

Opioid Use Disorder Education and Treatment ECHO Series

Session 15 – Clinical Pearls in Buprenorphine Practice and Long-Term Management

June 21, 2022

Heather Bell, MD and Kurt DeVine, MD

Some slides adapted from Cresta Jones, MD



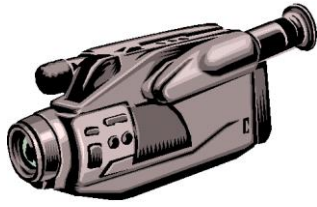
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Announcements



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YES, THERE'S FREE CME

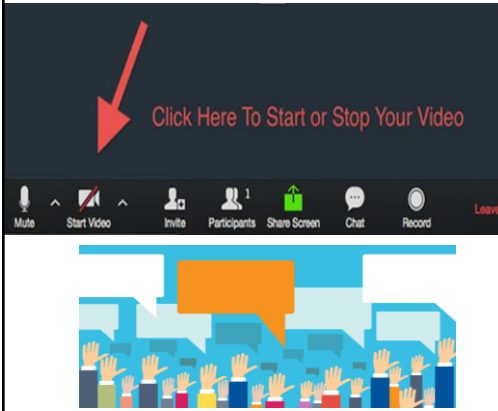
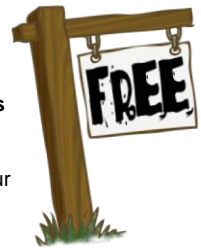
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Minnesota Medical Association (MMA) through the joint providership of Stratis Health and the Minnesota Academy of Family Physicians. **Stratis Health is accredited by the MMA to provide continuing medical education for physicians.**

Stratis Health designates this educational activity for a maximum of **1 AMA PRA Category 1 Credits™**.

Physicians should claim credit commensurate with the extent of their participation in the activity.

Continuing Education Credits and Contact Hours for Other Health Professionals

The OUD Education and Treatment ECHO Series may meet continuing education requirements for your focus. It is the responsibility of the individual to determine if this activity fulfills that requirement.



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Upcoming ECHO Sessions

Tuesday

- **Tuesday, July 19:**
Perioperative Management
- **Tuesday, August 2:**
Community Collaboration Engagement
- **Tuesday, August 16:**
Motivational Interviewing (MI) Lapse/Relapse

Wednesday

- **Wednesday, June 22, 2022**
Supporting Victims of Trafficking Also In Recovery from Substance Use – CeCe Terlouw-Kvistad, Founder & Executive Director of Terebinth Refuge
- **Wednesday, June 29, 2022**
Scripting for Explaining Pain and CBT-Based Pain Management to Patients

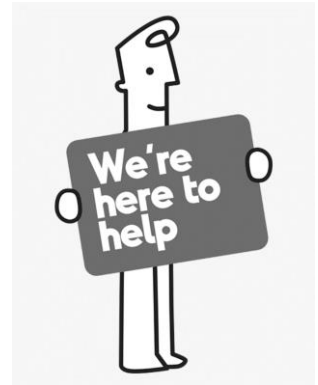
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TECHNICAL ASSISTANCE

- **We are ALWAYS here for you!**
 - Program implementation
 - Inductions
 - Difficult cases
 - Trouble-shooting
 - Anything!
- **Call us anytime:**
 - Erin Foss, RN, Program Manager/Nurse Specialist
efoss@stratishealth.org, Cell: 320-282-6553
 - Heather Bell: 320-630-5607
 - Kurt DeVine: 320-630-2507



NEW! Center for Opioid Resources and Education (CORE)

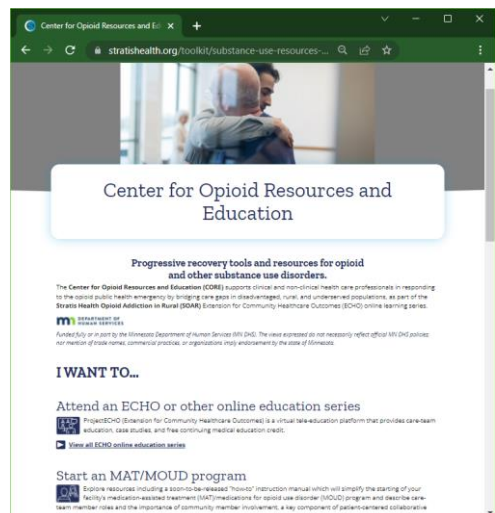
Online source for progressive recovery tools and resources for opioid and other substance use disorders includes:

- Links to all current OUD ECHOs
- How-tos to simplify starting an MAT/MOUD program
- SUD clinical resources to use in practice
- Info to connect with other MAT/MOUD practitioners
- And more!

Center for Opioid Resources and Education

The **Center for Opioid Resources and Education (CORE)** supports clinical and non-clinical health care professionals in responding to the opioid public health emergency by bridging care gaps in disadvantaged, rural, and underserved populations, as part of the **Stratis Health Opioid Addiction in Rural (SOAR)** Extension for Community Healthcare Outcomes (ECHO) online learning series.

<https://stratishealth.org/toolkit/substance-use-resources-and-education/>



ECHO model = case-based learning!

1. MAFP website (<https://bit.ly/OUDCase>)
2. Announcements email!
3. **Center for Opioid Resources and Education - Stratis Health**
(www.stratishealth.org/toolkit/substance-use-resources-and-education/)



I WANT TO...

Attend an ECHO or other online education



ProjectECHO (Extension for Community Healthcare Outcomes) is a virtual education, case studies, and continuing medical education credit.

[View all ECHO online education series](#)

Stratis Health and MAFP Opioid Use Disorder (OUD) Education and Treatment ECHO Series

First and Third Tuesdays of Each Month through Sep. 2022, 12-1 p.m. CT

Facilitated by Drs. Bell and DeVine, in partnership with Stratis Health and the Minnesota Academy of Family Physicians (MAFP), this series covers the fundamentals of OUD and implementation within primary care.

[More >](#)

Share and Learn – Submit a Case

If you have a case you would like presented to help learn from each others' experiences and expertise, please **fill out, save, and email this form** to the address listed on the last page prior to the session. *(Please note: You must download the form document before completing and submitting it.)*

BUT feel free to present in any de-identified format!



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“The Addiction Connection Podcast”

Weekly addiction topics- Tuesday release day!

www.buzzsprout.com/954034

(Or anywhere you get your podcasts!)

Email us questions:

theaddictionconnectionpodcast@gmail.com



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Objectives

- Describe concepts about interpreting difficult urine drug screen results
- Consider issues that may suggest whether a patient needs to go to treatment or not
- Understand basics of patient management and retention in your program

**Common Questions... and Pearls...
Yes, this is on the test!**

Case Points #1:

- Starts treatment
- Relapses
 - Days
 - Weeks
 - Months...
- Meth (other things) in urine
- ?

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**Are there reasons you would
'kick' somebody out of your
buprenorphine program?**

Has our approach changed over time?

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Case Points #2:

- Starts on MOUD
- Has a job
- Supportive family

- But IVDU?

Does Every Patient Need to Go to Treatment?

What constitutes “treatment”?

Should we do home inductions or in-clinic inductions?

How has fentanyl changed the game?

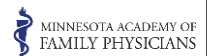
Do We Need to do a Urine Drug Screen Every Visit?

What's the 'law'?
Are Urine Drug Screens Punitive?

Case Points #3:

- Buprenorphine-naloxone patient for ~6 months
- History of heroin, meth, marijuana, 1ppd/vaping cig
- Has every other week – every 4-week visits
- Last 2 UDAS:
 - + for: buprenorphine, THC
- Today, UDAS:
 - + for: bup, THC, amphetamine
 - Patient had informed you he had used meth once last week because ‘friends’ came over

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Confirmatory UDAS?

When are they needed/not?



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Case Points #4:

- New patient
- HR: 112
- Pupils dilated
- Sweaty/clammy
- Tremorous
- Looks... well... not great
- UDAS: pan-negative

**What are Some of the Things to Be
Aware of on Drug Screens that
Won't Show up?**

- Fentanyl
- Kratom
- Xylazine
- Tianeptine
- Certain Benzos

Case Points #4 cont.

- Buprenorphine/naloxone induction
- COWS: ~16
- Now what?
- And where?

What are Important Aspects to Consider When Initiating Medications for Opioid Use Disorder?

In clinic or home induction?

- **Potential for precipitated withdrawal**
- **Polysubstance withdrawal**

Adjunctive medications may be needed at first.

Case Points #4 cont.

- Follow up visit
- About a month after first visit
- Mentions anxiety/depression
- Meds: bupropion/sertraline
 - Has taken them “on/off” “forever”
- PHQ9: ~8
- GAD7: ~8

When do We Consider Treatment for Patients with Mental Health ‘Diagnosis?’

- Bipolar
- Schizophrenia
- Anxiety/depression
- Sleep issues

Case Points #4 cont.

- ~4 months later
- After close follow up until now... still anxiety/depression concerns
- Re-started previously on medications:
 - Bupropion
 - Sertraline
- UDAS:
 - + amphetamines
 - + benzo

What are Some Common False Positives?

**Amphetamine most common
(+) Meth (-) Amphetamine
SSRI (benzo),etc.**

Case Points #4 cont.

- A few months later...
- Anxiety/depression improved
- Patient still complaining of fatigue, "I'm not sleeping"

What Things Should we Evaluate for Patients Who Have Been on Long-Term Opioids? (Licit or Illicit)

- Sleep apnea
- Testosterone
- Nutrition
- Other SUDs
- Infectious Diseases
- ACE scores
- Social Situations
- Legal/CPS
- Mental Health

For questions regarding content:

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Podcast:
The Addiction
Connection



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