PCSS
Providers' Clinical Support System
Monthly Update
October 2015

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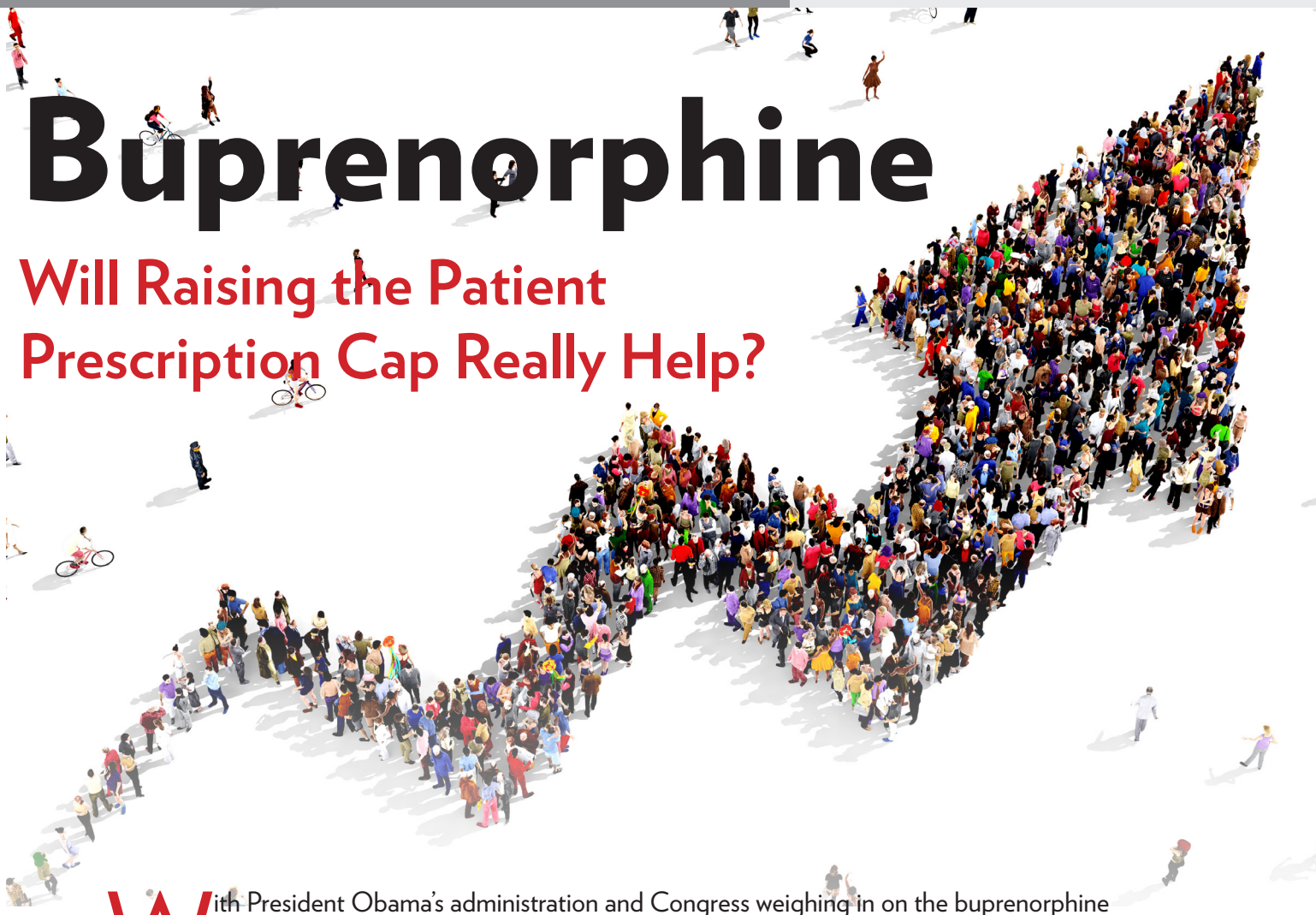


Buprenorphine

Will Raising the Patient Prescription Cap Really Help?

With President Obama's administration and Congress weighing in on the buprenorphine prescribing patient limit, the medication, also known as Suboxone, is taking center stage in the fight against opioid use disorder.

On the surface, increasing the patient limit seems like good news and many physicians and policy makers applauded the announcement, made last month by Health and Human Services Secretary Sylvia Burwell. Currently, physicians with a waiver may prescribe Suboxone to up 30 patients at any one time and then they can apply to prescribe up to 100 patients after the first year. Clinics throughout the country, particularly in urban areas, have long lists of people waiting to receive the medication, an opioid partial agonist, so increasing the patient cap would seem to address the problem sufficiently.

But there is an underlying issue that increasing the patient cap does not address—most physicians simply are not prescribing the medication even though they are waivered to do so. Critics of raising the cap say doing so could create "pill mills" where people would get the medication

Continued p. 2

Patient Cap cont.

but not necessarily the treatment they need. Another fear is that with an unlimited cap and not enough infrastructure for oversight and management of patients' needs, people could obtain the medication and then sell it on the street.

Addiction psychiatrist John Renner, MD, says he has heard several concerns from physicians and even addiction specialists who have the waiver but do not prescribe or who have never requested the waiver. Their concerns include: 1) reluctance to undergo Drug Enforcement Administration (DEA) inspections of their practice ; 2) concerns that the patients are "too complex" and are difficult to treat; and 3) lack of trained clinical support staff to assist in patient management. It is not clear how raising the cap alone will resolve any of these problems.

"In fact, many physicians who are currently prescribing report that while they enjoy this part of their practice, they do not believe that they can effectively treat more patients than they currently see and that they would not increase their practice regardless of the patient cap," Dr. Renner said.

And some physicians simply do not feel comfortable treating this population—even if they are waivered to prescribe. With a large number of their patients struggling with some form of substance use disorder and often co-occurring mental health disorders, health professionals are perplexed as to how to confront this public health priority. Some worry that increasing the cap or eliminating it altogether could lead to ignoring the mental health component of addiction.

A study last year by the *Annals of Family Medicine* stated: "Despite the efficacy of buprenorphine-naloxone for the treatment of opioid use disorders, few physicians in Washington State use this clinical tool." Washington trained 120 physicians to prescribe buprenorphine and 78 of those responded to a survey. Of that 78, only 17 were actually prescribing. It's a similar story throughout the country.

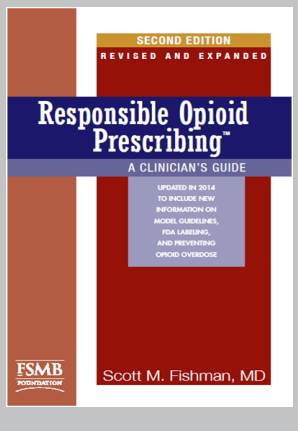
Several news outlets reported last month that Secretary Burwelll announced at an opioid abuse conference in Northern Virgina that her agency would rewrite regulations to remove some of the obstacles that have prevented greater involvement from doctors in treating those addicted to heroin or prescription painkillers. Secretary Burwell also noted the current capacity does not meet the current demand.

Physicians, however, are not necessarily ready to jump on the buprenorphine prescribing bandwagon. Many experts have concluded that physicians need to understand the induction process better, need training for office staff on how to work with patients with addiction, and need more detailed information on documentation and billing for buprenorphine treatment.

"All of the DATA 2000 organizations share SAMHSA's concerns about the deficit in addiction training within the medical community and we would be happy to work with them to address these issues," Dr. Renner said. "We are concerned, however, that SAMHSA has not sought input from all of our organizations in their deliberations about revisions to the regulations. Increasing the numbers of well-trained clinicians is the best way to ensure high quality care for a larger number of patients. Raising or eliminating the cap is unlikely to change the practice of most providers and risks the proliferation of large practices that may be providing lower quality care." ■

Book Offers Effective Strategies for Opioid Prescribing, CME Credit

Responsible Opioid Prescribing: A Clinician's Guide offers clinicians effective strategies for reducing the risk of addiction, abuse and diversion of opioids that they prescribe for their patients in pain. Written by pain medicine specialist Scott M. Fishman, M.D., this edition, updated in September 2014, includes new information on Model Guidelines, FDA labeling, and preventing opioid overdose that was not available when the first edition was published in 2007. The update is especially important given the rise of opioid abuse and related deaths in the United States as well as the ongoing need for legitimate patient access to pain medications.



Two Projects. One Mission.

Helping to end the opioid use disorder epidemic

Providers' Clinical Support System for Medication Assisted Therapies (PCSS-MAT) focuses on the most effective medication-assisted treatments for opioid use disorders.

Providers' Clinical Support System for Opioid Therapies (PCSS-O) provides educational resources on the treatment of pain and opioid use disorders.

Programs provide evidence-based trainings and resources for health professionals including:

- Clinical mentoring programs
- Small group discussions
- Monthly newsletter
- Online modules
- Live and archived webinars
- Buprenorphine waiver training
- Clinical tools
- Case vignettes
- And more!

All are provided at no cost. Most trainings offer CME credit.

PCSS O TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Opioid Therapies

www.pcss-o.org

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

www.pcssmat.org

Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Opioid Therapies (grant no. 1H79TI025595) and Providers' Clinical Support System for Medication Assisted Treatment (grant no. 5U79TI024697) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

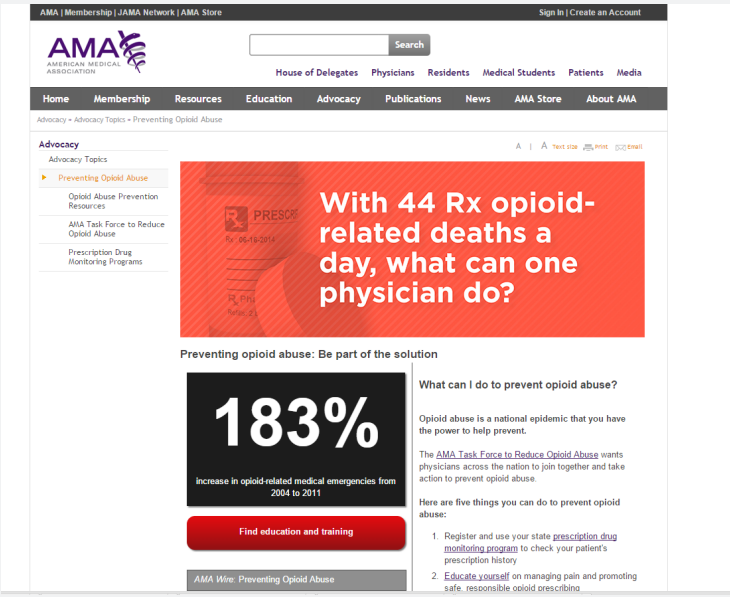
AMA Task Force Launches New "**End Opioid Abuse**" Website

As part of the American Medical Association (AMA) Task Force to Reduce Opioid Abuse, the organization launched a website specifically targeting primary care physicians. The web-based resource, *End Opioid Abuse*, includes resources on:

- State-specific information and links to prescription drug monitoring programs
- CME courses and webinars on preventing opioid abuse and safe opioid prescribing
- Safe and effective use of opioids for treatment of chronic pain and opioid use disorder: Note: Resources are available on www.pcss-o.org for patients and specifically for state and specialty societies

The task force is working to ensure effective pain management practices and evidence-based prescribing of opioids, promote appropriate referrals and access to care for patients with opioid use disorders, and take necessary steps needed to reduce opioid-related harm.

Most of the partner organizations within PCSS-O are also involved in this effort.



No-Cost Enduring CME Program Now Available from AAPM

With a commitment to making high-impact, long-term change, the American Academy of Pain Medicine (AAPM) has developed a patient safety-focused web-based continuing medical education (CME) program for all prescribers of opioids, with a targeted focus on those who prescribe methadone for the treatment of chronic pain.

AAPM's Methadone Education Curriculum is designed to equip prescribers with the knowledge, skills, and behaviors they need to implement evidence-based safe prescribing practices. Changes in prescribers' knowledge, competence and performance will minimize risks and reduce harm for patients being treated for chronic pain with methadone.

Goals of the curriculum include:

- Improve prescriber knowledge of methadone
- Implement risk reduction strategies and patient safety practices in prescribing methadone in both inpatient and outpatient settings
- Improve prescriber/patient interactions and patient adherence to proper use of methadone
- Improve patient safety and patient outcomes

More information.

PCSS Focus Group to Discuss Naltrexone

The American Academy of Addiction Psychiatry (AAAP) is holding a focus group of addiction specialists on barriers to prescribing naltrexone/Vivitrol in the treatment of opioid use disorders prior to the opening of its 26th Annual Meeting and Scientific Symposium.

The focus group will discuss barriers to prescribing naltrexone and Vivitrol. The focus group, made up of addiction specialists, will prepare a summary report of the primary discussions points following the meeting.

We want your news!

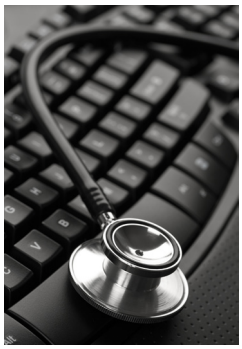
Do you have an upcoming presentation, event, or talk about opioids, prescribing opioids for pain, or opioid use disorder? Let us know so we can include it in the newsletter. Pictures of presentations are always welcome! Contact Jane Goodger.

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]



Case Discussion

Treating Co-Occurring Depression and Opioid Use Disorder

October 27, 2015 @ 12:00 - 1:00 pm ET

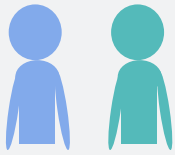
Discussion will be led by Hilary Smith Connery, MD, PHD, Clinical Director, Alcohol and Drug Abuse Treatment Program, McLean Hospital.

The American Psychiatric Association designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Case Study: What would you do?

A 35 year old mother of 3 with a history of being a 3-year survivor of breast cancer and in active recovery from an opiate use disorder for a year. She is currently receiving monthly injections of naltrexone for medication assisted treatment of her opiate use disorder. She has been very successful and remains active in her opiate dependence recovery. Her last injection was two weeks ago. She was playing with her youngest daughter, 3 y/o, on a slide in a local park and came off the slide with her daughter in her arms landing awkwardly on her ankle. She was evaluated for the pain in her left lower extremity at the emergency department and was found to have a compound fracture of her left tibia.
How can we treat her pain?

Read the case study and answer questions by [completing this module.]



[PCSS-MAT Steering Committee Members]

[PCSS-O Steering Committee Members]

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