being treated for HIV/AIDS
- ▶ People who do best with structured programs
- ▶ Few long-term side effects
- ▶ Counseling promotes lifestyle changes



Buprenorphine/
Naloxone

Suboxone®

Buprenorphine: The Evidence

- ▶ Over 25 years of research on buprenorphine, including over 5,000 patients.
- ▶ Clinical trials have established the safety and effectiveness of buprenorphine for the treatment of opioid addiction.
- ▶ Effectiveness of buprenorphine has been compared to:
 - ▶ Placebo (Johnson et al. 1995; Ling et al. 1998; Kakko et al. 2003)
 - ▶ Methadone (Johnson et al. 1992; Strain et al. 1994a, 1994b; Ling et al. 1996; Schottenfield et al. 1997; Fischer et al. 1999)
 - ▶ Methadone and LAAM (Johnson et al. 2000)

Why choose buprenorphine?

- ▶ Best treated in doctors' offices
- ▶ Pregnant and postpartum women
- ▶ People being treated for HIV/AIDS
- ▶ Able to follow a treatment plan
- ▶ Motivated to try buprenorphine for MAT

A photograph of several white, oval-shaped naltrexone tablets scattered on a light surface. In the background, there is an orange plastic pill bottle lying on its side with its cap removed, and a white plastic container. The word "Naltrexone" is overlaid in large green letters across the center of the image.

Naltrexone

Revia[®] or Depade[®]

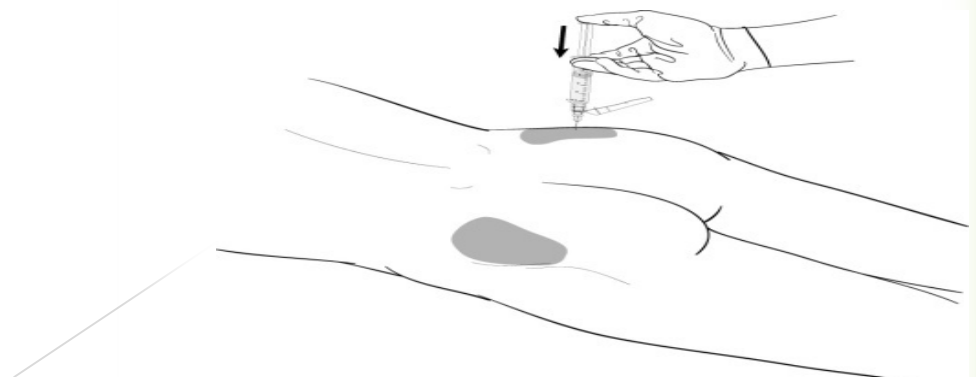
Extended-Release Naltrexone Administration

Amount: one 380mg injection

Method: deep muscle in the buttock

Frequency: every 4 weeks

Must be administered by a healthcare professional and should alternate buttocks each month.



Research on Extended-Release Naltrexone

When compared to placebo, those receiving extended release naltrexone:

- ▶ Had fewer opioid positive urines
- ▶ Stayed in treatment longer
- ▶ Had less craving
- ▶ Showed greater improvement in the mental component of quality of life and overall health status

Equivalent results to buprenorphine for patients who can tolerate withdrawal

Why choose naltrexone?

- ▶ Able to stop using for 7-10 days
- ▶ Mandated by court or employer
- ▶ Comorbid alcohol problems
- ▶ Motivated to eliminate all opioids now
- ▶ Re-entering from prison or jail

When to choose no medication?

Shared Decision-Making Model

- ▶ Associated with better outcomes and patient satisfaction across medical care
- ▶ Patient-centered, non-hierarchical and collaborative approach

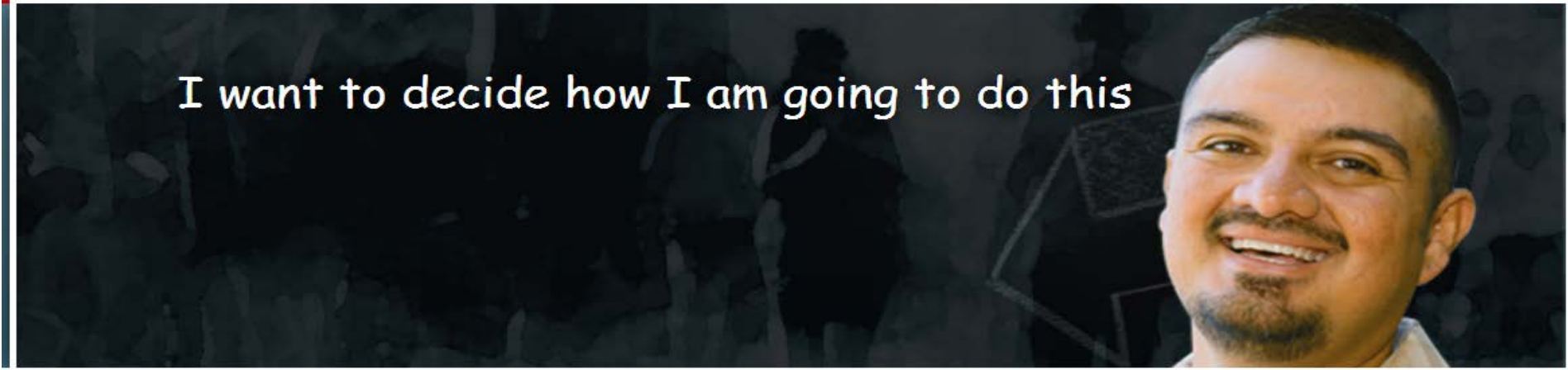
Decisions in Recovery: Treatment for Opioid Use Disorder

Should I start?

Which do I start?

How do I start?

Recovery tools



Are you finding it difficult to stop using? If you've thought about cutting down or stopping, this site can help. If you are using narcotics, prescription pain medications, heroin, or any other opioid drug, this site has information about some of your treatment options and ways to locate a provider who can help.

You can also watch videos of people who have been where you are. They found a way to succeed in recovery and reclaim their lives. So can you.

Opioid use disorder is a primary, chronic and relapsing disease that affects your body and your brain. Whether this is your first try at overcoming addiction, or a fresh start after many attempts, give yourself credit for having the courage to change.

The site offers a wide variety of resources on recovery, recovery support and treatment. Although recovery and recovery support are related to treatment, they are not the same and you are encouraged to talk with your provider about the treatment options that will work best for you and your unique needs.

<https://archive.samhsa.gov/MAT-Decisions-in-Recovery/Default.aspx>



TALKING ABOUT MAT

ELLE SCHWAB

SENIOR SUPERVISOR II

RECOVERY SUPPORT SERVICES AND CASE MANAGEMENT



HOW DO WE APPROACH PATIENTS

- ▶ What is their drug of choice
- ▶ What is their treatment history
- ▶ What support do they have (family, friends etc.)
- ▶ What level of treatment are they in (residential, OP, etc.)
- ▶ What MAT services have they utilized before
- ▶ Did the previous MAT service work for them? Why or why not?
- ▶ Are they caught in a “loop” of always the same treatment
- ▶ Do they understand the physiological affects of addiction?

INTERVIEWING/ENCOURAGEMENT

- ▶ Discuss with the patient the best options for their drug of choice
- ▶ What has gotten in the way of their sobriety
- ▶ What type of triggers and urges do they have
- ▶ If they have repeatedly used the same MAT medication, discuss something different
- ▶ Have they had a previous addiction to a MAT medication? Recommend switching up the medication
- ▶ Discuss what hasn't worked in the past, why not try something different, it might work this time

Using Motivational Interviewing Skills

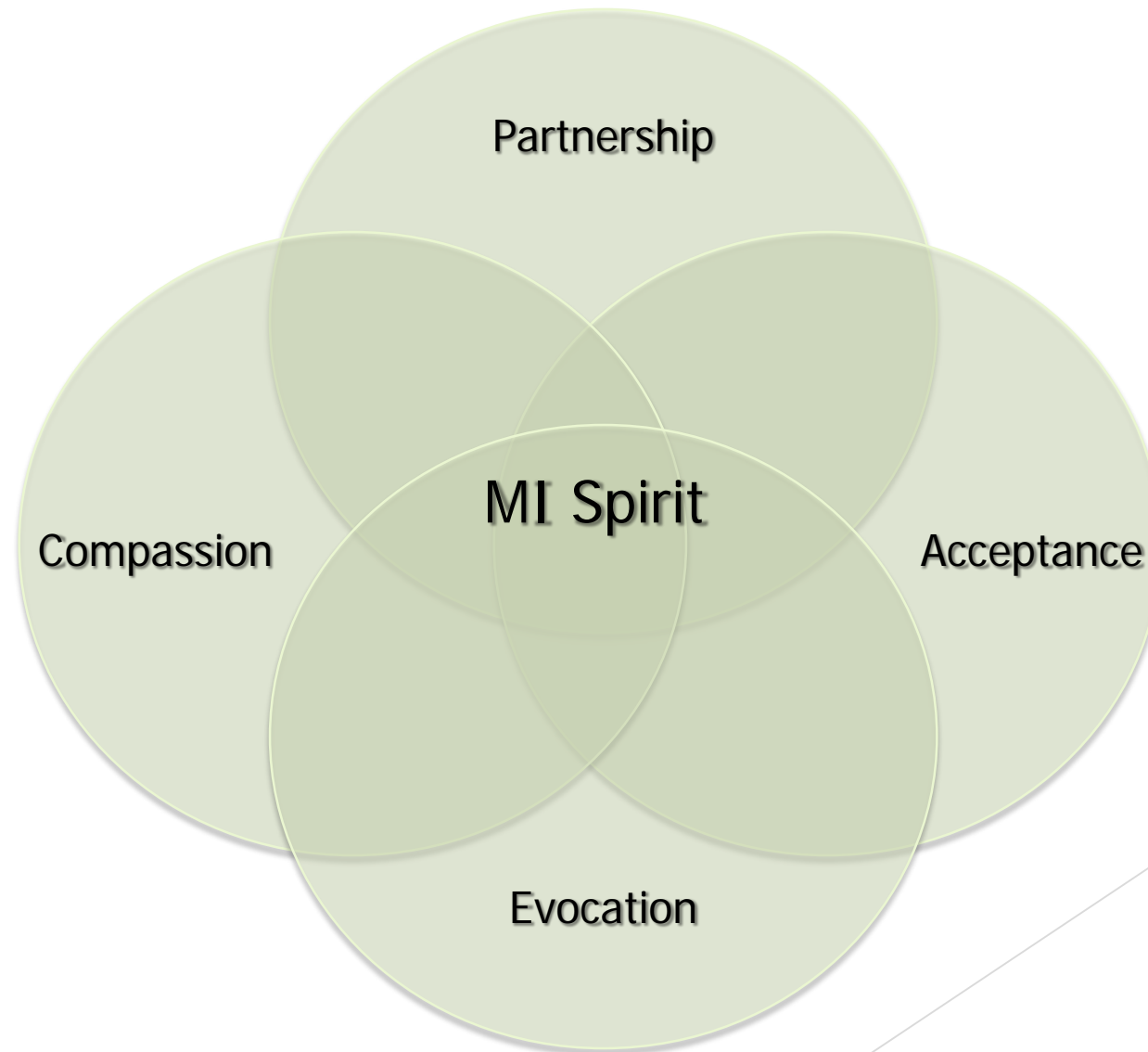
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What is Motivational Interviewing?

Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

“...designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

The Underlying Spirit of MI



MI MicroSkills (the OARS)

Core Skills

- ▶ **O** pen-Ended Questions
- ▶ **A** ffirmations
- ▶ **R** efective Listening
- ▶ **S** ummarizing



Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*

Types of Reflective Statements

1. Simple Reflection (repeat)
2. Complex Reflection (making a guess as to underlying meaning)



"I'm not sure that I want to take medicines."

Practicing MicroSkills

- ▶ Write down something a client might say about his/her opioid use during an intake
- ▶ Speaker reads “client” statements
- ▶ Others ask open-ended questions and make reflections, simple and complex



Practice Presentation

Spoke Development

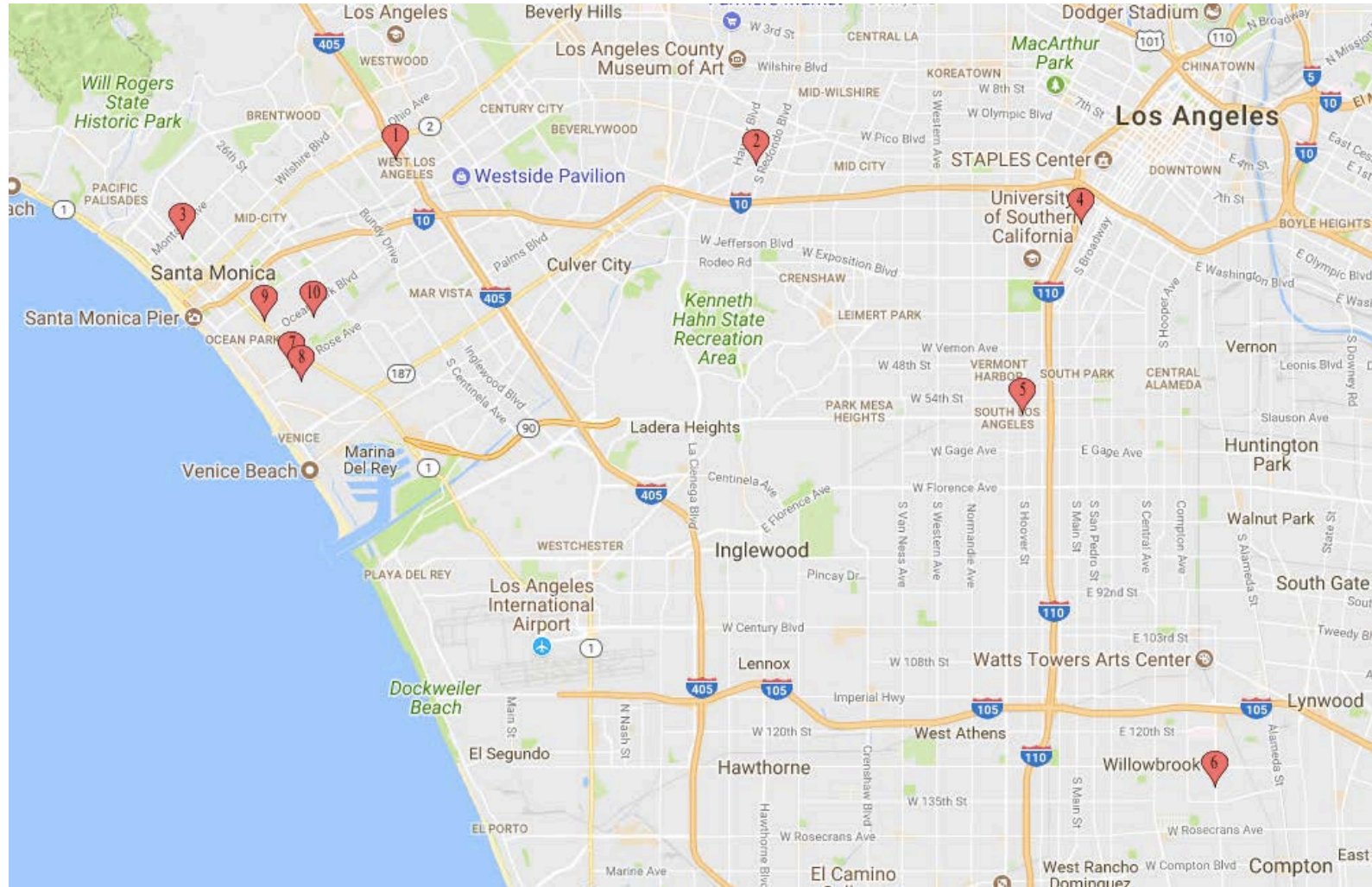
Spoke Development

Matrix Institute Hub and Spoke System

Spoke Update

Current Spokes	Potential Spokes
<ul style="list-style-type: none">▪ Venice Family Clinic	<ul style="list-style-type: none">▪ AltaMed
<ul style="list-style-type: none">▪ St. John's Well Child and Family Center	<ul style="list-style-type: none">▪ University Muslim Medical Association (UMMA)
<ul style="list-style-type: none">▪ CLARE Foundation	<ul style="list-style-type: none">▪ Edelman Westside Mental Health Center

Spoke Development Map



Spoke Development Efforts

- ▶ Engaging Agencies and Representatives
 - ▶ Coalition meetings
 - ▶ OUD treatment community meetings
 - ▶ Networking
- ▶ Potential Spoke Sites: AltaMed and UMMA
 - ▶ Meetings and setting service objectives

Challenges

- ▶ Staffing
 - ▶ Lack of staff with buprenorphine MAT experience
 - ▶ Some spokes are new to addiction treatment
 - ▶ Physician engagement in MI and SBIRT at Clinics
 - ▶ Scheduling/time constraints
- ▶ Community Awareness
 - ▶ Misconceptions
 - ▶ Lack of knowledge of HSS Program among other treatment provider
 - ▶ Perceptions of addiction patients
- ▶ Primary Care Physician Champion
 - ▶ Enhance mentoring and confidence providing treatment
- ▶ Invoicing / Data Submissions
 - ▶ Processes are interdependent
 - ▶ One spoke not submitting data stifles invoicing for all spokes

Successes/Lessons Learned

- ▶ Physicians enhance communications with other physicians (AltaMed)
 - ▶ Understand nuances of primary healthcare settings (e.g. billing, EHRs systems)
 - ▶ Can lead to provider buy-in
- ▶ Outreach initiated from the beginning of grant
 - ▶ Increased awareness among service providers and OUD population

Leverage Medical Professionals

Peer Support and Mentoring

- ▶ Learning Collaborative/MAT Advisory Group
- ▶ Seasoned MDs attend and support newly waived prescribers
- ▶ Ongoing contact with peer mentors



Leverage Medical Professionals

MD's consult and connect

- ▶ Medical Director initiates conversations with potential primary care spokes
- ▶ Bring experienced primary care provider to the table for spoke development meetings
- ▶ Available to answer questions about how MAT works in a busy clinic setting



Local Newsletter

- ▶ Information, resources and access
- ▶ Reinforcing mechanism to know there are ongoing resources



Central Coast Recovery Options

Vol 2. November/December 2017

A COMMUNICATIONS UPDATE FROM THE CENTRAL COAST RECOVERY OPTIONS

Introducing Robin Oakey, MFT, Project Coordinator for the Central Coast Recovery Options program!

Robin Oakey, MFT, has been an addiction treatment specialist for nearly a decade, working in direct patient care with Vivitrol, Suboxone, and Methadone patients in a variety of clinic settings.

resources, and deliver continued training and support to make a difference in successfully addressing the opioid problems in Santa Cruz County.

The MAT Advisory Group

The MAT Advisory Group (A learning collaborative) is a peer mentoring resource and support group of other buprenorphine prescribers and clinicians.

Community Forums

- ▶ Involve the community to create a leveraged interest in participation
- ▶ Panels include treatment providers from different settings, law enforcement, local lawmakers and stakeholders
- ▶ Patients in recovery provide insight into the different faces of substance use disorder



Activity

- ▶ Discuss your progress in each of the practice areas
 - ▶ Learning collaborative and peer support
 - ▶ Physician involvement in spoke development
 - ▶ CME presentations
 - ▶ Newsletter
 - ▶ Community Forums
 - ▶ Other areas of progress
- ▶ What are your successes?
- ▶ Where will you put more effort?

QI & PERFORMANCE MEASURES



Skunk Hollow Treatment Center

Nowheresville, CA

Sample QI Presentation

Hub Team

- Cindy Brown, Executive Director
- John Smith, H&SS Project Coordinator
- Valeria Vegas, H&SS Nurse Manager
- Dr. Ted Seuss, H&SS Medical Director
- Brian Do, CADC

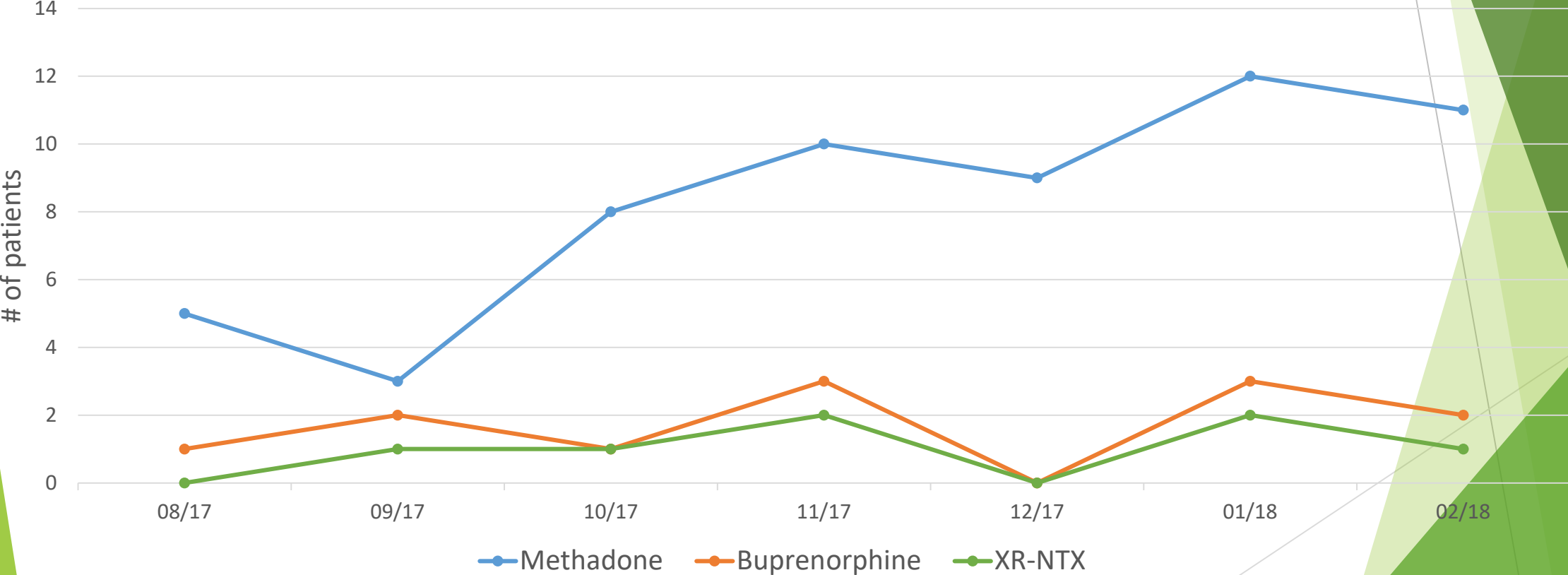


Spoke Partners

- Sunnyvale Treatment Center (Sunnyvale, CA)
- Redwood City Clinic (Redwood City, CA)
- Santa Clara Wellness Center (Santa Clara, CA)
- Family Health Center (San Mateo, CA)

QI Measure #1: Medication (Hub)

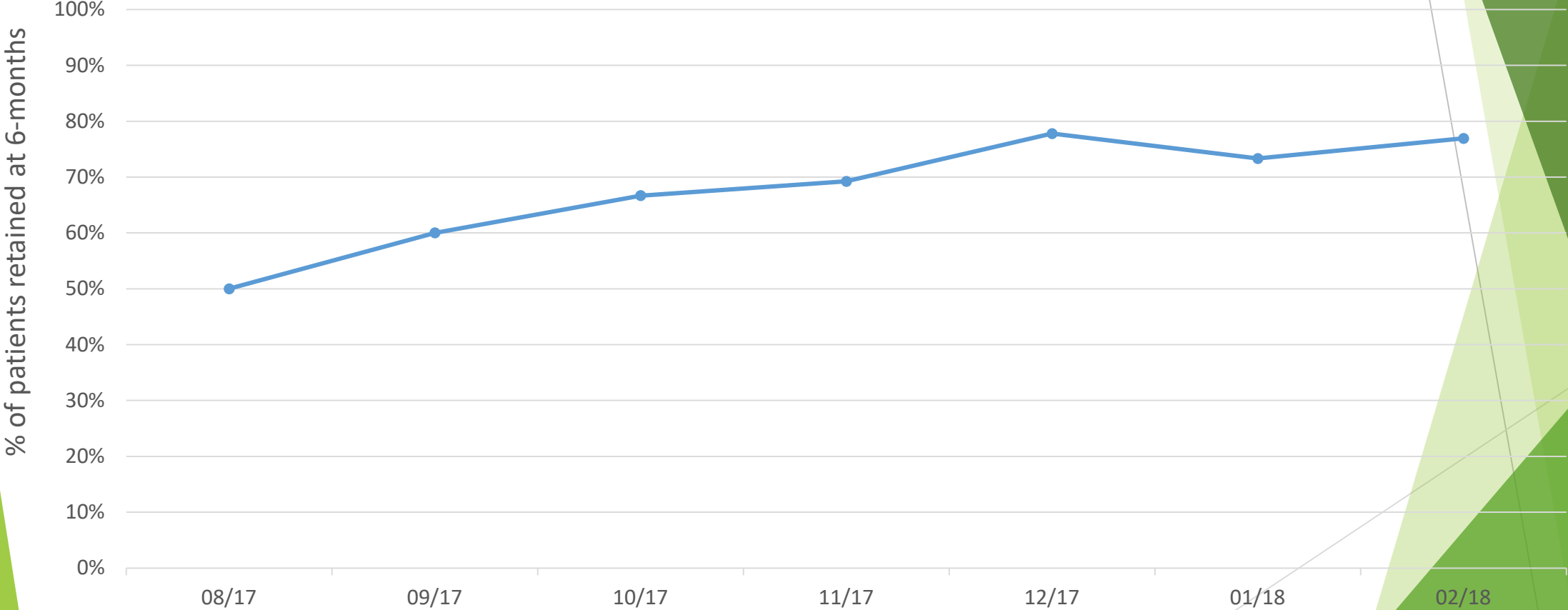
New Patients on Addiction Medication



Sample QI Presentation

QI Measure #2: Retention (Hub)

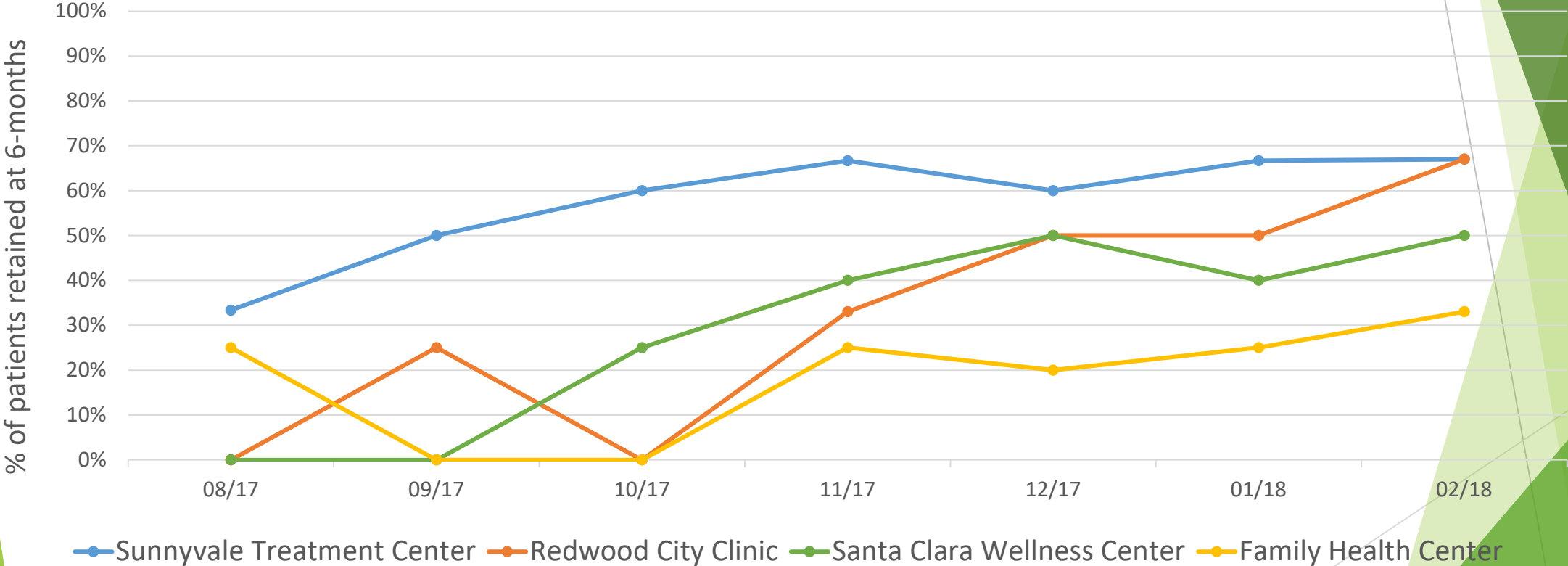
6-Month Retention



Sample QI Presentation

QI Measure #2: Retention (Spokes)

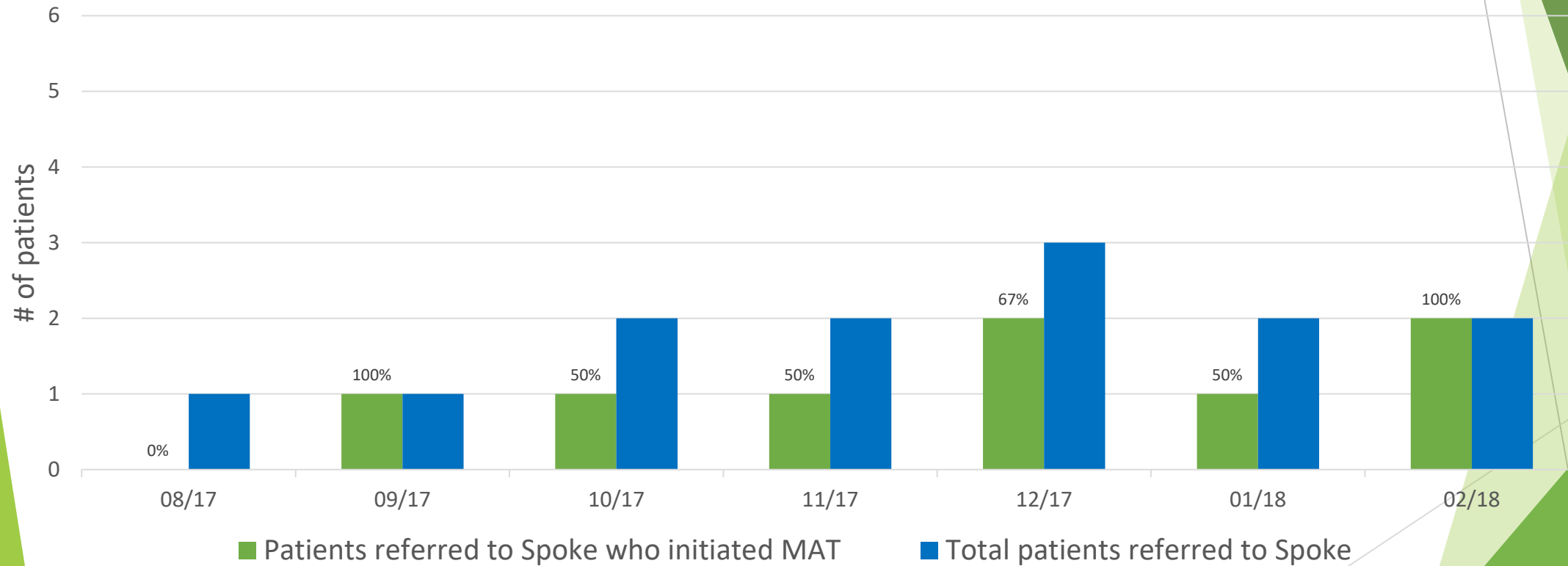
6-Month Retention (Spokes)



Sample QI Presentation

QI Measure #3: Hub-to-Spoke Linkage

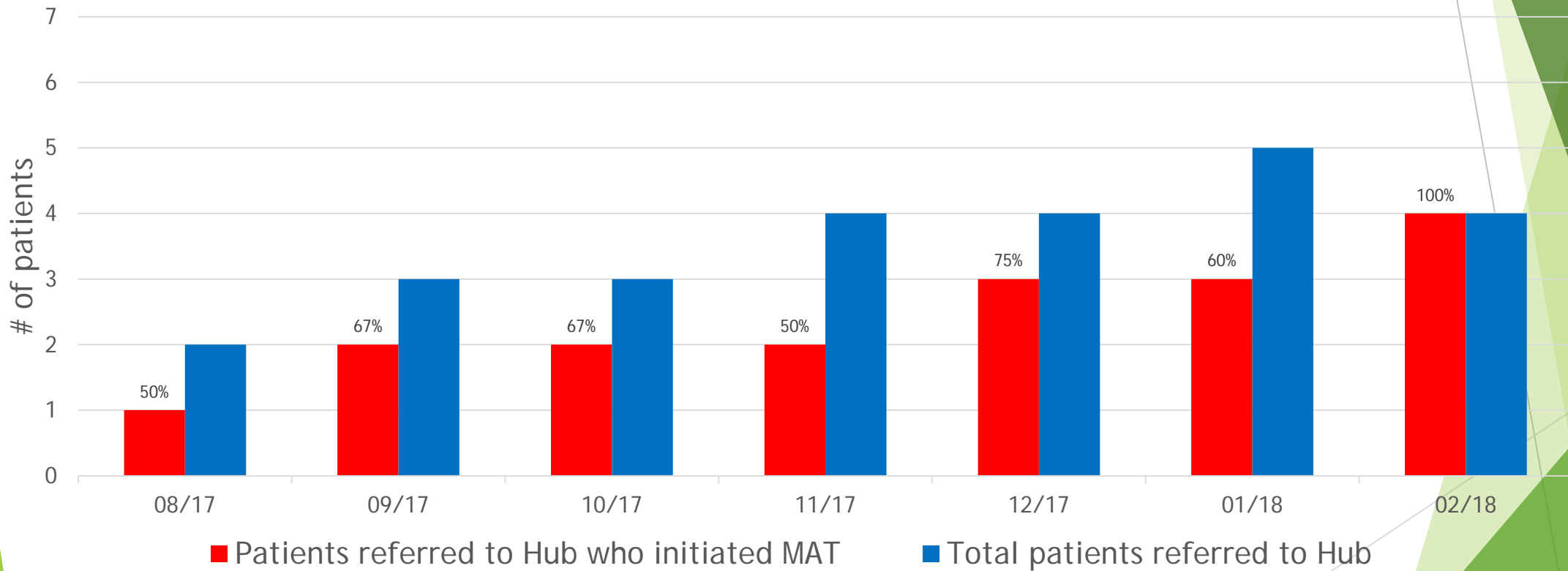
Hub-to-Spoke Linkage: Sunnyvale Treatment Center



Sample QI Presentation

QI Measure #4: Spoke-to-Hub Linkage

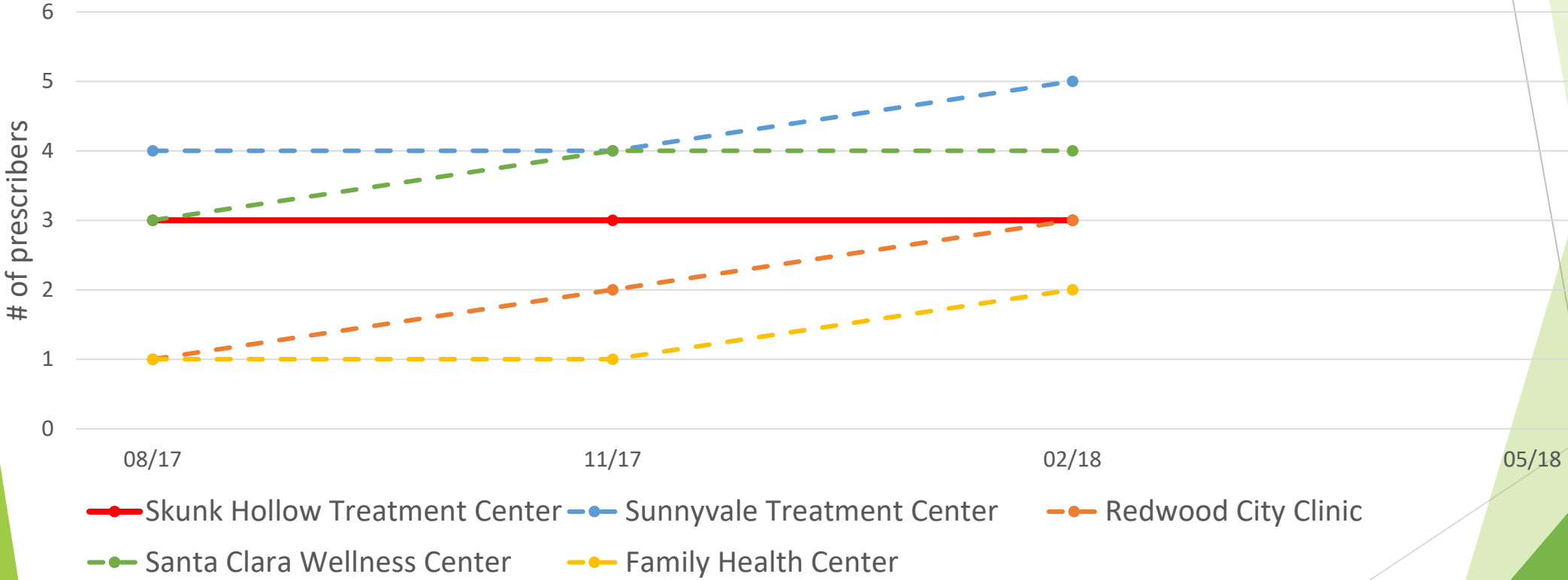
Spoke-to-Hub Linkage: Sunnyvale Treatment Center



Sample QI Presentation

QI Measure #5: X-Waivered Prescribers

X-Waivered Prescribers



Sample QI Presentation

PDSA Report

What improvement is your team trying to make?

<u>PLAN:</u>	<u>DO:</u>
<u>STUDY:</u>	<u>ACT:</u>

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DISTRIBUTION PURPOSES

NEXT STEPS

- ▶ Next quarterly LC session
 - ▶ May/June 2018 via Zoom Meeting
- ▶ Cases for ECHO Clinics
 - ▶ Fourth Monday of the month through November
- ▶ MERF Scholars Program
 - ▶ Identify providers to apply
- ▶ Waiver trainings - what are your needs?

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Join the CAHSS ListServ

- ▶ Email Patrick (pflippinweston@mednet.ucla.edu) to join!

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