

Opioid Review and MAT Clinic Buprenorphine Intake and Induction

June 6, 2018

The Simple Man Edition

Outcomes

- Evaluate patient for the appropriateness for buprenorphine medication assisted treatment (MAT)
- Assess patients social needs, which might lead to a better outcome

Announcements

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- CME evaluation forms are due to Katie Stangl by Friday, June 8th at 4:00pm.

Upcoming Presentations

- **June 13:** Nathan Erickson, LADC
“Introduction to Motivational Interviewing”



The Alaska Edition

Intake Call

Suboxone Screening Criteria

- 1: Where do you live? County:
2. What is the drug/Substance that you are currently using?
3. Have you been on Suboxone in the past or currently?
 - A: If current, dose?
 - B: Why are you changing Suboxone providers?
4. Who is your doctor now? If no one, who in the past?
5. Have you had any previous treatment? Rule 25 completed? Y/N
 - A: Inpatient Legal issues? Y/N
 - B: Outpatient Current Insurance?
- 6: Are you currently in counseling?
 - A: NA or AA?
7. What medications are you currently taking? Please list all meds including herbals, supplements, OTC and prescriptions.

Intake Call Important Questions

- Where do you live?
 - Near their home
 - Better oversight
 - Easier to call in for pill counts/UA
- Been on Suboxone in past?
 - MA- has this on their prior authorization form
 - If currently on- why changing provider.
 - Need records

Intake Call Important Questions

- Previous drug or alcohol treatment
- Present prescribed medications
 - Benzos
 - Stimulants
- Drug of choice- important!
- Substance use assessment

Intake Call

Substance Use Assessment

Instructions: Fill out the section for each of the drugs that you have used, even if that substance was never a problem for you. If you don't remember specifics, give your best estimate.

	Age of first use (ex. 16)	When did you last use? (ex. 1 month ago)	Frequency of most recent use. (ex. 3x per week)	Was this substance ever a problem? (yes/no)
Alcohol				
Benzodiazepines (Xanax, Valium, etc.)				
Cocaine				
Crack				
Hallucinogens (LSD, mescaline, etc.)				
Heroin				
Inhalants ("Huffing")				
Marijuana				
Methamphetamine				
Methadone				
MDMA ("Ecstasy")				
PCP ("Angel Dust")				
Prescription Medicine (Vicodin, "Oxys," etc.)				
Other (list)				

**We track some
of this data**

RN Brings Form to Doctors

- Physicians review forms
- If patient is felt to be appropriate for our program an appointment is made
- We notify the patient that this does not mean that they are accepted, just that we will meet with them.

Patient May Come To Clinic In Two Ways

Appropriate and sick

Forms filled out: consents,
contract/care plan, releases

UDAS

Medication called in: PA, foundation

Go pick up meds and come right back

Induction

Social Worker: insurance, talk about Rx

Follow up next day

Patient May Come To Clinic In Two Ways

Appropriate and NOT sick

Forms filled out: consents, contract/care plan, releases

UDAS

Overview

Social Worker: insurance, talk about Rx

Medication called in: PA

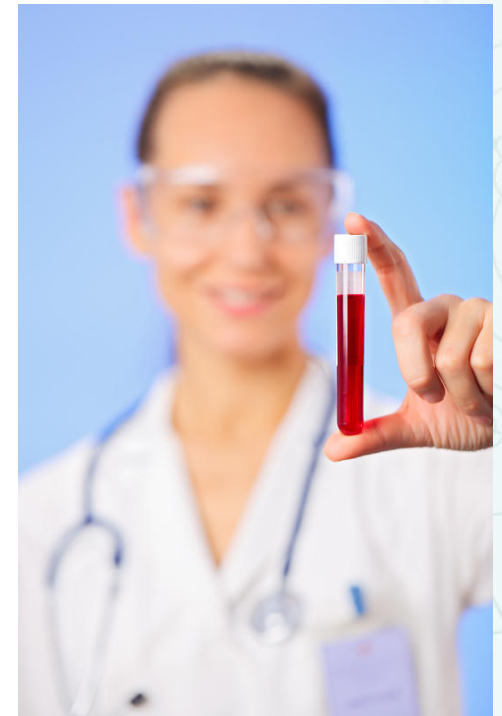
Schedule for induction

Initial Evaluation

- Physical Exam
 - Withdrawal/using signs
 - Signs of injection site infection
 - Murmur
 - Jaundice, liver size
 - Teeth
 - Sweating

Initial Evaluation

- Blood work
 - CBC
 - Comprehensive profile
 - Pregnancy test in women
 - HIV
 - Hepatitis



Documentation

- Forms filled out by social worker or RN
 - Buprenorphine medication agreement
 - Care plan for controlled substance care team
 - Buprenorphine consent form- CARA Act
 - Patient responsibility form
 - Lost pills
 - Storage safety
 - Call if relapse!!!

Release of Information

- Clinics
- Treatment centers
- Socials services
- Parole officers
- Drug court

Insurance

• Prior authorization- what to order

Prior Authorization Rationale:

1. PDMP reviewed
2. Urine drug screen updated and reviewed
3. Pregnancy test, where applicable, negative
4. Avoiding benzodiazepines, and other illicit drugs, reviewed with patient
5. With our program, patient will either need to have completed treatment or be in the process of getting into or going through treatment
6. Patient has been complaint with treatment plan laid out in our clinic

For new starts/induction:

1. Dosage is currently being adjusted to meet patient's needs
2. Patient will be seen and new prescription give quite frequently until stability reached

For chronic/maintenance:

1. Stable dose in stable patient- maintenance phase of treatment
2. Dosage reviewed and deemed to still be an appropriate dose to meet patient's needs

Kurt Devine, MD

NPI:

Heather Bell, MD

NPI:

Induction

- Same day if necessary
- More convenient when planned

BE FLEXIBLE

Induction

- UA- drug screen
 - Opiate- last use
 - Benzodiazepines
 - Meth and weed- withdrawal cure

Induction

- When will withdrawal occur?
 - Long acting: 36-72 hours
 - Short acting: 12-24 hours
 - Our method: when are you sick?
 - Come then- *highly scientific*

Induction

- COW guidelines > 12
- 2-4mg first dose, wait 1-2 hours
- In our practice we will give 2mg then give second dose 30-45 minutes later. Then depending on response may give another 2-4 then watch for 30-45 minutes.
- Sometimes dosing will need to be significantly increased

Response

- Body aches, nausea, sweating resolve
- Hungry
- Tired- nap time
- Crawl in, walk out

Home

- Instructed how to take until the following morning
 - Max amount 12mg (guideline dosing)
 - Sample: 4mg in clinic, 4mg at supper, 4mg before bed

In the Real World

- Patient dose/route/frequency may dictate widely different dosing for buprenorphine
- Big difference in...
 - Pills vs. snort vs. IV
 - Hydrocodone vs. Oxycodone vs. Heroin

Early Follow-Up

- We generally see the following day
- In cases where patient lives a long way away we will do phone follow ups

Early Follow-Up

- Why early follow up?
 - Appropriately taking meds?
 - Set up daily dosing and discuss long range follow ups
 - Patient much more able to discuss issues and problems- they feel better
 - Discuss lab

Problems

- Excessive medication use
- Persistent symptoms
- Side effects

Questions?