New Trends in Opioid Use Disorder Education & Treatment

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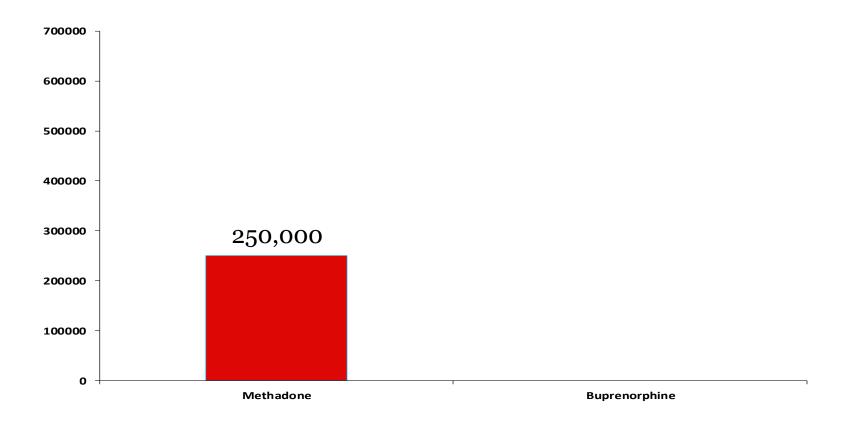
How to be part of the <u>solution</u>: Reduce stigma, Increase access, & Preserve quality:

- 1. Increase addictions education for all health professionals
- 2. Address restrictive regulations
- 3. Improve access to all opioid use disorder (OUD) treatments



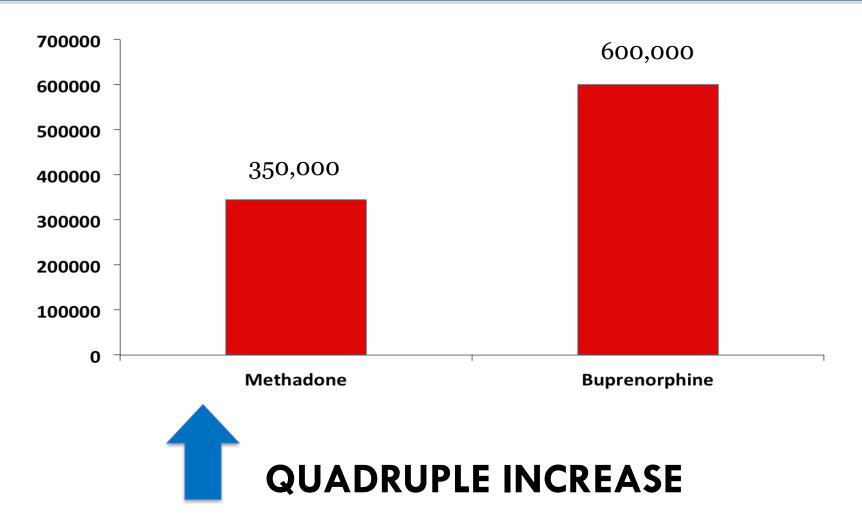


Estimated Number of Patients Receiving Methadone or Buprenorphine (2001)



SAMHSA. National Survey of Substance Abuse Treatment Services Report (N-SSATS). 2013.

Estimated Number of Patients Receiving Methadone or Buprenorphine (2020)



SAMHSA. National Survey of Substance Abuse Treatment Services Report (N-SSATS). 2013.



FEDERAL REGISTER The Daily Journal of the United States Government





Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder

A Notice by the Health and Human Services Department on 04/28/2021





Buprenorphine Mini-Course: Building on Federal Prescribing Guidance

Presented by ASAM in collaboration with the AMA and Shatterproof
On-Demand Module







Training Matters

RESEARCH ARTICLE

OPIOID USE DISORDER

HEALTH AFFAIRS > VOL. 39, NO. 8: COVID-19, HOME HEALTH & MORE

Primary Care Providers And Specialists Deliver Comparable Buprenorphine Treatment Quality

Alex K. Gertner, Allison G. Robertson, Byron J. Powell, Hendree Jones, Pam Silberman, and Marisa Elena Domino

Inadequate medical school education

1 out of 191 (0.5%)

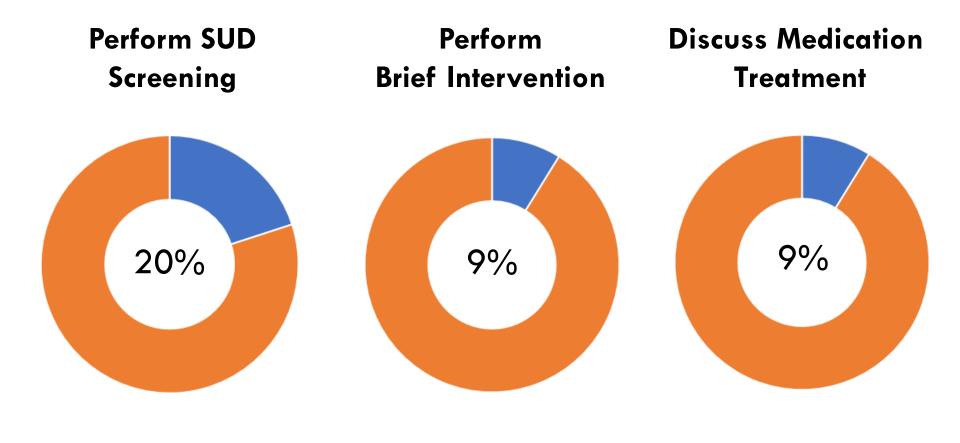
medical schools provides training sufficient to satisfy the waiver training

Key concepts not taught

- -Neurobiology of addiction
- -Difference between physical dependence and addiction
- -Diagnosis of opioid use disorder
- -Rationale for long-term opioid agonist treatment
- -Efficacy of various treatments
- -Treatment over time

AAMC Volume 18, Number 1. January 2018

Generalists are NOT prepared to care for patients with substance use disorders



Wakeman, et al. Substance Abuse, 2016.

Increase education for addictions for all prescribers and health professionals

Improve Training

- Provide a menu of training options
- Evidence-based hours and content that is specialty & profession specific
- Address stigma and teach culturally competent care
- Include patient perspectives

Experiential Learning

- Apprenticeship models that satisfy training requirements
- Pair trainees with mentors and support
- Include all health care professionals

Incentivize training

- Compensate for training time
- Subsidize all available training options
- Support clinical processes

Address restrictive regulations

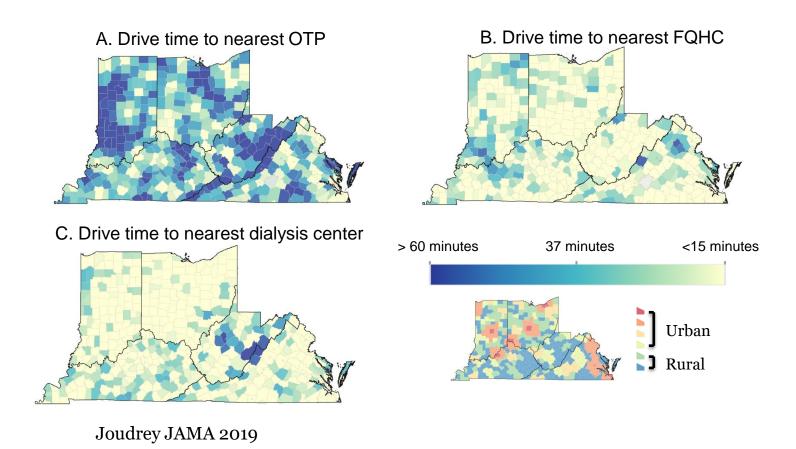




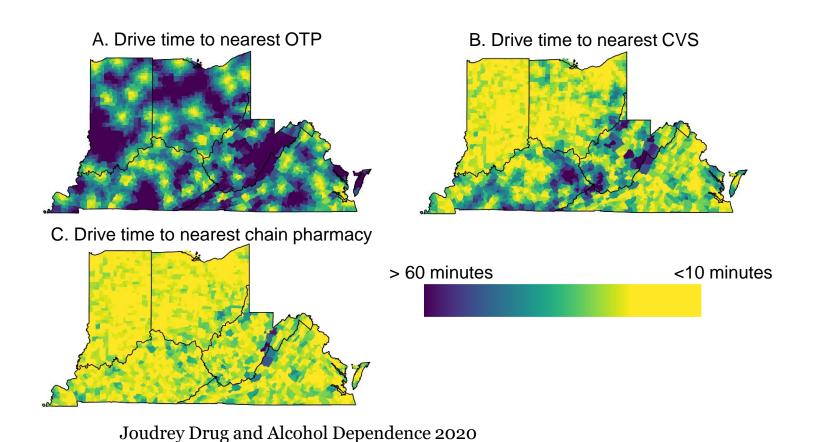
Regulatory Changes with COVID-19

- On January 31, 2020 a nationwide public health emergency declared due to COVID-19 pandemic.
- Due to concerns about risks of spreading COVID-19 DEA and SAMHSA announced that buprenorphine can now be prescribed via telemedicine without the previously required in-person assessment.
- Later clarification on March 31,2020 to include telephone only.
- March 16, 2020 SAMHSA relaxed federal guidelines for methadone treatment
- States could apply for blanket take-home exemptions:
 - "All stable patients" 27 take-home doses
 - "Less stable" & new patients 13 take-home doses
 - Able to "safely handle" amount of medication.

County drive time to nearest OTP, FQHC, or dialysis center



Drive time to OTP, CVS, or chain pharmacy



Nurses and Pharmacists are part of the solution

- Facilitate harm reduction supplies
- Reduce stigma at the bedside
- Reduce stigma at the pharmacy
- Facilitate the 72 hour rule for administration of methodone
- Advocate for pharmacy-based dispensing of methadone
- Ensure buprenorphine is stocked in all pharmacies

Regulation Change Proposals

- Continue telehealth provisions for buprenorphine
- Expand patient-centered regulations for methadone
 - Primary care delivered methadone, particularly for stable patients¹
 - Use of technology for remote monitoring & dispensing^{2,3}
 - Pharmacy dispensed methadone⁴
 - Reconsideration of stability criteria⁵
 - Change in insurance reimbursement⁶
 - Delivery using mobile vans⁷

- 1. Fiellin et al JAMA 2001
- 2. Dunn et al JSAT 2021
- 3. Kidorf et al JSAT 2021
- 4. Joudrey et al DAD 2020
- 5. Hatch-Maillette et al JSAT 2021
- 6. Joseph et al JSAT 2020
- 7. Chan et al JSAT 2021

Improve Treatment Access: Expand <u>all forms</u> of OUD treatment for all individuals





No Wrong Door!

 Every clinical setting is an opportunity to reach someone with addictions

- Expansion of Hospital based treatment
- Offer medication treatment in every setting
- Train health care professionals in all settings to recognize addiction and offer support, connection to care

Expand Addiction Treatment and Parity

- Increase access to medication treatment for health care professionals
- SAMHSA to release rules to closer align 42 CFR Part 2 with HIPAA as Congress directed in the CARES Act
- Make telehealth flexibilities permanent
- Enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008
 - Ensure equitable coverage and reimbursement for
 - Medication provision & Behavioral health therapies

Haffajee, R, et al. Am J Prev Med. 2018

Conclusions

- Patients with OUD deserve trained clinicians and health care professionals
- Health professional boards can address educational and treatment gaps
- Actively work to reduce stigma
- Improve access to all opioid use disorder (OUD) medication treatments

Weimer, Wakeman, Saitz, Removing One Barrier to Opioid Use Disorder treatment, is it enough? JAMA, 2021