Addiction Treatment Program
North Canyon Medical Center

- Opioid Use Disorder
- Medication Assisted Treatment
- RHC vs. Provider Based
North Canyon Medical Center MAT Team
Established 2004

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In Idaho State, 2017, there were 103 overdose deaths involving opioids—a rate of 6.2 deaths per 100,000 persons and over half the national rate of 14.6 deaths per 100,000 persons. Prescription opioids continued to be the main driver of opioid involved deaths with 63 cases in 2017. In the same year, deaths involving synthetic opioids (mainly fentanyl) or heroin occurred in 22 and 23 cases, respectively.

Drug-Involved Overdose Deaths in US from 2000 to 2016

New York Times, October 2017

How do we approach addiction in our community?

Addiction Treatment program run as an extension of family medicine clinic.
Utilize staff and resources already in family medicine.
Educate & Train Staff on best practices to connect with patients who seek help.
Reduce stigma with First Person Language, Compassion.
X-Waiver
The Drug Addiction Treatment Act 2000
• DATA 2000 Waiver
• DEA X-Waiver

The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid dependency treatment. Qualified physicians are permitted to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications (medications that have a lower risk for abuse, like buprenorphine) in settings other than an opioid treatment program (OTP) such as a methadone clinic. OTPs provide medication-assisted treatment (MAT) for people diagnosed with an opioid use disorder. Learn more about OTPs. Find information on drug scheduling from the Drug Enforcement Administration (DEA).

https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver
Waiver Patient Limits

- Start at 30
- Increase to 100
- Increase to 275

Apply to Increase Patient Limits

Physicians must apply to SAMHSA to provide buprenorphine treatment beyond the 30-patient limit for up to 100 patients with opioid dependency.

Physicians who have prescribed buprenorphine to 100 patients for at least one year can now apply to increase their patient limits to 275 under new federal regulations.

Year: 2015 | State: Idaho
Certified Physicians with 30 Patients: 11
Certified Physicians with 100 Patients: 4

Year: 2018 | State: Idaho
Certified Physicians with 30 Patients: 90
Certified Physicians with 100 Patients: 19

https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver
Medications Approved for Treatment of Opioid Use Disorder

**METHADONE**
Specialized type of clinic – careful!

**BUPRENORPHINE**
Requires DATA 2000 X-Waiver

**NALTREXONE**
Anyone can prescribe!
Terminology-Important

- Tolerance
- Dependence
- Addiction
- Abuse
- Relapse
- Recovery
- Use disorder...?
So how do I become an effective MAT Provider & develop a successful treatment program?

**INFRASTRUCTURE**

- Support system for patient.
  - Social worker, clinic relations.
- Referral options
  - Counseling resources (tele-?)
  - Psychiatric (tele-?)
- Different Primary Care Provider.
  - Separate treatment if possible so focus is on addiction.
  - Medication
- Designated staff responsibilities.
- Treatment Contract
  - Distinguish Program Guidelines.

**COMPETENCY**

- Need to understand addiction.
- Addiction is a **very** complicated, complex chronic disease.
- Know your limits!
- Don’t abandon patients, refer if complicated. Know your resources.
- We would never “fire” a patient with a heart condition or a patient who suffers from diabetes if they were too complicated for us.
Staffing Needs

- **Program Manager/Designated Scheduler**
  - Screens potential program candidates.
  - Patient Program Education.
  - Consistent staff builds trust, patient provider relationship, clear expectations and program guidelines.
  - Minimizes communications and appointment handling to designated to staff for consistency, avoid manipulative behaviors.

- **Nurse Case Manager**
  - Prior Authorization
  - Medication Management

- **Social Worker**
  - Assists with coordination of behavioral health services and community resources.

- **MAT Licensed Provider**

- **Medical Assistants**
Learn about it, if complicated, refer it!

Refer if:
- Unstable, high risk of relapse.
- Resources unavailable to you.
- Recurrent relapses.
- Complicated psychiatric issues.
- If you are uncomfortable with progress.
- Consider referral to an Addiction Specialist rather than “firing” the patient. Coordinate Care-
- Risk mitigation, risk reduction.

Where to learn?
- American Society of Addiction Medicine (ASAM) [www.asam.org](http://www.asam.org)
- National Institute of Drug Abuse (NIDA) [www.drugabuse.gov](http://www.drugabuse.gov)
- National Institute of Alcohol Abuse and Alcoholism (NIAAA) [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- Substance Use and Mental Health Services Administration (SAMHSA) [www.samhsa.gov](http://www.samhsa.gov)
- reidlofgran.com
Primary Issue: Zero $ Balance Contract

**RHC**
- Carve-out space for MAT patients.
  - Integration of outpatient addiction program with family medicine patients.
    - Best Practices:
      - Set MAT Program Clinic Days
      - Weekly AM/PM every other week.
  - Coordinate PCP Care (Follow jointly).
- Cost-report carve-outs.
- If no zero-balance required, run out of regular RHC space.
- **Be aware** – very difficult population to collect from!

**Provider-based**
- Moved our MAT down the hall.
- See MAT in our Specialty Care Clinic.
  - Best Practices:
    - Set MAT Program Clinic Days
    - Weekly AM/PM every other week.
    - Follow care jointly with PCP/Adult Probation/Drug Court/Counseling Services.
- Bill insurances non-RHC.
- Requires zero balance per Program Contract.
- We consider a zero balance to be part of their recovery.
Chronic Disease Model of Treatment

Longitudinal Care
- MAT (small portion of recovery).
- Counseling (long-term).
- Social Worker (continuity, coordination).
- Support System.
- Relapse, what does that mean?
- Addiction as a disease.
- Contracts, for patient and provider.
  - Sets clear expectations and guidelines.
  - Open non-judgmental communication.

Segmented Care
- Treatment in pieces/episodic.
  - No set program guidelines.
- Lack of community resources.
- Poor coordination.
  - Lack of Medical and Support Staff training and education.
  - Continuity of care.
  - Poor communication.
- Relapse as failure; poor patient outcomes.
- Addiction as moral failing.
- Contract used as punishment or excuse.
What about relapse?

- Relapse is part of addiction.
  - Should we expect relapse?
  - Should we punish relapse?
  - Honesty
  - Dirty drug screen versus self-reporting
  - Progress vs abuse
  - Decriminalization of addiction
    - Fear (failure) versus trust (recovery).
    - Coordination of care with legal systems.
  - Treatment needs a safe place! Don’t be afraid to talk about it.
  - Be authentic & genuine.
People who battle mental illnesses are not weak. Read the third word again, they “battle”...now the fifth, “illness”...they are warriors who are battling illness. Other’s who battle illnesses are respected...so why the stigma?

Thank you for helping us to break down the barriers!

North Canyon Family Medicine Team