MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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PREVALENCE OF MENTAL DISORDERS AMONG PEOPLE WITH OPIOID USE DISORDER

This is a systematic review and meta-analysis estimating the prevalence of specific mental disorders among people with OUD. It found that of the 345 studies analyzed, including over 104k patients, the prevalence of current depression was 36%, anxiety was 29%, attention-deficit/hyperactivity disorder was 21%, PTSD was 18%, and bipolar disorder was 9%. Lifetime prevalence of anti-social personality disorder and borderline personality disorder was also high, at 34 and 18%, respectively. These findings emphasize not only the need for access to mental disorder treatment among people with OUD to address these co-occurring conditions, but also appropriate screening and referral for assessment.

WHAT'S INSIDE

UPCOMING EVENTS

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8/4: IN-PERSON Seminar: Best Practices in Overdose Prevention

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8/12: ECHO: Overcoming Addiction with Empathy

HEADLINES

The Community-Based Medication-First Program for OUD

Clinical Factors Associated with Unintentional OD, Suicidal Ideation, & Attempted Suicide Among OUD

Trends in Buprenorphine Coverage & Prior Authorization Requirements

The False Dichotomy of Pain & OUD

RESOURCES

Buprenorphine Tapering Booklet

UPCOMING EVENTS



OBAT NAVIGATOR MONTHLY RESOURCE CALLS & SKILLS LAB

THURSDAY, JULY 21ST 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

MAT LUNCH HOUR: NEUROBIOLOGY OF ADDICTION AND ITS EFFECTS ON SHAME/EMPATHY

WEDNESDAY, JULY 27TH FROM 12:00-1:00 PM

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 feature Dr. Erin Zerbo, who will discuss the importance of understanding the neurobiology of addiction.

IN-PERSON SEMINAR: BEST PRACTICES IN OVERDOSE PREVENTION

THURSDAY, AUGUST 4TH FROM 9:00AM-3:30PM

Registration is now open for this seminar at the Hyatt in Princeton, NJ, discussing best practices in overdose prevention. Practices include the focus on the role of trauma-informed care, harm reduction, and medication-assisted treatment. COE speakers will be presenting. Breakfast and lunch will be provided.

SUD MAT PROJECT ECHO: MANAGING PAIN IN THE PATIENT WITH OUD

FRIDAY, AUGUST 5TH FROM 12:00-1:00 PM

This MAT SUD session topic will discuss how to address and treat pain in the patient with opioid use disorder.

SUD CQI PROJECT ECHO: OVERCOMING ADDICTION WITH EMPATHY

FRIDAY, AUGUST 12TH FROM 12:00-1:00 PM

This SUD continuous quality improvement session will discuss ways to address improving outcomes with OUD using empathy.

RECENT NEWS

THE COMMUNITY-BASED MEDICATION-FIRST PROGRAM FOR OPIOID USE DISORDER: A HYBRID IMPLEMENTATION STUDY PROTOCOL OF A RAPID ACCESS TO BUPRENORPHINE PROGRAM IN WASHINGTON STATE

Low barrier treatment models of buprenorphine have become increasingly prevalent to ensure more equitable access to this life-saving treatment. This article describes the design and protocol for a study of a rapid access buprenorphine program model in six Washington State communities at existing sites serving the most underserved. This model of care is staffed by prescribers, nurse care managers, and care navigators and designed as a 6-month, induction-stabilization-transition model to be delivered between 2019 and 2022. Effectiveness outcomes will be tested by comparing the intervention group with a comparison group derived from state records of people who had OUD. The baseline characteristics of the intervention group will be used to align with those of the comparison group, including geography, demographics, historical rates of arrests, OUD medication, and health care utilization. Outcomes will include arrests, emergency and inpatient health care utilization, and mortality rates. Results of this study will help determine the effectiveness of this low-barrier intervention. A minimum of 12 months of follow-up data from the date of the beginning of the clinical intervention will be collected on all intervention participants and the data used for analyses will extend through September 30, 2022. Data analyses are expected to be completed by March 31, 2023.

DISTINGUISHING CLINICAL FACTORS ASSOCIATED WITH UNINTENTIONAL OVERDOSE, SUICIDAL IDEATION, AND ATTEMPTED SUICIDE AMONG OPIOID USE DISORDER IN-PATIENTS

Patients with OUD have a high risk of opioid overdose and death, as well as suicide-related mortality. Distinguishing these factors are critical in addressing the needs of patients. This study examined clinical factors of three patient groups from two inpatient addiction treatment facilities in Appalachian West Virginia. Patients were classified as having: 1) unintentional overdose(s) (OD), 2) suicidal ideation or suicide attempt(s) (SI/SA), and 3) suicidal ideation or suicide attempt, and unintentional overdose (SI/SA/OD). Regression models were used to determine whether adverse childhood experiences, self-injurious behaviors, substance use history, overdose history, and past year stressful life events correlated with history of SI/SA/OD. Patients with SI/SA/OD appear to have greater clinical severity, signifying the need to screen for suicidality amongst those with overdose, and addressing the characteristics analyzed in the regression modeling. As the article states, a thorough evaluation of drugs involved in overdose and history of self-injurious behavior may help distinguish future risk and inform treatment planning.

RECENT LITERATURE



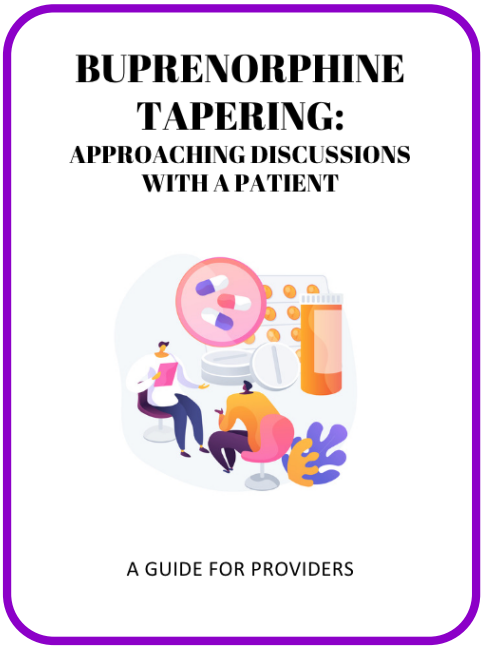
TRENDS IN BUPRENORPHINE COVERAGE AND PRIOR AUTHORIZATION REQUIREMENTS IN US COMMERCIAL FORMULARIES, 2017-2021

This is a cross-sectional study sample of commercial insurance formularies used by large group, small group, and Marketplace plans, on coverage of 1 or more buprenorphine products from 2017 through 2021. It found that. in 2021, only a small % of these formularies (about 5%) required prior authorization. In contrast in the same year, 17.5% required prior authorization for extended-release buprenorphine despite its growing evidence-base vs. standard sublingual buprenorphine. These findings highlight opportunities to improve commercial insurance benefit design, especially for the extended-release buprenorphine formulation. In light of the growth and prevalence of fentanyl in the drug supply, private plans should strongly consider completely eliminiating prior authorization requirements for buprenorphine products, as was implemented for Medicare Part D plans in 2019.

THE FALSE DICHOTOMY OF PAIN AND OPIOID USE DISORDER

There is a strong disconnect between the treatment of pain vs. addiction associated with OUD, leading to the inequities of care amongst patients suffering with these conditions. This is an editorial published in the JAMA Health Forum that describes the isolation of addiction treatment from general medical care due to failed policies in this field and discusses policy solutions to overcome this dichotomy.

RESOURCES



BUPRENORPHINE TAPERING BOOKLET: APPROACHING DISCUSSIONS WITH A PATIENT

We created this booklet to help guide you for when patients suggest wanting to taper off of their buprenorphine and how to approach the conversation. As a provider, understanding and supporting a patient in their decision to taper, and evaluating the evidence for tapering is important. You can use this guide to emphasize the risks of the taper, and educate the patient on the appropriate use of adjunctive medications, to minimize harms while tapering.