


# Opioid Stewardship Program (OSP) | Session 9

# Medication for OUD (MOUD): Prescribing Buprenorphine

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Thursday, April 14, 2022

HSAG HEALTH SERVICES ADVISORY GROUP

# Medication for Opioid Use Disorder (MOUD): Prescribing Buprenorphine

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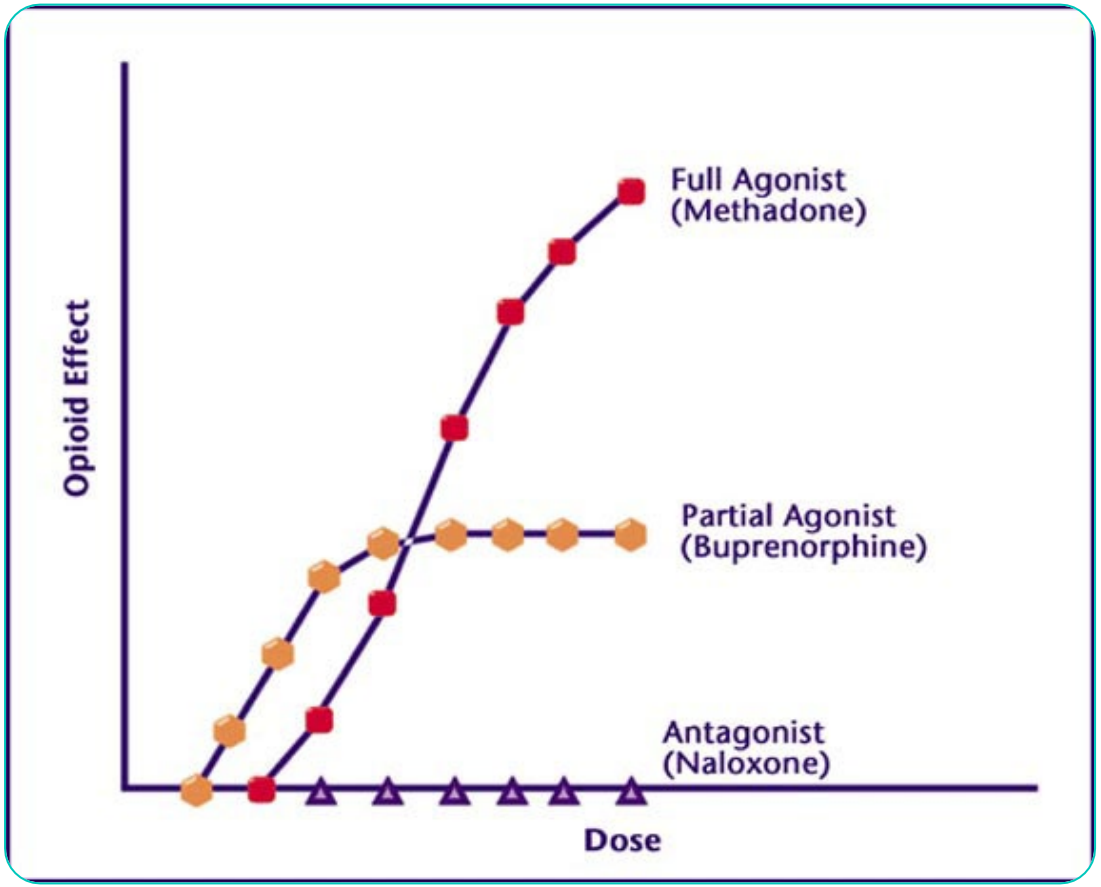
# Objectives

- Identify opioid use disorder evidence-based treatments to provide in various healthcare settings
- Explain the process of buprenorphine induction as well as the need for stabilization and maintenance
- Develop an action plan with identified resources for MOUD induction and referrals to ongoing care
- Understand x-waiver training options and the alternative type of notice of intent in order to waive training requirements
- Establish a workflow for induction and linkage to MOUD for patients with OUD

# MOUD

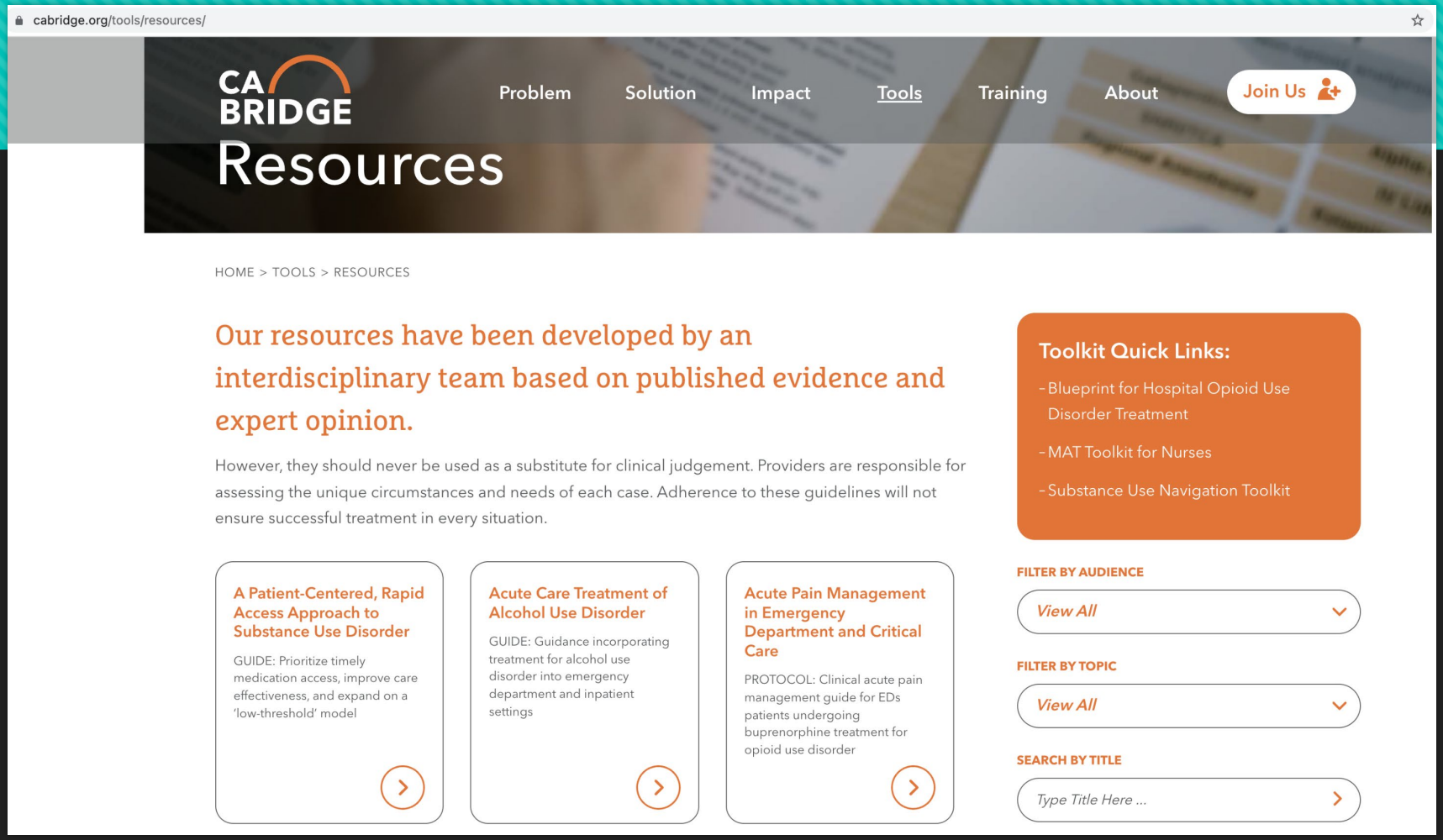

Full Agonist
(Methadone)
Partial Agonist
(Buprenorphine)
Antagonist
(Naloxone)
Opioid Effect
Dose

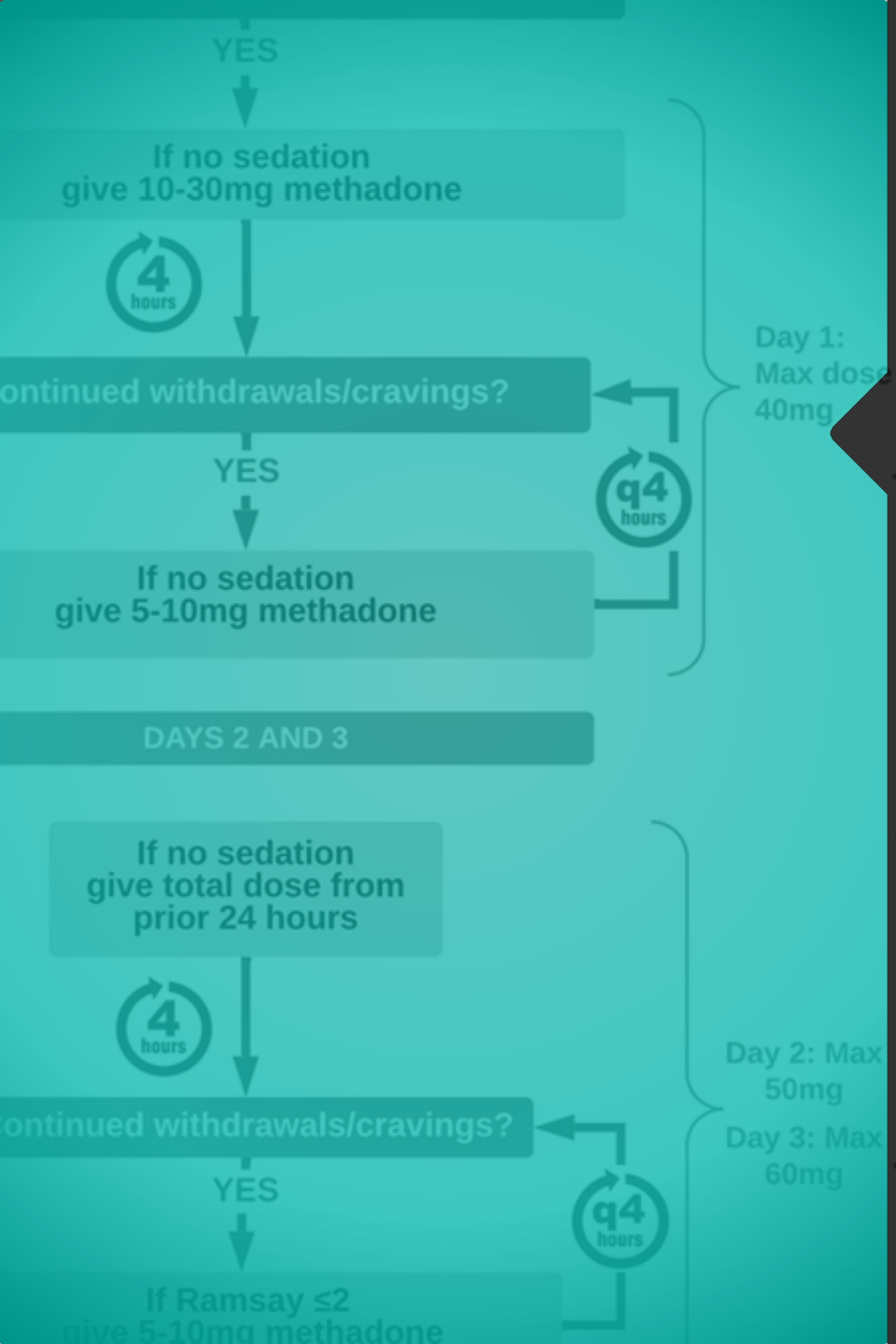
# Title 21 of the Federal Regulations, Part 1306.07

- Narcotic drugs may be administered or dispensed to patients at methadone clinics registered with the DEA
- However, there are two sections of this regulation that apply to patients in emergency and hospital settings and allow for specific exceptions:

  • 1306.07 (b) Nothing in this section shall prohibit a physician who is not specifically registered to conduct a narcotic treatment program from administering (but not prescribing) narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three days and may not be renewed or extended. [This is often referred to as the 3-day rule]

  • 1306.07 (c) This section is not intended to impose any limitations on a physician or authorized hospital staff to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts


cabridge.org/tools/resources/
CA BRIDGE
Problem
Solution
Impact
Tools
Training
About
Join Us
Resources
HOME > TOOLS > RESOURCES
Our resources have been developed by an interdisciplinary team based on published evidence and expert opinion.
However, they should never be used as a substitute for clinical judgement. Providers are responsible for assessing the unique circumstances and needs of each case. Adherence to these guidelines will not ensure successful treatment in every situation.
A Patient-Centered, Rapid Access Approach to Substance Use Disorder
GUIDE: Prioritize timely medication access, improve care effectiveness, and expand on a 'low-threshold' model
Acute Care Treatment of Alcohol Use Disorder
GUIDE: Guidance incorporating treatment for alcohol use disorder into emergency department and inpatient settings
Acute Pain Management in Emergency Department and Critical Care
PROTOCOL: Clinical acute pain management guide for EDs patients undergoing buprenorphine treatment for opioid use disorder
Toolkit Quick Links:
- Blueprint for Hospital Opioid Use Disorder Treatment
- MAT Toolkit for Nurses
- Substance Use Navigation Toolkit
FILTER BY AUDIENCE
View All
FILTER BY TOPIC
View All
SEARCH BY TITLE
Type Title Here ...




# Methadone

- If unable to confirm dose, give methadone 30-40mg and increase to full dose when dose is confirmed. OK to uptitrate per protocol until dose confirmed.
- If patient missed outpatient dosing, strongly recommended to discuss dosing changes with methadone clinic provider.
- If patient missed dose and dose is confirmed by clinic but
  - If 1-2 days are missed, give patient's regular dose
  - If 3-4 days are missed, give half patient's regular dose
  - If ≥5 days are missed, treat as a new start.

**Initial dose: Usually 20-30 mg**

**Hospitalist can titrate upwards 5-10 mg q day**

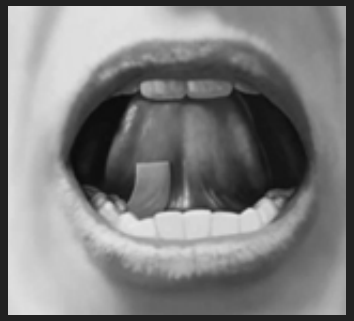
**Most patients stabilize at doses from 80-120 mg /daily**

Complicating Factors

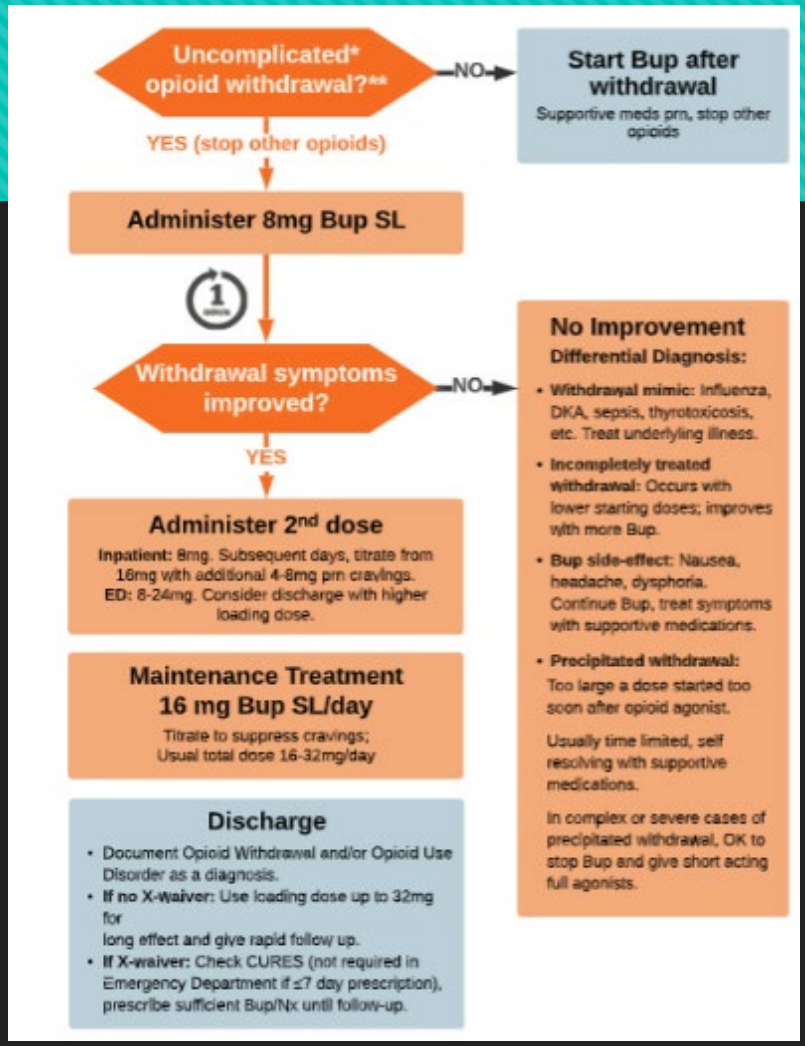
- Allergy to methadone
- Respiratory depression
- Ramsay sedation scale ≥3

# Starting Bupe

COWS
8+



Bupe
8

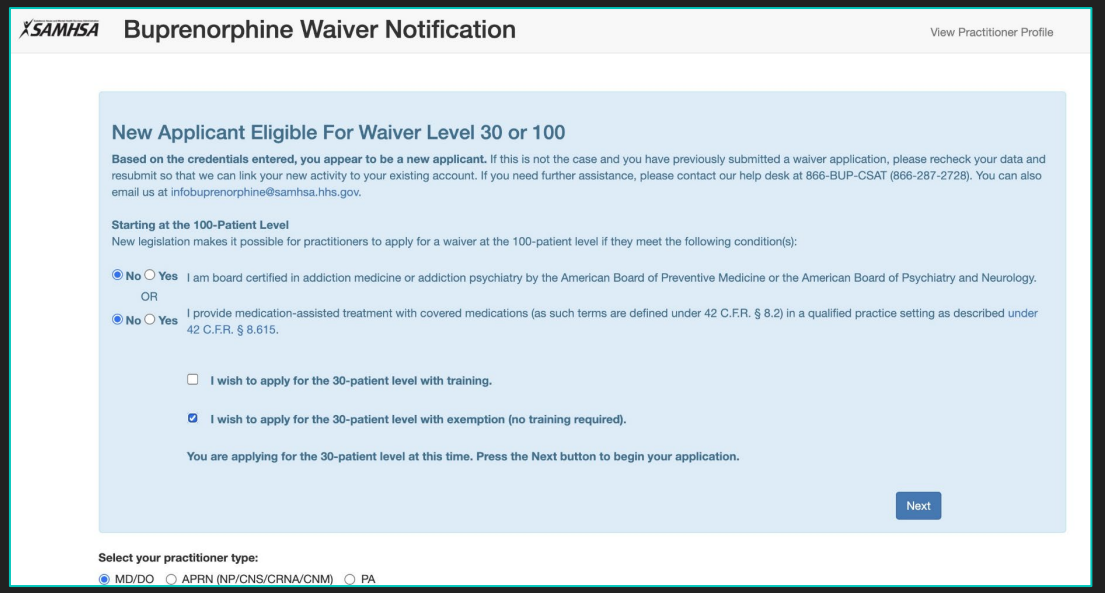


# Time for monitoring dosage of buprenorphine


12 – 24 mg

# X-waiver

- Physicians no longer need 8 hours of specialized training
  - As long as you maintain less than 30 patients at any one time on bupe
- Fill out a form at the following link:
  - https://buprenorphine.samhsa.gov/forms/select-practitioner-type.php



# Maintenance

Buprenorphine/Naloxone
8/2 mg BID x 7 days, #14

# Home Start Instructions

**Starting Buprenorphine at Home**

**When to start:**

Have **at least 5** of these symptoms before starting. If you don't have at least 5, wait a bit longer. The worse you feel, the more you will be satisfied with the experience.

It varies but should be **at least 12 hours** since you last used heroin or opiate/narcotic pills and **at least 24 hours** since you used methadone or long-acting opioids.

| Symptoms | Do I have this? |
|---|---|
| I feel like yawning | ☐ Yes |
| My nose is running | ☐ Yes |
| I have goose bumps | ☐ Yes |
| My muscles twitch | ☐ Yes |
| My bones & muscles ache | ☐ Yes |
| I have hot flashes | ☐ Yes |
| I'm sweating | ☐ Yes |
| I feel unable to sit still | ☐ Yes |
| I am shaking | ☐ Yes |
| I feel nauseous | ☐ Yes |
| I feel like vomiting | ☐ Yes |
| I have cramps in my stomach | ☐ Yes |
| I feel like using | ☐ Yes |

Before taking the buprenorphine drink some water. Buprenorphine is absorbed under the tongue. Don't eat or drink anything until the medicine has dissolved completely.

Avoid using tobacco products before taking dose of buprenorphine. Nicotine causes constriction of blood vessels, and this may decrease absorption of buprenorphine.

**When you start:**

- Put **4 mg (1/2 tablet/film) under the tongue**. Do not swallow the buprenorphine. It is best absorbed under the tongue. It takes 20-45 minutes for the medicine to have an effect. Usually you will feel a little better, or at least no worse. If you feel worse, it means you started taking it too soon.
- **1 hour or more after the first dose see how you feel.**
  - If you have worsening symptoms of withdrawal, stop. Wait several more hours (~6) until you try again.
  - If you feel the same or better, take another 4 mg.
    - In 12 hours, you can begin to take your regular dose of 8 mg every 12 hours.

**Cautions:**

- Don't take buprenorphine when you are high.
- Don't use buprenorphine with alcohol.
- Don't use buprenorphine with benzodiazepines like alprazolam (Xanax®), clonazepam (Klonopin®), diazepam (Valium®), or lorazepam (Ativan®).
- Don't use buprenorphine if you are taking other medicine for pain until you talk to your doctor.
- Don't use buprenorphine if you are taking more than 60 mg of methadone.
- Don't lose your buprenorphine. It cannot be refilled early.
- Don't swallow or suck on the buprenorphine.

# Linkage to Care

- Extremely important to share methadone dosing info with the OTP

**How do we**
***make it happen?!***

# CA Bridge Model

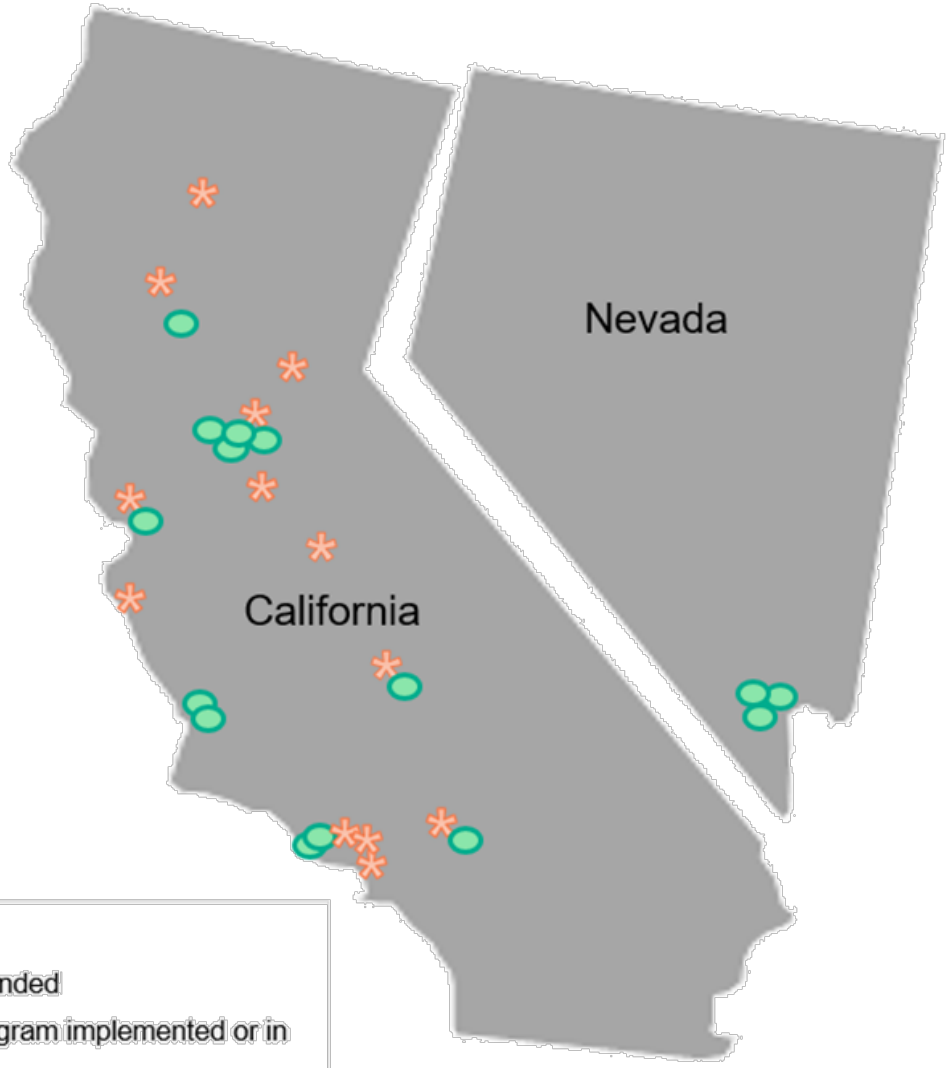
## Revolutionizing The System Of Care

**Low-Barrier Treatment**

**Connection to Care and Community**

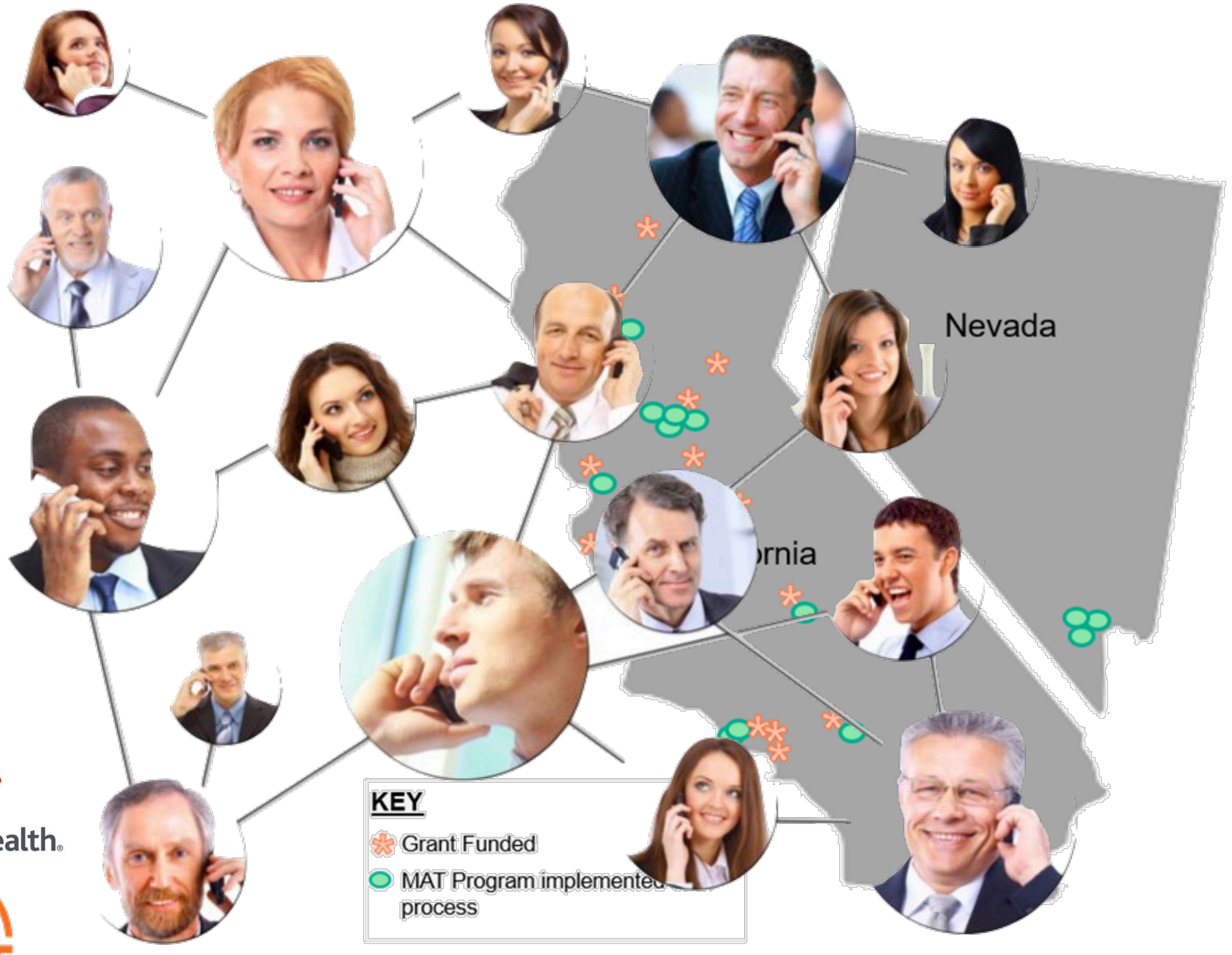
**Culture of Harm Reduction**

**Starting out 2019:** 28 sites




Dignity Health.

CA BRIDGE




Dignity Health.

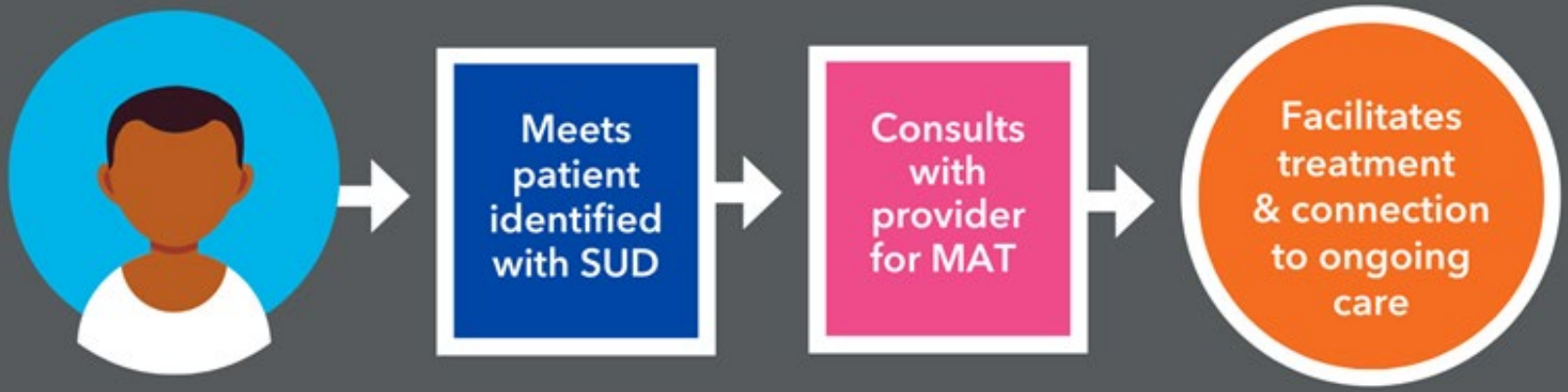
CA BRIDGE

# Pro Tips to Make it Happen:

1. Establish **Leaders**.
2. Build a support **network**
3. Create a smooth **patient referral process**
4. Secure **Executive Support**
5. **Measure & report back**

# The Substance Use Navigator

guides patients with acute substance use disorder (SUD) through the emergency department and beyond.



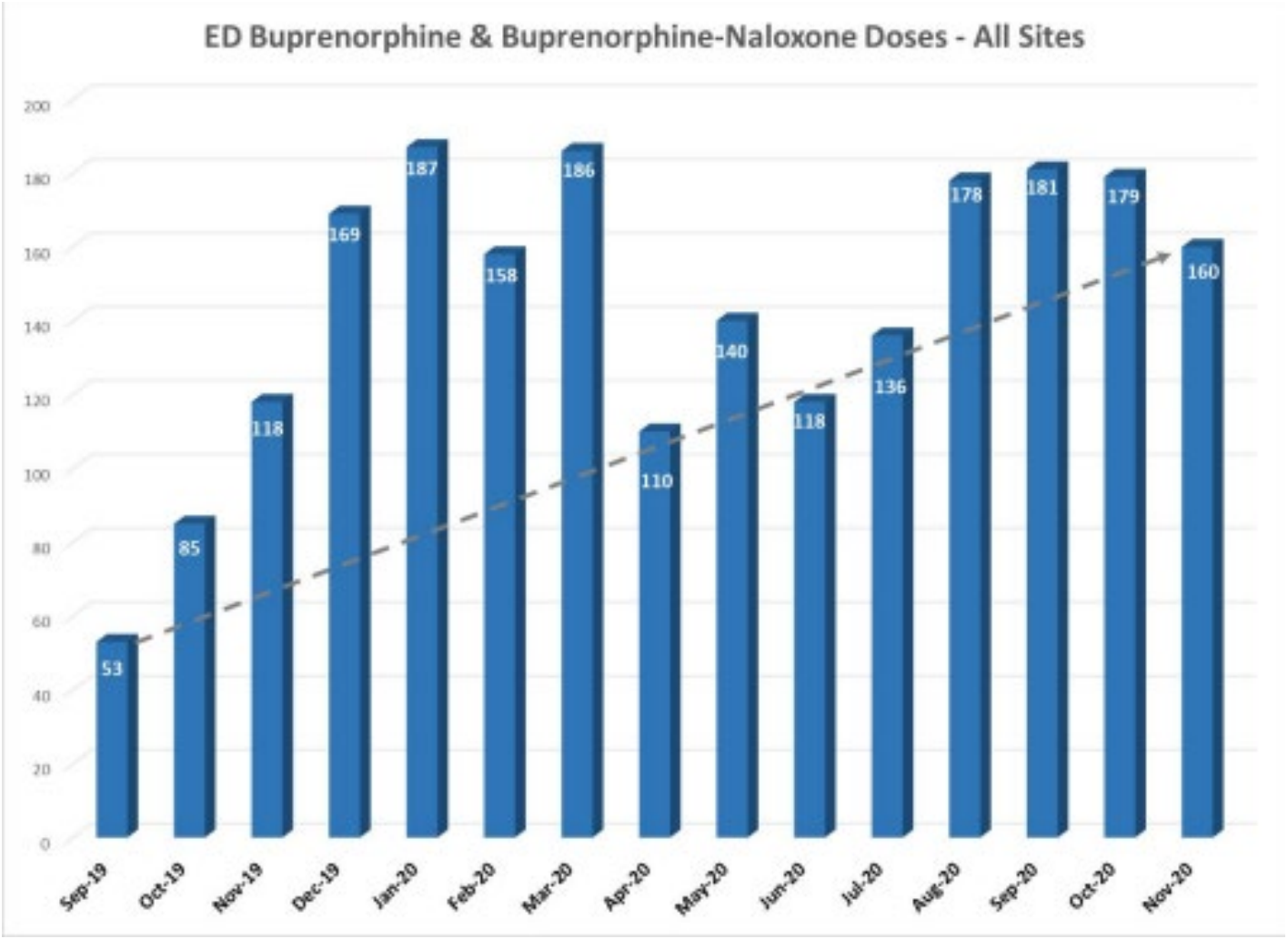
# Initial Action Items

3. Establish a **referral process with** at least one MAT clinic, & one Telehealth provider.

4. Designate a person responsible for the ***"warm handoff" / linkage to care*** – Substance Use Navigator, Social Worker, charge RN, etc.

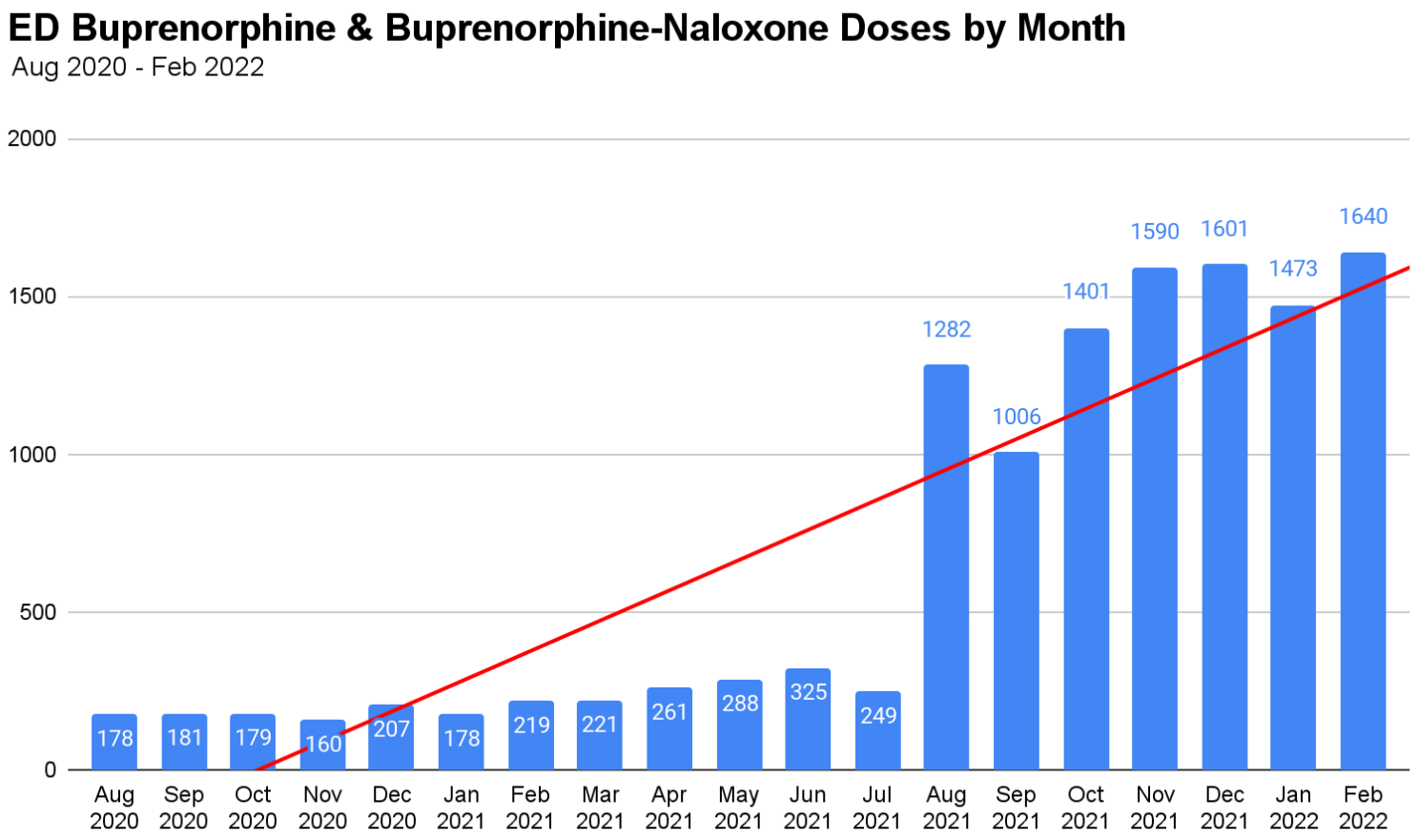
# MAT:

Our First Year



# MAT:

Year #2!


ED Buprenorphine & Buprenorphine-Naloxone Doses by Month
Aug 2020 - Feb 2022
2000
1500
1000
500
0
178
181
179
160
207
178
219
221
261
288
325
249
1282
1006
1401
1590
1601
1473
1640
Aug 2020
Sep 2020
Oct 2020
Nov 2020
Dec 2020
Jan 2021
Feb 2021
Mar 2021
Apr 2021
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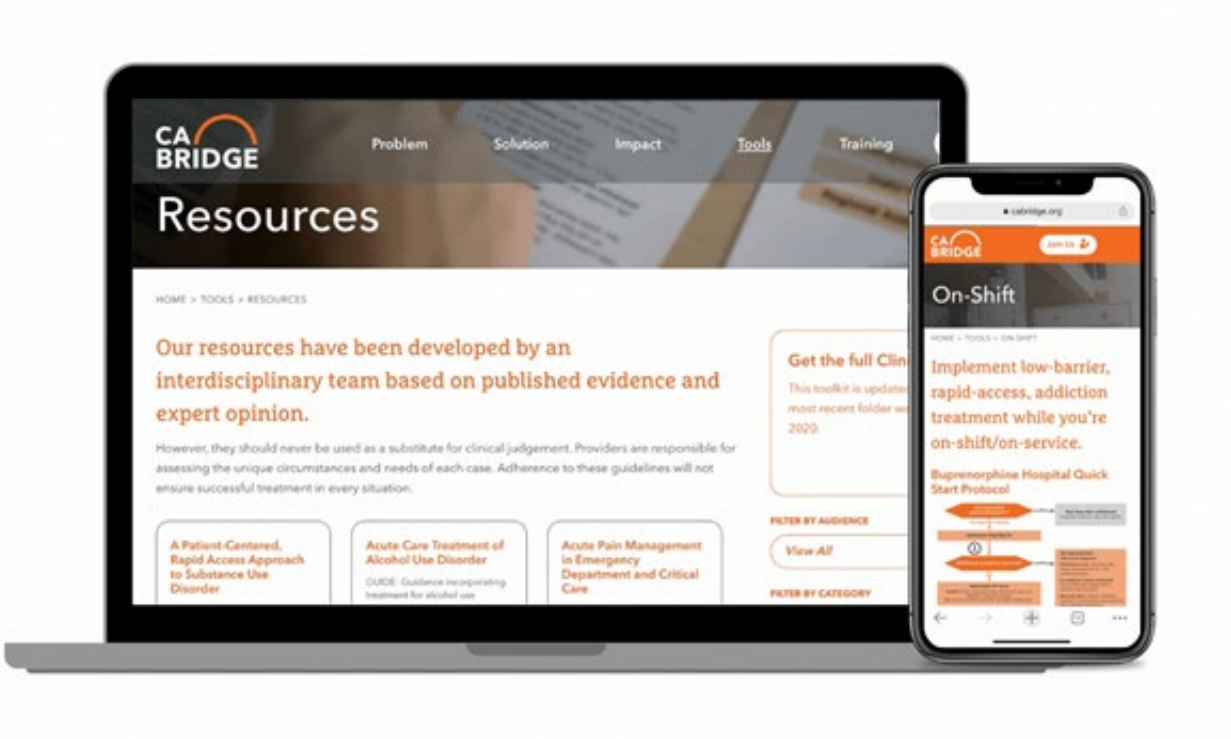
Jun 2021
Jul 2021
Aug 2021
Sep 2021
Oct 2021
Nov 2021
Dec 2021
Jan 2022
Feb 2022

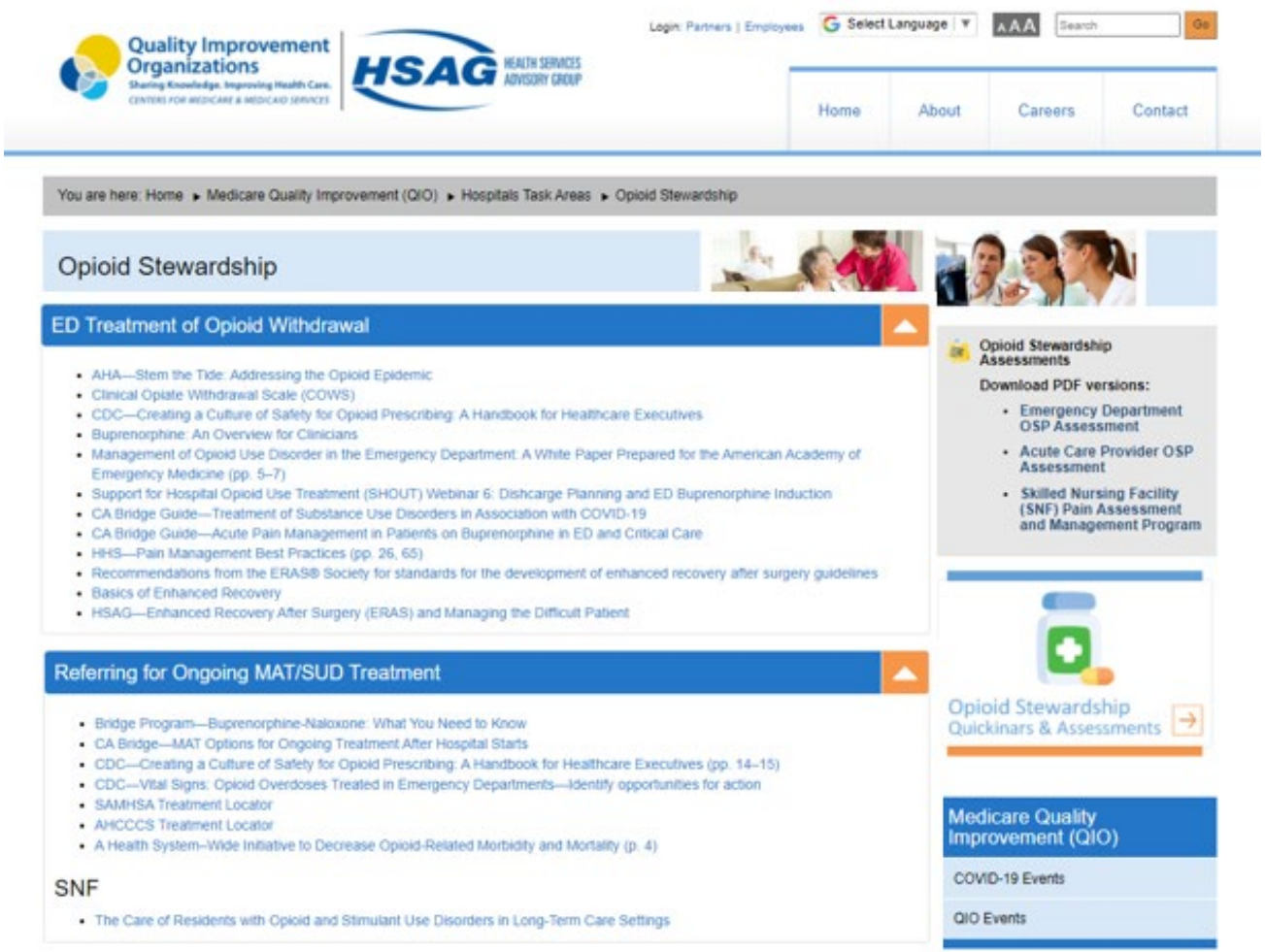
# CABridge.org Resources



# Questions?

# Opioid Stewardship Resource Site

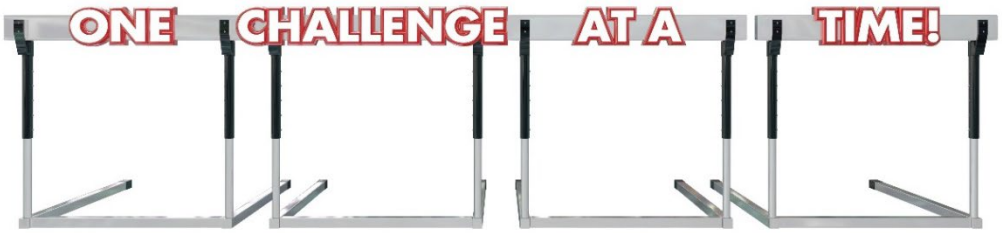
https://www.hsag.com/osp-resources



# Action Items by Next Quickinar (5/12/2022)

1. Complete your OSP Assessment in the HSAG QIIP.
   If you have difficulty, email it to Claudia at ckinsella@hsag.com.

2. Identify your Bridge MOUD leaders and establish a workflow for initial treatment and referral to MAT clinic.



# OSP "Quickinar" Schedule: Mark Your Calendars

| | |
|---|---|
| **OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format**<br>Thursday, October 21, 2021 \| 10:30–11:00 a.m. PT | **Partnering with Pharmacists for ongoing Medication Management**<br>Thursday, February 10, 2022 \| 10:30–11:00 a.m. PT |
| **OSP Assessment Overview**<br>Thursday, October 28, 2021 \| 10:30–11:00 a.m. PT | **Double Trouble: Benzos and Opioids \| Harm Reduction with Naloxone**<br>Thursday, March 10, 2022 \| 10:30–11:00 a.m. PT |
| **Interpreting the OSP Assessment Results/Developing an Action Plan**<br>Thursday, November 18, 2021 \| 10:30–11:00 a.m. PT | **Medication for OUD (MOUD): Prescribing Buprenorphine**<br>Thursday, April 14, 2022 \| 10:30–11:00 a.m. PT |
| **Developing a Dashboard**<br>Thursday, December 9, 2021 \| 10:30–11:00 a.m. PT | **Getting Patient Buy-in through Education**<br>Thursday, May 12, 2022 \| 10:30–11:00 a.m. PT |
| **Screening Patients for OUD Risk and Opioid Withdrawal**<br>Thursday, January 13, 2022 \| 10:30–11:00 a.m. PT | **Reevaluating Your Program and Celebrating Success**<br>Thursday, May 26, 2022 \| 10:30–11:00 a.m. PT |
| **A Good Discharge Plan for Pain Management with Opioids**<br>Thursday, January 27, 2022 \| 10:30–11:00 a.m. PT | |

**Register for the entire OSP "Quickinar" series today!**

bit.ly/OpioidStewardshipProgramQuickinars



HSAG Health Services Advisory Group

# Please Take 5 Seconds and Let Us Know


We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing opioid stewardship practices.

## Thank you!

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Jeff Francis: jfrancis@hsag.com




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