Medication Assisted Treatment for Opioid Use Disorder in Rural Colorado
Why is opioid use disorder getting so much attention?

• Opioid Use Disorder (OUD) has seen an epidemic rise in the United States over the past decade.

• More than 250 million prescriptions for opioids are written each year along with increasing rates of illegal heroin use.

• Greater than 4 million Americans report using prescription pain medicine for non-medical reasons.

• More Americans die each year of drug overdose than motor vehicle accidents. Opioid overdoses killed 41 Coloradans per month in 2014.

Why is opioid use disorder getting so much attention?

• Colorado has outpaced the rest of the nation and recently ranked as high as number 2 in the nation for rates of self-reported nonmedical use of prescription pain killers.

• Over the past 5 years, the High Plains Research Network (HPRN) and its Community Advisory Council (C.A.C.) identified OUD as a primary concern to our physicians, practices, and community members.

IT MATTTRs covers 24 counties in eastern Colorado (16), San Luis Valley (6) and 2 between!
Except some wind...
Challenges around treating OUD?

- Prescribing opioids
- Limited access to diagnostic and treatment services for OUD
- Complete lack of Medication Assisted Treatment (MAT)
WALSH COMMUNITY GROCERY
PULLING TOGETHER WE ALL WIN
### Components of MAT Training:

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<th>Topic</th>
<th>Learning Objectives</th>
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| Basics about prescribing buprenorphine | - Recognize the need for opioid use disorder (OUD) treatment given its prevalence  
- Apply a patient-centered approach in a buprenorphine practice  
- Describe buprenorphine's status as a controlled substance and the laws governing the prescribing of this medication  
- Describe the requirements to receive a waiver to prescribe buprenorphine  
- Explain the process of becoming certified to prescribe buprenorphine for OUD |
| Impact of Opioid Use Disorder – epidemiology, incidence, prevalence, risks | - Realize the likelihood of encountering heroin use and prescription opioid misuse in patients in the United States  
- Predict the potential impact of OUD in terms of patient morbidity and mortality  
- Anticipate co-morbid negative health effects in patients having OUD  
- Recognize and treat patients with dual diagnosis based on the interrelationships between OUD and mental illness |
| Pharmacology of buprenorphine and other opioids | - Relate the functions of opioid receptors to the clinical effects and treatment of OUD  
- Compare the pharmacology of opioid agonists, partial agonists, and antagonists  
- Relate pharmacological properties of buprenorphine and naloxone to physiological effects in patients  
- Apply concepts relevant to addiction, including overdose, tolerance, and withdrawal, to opioid use |
| Detection and diagnosis of opioid use disorder | - Use motivational interviewing skills to optimize patient communication in a buprenorphine practice  
- Screen for OUD through patient interviews and standardized screening instruments  
- Assess patients for signs and symptoms of OUD  
- Diagnose patients with OUD using current DSM criteria |

[BupPractice](http://www.buppractice.com/BupPracticeV4?page=list)  
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<tr>
<th>Assessing patients for treatment</th>
<th>Assess patients' appropriateness for office-based buprenorphine treatment</th>
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<td>Identify patients who are unlikely candidates for office-based buprenorphine treatment</td>
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<td>Anticipate common medical and psychiatric problems in patients with OUD that may complicate its treatment</td>
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<td>Adjust treatment protocols to meet needs of patient groups having specific additional requirements, including adolescents, pregnant women, and geriatric patients</td>
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<td>Develop an individualized buprenorphine treatment plans for patient</td>
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<td>Determine what referral is appropriate for the treatment of OUD, when office-based treatment is not indicated for a patient</td>
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<th>Buprenorphine induction</th>
<th>Prepare patients to get ready to start taking buprenorphine successfully</th>
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<td>Demonstrate a thorough understanding of dosing guidelines to start patients on buprenorphine treatment</td>
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<td>Titrate buprenorphine dose to address the individual patient's needs</td>
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<td>Recognize, anticipate, and treat complications of buprenorphine use in your patients during induction</td>
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<th>Maintenance of buprenorphine</th>
<th>Provide the treatment and monitoring that is routinely required throughout the maintenance phase of buprenorphine treatment</th>
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<td>Modify buprenorphine maintenance treatment as needed for patients needing pain management or having substance use problems</td>
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<td>Follow procedures for patient selection, optimal tapering of dose, minimizing symptoms, and providing appropriate follow-up when terminating buprenorphine</td>
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<td>Use buprenorphine for medically-supervised detoxification of patients with OUD</td>
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<td>Special populations – methadone, aging, adolescents, pregnancy</td>
<td>Modify buprenorphine treatment as needed for patients who are transferring from methadone treatment to buprenorphine</td>
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<td>Recognize, anticipate, and address complications of buprenorphine treatment in patients using multiple other substances</td>
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<td>Recognize the patient subpopulations having additional requirements for treatment modifications in office-based opioid treatment</td>
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<td>Adapt buprenorphine treatment to the needs of patient subpopulations having additional requirements</td>
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| Patient management in a primary care MAT program | Summarize rules and regulations for a successful doctor-patient relationship in office-based opioid treatment |
| | Determine what rules and regulations are needed to prevent and address patient problematic behavior in office-based opioid treatment |
| | Use a doctor-patient treatment agreement to communicate expectations and responsibilities for both parties, and enforce consequences of not meeting expectations |
| | Explain concepts involved in the use of urine analysis for office-based treatment of patients with OUD |

| Regulations for office-based opioid treatment (OBOT) and MAT | Prepare a practice staff team for office-based buprenorphine practice |
| | Determine the pertinent confidentiality regulations (and exceptions) for treatment of substance use disorder and specifically office-based treatment of OUD |
| | Follow the requirements for medical record-keeping in office-based opioid treatment |
| | Prepare an office-based opioid treatment practice to work with health insurance companies or patients to bill for buprenorphine treatment |

Source: MAT Training elements adapted from ASAM supported BupPractice online buprenorphine waiver course.
One approach to OUD in rural Colorado: IT MATTTRRs Colorado

Boot Camp
Translation

SOuND
Team Training™

Project ECHO®

Opisafe

COLORADO

ASAM
American Society of Addiction Medicine
IT MATTTRs Colorado

- Creating the community environment conducive to care for OUD using MAT
- Creating the primary care practice environment conducive to care for OUD using MAT
- Screening for OUD in primary care practices
- Diagnosis of OUD in primary care practices
- Engaging the patient in MAT delivered in primary care practices
- Prescribing buprenorphine by primary care physicians in primary care practices
- Referral to behavioral health in primary care practices and rural communities
- Monitoring patients in MAT in primary care practices
- Caring for the primary care practice MAT Team
IT MATTTRs Colorado – Specific Aims

1. Complete a community, provider, and team-based implementation of Medication Assisted Treatment (MAT) in rural communities and rural primary care practices.
   a. Translate the complex language and concepts of OUD and MAT into locally relevant, actionable messages for rural communities, families, and primary care practices using the Boot Camp Translation community translation method.
   b. Conduct a randomized controlled trial of provider and practice education comparing in-person Shared On-site kNowledge Dissemination (SOuND Team Training™) to web-based Extension for Community Healthcare Outcomes (ECHO Colorado) training.
   c. Implement OpiSafe, a robust web-based opioid and MAT patient engagement and monitoring system for participating rural practices.
   d. Support practice implementation of MAT with onsite local practice facilitators

2. Identify factors that facilitate or impede successful implementation of MAT in rural primary care practices and communities.
   a. Identify community member knowledge and attitudinal factors, and change in knowledge and attitudes toward OUD that impact MAT implementation.
   b. Identify training model (SOuND Team Training v ECHO Colorado) factors that impact provider and practice knowledge, implementation success, and patient recruitment and retention.
   c. Identify practice level factors (prescriber behavior, OpiSafe, team development and activities) that impact MAT delivery, adherence to best-practice guidelines, and patient-reported outcomes.
OpiSafe Clinical Dashboard (prescriber or staff)
Hypotheses

• H1. Translating the complex language and concepts of OUD and MAT into locally relevant actionable messages will improve the knowledge of and attitudes towards OUD and MAT of local community organizational leaders and staff.

• H2. Practices that receive onsite MAT training will have a higher level of educational program participation and completion, including physician certification, than practices that receive telehealth MAT training.

• H3. Clinicians and practice staff who receive onsite MAT training will have greater improvement in knowledge and attitudes regarding OUD than clinicians and practice staff that receive telehealth MAT training.

• H4. Compared to practices that receive telehealth MAT training, practices that receive onsite MAT training will have higher levels of MAT implementation, including: a) screening for OUD, b) enrollment of eligible patients in MAT, c) patients prescribed buprenorphine, d) referral for counseling regarding psychosocial and pharmacologic treatment options for opioid addiction, and e) provide ongoing psychological support.

• H5. Patients seen at practices that received onsite MAT training will have more favorable OUD treatment outcomes than patients seen at practices that receive telehealth MAT training, as measured by quarterly assessments through OpiSafe.

• H6. OpiSafe and practice coaching support will be perceived as facilitators and benefits to enrolling and tracking patients with OUD undergoing MAT in rural practices.
Other ways to address opioid use disorder:
What will you do now?