Building a MAT Protocol in Drug Treatment Courts

A Training For Multidisciplinary Professionals

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Building A MAT Protocol in Drug Treatment Courts: Spreading and Diffusing Evidence Based Practices in Addiction Treatment Systems

Most Successful Scale Up Outcomes w/ the Six Following Domains:

1. Executive/Leadership Buy-In and Active Support
2. Relevant Training and Competency
3. Proven Models of Care
4. Program Level Tools for Replication
5. Coaching- Access to and Support from Content Experts
6. A Learning Community and Platform- Learning Collaboratives

Outline Program Implementation

- MAT Demand and Capacity
- Impact of Poor MAT Capacity- Case Sketch
- Drivers of Demand for MAT
- MAT Outcomes
- Team Roles
- Coordination of Care
- Diversion Mitigation and Safety
- Replicable tools for building your MAT Protocol. MAT Toolkit.
- Putting it all together

Why Medication Assisted Treatment and Recovery in Drug Treatment Courts?

Scope of the Problem:

Dramatic Increase in Treatment Demand

Stigma - Poor Response in Treatment Capacity

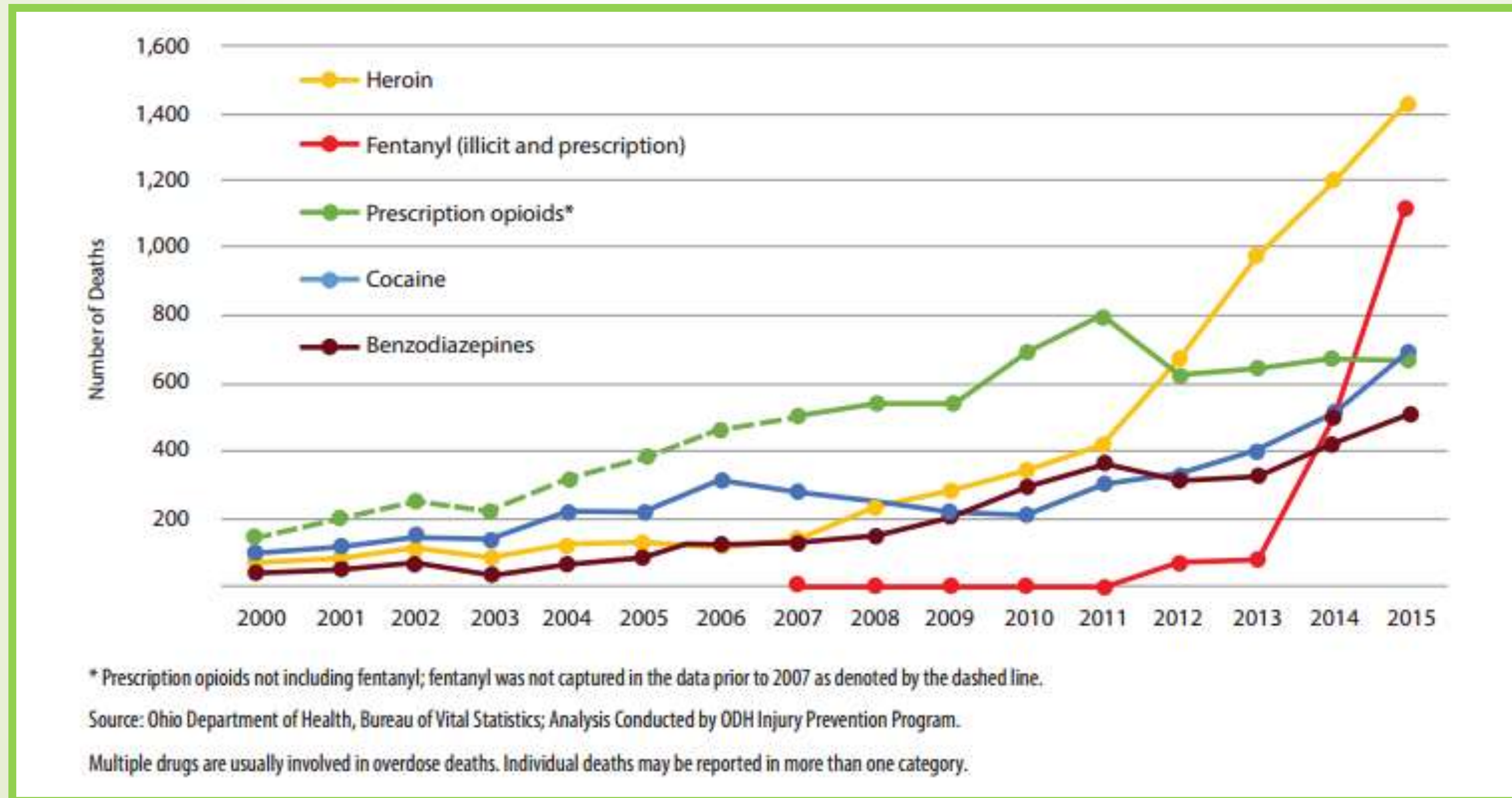
MAT as Standard of Care for Opioid Addiction

- MAT is the integration of FDA approved medications to assist in stabilizing, treating and maintaining sustained remission from addiction disorders.
- Medications include Methadone, Buprenorphine and Naloxone/Vivitrol.
- Methadone Maintenance (MMT) remains the most studied intervention for the treatment of opioid addiction.
- All of the FDA approved medications greatly improve mortality rates, treatment outcomes and sustained remission from opioid addiction

Opioid Misuse in Ohio

- 2014: Ohio has the leading percentage of opioid and heroin-related deaths in the U.S.[13]
  - 7.4% of the U.S. total
- Data from 2012 reveal a large increase in heroin-related deaths in Ohio[16].
  - Due to increasing availability of heroin in the state.
  - Poor access to MAT within the publicly funded treatment system.
  - 2017 Middletown – The 3'rd OD call to 911 protocol is a hang up response from EMS Dispatch

Number of Unintentional Overdose Involving Selected Drugs, Ohio 2000-2015[14]



Source: Ohio Department of Health, Bureau of Vital Statistics; Analysis Conducted by ODH Injury Prevention Program.

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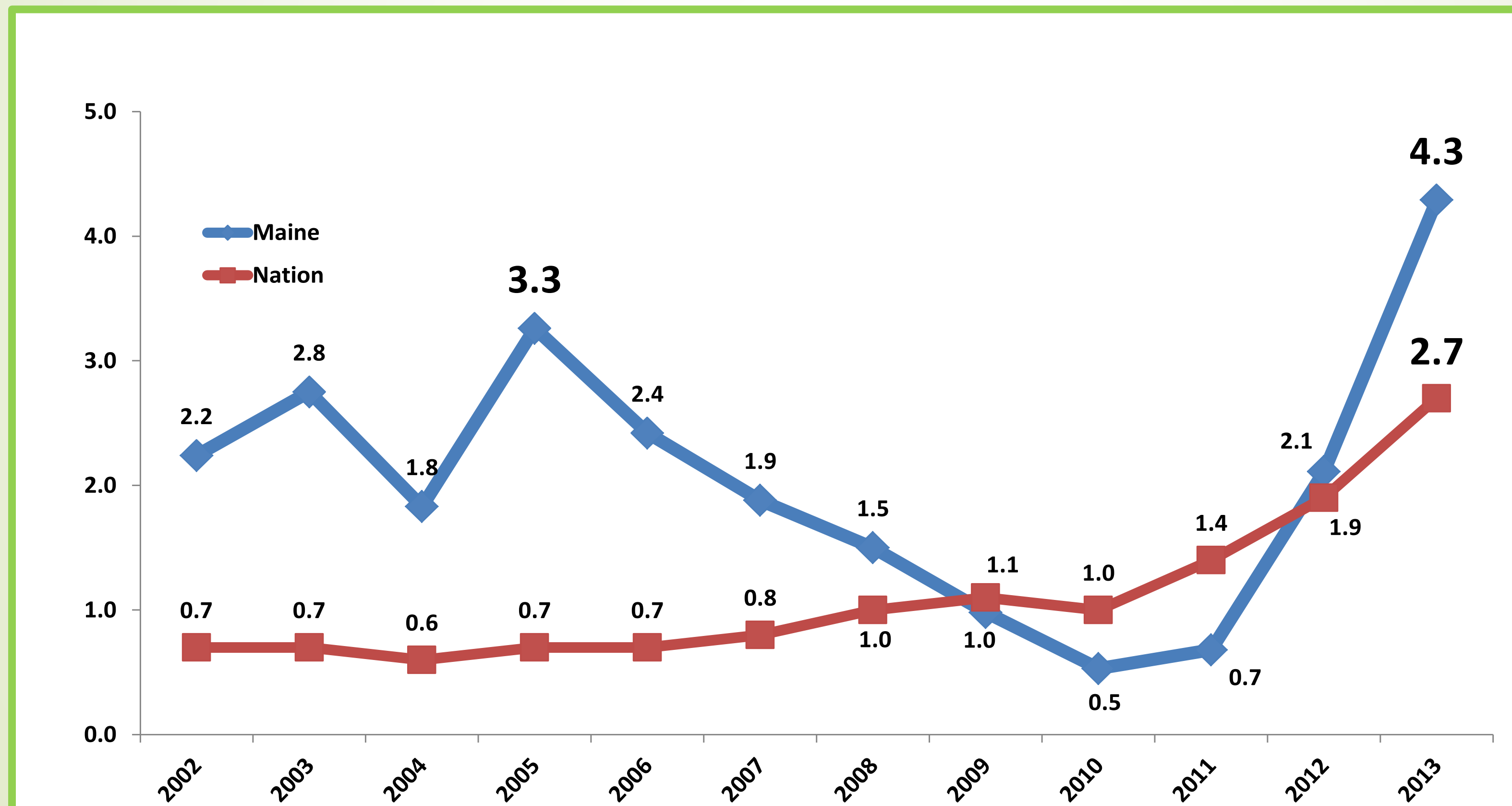
Heroin Related Death Overdoses Maine vs. Nation: 2002-2013



Poor Capacity to Meet Maine's Demand

SAMHS Licensed Sites for MAT, 2015

- 112 Identified by State of Maine
- 43 confirmed prescribing
- 30 were primary care providers
- **Only 13** licensed **SA Treatment** agencies **provide MAT**!
- **Represents unplanned, geographic clustering of MAT services with a statewide capacity to serve 4300 pts.**
- **1/7'th of the needed capacity for the estimated volume of untreated opioid dependence in Maine.**
- **Those seeking treatment but unable to access it in Maine 25,000 to 30,000.**

SAMHS MAT by location, 2015

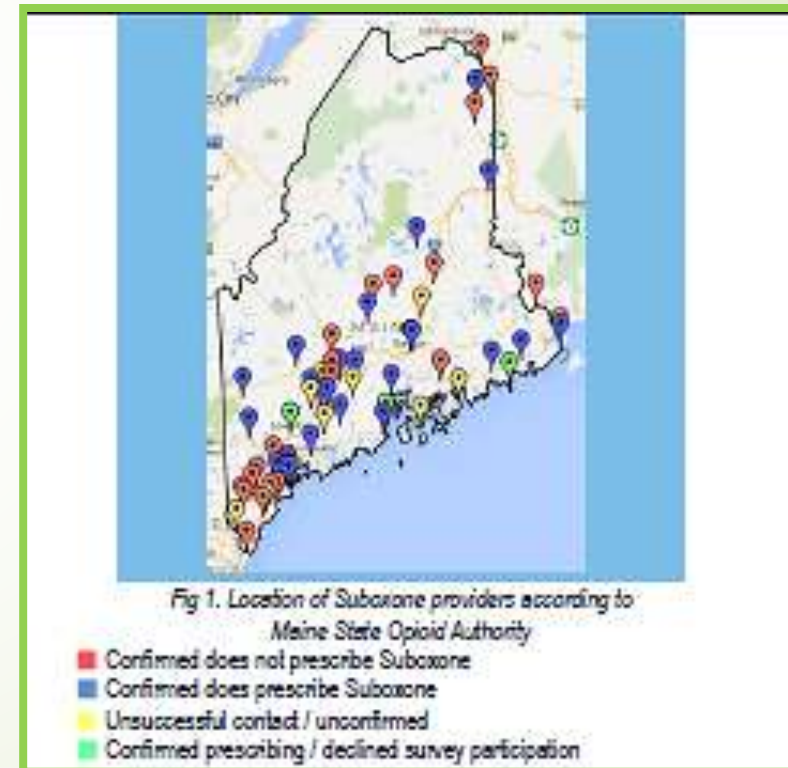


Fig 1. Location of Suboxone providers according to Maine State Opioid Authority

http://www.maine.gov/dhhs/samhs/osa/data/cesn/Heroin_Opioids_and_Other_Drugs_in_Maine_SEOW_Report.pdf
*"Buprenorphine in Maine", M. Thompson, A. Crowley, D. Cohen, reports published online – Penquis Regional Linking Project

Chronic Pain and Trauma-
An opioid misuse, addiction and accidental overdose epidemic.

- It is estimated that there are more than 10,000 patients in Maine whose current opioid regime exceed 200 MME's per day.
- All of these patients have developed a tolerance to opioids such that in it's absence, a withdrawal syndrome will develop.
- As a result, all of these patients meet criteria for Opioid Dependence *(tolerance and withdrawal)*.
- The CDC has identified strengths and limitations with opioid prescribing for chronic non-cancer pain and is promoting standard dosing guidelines that do not generally exceed 90 MME's per day.

Reducing the Risks of Relief — The CDC Opioid-Prescribing Guideline Thomas R. Frieden, M.D., M.P.H., and Debra Houry, M.D., M.P.H. NEJM April 2016.

Chronic Pain as Demand Multiplier: Prevalence and Implications for Care

- Risk for accidental death within 18 months of analgesic initiation is found to be as high as 1 in 32 patients when taking 200 MME's per day.
- Prevalence of opioid addiction among chronic non-cancer pain patient populations: Standardized assessment interviews found among 705 patients, 35% met both DSM IV and V criteria for a substance use disorder.
- Responding to opioid dependence and addiction through systems for screening, assessment, treatment/referral infuses patient protective factors reducing incidence of accidental overdose.

Journal of Addictive Diseases, 30:185–194, 2011 Prevalence of Prescription Opioid-Use Disorder Among Chronic Pain Patients: Comparison of the DSM-5 vs. DSM-4 Diagnostic Criteria Joseph A. Boscarino, PhD, MPH et al

Reducing the Risks of Relief — The CDC Opioid-Prescribing Guideline Thomas R. Frieden, M.D., M.P.H., and Debra Houry, M.D., M.P.H. NEJM April 2016.

Drug Treatment Court Participant Sketch

- 38 yr. old single mom of 2 children, opioid addiction w/ co-occurring anxiety and trauma.
- 2 years in Drug Treatment Court - 4 relapses w/opioids, 3 near fatal overdoses and referred to detox and short-term residential treatment.
- Actions including brief incarceration
- Use of incarceration to achieve physical safety/lethality of overdose potential while awaiting “MAT Free” Residential Treatment bed.
- Following 3’rd overdose, discharged from Drug Treatment Court pending prison sentence for trafficking heroin.
- Never referred to MAT, actively dissuaded from pursuing MAT - will result in D/C from Drug Court.
- Begin appeal hearing…..

Poor Access to MAT….

- In all systems of national health and safety infrastructure in turns drives illegal behaviors required to avoid the physical and psychological distress of withdrawal from opioids.
- Compounding the national epidemic of opioid misuse, dependence and accidental death.

Medication Assisted Treatment (MAT)

- Use of FDA-approved opioid agonists, partial agonists, and antagonist medications in combination with counseling and behavioral health therapies

- Huge gaps in MAT Treatment[2]:
  - 2012: 2.3 million people abuse or are dependent on opioids.
  - But the maximum number of people who could access MAT was 1.4 million.

(U.S. Department of Health & Human Services)

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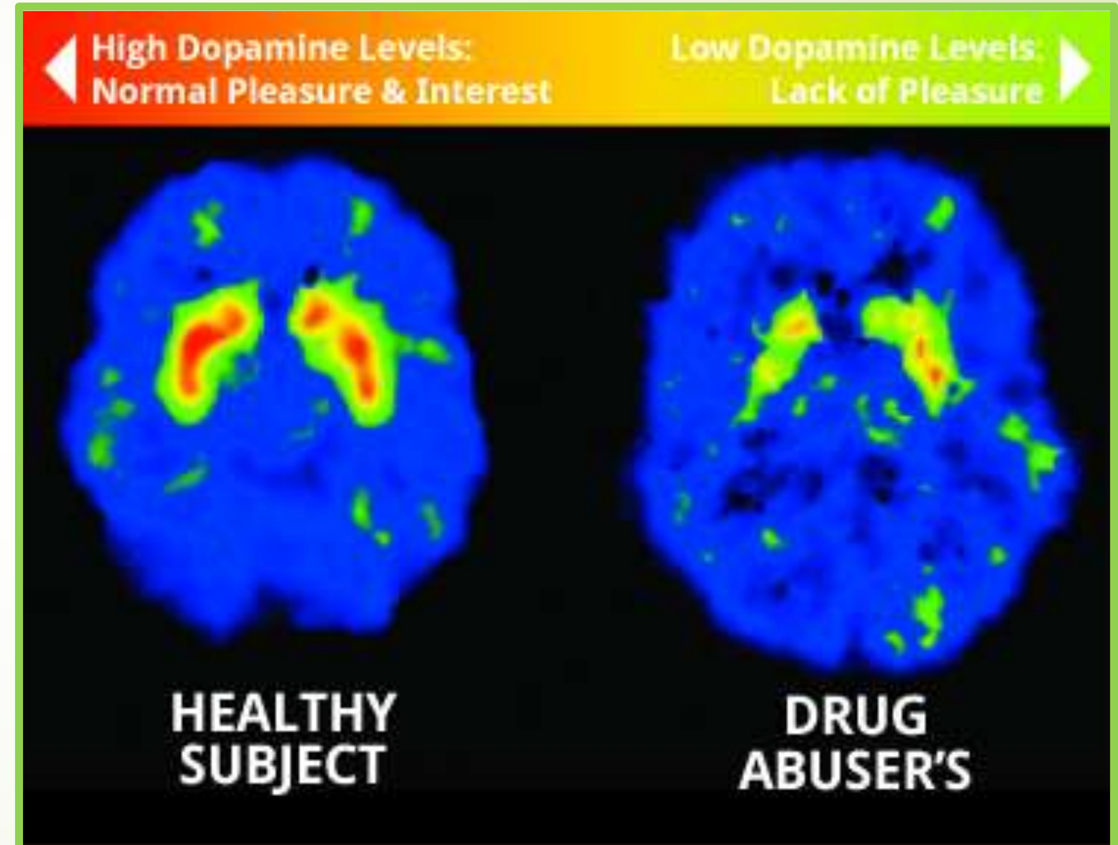
Why Medication Assisted Treatment and Recovery in Drug Courts?

Improved Outcomes:

Decrease Overdose Deaths, Public Health and Safety Expenditures

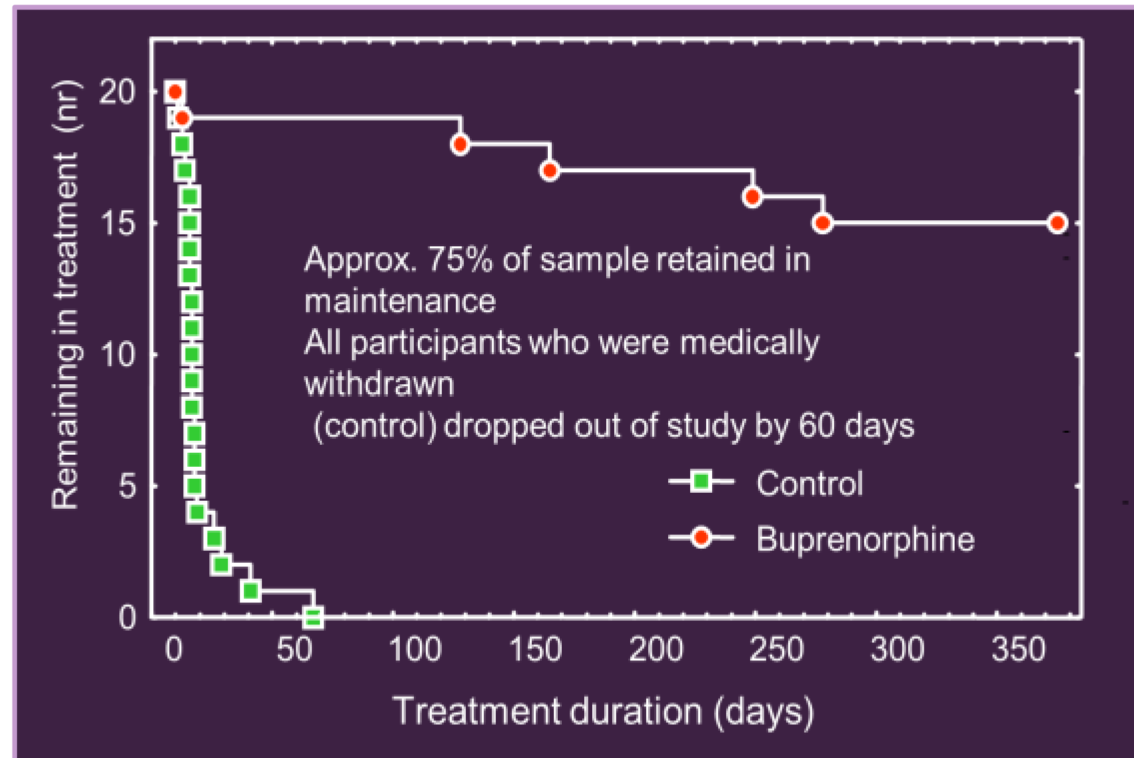
Addiction is a Brain Disease

- Chronic, relapsing illness
- Neuro-biologic evidence that addiction:
  - Resets the brain's reward system
  - Activates the "anti-reward system"
  - Disrupts decision making, other executive functions



L. Bauer, MD Addiction Resource Center at Mid Coast Hospital. 2016

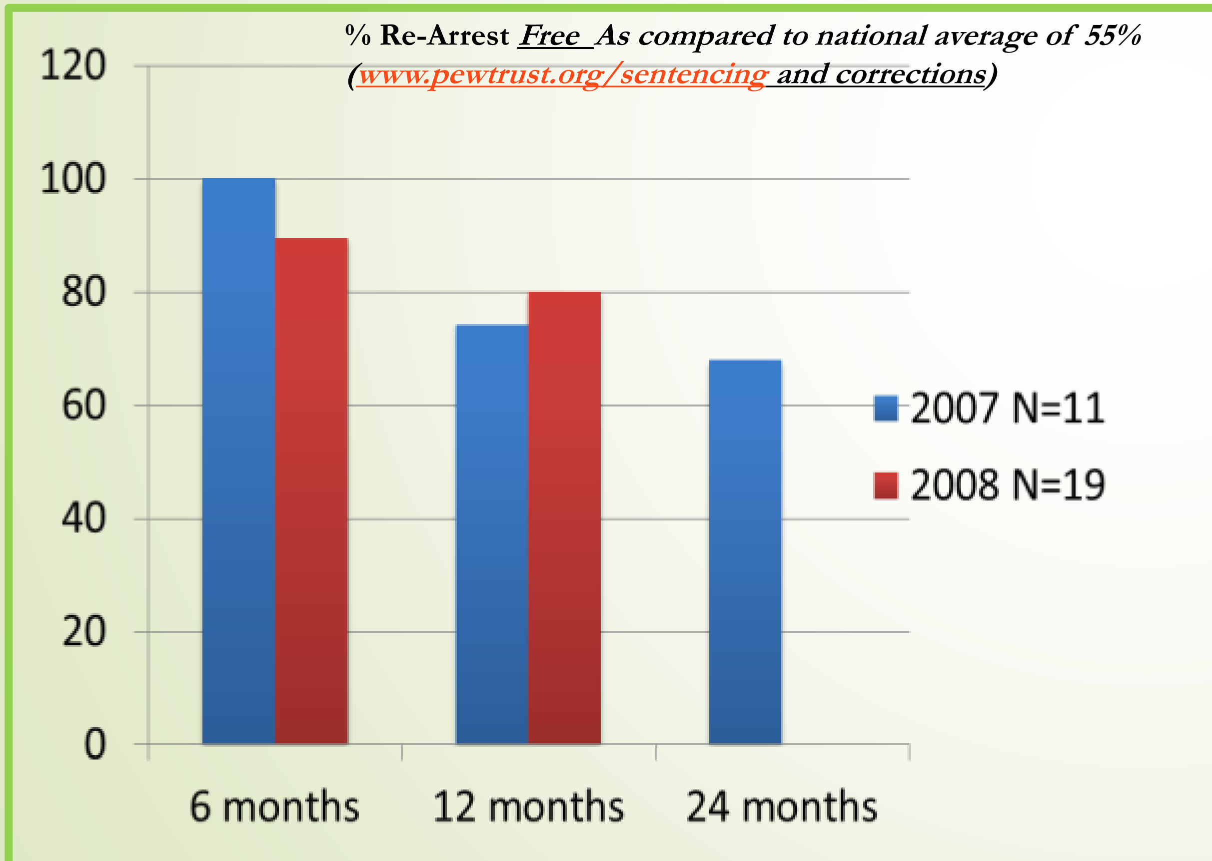
Most Need Medication for Success

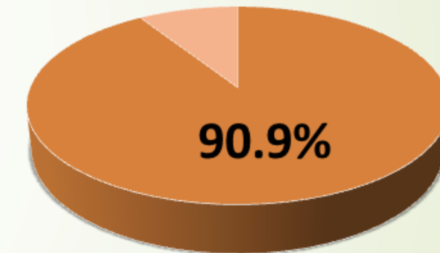


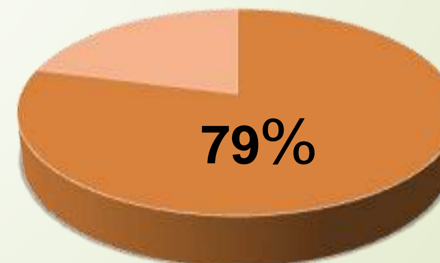
20% of control group died

Outcomes: MAT Partnering with Law Enforcement and Community Reinforcement w/ Recovery Coaching

Sagadahoc and Lincoln County Sheriffs' partner with ARC to divert drug and alcohol related offences from jail into treatment services.



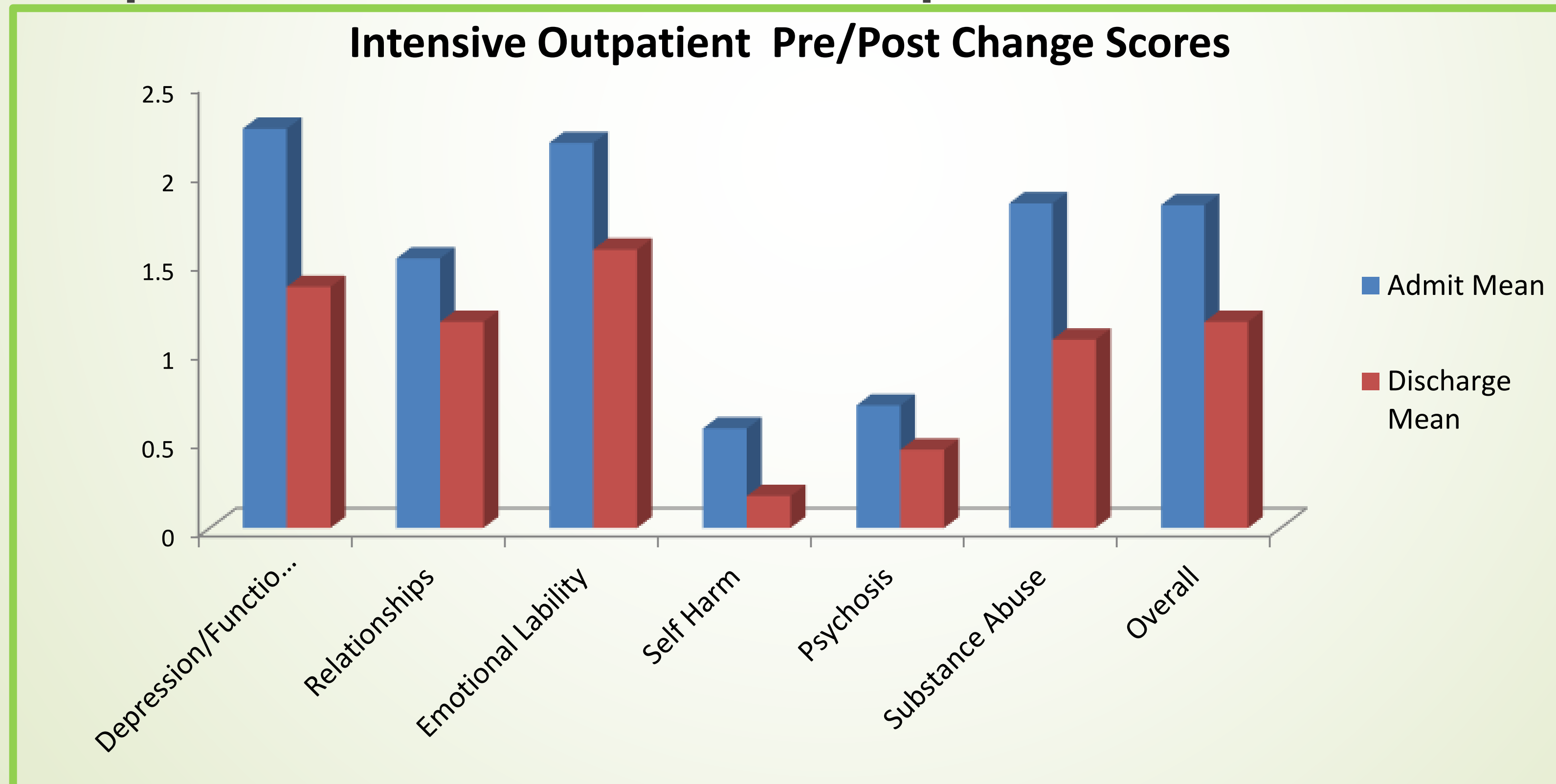




E. Haram, Addiction Resource Center at Mid Coast Hospital. 2010

Patient Outcomes

- ARC MAT patients show overall improvements
- Score in top 2% from data set of 15,000 patients nationwide



E. Haram, Addiction Resource Center at Mid Coast Hospital. 2012

Long Term Patient Outcomes- MAT

Matthias Pierce et al., "Impact of Treatment for Opioid Dependence on Fatal Drug-Related Poisoning: A National Cohort Study in England," Addiction 111, no. 2 (January 14, 2016): 298-308, doi:10.1111/add.13193.

- In a recent study of over 150,000 National Health Service patients treated for opioid dependence, followed for a total of 442,950 patient years, treatment of opioid dependence with buprenorphine was found to reduce risk for opioid overdose death by one half versus patients with no treatment or psychosocial treatment only. Importantly, survival benefit is not affected by cessation of injection drug use.

Robin E. Clark et al., "The Evidence Doesn't Justify Steps by State Medicaid Programs to Restrict Opioid Addiction Treatment with Buprenorphine," Health Affairs 30, no. 8 (2011): 1425-33, doi:10.1377/hlthaff.2010.0532.

- In a study of 33,923 Medicaid patients diagnosed with opioid dependence in Massachusetts, mortality during the four-year study period (2003-2007) was double among patients receiving no treatment versus patients treated with buprenorphine. Additionally, patients treated with buprenorphine experienced a 75% reduced mortality versus patients treated with psychosocial interventions alone.

Jo Kimber et al., "Survival and Cessation in Injecting Drug Users: Prospective Observational Study of Outcomes and Effect of Opiate Substitution Treatment," BMJ 341 (July 1, 2010): c3172, doi:10.1136/bmj.c3172

- Among the highest risk patients who inject heroin, treatment with methadone or buprenorphine for at least five cumulative years is associated with a reduction in mortality at 25 years from 25% to 6%.

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The Benefits of MAT w/in Drug Tx. Courts

- Capacity for physician to refer to treatment is required under the law (DATA 2000)
- Drug Treatment Courts/Teams have expertise managing and coordinating care for substance using clients
- Combines goals of the medical and behavioral health systems w/ Drug Tx. Court Community Reinforcement—holistic care rather than compartmentalized care, supported and accountable through Therapeutic Jurisprudence.
- Treatment modality (e.g., inpatient vs. outpatient), type (e.g., methadone vs. buprenorphine), and setting (office based vs. OTP) can be made to maximize fit with patient needs

MEDICATIONS PROTOCOL - Medications and Adult Drug Treatment Court Participants

- Adult Drug Treatment Courts require that all Participants engage satisfactorily in treatment interventions consistent with best practices in the fields of substance abuse and mental health. These practices may include medication-assisted treatment for addictions and to treat symptoms of acute or chronic medical and or mental health conditions.
- Prescribing decisions concerning the type and dosage of medication shall only be made by an appropriately licensed consulting physician or other appropriately licensed medical professional, including dentists.
- The Drug Court retains the responsibility to monitor medication compliance in the context of the Drug Court structure, management, and public safety. Participants are responsible for ensuring that the Drug Court is proactively aware of any medications they are taking and for taking

Roles of the Physician

- Screening
- Assessment
- Diagnosing Opioid Addiction
- Patient Education
- Prescribing
- Urinalysis Testing
- Diversion Mitigation
- Recovery Support

Roles of the Multidisciplinary Drug Treatment Court Team

- Screening
- Assessing and Diagnosing of Opioid Addiction
- Psychosocial Treatment
- Patient Education
- Referral for Treatment
- Urinalysis Testing
- Recovery Support
- Diversion Mitigation
- Case Management and Coordination

Roles of the Probation Officer or Case Manager

- Screening
- Assessment
- Referral for Treatment
- Recovery Support/Stigma Reduction
- Meeting Ancillary Needs of the Patient
- Diversion Mitigation-UDS, Community Checks, adherence with plans, communication, team actions enforcement.

A Model of Coordinated Care

Role	Physician	Nurse	Judge	Addiction Counselor	Drug Tx. Court Team	Probation/Drug Tx. Court Case Manager/Coord.
Screening and Assessment (SA, MH, Criminogenic, vocational, etc.)	X	X		X	X	X
Diagnosing Opioid Addiction	X	X		X		
Patient Education	X	X	X	X	X	X
Referral for Treatment	X	X	X	X	X	X
Prescribing or Dispensing Buprenorphine	X					
Urinalysis Testing	X				X	X
Psychosocial Treatment				X	X	
Recovery Support	X	X	X	X	X	X
Case Management & Coordination		X		X	X	X
Diversion Mitigation	X	X	X	X	X	X
Goal and Plan Adherence, Reinforcement, Motivation, Sanctions/Actions	X		X	X	X	X

The Drug Treatment Court Team
DOES NOT
DIAGNOSE OPIOID ADDICTION, PRESCRIBE MAT or Impose Actions that are contrary to Medical Standard of Care

Other addiction professionals may make the diagnosis, but the physician would confirm the diagnosis, prescription, dose, continuation and dis-continuation of MAT.

Buprenorphine Treatment Works in Multiple Settings

- National studies conducted through the CTN have shown that buprenorphine treatment can be integrated into diverse settings, such as specialized clinics, hospital settings and drug-free programs, and including settings with no prior experience using agonist-based therapies.

- Additional information about interventions that may be useful along with buprenorphine treatment include the MIA: STEP and PAMI Blending Products available at:

  www.attcnetwork.org

  www.drugabuse.gov/Blending/

Challenges for Integrating MAT in Drug Treatment Courts

- Not all physicians who are trained have consented to be listed on Physician locator.
  Community outreach is still critical.

- Linking participants to medical care who have not been within the medical mainstream

- Coordination with other professionals not accustomed to working with non-medical partners

- Covering the cost of medication

- Stigma

Barriers to Effective Care Coordination

- Misunderstanding respective roles
- Conflicting goals for treatment
- Confidentiality restrictions
- Control issues
- Misconception of other professional perspectives
- Stigma

Attributes of Successful Care Coordination

- Understanding roles for each participant in the drug court treatment team
- Ongoing communication across professions
- Personal contact between partners in the system

Summary

- Not all opioid-addicted patients are good candidates for office-based buprenorphine.
- Selection of treatment type and setting should be done to maximize fit with patient needs
- Treatment success is enhanced by good patient assessment and selection.
- Open communication amongst the various care providers helps to ensure successful coordination of care.

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Diversion

- Diverted buprenorphine is not primarily used to get high; as a partial agonist of the *mu* opiate receptor, buprenorphine alleviates withdrawal and craving, but does not have the euphorogenic effects of other opioids.
- Patients regularly report that buprenorphine makes them feel “normal,” “like I never used.” Since buprenorphine strongly attaches to the opiate receptor and blocks other opioids, it does not have an additive effect with other drugs, and it even blocks their effects.

Diversion

- Concern about diversion and misuse of buprenorphine must be seen in the context of rampant opioid diversion and misuse (see S. Okie, “A flood of opiates, a rising tide of death,” N Engl J of Med, 363;21,

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Building a MAT Protocol in Drug Treatment Courts-Accelerating Scale Up

- Improved Scale Up/ Diffusion through:

  Replicable Models of Care

  Toolkits-Sample forms, tools, protocols, policies

  NIDA/NDCI, NADCP Endorsed Training Curricula

  Coaching-Focused Interactions w/ Content Experts

  Learning Collaboratives-Peer Learning, Rapid Cycle Testing, Expediting Training Delivery and Uptake, Data Collection, Regional, Statewide Scale Up opportunities

NIATx Learning Collaboratives-Strong Results Improving Addiction Treatment

- Reduced Wait Times 34.8%
- Reduced No-Shows 33.0%
- Increased Admissions 21.5%
- Increased Continuation 22.3%
- Increased MAT by 52%

Toolkit Content Overview

- Support materials
- Training, Competencies, Forms and Workflows
- Accelerate and simplify sharing of innovation, success and adaptation

- https://chess2.wisc.edu/niatx/Content/ContentPage.aspx?NID=387

Set Up for Patient Flow

- Who does what on your team and when
- Developing your team
- Set up your policies and procedures
- Build your community resources, relationships and flow with your specialty providers, pharmacy and labs

Set Up for Patient Flow

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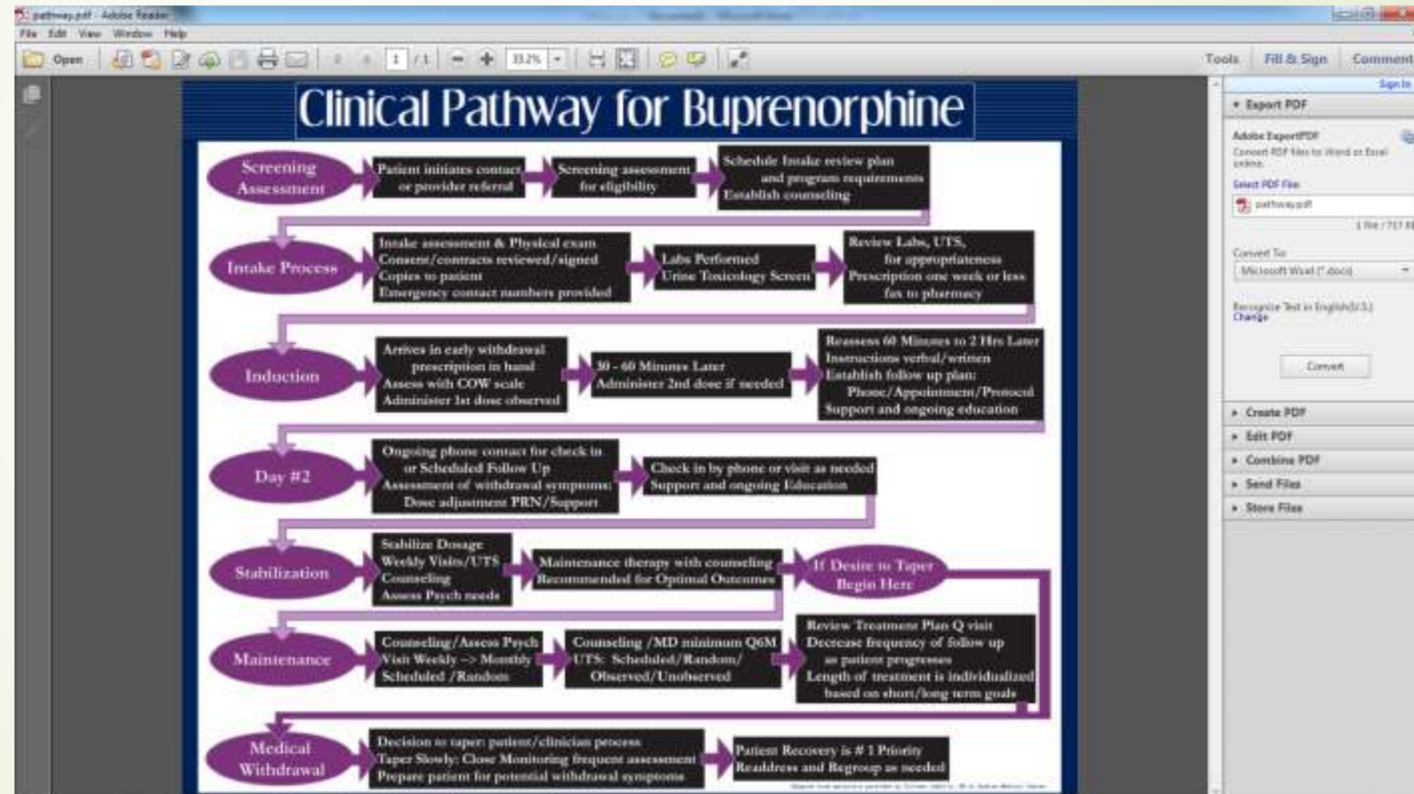
Diagnosing Opioid Addiction	X	X		X		
Patient Education	X	X	X	X	X	X
Referral for Treatment	X	X	X	X	X	X
Prescribing or Dispensing Buprenorphine	X					
Urinalysis Testing	X				X	X
Psychosocial Treatment				X	X	
Recovery Support	X	X	X	X	X	X
Case Management & Coordination		X		X	X	X
Diversion Mitigation	X	X	X	X	X	X
Goal and Plan Adherence, Reinforcement, Motivation, Sanctions/Actions	X		X	X	X	X

How to Make Pathways Routine & Effective



Forms and Procedures

- Screening and Ordering Forms
  - ✓ Order Sets: UDS, Labs, HCG, PMP
  - ✓ DSM 5, Opioid Risk Tool, Ten Factor Office-Based Criteria, Treatment Needs Questionnaire
- Intake
  - ✓ Informed Consent/Agreement
  - ✓ Release of Information
  - ✓ Patient / Significant others information
- Induction
- Diversion
  - ✓ UDS Schedule, Pill Count Schedule
- Discharge/Transfer/Coordination
  - ✓ Taper
  - ✓ MOU
- Documentation
- Billing
- List of Patients
  - ✓ EMR Controlled Substance flow sheet
  - ✓ Spreadsheet of current patients

SAMPLE MEDICATIONS PROTOCOL - Medications and Adult Drug Treatment Court Participants

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- The Drug Court retains the responsibility to monitor medication compliance in the context of the Drug Court structure, management, and public safety. Participants are responsible for ensuring that the Drug Court is proactively aware of any medications they are taking and for taking those medications in a manner consistent with the prescription.

Office Procedures, Forms and Billing

- Office visits generally every 28 days during Maintenance Phase.
- Start of week MA prints PMP report for all Bup. patients
- Review EMR for annual contracts, medication counts per guidelines
- MA obtains urine spec prior to rooming patient
- ICD-10 Opioid dependence F11.20
- Initial visit 30 minutes, subsequent 15 minutes for office visit model, see flowcharts for Group Model
- EMR Controlled Substance flow sheet
- Spreadsheet of current patients
- DEA audits

Competencies- Recognize Over Sedation

- Somnolence- nodding, tired in appearance
- Depressed-mental status- not tracking conversation, person, place or time
- Flushing – red faced
- Slurred speech- unclear enunciation
- Respiratory depression- <10
- Hypotension- lowered or falling blood pressure, ataxic (fall risk, unstable gate)

Naloxone Overdose Kit Prep & Administration Training Videos

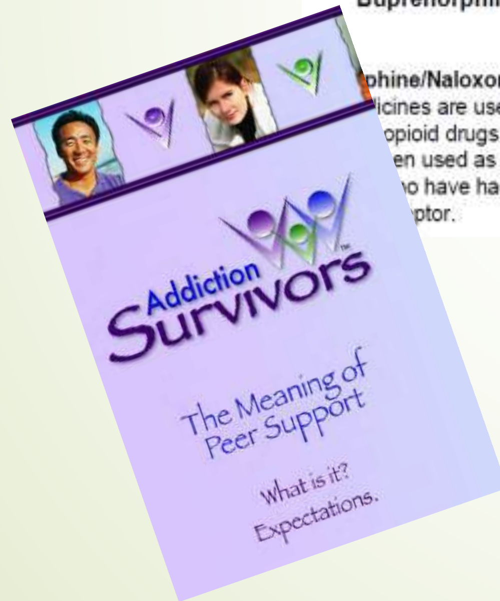
https://www.ndci.org/resources/training/e-learning/naloxonetraining/

- Published NDCI; Center for Opioid Safety Education. University of Washington, 2016.

Educational Information

Buprenorphine/Naloxone Maintenance Treatment Information for Patient

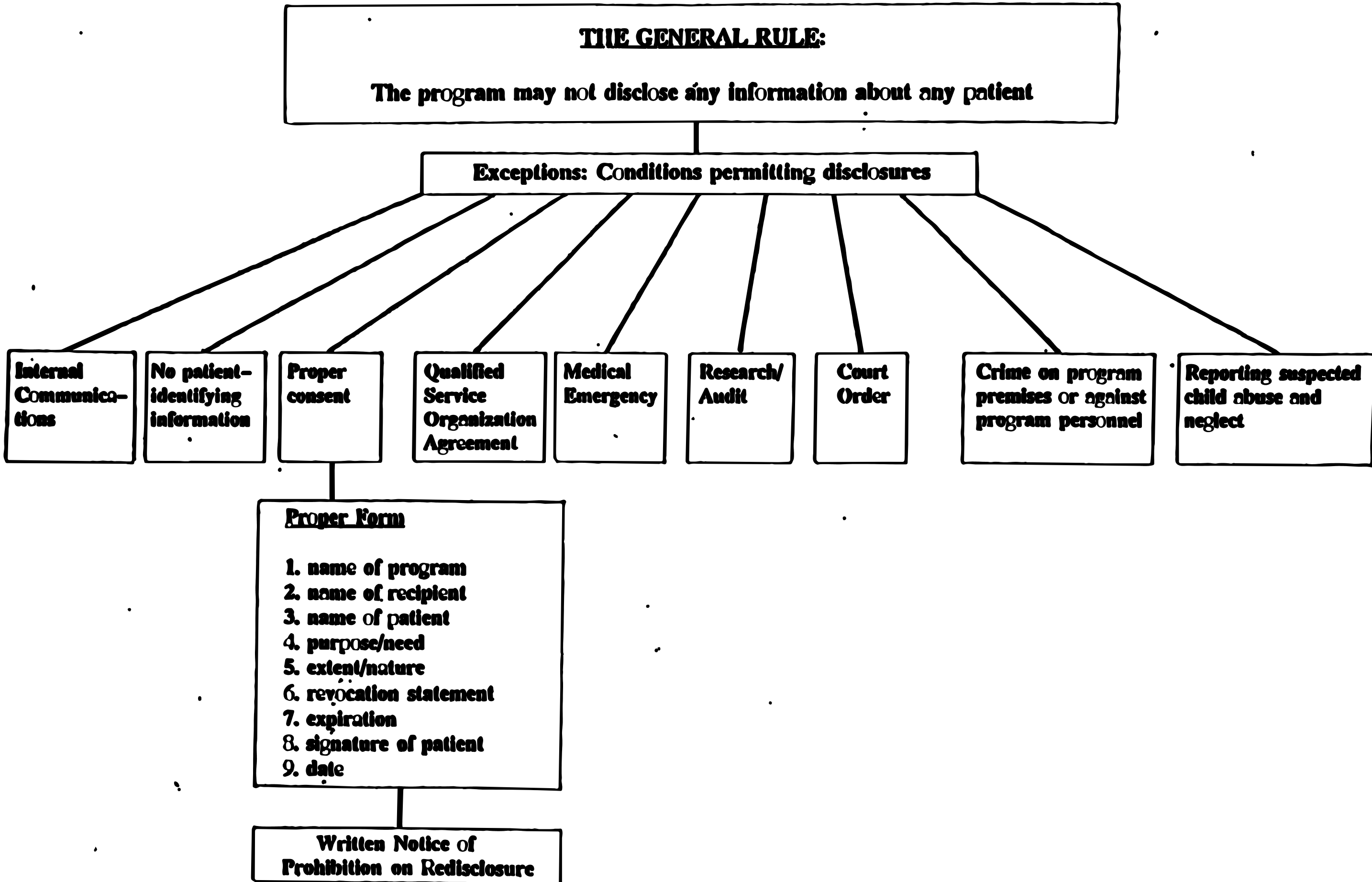
phine/Naloxone Treatment for Opioid Addiction
licines are used for three purposes: pain relief, severe coughing, and for the treatmer
opioid drugs (heroin, prescription pain medicines). Buprenorphine is an opioid medi
en used as an injection for treatment of pain while patients are hospitalized, for ex
o have had recent surgery. It is a long acting medication, and binds for a long t
ptor.



Important Elements of Treatment Agreement/Informed Consent

- Buprenorphine is an opioid Physiologic dependence will continue
- Risks:
  - overdose particularly in combo with benzos/alcohol
  - Precipitated withdrawal
- Alternatives to treatment: Vivitrol, methadone, detox
- Safe storage
- Expectations around other substance use
- Sharing meds/diversion
- Discuss with MD before taking other prescription meds
- Compliance with urine tests, med counts
- Financial expectations

CONFIDENTIALITY OF DRUG AND ALCOHOL PATIENT INFORMATION
(42 U.S.C. § 290dd-2; 42 C.F.R. Part 2)



42 CFR, Part 2 Confidentiality of Drug and Alcohol Abuse Treatment Records

- As reviewed, there are 9 exceptions to the general rule.
- The integration of Addiction Treatment services into the medical mainstream is an evolving paradigm.
- Abiding by these federal rules through the 9 exceptions is the safest way to assure adherence.
- If not using standard releases of information and or Business Affiliate Agreements, consult your practice legal and risk management departments for advice.

Medications Regulatory Environment

- Methadone Maintenance and Buprenorphine Prescribing are highly regulated at State and Federal Levels.
- Burden and Risk Management of Administration-Buy and large fall to the Prescriber/Treatment Program.
- Inclusion, Exclusion, Dosing, Take Home/Storage and self-administration are prescribed by federal and state laws.
- Drug Court Teams are well positioned to assist with adherence reinforcement.

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So…Why Medication Assisted Treatment and Recovery in Drug Courts?

Improved Outcomes:

Decrease Overdose Deaths, Public Health and Safety Expenditures

Let’s look at the Drug Treatment Court Participant Sketch again, but through the lens of cost and outcome.

Drug Treatment Court Participant Sketch

- 38 yr. old single mom of 2 children, opioid addiction w/ co-occurring anxiety and trauma.
- 2 years in Drug Treatment Court - 4 relapses w/opioids, 3 near fatal overdoses and referred to detox and short-term residential treatment.
- Actions including brief incarceration
- Use of incarceration to achieve physical safety/lethality of overdose potential while awaiting “MAT Free” Residential Treatment bed.
- Following 3’rd overdose, discharged from Drug Treatment Court pending prison sentence for trafficking heroin.
- Never referred to MAT, actively dissuaded from pursuing MAT - will result in D/C from Drug Court.

Drug Treatment Court Participant Sketch: Cost and Efficacy Comparison

- In this Participant Sketch, the client was incarcerated 4 times for a total of 37 days.
- At $75 dollars per day, this cost $2,775.00
- At $800 for an ambulance ride and $1200 for an ED admit, Three of these cost $6,000.
- At $1400 per day, the 5 day detox cost $7,000.
- At $4,800 per D/C from "MAT Free" residential treatment the cost for 3

Compared to:

- 1 year of ambulatory treatment integrated w/MAT services
- IOP 8-12 wks. $4000; Outpatient Group Therapy 18-24 wks $1320.00, plus Medication (buprenorphine) $4800 = **$10,120/year**
- **Relapse rates for opioid addiction decrease from 85%** in "MAT FREE" residential **to 40%** in Ambulatory services w/ Integrated MAT.
- **Half the Cost, Double the Improvement**

Putting It All Together: Scaling a MAT Protocol within our Nation's Drug Treatment Courts

Training and Competency

- Understanding neurobiology of opioid addiction and medication assisted treatment.
- Define current demand and capacity constraints for MAT in Block Grant funded state systems.
- Articulate scientific findings demonstrating MAT's improved outcomes w/ mortality and cost containment in health and safety.

Drug Treatment Court Model Strengths

- Building upon Drug Treatment Courts' strength in Coordinating Care and use of a Community Reinforcement Model.

Putting It All Together: Scaling a MAT Protocol within our Nation's Drug Treatment Courts

MAT Toolkit for Drug Treatment Courts

- Implementation Toolkit- Access to replicable MAT Policies, Procedures, Forms, Templates, Data-sets, Competencies, Financing Strategies

Support, Expert Consultation, Learning Community

- Implementation Coaching- Access to focused consultation w/ Content Experts. On-site, Virtual.
- Learning Collaboratives- Learning Community, Accelerates Diffusion, Standardized Care, Model Fidelity, Real-Time Evaluation, Extensive Evidence w/impressive spread of EBP in all aspects of Addiction Treatment.

Medication Assisted Treatment (MAT) - Evidence

- Fiellin DA, Schottenfeld RS, Cutter CJ, Moore BA, Barry DT, O'Connor PG. Primary care-based buprenorphine taper vs maintenance therapy for prescription opioid dependence: a randomized clinical trial. *JAMA Intern Med* 2014;174(12):1947-1954.
- Fudala PJ, Bridge TP, Herbert S, et al. Office-based treatment of opiate addiction with a sublingual-tablet formulation of buprenorphine and naloxone. *N Engl J Med* 2003;349(10):949-958.
- Heinrich CJ, Cummings GR. Adoption and diffusion of evidence-based addiction medications in substance abuse treatment. *Health Serv Res* 2014;49(1):127-152.
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