PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

# Medication Assisted Treatment: Ready, Set, Implement

Nick Szubiak, Aaron Williams
National Council for Behavioral Health
Tuesday, April 25, 2017

# Disclosures

- Nick Szubiak, Director of Clinical Excellence at the National Council for Behavioral Health
  - Mr. Szubiak has no financial relationships to disclose.

- Aaron Williams, Senior Director of Training and Technical Assistance for Substance Use at the SAMHSA/HRSA Center for Integrated Health Solutions
  - Mr. Williams has no financial relationships to disclose.

*The contents of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.*

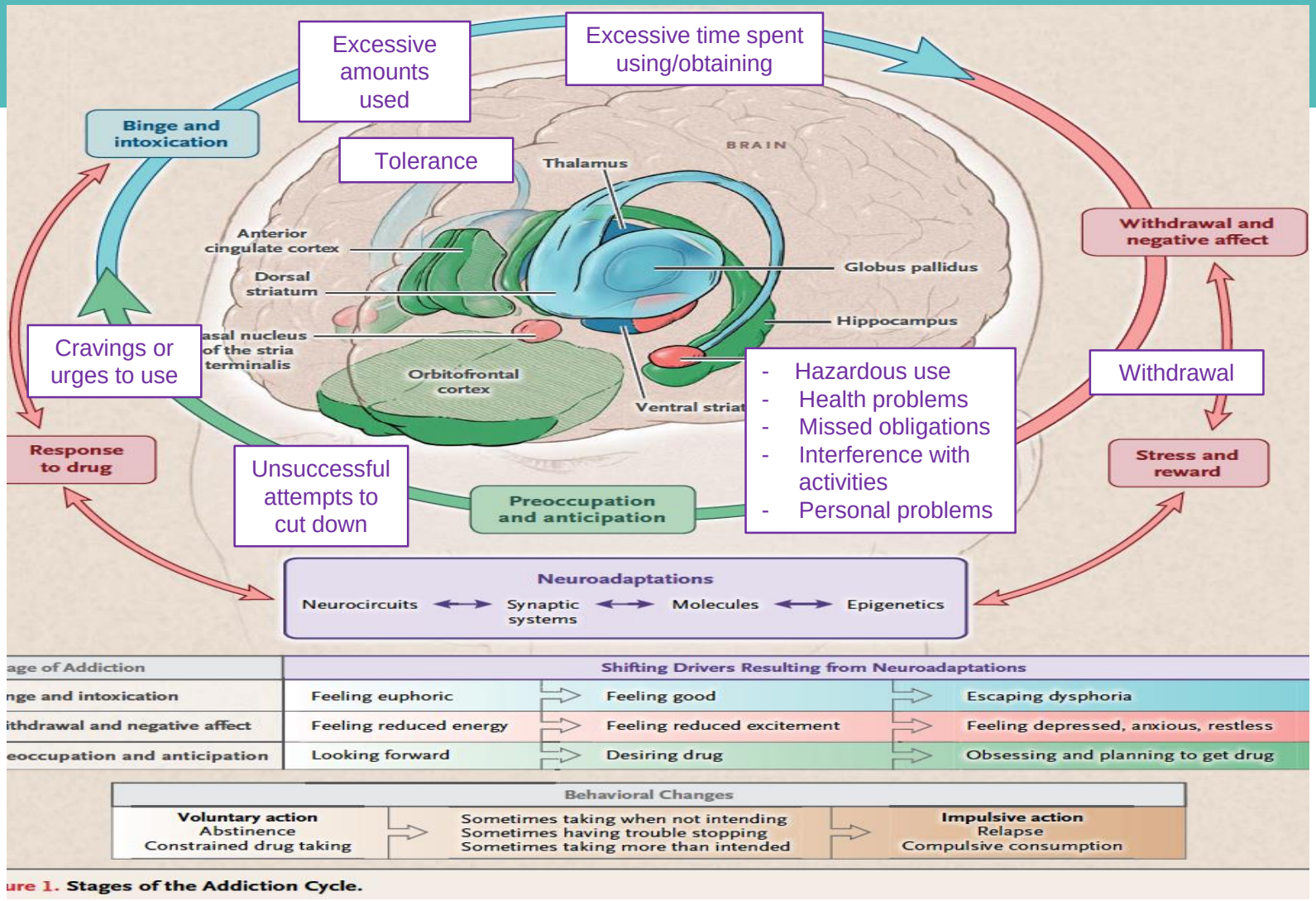
# Target Audience

- The overarching goal of PCSS-MAT is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.

# Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Distinguish between the pharmacological and psychosocial components of MAT
  - Identify steps to implement medication assisted treatment within your organization
  - Summarize the policy and service delivery considerations for MAT implementation
  - Understand the infrastructure necessary to support and sustain MAT services

# 3 Stages of Addiction Cycle




ure 1. **Stages of the Addiction Cycle.**

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

# Medications for Addiction Treatment

**Alcohol:**

- Naltrexone – oral
- Naltrexone (Vivitrol) – long-acting, injectable
- Acamprosate
- Disulfram (Antabuse)

**Opioids:**

- Methadone
- Buprenorphine
- (pill and implant)
- Naltrexone – oral
- Naltrexone (Vivitrol) – Long-acting, injectable

**Smoking Cessation**

- Varenicline (Chantix)
- Bupropion(Wellbutrin,)
- NRT's

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

# Medications Are…

- An evidence-based resource for assisting in the treatment of substance use disorders
- A resource to provide higher quality and cost effective care for clients with complex behavioral health needs
- A supplement to existing behavioral health treatments for substance use disorders
- **Yet, 54% of addiction treatment programs have no physician.**

# What Medications Are Not…

- A panacea for the treatment of substance use disorders
- A replacement for behavioral health and recovery support services
- The sole means by which clients recover from substance use disorders

# The Case for MAT

- MAT is “the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.”--SAMHSA
- Research indicates that methadone and buprenorphine have a strong evidence base supporting their clinical effectiveness. Strong support for Vivitrol.
- MAT is the **gold standard** for opioid use disorder (OUD) treatment:
  - Reduces drug use
  - Reduces risk of overdose
  - Prevents injection behaviors
  - Reduces criminal behavior

# MAT Supports Recovery

- Persistent intentional abstinence from intoxication
- Engagement in daily life
- Gaining employment
- Reestablish family and social ties
- Being present in everyday life
- Being able to weather the challenges, daily lows and highs of life without using substances as an external coping skills that has negative side effects and consequences

# Unmet Need for OUD

- More than **two-thirds** of U.S. clinics and treatment centers still do not offer MAT medications (Stateline, 2016)
- 10% to 40% of individuals with addictions receive treatment
- Only a fraction of those that get treatment get MAT
  - 300,000-400,000 people on methadone in a given year
  - 40,000 on buprenorphine
  - 5-10,000 on Naltrexone
- Only **10%** of the people who need to be on MAT for opioid use disorder (OUC) are receiving it

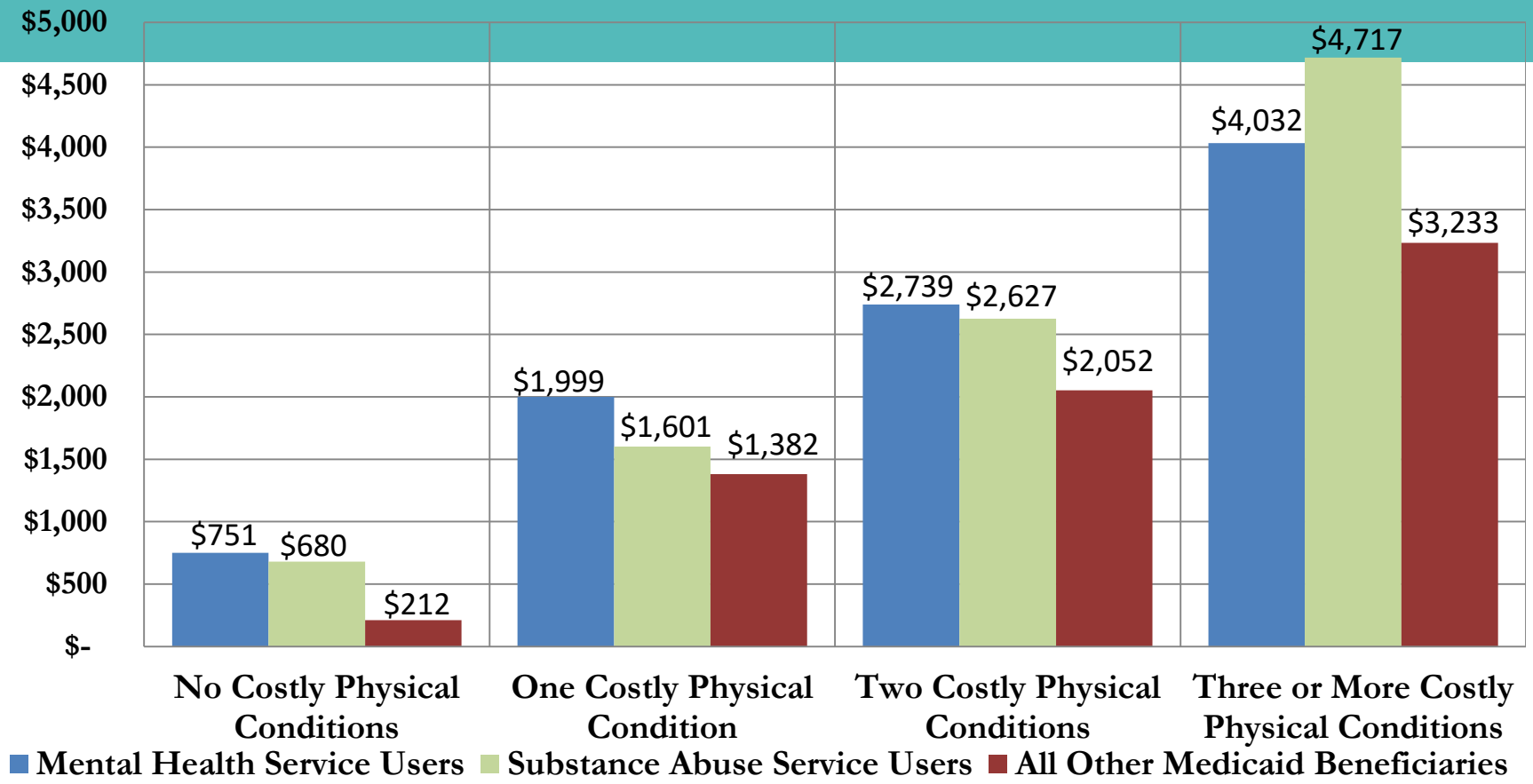
# Evidenced Based - ☺
# Utilization - ☹

**Literature Review of MAT Effectiveness**


1. Bentzley BS, Barth KS, Back SE, Book SW (2015). Discontinuation of buprenorphine maintenance therapy: Perspectives and outcomes. *J Sub Abuse Treat*,52:48-57.
2. Fiellin DA, Schottenfeld RS, Cutter CJ, et al (2014). Primary Care–Based Bup Taper vs Maintenance Therapy for Prescription Opioid Dependence: A Randomized Clinical Trial. *JAMA Intern Med;*174(12):1947-1954.
3. Hser Y, Evans E, Huang D, et al (2015). Long-term outcomes after randomization to buprenorphine/naloxone versus methadone in a multi-site trial. *Addiction;*111:695-705.
4. Ling W, Hillhouse M, Domier C, et al. Buprenorphine tapering schedule and illicit opioid use. *Addiction*. 2009;104(2):256-265.
5. Nosyk B, Anglin D, Brissette S, et al (2013). A call for evidence-based medical treatment of opioid dependence in the United States and Canada. *Health Affairs*; 32(8)1462-1469.
6. Sees KL, Delucchi KL, Masson C, et a (2000)l. Methadone maintenance v 180 day psychosocially enriched detoxification for treatment of opioid dependence. *JAMA* 283(10):1303-1310
7. Sigmon, S. C., Dunn, K. E., Saulsgiver, K, et al. (2013). A randomized, double-blind evaluation of buprenorphine taper duration in primary prescription opioid abusers. *JAMA Psychiatry*.
8. Warden D, Subramaniam GA, Carmody T, et al (2012). Predictors of attrition with buprenorphine/naloxone treatment in opioid dependent youth. *Addictive Behaviors* 37:1046–1053.
9. Weiss RD, Potter JS, Fiellin D, et al. A Two-Phase Randomized Controlled Trial of Adjunctive Counseling during Brief and Extended Buprenorphine-Naloxone Treatment for Prescription Opioid Dependence. *Arch Gen Psychiatry*. 2011;68(12):1238–46.
10. Woody GE, Poole SA, Subramaniam G, et al. Extended vs short-term buprenorphine-naloxone for treatment of opioid-addicted youth: a randomized trial. *JAMA*. 2008;300(17):2003-2011.

# Why SUD Treatment?

## Substance Use Increases Costs




*SAMHSA. (2010). Mental health and substance abuse services in Medicaid, 2003: Charts and state tables. HHS Publication No. (SMA) 10-4608.*

# Medications

***Costs and Use:***

- Patients treated with medications in healthcare settings for either alcohol or opioid dependence have reduced inpatient hospitalizations and use of EDs and increased use of psychotherapy (Chalk et al. 2010, Aetna, 2009).
- Yet, pharmacotherapy for substance use disorders was offered in <25% of specialty treatment programs (Knudsen et al, 2007), even though cost of medication treatment was very low (<1% of total treatment costs (Mark et al, 2009).
- Low adherence with oral medications: 50% of patients fail to obtain their first refill compared to injection medications (Kranzler et al, 2008).

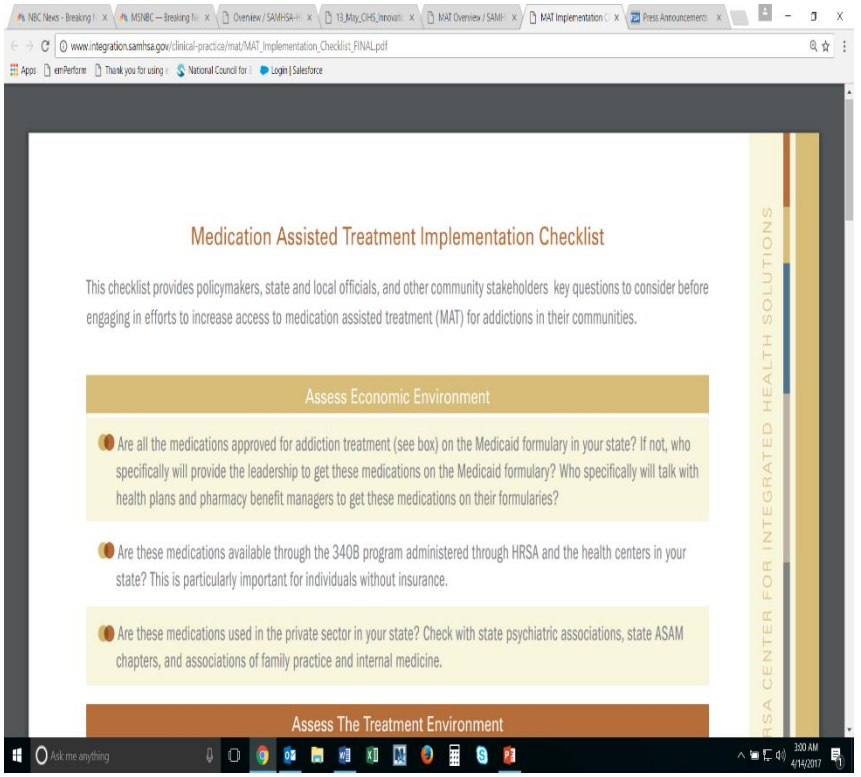
# Are you Ready Implement MAT Services?

# Getting Ready for Implementation

**Key areas of consideration before engaging in efforts to increase access to medication assisted treatment (MAT)**

- Economic Environment
- Infrastructure
- Regulatory/Policy  Barriers
- Cultural (Attitudes, Stigma)
- Environmental Resources

## MAT Implementation Check List




PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

# Changing Staff Values and Beliefs on MAT (case study)

- **Background:**
- SCS prescribing Naltrexone/Vivitrol on limited basis since 2007.
- Prior to 2016 SCS has prohibited
- Suboxone from residential programs.

- Staff survey October 2015*:
  - 97% unfavorable toward Methadone *(Wyoming is a "non-methadone" State)*
  - 83% unfavorable toward Suboxone / 11% favorable
  - 45% unfavorable toward Naltrexone/Vivitrol / 33% favorable

- *47 staff participants, all assigned at least part-time to Recovery Services

# Changing Staff Values and Beliefs on MAT

**Actions over past year:**

- Obtained baseline data on values and beliefs
- Created goals to change beliefs on Suboxone and Naltrexone. *(Did not intentionally attempt to change beliefs regarding Methadone.)*
- Provided email links to various MAT webinars to selected staff regularly.
- Emailed MAT informational bulletins at least monthly to most staff.
- National Council 3 hour on-site training to 45 staff.

# Changing Staff Values and Beliefs on MAT

**Additional Actions over past year:**

- Held MAT informational group for all residential clients (MAT and Non-Mat) four times. Encouraged staff to attend.
- The 4 MAT team members speak of MAT regularly with staff and clients. Role of MAT ambassadors.
- 7 staff attended the Wyoming Division of Behavioral Health MAT conference in September to increase both knowledge and fluency in speaking about MAT.

# Changing Staff Values and Beliefs on MAT

- Results of Staff Survey, September 2016*:
  - ✓ 37% unfavorable toward Suboxone / 48% favorable
    - *September 2015:* 83% unfavorable / 11% favorable
  - ✓ 12% unfavorable toward Naltrexone/Vivitrol / 84% favorable
    - *September 2015:* 45% unfavorable / 33% favorable
  - ✓ 94% continue to have unfavorable views of Methadone

- *41 staff participants, all assigned at least
- part-time to Recovery Services

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

# Changing Staff Values and Beliefs on MAT

End Result:

SCS has increased clients receiving MAT:

- September 2015 6
- September 2016 71

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

# Changing Staff Values and Beliefs on MAT

Next Steps:

- ✓ MARS™ Training to add Peer Specialist component
- ✓ SCS MAT Learning Community to have lunch and learn meetings twice monthly including webinars and internal educational presentations
- ✓ MAT client treatment group to be held weekly
- ✓ Monthly MAT email to staff to continue education and engagement
- ✓ Expand staff target to include the mental health staff

# Policy consideration

- Adherence to treatment/ patient contract
- Storage or disposal of medications
- Consent to treatment/information sharing
- Compliance/ Drug use
- Poly substance use
- Drug screening

# Environmental Considerations

- Community resources (Community Assessment)
  - Legal system
  - Health Centers
  - Hospitals
- Referral
- Behavioral health Partnerships
- Existing MAT providers
- Recovery Support
- Community Education
  - What do people know about MAT?

# Economic Considerations

- Reimbursement for medications
- Reimbursement for services
- Medicaid Formulary
  - Are meds available?
- Health Plan Formularies
  - Are Meds available?

# Infrastructure

- Prescriber related concerns
- Behavioral health supports
- Care Coordination
- Physical space
- Board Members (Knowledge)

# Resources

**Providers' Clinical Support System For Medication Assisted Treatment**

http://pcssmat.org/

**Faces and Voices of Recovery**

http://www.facesandvoicesofrecovery.org/

**Addiction Technology Transfer Centers (ATTC)**

http://www.attcnetwork.org/index.asp

**National institute on Drug Abuse**

http://www.drugabuse.gov/

**The SAMHSA-HRSA Center for Integrated Health Solutions**

http://www.integration.samhsa.gov

# Resources

**Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs (OTPs)**

http://store.samhsa.gov/shin/content/SMA12-4214/SMA12-4214.pdf

**Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs (OTPs), TIP 43**

http://store.samhsa.gov/product/TIP-43-Medication-Assisted-Treatment-for-Opioid-Addiction-in-Opioid-Treatment-Programs/SMA12-4214

**Clinical Guidelines For The Use Of Buprenorphine In The Treatment Of Opioid Addiction, TIP 40**

http://store.samhsa.gov/product/Clinical-Guidelines-for-the-Use-of-Buprenorphine-in-the-Treatment-of-Opioid-Addiction/SMA05-4003

**Incorporating Alcohol Pharmacotherapies Into Medical Practice, TIP 49**

http://store.samhsa.gov/product/TIP-49-Incorporating-Alcohol-Pharmacotherapies-Into-Medical-Practice/SMA13-4380

# Resources on Opioid Use

- **Centers for Disease Control and Prevention**
  - Overdose Data
  - Guidelines for Prescribing Opioids for Chronic Pain

- **Substance Abuse and Mental Health Services Agency**
  - Data on Prescription Opioid and Heroin Use from the annual National Survey on Drug Use and Health
  - Medication-Assisted Treatment
    - Information on certification, oversight, DATA-2000 waivers, legislation, regulation, and more

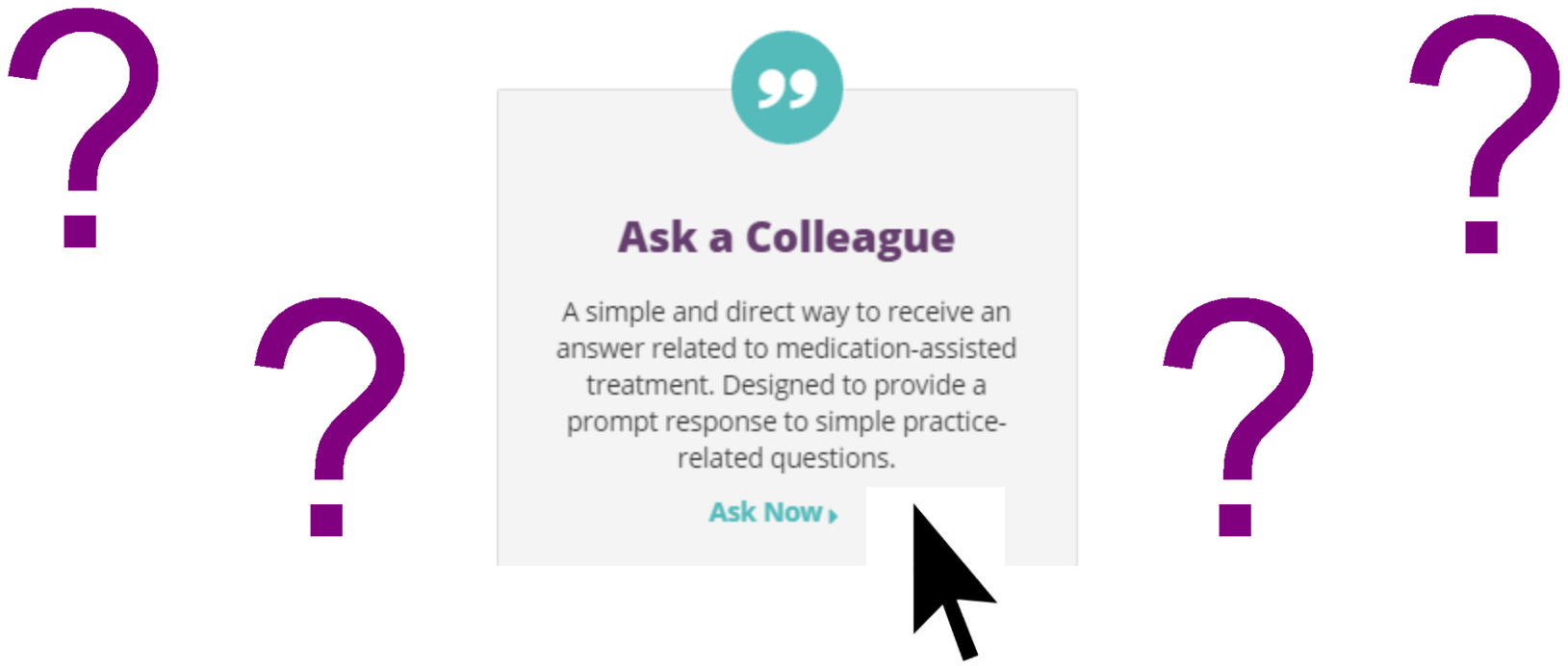
- **Office on National Drug Control Policy** (*archived website*)
  - National Drug Control Strategy
  - Data on Methadone, Buprenorphine treatment and drug poisoning deaths

- **National Council for Behavioral Health**
  - **https://www.thenationalcouncil.org/mat/**
- **National Institutes on Drug Abuse**
  - Opioid Epidemic Strategies & Resources

# Questions

# PCSS-MAT Listserv

Have a clinical question? Please click the box below!




PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

# PCSS-MAT Mentoring Program

- PCSS-MAT Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS-MAT Mentors comprise a national network of trained providers with expertise in **medication-assisted treatment, addictions** and **clinical education**.
- Our 3-tiered mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available, at no cost to providers.

**For more information on requesting or becoming a mentor visit:**

**pcssmat.org/mentoring**

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

# MAT TRAINING

## PROVIDERS' CLINICAL SUPPORT SYSTEM
### For Medication Assisted Treatment

**PCSS-MAT** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with the: Addiction Technology Transfer Center (ATTC); American Academy of Family Physicians (AAFP); American Academy of Pain Medicine (AAPM); American Academy of Pediatrics (AAP); American College of Emergency Physicians (ACEP); American College of Physicians (ACP); American Dental Association (ADA); American Medical Association (AMA); American Osteopathic Academy of Addiction Medicine (AOAAM); American Psychiatric Association (APA); American Psychiatric Nurses Association (APNA); American Society of Addiction Medicine (ASAM); American Society for Pain Management Nursing (ASPMN); Association for Medical Education and Research in Substance Abuse (AMERSA); International Nurses Society on Addictions (IntNSA); National Association of Community Health Centers (NACHC); and the National Association of Drug Court Professionals (NADCP).

**For more information:** www.pcssmat.org

**Twitter:** @PCSSProjects

*Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Medication Assisted Treatment (1U79TI026556) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*