



## Monthly Update

November 2015

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## Medication Assisted Treatment Gaining Acceptance

Medication Assisted Treatment (MAT) is seeing a surge of attention among lawmakers and policy makers both at a federal and local level, but according to the [National Council for Behavioral Health](#) (NCBH), specialty behavioral health has not kept up with the need. For example, of the 2.5 million Americans 12 years and older who used or were dependent on opioids, less than half received MAT. While many factors should be considered, there exists in some sectors a reluctance to accept the efficacy of MAT, which is seen by some as replacing one drug with another.

"For decades, many of us in the field have helped people recover their lives without the benefit of utilizing medications," noted Nick Szubiak, MSW, LCSW, Integrated Health Consultant for the National Council on Behavioral Health (NCBH). "As technology and medicine continue to advance, so too does the treatment of addiction. We now understand that while substance use begins with a choice, addiction is a complex disease which impairs brain functioning. This knowledge is challenging how we think about and treat addiction. MAT is a



bridge over the divide between treating addiction as either a brain disease or a compulsive behavior because it effectively brings together biology and behavior by integrating medical and behavioral interventions. [NCBH's Learning Community] is an opportunity to improve the quality of addiction treatment and move above the moral outrage and judgements that people are addicted because of character and behavior flaws."

The NCBH, in conjunction with the

American Academy of Addiction Psychiatry (AAAP), has developed the [Medication Assisted Treatment Learning Community](#) program, a year long pilot to help six behavioral health organizations develop their infrastructure to create a medication assisted treatment program in their community health program for treating behavioral health issues. The learning community will assist these organizations in developing the policy, billing, workflow, and clinical protocols necessary to support the use

Continued p. 2

MAT cont.

of medications. Participating organizations receive expert consultation from National Council and AAAP and ongoing support from peer organizations simultaneously implementing clinical and systematic change.

A key part of the Learning Community project is to include culture change support as an identified area of need, Szubiak said. “MAT is challenging experienced health and administrative professionals to question and change their approaches to treating addiction,” he said. “As is true in most dynamics of change, the process is gradual and is solidly established after healthy resistance and apprehension. With projects such as this Learning Community we are providing the education, information and support to take the next step.”

Key elements of this learning community include:

- Development of an overall strategy to incorporate medications into your service array
- Access to best practices in integrating opiate and/or alcohol treatment and tobacco cessation services
- Prescription drug abuse and safe opiate prescribing protocols
- Considerations in staffing for medication-assisted treatment services
- Access to clinician education support resources
- Use of peers/recovery clinical expert coaches in safety net settings
- Prescription opiate use and the treatment of pain in safety net settings
- Explanation of the characteristics and use of buprenorphine, long-acting naltrexone, and methadone
- Use of MAT in special populations (including pregnant women, chronic pain, etc.)
- Financing and billing for medications in treatment services
- Training on prescriber best practices in support of

## Vermont Increasing Use of Medication Assisted Treatment, Seeing Success

Vermont, with a population of just under 630,000—less than many major cities—has recently ramped up its medication assisted treatment program by creating both opioid-specific treatment centers and integrating primary care providers into opioid use disorder treatment using a patient centered medical home model.

This program called “Hub and Spoke”

is part of the state’s [Blueprint for Health](#), and is already having a positive impact even in the first two years of implementation.

While there is no empirical data yet available, the Vermont Department of Corrections and hospital emergency departments have already seen declines believed to be related to a reduction in, if

medication assisted treatment

Thirty-nine organizations applied for the learning community; the six selected are: Terry Reilly Health Services, Idaho; Eastern Shore Psychological Services, Maryland; Community Health Network, Indiana; Southwest Counseling Services, Wyoming; Advantage Behavioral Health Systems, Georgia; Bridgeway Behavioral Health, Missouri.

In addition, the National Council and AAAP clinical experts will conduct an in-person site visit to each participating organization to provide more individualized technical assistance. Participating organizations can share their experiences within this Learning Community through a September 2016 national webinar, as well as activities.

The need for increased MAT participation, particularly in rural areas, is great. A study published last year by the [American Journal of Public Health](#) states: Individuals in counties outside metropolitan areas have higher rates of drug poisoning deaths, including deaths from opioids, and opioid poisonings in nonmetropolitan counties have increased at a rate greater than threefold the increase in metropolitan counties. Drug-related deaths involving opioid analgesics are higher in these rural areas even after adjusting for population density, and the ratio of nonmedical users to medical users is higher in rural areas as well. Nationally representative surveys have indicated that, in rural areas, not only are there higher mortality and injury rates but also adolescents are more likely to use prescription opioids non-medically than are their urban counterparts. These surveys also report that factors such as polydrug use and depression are associated with nonmedical opioid use in rural areas.”

More information:

[Practice improvement initiatives](#); [Training development courses](#); [Clinical resources](#), [Consulting Resources](#).

not opioid use, opioid-related crime and illness, said Barbara Cimaglio, Deputy Commissioner, Alcohol and Drug Abuse Programs, Vermont Department of Health.

The “Hubs” in the Hub and Spoke program refer to seven Opioid Treatment Programs (OTP) already built in five regions of the New England

For some healthcare providers, the world can feel like a pretty lonely place . . . particularly when it comes to opioid use disorders



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Vermont cont.



*“Most people recognize that this is a state problem, a medical problem.”*

— Barbara Cimaglio  
Vermont Deputy Commissioner,  
Alcohol and Drug Abuse Programs

state. The OTPs are specialty treatment centers designed to give long-term treatment to individuals with complex opioid addictions and co-occurring mental health illnesses. The “Spokes” refer to the Office Based Opioid Treatment (OBOT) centers made up of physicians who are waivered to prescribed buprenorphine. The OBOT program is augmented with one full-time nurse and one clinician case manager for every 100 patients. Most OBOTs serve far less than 100 patients and so resources are often shared between multiple private practices. The two treatment programs work collaboratively to address what is a pervasive problem throughout the state.

Like many regions across the country, Vermont has seen a dramatic increase in opioid use. One white paper issued by the Vermont Health Department indicated that between 2010 and 2014 Vermonters treated for heroin or opioid addiction increased 365 percent. Like many

states, heroin use is increasing at a much faster rate than prescription opioids. Heroin use has increased by 242 percent from 2011 to 2013 while other opioid use has increased 15 percent.

With these statistics, paired with an increasing number of overdoses in Vermont, state officials felt an urgent need to respond, Cimaglio said. The result was the Hub and Spoke program, which has garnered national attention for its holistic approach to treating opioid use disorder. One of the biggest challenges in the program was selecting the sites for the OTPs. The initial response in some towns was less than positive and one municipality unsuccessfully attempted to legally block a clinic. Overall, however, citizens, lawmakers, and clinicians support the Hub and Spoke initiative.

“Most people recognize that this is a statewide problem, a medical problem,” Cimaglio said. “Generally, people have been extremely supportive.”

Though the ultimate goal is to save lives, a side benefit of the program will likely be cost savings, both in corrections and healthcare. With fewer patients with opioid use disorder requiring expensive emergency care and fewer committing drug-related crimes, the state hopes to see a significant cost savings, Cimaglio said.

Find [more information](#) on Vermont’s Hub and Spoke program.



Sharon Levy, MD, speaks to pediatricians at Primary Children's Hospital in Salt Lake City, Utah.

## Utah Physicians Gather for Pediatric Grand Rounds on Opioid Prescribing

Sharon Levy, MD, presented “National Trends and Evidence-Based Pediatric Practice for Preventing Misuse and Addiction” during a Grand Rounds last month at Primary Children’s Hospital, Salt Lake City, Utah. The talk was made available to pediatricians and other healthcare professionals throughout the state.

The presentation was available statewide through broadcast links and web streaming. Record participation was achieved with more than 70 attendees and 35 off-site participants. Attendees also included pharmacists, representatives from the State Department of Substance Abuse and Mental Health, and child advocates.

This event was planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Primary Children’s Hospital, Department of Pediatrics at the University of Utah School of Medicine, and the Utah Chapter of the

American Academy of Pediatrics (AAP). A videotape of Dr. Levy’s presentation will be soon available on the American Academy of Addiction Psychiatry website.

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## TRAININGS

[PCSS-O Upcoming Webinars](#)

[PCSS-O Archived Webinars](#)

[PCSS-O Online Modules](#)

[PCSS-MAT Upcoming Webinars](#)

[PCSS-MAT Archived Webinars](#)

[PCSS-MAT Online Modules](#)

[Upcoming Buprenorphine Waiver Trainings](#)

### Grand Rounds, cont.

PCSS-MAT resources were showcased in Dr. Levy's presentation, and the winter edition of the Utah APA Chapter newsletter, distributed statewide, will include PCSS-MAT resources and photographs from this event.



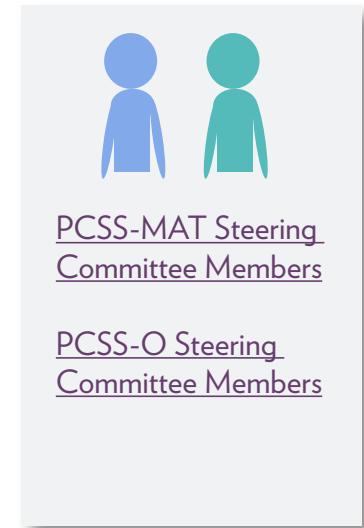
The project, made possible in part by a PCSS-MAT mini grant, received tremendous support for the project. The Utah Chapter AAP donated printing, postage, and supplies. Intermountain Healthcare Primary Children's Hospital provided meeting room/audiovisual support, breakfast, speaker handouts, web streaming and CME credit at no charge.

## CASE STUDY: WHAT WOULD YOU DO?



Patient is a 37-year-old Caucasian, married female with past history of depression, anxiety, and polysubstance use, presents with a complaint of recent panic episodes. There is maternal family history of bipolar disorder in her mother and a great aunt who was hospitalized multiple times. There is extensive paternal history of alcohol use disorders. She describes herself as having been a shy child. She first saw a counselor while in elementary school for behavioral problems. There was an attempt at treatment with a psycho-stimulant and antidepressants on entering middle school but she was inconsistent in taking them.

Read the complete case study and answer questions by completing [this module](#).



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America's leading advocate for oral health

**AAP** American Academy of Addiction Psychiatry

**AOAAM**  
The American Osteopathic Academy of Addiction Medicine

AMERICAN SOCIETY FOR  
**Pain Management Nursing**



**AMA**  
AMERICAN MEDICAL ASSOCIATION

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