Beyond The Waiver Training: Practical Tips You May Not Have Learned

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BEYOND THE WAIVER TRAINING: PRACTICAL TIPS YOU MAY NOT HAVE LEARNED

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I HAVE NO CONFLICTS OF INTERESTS TO REPORT
BUT WE WOULD LIKE YOU TO TAKE A BRIEF SURVEY…

HTTPS://JEFFERSON.CO1.QUALTRICS.COM/JFE/FORM/SV_B9M5MBLOHLARRDT
OBJECTIVES

Understand the critical importance of philosophy, structure, and access in MAT

Share practical tips for starting MAT in your practice

Discuss lessons learned with developing a MAT program
The first visit: obstacles and opportunities

Home induction

Patient “suitability,” or people can’t recover if they die

This is not what I signed up for: staff support

Urine drug screens- all you ever wanted to know but were afraid to ask

Diversion in the real world

Sublocade

MOUD and COVID19
THE FIRST VISIT: OBSTACLES AND OPPORTUNITIES
CORE PRINCIPLES OF ACCESS TO MAT

• Make it easier to get buprenorphine than heroin
• Recognize the impact of trauma on people’s coping mechanisms
• Continually adapt the system to the person, not the other way around
• Provide tools and support, do not try to regulate peoples’ drug use
• Cultivate compassion and humility
• Work smarter, not harder: set yourself, your system, and your patients up for success!
Philosophy

- Respect
- Harm reduction
- Safe haven
- Trauma-informed
- Continuous improvement

Recovery

- Low barrier
- Scheduling flexibility
- First access point
- Integrated care

Structure

- Group visits
- Community
- Peer support
- Education
- Medication

Access
WHAT WE KNOW...

In Philadelphia communities 69% report ≥ 1 trauma.

There would be limited to no addiction w/out trauma.
PATIENT’S LIFE EXPERIENCES

- Increased exposure to trauma
- Unsupportive home environment
- Environmental stressors (poverty, violence)
- Insufficient social supports
- Ability to develop and maintain relationships with others

Person suffering from OUD
<table>
<thead>
<tr>
<th>Part of brain</th>
<th>Activity/action</th>
</tr>
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</table>
| Prefrontal cortex| Center of executive functions  
|                  | Regulates thought, emotions, actions  
|                  | Promotes flexible,  
|                  | goal-directed behavior  
|                  | Inhibits inappropriate impulses,  
|                  | Supports attention, reality testing, insight  
|                  | REFLECTIVE                                                                      |
| Amygdala         | Triggers emotional responses  
|                  | Detects whether a stimulus is threatening.  
|                  | REFLEXIVE/REACTIVE                                                              |
| Hippocampus      | Center of learning and memory  
<p>|                  | Connects emotion to the context/environment                                      |</p>
<table>
<thead>
<tr>
<th>Part of brain</th>
<th>Effect of opioid use</th>
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</table>
| Prefrontal cortex | Weakens PFC  
  Impaired concentration  
  Weakened impulse control  
  Impaired modulation of emotional reactions  
  Impaired decision-making,  
  Lack of insight |
| Amygdala | Triggers symptoms of withdraw, anxiety, irritability  
  Leads to drug use to avoid pain, not to get high |
| Hippocampus | Disrupts hippocampus-dependent learning and memory  
  Can lead to behavioral conditioning  
  Can trigger context-evoked withdraw symptoms, leading to relapse |
REMEMBER, BEHAVIOR EXISTS FOR A REASON:

THE PERSON ISN’T DOING IT…

• To irritate you
• To be difficult
• To sabotage a plan
• Because they don’t want to get better
• To malingering (mostly)
• Because they are trying to manipulate you (usually)

THE PERSON MAYBE DOING IT....

• Because it’s a survival strategy that kept them alive in the past
• They are afraid
• They feel ashamed
• They feel out of control or powerless
• They don’t know how to effectively partner with you to get what they want or need
WE CAN HEAL EACH OTHER

• We are more than our trauma

• Our brains can transform

• One interaction can change the trajectory
PATIENT “SUITABILITY”

- Trauma informed care
- Referral to a “higher level of care” can often result in no care
- Have courage, be creative
- Use the UCSF warmline
Substance use
Hepatitis C
HIV
PEP/PrEP
Perinatal HIV
HOME INDUCTION

A Patient’s Guide to Starting Buprenorphine at Home
People have often tried street buprenorphine with mixed success

Always something to learn for both of you

Review standard dosing vs micro-dosing options

Offer in-office induction is needed

Provide rx for comfort meds: clonidine, loperamidine, ibuprofen

Make a tailored follow-up/check in plan
THIS IS NOT WHAT I SIGNED UP FOR: STAFF SUPPORT

• Trauma informed care training
• De-escalation training
• Regular debriefing
Medical staff: It's a very creative response to a complicated way to provide treatment or to meet the challenges of providing treatment, and to do it in an integrative way. It’s already challenging enough to provide medical and behavioral health treatment, but to do it in a way that it’s done sort of simultaneously or in an integrated way seems like a really creative approach to ensuring access.
Themes: Philosophy and access (harm reduction, low-barrier)

Frontline staff: What is suboxone, like really? What is it? Because I think it’s just another drug to put them on for them to get addicted to... I don’t get the purpose. I don’t even get the program. I don’t get it. I know we’s supposed to be nonjudgmental and we’re here to help, but how is we really helping?.

Frontline staff: They are trying to help, but they’re not really helping because they’re enabling them.
URINE DRUG SCREENS

• Observed urine collection can be humiliating and harmful
• "Discretionary" UDS often show racial bias
• Explicit and open conversations
• Dignity preserving options
• This week or next week?
• See handout

• https://filtermag.org/urine-screen-drug-treatment/
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<th>Date</th>
<th>Heroin (mg)</th>
<th>Codeine (mg)</th>
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</table>

**HEROIN CONTAMINATION IN PHILLY**
DIVERSION IN THE REAL WORLD

- Cicero et al 2018
- 303 adults with SUD
- 58% reported h/o diverted bupe use
- 37% never had a bupe rx
DIVERSION IN THE REAL WORLD

- 79% to avoid withdraw
- 3% because it gives me a better high than other drugs
- Cicero et al 2018
- Street price of bupe is reportedly lower than heroin
SUBLOCADE

- Auth boss guide
- Patient selection
- Ice and ethyl chloride
- Supplemental bupe
MOUD AND COVID19: AN OPPORTUNITY FOR HEALTH AND SOCIAL JUSTICE

• Access
• Extended prescriptions
• Telehealth deregulation
• Infection mitigation
• Adjusting drug testing protocols
• Virtual support options