MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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IT WILL END IN TIERS: A STRATEGY TO INCLUDE "DABBLERS" IN THE BUPRENORPHINE WORKFORCE AFTER THE X-WAIVER

Much of the current focus has been to increase the capacity and knowledge base of existing "X-waivered" prescribers who intend to provide buprenorphine to a high volume of patients. With the removal of the "X-waiver," it will inevitably be easier to increase access to life-saving treatment with buprenorphine. This will occur only if these prescribers are willing to prescribe MOUD in an evidence-based way. Therefore, new strategies are needed in order to truly encourage these prescribers to be aware of the treatment of MOUD. As this article states, these strategies may include building a new tier of treatment capacity will require educational outreach, systems strategies, and enhanced payments.

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UPCOMING EVENTS



MAT LUNCH HOUR: EXTENDED HOURS FOR METHADONE ACCESS

WEDNESDAY, FEBRUARY 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. This session will have opioid treatment providers discuss their experiences with increased access to methadone during COVID-19.

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

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

Our SUD MAT and Continuous Quality Improvement Project ECHO series 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.

OBAT NAVIGATOR TRAINING

TUESDAY, FEBRUARY 15TH FROM 9:30 AM - 12:00 PM

Hosted by the Camden Coalition, this training series of six weekly webinars focuses on foundational knowledge and actionable information for OBAT navigators, such as:

- Introduction to substance use disorders, harm reduction, trauma-informed care, and the OBAT model
- Approaches for building relationships and putting harm reduction, trauma-informed care, and care-planning into practice in a clinic-based setting
- Best practices in connecting patients to behavioral health and social service resources, including specific community resource identification and referral tools

OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, FEBRUARY 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

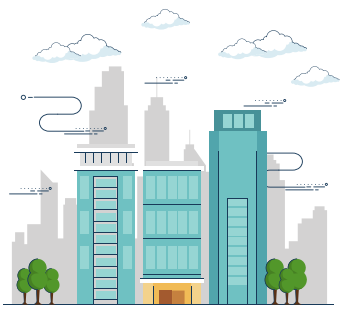
RECENT LITERATURE

EFFECT OF SUSTAINED HIGH BUPRENORPHINE PLASMA CONCENTRATIONS ON FENTANYL-INDUCED RESPIRATORY DEPRESSION: A PLACEBO-CONTROLLED CROSSOVER STUDY IN HEALTHY VOLUNTEERS AND OPIOID-TOLERANT PATIENTS

Highly potent synthetic opioids such as fentanyl have contributed to the increase in overdose deaths over the last several years. Buprenorphine has not been extensively studied to determine the protective effects of buprenorphine in reducing the risk of respiratory depression from fentanyl use. There are, however, several pharmacokinetic studies that investigated the impact of buprenorphine dose on mu-opioid receptor binding capacity on withdrawal, cravings, and illicit opioid drug use. With the understanding of buprenorphine's higher mu-opioid receptor affinity compared to fentanyl, this article examined whether sustained buprenorphine plasma concentrations such as those achieved by using extended-release injectable buprenorphine can reduce the frequency and the degree of fentanyl-induced respiratory depression. In this small, two-period crossover, single-center study, 14 healthy volunteers and 8 opioid-tolerant patients taking daily opioid doses ⩾90 mg oral morphine equivalents (open-label) received continuous intravenous buprenorphine or placebo for 360 minutes, targeting buprenorphine plasma concentrations of 0.2 or 0.5 ng/mL in healthy volunteers and 1.0, 2.0 or 5.0 ng/mL in opioid-tolerant patients. Upon reaching target concentrations, participants received up to four escalating intravenous doses of fentanyl. The primary outcome was the maximum decrease in minute ventilation (VE) . At higher buprenorphine plasma concentrations, decreases in VE due to fentanyl were smaller, with fentanyl effects on VE greater for the 1 ng/mL group than for the 2 and 5 ng/mL groups in opioid-tolerant patients. Results from this proof-of-concept study provide hypothesis-generating support that buprenorphine may protect against respiratory depression induced by potent opioids like fentanyl when concentrations are sustained, which may have implications for the use of extended-release injectable buprenorphine.

RURAL AND URBAN DIFFERENCES IN UNDERSUPPLY OF BUPRENORPHINE PROVIDER AVAILABILITY IN THE UNITED STATES



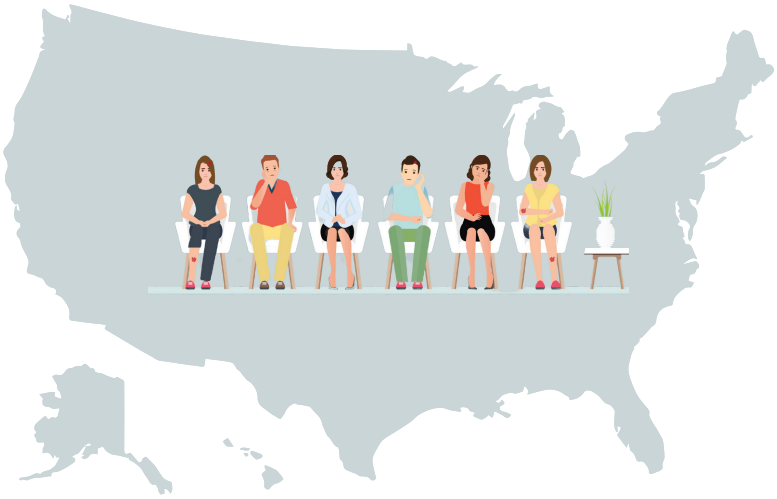


Limited access to MOUD is widespread in the United States, especially for buprenorphine, and far more limited in rural counties. This study sought to explore the availability of "X-waivered" providers defined by the county-level rate of opioid-overdose deaths. It found that a greater percentage of urban counties (36.4%) vs. rural counties (32.0%) were classified as buprenorphine undersupplied, although the likelihood of a rural county being undersupplied varied considerably by state. As the article states, continued quality improvement strategies for improving access to buprenorphine-waivered providers should be state-centric and informed by county-specific indicators of need. Contact the COEs for assistance in finding treatment with "X-waivered" providers, primarily those in the OBAT setting, for your patients.

RECENT LITERATURE (CONT).

UTILIZATION OF MEDICATIONS FOR OPIOID USE DISORDER ACROSS US STATES: RELATIONSHIP TO TREATMENT AVAILABILITY AND OVERDOSE MORTALITY

This study conducted an analysis of patients receiving MOUD from OTPs or buprenorphine providers in March 2017 across all 50 states and Washington, DC. In March 2017, over 942,000 patients attended an OTP or received a buprenorphine prescription. Patient to OTP ratio was highest in West Virginia, Delaware, Washington, DC, **New Jersey**, New Hampshire, Connecticut and Ohio. Patient to buprenorphine provider ratio was highest in Kentucky and West Virginia. Of high overdose states, Washington, DC, **New Jersey**, and Ohio had the fewest number of patients on MOUD relative to deaths. The study highlights the potential strain on treatment availability, especially in those states with high patient volume. Continuing to increase access to MOUD while promoting greater utilization of MOUD in SUD treatment programs is critical.



RESOURCES

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