MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

January 14, 2022 **BIWEEKLY NEWSLETTER** Vol. 40



SYRINGE ACCESS EXPANSION LAWS PASSED BY NJ SENATE AND ASSEMBLY

The New Jersey Legislature passed far-reaching legislation, sponsored by Senator Joseph Vitale and Assemblywoman Valerie Vainieri-Huttle, to expand access to syringe services, which are essential public health tools to end the overdose crisis.

The Syringe Access Bill (S-3009/A-4847) will expand access to essential syringe access programs (SAP) throughout the state by removing the restrictive municipal ordinance requirement and aligning SAPs with other public health services. The Syringe Decrim Bill (S-3493/A-5458) will decriminalize possession of syringes and allow for expungement of previous convictions.

MORE INFORMATION ON THE BILL

WHAT'S INSIDE

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1/26: MAT Lunch Hour: Bupe Dispensing in Pharmacies

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HEADLINES

Sustained Implementation of a Strategies to Increase ED-Initiated Interventions for OUD

Association Between Participation in Counseling & Retention in MAT for Homeless

Methadone Initiation in a Bridge Clinic for Opioid Withdrawal and OTP Linkage

OUD Treatment Access Increases Large Medicaid Population

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SBIRT Resources

NJ Opioid Medical Education Program

Injectable Buprenorphine Handout

UPCOMING EVENTS



TALKING TO PATIENTS ABOUT CANNABIS USE: A PSYCHIATRIST'S PERSPECTIVE

MONDAY, JANUARY 24TH FROM 1:00 - 2:00 PM

Join us on a webinar to hear about talking to patients about cannabis use from a psychiatrist's perspective. Our ECHO session back in December discussed talking about the harms of chronic cannabis use, especially those with high amounts of THC, in high-risk patients who could suffer negative consequences. Dr. Zerbo from the Northern NJ MAT Center of Excellence will be leading this talk.

PROJECT ECHO: UNIVERSAL SCREENING AND DIAGNOSIS OF OUD IN THE OFFICE-BASED SETTING

FRIDAY, FEBRUARY 4TH AT 12:00 PM

Our SUD MAT and Continuous Quality Improvement ECHO series is scheduled to return on February 4th. The first topic will be on the Universal Screening and Diagnosis of OUD in the Office-Based Setting.

MAT LUNCH HOUR: BUPRENORPHINE DISPENSING IN PHARMACIES

WEDNESDAY, JANUARY 26TH FROM 12:00-1:00 PM

Join the MAT Centers of Excellence and the Camden Coalition for the next MAT Lunch Hour on Buprenorphine Dispensing in Pharmacies. Access to buprenorphine is key in reducing morbidity and mortality of OUD but if patients are not dispensed buprenorphine at the pharmacies, these benefits cannot be gained. Our pharmacists at the Centers of Excellence and 2 pharmacists in the community, one independent and one chain, will present their perspectives of the barriers to buprenorphine in the community pharmacy setting. With a better understanding of these unique issues, we can collaboratively find solutions to increase access to MOUD overall.

OBAT NAVIGATOR TRAINING

TUESDAY, FEBRUARY 8TH FROM 9:30 AM - 12:00 PM

Hosted by the Camden Coalition, this training series of six 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

RECENT LITERATURE

SUSTAINED IMPLEMENTATION OF A MULTICOMPONENT STRATEGY TO INCREASE EMERGENCY DEPARTMENT-INITIATED INTERVENTIONS FOR OUD

The objective of this article in the Annals of Emergency Medicine journal is to describe the implementation, maintenance, and adoption of initiating buprenorphine in the emergency department setting. It conducted a retrospective analysis of EHR of those who presented to the ED for OUD and related conditions, and described patient characteristics, treatment, and process changes over time. It found that in over 2,600 visits, over 25% were for overdose, 8% were for withdrawal and 64% for other conditions. 13% of patients received MOUD during or after the ED visit. The study also found sustained increases in treatment with the use of buprenorphine but provider implementation of buprenorphine prescribing ranged from 0% to 61% for these encounters. Provider-level strategies will continue to be needed to universally increase buprenorphine prescribing.

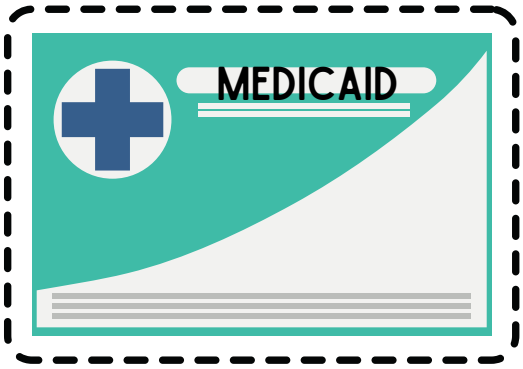
ASSOCIATION BETWEEN PARTICIPATION IN COUNSELING AND RETENTION IN A BUPRENORPHINE-ASSISTED TREATMENT PROGRAM FOR PEOPLE EXPERIENCING HOMELESSNESS WITH OPIOID USE DISORDER

This is a retrospective cohort analysis published in the International Journal of Environmental Research and Public Health that examined the relationship between participating in counseling and retention with buprenorphine for 3+ months for those experiencing homelessness and treated in a Federally Qualified Health Center (FQHC) in San Diego. It found that among the 306 adults experiencing homelessness with at least one prescription for buprenorphine, 97 patients were retained at 3 months and 209 were not, finding that counseling appointments were associated with greater retention at 3 months (OR=1.57, $p<0.001$). Counseling and therapy may provide a greater role in recovery and retention in treatment with buprenorphine especially amongst those experiencing homelessness.

METHADONE INITIATION IN A BRIDGE CLINIC FOR OPIOID WITHDRAWAL AND OTP LINKAGE: A CASE REPORT APPLYING THE 72-HOUR RULE

This is a case report detailing an application of the 72-hour rule in a SUD bridge clinic, which allows non-OTP and/or non-X-waivered providers to administer up to 3-days supply of methadone and buprenorphine, respectively, to patients with OUD for bridging them to ongoing care. In this case, she presented in an SUD bridge clinic looking for OTP linkage in withdrawal and was provided with methadone 20mg. On the second day, she was still in withdrawal and provided with methadone 40mg. On the third day, the patient was admitted to a local OTP and continues to retain in treatment 3 months later. Efforts to continue reducing barriers to methadone and MOUD are needed and in the existing landscape with the 3-day rule, SUD bridge clinics may serve an important role in treating acute opioid withdrawal and linking patients to appropriate care.

IN THE NEWS



OUD TREATMENT ACCESS INCREASES IN AREAS WITH LARGE MEDICAID POPULATION

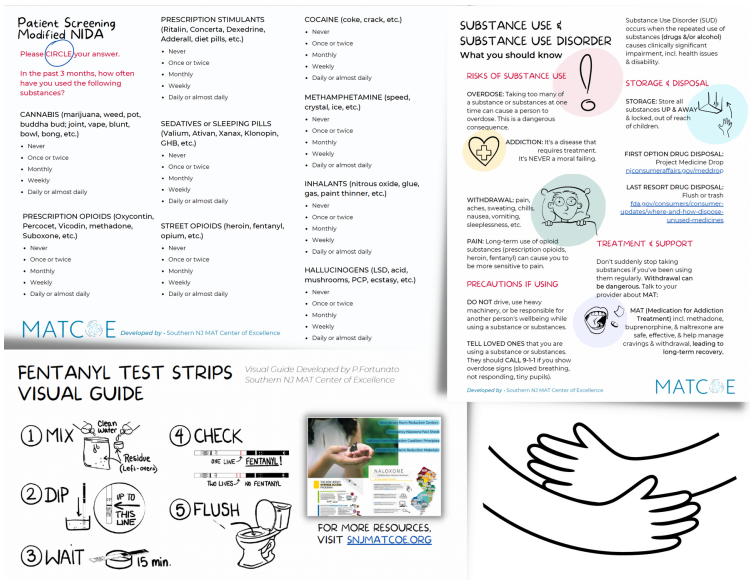
Check out this infographic developed by the Vanderbilt Center for Child Health Policy, using data from a Health Services Research article on "Medicaid Prevalence and OUD Treatment Across Disparities." The article finds that although Medicaid is a common type of insurance, increasing access to buprenorphine for Medicaid patients treatment may best be focused on areas where there is less enrollment for Medicaid.

RESOURCES

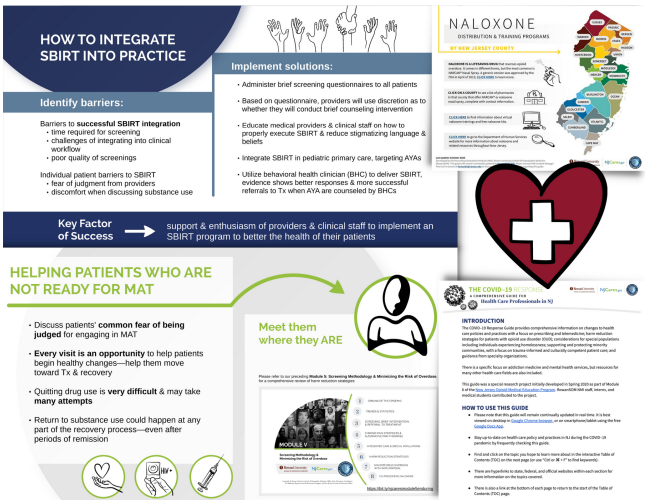
SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT RESOURCES

We are excited to share a new compendium of screening, brief intervention, and referral to treatment (SBIRT) resources, intended for primary care practices. Materials released thus far include a modified National Institute on Drug Abuse (NIDA) screening sheet for substance use disorder (SUD), and a modified Alcohol Use Disorders Identification Test-Concise (AUDIT-C) screening sheet for alcohol use disorder (AUD), along with patient health communication leaflets covering FAQ on SUD and AUD, MAT resources, and harm reduction strategies. Additional resources will be made available in the near future on our Southern NJ MAT Center of Excellence website

For inquiries pertaining to these resources and relevant templates and dot phrases, please contact Southern NJ MAT Center of Excellence Content Manager Patricia Fortunato



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.

INJECTABLE BUPRENORPHINE HANDOUT

Download and share our new injectable buprenorphine pamphlet digitally or electronically! This was created to answer some frequently asked questions about injectable subs for you and/or your patients.



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