WELCOME
Addiction Medicine ECHO Clinic

The session will begin promptly at **12 pm**.

Please **mute** the audio on your device.

Sessions take place **Thursday on the 2cd and 4th week of the month**.

Please connect your **camera**.

Need technical assistance? Call 907.729.2622 or text your phone number into the chat.

Project ECHO®

ALASKA NATIVE MEDICAL CENTER

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Foundation *for* Opioid Response Efforts

Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

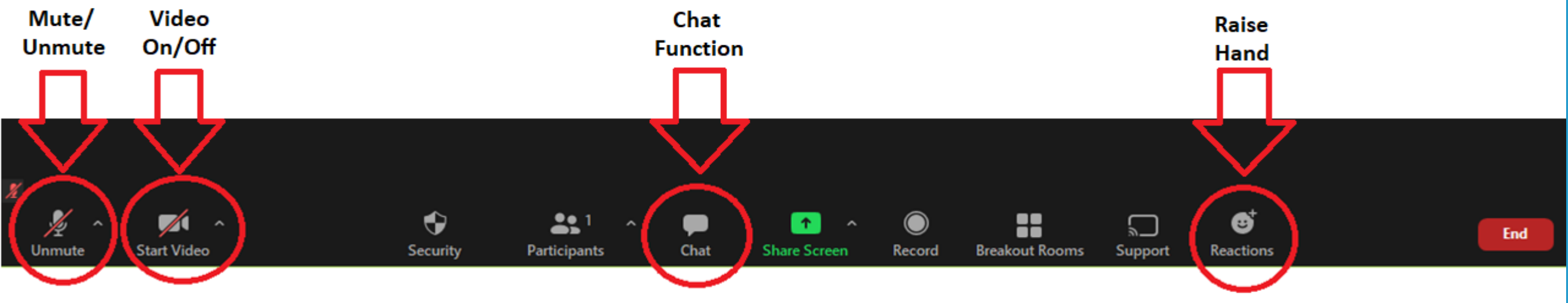
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- Please mute microphone when not speaking
- Use chat function
- Position webcam effectively
- Test both audio & video

Need technical assistance? Use the chat function or call 907-317-5209



ANTHC Clinical ECHO Series

Approved Provider Statements:

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

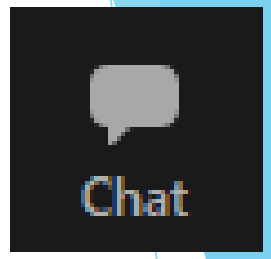
Requirements for Successful Completion:

To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: https://forms.gle/QhwCeGTf4zLNwpBX7

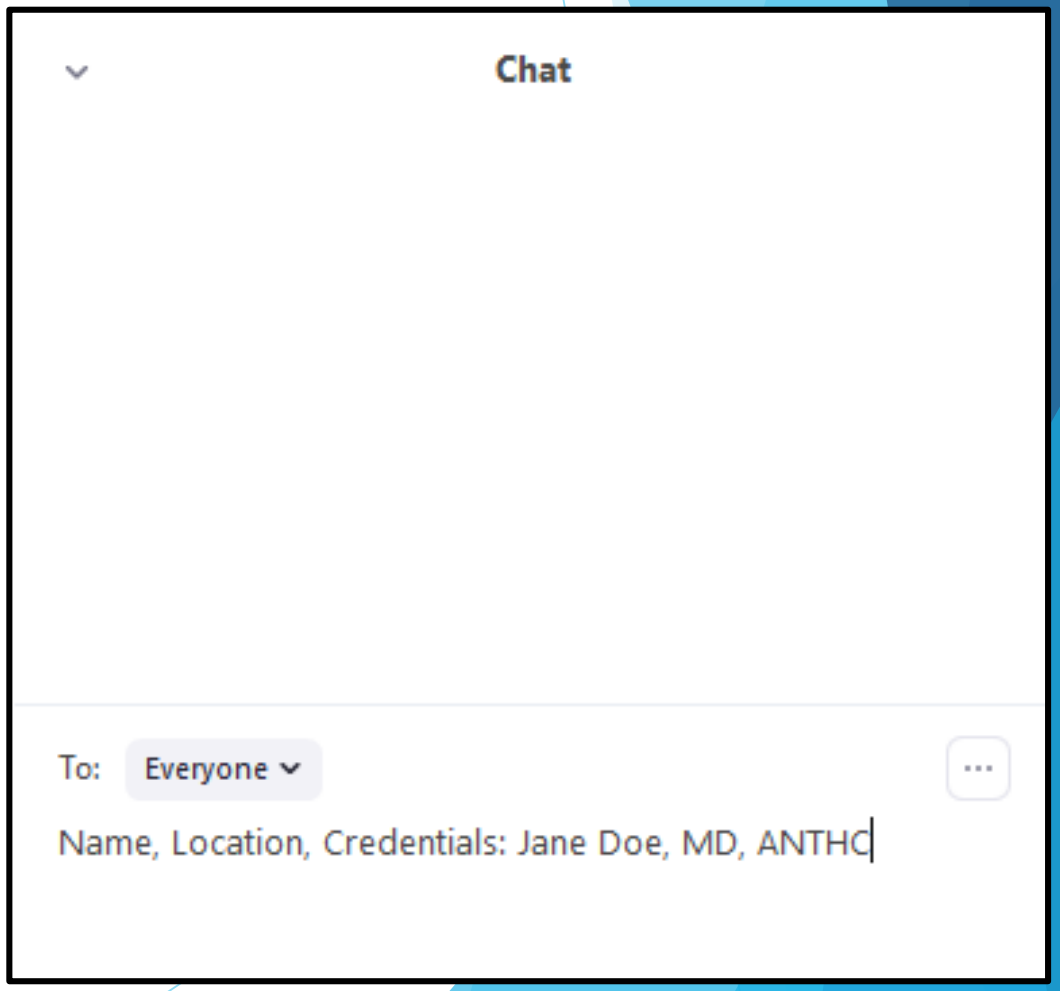
For more information contact Jennifer Fielder at jlfielder@anthc.org or (907) 729-1387

Introductions

Addiction Medicine ECHO



- Please introduce yourself in the chat :
  - Name
  - Location
  - Profession/Credentials
  - *Note*: The chat will be saved as our attendance record for continuing education credits.



Developing Treatment Agreements

Sarah Spencer, DO, FASAM

NTC Community Clinic

June 23, 2022

Financial Disclosures

I have no financial conflicts of interest to disclose

I am currently employed by the Ninilchik Traditional Council

I work as an addiction treatment consultant for the Opioid Response Network in Alaska and for other non-profit agencies such as ANTHC.

Objectives

- Review the core elements of a treatment contract
- Review resources for treatment contracts

Usefulness of Treatment Agreements

- **Improve Communication**
  - Provide info about treatment and reduce confusion
  - Resource to refer to later and share with others
  - Inform how to communicate about needs like appointment, refills, etc
- **Enhance Treatment**
  - Accountability to plan
  - Awareness of risks associated with meds
  - Ensures providers ability to prescribe meds safely
  - Education about treatment options
- **Limitations of treatment**
  - Expectations of patient **and what happens if those expectations are not met**
  - Providers role
  - When and how treatment should be changed or stopped

Overview

Your provider will have a list of requirements that may be customized to improve your chances for successful treatment. Your provider may make changes in the agreement at a later date if it looks like you need additional supports for your treatment to succeed. Commonly, requirements will ask you to:

- Participation
  - Attend all follow-up appointments
  - Participate in other recommended therapies, such as a support group or counseling
  - Behave with consideration to the staff and other patients.
  - (For women of child-bearing age) Tell the provider if you are pregnant or plan to get pregnant
  - Authorize your provider to communicate with your other providers and, if needed, significant others
- Appropriate and Safe use of medications
  - Authorize your provider to check your record in the Prescription Drug Monitoring Program
  - Not share medication with others and agree to store it where others cannot obtain it
  - Avoid use of illegal substances and those that might have dangerous interactions
  - Participate in urine drug screens, pill counts, or periodic questionnaires about substance use
  - Disclose all opioid or other drug use including any prescribed and non-prescribed substances you may take

Prescription Policies

- Requirements regarding the Pharmacy that fills the prescription.
  - For example:
    - *Patients are limited to using one pharmacy for their buprenorphine prescriptions.*
    - *Patients who use more than one pharmacy will be warned for the first instance. Further use of more than one pharmacy will result in discontinued treatment.*
- Obtain buprenorphine from only one provider and one pharmacy.
  - For example:
    - *Patients are limited to using one pharmacy for their buprenorphine prescriptions.*
    - *The patient is limited to one prescribing provider. To monitor adherence to this policy, the Prescription Drug Monitoring program will typically be checked at least monthly and more often for patients who have been non-compliant.*
- Policy for prescription renewal.
  - For example:
    - *Renewal of prescriptions requires office visits for at least the first 3 months of treatment. After that, prescriptions may be renewed regularly as long as patients attend follow-up appointments.*

Safety concerns

- Understand that discontinuing buprenorphine increases risk of overdose death upon return to illicit opioid use.
- Know that use of alcohol or benzodiazepines with buprenorphine increases the risk of overdose and death.
- Understand the importance of informing providers if they become pregnant.
- Tell providers if they are having a procedure that may require pain medication
- Child safety, including that medications should be kept in a locked container or otherwise made inaccessible to children. Even brief exposure of a child to buprenorphine can result in sedation, breathing difficulties, low oxygen in the brain, and death"

Common challenges in MOUD to consider when creating treatment agreements

- No-shows/late arrivals
- Requests for early refills
- Refusal to comply with drug testing or unexpected results on drug test
- Polysubstance use
- Medication non-compliance
- Lack of BH participation
- OCS/Probation involvement
- Billing/collection concerns

Policies must prioritize keeping the patient on MOUD whenever possible, as overdose death is greatly increased in patients who stop taking their medications.

No-Shows and Late Arrivals

- Pts with SUD may struggle with keeping their scheduled medical appointment and arriving on-time. It is important to remember that these behaviors are consistent with the diagnostic criteria for SUDs: “failure to fulfill major obligations” and “having persistent and recurring social and interpersonal problems” related to their drug use.
- No show rates for first appointments >50%
- Appt scheduled <48 hours in advance have lower no-show rates.
- Bock/open access scheduling
- Group visits
- Afternoon appointment times
- Intensive case management
- Switch to monthly XR formulations of medications
- Policies must clearly outline expectations for schedule adherence and consequences for non-adherence

Requests for Early Refills and Trouble with Medication Compliance

- Determine why PT ran out early? Uncontrolled cravings, Taking more than prescribed? Need dose adjustment?. Cravings triggered by untreated insomnia, anxiety and acute or chronic pain? Sharing with friend/family?
- Shorted prescriptions
- Lock boxes for stolen meds
- If a patient still has some medication left, help them to plan to ration it to reduce withdrawal symptoms (cutting dose in half for the last few days before fill is due). If the patient is completely out of medication for 3 days or more before their refill date, providers may choose to refill as a “one time emergency” while simultaneously increasing the level of support a patient is receiving.
- Multiple episodes of running out of medication early despite dose increases, short prescriptions and adequate management of comorbid conditions may mean that the patient would benefit from directly observed dosing of their medications (typically done via video chat or via secure apps such as E-Mocha). Failure to reach successful medication compliance with the above tactics may mean that the patient would benefit from switching to a Monthly injectable form of MAT and offered a referral to a higher level of when appropriate and patients should always be offered comfort medications for withdrawal symptoms.

Drug Test Refusal or Unexpected Results

- Offer oral fluid testing
- Inability or refusal to give a drug testing sample, tampering with a sample and unexpected results on a drug test, are common problems that providers encounter in everyday practice.
- Clearly outline expectations for drug testing compliance, and what changes might be made in their treatment plan if they refuse to give a sample or tamper with their sample.
- Witnessed urine collection invasive/ embarrassing for patients, uncomfortable for staff, no same gender staff present to witness. If likely to have medical records subpoenaed, use a laboratory that has staff trained to perform the procedure
- Unexpected results→ increase patient support and monitoring, increasing frequency of visits, shorter prescriptions, offering more BH support, addressing underlying comorbid conditions and stressors
- Aberrancy in a drug test result should almost never be a trigger to withhold medication from a patient, but may guide decisions to change dose, formulation or type of medication utilized. Drug testing policy should always prioritize keeping patients on MAT whenever possible

Polysubstance Use

- Polysubstance use is common in patients with OUD
- Patients that continue to use other substances can still be successful in stopping or reducing opioid use and reducing their risk of overdose death.
- MOUD does not treat other substance use disorders, so treatment specifically directed at the comorbid SUD is required.
- Do not withhold buprenorphine from patients that are using alcohol or other sedatives, but it is important to warn them of the risk of overdose and to provide naloxone rescue kits.
- In patients who continue to use other substances, the clinic must decide whether their policy will be to continue to prescribe sublingual buprenorphine with weekly visits and close monitoring, or to require a switch to monthly injectable buprenorphine if diversion and medication compliance are a concern

Lack of Behavioral Health Participation

- MAT can be effective to reduce drug use and associated morbidity and mortality even without psychosocial support, so MAT should never be withheld for patients due to lack of participation in behavioral health care.

- Offer mutual support groups (NA/AA) which can be attended virtually, tele-behavioral health, group visits, peer support and motivational interviewing. Incentivize participation through rewards/contingency management.

Patients with Criminal Justice or Child Protective Services Involvement

- Consider specific treatment plans for CJ/OCS involved pts
- Patients with legal issues should be offered a highly structured treatment plan with more frequent visits and drug testing. More random testing and more confirmatory testing , Monthly injectable medication or directly observed dosing of sublingual products (via video chat, in person or by secure DOT app such as E-mocha).
- BH assessment and support may be required.
- ROI's to allow communication with probation/parole/OCS/lawyers on patients level of engagement with treatment, but it is also critical to remember that no records (such as drug testing result) can be shared with any outside entity without the patients explicit written consent or by court order.
- Regular communication between the state agencies and the medical case manager are critical to ensure that medical and BH treatment plans align with any legal requirements of court ordered treatment.
- DOC/OCS perform their own random forensic drug testing for monitoring compliance.
- Patients who fail to meet the high standards of court ordered treatment should still be offered low threshold and harm reduction care to reduce morbidity and mortality

Billing and Collection Concerns

- Treatment agreements should clearly outline plans should patients fail to pay their bill at the clinic. All possible social service assistance should be offered to assist patients in obtaining insurance and to enroll in grants that can help to cover the cost of medical and BH services.
- Withholding medication increases risk of overdose death and is not recommended

I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant.

I agree to conduct myself in a courteous manner in the physician's office.

I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the doctor will not see me, and I will not be given any medication until my next scheduled appointment.

I agree not to sell, share, or give any of my medication to another individual. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.

I agree not to deal, steal, or conduct any other illegal or disruptive activities in the doctor's office.

I agree that my medication (or prescriptions) can be given to me only at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.

I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.

I agree not to obtain medications from any physicians, pharmacies, or other sources without informing my treating physician. I understand that mixing buprenorphine with other medications, especially benzodiazepines such as valium and other drugs of abuse, can be dangerous. I also understand that a number of deaths have been reported among individuals mixing buprenorphine with benzodiazepines.

I agree to take my medication as the doctor has instructed and not to alter the way I take my medication without first consulting the doctor. **SAMSHA TIP 40** https://www.ncbi.nlm.nih.gov/books/NBK64238/

ASAM Sample Treatment Agreement

- https://www.asam.org/docs/default-source/advocacy/sample-treatment-agreement30fa159472bc604ca5b7ff000030b21a.pdf?sfvrsn=0
- This form is provided for educational and informational purposes only. It is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting this form and applying it to the particular circumstances of their individual patients and practice arrangements. The information provided in this form is provided “as is” with no guarantee as to its accuracy or completeness. ASAM will strive to update this form from time to time, but cannot ensure that the information provided herein is current at all times.

I agree to accept the following treatment contract for buprenorphine office-based opioid addiction treatment:

1. I will keep my medication in a safe and secure place away from children (e.g., in a lock box). My plan is to store it (describe where and in what)? _____

2. I will take the medication exactly as my doctor prescribes. If I want to change my medication dose, I will speak with the doctor first. Taking more than my doctor prescribes OR taking it more than once daily as my doctor prescribes is medication misuse and may result in supervised dosing at the clinic. Taking the medication by snorting or by injection is also medication misuse and may result in supervised dosing at the clinic, referral to a higher level of care, or change in medication based on the doctor's evaluation.

3. I will be on time to my appointments and be respectful to the office staff and other patients.

4. I will keep my doctor informed of all my medications (including herbs and vitamins) and medical problems.

5. I agree not to obtain or take prescription opioid medications prescribed by any other doctor.

6. If I am going to have a medical procedure that will cause pain, I will let my doctor know in advance so that my pain will be adequately treated.

7. If I miss an appointment or lose my medication, I understand that I will not get more medication until my next office visit. I may also have to start having supervised buprenorphine dosing.

8. If I come to the office intoxicated, I understand that the doctor will not see me, and I will not receive more medication until the next office visit. I may also have to start having supervised buprenorphine dosing.

9. I understand that it is illegal to give away or sell my medication – this is diversion. If I do this, my treatment will no longer include unsupervised buprenorphine dosing and may require referral to a higher level of care, supervised dosing at our clinic, and/or a change in medication based on the doctor's evaluation.

10. Violence, threatening language or behavior, or participation in any illegal activity at the office will result in treatment termination from our clinic.

11. I understand that random urine drug testing is a treatment requirement. If I do not provide a urine sample, it will count as a positive drug test.

12. I understand that I will be called at random times to bring my medication bottle into the office for a pill count. Missing medication doses could result in requirement for supervised dosing or referral to a higher level of care at this clinic or potentially at another treatment provider based on your individual needs.

13. I understand that initially I will have weekly office visits until I am stable. I will get a prescription for 7 days of medication at each visit.

14. I can be seen every two weeks in the office starting the second month of treatment if I have two negative urine drug tests in a row. I will then get a prescription for 14 days of medication at each visit.

15. I will go back to weekly visits if I have a positive drug test. I can go back to visits every two weeks when I have two negative drug tests in a row again.

16. I may be seen less than every two weeks based on goals made by me and my doctor.

17. I understand that people have died by mixing buprenorphine with other drugs like alcohol and benzodiazepines (drugs like Valium®, Klonopin® and Xanax®).

18. I understand that treatment of opioid addiction involves more than just taking my medication. I agree to comply with my doctor's recommendations for additional counseling and/or for help with other problems.

19. I understand that there is no fixed time for being on buprenorphine and that the goal of treatment is to stop using all illicit drugs and become successful in all aspects of my life.

20. I understand that I may experience opioid withdrawal symptoms when I go off buprenorphine.

21. I have been educated about the other two FDA-approved medications for opioid dependence treatment, methadone and naltrexone.

22. If female, I have been educated about the increased chance of pregnancy when stopping illicit opioid use and starting buprenorphine treatment and offered methods for preventing pregnancy.

23. If female, I have been educated about the effects of poor diet, illicit opioid use, use of dirty needles/sharing injection equipment, physical and mental trauma, and lack of pre-natal medical, substance use and mental health care during pregnancy and how these things can adversely affect my health and my current or future fetus/newborn's health. I understand that neonatal abstinence syndrome can occur when taking illicit opioids and that neonatal abstinence syndrome (NAS) is less severe, but can still occur, when pregnant women take methadone or buprenorphine as prescribed/dispensed in substance use disorder treatment. Cigarette smoking can make the severity of NAS worse and cause pre-term birth and small babies. Alcohol use can cause significant cognitive/brain damage in fetuses and newborns.

References

ASAM sample treatment agreement

https://www.asam.org/docs/default-source/advocacy/sample-treatment-agreement30fa159472bc604ca5b7ff000030b21a.pdf?sfvrsn=0

Patient Guide: ELEMENTS OF BUPRENORPHINE TREATMENT

https://docs.clinicaltools.com/pdf/Buppractice/PatientGuides/PATIENT-V5-Bup-01c-Elements.pdf

SAMSHA TIP 40 Sample Treatment Agreement

https://www.ncbi.nlm.nih.gov/books/NBK64238/

Case Presentation

Project ECHO's goal is to protect patient privacy

- To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- **References: For a complete list of protected information under HIPAA, please visit www.hipaa.com**

Thank you for joining us today.
We appreciate your participation and hope to see you at the **NEXT ECHO Session:**

July 14, 2022 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CMEs.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