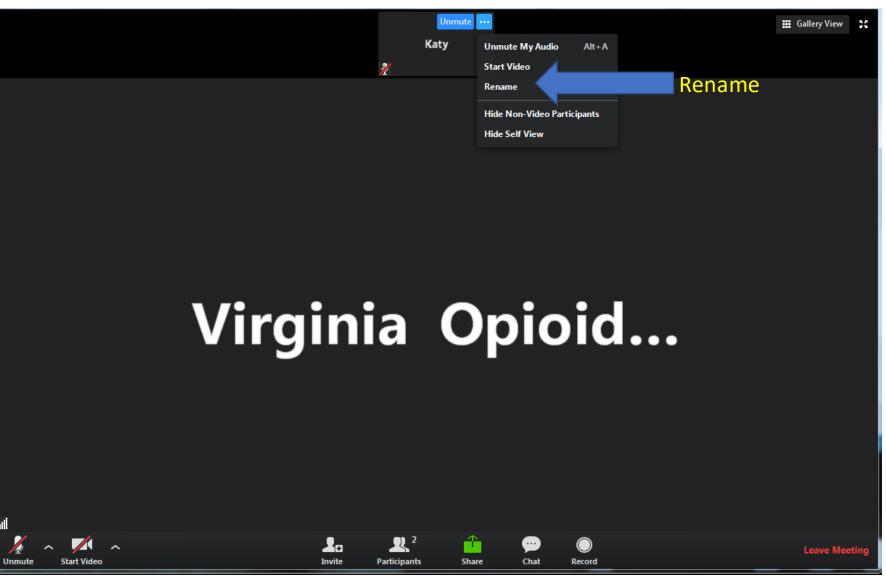


Virginia Opioid Addiction ECHO* Clinic June 4, 2020

*ECHO: Extension of Community Healthcare Outcomes



Helpful Reminders

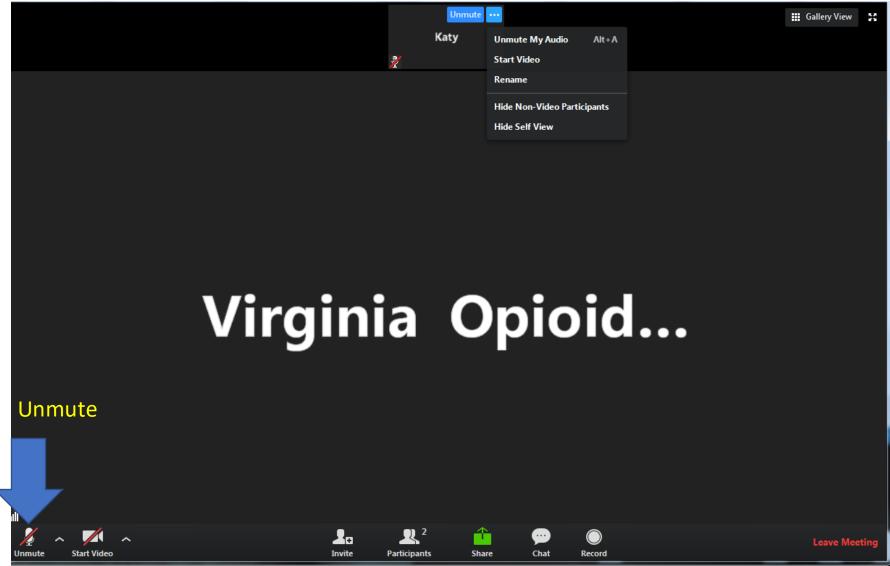




 Rename your Zoom screen, with your name and organization



Helpful Reminders

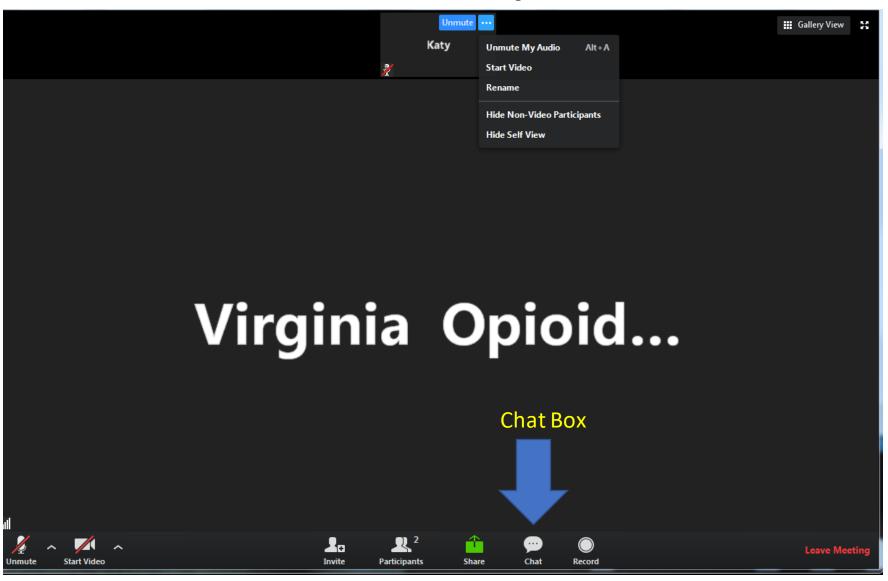




- You are all on mute please unmute to talk
- If joining by telephone audio only, *6 to mute and unmute



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 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: <u>www.vcuhealth.org/echo</u>



Hub and Participant Introductions



VCU Team				
Clinical Director	Gerard Moeller, MD			
Administrative Medical Director ECHO Hub	Vimal Mishra, MD, MMCi			
Clinical Experts	Lori Keyser-Marcus, PhD Courtney Holmes, PhD Albert Arias, MD Salim Zulfiqar, MD Megan Lemay, MD Katie Adams, PharmD			
Didactic Presentation	Jason Lowe, MSW			
Program Manager	Bhakti Dave, MPH			
Acute Telehealth Manager	Tamera Barnes, MD			
IT Support	Vladimir Lavrentyev, MBA			

- 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. Jason Lowe, MSW
- II. Case presentations
 - I. Case 1
 - I. Case summary
 - II. Clarifying questions
 - III. Recommendations
- III. Closing and questions



Lets get started!
Didactic Presentation







Disclosures

Jason Lowe, MSW has no financial conflicts of interest to disclose.

There is no commercial or in-kind support for this activity.



Learning Objectives

- Understand the medication buprenorphine, and how it can be beneficial for individuals with an opioid use disorder
- Understand changes to the US Department of Health and Human Services Practice Guidelines for the prescribing of buprenorphine
- Understand how these changes impact providers who want to become waivered to prescribe buprenorphine



What is Buprenorphine?

- One of a group of a medications that can be prescribed to treat opioid use disorder (OUD); others include methadone and naltrexone.
- Manufactured in multiple formulations of administration – oral or injection
- Dosages usually vary from 4 24 milligrams
- Commonly known as bup or subutex





How Does Buprenorphine Work?

- Buprenorphine is a partial opioid agonist, meaning it works in the same way and on the same receptors as other opioids
- Importantly, buprenorphine is usually available in a formulation called suboxone, which is a combination of buprenorphine and naloxone
- Naloxone is an opioid antagonist which limits the ability of buprenorphine to be diverted and used illicitly
- Diversion is often for purpose of self-medication





Is Buprenorphine Effective?

- Buprenorphine benefits:
 - Significantly lowers the risk of mortality and adverse outcomes
 - Reduced rates of Human Immunodeficiency Virus and Hepatitis C
 - Safer than methadone or medical withdrawal for pregnant individuals

Journal List > Ochsner J > v.18(1); Spring 2018 > PMC5855417

The Ochsner Journal

Ochsner J. 2018 Spring; 18(1): 23-29.

PMCID: PMC5855417

PMID: 29559865

Suboxone: Rationale, Science, Misconceptions

Jennifer R. Velander, MD

www.ncbi.nlm.nih.gov/pmc/articles/PMC5855417





Is Buprenorphine Safe?

- Buprenorphine has been shown to be very safe for both acute and chronic dosing
- Primary side effects are nausea and constipation, common for opioid agonists
- No evidence of significant disruption in cognitive/psychomotor performance during buprenorphine maintenance



Dispelling Buprenorphine Myths

It's important to address misconceptions about MOUD!



7 myths about Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

- MAT just trades one addiction for another: MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (6)
- MAT is only for the short term: Research shows that patients on MAT for at least 1-2 years have
 the greatest rates of long-term success. There is currently no evidence to support benefits from
 cessation. (7) Patients with long-term abstinence can follow a slow taper schedule under a
 physician's direction, when free of stressors, to attempt dose reduction or total cessation. (1)
- My patient's condition is not severe enough to require MAT: MAT utilizes a multitude of
 different medication options (agonists, partial agonists and antagonists) that can be tailored to
 fit the unique needs of the patient (2).

https://www.thenationalcouncil.org/wp-content/uploads/2016/12/Myths-vs-Facts-edited_1215.pdf?daf=375ateTbd56





What Makes Buprenorphine Unique?

- Buprenorphine is unique because it is the first medication for OUD (MOUD) that can be prescribed by physicians, nurse practitioners, and physician's assistance in office settings
- This allows physicians and other practitioners who are not addiction professionals the opportunity to treat OUD just as they would any other medical condition
- Buprenorphine can be prescribed long-term for ongoing maintenance of recovery



Original Rules for Prescribing Buprenorphine

- Physicians who want to prescribe buprenorphine must be waivered by the Drug Enforcement Administration (DEA) per the Drug Addiction Treatment Act of 2000 (DATA 2000)
- DATA 2000 had a number of limitations:
 - Only physicians could be waivered
 - Physicians were limited to 30 patients the first year, but could apply to treat up to 100 after that





Prescribing Buprenorphine - Changes

- A number of changes to the initial rules around buprenorphine have been made over the years
 - A 275 patient limit option was incorporated (2016)
 - Nurse Practitioners and Physician Assistants were added to the list of qualified providers (2016)
 - Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse-Midwives were added to the list of qualified providers (2018)





New Practice Guidelines - 2021

2021 saw some key changes to the rules for prescribing buprenorphine.



https://www.hhs.gov/about/news/2021/04/27/hhs-releases-new-buprenorphine-practice-guidelines-expanding-access-to-treatment-for-opioid-use-disorder.html





New Practice Guidelines - 2021

- The Practice Guideline Changes in 2021 exempt practitioners prescribing buprenorphine to 30 patients or less from the 8- (or 24) hour education requirement
- Practitioners must still apply for a waiver with the DEA, and submit a Notice of Intent (NOI) that they will seek a waiver for this registration requirement.
- The education requirement remains in place for providers prescribing under the 100 or 275 patient limit





New Practice Guidelines – 2021 - Goals

DMAS recently issued a provider bulletin describing the changes in more detail



Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, Virginia 23219

http://www.dmas.virginia.gov

MEDICAID BULLETIN

TO: All Providers Participating in the Virginia Medicaid and FAMIS Programs,

Managed Care Organizations and the Behavioral Health Services Administrator

FROM: Karen Kimsey, Director DATE: 5/21/2021

Department of Medical Assistance Services (DMAS)

SUBJECT: United States Department of Health and Human Services updated practice

guidelines for the prescribing of buprenorphine.

This bulletin is to alert the provider community about the recent practice guideline issued by the United States Department of Health and Human Services (HHS) announcing enhanced flexibilities

https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={5E1BB1FB-9968-

4627-A8A4-A871E19BFE6F}&vsId={D09C9F79-0000-CB10-B435-

7840A89FAFF8}&objectType=document&objectStoreName=VAPRODOS1





Continued Need for Buprenorphine Prescribers



The largest increases were seen in Vermont, West Virginia and Kentucky.

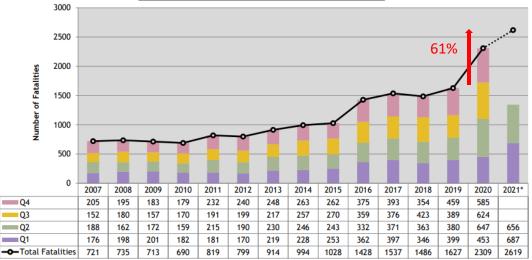


ALL DRUGS

The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gunrelated fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. The preliminary total of all fatal overdoses, all substance, in 2020 compared to 2019 increased by 41.9%---a record setting statistic.

Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2021*

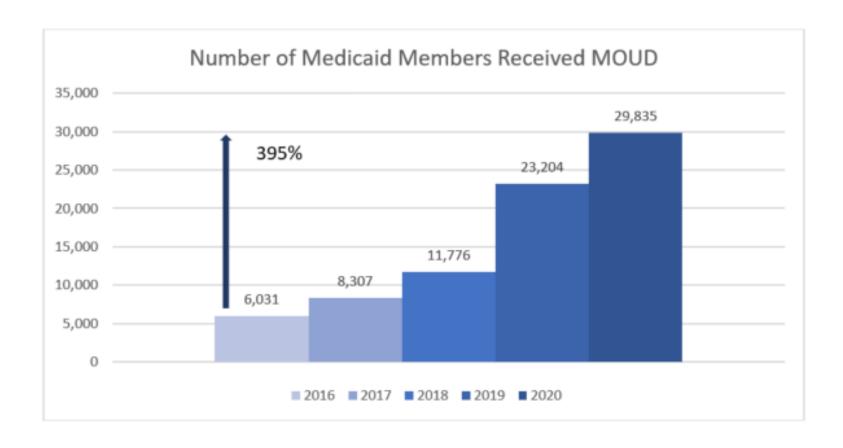
<u>Data for 2021 is a Predicted Total for the Entire Year</u>





You can make a difference!

Access to MOUD for Medicaid Members



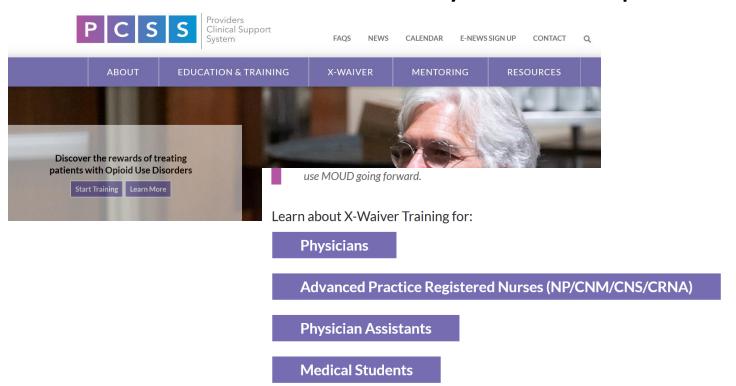


How Do I Obtain My Waiver?

Providers Clinical Support System

https://pcssnow.org/

Customized offerings for all disciplines Resources for newly waivered prescribers









Resources

<u>Substance Abuse and Mental Health Services</u> <u>Administration</u>:

https://www.samhsa.gov/medication-assisted-treatment/medications-counselingrelated-conditions/buprenorphine

<u>American Society of Addiction Medicine</u>:

https://www.asam.org/advocacy/practice-resources/buprenorphine-waivermanagement

DMAS Addiction and Recovery Treatment Services:

https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatmentservices/





Questions and Answers

Thank you for your attention and for your questions.

For more Information:
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Ashley.Harrell@dmas.virginia.gov

Jason Lowe, MSW
SUPPORT Act Grant Manager
Jason.lowe@dmas.virginia.gov

SUD@dmas.virginia.gov







Questions?









• 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







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



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
- Tara Belfast-Hurd, MBA-PA from Department of Behavioral Health and Developmental Services
- · Michael Bohan, MD from Meridian Psychotherapy
- · Ramona Boyd, NP from Health Wagon
- . Diane Boyer, DNP from Region Ten CSB
- Melissa Bradner, MD from VCU Health
- Kayla Brandt, B.S. from Crossroads Community Service Board
- Candace Fletcher, PharmD Candidate from Hopkins Medical Association
- Susan Cecere, LPN from Hampton Newport News
- Kimberly Dexter, DNP from Hampton Newport News CSB
- Candace Fletcher, PharmD from Hopkins Medical Association
- . Michael Fox, DO from VCU Health
- Shannon Garrett, FNP from West Grace Health Center
- LaShawna Giles, MSW from Hampton Newport News CSB
- . Sharon Hardy, BSW, CSAC from Hampton-Newport News CSB
- . Kara Howard, NP from Southwest Montana Community Health Center
- Sunny Kim, NP from VCU Health
- · Heidi Kulberg, MD from Meridian Health
- · Thokozeni Lipato, MD from VCU Health
- Caitlin Martin, MD from VCU Health
- Jennifer Melilo, FNP from Chesapeake Integrated Behavioral Health
- Dawn Merritt, QMHP from Eastern Shore CSB
- Maureen Murphy-Ryan, MD from AppleGate Recovery
- Faisal Mohsin, MD from Hampton-Newport News CSB
- Jeromy Mullins, PharmD Candidate from Hopkins Medical Association
- . Stephanie Osler, LCSW from Children's Hospital of the King's Daughters
- Davina Pavie, QMHP from Hanover County CSB
- Winona Pearson, LMSW from Middle Peninsula Northern Neck CSB
- 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
- · Elizabeth Signorelli-Moore, LPC from Region 1 CSB
- Amber Sission, QMHP from Eastern Shore CSB
- Daniel Spencer, MD from Children's Hospital of the King's Daughters
- · Linda Southall, QMHP from Alleghany Highlands CSB
- · Cynthia Straub, FNP-C, ACHPN from Memorial Regional Medical Center
- · Saba Suhail, MD from Ballad Health
- Michelle Tanner, LPC from Hanover County CSB
- 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
- Susan Mayorga, BA, CBIS from Community Health Center of the New River Valley
- Jordan Siebert, Peer Recovery Specialist from Daily Planet Health Services



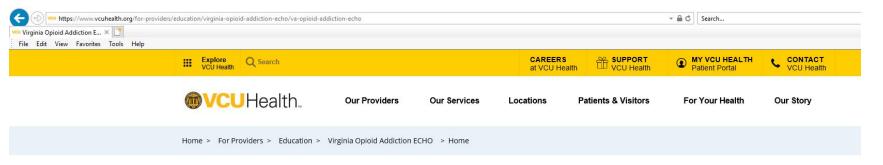


Claim Your CME and Provide Feedback



- 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?







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



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

Benefits

TeleECHO Clinic!

· Improved patient outcomes.

101 1 1 11

· Continuing Medical Education Credits: This activity has been approved for AMA PRA Category 1 Credit™.









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Virginia Commonwealth University				
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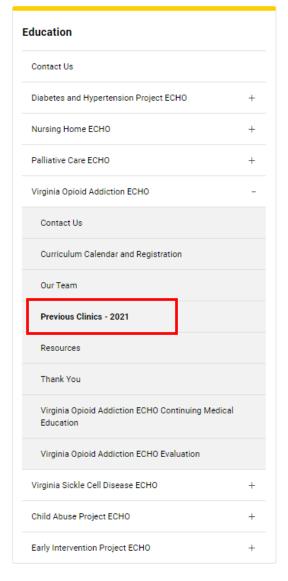




www.vcuhealth.org/echo

To view previously recorded clinics and claim credit





Previous Clinics - 2021

Review topics we covered in previous Virginia Opioid Addiction ECHO clinics.

January 15, Buprenorphine Taper

Presented by Masaru Nishiaoki, MD

- View Presentation
- View Video

January 29, Panel Discussion: COVID and Chronic Conditions

Panelists: Albert Arias, MD, Alex Krist, MD and Katherine Rose, MD

- View Presentation
- View Video

February 12, Grief Impacting Recovery

Presented by Courtney Holmes, PhD

- View Presentation
- Video Video

February 26, Virginia Drug Court System

Presented by Melanie Meadows

- View Presentation
- View Video

March 12, COVID and Recovery: Panel Discussion

Presented by Tom Bannard, MBA Omri Morris, CPRS Raymond Barnes, CPRS Erin Trinh, CPRS

- View Presentation
- View Video

March 26, Effects of Pharmacology on Cognitive Function

Presented by Gerry Moeller, MD

- View Presentation
- View Video
- View Resource

April 9, PropER Clinic and SUD Virtual Bridge Clinic: Linking Patients from ED to PCP and SUD Care

Presented by Taruna Aurora, MD and Brandon Wills, MD

- View Presentation
- View Video









Bi-Weekly Fridays - 12-1:30 pm

Mark Your Calendar --- Upcoming Sessions

Dec. 3 Treating Co-Occuring Stimulant Use Disorder in OUD TBD

Dec. 17 Buprenorphine Microdose Induction Katie Adams, Pharm D

David Ryan, MD

Please refer and register at vcuhealth.org/echo





THANK YOU!

Reminder: Mute and Unmute to talk

*6 for phone audio

Use chat function for questions

