

Medication Assisted Treatment (MAT) for Opioid Use Disorder: Research on Effective Treatment Models for Long Term Success

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Agenda

- ▶ Diagnostic Criteria for Opioid Use Disorder
- ▶ Timeline: Opioid Prescription Requirements in Arizona
- ▶ Medication Assisted Treatment
- ▶ Integrated Care and How to Manage Pain
- ▶ Current research on the topic
- ▶ Recovia Integration

Opioid Dependence

- ▶ Simple Opioid Dependence
 - ▶ Short-lived and self-limited withdrawal symptoms after opioids are discontinued
- ▶ Complex Persistent Opioid Dependence
 - ▶ Worsening pain, function, affective symptoms, and sleep disturbance in response to opioid tapering or cessation
- ▶ Opioid Use Disorder
 - ▶ DSM 5 diagnostic criteria (3 C's) - next slide

DSM 5 Criteria for OUD

2-3: Mild OUD

4-5: Moderate OUD

≥ 6: Severe OUD

*Tolerance and withdrawal are not counted as DSM-5 criteria for opioid use disorder when the patient is taking opioid medications as prescribed.

LOSS OF CONTROL	Using larger amounts of opioids or over a longer period than initially intended	EXAMPLE: taking more than prescribed (e.g. repeated requests for early refills)
	Persistent desire or inability to cut down on or control opioid use	EXAMPLE: has tried to reduce dose or quit opioid because of family's concerns about use but has been unable to
	Spending a lot of time to obtain, use or recover from opioids	EXAMPLE: driving to different doctors' offices to get renewals for various opioid prescriptions
CRAVING	Craving or strong desire or urge to use opioids	EXAMPLE: describing constantly thinking about/needing opioid
USE DESPITE NEGATIVE CONSEQUENCES	Failure to fulfill obligations at work, school or home due to use	EXAMPLE: not finishing tasks due to effect of taking opioids; getting fired from jobs
	Continued opioid use despite persistent or recurrent social or interpersonal problems related to opioids	EXAMPLE: spouse of family member worried or critical about patient's opioid use
	Activities are given up or reduced because of use	EXAMPLE: no longer participating in weekly softball league despite no additional injury or reason for additional pain
	Recurrent use in situations that are physically hazardous	EXAMPLE: repeatedly driving under the influence
	Continued use despite physical or psychological problems related to opioids	EXAMPLE: unwilling to discontinue or reduce opioid use despite non-fatal accidental overdose
PHYSIOLOGIC CRITERIA	Tolerance*	EXAMPLE: needing to take more to achieve the same effect
	Withdrawal*	EXAMPLE: feeling sick if opioid not taken on time or exhibiting withdrawal effects

Timeline - Opioid Prescription Requirements in Arizona



- ▶ June 5th, 2017 Governor Ducey declared a state of emergency, due to an alarming increase in opioid deaths in 2016
 - ▶ Emergency response deliverables
 - ▶ Implementation of the Opioid Action Plan
 - ▶ Arizona Opioid Epidemic Act
- ▶ October 16th, 2017 All prescribers are required to check the PMP before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III, or IV and regularly obtain a patient utilization report for the patient (Arizona State Board of Pharmacy, 2018)

Timeline - Cont.



- ▶ April 26th, 2018
 - ▶ Outpatient dispensing pharmacists are required to view the preceding 12-month PMP record receiving a schedule II controlled substance at the beginning of each new course of tx
 - ▶ Outpatient prescribers may no longer dispense schedule II opioids, except for medical-assisted treatment (MAT) for substance abuse
 - ▶ A health professional shall limit the initial prescription for a schedule II opioid to not more than a five-day supply, except an initial opioid prescription following a surgical procedure is limited to a 14-day supply (A.R.S. § 32-3248)
 - ▶ Outpt pharmacies that dispense schedule II opioids must use red caps (or stickers) on the containers and include a warning label (had to be implemented by August 1st, 2018)
- ▶ May 29th, 2018 Governor Ducey officially called an end to the public health emergency
- ▶ January 1st, 2019 Opioid prescriptions are required to be submitted electronically in Maricopa, Pima, Pinal, Yavapai, Mohave and Yuma counties.
- ▶ July 1st, 2019 Opioid prescriptions are required to be submitted electronically in Greenlee, La Paz, Graham, Santa Cruz, Gila, Apache, Navajo, Cochise and Coconino counties.
- ▶ January 1st, 2020 e-prescribing of schedule II controlled substances is required in all of Arizona.

Rate of Opioid Prescriptions in Arizona

Rate of prescriptions per 100 persons

- ▶ 2006: 74.3
- ▶ 2007: 77.8
- ▶ 2008: 80.9
- ▶ 2009: 84.2
- ▶ 2010: 88.5
- ▶ 2011: **88.6**
- ▶ 2012: 85.3
- ▶ 2013: 80.4
- ▶ 2014: 79.7
- ▶ 2015: 75.5
- ▶ 2016: 70.2
- ▶ 2017: 61.2
- ▶ 2018: 50.7
- ▶ 2019: Not released

In 2018 Arizona's Prescriptions were lower than the national average of 51.4

What is Medication Assisted Treatment (MAT)

- ▶ MAT is the use of prescribed medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.
 - ▶ i.e. Buprenorphine (Suboxone, Subutex), Naltrexone (Vivitrol) etc.
- ▶ A common misconception associated with MAT is that it substitutes one drug for another.
 - ▶ These medications relieve the withdrawal symptoms and psychological cravings that contributes to relapses
 - ▶ Temporary medication use while the brain “resets” itself

Why chose MAT

- ▶ MAT is a component of a full recovery plan, including the ability to live a self-directed life and support goals such as:
 - ▶ Improved patient survival
 - ▶ Decrease illicit opiate use and other criminal activity
 - ▶ Increased patient ability to gain and maintain employment
 - ▶ Improve birth outcomes among women are pregnant

Conditions MAT may help treat

- ▶ Opioid Use Disorder (OUD) examples
 - ▶ Illicit opioids (Heroin, fentanyl, oxycodone, Percocet etc.)
 - ▶ Taking more opioids than prescribed
- ▶ Alcohol Use Disorder (AUD) examples
 - ▶ Exceeding moderate alcohol use
 - ▶ up to 1 drink per day for women and up to 2 drinks per day for men
 - ▶ Binge drinking
 - ▶ Development of withdrawals (n/v, sweating, shaking etc.) <24 hrs of last drink

Recent Research

- ▶ In 2017 the Society of the Study of Addiction (SSA) reported about 85% of users relapse within one year of sobriety after detoxification
- ▶ In 2018 the Harvard Review of Psychiatry found this relapse rate was cut in about half when patients utilized MAT in combination with counseling services

So how do we manage pain today with less opioid prescriptions?

- ▶ The unfortunate truth - there are a lot of angry patients!
- ▶ Mistrust of the healthcare system
- ▶ Treatment strategies should be flexible and guided by ongoing re-evaluation
- ▶ Opioid reduction strategy should always be implemented on a foundation of whole person care that addresses pain and comorbidities (depression, anxiety, PTSD, sleep, obesity, OSA, diabetes, etc.) and focuses on improving health and wellbeing - the Biopsychosocial model
- ▶ Many approaches:
 - ▶ Passive Treatments:
 - ▶ Non-opioid pharmacologics (Prescription and over-the-counter NSAIDS and adjuvants)
 - ▶ Interventions (injections, spinal cord stimulators)
 - ▶ Non-pharmacologic (acupuncture, massage, medical hypnosis)
 - ▶ Active Treatments:
 - ▶ CBT, mindfulness, biofeedback
 - ▶ Physical Therapy
 - ▶ Occupational Therapy
- ▶ Integrated Care / multidisciplinary approach - a combination of different approaches is believed to be the best approach

Integrated Care

- ▶ Team of multidisciplinary professionals under the same roof
- ▶ Scheduled time for consultation with all disciplines
- ▶ Evidence-based treatment in all disciplines
- ▶ Treatment from a BioPsychoSocial & mind-body perspective

Spread the word!

Understanding Pain

<https://www.youtube.com/watch?v=aH9NG1c6mlY>

An Average Day in Integrated Care

- ▶ IOP or PHP programming (several hrs./day at one location for all appointments)
- ▶ All sessions take place under one roof (or referrals made)
- ▶ Multidisciplinary Team communicates throughout the day informally and at least 1x/week formally
- ▶ Medical team checks the PMP prior to each new prescription and medical check-up. Medical team communicates inconsistencies on PMP with the whole team.

Putting it all together at Recovia

- ▶ Medication treatment is a component of the 3 different levels of care Recovia offers
 - ▶ Intensive Outpatient Program (IOP) Program
 - ▶ Most popular level of program; sessions 3 times weekly, 4 hours daily
 - ▶ 1 hr. medical + 1 hr. physical therapy + 2 hrs. behavioral (individual OR group counseling) appts
 - ▶ Medication Assisted Treatment (MAT) Program
 - ▶ Lowest level of program; sessions 1-4 times monthly
 - ▶ 30 minute medical appt + 1 hr. behavioral (individual OR group counseling) appt
 - ▶ Partial Hospitalized Program (PHP)
 - ▶ Highest level of program; sessions 5 times weekly, 5 hours a day
 - ▶ 1 hr. medical + 1 hr. physical therapy + 2 hrs.' behavioral (individual OR group counseling) appts
 - ▶ Recent in-patient discharge



Recovia

- ▶ Integrated care addressing biopsychosocial model
- ▶ PT & Behavioral addressing protective constructs to allow patients to visualize, “I can move and won’t reinjure myself”
- ▶ Medical providing MAT to help protect patients from experiencing withdrawal
- ▶ With practice, repetition, and safety signals patients can re-wire their brains

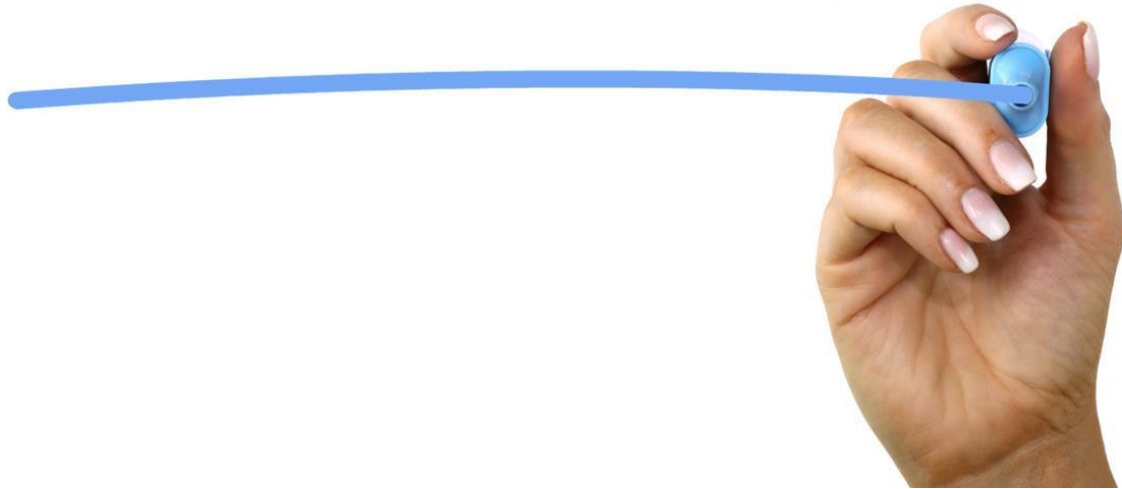
Case Example - Pt X

- ▶ Middle-aged female
- ▶ Fell on ice, hurting her back, shoulders, neck, and leg
- ▶ Began to take Opioids several years ago to help with the pain
- ▶ Transition to Suboxone and a following taper
- ▶ Discovery of mind-body connection and past trauma
- ▶ Contribution to physical and emotional pain
- ▶ Needed all disciplines to help the patient improve
 - ▶ Utilized behavioral health to address trauma, beliefs about pain, and teach CNS calming techniques
 - ▶ Physical therapy helped to strengthen as well as teach about pain
 - ▶ Medical provided the support needed to help the patient slowly taper
 - ▶ Acupuncture helped with calming techniques, diaphragmatic breathing, etc.
- ▶ This patient would not have received the same care without a well-rounded team that communicates and communicates OFTEN!

Recovia - Virtual Care Clinic

- ▶ Patient safety during COVID-19 pandemic
- ▶ Extend footprint of services for patients/members
- ▶ Maintain integrity of Recovia programs
 - ▶ Mimic authenticity of in-person patient experience
 - ▶ Audio and visual monitoring during sessions

QUESTIONS



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Cigna Behavioral Health Awareness

If you are a Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact:

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