

An Overview of the National Clinician Consultation Center

Tuesday, April 18th, 2023

Tribal
MAT

A unified response to
the opioid crisis in
California Indian Country



University of California Los Angeles
Integrated Substance Abuse Programs

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Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:




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**What we say and how we say it inspires the hope
and belief that recovery is possible for everyone.**

**Affirming, respectful, and culturally-informed
language promotes evidence-based care.**

PEOPLE FIRST

Language Matters

*in treatment, in conversation, in
connection.*



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



NATIONAL MINORITY HEALTH MONTH



Better Health Through Better Understanding | April 2023



An Overview of the National Clinician Consultation Center

Chris Bositis, MD

Clinical Director, National Clinician Consultation Center

University of California – San Francisco

April 18, 2023

National SUD, HIV/PrEP-PEP, and HCV Warmlines

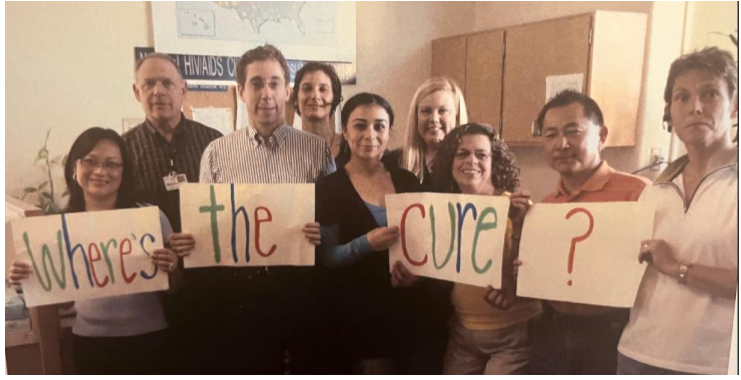
Learning Objectives

- Identify three (3) services available to clinicians through the Substance Use Warmline and California Substance Use Line.
- Propose two (2) ways in which clinicians can access NCCC services.
- Recall two (2) other consultation services available through the NCCC and two (2) ways these services can support you in your care of people with substance use disorder.

Established in 1993 as national service/component of the HRSA Ryan White HIV/AIDS Program. Early operationalization and scale-up of a **low barrier, distance-based clinical consultation service and capacity-building resource** (“Warmline”). Scope broadened to include viral hepatitis and substance use.



Our model: on-demand clinical “call center” staffed with SUD, viral hepatitis, and HIV-experienced consultants



- No cost to utilize
- Reach out as often as you'd like – we take notes for internal record-keeping, but DO NOT ask for PHI/PII (each call is organized under provider name, practice)
 - Can also send inquiries via our website “portal”
 - New chatbot available for general PEP inquiries
- Aim to offer pragmatic, evidence-informed options which can be immediately applied to patient care: tailored for each case and practice setting

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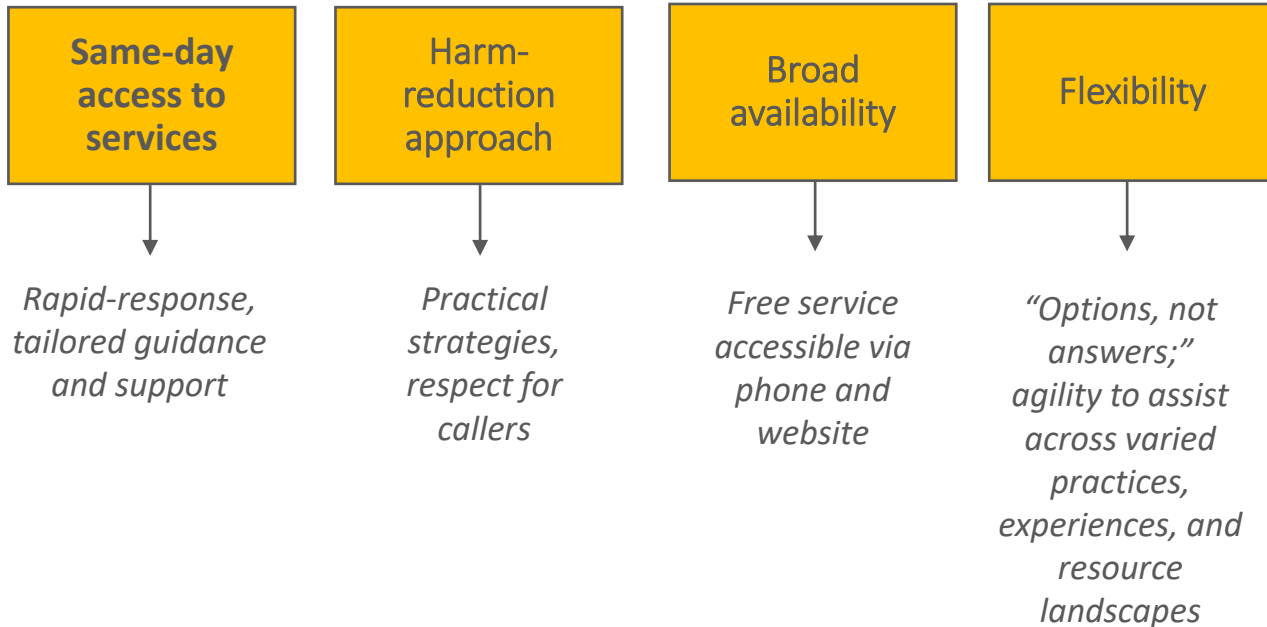
LSU-MC
 Delta Region AIDS Education and Training Center
 138 S. Roman St., 3rd Floor
 New Orleans, LA 70112

HRSA/AIDS ETC NATIONAL
HIV Telephone Consultation Service
 from San Francisco General Hospital
1-800-933-3413





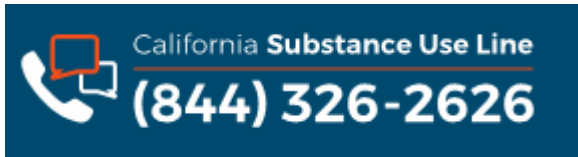
Our guiding principle & model: “low-barrier” support



On-demand SUD consultation services for CA providers

The California Substance Use Line + the National Substance Use Warmline

- **Free**, confidential, 24/7 tele-consultation
- **Staffed** by experienced physicians, pharmacists, and nurses
- **Evidence-based guidance** on substance use evaluation and management
 - For opioids, alcohol, sedatives, stimulants, and other substances
 - Includes medications for substance use disorder treatment



**Substance Use
Warmline**
855-300-3595

Substance use evaluation and
management

Leadership you can trust

California Substance Use Line

- **Collaboration** between California Poison Control System (CPCS) and the National Clinician Consultation Center (NCCC) of the University of California, San Francisco
 - 25+ years helping clinicians of all experience levels provide evidence-based care
- **Expert clinical depth** across multiple domains:
 - Polysubstance use
 - Toxicology
 - Behavioral health
 - Harm reduction
 - Opioid safety
 - HIV
 - Viral hepatitis
 - Primary care
- **Extensive experience** with opioid overdose/withdrawal management and its aftercare



Why should health care providers call?

- **Point-of-care assistance** — no matter how complicated or where in the state you are practicing
- **Receive expert guidance** on developing a treatment plan for patients with substance use disorders
- **Build provider skill, capacity, and confidence** with substance use management or treatment
- **Develop and implement protocols** for opioid overdose/withdrawal and its aftercare, as well as for initiating medications for opioid use disorder
- ***The California Substance Use Line/National Substance Use Warmline teams welcome follow-up calls and can also provide general information and resources via email.***

Why should Substance Use Navigators know about us?

- **Substance use navigators are well-positioned to advocate for patients to receive high-quality treatment and care**
- **Navigators are a crucial source of support and continuity between different care settings, and often have more frequent contact with patients than some providers**
- Navigators may feel more comfortable communicating/engaging with providers about unmet health care needs and sharing information on substance use-focused resources for providers (especially providers who are less experienced with substance use treatment)
- California Poison Control has unparalleled expertise and responsiveness for toxicology/overdose-related matters
- The National Clinician Consultation Center also operates the national PEPLINE (for urgent questions about potential exposures to HIV/ viral hepatitis), PrEPLINE (for questions on HIV pre-exposure prophylaxis), HIV/AIDS Warmline, Perinatal HIV Hotline, and Hepatitis C Warmline

Who can call the California Substance Use Line/National Substance Use Warmline?

- Any health care provider in California, including clinicians working in:
 - Primary care/ambulatory settings
 - Medical specialty settings
 - Substance use programs
 - Emergency rooms
 - Hospitals
 - Urgent care centers
- *For providers who prefer to submit a consultation request electronically, they can visit our portal at: <http://nccc.ucsf.edu/clinician-consultation/substance-use-management/>*

Submit a Case for Consultation
Send an NCCC clinician your case online.

SUBMIT



500+ years of multi-professional service and commitment: advancing equity to support clinical workforce and community health outcomes



Sample case/response

62 yo cis-male with alcohol use disorder

- Key aspects from history:
 - Chronic AUD, likely underreporting actual alcohol intake
 - Never treated for AUD previously
 - Chronic pancreatitis
 - DM T2, A1C above target
 - Compensated cirrhosis
 - Multiple ED visits in last year
 - Still actively drinking
 - Has been referred to psych but does not go
 - “Pre-contemplative”
 - Depressed but not suicidal
 - Questions from caller: General approach to patient care? Anything specific to be looking for?
- Key aspects from consultant’s response
 - Acknowledges how challenging a situation this is
 - Supports clinician in empathic response to patient
 - Discusses options for treatment of AUD:
 - Naltrexone
 - Gabapentin
 - Notes that she would recommend slow taper off alcohol as opposed to abrupt cessation
 - Consider nutritional supplementation (thiamine, B12)

Topics that consultants have addressed

- **Assessment and treatment** of opioid, alcohol, and other substance use disorders
- **When and how to initiate medications** for opioid use disorder (buprenorphine, methadone, naltrexone)
- **Toxicology testing:** when to use it and what it means, how to discuss results with patients
- **Identification and management** of withdrawal (from any substance — not just opioids)
- **Approaches** to adjust opioid-based pain regimens to reduce risk of misuse and harms
- **Harm reduction** and overdose prevention strategies
- **Substance use in special populations** (pregnancy, HIV, kidney/liver disease, co-morbid opioid use disorder and pain, co-morbid behavioral health concerns)

Other examples of calls/questions from the lines

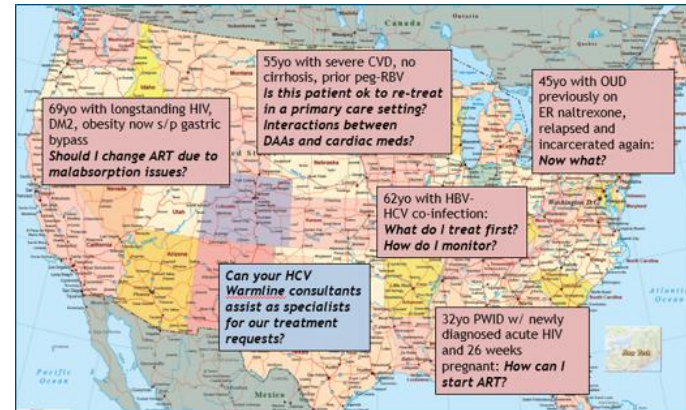
PrEP selection/dosing, monitoring – *applying updated CDC guidance into practice?*

HCV treatment access and DAA initiation, monitoring – *what to do if treatment interruption/abbreviated treatment course occurs?*

HIV screening/testing and ART decision-making

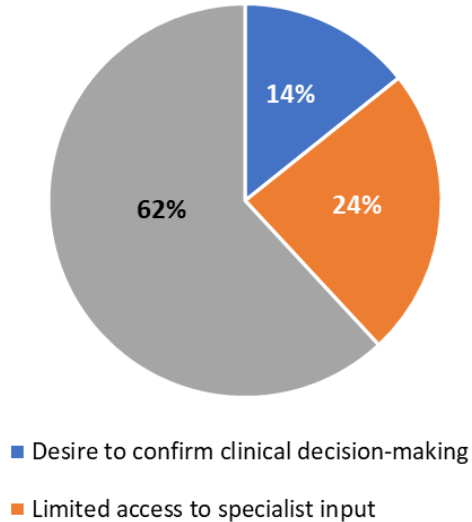
HIV and pregnancy

STI evaluation/management and PrEP/HIV

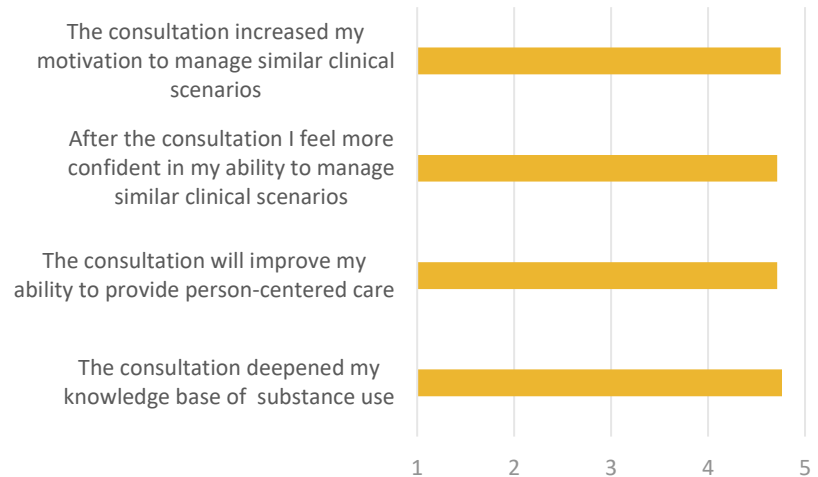


Caller experience with consultations

Motivation for calling CASUL



Likert scale agreement with statements on satisfaction survey
5 = strongly agree



“Very helpful recommendations for psychological and medical treatment of my patient. The consultant’s advice on using motivational interviewing techniques was particularly helpful and helped me to recognize more clearly my own judgmental attitude toward the patient.”—CASUL caller



NATIONAL CLINICIAN CONSULTATION CENTER

Translating science into care

The National Clinician Consultation Center is a free telephone advice service for clinicians, by clinicians. Please check out nccc.ucsf.edu for more information.

HIV/AIDS Warmline
800-933-3413

HIV treatment, ARV management, complications, and co-morbidities

Perinatal HIV Hotline
888-448-8765

Pregnancy, breastfeeding and HIV

Hepatitis C Warmline
**844-HEP-INFO/
844-437-4636**

HCV testing, staging, monitoring, treatment

Substance Use Warmline
855-300-3595

Substance use evaluation and management

PrEPline
855-HIV-PrEP

HIV pre-exposure prophylaxis

PEPline
888-448-4911

Occupational & non-occupational exposure management

This National Clinician Consultation Center program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,633,756 with 0% financed with non-governmental sources.

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Thank you! If you're interested in hard-copy materials, email chris.bositis@ucsf.edu

To learn more, please visit nccc.ucsf.edu



New DEA Requirement for Prescribing

- The X-Waiver to prescriber buprenorphine has been eliminated.
- The DEA has implemented new regulations for any prescriber with a DEA license, including a one-time, eight (8) hour training requirement.



Pathways to Fulfill DEA Training Requirement

Pathway A

Board certified in addiction medicine or addiction psychiatry

American Board of Medical Specialties, American Board of Addiction Medicine, American Osteopathic Association

Pathway B

Recent graduate of medical, dental, physician assistant, or advanced practice nursing within five (5) years

At least eight (8) hours of training on treating and managing patients with opioids or other substance use disorders in their comprehensive curriculum

Pathway C

Practitioners who do not meet the criteria in Pathway A or B

At least eight (8) hours of training on treating and managing patients with opioids or other substance use disorders

Pathway C



Does not have to occur in one session



Eight (8) hours total



Past trainings can be counted



Variety of training formats

Classroom

Seminars

Virtual



Resources to Meet These Requirements

See below the links to our enduring course catalog and to request technical assistance from the Opioid Response Network (ORN):

- Enduring course catalog:
<https://docs.google.com/document/d/10r78aNpgPzldc2TGM5bH29ODaA8xtAPHsK8vDuticLQ/edit>
- ORN request link:
<https://opioidresponsenetwork.org/SubmitTARequest.aspx>

