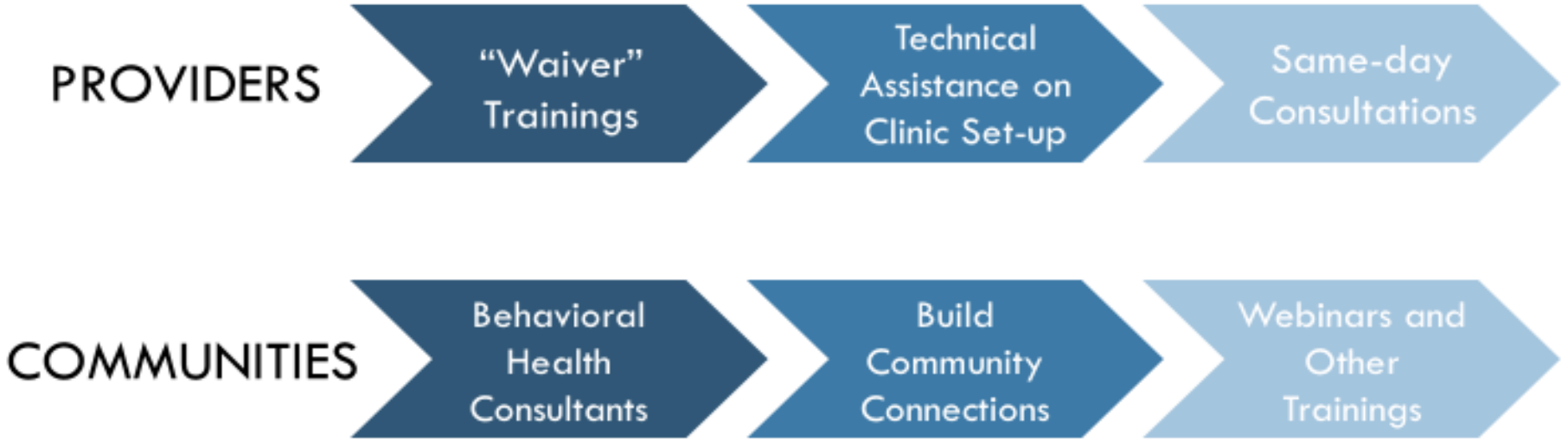
Disclosure Information (Required)

- Presenter 1: Sheba Sethi
  - No disclosures
- Presenter 2: Angi DeSantis
  - No disclosures
- Presenter 3: Cara Poland
  - No disclosures
- Presenter 4: Chris Frank
  - No disclosures

Learning Objectives

- Explain how behavioral health consultants can act as a local source of knowledge and resources for primary care offices implementing SUD treatment.
- Identify how addiction medicine specialists can be used to provide same-day consultations for non-specialist providers in under-resourced settings.
- Describe the types of education provided by the Michigan Opioid Collaborative including DATA 2000 trainings, post-waiver trainings, webinars, toolkits, and an online collection of resources.

WHAT WE DO


PROVIDERS
"Waiver" Trainings
Technical Assistance on Clinic Set-up
Same-day Consultations
COMMUNITIES
Behavioral Health Consultants
Build Community Connections
Webinars and Other Trainings


MICHIGAN OPIOID COLLABORATIVE
An interdisciplinary team supporting providers and communities to increase access to office-based MOUD throughout Michigan
Same-day case consultations by addiction physicians
BHC outreach to clinics, pharmacies and SUD centers to increase interest in MOUD
BHC assistance with local referrals to treatment and community resources
Technical assistance to clinics and providers interested in prescribing MOUD
Buprenorphine education including DATA 2000 waiver trainings and assistance with X-license application process
Community & provider education on stigma, harm reduction, polysubstance use, chronic pain treatment, & HCV treatment
Webinars, roundtables, and other educational programs
Tele-counseling patient intervention for patients on MOUD to increase retention in treatment
Multi-stage randomized trial of outreach models to X-waivered clinicians that were not prescribing buprenorphine
Support a coordinated care model for mother-baby dyad including infant care and mother's SUD and primary care needs

MOC PROVIDER SUPPORT – EASY AS 1, 2, 3

MOC Expansion Map

Year 1 Year 2 Year 3

Behavioral Health Consultants

- Respond to same day patient consults
- Provide local community referrals to treatment and available community resources
- Present/attend community coalition meetings
- Conduct presentations to providers on topics such as stigma, MOUD, diversion and harm reduction
- Outreach to clinics, pharmacies, SUD centers to bring awareness to SUDs and increase the availability of MOUD
- Outreach to law enforcement, jails, courts to bring awareness and education on SUDs

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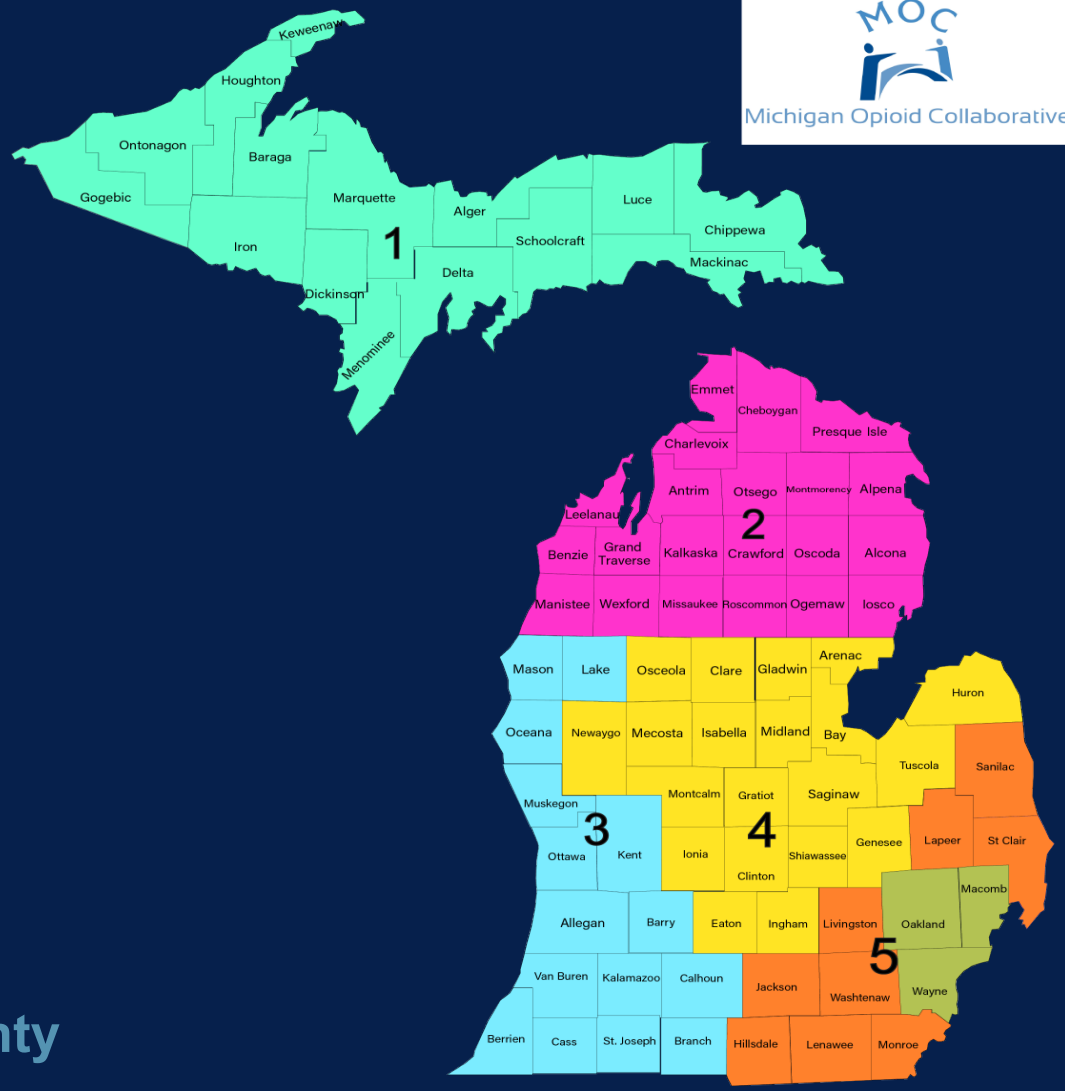

Michigan Opioid Collaborative

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Additional Team Roles

- **Addiction Physician specalists**
  - X-waiver trainings and webinars on different MOUD/SUD topics
  - Same-day consultations & general support
- **Peer Recovery Coordinator**
  - Provider/Community outreach
  - Address stigma around MAT/SUDs
  - Collaborates with MOC Behavioral Health Consultants in each region
  - Participates in coalitions and task forces

Additional Team Roles

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Education

- Buprenorphine education including DATA 2000 waiver trainings
- Development of 4-hour course for busy clinicians "An introduction to prescribing buprenorphine" with additional sections on pain management
- Since MOC inception, we have trained 975 participants over 35 trainings
- Community and provider education via webinar series, roundtables and invited presentations on stigma, harm reduction, polysubstance use, chronic pain treatment and hepatitis C treatment

GREAT MOMS

- Help providers engage pregnant people to lead their recovery and optimize pregnancy outcomes
- Outreach to OB/GYN and Family Medicine offices throughout Michigan
- Support providers and clinics with diagnosis, treatment planning, and medication management of pregnant people with opioid use disorders and other SUDs
- Provide educational materials for providers, patients and staff on SUD in pregnancy
- Link eligible clinics with financial incentives developed to encourage evidence-based treatment for pregnant patients with OUD

Hepatitis C Treatment

- The Michigan Opioid Collaborative offers education and case consultation to encourage hepatitis C treatment in lower resource settings
- Support primary care and community providers with diagnosis, treatment planning, and medication management of people living with HCV.
- MOC hepatologist reviews cases within 48 hours
- Biweekly case conferencing to review HCV cases, treatment selection, and optimal management
- Three-part webinar series on HCV treatment
- 65 cases reviewed since program inception in 2020

MOC Polysubstance Education

- Recurring polysubstance discussions facilitated by addiction specialists and a peer educator
  - All are welcome to join to share their perspective and experiences treating OUD and comorbid SUDs
- Webinars on non-opioid SUDS
- Toolkits for providers treating patients with multiple SUDs

Chronic Pain Management

GUIDELINES AND GUIDES

- Provider Guide: Transitioning from Full Agonist Prescription Opioids to Buprenorphine
- Michigan Medicine Ambulatory Pain Management Guidelines
- PCSSNow Pain Curriculum

ARTICLES

- Nonnarcotic Methods of Pain Management
- Choosing the Proper NSAID

MOC PAIN WEBINARS

- Buprenorphine Management in Patients with Pain
- Gabapentinoids
- Treatment Gaps for Patients Taking Opioids for Chronic Pain

Enhancing Outreach with Community Data

- MOC uses data to prioritize outreach
  - Identify counties with treatment gaps
  - Identify counties with high overdose rates

Pharmacy Outreach

- Contact pharmacies throughout the state to identify and resolve barriers to dispensing buprenorphine

- Currently, our data collected shows 80% percent of pharmacies are dispensing

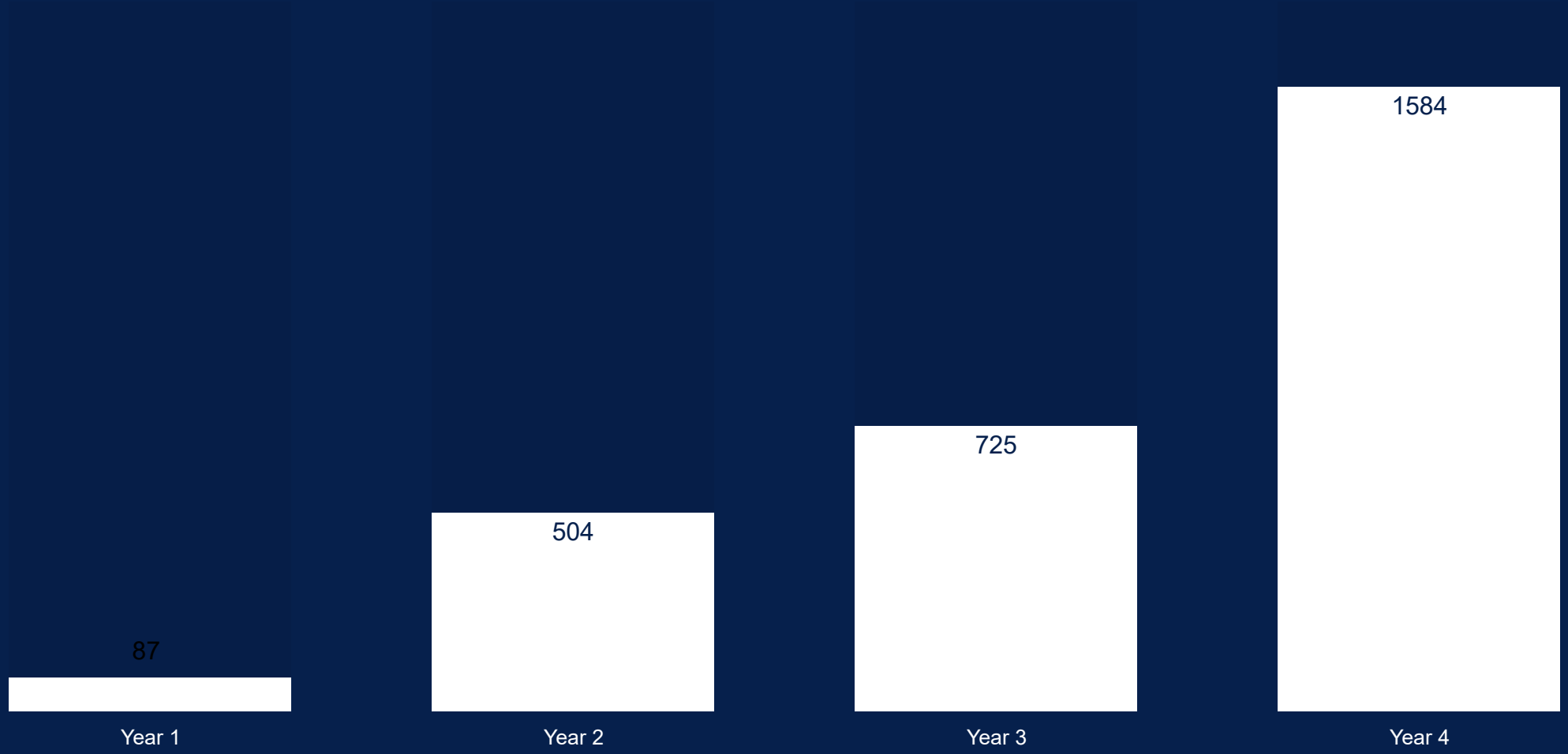
BCBSM Incentives

- PO Incentive (must be PCMH)
- One time funding of $10,000
- Practice initiates treatment of 5 patients
- $6,000 payment for each practice providing MAT that updates its listing (or is currently listed) in the BCBSM provider directory
- $3,000 payment for each practice providing MAT but not listed in the BCBSM provider directory

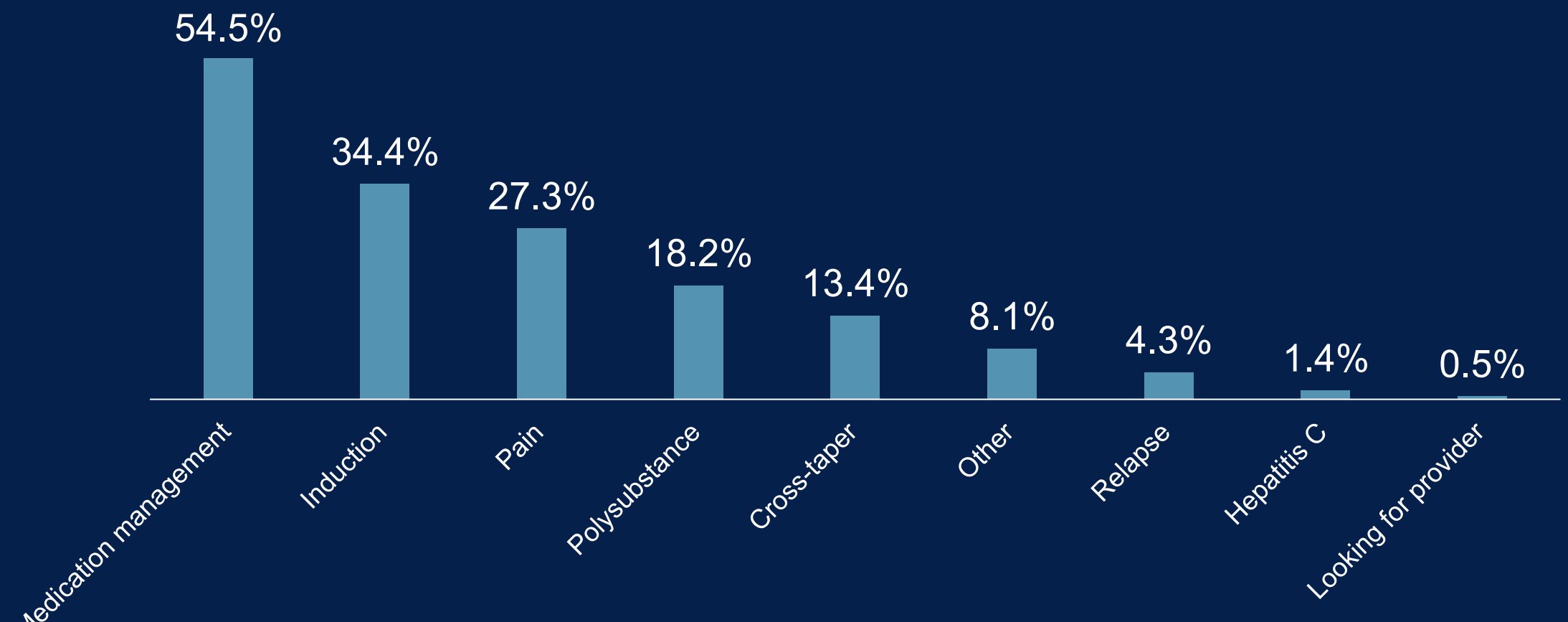
BCBS Incentives- Maternity

- Two types of incentives available through BCBS
  - Practice incentive
    - New practices receive $10,000 for starting a treatment program
  - Existing practices are eligible to receive $5,000 for ongoing support of the MAT program for continuing to treat patients in 2022
  - $1,000 Practice payment for each patient treated during
- PO incentive:
  - $5,000 PO payment, per practice, in support of each Ob/Gyn and MFM practices providing maternity MAT

MOC consults by year



Same Day Case Consultations by Addiction Physicians



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Mi-teleCONNECT

Telecounseling Intervention

Problem

- Access to MOUD (Medication for Opioid Use Disorder) is limited in Michigan, especially rural areas. Patients face challenges including availability of treatment, distance and travel, stigma of OUD, and financial constraints among other barriers.

Purpose

- The purpose of this study was to determine if an 8-week telephone-based counseling program helped patients reduce substance use and maintain goals including staying engaged on their medication treatment.

Aims

- To examine the feasibility and acceptability of the providing MOUD counseling through a telephone-based counseling intervention
- To understand the perceptions of the intervention and barriers and facilitators to future use

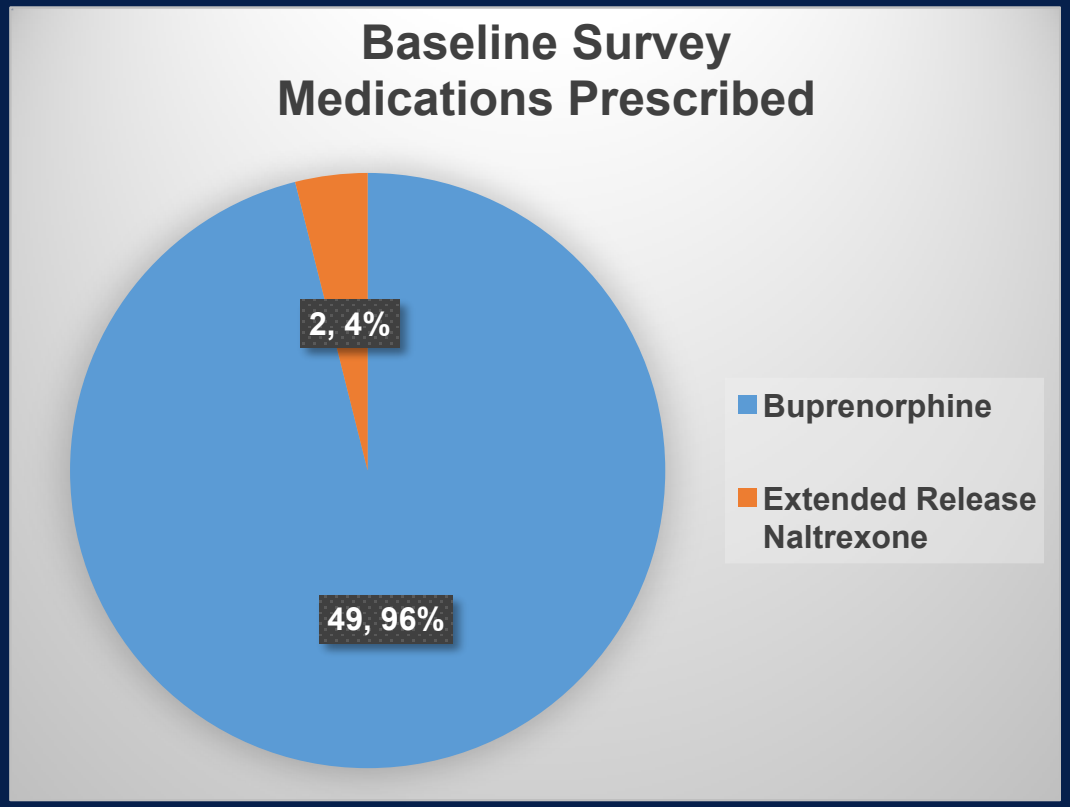
Demographics for Baseline and Post Intervention Survey

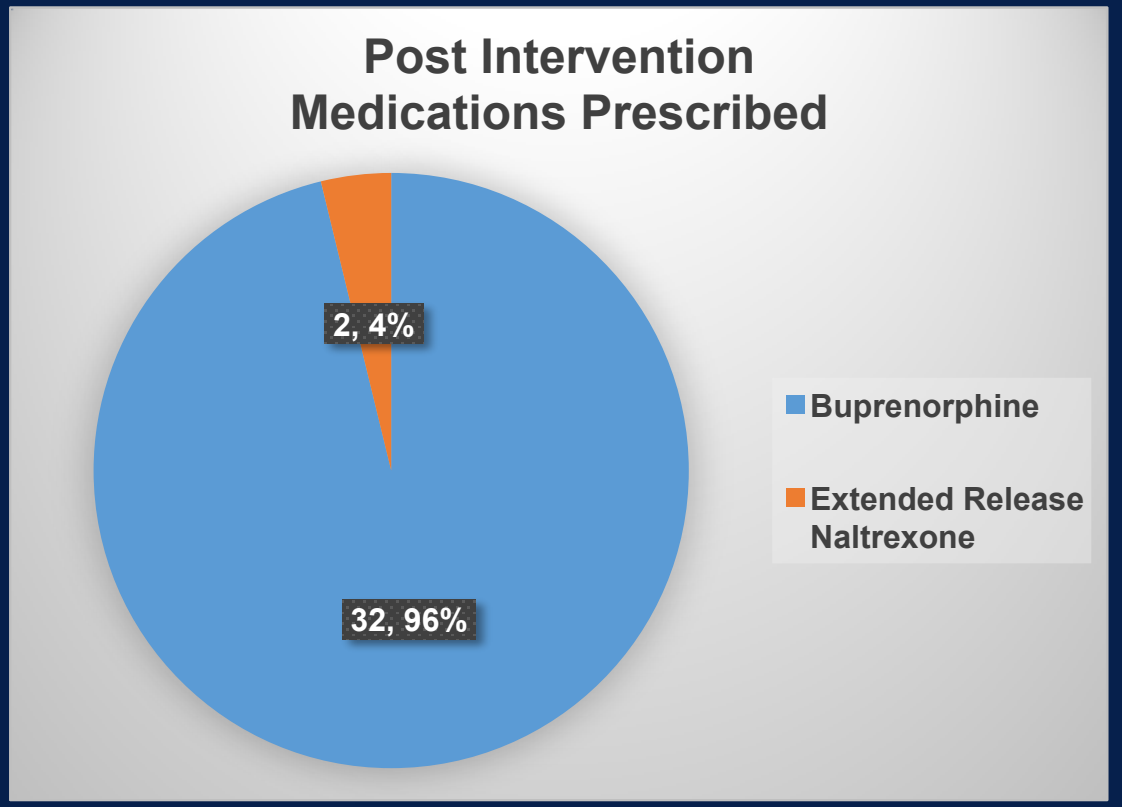
	Baseline Survey	Post Intervention Survey
Gender		
Male	48%	47%
Female	52%	53%
Educational Attainment		
Below 12th Grade	46%	45%
12th Grade/HS Completion	26%	22.%
College and Above	28%	33%

	Baseline Survey	Post Intervention Survey
Race		
White	83%	83%
Black American	15%	17%
American Indian	2%	0%
Asian	0%	0%
Marital Status*		
Single	54%	47%
Married	10%	8%
Committed Relationship	28%	33%
Divorced	8%	11%

***Marital Status can change because there could be as much as 3 month time difference between baseline and Post Intervention surveys**

Medications Prescribed





Comparison of Baseline and Post Intervention Drug Use – Last 30 Days

Note :
Baseline Survey - **For the following drugs - Dilaudid, Demerol, Darvon, Barbiturates, Non-Prescription GHB, Ketamine, Inhalants and other Illegal drugs respondents reported zero days of use in the last 30 days**

Post Intervention Survey - For the following drugs – Dilaudid, Demerol, Darvon, Barbituartes, Non-Prescriptions GHB, Ketamine, Inhalants, Codeine,Tylenol, OxyContin, Non-Prescription Methadone, Hallucinogens, Tranquilizers, and other Illegal drugs respondents zero days of use in the last 30 days

***Percentage who reported they**

Drug	Baseline Survey	Post Intervention
Marijuana	45% > 0 days*	48% > 0 days
Heroin	11% >0 days	9% > 0 days
Cocaine	7% > 0 days	3% > 0 days
OxyContin	9% > 0 days	0 days
Percocet	4% > 0 days	3% > 0 days
Methamphetamines	4% > 0 days	3% >0 days
Benzodiazepines	4% > 0 days	7% > 0 days
Morphine	2% >0 days	0 days
Codeine	2%> 0 days	0 days
Tylenol	2% > 0 days	0 days
Non-Prescription Methadone	2% > 0 days	0 days
Hallucinogens	2% > 0 days	0 days
Tranquilizers	2% > 0 days	0 days

Treatment Utilization*

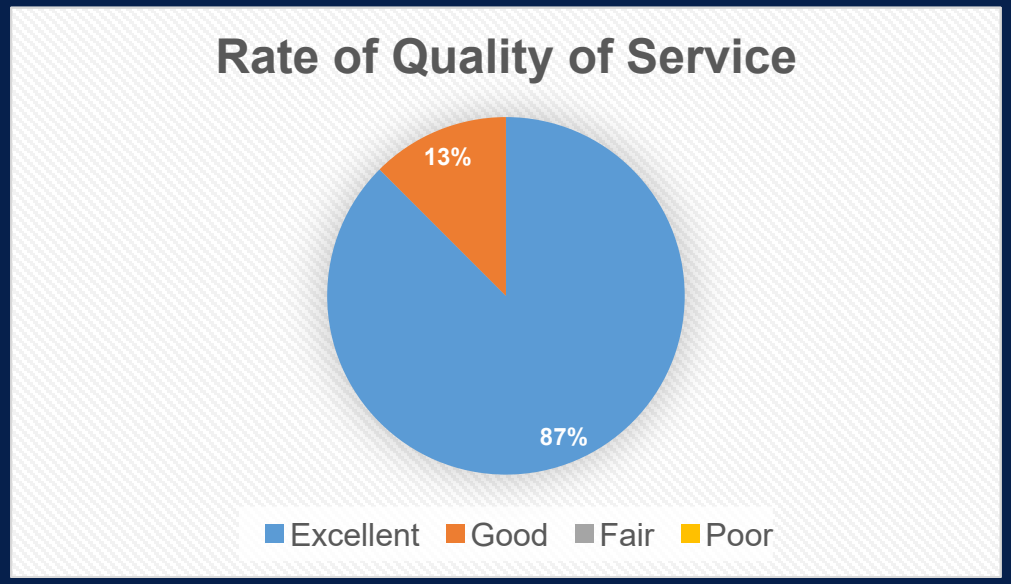
- 94% of patients reported they would continue in counseling after Telehealth experience
- 53% was engaged in other types of counseling besides Telehealth at time of intervention

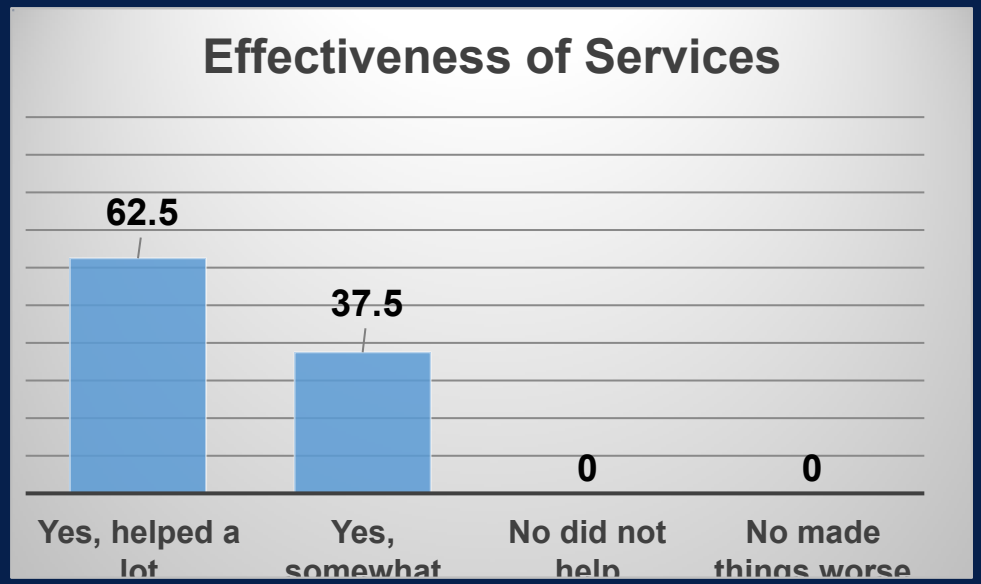
*From Post Intervention Survey

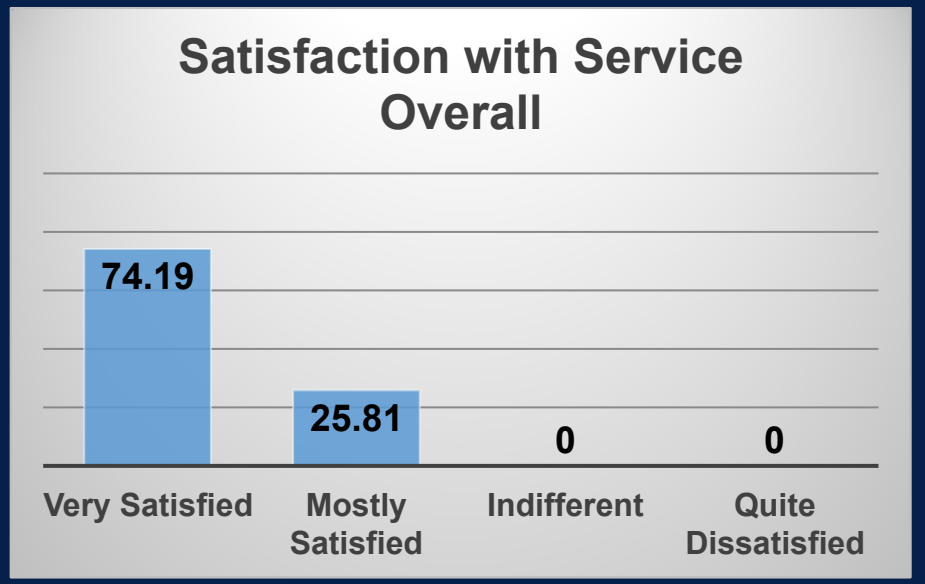
Treatment Satisfaction*

- 87% Ranked the Quality of Services from the Behavioral Health Counselors (BHC) as EXCELLENT followed by 13% rated their service as GOOD on a 4- point scale
- 63% of patients felt that the Telehealth services were VERY HELPFUL and 37% felt the services were SOMEWHAT HELPFUL on a 4-point scale
- 74% of the clients were VERY SATISFIED with Telehealth Services and an additional 26% were MOSTLY SATISFIED on a 4-point scale

Treatment Satisfaction*





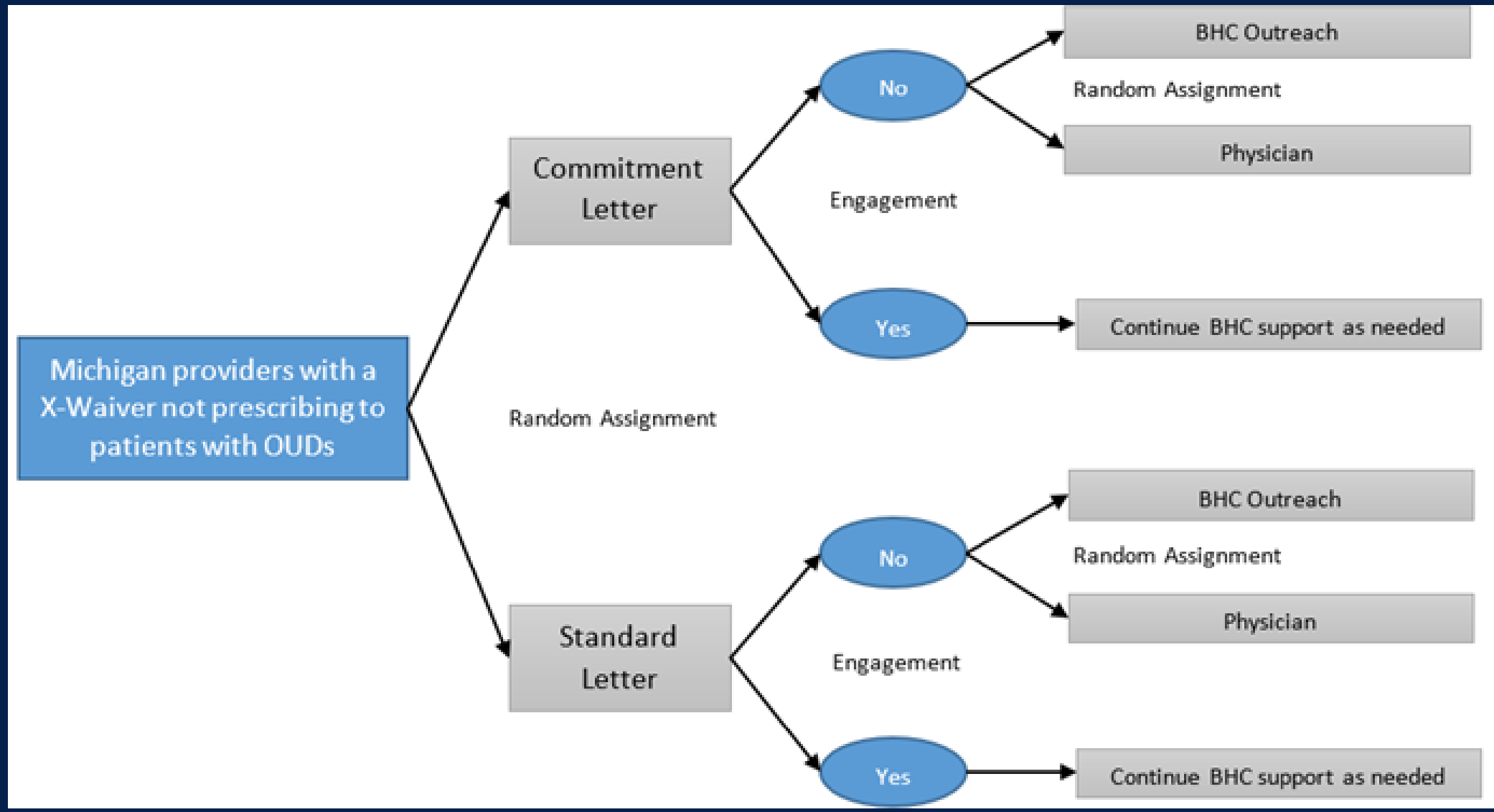


*From Post Intervention Survey

SMART Study

- Sequential Multiple Random Assignment Trial

- Two Phases of Outreach
  - Mailed Letters
    - Letter and commitment to prescribe MOUD
    - Standard letter
  - Follow-up Phone Calls
    - Behavioral Health Consultant
    - Addiction physician


Michigan providers with a X-Waiver not prescribing to patients with OUDs
Random Assignment
Commitment Letter
Standard Letter
Engagement
No
Yes
BHC Outreach
Random Assignment
Physician
Continue BHC support as needed
Engagement
No
Yes
BHC Outreach
Random Assignment
Physician
Continue BHC support as needed

Letter responses rates: standard vs commitment letter.

	Standard Letter	Commitment Letter	Total
Response	25	56	81
No Response	325	292	617
Total	350	348	698
Response Rate	7.14%	16.10%	13.13%

Outreach call results: BHC vs Physician

	BHC	Physician	Total
Information received	122	65	187
Information not received	234	162	396
Total	356	227	583
Success Rate	34.27%	28.63%	32.08%

Consult Case Examples

Anatomy of a Patient Care Consult

- Consulting prescriber contacts MOC BHC with clinical question including patient age and gender, brief patient history, and clinical question
- BHC contacts on call addiction medicine or addiction psychiatry board-certified physician with case
- Prescriber-to-physician expert 1:1 conversation with treatment advice
- Physician expert follows up with BHC
- BHC follows up with any additional resources or support for prescriber

Case #1: There's a baby, too: Pregnancy

- 35 y/o female
- Hx of OUD, recently delivered and is currently breastfeeding
- Using Kratom (decreased from 25mg to 6mg during pregnancy)
- Patient not currently interested in buprenorphine or complete discontinuation of kratom

- Question: can patient continue to breastfeed with ongoing Kratom use?

Consult Considerations

- Remain patient centered
- Many of our prescribers are not aware of less common addiction topics like Kratom
- Recognize fear of mis-step on our prescriber's part
- Recognize the lack of evidence and concern for prescribers in balance with harm reduction

Consult Recommendations

- Affirm that cutting back is difficult – it's impressive that the patient cut back significantly
- Ask, "how did you cut back so much? What helped you to be successful?" and, if person is ready, ask, "what do you think it would take to get from 2mg to none; is there anything we can do together to support you getting there?"
- Gently let patient know that we do not have a safety profile for kratom while breastfeeding, therefore, we recommend limiting exposure to kratom through breastmilk.
- Continue to offer transition to buprenorphine as a medication with a known breastfeeding safety profile.

Case #2: Who's in pain, patient or prescriber?

- 32 year old female with possible aberrant behaviors related on Tramadol for chronic pain
- The patient meets criteria for mild OUD with escalating does, running out early and asking for additional medication, and intermittent significant life disruption
- Question: **How would I dose a patient transitioning from Tramadol to sublingual buprenorphine?**

Consult Considerations

- Partial agonists for chronic pain remain largely underutilized by non-specialist prescribers
- Recognize that a lack of experience results in needing additional support to prescribe buprenorphine
- Prescribers often want explicit recommendations (dose, route, frequency, titration schedule)

Consult recommendations

- Patient may need an opioid-free interval depending on their current dose
- Consider comfort medications if not medically contraindicated (hydroxyzine, clonidine, etc.)
- Dosing instructions: 1mg SL TID. If pain is not control after day 4, consider increasing dose to 2mg SL TID
- Follow up in 1-2 weeks as possible
- Consider naloxone for overdose prevention

Case #3: All the Things: Polysubstance Use:

- 27-year-old male on buprenorphine and who continues to have methamphetamine in his urine toxicology screening
- One month into treatment with buprenorphine/naloxone for moderate opioid use disorder
- Not currently engaged in counseling

- Question: what should the prescriber do about the methamphetamine?

Consult Considerations

- Polysubstance use is common, but many prescribers feel underequipped to treat
- Historical addiction treatment would discourage continued treatment in this setting
- There may be a valuable stigma conversation with this prescriber
- There may be a conversation around evidence for mandated therapy

Consult Recommendations

- One month of treatment is early in treatment and it may take more time to stabilize – buprenorphine treats opioid use disorder not methamphetamine use disorder
- Continue close follow-up
- Discuss strategies to encourage, without mandating, therapy
- Inquire about goals of treatment and methods to get there – both for patient and provider

The Michigan Opioid Collaborative is funded by:

- Blue Cross® Blue Shield® of Michigan
- Michigan Department of Health and Human Services
- Substance Abuse and Mental Health Services Administration

References (Required)

1. Knudsen HK, Havens JR, Lofwall MR, et al. Buprenorphine physician supply: Relationship with state-level prescription opioid mortality. Drug Alcohol Depend. 2017;173:S55-S64.
2. Haffajee, RLH, Bohnert, AS and Lagisetty, PA: Policy pathways to address clinician workforce barriers to buprenorphine treatment. Am J Prev Med. 2018;54:S230-S242.
3. Andrilla CHA, Coulthard C, Larson EH. Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder. Ann Fam Med. 2017;15:359–362.

The Michigan Opioid Collaborative

- Offers free, same-day consultations with addiction medicine physicians
- Supports clinics and clinicians with technical assistance, obtaining the Notice of Intent (NOI) for DEA X Waiver, Up-to-date information and training about MOUD, and identifying community resources
- Hosts buprenorphine and DATA 2000 waiver trainings
- Provides support for clinicians with diagnosis, treatment planning, and medication management of pregnant people with substance use disorders.

The Michigan Opioid Collaborative

- Offers hepatitis C services to support primary care and community providers with diagnosis, treatment planning, and medication management of people living with hepatitis C
- Offers clinical education on non-opioid substance use disorders and polysubstance use
  - Development of toolkits
  - Webinar education
- Monthly educational webinars on a variety of addiction, healthcare, and substance use topics