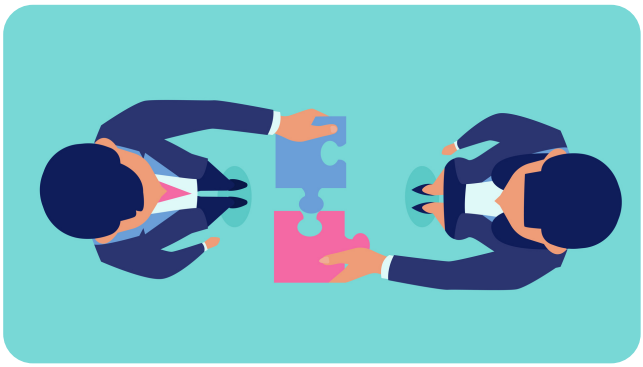
MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

Feb 25th, 2022 **BIWEEKLY NEWSLETTER** Vol. 43



BIPARTISAN SENATE BILL CALLS FOR INCREASED ACCESS TO METHADONE FOR OPIOID USE DISORDER TREATMENT

This bipartisan bill would support and increase access to live-saving, evidence-based methadone treatment by revising outdated regulations. These include reducing the time in treatment to receive take-home doses of methadone, allowing pharmacies to dispense methadone to patients in opioid treatment programs (OTPs), allowing OTPs to run mobile medication units without needing a separate DEA registration for each mobile unit, and requiring SAMHSA to study the impact of COVID-19 on the relaxed regulations for methadone treatment.

WHAT'S INSIDE

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3/4: ECHO: Maximizing OBAT Support Staff

3/17: OBAT Navigator Skills Lab

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Acute Post-Op Pain After Cesarean Delivery in Patients W/ OUD Treated With Opioid Agonist Pharmacotherapy

Microdosing to Induct Patients to Long-Acting Injectable Bupe in Low Threshold Communities

Appts to Edna Mahan Correctional Facility Board of Trustees

Racial Equity & OUD Treatment in ED

RESOURCES

Lowering Barriers to MAT: Issue Brief

State Licensure Expiration Info

NJ Opioid Medical Education

UPCOMING EVENTS



MAT LUNCH HOUR: TOPIC TBD

WEDNESDAY, MARCH 23RD FROM 12:00-1:00 PM

Co-hosted with the Camden Coalition, the MAT Lunch Hours are hour-long virtual meetings to hear from experts and discuss the latest in clinical and non-clinical issues affecting the MAT patient population.

OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, MARCH 17TH FROM 12:00-1:00 PM

The Camden Coalition is offering monthly resources calls & skills labs to provide ongoing opportunity for OBAT navigators & other SUD navigators/case managers to continue learning through:

- Hour-long deep dive of particular content areas
- Discussion of (de-identified) patient cases & support thinking through patient engagement strategies, potential resources, & how to practice self-care while doing this work
- Presentations & sharing updated resources about relevant topics

These events take place every 3rd Thursday of the month from 12pm - 1pm

MARCH'S PROJECT ECHOS

PROJECT ECHO IS STRAIGHT-FORWARD, SPECIFIC AND APPLICABLE. AT EVERY LIVE SESSION WE EXPLORE ACTIVE PATIENT CHALLENGES FROM MULTIPLE PERSPECTIVES. WE EACH HOLD A PIECE OF THE PUZZLE AND EVERYONE IS WELCOME TO SHARE EXPERIENCES. YOU'LL MEET PRACTITIONERS FROM ACROSS THE STATE THROUGH A SIMPLE VIDEO INTERFACE AND BECOME PART OF A COLLEGIAL COMMUNITY. YOU'LL HAVE A COMFORTABLE PLACE TO RETURN AND WILL BUILD ON WHAT YOU'RE LEARNING, MONTH TO MONTH.

PROJECT ECHO: MOUD: WHICH OPTION IS BEST FOR MY PATIENT?

FRIDAY, MARCH 4TH AT 12:00-1:00 PM

This session will discuss the different options of medications for opioid use disorder and which may be best for your patients.

PROJECT ECHO: MAXIMIZING THE ROLE OF YOUR OBAT SUPPORT STAFF

FRIDAY, MARCH 11TH AT 12:00-1:00 PM

This session will discuss how you, as a provider, can maximize the role of your OBAT support staff in order to perform your job in the best way possible.

RECENT LITERATURE

A RETROSPECTIVE STUDY OF ACUTE POSTOPERATIVE PAIN AFTER CESAREAN DELIVERY IN PATIENTS WITH OPIOID USE DISORDER TREATED WITH OPIOID AGONIST PHARMACOTHERAPY



This study sought to quantify the effect of opioid agonist pharmacotherapy on pain management after cesarean delivery, compared with patients not on these medications. It compared the 24-hour postoperative opioid consumption (not including buprenorphine or methadone) in MMEs, pain score, and length-of-stay. MME was 99 for those on opioid agonist therapy (vs. 30). Higher pain scores were also greater for those on opioid agonist therapy, in addition to postoperative length of stay. The results show that women on opioid agonist pharmacotherapy had greater opioid utilization and pain severity after cesarean delivery.

USING MICRODOSING TO INDUCT PATIENTS INTO A LONG-ACTING INJECTABLE BUPRENORPHINE DEPOT MEDICATION IN LOW THRESHOLD COMMUNITY SETTINGS: A CASE STUDY

Access to medications for opioid use disorder has never been more important than it is today, given the many challenges from the COVID-19 pandemic. Given the rise in overdose deaths in the age of fentanyl in the setting of COVID-19, these challenges include maintaining and improving access to treatment while protecting frontline workers and managing operational challenges. This study sought to investigate the use of microdosing to facilitate the induction of patients onto extended-release injectable buprenorphine in situations where traditional buprenorphine induction is difficult due to a high risk of precipitated withdrawal. The current lack of large-scale data on buprenorphine microdosing undertaken is a barrier to its more widespread adoption. This case study of five patients highlights the valuable role that buprenorphine microdosing can play in making induction to long-acting buprenorphine depot feasible more patients, including those on a high dose methadone treatment regimen.

RECENT LITERATURE (CONT).

MURPHY ANNOUNCES APPOINTMENTS TO EDNA MAHAN CORRECTIONAL FACILITY FOR WOMEN BOARD OF TRUSTEES

Governor Phil Murphy announced the groundbreaking appointments of Dr. Amesika Nyaku, the co-director of the Northern NJ COE, Tia Ryans, Dr. Johanna Foster, Bonnie Kerness, La'Nae Grant, and Kathleen Witcher to the Edna Mahan Correctional Facility for Women Board of Trustees. The Governor also reappointed Dr. Karma Brown Warren. The appointments will act to create a diverse, highly-engaged, and forward-thinking Board of Trustees that is well-equipped to supervise the operations of the state's only women's correctional facility. "I am grateful for this opportunity to contribute to improving the health and wellness of everyone at Edna Mahan," said Dr. Amesika Nyaku. "I look forward to being a part of a transformative process." This group of leaders will be "working towards making positive and meaningful change focused on safety and reintegration."



RACIAL EQUITY IN LINKAGE TO INPATIENT OPIOID USE DISORDER TREATMENT IN PATIENTS THAT RECEIVED EMERGENCY CARE



Evidence has shown that there are racial inequities in the receipt of treatment for OUD. In this retrospective cohort study, race was used as a factor to assess potential effects of racism on the referral process for OUD treatment. The objective was to determine whether Black or Hispanic patients experienced increased barriers to inpatient OUD detoxification placement at a community-integrated and diverse SUD support program based in an ED. The secondary outcome was to determine if Black and Hispanic patients were more likely to have less than 3 referrals. Of the 1,700 encounters from nearly 800 unique patients seeking treatment, 45% were among Black and Hispanic patients. This group of patients had significantly lower odds of having a barrier to inpatient OUD treatment and more treatment referrals than white patients. This study suggests an ED-based OUD support program staffed by diverse community members can mitigate inequities in access to inpatient detox, although there was an increased number of ED visits for OUD detox placement amongst Black and Hispanic patients. Additional research is needed to determine solutions to address racial inequities in detox placement and in maintenance in treatment programs.

RESOURCES

ISSUE BRIEF: LOWERING THE BARRIERS TO MEDICATION TREATMENT FOR PEOPLE WITH OPIOID USE DISORDER

Given the skyrocketing overdose death rates and because regulatory and administrative barriers to MOUD treatment remain high, only about 11% of people with OUD receive effective evidence-based MOUD. In response, clinicians and advocates have looked to a "low-threshold" approach that reduces the stigma around MOUD and facilitates their use, including through the integration of addiction medicine as part of general medical care. This brief summarizes the barriers to treatment, the evidence on the low-threshold approach, and areas for future research. The evidence suggests that low-threshold approaches can increase access to treatment, with outcomes comparable to standard care.


Penn LDI | CHERISH

January 2022

ISSUE BRIEF

Lowering the Barriers to Medication Treatment for People with Opioid Use Disorder

Evidence for a Low-Threshold Approach

Shoshana V. Aronowitz, PhD, MSHP, FNP-BC, Czarina Navos Behrends, PhD, MPH, Margaret Lowenstein, MD, MPhil, MSHP, Bruce R. Schackman, PhD, MBA, and Janet Weiner, PhD, MPH

Overdose deaths have reached unprecedented levels in the U.S., despite effective medications to treat opioid use disorders (OUDs). Because the regulatory and administrative barriers to treatment are high, only about 11% of people with OUD receive effective medications, which include buprenorphine, methadone, and naltrexone. In response, clinicians and advocates have looked to a "low-threshold" approach that reduces the stigma surrounding effective medications and facilitates their use. This brief summarizes the barriers to treatment, the evidence on the low-threshold approach, and areas for future research. The evidence suggests that low-threshold approaches can increase access to treatment, with outcomes comparable to high-barrier, standard care. Policymakers, providers, and payers should lower the barriers to medication treatment through regulatory flexibility (including telehealth prescribing), and harm reduction strategies that de-emphasize abstinence and place a priority on initiating or re-initiating treatment whenever and wherever individuals are ready to do so.

INTRODUCTION

With overdose deaths in the U.S. reaching unprecedented levels in 2021, it becomes increasingly urgent to find new ways to deliver effective treatments for opioid use disorders (OUDs). We have effective medications[1] to treat OUD, including buprenorphine, methadone, and naltrexone, but in 2020, only about 11%[2] of people with opioid use disorder received one of them. In addition, there are significant racial disparities[3] with Black patients less likely than white patients to receive medication treatment across multiple settings. The barriers to treatment are high, and they include philosophical, regulatory, administrative, and clinical constraints. In response, clinicians and advocates have looked to a "low threshold" approach that reduces the stigma surrounding effective medications and facilitates their use.

Methadone and buprenorphine are both opioids, and their use for OUD treatment is often portrayed in a stigmatizing light as "trading one addiction for another." But this ignores the clear and convincing evidence that treatment with methadone or buprenorphine substantially reduces the risk of an opioid overdose. In a comparative effectiveness study, Wakeman et al.[4] (2020) estimated that these medications are associated with a 76% decrease in the risk of overdose at three months and a 59% decrease at 12 months.

Leonard Davis Institute of Health Economics | Center for Health Economics of Treatment Interventions for Substance Use Disorder, HCV, and HIV

MEDICAL STATE LICENSURE AND/OR CONTROLLED SUBSTANCE LICENSURE EXPIRATION IMPLEMENTED

The DEA's Registration and Program Support Section has identified countless Practitioners and Mid-Level Practitioners' DEA Registration numbers whose Medical State Licensure and/or their Controlled Substance licensure numbers past their expiration date. In the event DEA recognizes an expired state license, the registrant will receive an email 5 days after the expiration of the license, as a reminder to renew the license as soon as possible. If the license has not been corrected 30 days after expiration, the registrant will receive a second notification stating the registration is in jeopardy of having an Order to Show Cause terminate the registration due to non-compliance with Federal law and state compliance. The quickest and most secure way to correct this discrepancy, is to log into DEA Diversion Control Division and see the link in the top left box titled, "Make Changes to my DEA Registration."

RESOURCES (CONT.)

NEW JERSEY OPIOID MEDICAL EDUCATION PROGRAM

Register for our continuing medical education series, the New Jersey Opioid Medical Education Program, developed in partnership with NJ CARES, the New Jersey Division of Consumer Affairs, and the New Jersey Attorney General, presented by NeuroMusculoskeletal Institute Medical Director and Southern NJ MAT Center of Excellence Co-Director Richard Jermyn, DO, FAAPMR. The courses are designed to educate New Jersey health care professionals with prescribing authority as well as pharmacists, mental health professionals, registered nurses, and athletic trainers. Training curriculum and materials are focused on opioid prescribing guidelines, harm reduction strategies, and MAT in various settings. Courses are available in live and enduring formats at a cost of $7. Upon successful completion of a course, physicians will receive CME credits, and other participants will receive certificates of completion to retain in accordance with their relevant licensing board regulations.



MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)

Northern NJ MAT COE Website & Email: bit.ly/mat-coe; coe@njms.rutgers.edu
Southern NJ MAT COE Website & Email: snjmatcoe.org; southernnjcoe@rowan.edu