Treatment Retention for Patients Taking Medications for Opioid Use Disorder (MOUD)

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Disclosures

There are no relevant financial relationships with ACCMEdefined commercial interests for anyone who was in control of the content of this activity.



Objectives

- Identify how retention impacts treatment outcomes for patients with OUD
- ► Name two best practices for enhancing retention
- ▶ Demonstrate two lessons learned from case discussion

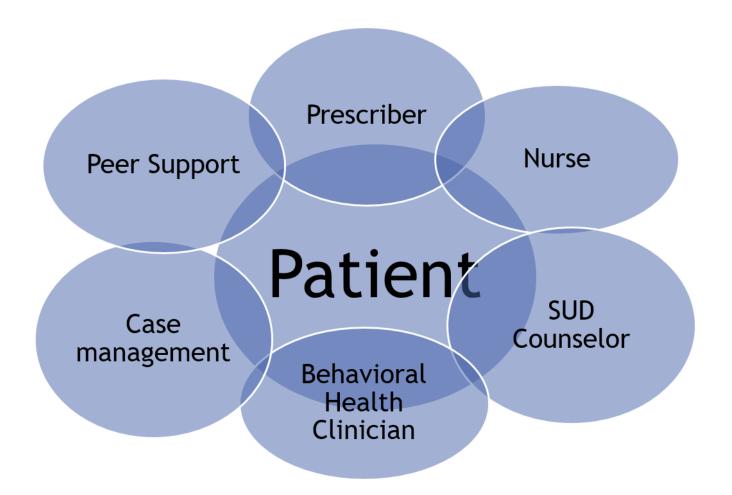


Why Retention?

- ► Premature discontinuation of opioid agonist treatment is associated with a range of adverse outcomes, including return to opioid use and mortality (Clausen et al., 2008, 2009; Magura & Rosenblum, 2001)
- Over half OBOT patients were retained in treatment over one year.
 - ➤ Poorer retention for patients who were younger, black, Hispanic, unemployed, or with hepatitis C (Weinstein et al., 2016)
- ► Retention disparity exists between methadone and buprenorphine (Bell et al., 2009; Hser et al., 2014; Srivastava et al., 2017)



Multidisciplinary Team

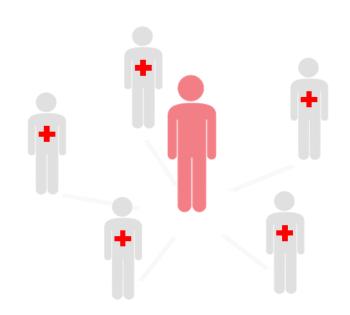




Nurse Care Manager (NCM) Model

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





Peer Recovery Support Services

- Designed and delivered by people who have experienced both substance use disorder and recovery.
- ► Help individuals and families stay engaged in the recovery process after initial acute care.



- ► Embodies a powerful message of hope and experiential knowledge.
- Extends the reach of treatment beyond clinical settings.



Understanding the Differences

Peer Support Services

- Minimal role differential
- ▶ Non-clinical
- Long-term
- Community-based
- Multiple pathways

Clinical Support Services

- Power differential
- ▶ Clinical
- Short-term
- Diagnosis
- Medication
- ▶ Boundaries



Understanding the Differences

12-Step Programs

Prescriptive

Abstinence-based

One pathway

Program to follow

Peer Support Services

Non-prescriptive

Multiple pathway

Self-directed program



What are the Domains of Peer Recovery Services?

Developed by the Substance Abuse and Mental Health Services Administration **Emotional**

Informational

Instrumental

Affiliational



Contingency Management (aka Motivational Incentives)

- Best practice for stimulant use disorder in patients with MOUD
- ▶ Use tangible rewards for concrete behaviors
- ► Use escalating rewards (get more incentives with more positive behavior) or fishbowl method (pick tickets with reinforcers)

Patient attends treatment, gives negative samples



More patients

- attend treatment
- give negative samples



CM Implementation Tips

- Staff designated to coordinate
- Give reinforcement frequently
- Easy to earn initially (set the bar low)
- Reinforcers should be items of use and value to patients
- Reinforcement should be connected to specific, observable behavior
- Minimize delay in reinforcement delivery; greater delay, weaker effect
- ► Focus on small steps; any improvement
- Simple is better



Telehealth

Expands Access

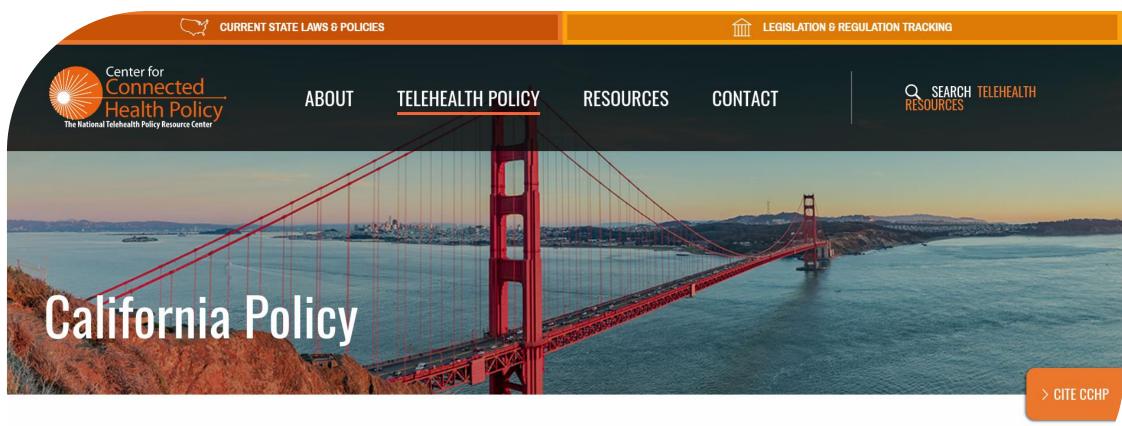








Telehealth laws and policies - Cchpca.org



CALIFORNIA PASSED ONE OF THE FIRST STATE TELEMEDICINE LAWS IN THE COUNTRY



Be aware of racial disparities

Research Letter

ONLINE FIRST

May 8, 2019

Buprenorphine Treatment Divide by Race/Ethnicity and Payment

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Top Retention Best Practices

From Hub and Spoke Learning Collaboratives

- Regular team meetings and case review
- ► Follow up calls and texts after no-shows
- ► Tracking through EMR or spreadsheet
- Case management and peer support
- Contingency management
- ► Group visits
- ► Work on rapport, relationship, and trust
- Whole person care
- ► Education patients and staff



Upcoming Events

- Spoke Development contact UCLA with training and TA needs and support!
- Project ECHO
 - ▶ Tribal MAT ECHO 3rd Tuesday of the month, 12-1
 - ▶ July 16, Counseling and Family Involvement
 - ► CA H&SS MAT ECHO 4th Monday of the Month, 12-1
 - ▶ July 22, Suicide Awareness and Prevention
- ► Next LCs
 - ► Nov/Dec In person
 - ► March 2020- Virtual
 - June 2020 In person and final?







Medications for addiction treatment

Providing best practice care in a primary care clinic

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https://www.nationalcomplex.care/wp-content/uploads/2019/09/Medications-for-addiction-treatment-FINAL-9.20.19.pdf