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Implementing SAMHSA TIP 63: Accessing Pharmacotherapy Across the Care Continuum

Gregory C. Marotta, Chief Executive Officer
Kelly J. Clark, MD, Chief Medical Officer
CleanSlate Centers
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Session Objectives

- Discuss the role of medications in the abstinence-based treatment of OUD
- Identify the elements of quality medication management programs with buprenorphine and naltrexone
- Describe some current models for delivering medication treatment through the continuum of care
The recently released Treatment Improvement Protocol (TIP 63) from the US Department of Health and Human Services is clear in the need to provide people suffering from Opioid Use Disorder (OUD) with the evidence based treatment they deserve. “Discussing medications that can treat OUD with patients who have this disorder is the clinical standard of care.” “Medication is an effective treatment for OUD. People with OUD should be referred for an assessment for pharmacotherapy unless they decline.” It is “inappropriate to refuse evidence-based treatment with medications for a patient with OUD, when that may be the most clinically appropriate course of treatment.” Unfortunately, far too many patients with OUD still do not have access to appropriate medication therapy.
What are the goals of treating chronic diseases?
- Stay alive, get healthy, stay out of the hospital, and get back to work
- NOT perfect adherence to a treatment plan
Addiction: A Chronic Brain Disease

- What is the role of medication in treating chronic disease?

  - Medication typically has a primary role in helping people manage their conditions
  - We do not consider antidepressants or anti-seizure medications to be assisting treatment – they ARE treatment
  - We do not use these medications until people “get over” their brain disease
Break the Stigma

- When people use buprenorphine (Suboxone, Zubsolv, Bunavail, etc), or naltrexone (Vivitrol, XR-NTX) as directed:
  - They can be considered abstinent
  - They can be in recovery

- Consistent with ASAM, AA, and Hazelden Betty Ford Foundation
SAMHSA TIP 63: “MAT” no more

- “Medication is an effective treatment for OUD. People with OUD should be referred for an assessment for pharmacotherapy unless they decline.”

- “Counseling shouldn’t be arbitrarily required as a condition for receiving OUD medication.....especially when the benefits of receiving medication outweigh the risks of not receiving counseling.”
SAMHSA TIP 63

- It is "inappropriate to refuse evidence-based treatment with medications for a patient with OUD, when that may be the most clinically appropriate course of treatment."

- And medications can be used effectively and appropriately throughout the continuum of care.
SAMHSA TIP 63

- Discussing medications that can treat OUD with patients who have this disorder is the clinical standard of care and should cover at least:

  - The proven effectiveness of methadone, naltrexone, and buprenorphine compared with placebo and with outpatient counseling without medication
  - Risks and benefits of pharmacotherapy with all three types of medication, treatment without medication, and no treatment
  - Safety and effectiveness of the medications when used appropriately
  - Pharmacologic properties, routes of administration, and where and how to access treatment with each medication
What Does Quality Medication Treatment Look Like?

- Comprehensive assessment:
  - History and Physical Exam
  - Lab Analyses
  - Review the PDMP
  - Determine Diagnosis

- Treatment Planning
  - Obtain informed consent (discuss fully risks, benefits, and alternatives of proposed treatment, including ALL FDA approved medications)
  - Engage patient in decision making
Continued treatment with buprenorphine or methadone is associated with better outcomes than medically supervised withdrawal.

Continued treatment with XR-NTX is associated with better outcomes than discontinuing XR-NTX.

Discontinuing medication increases risk of return to substance use and overdose death.

Stable patients can continue on their selected OUD medication indefinitely as long as it is beneficial.

How long to use medications?
Components of medication treatment:

- Monitoring for effectiveness, side effects, and diversion of medication
- Supportive contacts with prescribers as well as screening and referral for social and other needed medical services
Abstinence-based programs:

- Require abstinence from the use of alcohol or other drugs in order to progress through a contingency management protocol.

- Explicitly make clear that abstinence from drugs of abuse, while continuing medication as long as necessary, is the goal supported by the clinical protocol.

- Do not discharge patients simply for failing to adhere to the goal of abstaining from alcohol and drug misuse.
Models for delivering medication treatment throughout the continuum

Continuing medication treatment after inpatient:

Roger Memorial (WI)
- Patients can continue medication after inpatient care by referral to CleanSlate. Rogers provides wide range of levels of care for CleanSlate patients if needed

Columbia St. Mary’s (WI)
- Patients can continue medication after inpatient care by referral to CleanSlate. Columbia provides wide range of levels of care for CleanSlate patients if needed
Models for delivering medication treatment throughout the continuum

- Pregnancy and post-partum care:
  - Aurora Sinai (WI) - If patients are struggling with their Maternal recovery program, or when they are at capacity, they refer for CleanSlate to provide care. CleanSlate then refers patients to them for deliveries.
Models for delivering medication treatment throughout the continuum

Corrections:

- **Vivitrol pilot** (IN)
  - 3 Agencies identifying, assessing, starting treatment for inmates re-entering society, with continued maintenance at CleanSlate

- **Tapestry Health** (MA)
  - CleanSlate embedded with them as grant participant for re-entry Latino population from jail

- **Hampden County Corrections** (MA)
  - We work with CleanSlate on multiple re-entry programs (inmates with OUD, and OUD plus Hep C or HIV)
Models for delivering medication treatment throughout the continuum

From Harm Reduction to Treatment:

- Allen County Health Department Syringe Services Program (IN). CleanSlate staff maintains presence during needle exchange hours at designated Health Department location to discuss treatment options. Dozens of patients have entered treatment with CleanSlate.
Models for delivering medication treatment throughout the continuum

From Detox to Treatment:

• Ambulatory Detox-Anthem (IN). CleanSlate provides appointments within 24 hours of referral of an Anthem member in Indiana looking for opioid detoxification. Opioid detoxification is not considered addiction treatment by ASAM and has no evidence of effectiveness to decrease risk of return to use. Every patient referred to CleanSlate has instead decided to start in ongoing treatment.
Models for delivering medication treatment throughout the continuum

**Providing Care to Veterans**

- **Multiple locations (IN):** Veterans are referred to CleanSlate to begin medication management, and are followed at CleanSlate as overflow provider from VA treatment system in Indiana.
Models for delivering medication treatment throughout the continuum

Outpatient, Intensive Outpatient, Partial Hospital:

- **AdCare (MA)** – Located in same building and co-located in West Springfield office as CleanSlate. Concierge / fast tracked co-referral process and active co-management.