Ensuring Medication for Opioid Use Disorder (MOUD) Treatment through the Care Continuum Webinar Series

Sustaining Recovery for Patients on MOUD–Part 2

Friday, May 10, 2024

In partnership with all Quality Innovation Network-Quality Improvement Organizations

QIN-QIO Partnership to Address the Opioid Epidemic

This series is a collaboration of all Quality Innovation Networks–Quality Improvement Organizations (QIN-QIOs). National experts across the healthcare continuum provide robust educational content to address the opioid epidemic.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

ALLIANT HEALTH SOLUTIONS

Comagine Health

Great Plains Quality Innovation Network

HQIN Health Quality Innovation Network

HSAG HEALTH SERVICES ADVISORY GROUP

IPRO QIN-QIO
Healthcentric Advisors
Qlarant

Mountain Pacific INNOVATING BETTER HEALTH

Qsource

1973-2023 50 years Quality Insights

SUPERIOR HEALTH Quality Alliance

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

TMF Quality Innovation Network

Learning Objectives

- Explore the role of the psychiatrist in recovery for people with use disorder and co-occurring mental illness.
- Discuss strategies people in recovery and their families might use in response to stigma in the community.
- Describe alternatives to opioids for pain management and how those alternatives can support recovery.

Guest Speakers

Dr. Clifford Moy, MD

Behavioral Health Medical Director, TMF Health Quality

Dr. Bobby Redwood, MD, MPH, FACEP

Emergency Department (ED) Physician,
Wisconsin Hospital Association

Co-Occurring Disorders

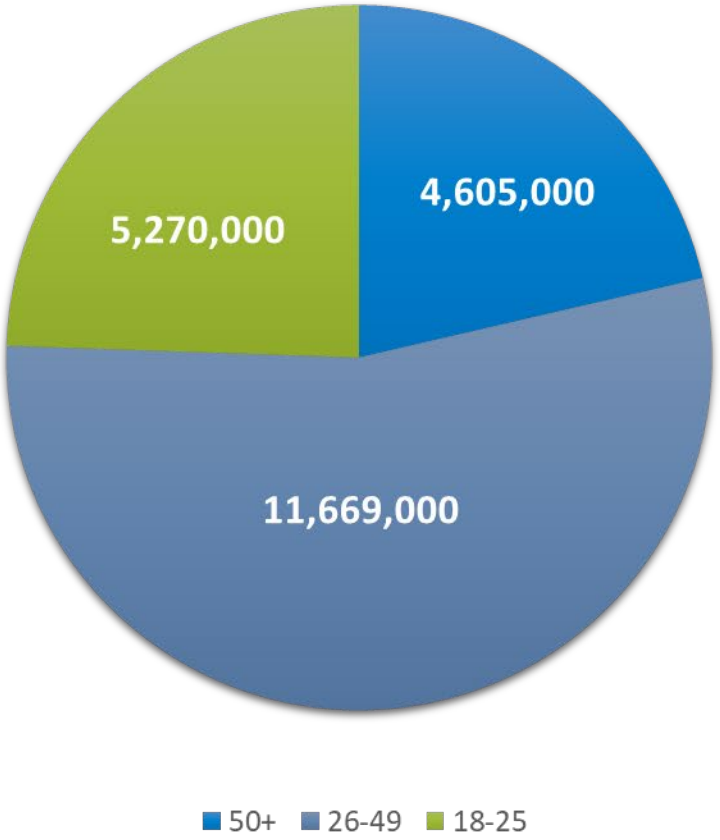
TMF®
Health Quality Institute

Substance Use Disorders (SUDs) and Psychiatric Disorders

Co-Occurring Definition

- SUD
  - Opioids
  - Stimulants
  - Benzodiazepines
  - Hallucinogens
  - Cocaine
  - Cannabis
  - Alcohol
  - Nicotine
- Mental Illness
  - Anxiety Disorders
  - Depression
  - Bipolar Disorders
  - Schizophrenia
  - Personality Disorders
    - Please note that the American Psychiatric Association Diagnostic and Statistical Manual (DSM) 5 does not use the multi-axial diagnostic classifications.

Scope – 2022 National Survey on Drug Use and Health



*Numbers of people reporting drug use

https://www.bing.com/ck/a?!&&p=7250c12bbb682bfdJmltdHM9MTcxNDk1MzYwMCZpZ3VpZD0zZjU0ZTgwNS0wNzEyLTZmMGYtMWFmOC1mYzIxMDY5ODZlYTMmaW5zaWQ9NTIwNQ&ptn=3&ver=2&hsh=3&fclid=3f54e805-0712-6f0f-1af8-fc2106986ea3&psq=Scope+%e2%80%93+2022+National+Survey+on+Drug+Use+and+Health&u=a1aHR0cHM6Ly93d3cuc2FtaHNhLmdvdi9kYXRhL3JlbGVhc2UvMjAyMi1uYXRpb25hbC1zdXJ2ZXktZHJ1Zy11c2UtYW5kLWhlYWx0aC1uc2R1aC1yZWxlYXNlcw&ntb=1

Screening for Co-Occurring Disorders

- Initial focus is on the presenting problem.
- Structured instruments or interviews can be used.
- Psychiatric problems may require individualized and open-ended screening questions compared to SUD.
- Past treatment history often provides significant clinical information.

Screening is Not a Diagnosis

- Presenting symptoms identified in screening can often be attributed to multiple diagnoses.
  - Example: Paranoid and persecutory delusions can originate from amphetamine use or psychosis in schizophrenia.
- Building rapport and open-ended questions are cornerstones of a psychiatric diagnostic interview.
- Comprehensive mental status exam is necessary.
- Integration of data to form a holistic diagnostic assessment.

Role of Motivational Interviewing

- Useful for identifying current and desired states for the individual.
- Focuses on understanding the individual's motivation to achieve the desired state.
- Describes the gap between current and desired state.
- Encourages individual to work with a treatment team with actions to accomplish steps on the individual's timeline.

Complexity of SUD Treatment Programs

- Focus on abstinence only could jeopardize treatment of psychiatric illness.
- Anxiety disorders are the most common group of psychiatric illness and are often under diagnosed.
- Careful consideration of treatment options including benzodiazepines.
- Considerations somewhat similar to treating pain.

Assisted Outpatient Treatment

- Increasing community awareness of court ordered/assisted treatment.
- Courts are often specialized and work with specific community providers.
- Individuals need to want this degree of assistance.
- Not for those who are resistant to treatment.

Raising Community Awareness

- Both people with SUD or psychiatric illnesses face significant barriers and stigma.
- Treatment for SUD or psychiatric illness can be siloed, making effective treatment for both difficult to accomplish.
- Treatment philosophies may conflict with each other or exacerbate symptoms.

A Note on Homelessness

- Experience demonstrates that SUD and psychiatric illness may precipitate each other on the street.
- Brief interactions with this population may not lead to diagnostic certainty.
  - However, review and formulation of longitudinal information is useful.
- Intermediate goals necessary if placement in a controlled environment is not possible.

SUPERIOR HEALTH Quality Alliance

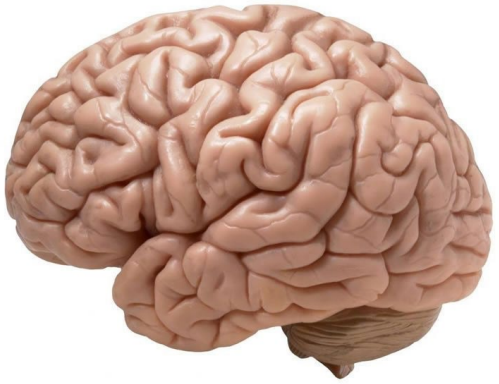
Alternatives to Opioids

Dr. Bobby Redwood

5/10/24

Two Key Brains to Discuss

- The opioid naïve or non-dependent brain
- The opioid dependent brain



The Tragic OUD Journey Begins with a Single Step

- 6% of adolescents who received an opioid for a dental procedure were diagnosed with OUD 1-year later.
- 1 of every 550 patients started on opioid therapy died of opioid-related causes a median of 2.6 years after the initial opioid exposure.
- 50% of opioid-related deaths are caused by opioids obtained from a family member or friend.
- The United States makes up 4.4% of the world's population and consumes over 80% of the world's opioids.

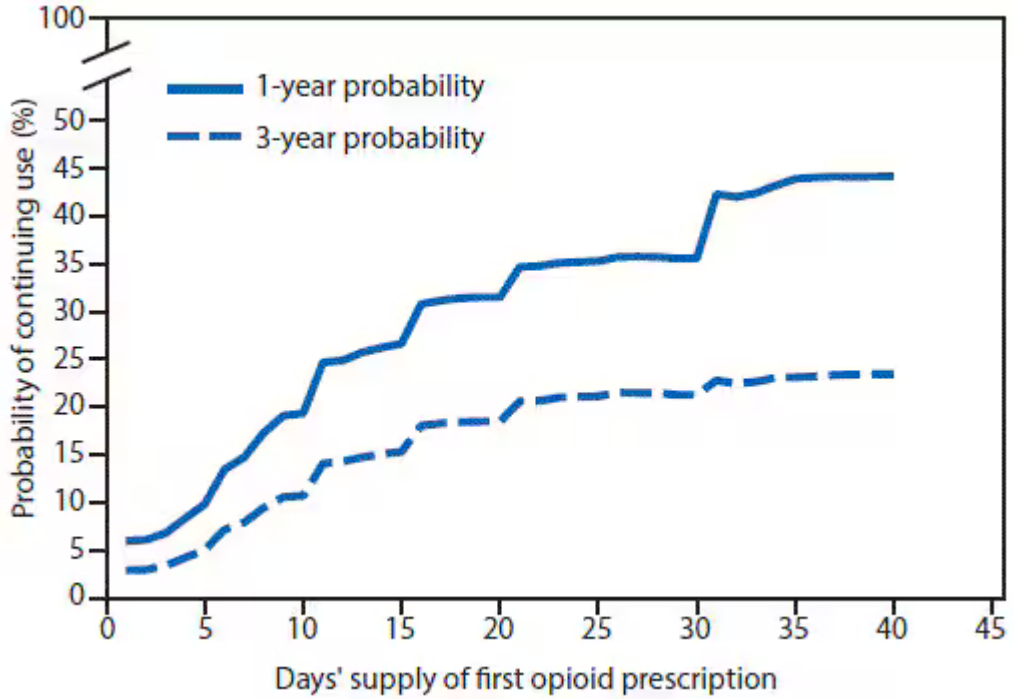
Source: Schroeder, Alan R., et al. "Association of opioid prescriptions from dental clinicians for US adolescents and young adults with subsequent opioid use and abuse." *JAMA internal medicine* 179.2 (2019): 145-152.

https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

https://www.health.state.mn.us/communities/opioids/prevention/painperception.html

Troubling Side Effects: Continued Use → Rapid Dependence

1- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription—United States, 2006–2015

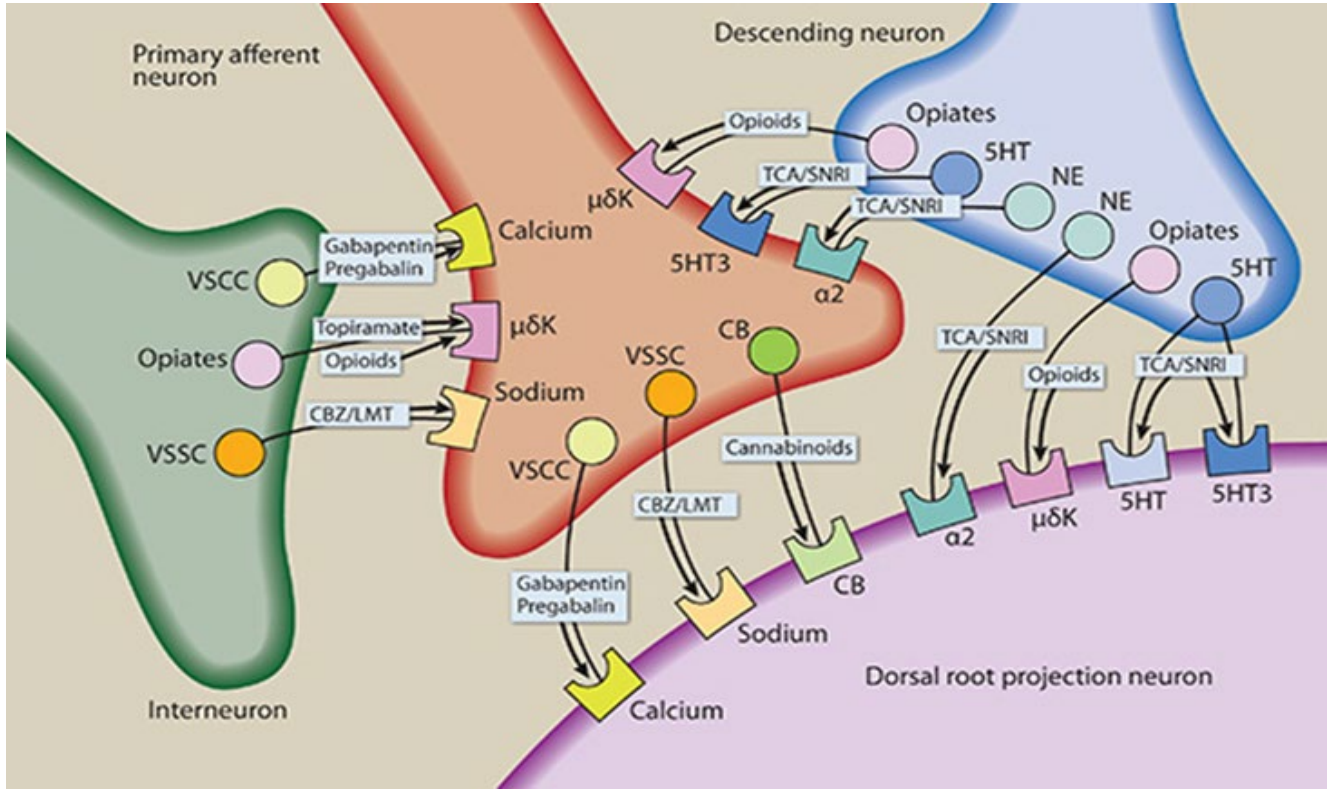


Source: Shah, Anuj. "Characteristics of initial prescription episodes and likelihood of long-term opioid use—United States, 2006–2015." *MMWR. Morbidity and mortality weekly report* 66 (2017).

https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm

CERTA:
Thoughtful, Multimodal Pain Control

- CERTA
  - Channels
  - Enzymes
  - Receptors
  - Targeted analgesia
- Mu opioid receptor limitations
  - Wind-up phenomenon
  - Tolerance
  - Mediates reward process



Source: Midwest ALTO Project and CO ALTO Project
https://www.alliance4ptsafety.org/IHAMAPS/media/media/MHA-Opioid-Pre-Launch-Checklist.pdf
https://cha.com/wp-content/uploads/2018/05/ALTO-Provider-Training-Presentation-WEB.pdf
Accessed 04.02.2023

The ALTO Movement

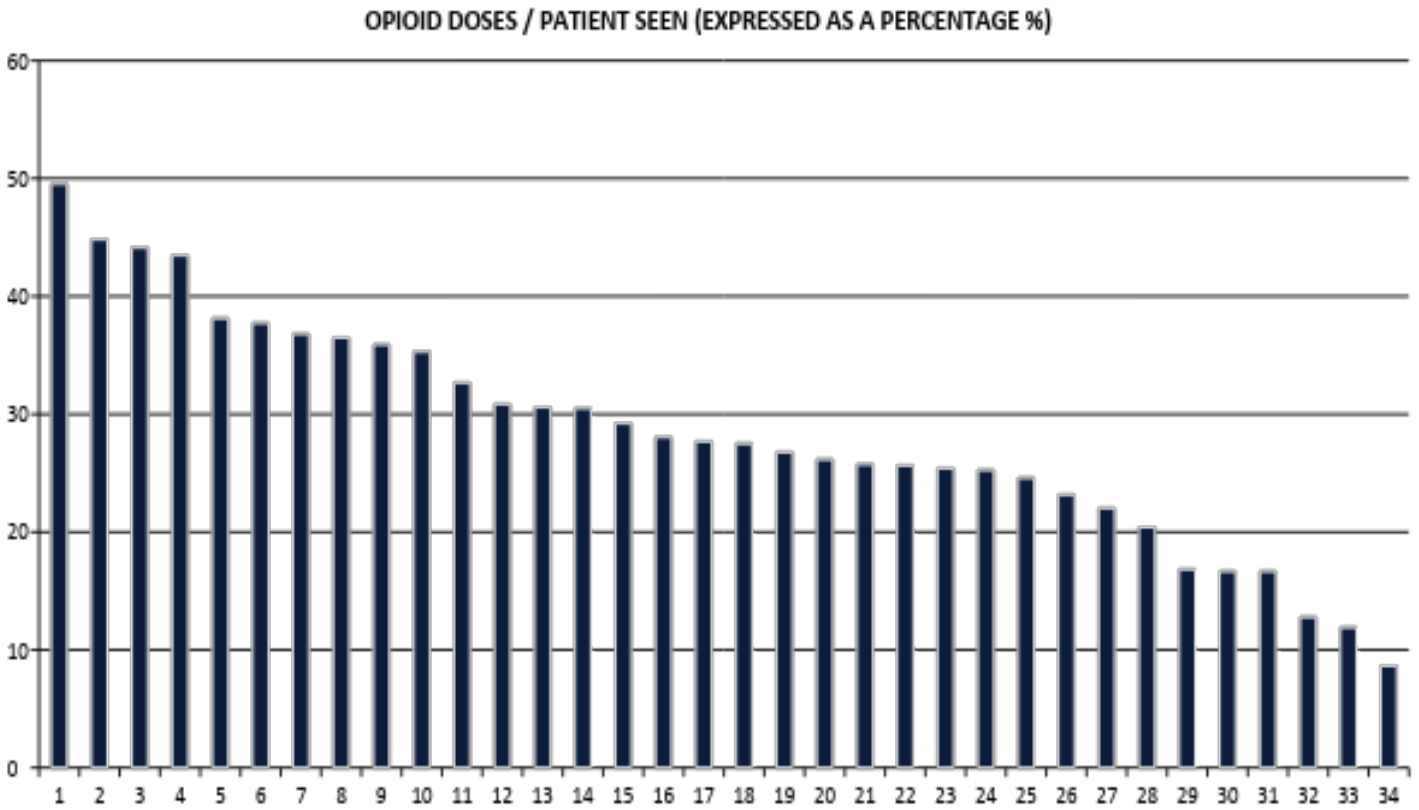
- ED movement that has extended to all outpatient and inpatient settings
- Rooted in principles of
  - Tailored therapy for the disease process in front of you
  - Synergistic effects of medicine combinations
  - Regional anesthesia
  - Osteopathic and integrative medicine principles
- ALTO protocols tailored for Midwest practice
- Reviewed and endorsed by ICEP, MCEP, WHA, IHA, MHA, PSW, ENA
- Six ED/Hospital Acute Pain Pathways
  - Renal Colic
  - Opioid Naïve Musculoskeletal Pain
  - Acute on Chronic Low Back Pain (Opioid Tolerant)
  - Headache/Migraine
  - Extremity Fracture/Joint Dislocation
  - Chronic Abdominal Pain/Gastroparesis

Colorado ALTO Project

GREAT LAKES PARTNERS FOR PATIENTS
The Midwest ALTO Project

ICEP = Illinois College of Emergency Physicians
MCEP = Michigan College of Emergency Physicians
WHA = Wisconsin Hospital Association
IHA = Illinois Health and Hospital Association
MHA = Michigan Health and Hospital Association
PSW = Pharmacy Society of Wisconsin
ENA = Emergency Nurse Association

Low Hanging Fruit? The Colorado Pilot



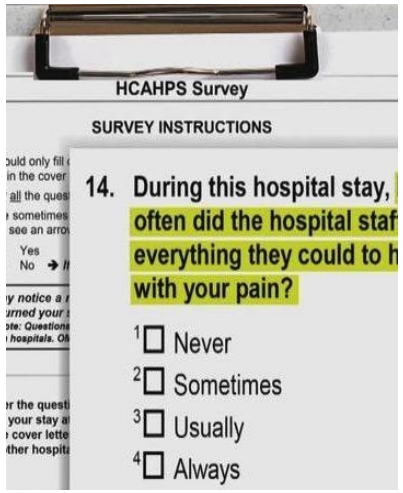
Swedish Medical Center
Denver, CO

Source: Midwest ALTO Project and CO ALTO Project
https://www.alliance4ptsafety.org/IHAMAPS/media/media/MHA-Opioid-Pre-Launch-Checklist.pdf
https://cha.com/wp-content/uploads/2018/05/ALTO-Provider-Training-Presentation-WEB.pdf
Accessed 04.02.2023

Therapeutic Alliance/Patient Satisfaction

Stader		Press Ganey (%ile) Benchmarks						
116	Satisfaction Element	50th	75th	90th	2Q16	3Q16	4Q16	1Q17
	Overall Communication with Doctors	68.0	73.2	78.5	80.0	89.6	79.1	100.0
	Courtesy	71.6	76.7	81.6	70.6	100.0	87.0	100.0
	Listen Carefully	68.4	73.5	78.8	81.3	84.2	81.0	100.0
	Explained Treatments	65.9	71.4	77.0	81.3	84.2	71.4	100.0
	Attentive to Comfort	66.1	71.7	77.3	87.5	89.5	76.2	100.0
	Pain Management	55.3	61.8	68.8	73.3	81.3	70.0	86.7
	Total N				17	20	22	20

1. Pain? **Do you want anything for it?**
2. Perform a risk assessment. **Driving?**
3. Offer alternatives first. **Opioids last.**
4. Establish norms. **No opioids for back pain, headache.**
5. Discuss harms, risks, why you aren't prescribing opioids. **Addiction, constipation, balance/cognition issues.**
6. Blame 3rd parties. **Preserve the fact you are on patient's side.**
7. BIGGEST KEY: BE NICE, SHOW YOU CARE ABOUT THEM.



Source: Midwest ALTO Project and CO ALTO Project
https://www.alliance4ptsafety.org/IHAMAPS/media/media/MHA-Opioid-Pre-Launch-Checklist.pdf
https://cha.com/wp-content/uploads/2018/05/ALTO-Provider-Training-Presentation-WEB.pdf
Accessed 04.02.2023

SHQA ALTO Shared Decision-Making Tool

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

Approaches to Pain: Shared Decision-Making Guide for Pain Management

Last updated February, 2024

This guide was developed to help patients and providers discuss pain relief options. In this shared decision-making (SDM) approach, patients and providers use the treatment tiers (on opposite page) to develop a pain management plan.

"SDM in pain management increases knowledge, accuracy of risk perception and satisfaction while minimizing inequalities, decisional conflict, provider cost, litigations and complaints."[1]

Discussion Topic	Provider	Patient	Shared Discussion Outcome
Tiers of Pain - Patients can experience different levels of pain for same/similar conditions	Take the time to listen closely to your patient's description of their pain. Ask clarifying questions to make sure you understand their experience and concerns.	Be open and honest about your pain, and any limitations or concerns that you may have.	A shared understanding of the patient's pain to help guide a pain management plan.
Patient is not seeing pain relief with current medication(s)	Ask how and when the patient takes their medication(s). Address any adjustments to dosage or frequency that may be needed.	Keep a written record of your medication use. Write down the time, medication(s) and dosages each time you take them.	Ensure that the right medications are being taken at the right time and as prescribed.
Checking Prescription Drug Monitoring Programs (PDMPs)	Check the PDMP to ensure that all medications are accounted for and that there aren't any contraindications for the medication(s) you might prescribe.	Help your provider clarify any findings in the PDMP. Checking the PDMP may prevent an adverse medication event that could cause you harm.	Ensure patient safety by verifying the complete list of patient medications and help prevent adverse medication events.
Deciding whether or not to use opioids, especially when chronic or ongoing pain is present	Along with a current physical examination, provide and review patient's health and medication history. Assess risks that could lead to patient harms.	Ask about ways to manage pain with non-opioid medications and approaches. Be aware that taking opioids is risky and withdrawal can be very uncomfortable.	Recognize non-opioid pain management is preferred. Although opioids can be taken safely, it must be done with great care.
When an opioid prescription is determined to be the best option for the patient	Discuss the risks of opioids (i.e., constipation, falls, opioid dependence, etc.) and adhere to your state/specialty prescribing guidelines.	Take opioids only as prescribed. Keep the medication in a secure location to prevent unintended use by others and overdoses. Properly dispose of any leftover opioids.	Awareness of the benefits and risks of using an opioid medication.
Medication Agreement – When opioids are prescribed	Offer the patient a medication agreement when there is concern about safety due to either history or current circumstances. (i.e., if a patient is on their third month with an opioid medication).	This agreement is used to ensure your safety and monitor needed medication changes or begin treatment for opioid use disorder. Signing it is intended to help keep you safe.	When recommended, understand how to effectively participate in a medication agreement.

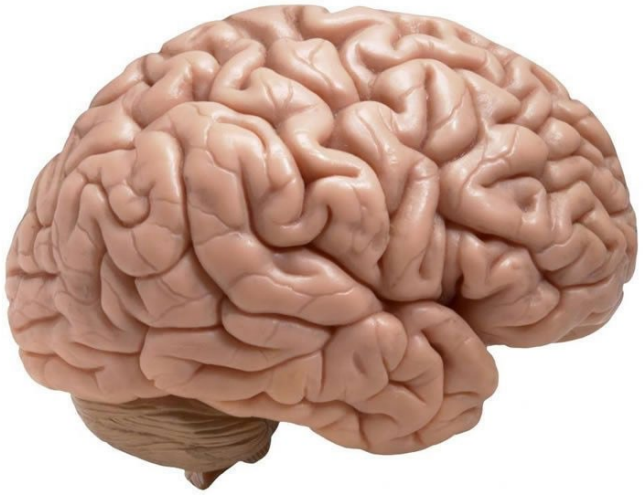
[1] Matthias MS, Talib TL, Huffman MA. Managing Chronic Pain in an Opioid Crisis: What Is the Role of Shared Decision-Making? *Health Commun.* 2020 Sep;35(10):1239-1247.

Superior Health Quality Alliance | 833-821-7472 | superiorhealthqa.org

superiorhealthqa.org/wp-content/uploads/Three-Tier-Pain-Management-SDM_reviewed_508.pdf

SUD

- SUD is a chronic brain disorder from which people can and do recover.
- Opioids lead to dramatic changes in brain function and reduce a person's ability to control his or her substance use.
- Neuroplasticity wins the day and cessation of opioids can promote return to pre-OUD brain function.
- Brain sickness is not moral weakness.
  - Delta FOSb splice B variant
  - Dopamine (Pleasure)
  - Glutamate (Compulsion)
- Rider (prefrontal cortex)
- Horse (limbic system)



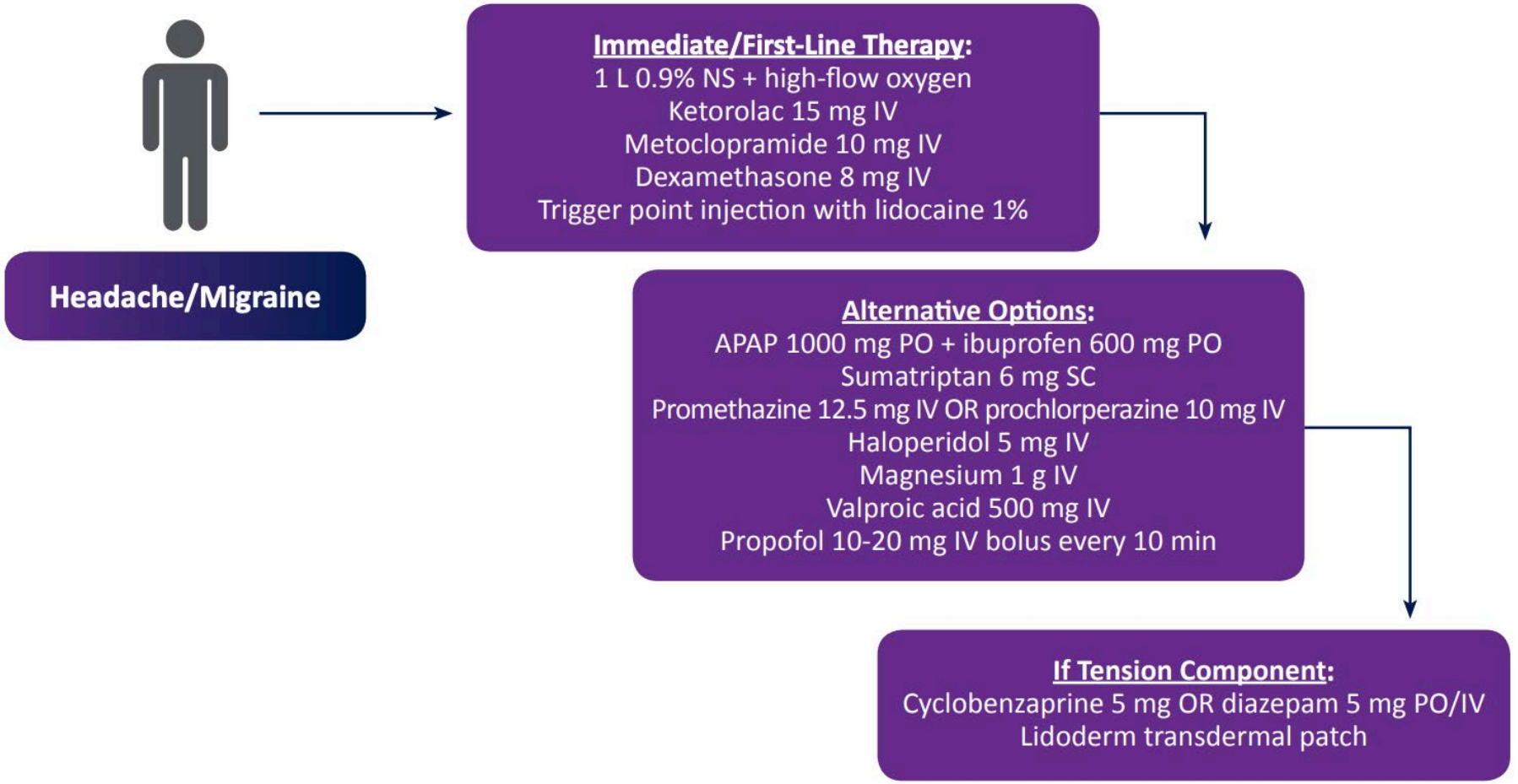
Source: Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. (2016)). Glossary p.3-4. U.S. Department of Health and Human Services. https://www.hhs.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

Brain Sickness & Stigma

- Medial orbitofrontal cortex is our socialization center
  - Lights up when we see our friends, family, loved ones
  - With OUD it lights up for the drug and **stops** lighting up for social relationships
  - Rat park experiment

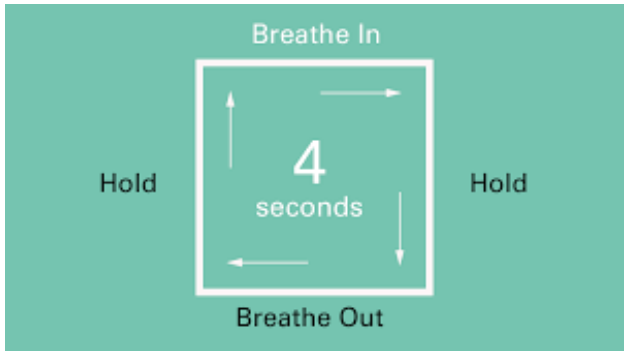
Source: Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. (2016)). Glossary p.3-4. U.S. Department of Health and Human Services. https://www.hhs.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

Pharmaceutical Example: Migraine Headache



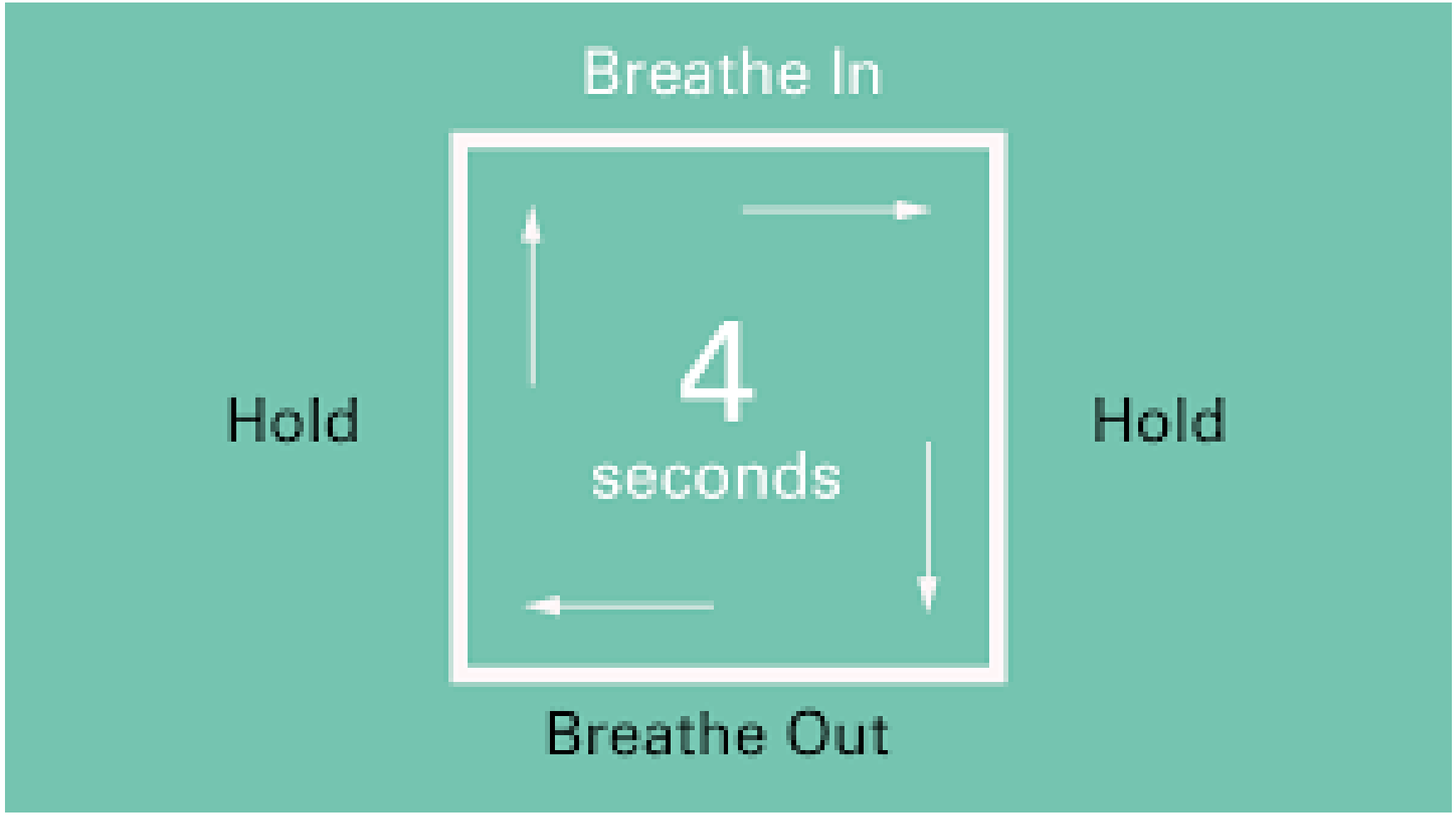
Source: Colorado ALTO Project. Pain Pathways by Indication. https://cha.com/wp-content/uploads/2018/06/ALTO-Patient-Pathways.pdf

Box Breathing



- The slow holding of breath allows CO^2 to build up in the blood.
- Increased blood CO^2 enhances the cardio-inhibitory response of the vagus nerve when you exhale and stimulates your parasympathetic system. This produces a calm and relaxed feeling in the mind and body.
- Complements other pain management techniques by alleviating the psycho-social ramp up effect.
- Box breathing can reduce stress and improve mood.

Non-Pharmaceutical Example: Box Breathing

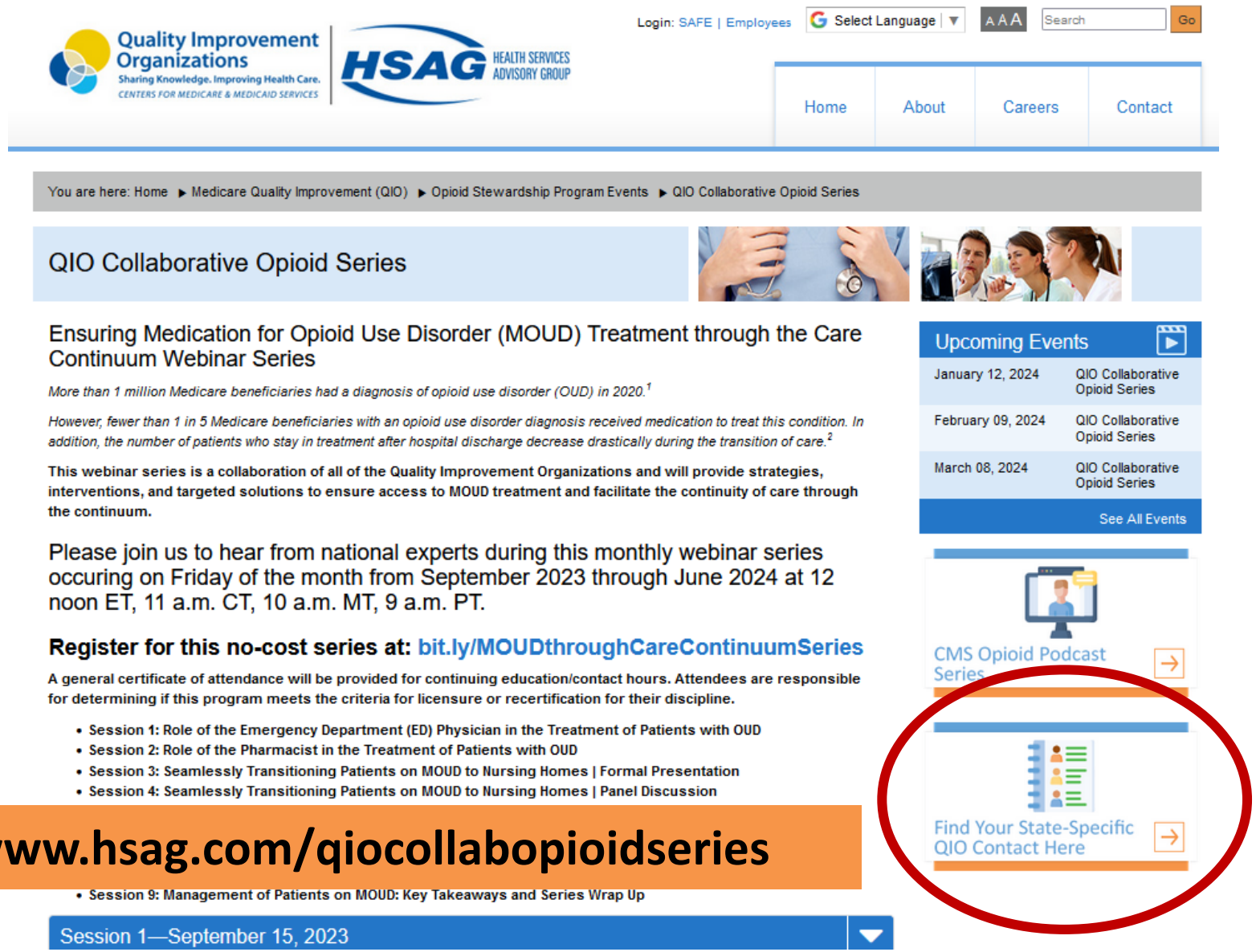


Questions

Clifford Moy, MD
Clifford.Moy@tmf.org

Bobby Redwood, MD, MPH, FACEP
Bobby.Redwood@gmail.com

Your State-Specific QIO Point of Contact



https://www.hsag.com/qiocollabopioidseries

White House Opioid Challenge

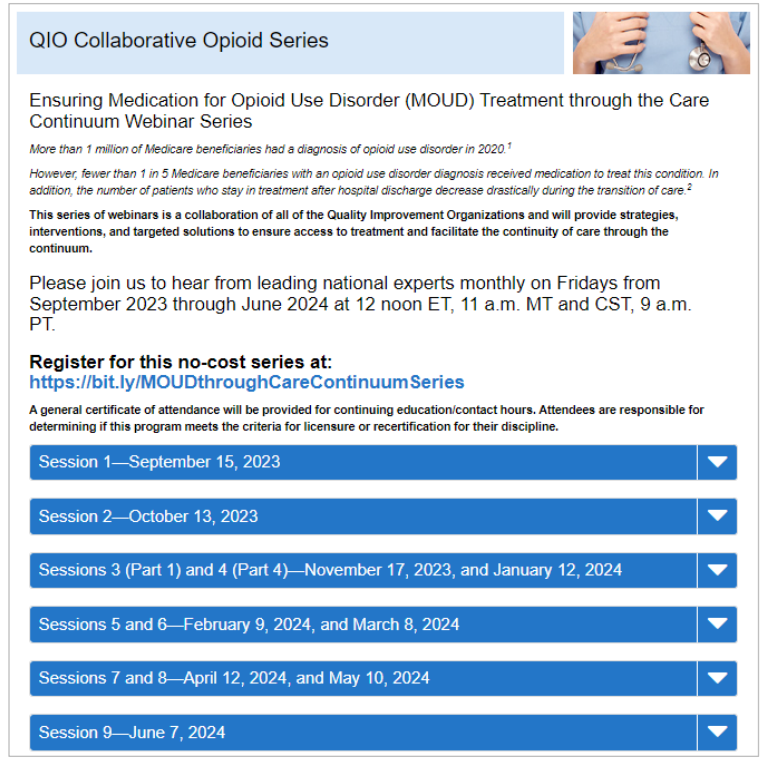
[White House Challenge to Save Lives from Overdose | The White House]
https//www.whitehouse.gov/savelivesfromoverdose

What's Next

Join us for the next session on June 7, 2024:

Management of Patients on MOUD: Key Takeaways and Series Wrap Up

bit.ly/MOUDthroughCareContinuumSeries



QIO Collaborative Opioid Series

Ensuring Medication for Opioid Use Disorder (MOUD) Treatment through the Care Continuum Webinar Series

More than 1 million of Medicare beneficiaries had a diagnosis of opioid use disorder in 2020.[1]

However, fewer than 1 in 5 Medicare beneficiaries with an opioid use disorder diagnosis received medication to treat this condition. In addition, the number of patients who stay in treatment after hospital discharge decrease drastically during the transition of care.[2]

This series of webinars is a collaboration of all of the Quality Improvement Organizations and will provide strategies, interventions, and targeted solutions to ensure access to treatment and facilitate the continuity of care through the continuum.

Please join us to hear from leading national experts monthly on Fridays from September 2023 through June 2024 at 12 noon ET, 11 a.m. MT and CST, 9 a.m. PT.

Register for this no-cost series at:
https://bit.ly/MOUDthroughCareContinuumSeries

A general certificate of attendance will be provided for continuing education/contact hours. Attendees are responsible for determining if this program meets the criteria for licensure or recertification for their discipline.

- Session 1—September 15, 2023
- Session 2—October 13, 2023
- Sessions 3 (Part 1) and 4 (Part 4)—November 17, 2023, and January 12, 2024
- Sessions 5 and 6—February 9, 2024, and March 8, 2024
- Sessions 7 and 8—April 12, 2024, and May 10, 2024
- Session 9—June 7, 2024

Recordings, slides, and resource links are posted for on-demand access 72 hours after every session.

https://www.hsag.com/qiocollabopioidseries

Final session will be extended from 60 minutes to 75 minutes!

Certificate of Attendance

Continuing Education Credits and Contact Hours for Health Professionals

- This series may meet continuing education requirements for your discipline. You may use this certificate as proof of attendance. It is your responsibility to determine if the series fulfills that requirement.
- The link to request a certificate of attendance is below and will be included in the follow-up email sent directly to you by Webex.

- New User Registration Link: https://lmc.hshapps.com/register/default.aspx?ID=7d1e972b-7247-4964-afdc-9e674cddb3df
- Existing User Link: https://lmc.hshapps.com/test/adduser.aspx?ID=7d1e972b-7247-4964-afdc-9e674cddb3df

Thank You

Slides 1-4 and 28-33

This material was prepared by Health Services Advisory Group, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication Number: QN-12SOW-XC-05012024-02