



MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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BIWEEKLY NEWSLETTER

Vol. 69



US PLANS TO ALLOW MEDICAID FOR DRUG TREATMENT IN PRISONS

Medicaid has typically been inactivated during incarceration. The federal government is planning to allow states to use Medicaid funds to provide medications to treat substance use disorders, as part of a strategy to help overcome the overdose crisis.

WHAT'S INSIDE

UPCOMING EVENTS

3/10: ECHO: Quality Improvement Application Case Studies

3/16: OBAT Navigator Skills Lab

HEADLINES

US Plans to Allow Medicaid for Drug Treatment in Prisons

DEA Announces Proposed Rules for Permanent Telemedicine Flexibilities

Many Clinicians Implement Digital Equity Strategies to Treat Opioid Use Disorder

RESOURCES

Patient Guide: Precipitated Withdrawal

SNJ COE Expands Statewide Services

UPCOMING EVENTS



QUALITY IMPROVEMENT APPLICATION: CASE STUDIES

FRIDAY, MARCH 10TH FROM 12:00-1:00 PM

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.

OBAT MONTHLY SUD NAVIGATION SUPPORT CALLS

THURSDAY, MARCH 16TH FROM 12:00-1:00 PM

The Camden Coalition offers monthly resources calls & skills labs (every 3rd Thursday) 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

Mark
your
Calendar

RECENT NEWS

DEA ANNOUNCES PROPOSED RULES FOR PERMANENT TELEMEDICINE FLEXIBILITIES

On Friday, February 24th, the DEA announced proposed rules that, as of this writing, has not been published in the Federal Register. These rules would extend many telehealth flexibilities that were adopted during the COVID-19 public health emergency. These rules would impact those telehealth consultations by a provider that has never conducted an in-person evaluation of a patient AND results in the prescribing of a controlled medication, which includes a 30-day supply of buprenorphine for the treatment of opioid use disorder. Upon publication, the public will have 30-days to comment on these. You can keep updated on the publication of these rules on: <https://www.regulations.gov/>.



BUPRENORPHINE-NALOXONE VERSUS BUPRENORPHINE FOR TREATMENT OF OPIOID USE DISORDER IN PREGNANCY

This single-center, retrospective cohort study sought to identify the difference in outcomes with return to opioid use in pregnancy for the pregnant person and the need for treatment for neonatal abstinence syndrome (NAS) in the neonate. It found that compared with buprenorphine by itself, the buprenorphine-naloxone combination was not associated with a higher risk of return to opioid use nor higher need for more treatment for NAS.

RECENT NEWS



OBSTETRIC PAIN MANAGEMENT FOR PREGNANT WOMEN WITH OPIOID USE DISORDER: A QUALITATIVE AND QUANTITATIVE COMPARISON OF PATIENT AND PROVIDER PERSPECTIVES

This is a prospective cohort study that sought to compare and assess patient and provider perspective on analgesia during and after delivery in women with opioid use disorder. It found five major themes from patients: (1) neuraxial blockade was endorsed for labor pain; (2) otherwise, limited pain control options were perceived; (3) no consensus around use of opioids for pain; (4) non-opioid options should be available; and (5) provider communication and health-care system issues act as barriers to adequate pain management. In addition, it found 5 major themes for providers: (1) unique challenges in pain management for patients with OUD; (2) confusion on how to plan for and make perinatal adjustments to medication for OUD; (3) discrepant views on use of opioids for pain management; (4) endorsement of non-pharmacological and non-opioid options; and (5) need for improved provider collaboration in developing pain management plans.

MANY CLINICIANS IMPLEMENT DIGITAL EQUITY STRATEGIES TO TREAT OPIOID USE DISORDER

This study surveyed clinicians treating OUD in 2020 vs. 2022 and found that 77% reported implementing at least 1 digital equity strategies to support those who faced barriers to using video visits.



RESOURCES

NEW PATIENT RESOURCE: EXPLAINING PRECIPITATED WITHDRAWAL

Does Buprenorphine "Really" Cause Bad Withdrawal?

A PATIENT'S GUIDE TO
"PRECIPITATED WITHDRAWAL"



Do you have patients who you have struggled to re-initiate buprenorphine because of precipitated withdrawal? Have you had a difficult time explaining precipitated withdrawal to your patients? If either of these questions is a 'yes,' please check out our new resource for you to review and share with patients titled: "Does buprenorphine "really" cause bad withdrawal?"

This guide is written for patients to help them understand why precipitated withdrawal occurs and how to reduce the risk. The best way to use this guide is to review the handout with them. If you have any questions or have in-the-moment clinical questions, you can always call our 24/7 hotline at 1-844-HELP-OUD.

SOUTHERN NJ MATCOE EXPANDS STATEWIDE TRAINING, EDUCATION, & CONSULT SERVICES

OVERVIEW OF HOSPITAL-BASED ADDICTION CARE

Join the Southern NJ MAT Center of Excellence for a FREE 8-hour CME course for **physicians and advanced practice providers** focused on a comprehensive overview of medical and non-medical management of the most common substance use disorders, how to manage patient-directed discharge, and harm reduction strategies.

IN-PERSON SESSION
COOPER UNIVERSITY HOSPITAL, CAMDEN, NJ
FRIDAY, MARCH 31, 2023
9AM TO 5PM EDT

SAVE THE DATE!
REGISTRATION LINK TO FOLLOW

Taught by subject matter experts in the fields of emergency medicine and addiction medicine:

Alexis LaPietra, DO, FACEP
Rachel Haroz, MD, FAACT
Ryan Schmidt, MD, FASAM
Brittany Cesar, MD

Anyone in the United States may attend and free CME will be provided through Rowan-Virtua SOM.

Please contact Patricia Fortunato, Southern NJ MAT Center of Excellence, for registration information and with inquiries: fortunato-patricia@cooperhealth.edu

Cooper MATCOE  

This upcoming training on "Overview of Hospital-Based Addiction Care" is an in-person didactic scheduled for Friday, March 31 from 8am to 5pm at Cooper University Hospital in Camden. The course content will focus on a comprehensive overview of hospital-based addiction care, including how to diagnose and manage the most common SUDs, managing patient-directed discharge, and harm reduction strategies. The speakers include St. Joseph's Health System Chief of Pain and Addiction Medicine, Alexis LaPietra, DO, FACEP; Cooper Center for Healing Medical Director and the program's PI, Rachel Haroz, MD, FAACT; Medical Director of Recovery Village Cherry Hill at Cooper and Cooper Addiction Medicine Fellowship Program Director, Ryan Schmidt, MD, FASAM; and Cooper Addiction Medicine Fellow, Brittany Cesar, MD.

For registration and CME information, and for further information in regard to the training series and related SNJMATCOE training and education, please contact SNJMATCOE Content Manager, Patricia Fortunato: fortunato-patricia@cooperhealth.edu



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

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