MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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BUPRENORPHINE TELEHEALTH TREATMENT INITIATION & FOLLOW-UP DURING COVID-19

OUD treatment with buprenorphine and methadone reduces mortality of those living with OUD by half; however, less than 35% of those two million people receive MOUD. Utilizing the relaxed regulatory regulations allowing for audio-only buprenorphine telehealth initiation, this retrospective cohort study sought to describe the characteristics of patients receiving buprenorphine via telehealth at academic-affiliated clinics in four states during the beginning of the pandemic. Across the states, 159 received buprenorphine via telehealth from March-June 2020, with 85% being treatment initiation visits and 60% being audio-only visits. 83% of the patients (132/159) were retained in treatment (followed-up) within 30 days of the initial telehealth appointment. Clinic outreach and the patient population served focused on individuals experiencing homelessness, people leaving incarceration, and Medicaid enrollees, many of whom encounter significant financial and logistical barriers to accessing treatment. This study provides more evidence that tele-buprenorphine—even when delivered primarily via audio—presents an important opportunity to expand treatment access.

WHAT'S INSIDE

UPCOMING EVENTS

2/4: ECHO: OUD Screening & Diagnosis

2/8: OBAT Navigator Training

2/11: ECHO: Implementing the OBAT MATRx Model for SUD

2/23: MAT Lunch Hour: Extended Hours Methadone Access

HEADLINES

Expanding Access to All FDA-Approved MAT

Recidivism & Mortality After In-Jail Buprenorphine Treatment for OUD

New(ish) Techniques for Buprenorphine Induction

RESOURCES

Diverted, "Extramedical" Use of Buprenorphine Brochure

NJ MAT COE Office-Based Addiction Treatment Manual

UPCOMING EVENTS



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

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.

FEBRUARY'S PROJECT ECHOS

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.

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

FRIDAY, FEBRUARY 4TH AT 12:00-1:00 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 and will be led by Clement Chen, PharmD, BCPS.

PROJECT ECHO: IMPLEMENTING THE OBAT MATRX MODEL FOR SUD

FRIDAY, FEBRUARY 11TH AT 12:00-1:00 PM

James Bailey, DO, will be leading this ECHO session that will focus on implementing the OBAT MATRx Model for substance use disorders.

RECENT LITERATURE



EXPANDING ACCESS TO ALL FDA-APPROVED MOUD

Last month, at the Recovery Village Cherry Hill at Cooper, Congressman Donald Norcross proposed a new bill: the Opioid Treatment Access Act. He was joined by Kaitlan Baston, MD, DFASAM, Medical Director of Addiction Medicine at the Cooper University Health Care Center for Healing and Co-Director of the Southern NJ MAT Center of Excellence.

The Opioid Treatment Access Act aims to increase access to and modernize the process of obtaining methadone, a safe and effective medication for the treatment of opioid use disorder. This proposed change in federal legislation would decrease barriers to treatment by sustaining relaxed methadone dispensing regulations enacted during the COVID-19 pandemic and **making methadone available at pharmacies**, enabling ease of patient access to evidence-based treatment and empowering them to spend less time waiting in line for their life-saving medication. The goal is for the medication to be made available from pharmacists, just like any other prescription medication. During the pandemic, federal restrictions have been temporarily lifted to allow patients to take home larger quantities of methadone at a time; preliminary studies have shown that this has increased engagement with treatment. The federal exemption has been extended for another year—however, patients are still required to obtain their medication from opioid treatment programs. The bill also calls for research to evaluate the effects that legislative changes have on treatment access and outcomes.

At the NJ MAT Centers of Excellence, we provide access and linkage to all FDA-approved MOUD. We believe in collaborative decision-making and choice that includes jointly-decided medication plans between provider and patient to incorporate patient preferences and their personal goals into treatment plans. We believe in promoting the evidence and efficacy of medications for the treatment of OUD and other substance use disorders, and will continue our work to expand, improve, and advance high-quality, evidence-based, and life saving care, resources, and initiatives in our state and across the nation.

RECENT LITERATURE (CONT).

RECIDIVISM AND MORTALITY AFTER IN-JAIL BUPRENORPHINE TREATMENT FOR OPIOID USE DISORDER

Outcomes of all incarcerated adults with opioid use disorder in 2 county jails in Massachusetts were analyzed, looking at post-release recidivism, defined as the time from discharge to recidivism event. The study compared patients who received buprenorphine in one jail vs. those who did not in the other, as one jail did not offer buprenorphine. It finds that recidivism risk was lower in the jail that had offered buprenorphine with a hazard ratio of 0.71 (CI 0.56-0.89;p=0.0030) compared to the jail that did not. Among incarcerated adults with opioid use disorder, risk of recidivism after jail exit is lower among those who were offered buprenorphine during incarceration. Findings support the evidence of initiating buprenorphine in jails nationwide prior to discharge to reduce recidivism rate.



LOW- AND VERY LOW-DOSE BUPRENORPHINE INDUCTION: NEW(ISH) USES FOR AN OLD(ISH) MEDICATION?

This case report and editorial provides additional rationale for the use of lower doses of buprenorphine for induction, especially in today's age of highly potent synthetic opioids. It states that the term "microdosing" used to describe the initiation of lower doses of buprenorphine is misleading. Instead, using the terms "low" or "very low" doses should be used as it states "microdosing" implies doses with no level of efficacy. There are many low-dose protocols that describe a range of doses and formulations over a range of days, and it is not clear which provides the optimal outcomes in patients and clinical scenarios, or which patients will benefit from these techniques. Utilizing these techniques should continue to be on an individualized basis. For clinical questions that require assistance, please contact the 24/7 COE hotline by voice or text at 1-844-HELP-OUD.

RESOURCES

DIVERTED, "EXTRAMEDICAL" USE OF BUPRENORPHINE

We are excited to share a new trifold brochure and one page, condensed, infographic for providers who are hesitant about prescribing buprenorphine, especially those who are unfamiliar with diversion. Using or contributing to diverted, "extramedical" buprenorphine may not necessarily be harmful to the patient and the overall community. This availability may reduce overdose deaths, especially if patients would otherwise not be able to obtain it due to barriers.



CLICK HERE FOR THE BROCHURE

CLICK HERE FOR THE INFOGRAPHIC

NJ MAT CENTERS OF EXCELLENCE OFFICE-BASED ADDICTION TREATMENT EVIDENCE-BASED MANUAL FOR PRIMARY CARE AND SPECIALTY PRACTICES MANUAL (FIRST EDITION)!



If you are unfamiliar with the COE manual, we have re-posted this resource on this issue of our newsletter. This manual provides you with information about how to provide evidence-based care for patients with substance use disorders in the office-based setting, with a focus on OUD and alcohol use disorder, and provides recommendations for medical management. You will also find information on starting up an office-based treatment practice and integrating SUD care as part of your general medical practice. If you have any questions or comments on this manual, please contact us at the Northern NJ MAT Center of Excellence at coe@njms.rutgers.edu or the Southern NJ MAT Center of Excellence at southernnjcoe@rowan.edu.

MEDICATION-ASSISTED TREATMENT
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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