Opioid Use Disorder For Case Managers: Ideas, Institutions, and What Works

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Learning Objectives

• Identify evidenced-based, FDA approved medications for opioid use disorder
• Recognize the importance of case management and institutions in addressing the opioid epidemic
• Design and propose a novel way for case management to help address opioid use disorders at your institution

Conflicts of Interest

• None
Abbreviations and Definitions

• OUD = Opioid Use Disorder
• SUD = Substance Use Disorder
• MOUD = medications for opioid use disorder
• OTP = Opioid Treatment Program
• OBAT = Office Based Addiction Treatment
• MTD = methadone
• BUP = buprenorphine
  • Buprenorphine + naloxone

“See one, do one, teach one”

• Do you...
  • Provide case management services for people with OUD?
  • Feel your work is important for this population?
  • Feel comfortable providing SUD services/referrals?
  • Been to an OTP?
  • Been to an OBAT?
  • Seen MTD, BUP, naltrexone treatment?

Opioid pills are common

• In 2015, adults age ≥ 18
  • Used PRESCRIPTION opioids in the prior year: 37%
  • Misused prescription opioids: 4.7%
  • OUD to prescription opioids: 0.8%

Han et al. Ann Intern Med 2017
Unhealthy Drug use

- Used an illicit drug in past 30 days:
  - 10% of Americans age ≥ 12
  - 25% age 18-25

- Past year opioid use:
  - Roughly, 5% misused opioids
  - 11.5 million misused pills
  - About 1 million heroin users

Ahnstrak et al. 2016

Opioid Use Continuum

- 37%
- 5%
- = 0.6 - 0.8%

Substance Use Disorder (SUD)

- 20.1 million SUD
- 1/13 people need treatment
- 10% of people needing specialty SUD treatment get it
Opioid Use Disorder (OUD)

- Defined by DSM V
  - 11 Criteria
- 2.1-2.4 million people
- 20% receive any treatment
  - Of those, 1/3 receive medications
  - Retention is 30-50% in most settings
- As a result, about 2% with OUD achieve long-term remission

Williams AR et al. J Subst Abuse Treat 2018

Public Health Crisis

- Overdoses, poisonings, and suicides reducing life expectancy for entire population
- Life expectancy declined to 78.6yrs

Case A 2015; Murphy S 2018; Hedegaard H 2018

Effects on Health

- Infections, cellulitis, abscess, endocarditis, Hep A, Hep B, Hep C, HIV, necrotizing fasciitis

Van Handel MM 2016
Shifts in opioid use

- Prescription opioids
- Heroin (diacetyl morphine)
- Fentanyl and analogs
  - Synthetic, 50-100x more potent than morphine
  - Sold as heroin but only fentanyl, mixed with: heroin, cocaine, “prescription” pills
  - 10% of ALL urine samples and 13% of people pos for illicit fentanyl over 6 mo in 2016

https://www.cdc.gov/drugoverdose/data/fentanyl-rates.html

Shift towards multi-substance use

Benzodiazepines and opioid overdose risk

Fig 3: Adjusted incidence of opioid overdose for patients taking opioids with and without benzodiazepines. Adjusted incidence incorporates controls for year, sex, age, and characteristics listed in table 1 (95% confidence intervals calculated with SE clustered at patient level).
What Comes Next?
Depends on how you respond

What works: Medical Treatment

- 3 FDA approved medications
- Evidence-based
- Saves lives
- Reduced transmission of HIV and hepatitis C
- Lower risk of infectious diseases
- Reduces risk of incarceration
- Higher employment
- Improved birth outcomes
Methadone

- Full Mu opioid receptor agonist
- FDA approved 1972
- ROBUST, evidence for efficacy
- Reduces illicit opioid use
- Can block other opioids, reducing/preventing euphoria & respiratory depression
- Decreased risk of overdose
- Reduces mortality
- Reduces HIV seroconversion risk
- Higher methadone doses are associated with better outcomes

Methadone In Practice

- Via OTP with daily dosing
- Highly regulated: federal and state level
- Highly stigmatized treatment
- Semi-private
- “Take homes”
- Mandated counseling and drug testing
- MTD with other sedatives can be risky
- Can be difficult for patients to comply

What patients say: (all quotes)

- how will I get here everyday? I live 30 minutes away and don’t have a driver’s license
- every summer I go camping with my kids in woods for 10 days, how would I do that?
- mom says I’m not ‘clean’ if I’m taking methadone
- the last time on methadone I was better, but the police picked me up on an old warrant...I kicked methadone in jail...I’ll never go back to methadone
- ‘Liquid handcuffs’
Buprenorphine

- Partially activates opioid receptors
- FDA approved 2002
- Improves retention in treatment
- Reduces illicit opioid use
- Reduces risk of overdose
- Blocks other opioids
- Less risky with other sedatives because only partially activates opioid receptors
  - "ceiling effect"
  - Maintenance is superior to "detox"

Buprenorphine in practice

- Physician, NP, PA must have DEA waiver
- More training
- Treatment caps
- Can be hard to find doctors
- Harm reduction not always embraced
- More confidential than MTD, can be done with your doctor*
- Less restrictive than MTD

BUP! Now find it

- Waivered?
  - 16% of psychiatrists
  - Most practice in urban areas
  - 3% of primary care physicians
- Most US counties had no physicians with a waiver
  - 30 million Americans
- Average state has 8 doctors per 100,000 residents
  - 71% capped at 30 patients


**Rosenblatt R 2015; Knudsen HK 2015**
Naltrexone

- Opioid blocker
- FDA Approved 2010
  - Route: mouth or long-acting, depot intramuscular injection
  - Adherence to oral dosing
- Every 28 intramuscular injection improves retention
- Reduces illicit opioid use
- Must be abstinent of opioids for 7 days before starting treatment
- Evidence is strongest in motivated people with significant consequences to return to use and post-incarceration
- Who responds? No way to predict a priori

Krupitsky E 2011; Lee JD 2016; Comer SD 2006; Nunes 2015; Krupitsky E 2013

Naltrexone in practice

- Must be refrigerated
- Takes time to be delivered
  - No shows can be costly
- Treating acute pain could be problematic
  - Any licensed health care professional can administer, not controlled
- Poor long term adherence
- Depot intramuscular not on hospital formulary
- Difficult to achieve 7+ days of abstinence
  - Bup v Naltrexone – intention to treat analysis
  - Abstinent at time of randomization – similar outcomes as BUP in reducing use and treatment retention

Lee JD Lancet 2018

Few get care

- OUD Cascade of Care in USA
Survival after overdose in Mass

Treatment and overdose deaths

“...this denial of care is so pervasive and egregious...that it amounts to a serious ethical breach on the part of both health care providers and the criminal justice system”

Present Status - Director of NIDA

- “Although opioid use disorder often follows a chronic course, it **can respond to treatment.** The correct use of medications to treat opioid use disorder markedly improves outcomes, facilitates recovery, and protects against overdose. **Despite the strength of the evidence, reluctance exists to acknowledge opioid use disorder as a medical disorder and to treat the disorder with medications among many clinicians and the lay public.** By conceptualizing opioid use disorder as a chronic illness, clinicians could better understand its course and treatment, how to achieve and sustain remission, and help prevent relapse.

Blanco C and Volkow N. 2019

We will overcome hurdles: Targets for CM

- Financial Barriers
- Regulatory restrictions
- Limit access to care
- Geographic barriers
  - Rural areas
  - Transportation
- Time constraints
- Attitudinal Barriers = stigma
- Criminal justice barriers
- Logistical barriers
- Lack of knowledge
  - Provider, patient and institutions

Sharma A Curr Psychiatry Rep 2017

Case management models in SUD treatment

- Engage those already in treatment
  - Maximize current treatment
  - Additional resources
  - Alternative treatments if necessary
  - Navigate stigma
  - Coordinate fragmented care
- Facilitate referral to treatment
  - Navigate complex system
  - Ambivalence
  - Stigma
  - Criminal justice
Importance of Case Management

- Counselling with strong case management component is mandated in OTP treatment
- Enhances treatment retention
- May decreases illicit opioid use and other substances
- Improves clients’ overall functioning in several domains
  - criminality, homelessness, mental health, vocational and educational advancement
- Improves satisfaction

Saleh S 2002; Day 2012

Clinical case management in an OTP

- After "clinical case management" instituted compared to usual care
- 15% reduction in drug positive testing
- 2% relative reduction in missed dosing days
- 40% relative reduction in missed physician appointments


Case Management in Harm Reduction

- Effect of CM referring people from needle exchange to treatment in Baltimore
- CM 40% entered treatment compared to 26% from control group
- Increased chance of entering treatment if:
  - Had two or more contacts case management prior to intake at treatment
  - More time with case management
  - Driven to treatment by case management

Role of Hospital

- Drug users use hospitals more
- 30% more ED use
- Very few SUD patients presenting to hospital receive substance treatment
  - <10% in a 7 hospital study
  - <19% injection drug users successfully referred to treatment
- Much more costly
  - 81% more likely to be admitted
  - $772 million in extra hospital charges in Tenn alone (in 2000 dollars)
- Hospital based CM
  - Ex. Project ASSERT
  - Linkage reduced ED services 58%
  - Start MOUD, link to outpatient care reduced illicit opioid use at 6 months compared to “detox”

Hospital to methadone

- Medical problems may motivate help seeking behavior
- Opportunity to start medications for OUD and case management
- San Francisco
  - Inpatient assigned to CM, voucher for free OTP, CM plus voucher, usual care
- Best retention in treatment for CM plus voucher

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<th>6 months</th>
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<tr>
<td>Case management</td>
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<td>48%</td>
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<tr>
<td>Voucher</td>
<td>89%</td>
<td>68%</td>
</tr>
<tr>
<td>CM + voucher</td>
<td>93%</td>
<td>79%</td>
</tr>
<tr>
<td>Usual care</td>
<td>11%</td>
<td>21%</td>
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CM Approach to patients

- Words matter
  - Diction
  - Patient-centered
  - Goal oriented
- Motivational Interviewing
- Contingency Management
  - studied for people in treatment
- Role for linking people to care?
CM and Harm Reduction

- Know your local services
- Typically needle exchanges provide an array of services
- Prescription drug take back events and locations
- Naloxone distribution
- Safer Injection Techniques
- Vaccines: Hep A, B, Tdap, pneumococcal
- Screen for TB
- Pre-exposure HIV prophylaxis
- Hep C treatment

Ideas and Institutions

- Effective care models (next slide)
- Institutional support is needed to implement models of care
- Systems must adapt to coordinate and link care
- Dispense naltrexone to social networks of opioid users
  - Communities with greater access have less overdose deaths

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Institutions
• Seek support
• Advocate for change
• Inpatient Addiction Consult Service
• Bridge Clinics
• Relationships between institutions
• Partner with peer recovery coaches to continue outpatient support
• Continuum of care
  • Hospital v Health Care Systems
Thank You!

• Please write down:
  • 1) thing you plan to do at your institution, keep it simple
  • 2) Show it to your neighbor
  • 3) Post it in your office

Works Cited on dedicated document

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