SAMHSA-supported Initiatives for Opioid Use Disorders: Updates and Practical Lessons

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Grant Liaison for American Academy of Addiction Psychiatry
Medical Director, PCSS and STR-TA
Community Focused Grants

• Providers Clinical Support System (PCSS)
  • Progress and Lessons Learned
  • Mentoring
  • Implementation

• State Targeted Response Technical Assistance (STR-TA)
  • Process of Obtaining Technical Assistance
  • Progress Thus Far

  • Kathryn Cates-Wessel
    • CEO, American Academy of Addiction Psychiatry
    • PI and Project Director
What is the Providers Clinical Support System (PCSS) Model?

Funded by SAMHSA, the overall mission is to provide training and mentoring for primary care providers in evidence-based practices in the prevention, identification and treatment of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 5U79TI026556-03 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Target Audience

• **Primary Care Health Providers**
  - Prescribers: physicians, psychiatrists, dentists, nurse practitioners, and physician assistants
  - Allied health professionals—nurses, social workers, psychologists, counselors, pharmacists, etc.
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

<table>
<thead>
<tr>
<th>Partner Organization 1</th>
<th>Partner Organization 2</th>
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<tbody>
<tr>
<td>American Academy of Family Physicians</td>
<td>American Psychiatric Association</td>
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<td>American Academy of Neurology</td>
<td>American Society of Addiction Medicine</td>
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<tr>
<td>Addiction Technology Transfer Center</td>
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<td>American Medical Association</td>
<td>Southeastern Consortium for Substance Abuse Training</td>
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<td>American Osteopathic Academy of Addiction Medicine</td>
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</tbody>
</table>
Steering Committee Members

- Addiction Technology Transfer Center
- American Academy of Addiction Psychiatry
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Pain Medicine
- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Physicians
- American Dental Association
- American Medical Association
- American Osteopathic Academy of Addiction Medicine
- American Psychiatric Association
- American Psychiatric Nurses Association
- American Society of Addiction Medicine
- American Society for Pain Management Nursing
- International Nurses Society on Addictions
- National Association of Community Health Centers
- National Association of Drug Court Professionals
- Association for Medical Education and Research in Substance Abuse
- Southeastern Consortium for Substance Abuse Training/ Mercer University
Steering Committee Members (continued)

- American Academy of Child and Adolescent Psychiatry (AACAP)
- American Association for the Treatment of Opioid Dependence (AATOD)
- American Association of Colleges of Nursing (AACN)
- American Association of Nurse Practitioners (AANP)
- American Chronic Pain Association (ACPA)
- American College of Obstetricians and Gynecologists (ACOG)
- American Orthopaedic Association (AOA)
- American Pharmacists Association (APA)
- California Academy of Family Physicians (CAFP)
- Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration (SAMHSA)
- Coalition of Physician Education (COPE)
- College of Psychiatric and Neurologic Pharmacists (CPNP)
- Council of Social Work Education (CSWE)
- Faces and Voices of Recovery (FAVOR)
- Facing Addiction
- Medscape
- National Alliance for HIV Education and Workforce Development (NAHEWD)
- National Association for Alcoholism and Drug Abuse Counselors (NAADAC)
Steering Committee Members (continued)

- National Council for Behavioral Health (NCBH)
- National Council of State Boards of Nursing (NCSBN)
- National Institute of Drug Abuse Clinical Trials Network (NIDA-CTN)
- National Medical Association (NMA)
- Partnership for Drug-Free Kids
- Physician Assistant Education Association (PAEA)
- Project Lazarus
- Public Health Foundation (TRAIN Learning Network)
- Sickle Cell Adult Provider Network
- Society of General Internal Medicine (SGIM)
- Society of Teachers of Family Medicine (STFM)
- Veterans Health Administration (VHA)
- World Psychiatric Association (WPA)
PCSS offers to health professionals **no-cost** training resources with continuing education directed to primary care, through several formats:

- **Webinars** (Live and on-demand)
- **Online Modules** - flipped classroom
- **Case Vignettes**
- **Podcasts**
- **Small Group Discussions**
- **MAT Waiver Trainings**
- **Clinical Coaching/Mentoring**
PCSS Highlights

PCSS Stats
Data as of June 1, 2010–November 1, 2018

- 653 Webinars and online Modules
  126,680 participants

- 1,134 MAT waiver training
  32,034 participants

- 623 clinicians have participated in Small Group Discussions

- 159 Mentors, 858 mentees and growing
24 Hour NP/PA MAT Waiver Course

- **PCSS - 24 hour course for Nurse Practitioners (NP) and Physician Assistants (PA)** made available with CE credits and at **no cost** to meet eligibility requirement to apply for waiver to prescribe.

- 8-hour MAT waiver course **online**
- 16-hour MAT waiver course **online**

**Steps to Obtain a MAT Waiver**
PCSS Pain Core Curriculum

- PCSS clinical experts led by Drs. Roger Chou, Kevin Sevarino, and Melissa Weimer (internists, pain experts, addiction specialists) developed a comprehensive core curriculum for primary care providers in the prevention, identification and treatment of opioid use disorders in the context of addressing chronic pain.
- Up-to-date and evidence-based information on best practices in safe opioid prescribing and treating pain.
Designed for primary care health professionals

- Overview of Substance Use Disorders
- Screening, Assessment, and Treatment Initiation—Motivational interviewing
- Pharmacotherapy for Alcohol Use Disorders
- Pharmacotherapy for Opioid Use Disorder
- Pharmacotherapy for Tobacco Use Disorder
- Evidence-Based Behavioral and Psychosocial Treatments for SUD
- Opioids, Acute/Chronic Pain and Addiction: understanding and mitigating risks
- Lab Testing in patients with SUD
- Regulatory aspects
- Medical comorbidities in patients with SUD
- Management of common psychiatric conditions in primary care
- Management of other substance use disorders
- Unique populations
- Naloxone prescribing for opioid overdose reversal and/or harm reduction
Naltrexone Resources

- A Primer on Antagonist-Based Treatment of Opioid Use Disorder in the Office Setting
- Step-by-step Guide
- Video tutorial on injecting naltrexone
- Webinars
  - The Naltrexone Conundrum: Naltrexone’s Impact on Pain Management in the Perioperative Period
  - Treatment Options for Opioid Dependence: A Role for Agonists vs. Antagonists
  - MAT in the OTP Setting: Integrating the Three Approved Medications (Methadone, Buprenorphine, ER Naltrexone)
Lead Mentors

- **AAAP:** Adam Bisaga, MD, Chair, Lead Mentors
- **AOAAM:** Anthony Dekker, DO
- **APA:** Andrew Saxon, MD
- **ASAM:** Ed Salsitz, MD
- **AMERSA:** Erik Gunderson, MD
PCSS Mentoring Program

- A national network of trained clinicians with expertise in **medications for addiction treatment, addictions, education, and pain**.
- 3-tiered mentoring approach allows every mentor/mentee relationship to be unique and designed to the specific needs of both parties.
- Small Group Discussions on specific clinical cases and topics.
- All trainings, resources and clinical coaching provided at **No cost**.
PCSS Mentoring

PCSS provides clinical mentoring aimed at improving providers’ confidence and skills in treating opioid use disorder and pain.

- Clinical Mentoring
- Small Group Discussions
- Discussion Forum
- Become a Mentor

Turning lives around. Real stories about successful treatment.

https://pcssNOW.org/mentoring
PCSS Implementation Objectives

• Provide OUD/SUD treatment implementation technical assistance to healthcare and mental health organizations to:
  ▪ Increase acceptability and feasibility of delivery of SUD services, including medications for OUD treatment;
  ▪ Increase readiness to deliver SUD services, including medications for OUD treatment; and
  ▪ Increase the number of individuals receiving SUD services and medications for OUD treatment.
Stages and Strategies

Foundation
- Engagement, Buy-in, Champion Identification
- Assess Goals, Readiness, Needs, Assets
- Partners/Stakeholders Networking
- Education/Training/Outreach
- Service delivery model/clinical team selection
- Staff roles and tasks
- Patient roadmap
- Materials/Documentation

Preparation
- Piloting
- Monitoring
- Modification
- Sustainability

Launching
Foundation Resources (Step 1)

1. SUD 101 archived presentations
2. SUD Screening and Medication Eligibility and SBIRT Resources
3. Barriers to primary care delivery of SUD Medications
4. Service Delivery Models for Buprenorphine in Primary Care
5. Economic rationale/business planning for SUD medications

Planning Resources (Step 2)

6. Clinical Guidelines for Buprenorphine and Naltrexone
7. Implementation Considerations
8. Program Considerations for SUD Treatment

Launching Resources (Step 3)

9. Brief Behavioral Interventions for SUD - Summary
10. Tapering and Discontinuation (BMC OBAT)
## Pilot Initiative (N=8) "Connecting the Dots"

<table>
<thead>
<tr>
<th>Organization</th>
<th>Clinical Team</th>
<th>Admin Contact</th>
<th>Location</th>
<th>Type</th>
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<tbody>
<tr>
<td>AAAP</td>
<td>Sanchit Maruti, Colleen LaBelle</td>
<td>Justina Pereira, Jen Lundstrom</td>
<td>Lebanon, NH</td>
<td>Primary care within larger health system</td>
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<tr>
<td>AMERSA</td>
<td>Erik Gunderson, Colleen LaBelle</td>
<td>Doreen Baeder</td>
<td>Stony Brook, NY</td>
<td>Academic Health System</td>
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<td></td>
<td></td>
<td></td>
<td>Charlottesville, VA</td>
<td>Community mental health</td>
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<tr>
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<td>Greenville, SC</td>
<td>Academic Health System</td>
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<td>AOAAM</td>
<td>Steve Wyatt</td>
<td>Lara Renucci, Nina Albano Vidmer</td>
<td>Morgantown, NC</td>
<td>Community mental health</td>
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<tr>
<td>APA</td>
<td>Andrew Saxon</td>
<td>Michelle Dist</td>
<td>Hanover, PA</td>
<td>Community-based Health Network</td>
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<tr>
<td>ASAM</td>
<td>Yngvild Olsen</td>
<td>Dawn Howell, Jennifer Butchart</td>
<td>Conowingo, MD</td>
<td>Standalone community-based FQHC</td>
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<td>Baltimore, MD</td>
<td>Community-based Health Center</td>
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## Lessons Learned

<table>
<thead>
<tr>
<th>Approach</th>
<th>Organization</th>
<th>External</th>
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</thead>
<tbody>
<tr>
<td>• Champions and implementation teams</td>
<td>• Education (across staff levels)</td>
<td>• Community partners</td>
</tr>
<tr>
<td>• Multi-level training</td>
<td>• Screening and identifying patients</td>
<td>• 42CFR Part 2</td>
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<tr>
<td>• Flexibility with structure</td>
<td>• Behavioral health support</td>
<td>• Prescription access,</td>
</tr>
<tr>
<td>• Accountability</td>
<td>• Chronic care teams</td>
<td>authorizations, insurance</td>
</tr>
<tr>
<td>• Collaborative; time for processing ambivalence and concerns</td>
<td>• Systems support: templates, forms, protocols, assessments</td>
<td>• Stigma</td>
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<tr>
<td></td>
<td>• Stigma</td>
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On February 1, 2018, SAMHSA awarded the American Academy of Addiction Psychiatry (AAAP) and a coalition of 22 national healthcare and professional organizations a two-year grant to provide technical assistance to all U.S. states and territories to address the opioid crisis.

Kathryn Cates-Wessel
CEO, AAAP
PI and Project Director

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Partner Organizations and Individuals

- American Academy of Family Physicians (AAFP)
- American College of Emergency Physicians (ACEP)
- American College of Physicians (ACP)
- American Medical Association (AMA)
- Association for Medical Education and Research in Substance Abuse (AMERSA)
- American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Psychiatric Association (APA)
- Boston Medical Center (BMC)
- Coalition of Physician Education (COPE)
- Council on Social Work Education (CSWE)
- National Association for Community Health Centers (NACHC)
- National Association of Drug Court Professionals (NADCP)
- National Alliance for HIV Education and Workforce Development (NAHEWD / AETC)
- National Council for Behavioral Health (NCBH)
- Physician Assistant Education Association (PAEA)
- Research Foundation for Mental Hygiene (Columbia)
- Strengthening Families

**Individuals:** Holly Echo-Hawk, PhD, Karen Oliver, PhD and Roger Chou, MD
Overall mission: to provide training and technical assistance via local experts to enhance prevention, treatment (especially MAT with buprenorphine, naltrexone, and methadone), and recovery efforts across the country addressing state and local specific needs.
SAMHSA STR-TA Goals

- **Increase** the number of physicians and allied health professionals trained in best practices to respond to opioid use disorders
- **Increase** availability of peers to support people at risk of or seeking recovery from opioid use disorders
- **Reduce** barriers for clinical and peer providers to deliver effective evidence-based prevention, treatment, and recovery intervention
Who Can Submit a Request?

Anyone!
The Process

Step 1: Those seeking technical assistance submit a request form: [https://www.getstr-ta.org/SubmitTAResquest.aspx](https://www.getstr-ta.org/SubmitTAResquest.aspx)

Step 2: The request will be forwarded to the designated Technology Transfer Specialist (TTS) for each state/territory.

Step 3: Once the request form is submitted, the individual submitting the request will be contacted within one business day to initiate a call to discuss the process and needs of the requestor to move forward.
Overview of the TA Request Workflow Steps

1. TA requested
2. TA logged in TA Management System (TAMARO)
3. Determination of Need (DON) conducted
4. Duplication Avoidance ensured

5. Intensive TA approved (if applicable)
6. Assignment of TA provider(s) made
7. Action Plan developed
8. TA services provided

9. TA request closed
As of November 27, 2018:

- 393 TA requests
- 281 TA requests with completed Determination of Need assessment
- Following Determination of Need with requesters, 354 related TA activities completed
  - 48 related TA activities currently scheduled

Data in these analyses are as of 11/27/2018.
TA Focus Areas

Data in these analyses are as of 11/27/2018. Total TA Requests = 393.
Examples of Active TA Requests

**Rhode Island:** Grandmother wants help to build necessary network and infrastructure to initiate 12-week support program for grandparents raising grandchildren due to the opioid crisis. Pursuing establishment of website and nonprofit.

**New Jersey:** Implement culturally appropriate SUD/OUD prevention curricula in 13 private schools in the Orthodox Jewish Community.

**North Carolina:** Support the creation of sustainable community OUD prevention programs across ten counties in rural North Carolina. Increase the implementation of MAT across all counties through physician-to-physician peer training.

**Multiple States:** Learn about and implement the nurse care manager model for OBAT.

**California:** Training for pediatric dental residents in opioid prevention to help mitigate the national opioid crisis.
Lessons Learned Across Projects

- Stigma is HUGE – general community and within medicine
- SUD 101 required
- Local is key
- Collaboration is essential
- MAT is more than just prescribing
- Others need to know that MAT is NOT one medication
- Systems are needed – templates, forms, workflow charts, business plans
Lessons Learned Across Projects

- More than just educating prescribers
  - *Multidisciplinary teams are vital (nurses, pharmacists, dentists, justice, counselors, psychologists, administrative/billing, CEO and the general community) are required*

- One size does not fit all
- Mental health disorders cannot be ignored
- It takes time but vital to real change.
Together We Can Make a Difference

www.pcssNOW.org

www.getSTR-TA.org
# Top Three TA Topics by Focus Area

<table>
<thead>
<tr>
<th>Focus Area</th>
<th># of Related TA Activities</th>
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</thead>
<tbody>
<tr>
<td><strong>Prevention</strong></td>
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<tr>
<td>School/Education Programs</td>
<td>17</td>
</tr>
<tr>
<td>Media/Public Awareness Campaigns</td>
<td>14</td>
</tr>
<tr>
<td>Naloxone Training/Distribution</td>
<td>9</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
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<tr>
<td>General Medication Assisted Treatment (MAT); Including Clinical Mentorship and Implementation Facilitation</td>
<td>58</td>
</tr>
<tr>
<td>Other</td>
<td>38</td>
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<tr>
<td>Implementation TA/Systems Change</td>
<td>35</td>
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<tr>
<td><strong>Recovery</strong></td>
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<tr>
<td>Recovery Coalition/Community Building</td>
<td>25</td>
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<tr>
<td>Implementation TA/Systems Change</td>
<td>20</td>
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<tr>
<td>Peer Support/Recovery Coach Models</td>
<td>9</td>
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