Using a Nurse-Led Model for Effective Team-Based Care for Opioid Use Disorder

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Disclosures

Jeanelle Pestes, RN, has no relevant financial interests to disclose.
Objectives

• Specify two ways a nurse care model (NCM) can increase a patient’s access to medications for opioid use disorder
• Describe three main findings from the Massachusetts nurse care manager model study
• Describe two strategies to help prepare a patient for buprenorphine induction
• Demonstrate two (2) lessons learned from the case presentation
Collaborative Care of Opioid-Addicted Patients in Primary Care Using Buprenorphine
Five-Year Experience

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BMC’s Office Based Addiction Treatment (OBAT) Model

• Collaborative Care / Nurse Care Manager Model developed at Boston Medical Center (BMC)
  • Nurse care managers (NCMs) work with physicians to deliver outpatient addiction treatment with buprenorphine and injectable naltrexone

• More recently dubbed the “Massachusetts Model”
Barriers to Prescribing Buprenorphine in Office-Based Settings

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

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient Nursing Support</td>
<td>20%</td>
</tr>
<tr>
<td>Insufficient Office Support</td>
<td>19%</td>
</tr>
<tr>
<td>Payment Issues</td>
<td>17%</td>
</tr>
<tr>
<td>Insufficient Institutional Support</td>
<td>16%</td>
</tr>
<tr>
<td>Insufficient Staff Knowledge</td>
<td>12%</td>
</tr>
<tr>
<td>Pharmacy Issues</td>
<td>8%</td>
</tr>
<tr>
<td>Low Demand</td>
<td>7%</td>
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<tr>
<td>Office Staff Stigma</td>
<td>5%</td>
</tr>
<tr>
<td>Insufficient Physician Knowledge</td>
<td>3%</td>
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</tbody>
</table>

Only waivered providers can prescribe BUPRENORPHINE.

However...

...it takes a *Multidisciplinary Team Approach* for effective treatment.
What MAKES THE BMC NCM OBAT Model SUCCESSFUL?

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
Office-Based Opioid Treatment with Buprenorphine (OBOT-B): State-wide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers

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BMC OBOT Became Known as Massachusetts Model of OBOT

- Program Coordinator intake call
  - Screens the patient over the telephone
  - OBOT Team reviews the case for appropriateness

- NCM and physician assessments
  - Nurse does initial intake visit and collects data
  - Waivered prescriber: PE, and assesses appropriateness, DSM criteria of opioid use disorder

- NCM supervised induction (on-site) and managed stabilization (on- and off-site (by phone))
  - Follows protocol with patient self administering medication per prescription
Nurse Care Managers (NCM)

- Registered nurses, completed 1 day buprenorphine training
- Performed patient education and clinical care by following treatment protocols (e.g., UDT, pill counts, periop mgnt)
- Ensured compliance with federal laws
- Coordinated care with OBOT prescribers
- Collaborated care with pharmacists (refills management) and off-site counseling services
- Drop-in hours for urgent care issues
- Managed all insurance issues (e.g., prior authorizations)
- On average each NCM saw 75 patients/wk
Massachusetts Model of OBOT

- Maintenance treatment patient in care (at least 6 months)
  - NCM visits weekly for 4-6 wks, then q2 wks, then q1-3 months and as needed
  - Waivered provider visits at least every 4 months
- Medically supervised withdrawal considered based on stability if the patient requested to taper
- Transferred to methadone if continued illicit drug use or need for more structured care
- Discharged for disruptive behavior
UMass Study Findings in Massachusetts

- Studied 5,600 Mass Health Clients prescribed buprenorphine and methadone (2003-2007)
- Overall Mass Health expenditures lower than for those with no treatment
- Clients on Medications had significantly lower rates of relapse, hospitalizations and ED visits: no more costly than other treatments
- Buprenorphine attracting younger and newer clients to treatment

OBOT RN Nursing Assessment

- Intake assessment
  - Review medical hx, treatment hx, pain issues, mental health, current use, and medications

- Consents/Treatment agreements
  - Program expectations: visits & frequency, UDT, behavior
  - Understanding of medication: opioid, potential for withdrawal
  - Review, sign, copies to patient and review at later date

- Education
  - On the medication (opioid), administration, storage, safety, responsibilities and treatment plan

- UDT

- LFTs, Hepatitis serologies, RPR, CBC, pregnancy test
OBOT Waivered Provider

- Review of history
  - Mental health, substance use, medical, social
- Physical Exam
- Lab and urine review
  - Assess contraindications, toxicology
- Confirm opioid use disorder diagnosis
  - DSM criteria
- Confirm appropriate for office treatment
- Signs the orders and prescription
- Develop treatment plan with OBOT team
OBOT RN Preparation for Induction

Review Program Requirements

- Nurse/Physician appointments:
  - frequency, times, location
- Counseling:
  - weekly initially
- UDT:
  - at visits, call backs
- Abstinence:
  - from opioids is the goal
- Insurance verification:
  - prior authorizations, co-pays
- Safety:
  - medication storage (bank bag)
OBOT Team
Patient Instructions for Induction Day

- Insurance verification
  - Prior authorizations, co-pays
- Dispose of paraphernalia, phone numbers, contacts
- Medication pick up: 2mg/8mg tabs
- No driving for 24 hours
- Plan to be at clinic or office for 2-4 hours
- Bring a support person if possible
- Discuss potential side effects (e.g. precipitated withdrawal)
OBOT RN Follow up Visits:

- Assess dose, frequency, cravings, withdrawal
- Ongoing education: dosing, side effects, interactions, support.
- Counseling, self help check in
- Psychiatric evaluation and follow up as needed
- Medical issues: vaccines, follow up, treatment HIV, HCV, engage in care
- Assist with preparing prescriptions
- Facilitating prior approvals and pharmacy
- Pregnancy: if pregnant engage in appropriate care
- Social supports: housing, job, family, friends
Hospital Admissions

Average Hospital Admissions Per OBOT Enrollment

2008 2009 2010 2011
Fiscal Year

Notes:
• Hospital data is only available through 9/30/2012
• Enrollments must have lasted at least 12 months
• Paid amounts are calculated using hospital specific pay to charge ratios

Prepared by Synthesis Health Systems, Inc.
ER Visits

Average ER Visits Per OBOT Enrollment

Fiscal Year

2008 2009 2010 2011

Prior 6 Months

Future 6 Months

Future 7 to 12 Months

Notes:
- Hospital data is only available through 9/30/2012
- Enrollments must have lasted at least 12 months
- Paid amounts are calculated using hospital specific pay to charge ratios

Prepared by Synthesis Health Systems, Inc.
Social Determinants Health Substance Use Disorder (SUD)

• Health determinants contribute to biological, socio-economic and psycho-social status

• What determines our health
  ▪ Environment: living conditions, shelter, homeless
  ▪ Employment: economic disparities
  ▪ Access to healthcare: insurance, emergency care
  ▪ Social stressors: abuse, neglect, food insecurities
  ▪ Educational disparities: occupation
  ▪ Mental health issues
  ▪ Cultural norms: attitudes, treatment settings, decision-making
Complex Care Management in OUD

- Patient-level outcomes comparable to physician-centered approaches
- Allows efficient use of physician time to focus on patient management (e.g., dose adjustments, maintenance vs. taper)
  - Allowed physicians to manage > numbers of patients due to support of NCM
- Improved access to OBOT and daily management of complex psychosocial needs (e.g., housing, employment, health insurance)

Discussion and Questions