Virginia Opioid Addiction ECHO* Clinic

December 4, 2020

*ECHO: Extension of Community Healthcare Outcomes
Helpful Reminders

- Rename your Zoom screen, with your name and organization
Helpful Reminders

- You are all on mute please unmute to talk
- If joining by telephone audio only, *6 to mute and unmute

Virginia Opioid...
Helpful Reminders

- Please type your full name and organization into the chat box.
- Use the chat function to speak with IT or ask questions.
VCU Opioid Addiction ECHO Clinics

• Bi-Weekly 1.5 hour tele-ECHO Clinics
• Every tele-ECHO clinic includes a 30 minute didactic presentation followed by case discussions
• Didactic presentations are developed and delivered by inter-professional experts
• Website Link: www.vcuhealth.org/echo
Hub and Participant Introductions

<table>
<thead>
<tr>
<th>VCU Team</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Clinical Director</td>
<td>Gerard Moeller, MD</td>
</tr>
<tr>
<td>Administrative Medical Director ECHO Hub</td>
<td>Vimal Mishra, MD, MMCi</td>
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<tr>
<td>Clinical Experts</td>
<td>Lori Keyser-Marcus, PhD</td>
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<td></td>
<td>Courtney Holmes, PhD</td>
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<td>Albert Arias, MD</td>
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<tr>
<td>Didactic Presentation</td>
<td>Justin Berk, MD</td>
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<tr>
<td>Program Manager</td>
<td>Bhakti Dave, MPH</td>
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<td>Practice Administrator</td>
<td>David Collins, MHA</td>
</tr>
<tr>
<td>IT Support</td>
<td>Vladimir Lavrentyev, MBA</td>
</tr>
</tbody>
</table>

- Name
- Organization

Reminder: **Mute** and **Unmute** screen to talk

*6 for phone audio
Use chat function for Introduction
What to Expect

I. Didactic Presentation
   I. Initiating Buprenorphine in Non-Traditional Settings
II. Case presentations
   I. Case 1
      I. Case summary
      II. Clarifying questions
      III. Recommendations
   II. Case 2
      I. Case summary
      II. Clarifying questions
      III. Recommendations
III. Closing and questions

Lets get started!
Didactic Presentation
Initiating Buprenorphine in Non-Traditional Settings

Justin Berk, MD MPH MBA
Assistant Professor, Departments of Medicine & Pediatrics
Warren Alpert School of Medicine at Brown University
Dec 4, 2020
Disclosures

• No financial disclosures
Outline

1) Buprenorphine is **safe and effective**.
2) **Low-threshold initiation** is easy.
3) **Prescribing Concerns** for low-threshold initiations are easily addressed.
4) Buprenorphine can (and should) be initiated:
   - In a clinic
   - In a hospital
   - In the ED
   - On the telephone
   - In jail and prison
   - From the pharmacy
   - From an illegally parked white van
Learning Objectives

1. Describe the evidence for increased access to medications for opioid use disorder

2. Summarize the low-barrier, low-threshold approach to buprenorphine initiation

3. Recognize the multiple locations that buprenorphine initiation has been successfully implemented
The Benefits for Buprenorphine

• Medication for Addiction Treatment (MAT) reduces mortality and lead to improved psychosocial functioning.

• MOUD (buprenorphine and methadone) is the gold standard treatment for opioid use disorder.

(Schwartz et al. 2013; Larochelle et al. 2018; Leshner & Dzau 2019)
Buprenorphine is safe.

- Very few adverse affects
  - *No prolonged QTc*
- Few non-opioid medication interactions
  - *Rare exceptions: TB treatment, HAART, AEDs*
- No renal or hepatic dosing changes
  - *Rare hepatitis in underlying risk factors*
- Safe in pregnancy
- Ceiling effect

*Storage precautions given pediatric overdose risk.*
The Next Stage of Buprenorphine Care for Opioid Use Disorder

Stephen A. Martin, MD, EdM; Lisa M. Chiodo, PhD; Jordon D. Bosse, MS, RN; and Amanda Wilson, MD

New Findings and Recommendations

Home induction is also safe and effective (6).
Buprenorphine should not be withheld from patients taking benzodiazepines (5).
Relapse indicates the need for additional support and resources rather than cessation of buprenorphine treatment (43).
Behavioral treatments and support are provided as desired by the patient (6).
Drug testing is a tool to better support recovery and address relapse (56).
Buprenorphine treatment does not directly affect other substance use, and such use should be addressed in this context (43).
Buprenorphine is prescribed as long as it continues to benefit the patient (6).

(Martin et al. 2018)
NEW AND MAJOR REVISIONS

MAJOR REVISION

• Both office-based and home-based initiation of buprenorphine are considered safe and effective when starting buprenorphine treatment.
• Medication-based treatment is effective across all treatment settings studied to date.

Failing to have available all FDA-approved medication for the treatment of opioid use disorder in any setting is denying appropriate medical treatment.

(National Academies of Sciences Engineering and Medicine 2019)
Buprenorphine Rx Locations
BUPRENORPHINE HOME INITIATIONS

- increasingly common
- safe and effective
- have retention rates similar to office inductions

(SAMHSA 2020)
When to Initiate

(1) Wait for withdrawal symptoms
-- Inquire about methadone / fentanyl use
-- Subjective Opiate Withdrawal Scale (SOWS)
-- Clinical Opiate Withdrawal Scale (COWS)
(2) Start low-dose buprenorphine
   -- 4mg (1/2 of 8mg film strip)
   -- Consider 2mg if concern for precipitated withdrawal

(3) Wait 2 - 4 hours, give the other 4mg
(4) Continue 8mg BID (or 16mg QD)
- Reassess in 7 days
“Please wait until you start feeling sick. Once the withdrawal is really bothersome: take the first dose (half a strip). Wait a couple of hours then take the second strip. In the morning, starting taking the full 8mg strip: you’ll take it twice a day for the next week.

Keep it under your tongue and let it dissolve.

Do you know about naloxone?”
Of 303 patients with OUD: 58% reported a history of using street-obtained buprenorphine

(Cicero et al. 2018)
PRESCRIBING CONCERNS
Prescribing Concerns

- Precipitated Withdrawal
- Diversion
- Therapeutic Failure
- Lack of Available Counseling
Precipitated Withdrawal

- Low prevalence
  Ex: Among NY low-threshold clinic (n=306), no precipitated withdrawal

Different with fentanyl?

(Bhatraju et al. 2017)
(Antoine et al. 2020)
Precipitated Withdrawal Risk Factors

- The *level of physical dependence*

- The half-life of current opioid use (e.g. methadone)
  - *Among one early study of 105 inductions, 10 had withdrawal, 9 on methadone.*

**REDUCING RISK:**
1) **Waiting longer time** since the last dose
2) **Smaller initial dose** of buprenorphine

(Whitley et al. 2010)
(SAMHSA 2020)
Precipitated Withdrawal Management

(1) Frequent small doses of buprenorphine
   - *Give 2 mg of buprenorphine every 2 hours for up to 8-12 mg on the first day*

(2) Supportive care

(3) Reassuring the patient that this will pass

(Casadonte & Sullivan 2013)
## Precipitated Withdrawal Supportive Management

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Hydroxyzine</td>
</tr>
<tr>
<td>Muscle Aches</td>
<td>NSAIDs</td>
</tr>
<tr>
<td>Abdominal cramps</td>
<td>Dicyclomine</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Melatonin, Trazadone, Mirtazapine</td>
</tr>
<tr>
<td>Nausea / Emesis</td>
<td>Ondansetron</td>
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</tbody>
</table>
Diversion Concerns

Non-prescribed buprenorphine is mainly used for treatment of withdrawal, not euphoria, and is likely due to inadequate treatment access.

- Expanding access to buprenorphine will help minimize presence of the illicit market.

*N.B. It is illegal to knowingly prescribe buprenorphine that will be diverted.*

(Doernberg et al. 2019; Daniulaityte et al. 2019)
Prevalence and correlates of street-obtained buprenorphine use among current and former injectors in Baltimore, Maryland

Becky L. Genberg a, Mirinda Gillespie b, Charles R. Schuster b, Chris-Ellyn Johanson b, Jacque Astemborski b, Gregory D. Kirk c, David Vlahov c, Shruti H. Mehta a, b

Of 602 individuals with IVDU:
90% were aware of buprenorphine
5% used it to get high

91% reported using street-obtained buprenorphine to manage withdrawal symptoms

Patterns of non-prescribed buprenorphine and other opioid use among individuals with opioid use disorder: A latent class analysis

Raminta Daniulatya a, b, c, Ramji W. Nathnas b, c, Sydney Silverstein a, Silvia Martins d, Angela Zaragoza e, Avery Moeller f, Robert G. Carlson g
Lack of Counseling

Patients treated with buprenorphine only did the same as those with adjunctive counseling.

- Additional behavioral health supports in the office may be helpful
- Not a requirement to prescribe buprenorphine

(Weiss et al. 2011)
EVIDENCE IN NON-TRADITIONAL SETTINGS

**NAM:** “Failing to have available all FDA-approved medication for the treatment of opioid use disorder in any setting is denying appropriate medical treatment.”
Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
A Randomized Clinical Trial

Original Investigation

CONCLUSIONS AND RELEVANCE Among opioid-dependent patients, ED-initiated buprenorphine treatment vs brief intervention and referral significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased

78% vs 37% engaged in addiction treatment 30 days after initiation

(D’Onfrio et al. 2015)
Original Investigation

Buprenorphine Treatment for Hospitalized, Opioid-Dependent Patients
A Randomized Clinical Trial

CONCLUSIONS AND RELEVANCE  Compared with an inpatient detoxification protocol, initiation of and linkage to buprenorphine treatment is an effective means for engaging medically hospitalized patients who are not seeking addiction treatment and reduces illicit opioid use 6 months after hospitalization. However, maintaining engagement in treatment remains a challenge.

| 72% vs. 11% | were linked to buprenorphine care 30 days after initiation. |
| At 6 months: | 17% vs 3% remained receiving buprenorphine. |

(Liebschultz et al. 2014; Berk et al. 2020)
Bupe in the Time of COVID: New Telehealth Policy

May 27, 2020

Treating Patients With Opioid Use Disorder in Their Homes
An Emerging Treatment Model

Lori Uscher-Pines, PhD1; Haiden A. Huskamp, PhD2; Ateev Mehrotra, MD2

Subjective Opioid Withdrawal Scale (SOWS)

Checklist
1) History of OUD
2) DSM-5 Criteria
3) SOWS Score
4) Check PDMP
5) Prescribe buprenorphine / naloxone
6) Ensure follow-up

(Uscher-Pines et al. 2020)
24-hour Buprenorphine Hotline

Are you struggling with Opioid Use?

Call the Buprenorphine Hotline

(401) 606-5456

HELP IS HERE
Call us 24/7 for a FREE Buprenorphine (Suboxone) consultation
RI Hospital leads trial of new model for pharmacies in opioid care
March 11, 2019

Rhode Island Hospital has been awarded $1.6 million from the National Institutes of Health (NIH) to study the effectiveness of providing medication and care at pharmacies to people with opioid use disorder, compared to usual care pathways at specialty clinics and doctors’ offices. The unusual approach could mean a major expansion of treatment at a time when the crisis is claiming the lives of 120 Americans every day and six Rhode Islanders every week, according to Traci Green, PhD, MSc, co-director of Rhode Island Hospital’s new NIH-funded Center of
Initiation of MOUD while incarcerated is associated with a 61% reduction in post-release overdose deaths

NNT = 11

(Green et al. 2018)
A White Van
Expanding low-threshold buprenorphine to justice-involved individuals through mobile treatment: Addressing a critical care gap

68% returned for a **second visit** or more
32% percent remained in treatment after 30 days.
20% transferred to continue buprenorphine treatment at a partnering site.

n = 190 over 1 year

(Krawczyk et al. 2019)
A Good Place to Start — Low-Threshold Buprenorphine Initiation

Justin Berk, M.D., M.P.H., M.B.A.

Low-threshold treatment initiation is safe for patients and easy for clinicians. Buprenorphine can be prescribed on a street corner with nothing but compassion, hot chocolate, and granola bars. If we truly want to prevent overdose deaths, at least we have a good place to start.
THANK YOU
Podcast Recommendation

The Curbsiders Episode #187: Buprenorphine Master Class: Managing Opioid Use Disorder for the Generalist
https://thecurbsiders.com/podcast/187-buprenorphine


References
References


Questions?
Case Presentation #1
Susan Mayorga

• 12:35-12:55 [20 min]
  • 5 min: Presentation
  • 2 min: Clarifying questions - Spokes
  • 2 min: Clarifying questions – Hub
  • 2 min: Recommendations – Spokes
  • 2 min: Recommendations – Hub
  • 5 min: Summary - Hub

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions
Main Question:

Please state your main question(s) or what feedback/suggestions you would like from the group today?

Promoting and protecting the health of a new MAT patient with endocarditis and vegetation on heart valve.

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

46 year old white female on disability, living with her mother and at least one daughter. Good family support. Mother attended patient's first appointment as advocate.

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

History of IVDU, including IV use of pain pills. Diagnoses: OUD, endocarditis with vegetation on heart valve, osteomyelitis, hypertension, neuropathy, anxiety, depression, broken vertebrae, MVA 5/2020. Used suboxone outside of formal medication assistance treatment (obtained on the street).

Started Narcan 4mg/0.1ml liquid 12/1/20. Started suboxone 8-2 mg film sig: 2.5 films sublingual once a day. Taking Melatonin, Salonpas, Lidoderm, hydroxyzine, lisinopril, amoxicillin 500mg 2 capsules 2x/day, Tizanidine HCI 4 mg tab 1 prn tid, Trazodone 50mg tab 1 bedtime prn, carbamazepine 100mg chewable, 2 tab bid, sumatriptan succinate 50mg 1 tab at lesat 2 hours between doses as needed bid, gabapentin 800mg 1 tid.

Reminder: Mute and Unmute to talk
*6 for phone audio
Use chat function for questions
What interventions have you tried up to this point?
Additional case history (e.g. treatments, medications, referrals, etc.)

New patient; started suboxone 8-2 mg film sig: 2.5 films sublingual once per day on 12/1.
Referral to PCP with our clinic in Dublin, VA

What is your plan for future treatment? What are the patient's goals for treatment?

Continued MAT, continued PCP

Reminder Main Question:

Please state your main question(s) or what feedback/suggestions you would like from the group today?

Promoting and protecting the health of a new MAT patient with endocarditis and vegetation on heart valve.
Case Presentation #2
Jashonda Poe

• 12:55pm-1:25pm [20 min]
  • 5 min: Presentation
  • 2 min: Clarifying questions- Spokes (participants)
  • 2 min: Clarifying questions – Hub
  • 2 min: Recommendations – Spokes (participants)
  • 2 min: Recommendations – Hub
  • 5 min: Summary - Hub

Reminder: Mute and Unmute to talk
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Use chat function for questions
Main Question:

Please state your main question(s) or what feedback/suggestions you would like from the group today?

How do I offer virtual support and in what areas should I refer her to community agencies for support.

Demographic Information (e.g. age, sex, race, education level, employment, living situation, social support, etc.)

25 year old White female, level of education is Grade 10 and she currently resides in a private residence with her 3 biological children and she has sole custody of her children. She is now 8 months pregnant. She has no identified social supports currently.

Physical, Behavioral, and Mental health background information (e.g. medical diagnosis, reason for receiving opioids, lab results, current medications, current or past counseling or therapy treatment, barriers to patient care, etc.)

Has a history of opioid use and recently relapsed. She has used opioids both prescribed and opioids obtained through illegal measures. She has an active Probation Case, Ongoing CPS case and she is enrolled in Drug Court through the local RACSB. She has refused outpatient therapy in the past. Her barriers include the lack of social/ natural supports so that she can enter into a treatment facility. She has recently been diagnosed with Depression and Anxiety. She was diagnosed with COVID-19 and transmitted the infection to each of her children. Although their symptoms were asymptomatic she presented with loss of taste and smell with increased her desire to use opioids and to increase usage amount.

Reminder: **Mute** and **Unmute** to talk

*6 for phone audio

Use **chat** function for questions
What interventions have you tried up to this point?
Additional case history (e.g. treatments, medications, referrals, etc.)

She has been referred to MAT services attended one group and now irregularly attends groups via Zoom whenever her Internet services are available. SA outpatient therapy, NA support groups, Intensive Case Management and Peer Services. She does accept phone Peer Services once a week, when her service is active.

What is your plan for future treatment? What are the patient's goals for treatment?

Her current plan is to seek residential or outpatient treatment, enroll in MAT services and she also desires to enroll in parenting courses to satisfy her Probation/CPS case obligations. Her one known goal is to successfully complete her requirements for Probation and CPS.

Other relevant information

Becomes verbally aggressive and physically aggressive towards objects when she feels that she can not obtain opioids.
She is the primary caretaker for her 3 children.
She is currently 8 months pregnant
Financially dependent on social and community services.

Reminder Main Question:

Please state your main question(s) or what feedback/suggestions you would like from the group today?

How do I offer virtual support and in what areas should I refer her to community agencies for support.
Case Studies

- Case studies
  - Submit: www.vcuhealth.org/echo
  - Receive feedback from participants and content experts
  - Earn $100 for presenting
Thank You

The success of our telehealth program depends on our participants and those who submit case studies to be discussed during clinics. We recognize the following providers for their contributions:

- Ademola Adetunji, NP from Fairfax County CSB
- Michael Bohan, MD from Meridian Psychotherapy
- Diane Boyer, DNP from Region Ten CSB
- Melissa Bradner, MD from VCU Health
- Kayla Brandt, B.S. from Crossroads Community Service Board
- Susan Cecere, LPN from Hampton Newport News
- Michael Fox, DO from VCU Health
- Shannon Garrett, FNP from West Grace Health Center
- Sharon Hardy, BSW, CSAC from Hampton-Newport News CSB
- Sunny Kim, NP from VCU Health
- Thokozeni Lipato, MD from VCU Health
- Caitlin Martin, MD from VCU Health
- Maureen Murphy-Ryan, MD from AppleGate Recovery
- Faisal Mohsin, MD from Hampton-Newport News CSB
- Stephanie Osler, LCSW from Children’s Hospital of the King’s Daughters
- Jennifer Phelps, BS, LPN from Horizons Behavioral Health
- Crystal Phillips, PharmD from Appalachian College of Pharmacy
- Tierra Ruffin, LPC from Hampton-Newport News CSB
- Manhal Saleeby, MD from VCU Health Community Memorial Hospital
- Jenny Sear-Cockram, NP from Chesterfield County Mental Health Support Services
- Daniel Spencer, MD from Children’s Hospital of the King’s Daughters
- Cynthia Straub, FNP-C, ACHPN from Memorial Regional Medical Center
- Saba Suhaill, MD from Ballad Health
- Barbara Trandel, MD from Colonial Behavioral Health
- Bill Trost, MD from Danville-Pittsylvania Community Service
- Art Van Zee, MD from Stone Mountain Health Services
- Ashley Wilson, MD from VCU Health
- Sarah Woodhouse, MD from Chesterfield Mental Health
Claim Your CME and Provide Feedback

- [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)

- To claim CME credit for today's session
- Feedback
  - Overall feedback related to session content and flow?
  - Ideas for guest speakers?
Access Your Evaluation and Claim Your CME

Virginia Opioid Addiction ECHO

Welcome to the Virginia Opioid Addiction Extension for Community Health Outcomes or ECHO, a virtual network of health care experts and providers tackling the opioid crisis across Virginia. Register now for a TeleECHO Clinic!

Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to submit your de-identified study for feedback from a team of addiction specialists. We appreciate those who have already provided case studies for our clinic.

Provide valuable feedback & claim CME credit if you participate in live clinic sessions.

Benefits

- Improved patient outcomes.
- Continuing Medical Education Credits: This activity has been approved for AMA PRA Category 1 Credit™.
Access Your Evaluation and Claim Your CME
Access Your Evaluation and Claim Your CME

- [link]www.vcuhealth.org/echo[/link]

- To view previously recorded clinics and claim credit
Access Your Evaluation and Claim Your CME

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### Previous Clinics (2019)

Review topics we covered in previous Virginia Opioid Addiction ECHO clinics. Visit our [Curriculum and Calendar](#) for upcoming clinic topics.

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<tr>
<th>Topic</th>
<th>Date</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Trauma Informed Care and Treating Those Experiencing Opioid Addiction</td>
<td>01/04/19</td>
<td>Video of Clinic, Slide Presentation</td>
</tr>
<tr>
<td>Led by Courtney Holmes, PhD</td>
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**Learning Objectives:**
1. Identify individuals who have experienced trauma.
2. Understand the impact of trauma on human development particularly related to substance use and misuse.
3. Learn components of trauma informed care.

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<tr>
<th>Syringe Exchange</th>
<th>05/19/19</th>
<th>Video of Clinic, Slide Presentation, Needle Exchange Program, Bill to Remove Cooperation Law</th>
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</thead>
<tbody>
<tr>
<td>Led by Anna Dukat, MSW, MPH</td>
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**Learning Objectives:**
1. Understand current legislative landscape in regards to syringe exchange in VA.
2. List benefits to clients and community of syringe exchange.
3. Define harm reduction.
VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

December 18       SUD and Co-Occurring Mental Health Diagnosis       Salim Zulfiqar, MD

January 15       Buprenorphine Taper       TBD

Please refer and register at vcuhealth.org/echo
THANK YOU!

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