



STFM

50
ANNIVERSARY

annual spring
conference



“It’s Not Just One More Thing!”

**Overcoming Obstacles for Buprenorphine
Treatment by Residents, Faculty and
Programs**

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May 7, 2017

Disclosures

- Ken Saffier, MD, has nothing to disclose.
- Maureen Strohm, MD, has nothing to disclose.

Learning objectives

By the end of this session, participants will be able to:

1. Explore and share ways to overcome faculty, resident, program and clinic barriers to buprenorphine treatment.
2. Use video clips of DEA buprenorphine waived family physicians and clinic staff to motivate colleagues to initiate or expand Medication Assisted Treatments for opioid use disorders.
3. List 1 or 2 commitment to act statements to promote or expand your own practice or your program's implementation of buprenorphine education and treatment.



Outline for this session:

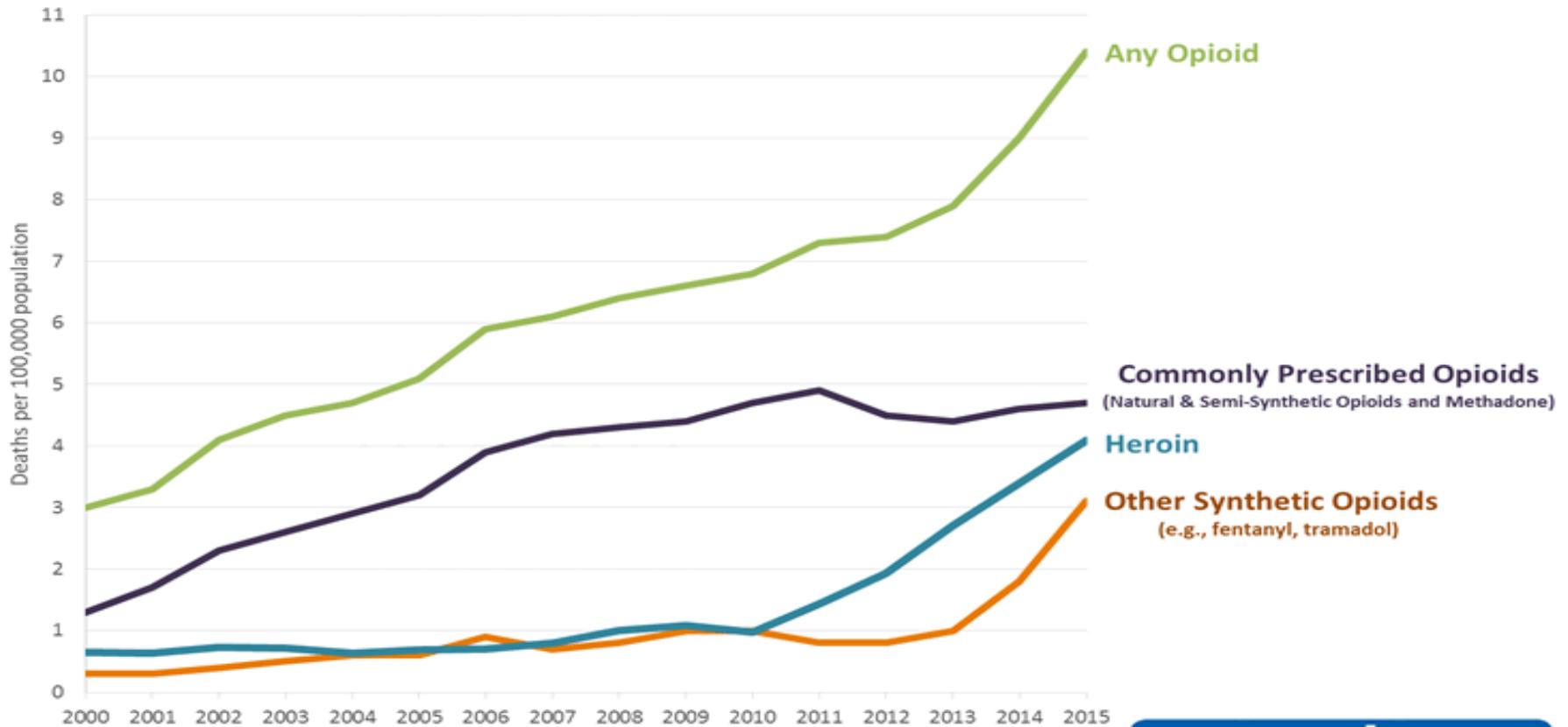
- Introductions
- What is your understanding about medication assisted treatment for opioid use disorders?
- Patients' perspectives
- Providers' perspectives
- What does “support” look like?
- Summary and Conclusions



So nice to meet you



Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information



In 2009
39,147 Americans
DIED FROM DRUG POISONINGS

Nearly 14,800
deaths involved
prescription opioids

For every 1 death there are:



10 treatment admissions for abuse

32 ED visits for misuse or abuse

130 people who abuse or are addicted

825 nonmedical users

Kochanek KD, et al. *National Vital Statistics Report* 2011;60:1-117. CDC Vital Signs. *Prescription Painkiller Overdoses. Use and abuse of methadone as a painkiller*. 2012. Warner M, et al. *Drug poisoning deaths in the United States, 1980-2008*. NCHS data brief, no 81. Hyattsville, MD: National Center for Health Statistics. 2011. National Center for Injury Prevention and Control. Division of Unintentional Injury Prevention. *Policy Impact. Prescription Painkiller Overdoses*. Nov 2011.



National Impact

41,502 + Drug Induced
Deaths in 2012
(22,114 from PD's)

259 Million Painkiller
Prescriptions in 2012
(16,007 Deaths)

Prescription Drug
Deaths Now Outnumber
Traffic Accidents in the
U.S.

1.4 Million ED Visits in 2011
for Non Medical Rx Use

91 Opioid Drug Overdose
Deaths Every Day



Data Source: CDC

Where Do Drugs of Abuse Come From?

Majority of Abusers

- 70% from Family & Friends
- Home Medicine Cabinets

Primary Drug Sources

- Primary Care Providers (Including Dentists)
- Emergency Departments
- Internet Pharmacies

Most Addictions

- Begin With Legitimate Mental and Physical Health Issues



“Opioid Overload: Drug companies sued for flooding West Virginia county with 40 million doses of opioids.” Vice News March 10, 2017

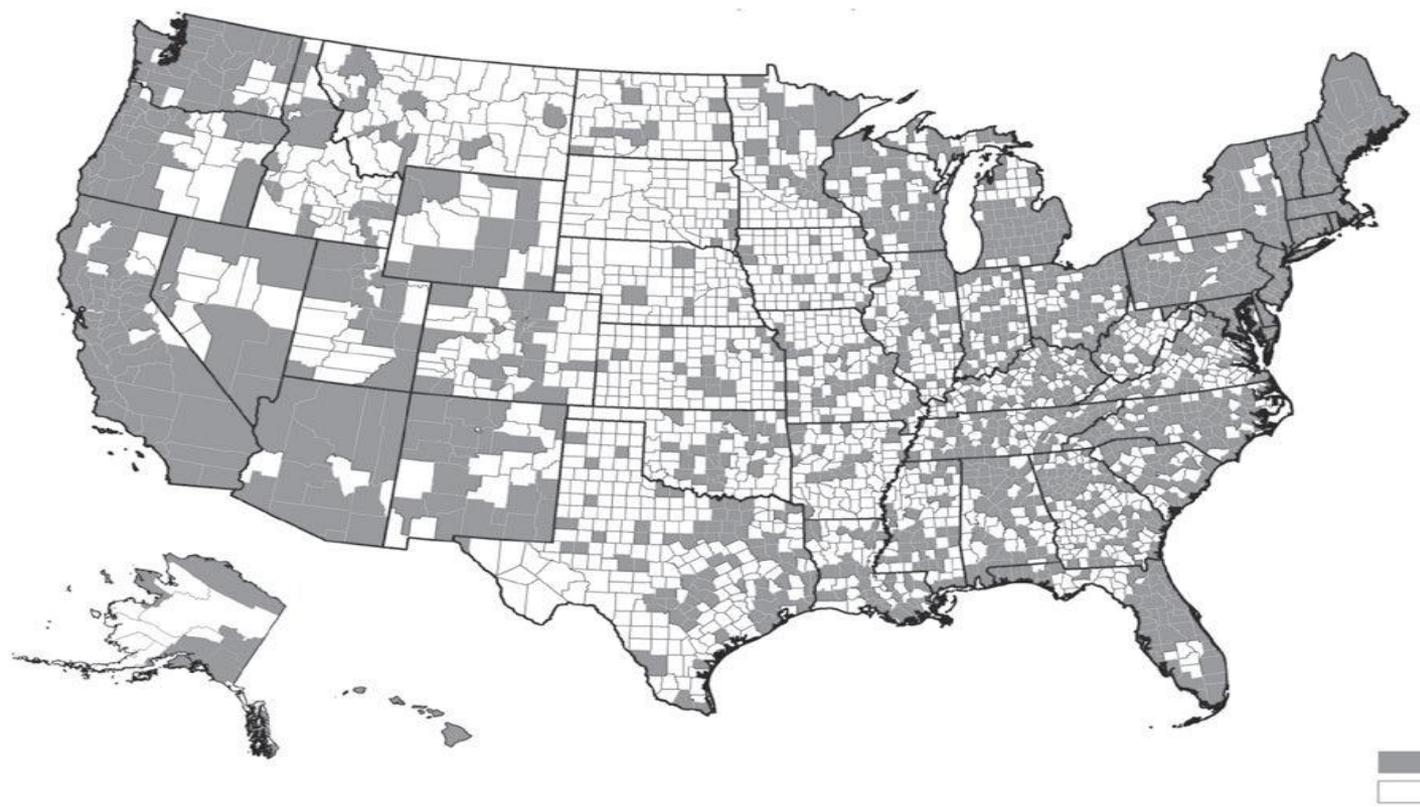


% US primary care MDs received buprenorphine waivers

3%

Rosenblatt, RA. Ann Fam Med 2015;13:23-26

- 2016 CERA study: 27% programs offered buprenorphine training



Rosenblatt, RA. Ann Fam Med 2015;13:23-26



Lack of access = Care Denied





What is your understanding about _____?

- Buprenorphine? And other medical treatments?
- Substance use disorders?
- A support system for bup/nx pharmacotherapy in primary care?

Patients' perspectives:

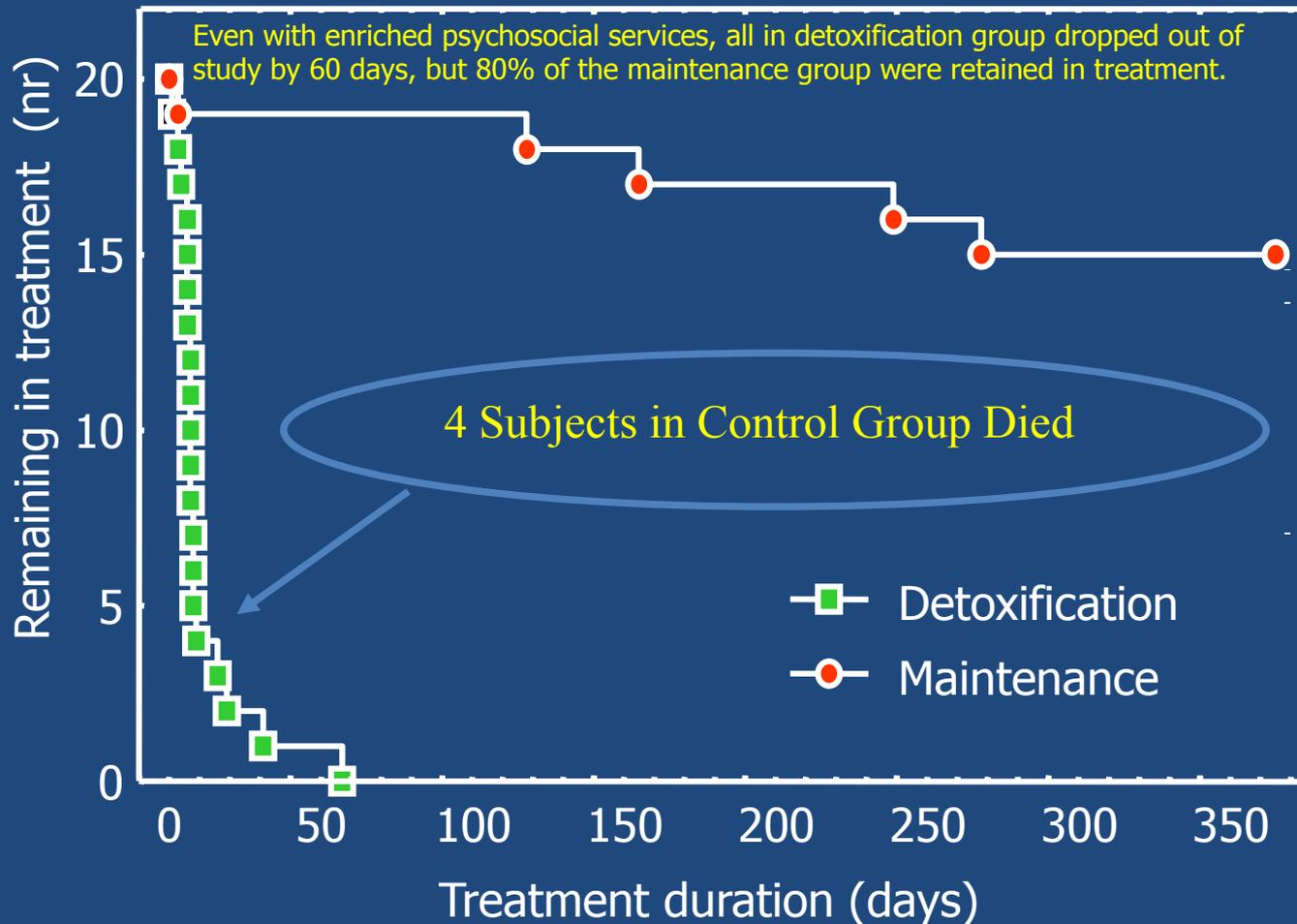
- What have been your patients' experiences?
 - Who take or have taken buprenorphine/naloxone?
 - Who take or have taken methadone?
 - Naltrexone XR?
 - Non-opioid treatments?



- Video – patients' perspectives

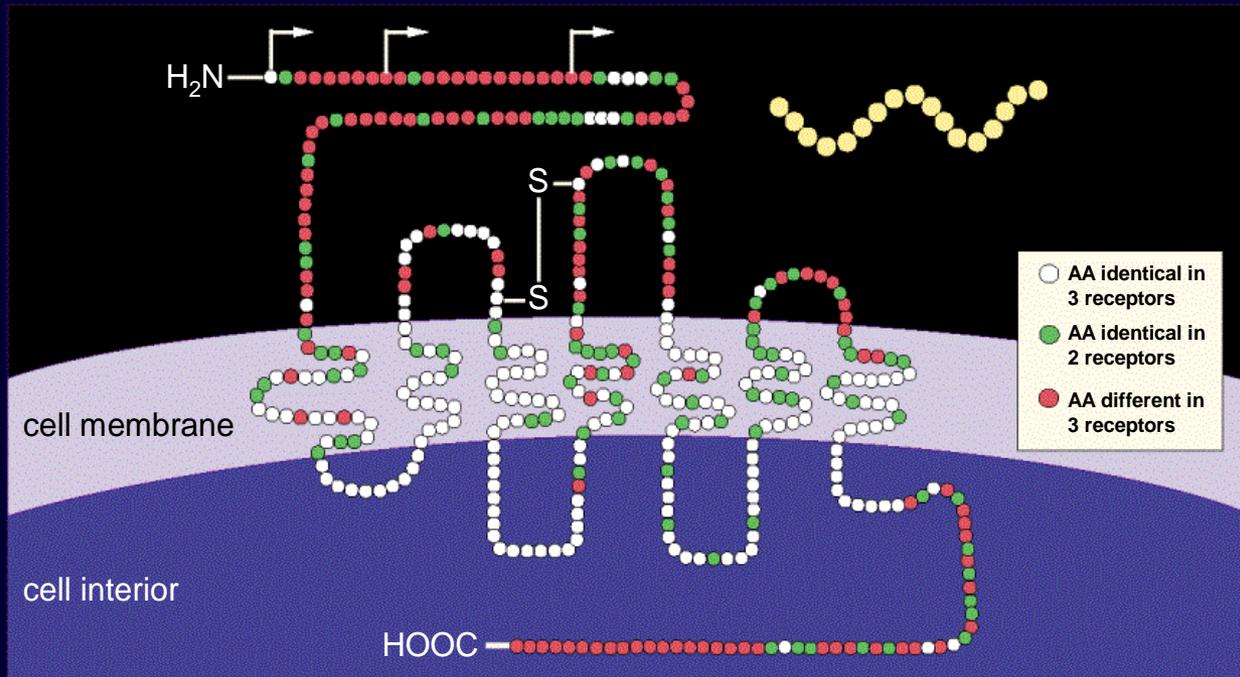
Buprenorphine vs. Placebo for Heroin Dependence

Kakko, Lancet 2003





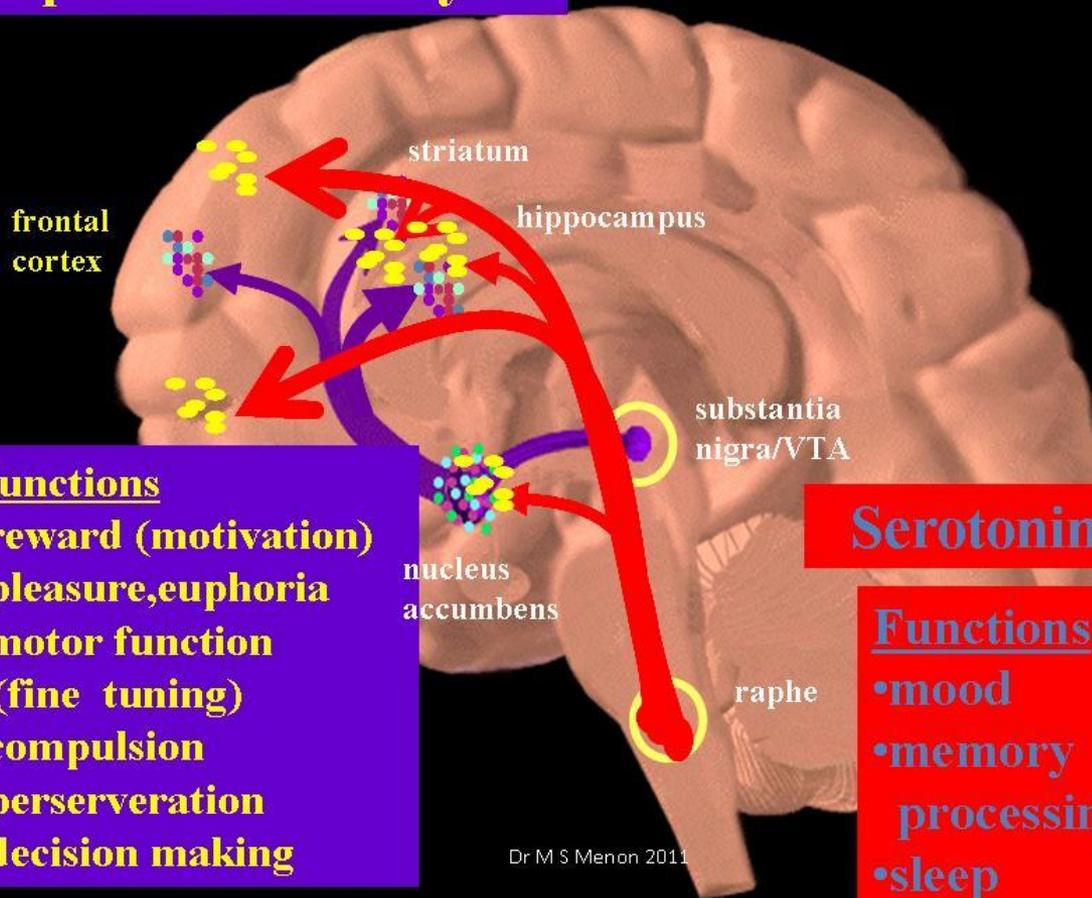
Human Opioid Receptors μ , δ , and κ



LaForge, Yuferov and Kreek, 2000



Dopamine Pathways



Functions

- reward (motivation)
- pleasure, euphoria
- motor function (fine tuning)
- compulsion
- perseveration
- decision making

Serotonin Pathways

Functions

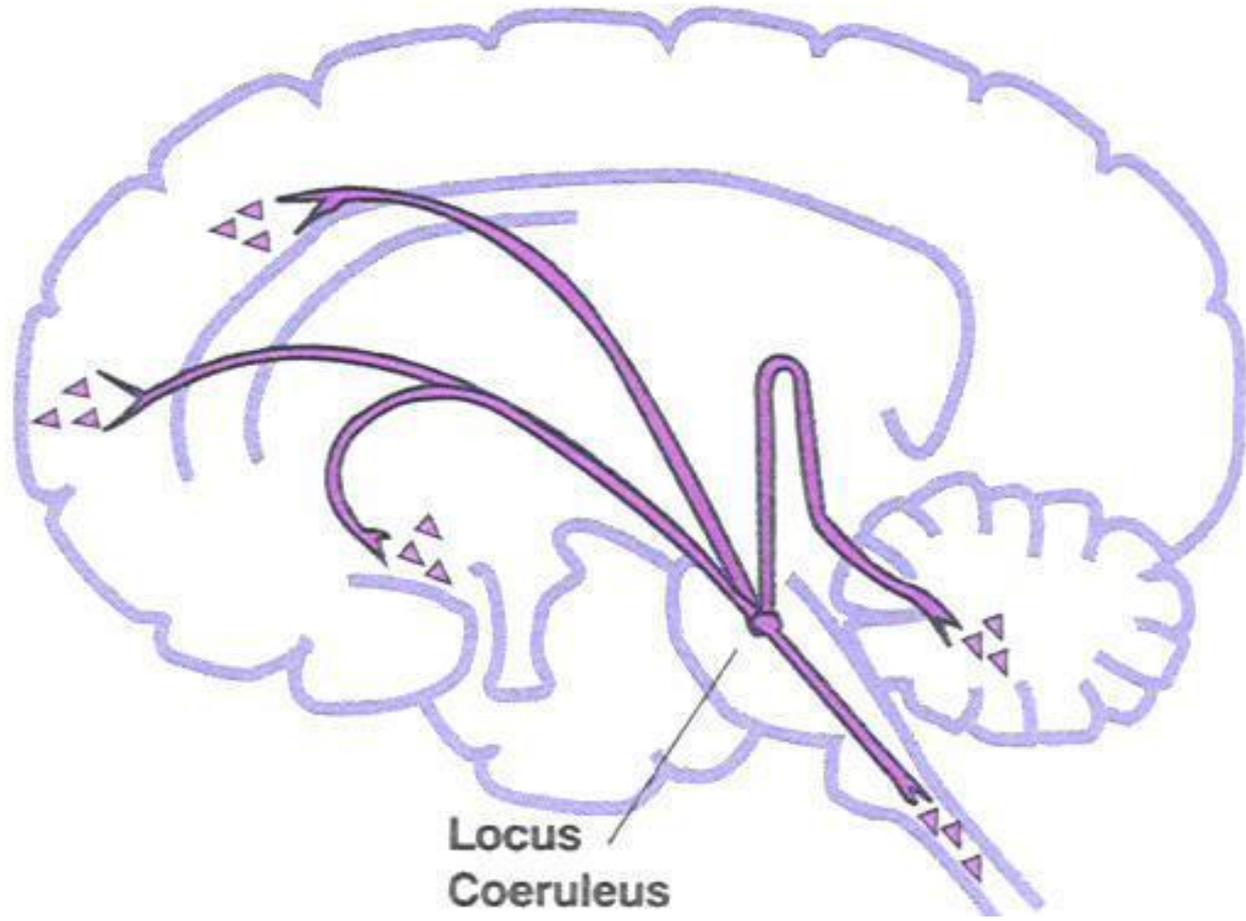
- mood
- memory processing
- sleep
- cognition

Dr M S Menon 2011

1



Norepinephrine Pathways



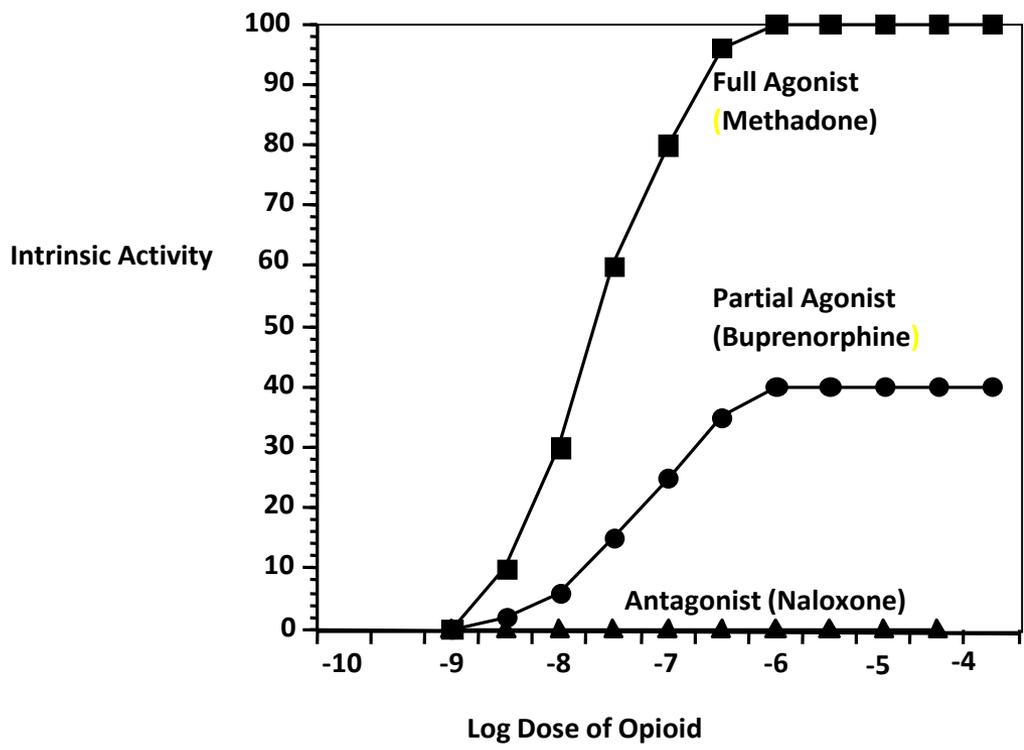
Buprenorphine:

A brief summary of a unique opioid

- ❑ High affinity for the mu opioid receptor
 - ❑ Competes with other opioids and blocks their effects
 - ❑ Can precipitate withdrawal in highly opioid dependent individuals
- ❑ Slow dissociation from the mu receptor
 - ❑ Prolonged therapeutic effect for opioid dependence treatment
- ❑ “Ceiling effect” for stimulation of a given receptor



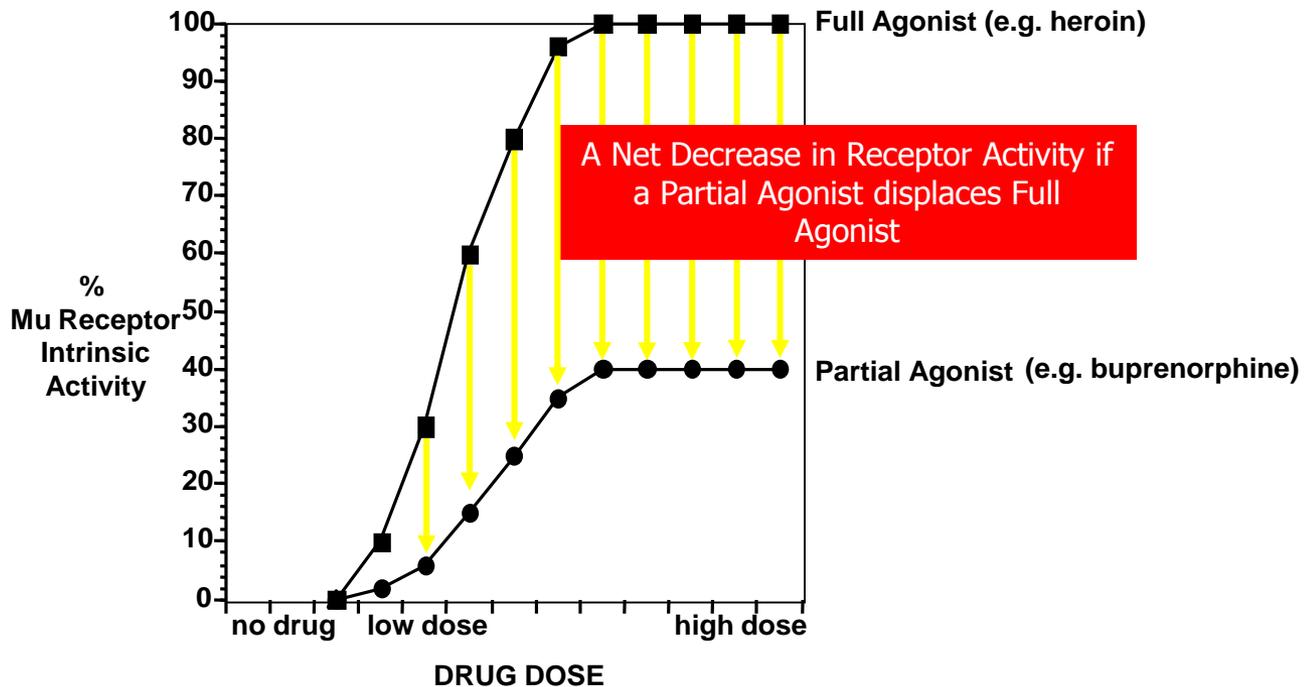
Intrinsic mu Activity: Full Agonist (Methadone), Partial Agonist (Buprenorphine), Antagonist (Naloxone)





Precipitating Withdrawal

- Buprenorphine will precipitate withdrawal when it displaces full agonist off the mu receptors





What's so different about Buprenorphine?

- Safe, effective
 - Low side effect profile
 - Low overdose risk
- Flexible, office-based treatment
 - Anonymous
 - Integrated with other forms of medical/psychiatric care
 - Patients control dosing times
 - No “take home” restrictions
 - Impact on work, family travel



Additional medication assisted treatments:

- **Naltrexone XR**
 - Monthly I.M. injections for opioid use disorders (not for bup treated patients)
 - Reduces alcohol craving – oral or injectable



- **Methadone – (Opioid Treatment Program)**
 - Detox, maintenance



Providers' perspectives

- As very busy providers, in general, what would be your reasons to learn a new skill or use a new tool to help your patients?
- And your patients with OUD, in particular?
- What obstacles are there for you personally, your program, clinic, and/or system?



It often feels like -





- Video – providers' perspectives



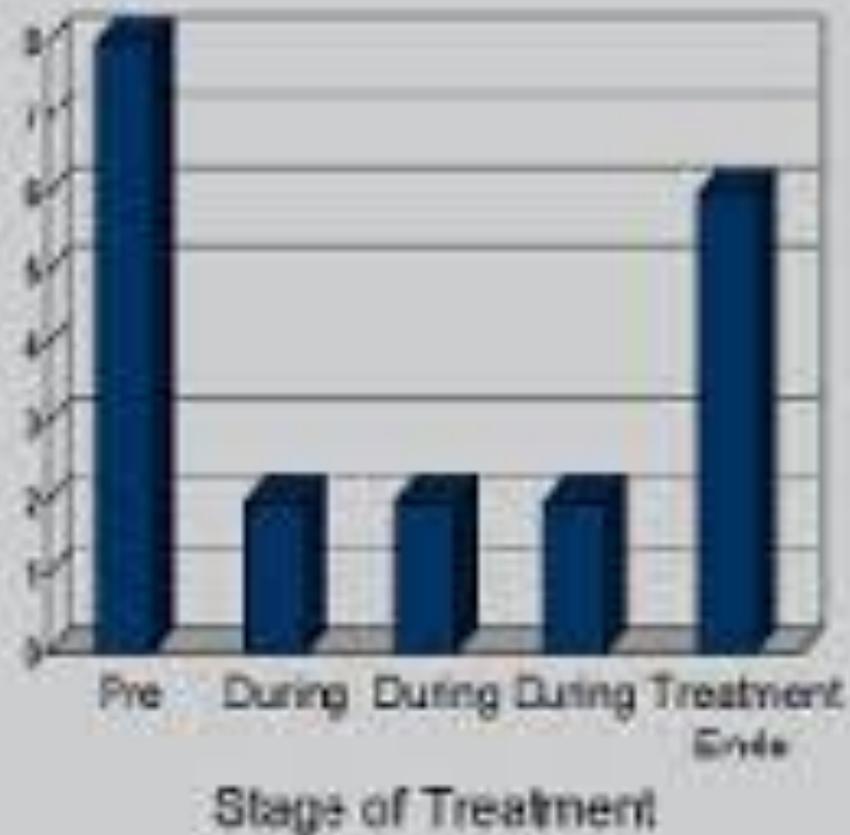
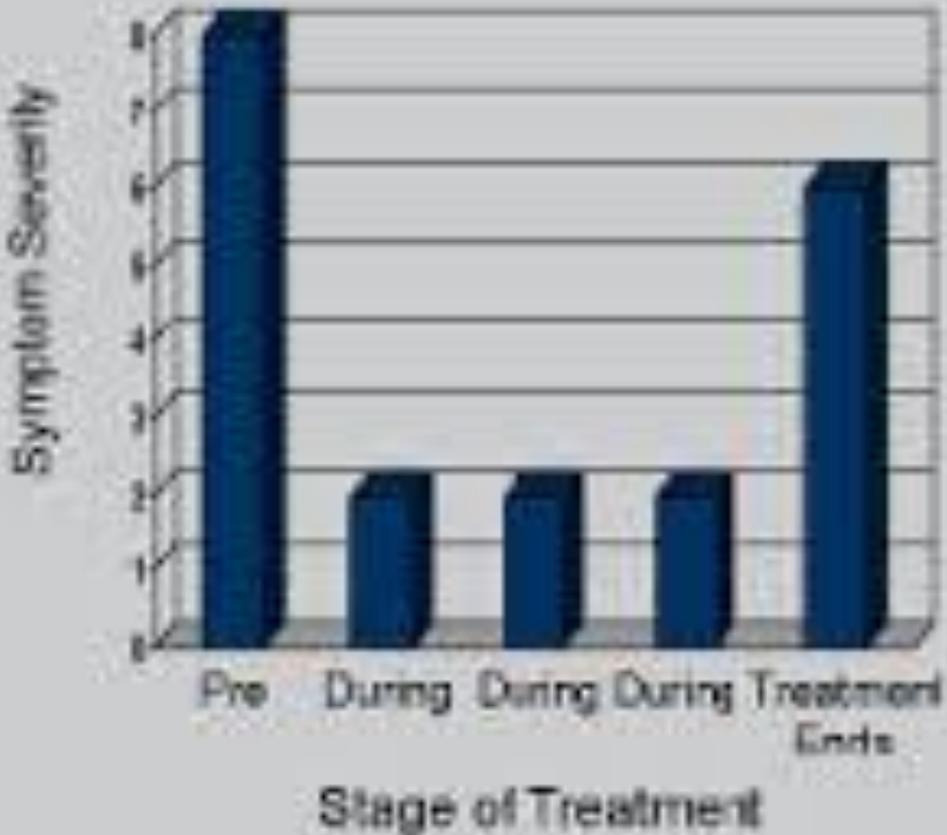
Providers' perspectives (cont'd):

- Getting a DEA waiver for buprenorphine requires 8 hours of additional (“easy”) training.
- How important is it for you to offer MAT with buprenorphine to your patients with OUDs?
- How confident are you to take a “1/2 and 1/2” waiver course to get your “X number” in the next 2 months?



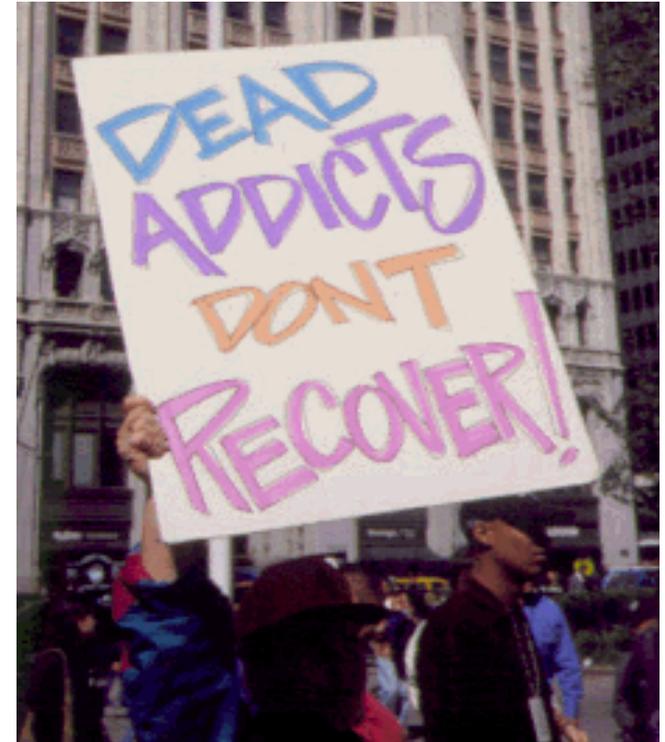
Hypertension Treatment

Addiction Treatment



Why Opioid “Maintenance”?

- 80-90% relapse to drug use without it
- Increased treatment retention
- 80% decreases in drug use, crime
- 70% decrease all cause death rate



NIH Consensus Statement, JAMA 1998



What does support consist of ?

- Every system is unique but there are common features.
- What barriers do you face?
- What are some of the possible solutions?



- Video – What does support look like?

Primary Care Buprenorphine Programs 10 Elements for Success

- A champion
- Staffing for administrative activities
- A team-based approach
- Connection to behavioral health services
- Mentoring support for physicians



10 Elements for Success (cont'd.)

- Two waived doctors per practice
- Assessment of patient readiness
- An induction approach that fits
- Pharmacists willing to partner
- Sustainable financing





An Eleventh Element for Success

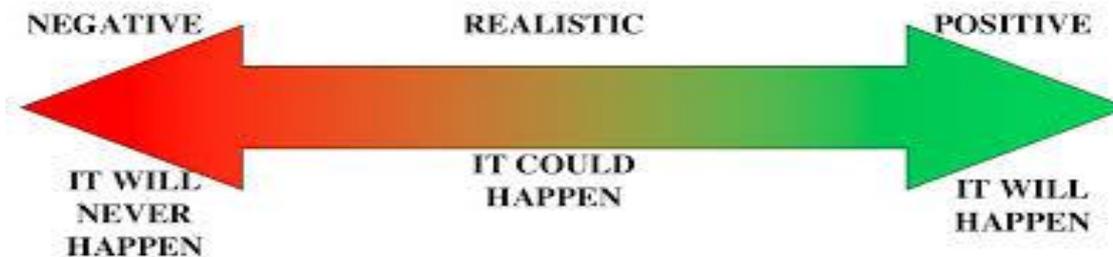
- 11. Administrators' support for all aspects of the above.



What really makes a difference?

A Significant Predictor of Positive Outcome:

A Positive Provider Attitude



Chappell, JN, Schnoll, S: Physician attitudes, effect on the treatment of chemically dependent patients. JAMA 21:2318-19, 1977

Positive Attitudes: Implications for Patient Care

- Increased screening
- Increased diagnoses
- Increased access and referrals to tx
- Improved outcome
- Increased hope – for patients, families, staff

Chappell, JN, Schnoll, S: Physician attitudes, effect on the treatment of chemically dependent patients. JAMA 21:2318-19, 1977



- Video – summary and patient testimonial



Summary and Conclusions

- What are your most relevant “take home” points?
- What can you do by/for yourself to attain your goals?
- What can you do with your team to meet your and your patients’ needs better?

Resources:

- Waiver courses:
 - www.AOAAM.org (Education – schedule)
 - “1/2 and 1/2 “ course (free)
- www.pcssmat.org: (Providers Clinical Support System)
 - Mentorship
 - Modules
 - Webinars
- CA Health Care Foundation: www.chcf.org
 - *White paper*: [Recovery within Reach](#): Medication-Assisted Treatment of Opioid Addiction Comes to Primary Care.
- www.csam-asam.org

Many thanks to:

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- April Rovero, CEO, Nat'l Coalition Against Prescription Drug Abuse
- STFM program committee



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