



MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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BIWEEKLY NEWSLETTER

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LIMITS ON VIRTUAL ADDICTION TREATMENT MAY SOON RETURN, MAKING CARE HARDER TO ACCESS

Prescribing MOUD via telehealth has allowed prescribers to treat patients who otherwise would be unreachable. Much progress has occurred in this treatment space and the relaxed telehealth regulations have eased many of the barriers to accessing treatment for SUD. See this article written in NPR that discusses the successes of telehealth, while acknowledging some of the possible limitations of telemedicine.

WHAT'S INSIDE

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HEADLINES

DOJ Awards \$300 Million to
Fight OUD & SUD

NY Signs Bill to Remove Barriers
to MOUD Access for Medicaid
Recipients

Low-Dose Bupe Induction with
Full Agonist Overlap in
Hospitalized Patients with OUD

Injecting OUD Treatment in Jails
& Prisons

Accessibility to MOUD After
Interventions to Improve
Prescribing Among
Nonaddiction Clinics in the US
Veterans Health Care System

IN THE NEWS

DEPARTMENT OF JUSTICE AWARDS MORE THAN \$300 MILLION TO FIGHT OPIOID AND STIMULANT CRISIS AND TO ADDRESS SUD

This is a release from the Dept. of Justice Office of Justice programs that lists the grants totaling more than \$300 million to help combat America's substance use crisis.



GOVERNOR HOCHUL OF NY SIGNS BILL TO REMOVE BARRIERS TO MOUD ACCESS FOR MEDICAID RECIPIENTS

Last Wednesday, December 22nd, Governor Kathy Hochul of NY signed a bill that would finally remove prior authorizations for the prescribing of MOUD for Medicaid recipients. Note that prior authorizations in NJ have been removed effective since 4/1/2019. Prior authorizations, although may be appropriate in other medical conditions, can have deleterious consequences in those suffering from severe opioid use disorder where overdose deaths are high. Given the 100K overdose deaths from April 2020-April 2021, removing unnecessary barriers to care is of utmost importance. This intervention being adopted in other states emphasizes the need to continue increasing access to treatment to save lives.



UPCOMING EVENTS



PROJECT ECHO

Thank you to all who have been involved in our SUD medications for addictions treatment and continuous quality improvement series. We will resume the next series in February! Please stay tuned!

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 Wednesday, January 26th 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.

BRIDGING HIV, HCV, AND SUD: INNOVATIONS IN THE FIELD

FRIDAY, JANUARY 14TH 8TH AT 12:00 PM

This is a free-monthly “Brunch and Learn” webinar series from the National Alliance for HIV Education and Workforce Development. Our Northern NJ MAT Center of Excellence co-director, Dr. Amesika Nyaku, will be presenting on innovations in the field in people at risk for and living with HIV and HCV.

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

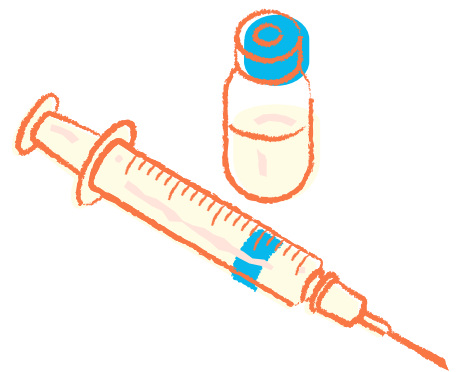
RECENT LITERATURE

LOW-DOSE BUPRENORPHINE INDUCTION WITH FULL AGONIST OVERLAP IN HOSPITALIZED PATIENTS WITH OPIOID USE DISORDER: A RETROSPECTIVE COHORT STUDY

This is a retrospective cohort study published in the American Society of Addiction Medicine Journal to describe outcomes of patients started on buprenorphine using a microdosing approach. There have been many case series published on this subject, although the existing literature to support this as an evidence-based method has been limited. This study reviewed the outcomes of 62 patients in a public, urban safety-net hospital in Seattle, WA to contribute more to our understanding of this alternative dosing strategy. It also sought to identify the factors associated with microdosing failure, with the primary outcome being a successful transition to buprenorphine with a buprenorphine prescription provided at discharge. Of the 62 patients, 14 were on methadone prior to induction. It found that 51 of the 62 patients were successfully inducted using microdosing (mean of 8 days) with increased failures in those who were older, transitioning due to the needs of discharge placement, and experiencing withdrawal during the transition. Generally, microdosing continues to be a useful strategy to initiate patients on buprenorphine from full-dose agonists including methadone. Further literature on managing withdrawal symptoms during the induction can be useful to further increase the rate of successful induction on buprenorphine using microdosing.

INJECTING OPIOID USE DISORDER TREATMENT IN JAILS AND PRISONS: THE POTENTIAL OF EXTENDED-RELEASE BUPRENORPHINE IN THE CARCERAL SETTING

This is a commentary written in the American Society of Addiction Medicine journal, discussing the future role of injectable buprenorphine in the carceral setting. It focuses on how the injectable formulation can overcome the various barriers to access to treatment, including logistics, risk for diversion, and stigma. The injectable form can also help to provide more time between discharge and follow-up in the community, ensuring that patients are protected for a longer period of time from overdose during this crucial period.



RECENT LITERATURE (CONT.)

ACCESSIBILITY TO MEDICATION FOR OPIOID USE DISORDER AFTER INTERVENTIONS TO IMPROVE PRESCRIBING AMONG NONADDICTION CLINICS IN THE US VETERANS HEALTH CARE SYSTEM

This is a quality improvement evaluation of the US Dept. of Veterans Affairs to increase access to MOUD in non-addiction clinics. By comparing trends in MOUD receipt after implementation of education for providers and other measures, they evaluated primary care, pain, and mental health clinics, with the primary outcome being the proportion of patients receiving MOUD and the number of patients per clinician prescribing MOUD. Clinics were compared 1:1 in whether interventions were implemented vs. those where they were not. It finds that the proportion of patients receiving MOUD in the clinics with interventions were greater by 4% and patients treated with MOUD per clinician also saw more increases after intervention implementation of 50%. This study finds that engaging clinicians in general clinical settings may increase MOUD access, the main goal of the NJ Medicaid OBAT program.



Happy & Healthy New Year from our teams at the Northern and Southern NJ Centers of Excellence! We are so excited to see what 2022 has in store!



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CENTERS OF EXCELLENCE

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

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