MICMT MAT Care Team Webinar

September, 2020

INJURY PREVENTION CENTER
UNIVERSITY OF MICHIGAN

1

Eve D. Losman, MD, MHSA

Core Faculty
University of Michigan Injury Prevention Center

Assistant Professor
Department of Emergency Medicine
University of Michigan School of Medicine

Co-Director – Diagnostic and Therapeutic Branch
University of Michigan School of Medicine

No Disclosures to make.

INJURY PREVENTION CENTER
UNIVERSITY OF MICHIGAN

MDHHS
Michigan Department of Health & Human Services

Brief Agenda:

- Discuss the creation of the Evidence-based Safer Opioid Prescribing Toolkit for Clinical Care
- Discuss the Post-Overdose Care in the ED Project and online Toolkit that we are currently finalizing
  - Linkage to services between ED and PCP / SUD provider

3

Development of an Evidence-based Safer Opioid Prescribing Toolkit for Clinical Care

Losman E[1,2], Ngo Q[1,2], Rooker A[1,2], Roche J[1,2], DeLaCruz, J[3]; Moore A[3]; Walton, MA[1,5,6]; Cunningham R[1,2,7], Carter PM[1,2,7]

[1]Injury Prevention Center, University of Michigan
[2]Department of Emergency Medicine, School of Medicine, University of Michigan
[4]Michigan Department of Health and Human Services, Division of Injury Prevention
[5]Department of Psychiatry, School of Medicine, University of Michigan
[6]Addiction Center, University of Michigan
[7]Department of Health Behavior/Health Education, School of Public Health, University of Michigan

INJURY PREVENTION CENTER
UNIVERSITY OF MICHIGAN

MDHHS
Michigan Department of Health & Human Services

University of Michigan Injury Prevention Center (U-M IPC)

1 of 9 CDC-funded Injury Control Research Centers

5

M | INJURY PREVENTION CENTER

Areas of Injury Prevention Focus

Opioids and Overdose

Suicide

Youth Violence

Concussion

Motor Vehicle Crash

Older Adult Falls

ACEs and Other Emerging Areas

6

M | INJURY PREVENTION CENTER

Opioids and Overdose Work

- Michigan Safer Opioid Prescribing Toolkit

michmed.org/optoolkit

- Post-Overdose Care in the ED Project
- Opioid Massive Open Online Course (MOOC)

https://opioids.umich.edu/resources/opioid-online-course/

- System for Opioid Overdose Surveillance (S.O.S.)

https://injurycenter.umich.edu/opioid-surveillance/

7

M | INJURY PREVENTION CENTER

MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT

A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE

8

M | INJURY PREVENTION CENTER

Needs Assessment:

Primary care providers in Michigan were surveyed to identify existing knowledge and resource gaps.

Biggest gaps identified:

- Resources for non-prescribing members of my healthcare team to use when working with patients with chronic pain.
- How to have difficult discussions regarding the discontinuation of opioids.
- How to guide a patient through the process of tapering from opioids.
- How best to provide pain management for patients with a pre-existing substance use disorder.

9

M | INJURY PREVENTION CENTER

Needs Assessment:

Barriers to following established prescribing guidelines:

- Managing pts with comorbidities & limited alternatives in treatment
- Having difficult discussions with patients
- Time constraints
- Easily accessible information & general consensus & acceptance of guidelines
- Not enough availability of SUD treatment programs
- Lack of resources, training, time, and guidance
- Differing requirements (federal & state) –interpretation of Michigan laws
- Overprescribing by ER and urgent care providers
- Refilling for other provider while on vacation

10

M | INJURY PREVENTION CENTER

Needs Assessment:

Resources that would help providers manage patients with chronic pain:

- Managing pts with comorbidities (e.g., SUD, OUD) & treatment strategies
- Guidelines for prescribing to teens and seniors
- Tapering guidelines
- Notification in EHR to alert staff of pts who need to follow guidelines for opioids
- Legal resources
- Non-opioid treatment options (e.g., counselors)
- State and national public service education campaign to engage pts in discussions
- Centralized location of resources – one clear message
- Having difficult discussions
- Training sessions for providers and clinical staff

11

Toolkit Review

User friendly features:

- Material is visually categorized by type of user (e.g., patient, provider, family) for easy navigation
- A few curated & great resources for each topic
- Easy to see, graphically organized, topics
- Quick and easy to read handouts or infographics – one pagers
- Direct links to specific material
- Prescribing guidelines for different populations (e.g, teens, seniors)
- Tools that providers can use in their practice to calculate dosing, etc.
- Using mini pictures of the resource next to the title of the resource
- Case examples or language for difficult conversations

12

Toolkit Review

Features that hinder the use of the toolkit:

- One giant PDF that users have to scroll through to find information
- Having too many links or resources under one topic – overwhelming
- Links that aren't labeled well, so user has to click on to see what it is
- Long detailed handouts where the user has to look to find info – several pages
- Links to further databases or toolkits where the user has to search through to find the info they need – not having direct links to actual information

Development

- Provider- and patient-focused educational content and resources were identified/curated from existing sources or newly developed for the toolkit.

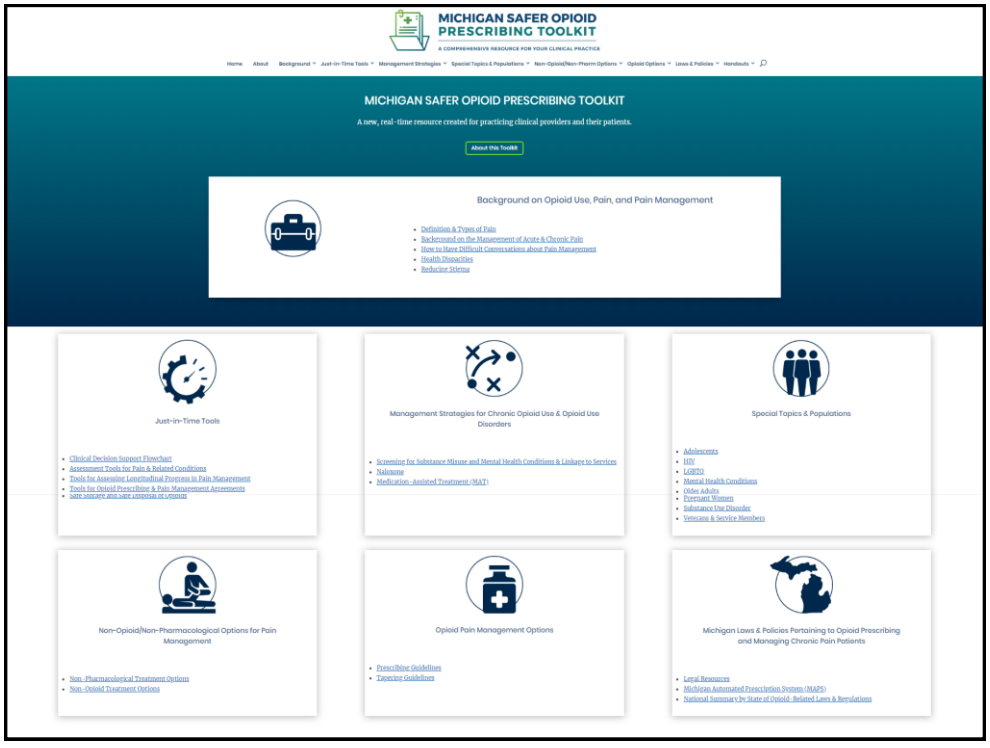
- Resources were reviewed by expert researchers / clinicians for accuracy and by practicing primary care clinicians for usability and applicability / relevance.

What is in the toolkit?

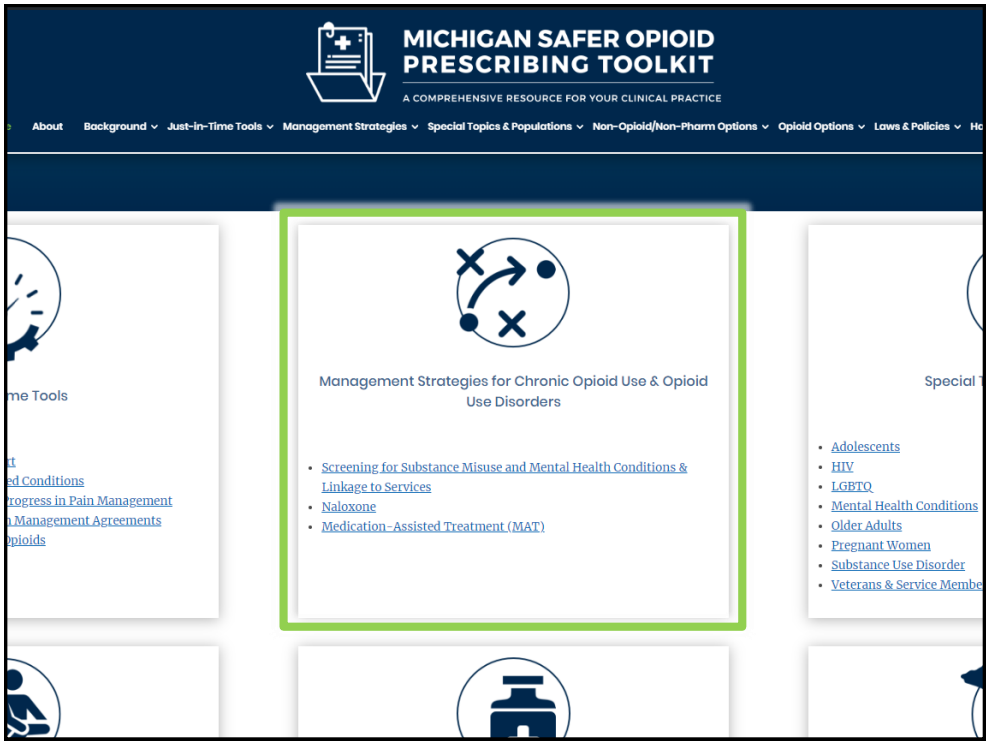
- Background resources on pain and pain management (managing acute/chronic pain, reducing stigma)
- Management strategies for chronic opioid use and opioid use disorders (screening tools, naloxone, medication-assisted treatment)
- Non-opioid / non-pharmacological pain management
- Opioid pain management (prescribing / tapering guidelines)
- Prescribing laws (PDMPs, legal resources)
- Just-in-time resources (clinical decision flowcharts, assessment tools, safe storage / safe disposal)
- Special populations (adolescents, LGBTQ, pregnant women, veterans, etc.).

15

M | INJURY PREVENTION CENTER



MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT
A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE
bout
Background
Just-in-Time Tools
Management Strategies
Special Topics & Populations
Non-Opioid/Non-Pharm Options
Opioid
Clinical Decision Support Flowchart
Assessment Tools for Pain & Related Conditions
Tools for Assessing Longitudinal Progress in Pain Management
Tools for Opioid Prescribing & Pain Management Agreements
Safe Storage & Disposal
AN SAFER OPIOID PRESCRIBING TOOLKIT
e resource created for practicing clinical providers and their patients.
About this Toolkit
Background on Opioid Use, Pain, and Pain M
Definition & Types of Pain
Background on the Management of Acute & Chronic Pain
How to Have Difficult Conversations about Pain Management
Health Disparities
Reducing Stigma


MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT
A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE
About
Background
Just-in-Time Tools
Management Strategies
Special Topics & Populations
Non-Opioid/Non-Pharm Options
Opioid Options
Laws & Policies
me Tools
ed Conditions
rogress in Pain Management
Management Agreements
pioids
Management Strategies for Chronic Opioid Use & Opioid Use Disorders
Screening for Substance Misuse and Mental Health Conditions & Linkage to Services
Naloxone
Medication-Assisted Treatment (MAT)
Special
Adolescents
HIV
LGBTQ
Mental Health Conditions
Older Adults
Pregnant Women
Substance Use Disorder
Veterans & Service Membe

MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT

A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE

Home About Background Just-in-Time Tools Management Strategies Special Topics & Populations Non-Opioid/Non-Pharm Options Opioid Options Laws & Policies Handouts

NALOXONE

This section contains information on how to use naloxone, how to prescribe it, and how and where to obtain naloxone without a prescription.

PROVIDERS

PATIENTS

19

MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT

A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE

Home About Background Just-in-Time Tools Management Strategies Special Topics & Populations Non-Opioid/Non-Pharm Options Opioid Options Laws & Policies Handouts

NALOXONE – PROVIDER RESOURCES

Provider-focused resources on using naloxone, prescribing naloxone, and how to discuss naloxone with patients.

Overview of Using Naloxone for Opioid Overdose

NIH Naloxone for Opioid Overdose: Life-Saving Science (PDF) or website

- Learn about the life-saving science behind naloxone – how naloxone works, where it can be purchased, barriers and facilitators to prescribing naloxone and much more.

Preventing fatal opioid overdose among your patients

- Access this two-page handout to learn more on overdose prevention messages, assessing risk, and naloxone options.

How to Prescribe Naloxone for Your Patients

Auto-injector

- Use this sample prescription to prescribe a naloxone auto-injector.

Intramuscular injectable naloxone

- Use this sample prescription to prescribe intramuscular injectable naloxone.

20

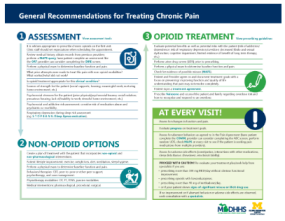
MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT

A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE

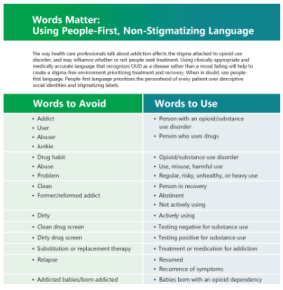
Home About Background Just-in-Time Tools Management Strategies Special Topics & Populations Non-Opioid/Non-Pharm Options Opioid Options Laws & Policies Handouts

HANDOUTS TO USE IN YOUR CLINICAL PRACTICE

Clinical Decision Support Flowchart



Words Matter



MAPS Poster

21

General Recommendations for Treating Chronic Pain

1 ASSESSMENT View assessment tools

It is seldom appropriate to prescribe chronic opioids on the first visit. Clinic staff should set expectations when scheduling the appointment.

Review medical history; obtain records from previous providers; perform a **MAPS query**; have patient complete an assessment like the **ORT**; provider can consider completing the **DIRE** screen.

Perform a physical exam to determine baseline function and pain.

What prior attempts were made to treat this pain with non-opioid modalities? What worked/what did not work?

Is opioid treatment appropriate for this **clinical condition**?

Sources of strength for the patient (social supports; housing; meaningful work; nurturing home environment, etc.)

Psychosocial stressors for the patient (prior physical/psychosocial trauma; social isolation; precarious housing; lack of/inability to work; stressful home environment, etc.)

Psychosocial and addictive risk assessment: consider risk of medication abuse and psychiatric co-morbidity.

Respiratory depression during sleep risk assessment (e.g. **S T O P B A N G /Sleep Apnea evaluation**).

2 NON-OPIOID OPTIONS

Create a plan of treatment with the patient that incorporates **non-opioid** and **non-pharmacological** interventions.

Patient lifestyle improvement: exercise, weight loss, diet, meditation, sleep hygiene.

Perform a physical exam to determine baseline function and pain.

Behavioral therapies: CBT, peer-to-peer or other peer support, psychotherapy, and case management.

Physiotherapy modalities: OT, PT, TENS, passive modalities.

Medical interventions: pharmacological, procedural, surgical.

3 OPIOID TREATMENT View prescribing guidelines

Evaluate potential benefits as well as potential risks with the patient (risk of addiction/dependence; risk of respiratory depression/overdose; decreased libido and sexual dysfunction; cognitive impairment; limited evidence of benefit of long term therapy, etc.)

Perform urine drug screen (UDS) prior to prescribing.

Perform a physical exam to determine baseline function and pain.

Check for evidence of possible misuse (**MAPS**).

Patient and Provider agree on and document treatment goals with a focus on preserving/ improving function and quality of life understanding that pain may not resolve completely.

Patient signs a **treatment agreement**.

Prescribe **Naloxone** and counsel the patient and family regarding overdose risk and how to recognize and respond to an overdose.

AT EVERY VISIT!

Assess for changes in function and pain.

Evaluate **progress** on treatment goals.

Assess for aberrant behaviors as agreed to in the Pain Agreement (have patient complete the **COMM**; provider can consider completing the ABC screen; perform random UDS, check **MAPS** at every visit to see if the patient is seeking pain medications from multiple providers).

Assess for adverse side effects (constipation, interactions with other medications, sleep disturbance, drowsiness, emotional lability).

PROCEED WITH CAUTION! Re-evaluate your treatment plan/seek help from specialists if you are:

- prescribing more than 100 mg MED/day without obvious functional improvement.
- prescribing opioids with benzodiazepines.
- prescribing more than 40 mg of methadone/day.
- or if your patient shows **signs of significant misuse or illicit drug use.**

If no improvement or if aberrant behavior or adverse side effects are observed, seek consultation with a **specialists**.

MDHHS Michigan Department of Health & Human Services

MICHIGAN INJURY PREVENTION CENTER UNIVERSITY OF MICHIGAN

1 ASSESSMENT View assessment tools

It is seldom appropriate to prescribe chronic opioids on the first visit. Clinic staff should set expectations when scheduling the appointment.

Review medical history; obtain records from previous providers; perform a **MAPS query**; have patient complete an assessment like the **ORT**; provider can consider completing the **DIRE** screen.

Perform a physical exam to determine baseline function and pain.

What prior attempts were made to treat this pain with non-opioid modalities? What worked/what did not work?

Is opioid treatment appropriate for this **clinical condition**?

Sources of strength for the patient (social supports; housing; meaningful work; nurturing home environment, etc.)

Psychosocial stressors for the patient (prior physical/psychosocial trauma; social isolation; precarious housing; lack of/inability to work; stressful home environment, etc.)

Psychosocial and addictive risk assessment: consider risk of medication abuse and psychiatric co-morbidity.

Respiratory depression during sleep risk assessment (e.g. **S T O P B A N G /Sleep Apnea evaluation**).

Words Matter: Using People-First, Non-Stigmatizing Language

The way health care professionals talk about addiction affects the stigma attached to opioid use disorder, and may influence whether or not people seek treatment. Using clinically appropriate and medically accurate language that recognizes OUD as a disease rather than a moral failing will help to create a stigma-free environment prioritizing treatment and recovery. When in doubt, use people-first language. People-first language prioritizes the personhood of every patient over descriptive social identities and stigmatizing labels.

Words to Avoid	Words to Use
• Addict • User • Abuser • Junkie	• Person with an opioid/substance use disorder • Person who uses drugs
• Drug habit • Abuse • Problem	• Opioid/substance use disorder • Use, misuse, harmful use • Regular, risky, unhealthy, or heavy use
• Clean • Former/reformed addict	• Person in recovery • Abstinent • Not actively using
• Dirty	• Actively using
• Clean drug screen	• Testing negative for substance use
• Dirty drug screen	• Testing positive for substance use
• Substitution or replacement therapy	• Treatment or medication for addiction
• Relapse	• Resumed • Recurrence of symptoms
• Addicted babies/born addicted	• Babies born with an opioid dependency • Babies born with neonatal abstinence syndrome

Adapted from the following resources, read to learn more about people-first language:

- Grayken Center for Addiction – Words Matter
- Sum of US - A Progressive's Style Guide
- Ohio Language First Team - Using Person-First Language across the Continuum of Care for Substance Use Disorders & other Addictions
- Michigan Department of Health and Human Services - End the Stigma

MDHHS Michigan Department of Health & Human Services

INJURY PREVENTION CENTER UNIVERSITY OF MICHIGAN

24

Evaluation

We are currently evaluating the toolkit and will use the feedback we have received to improve this resource.

If you would like to take the survey to evaluate the toolkit we would appreciate your feedback.

Post-Overdose Care in the ED Project & Toolkit

We are in the final stages of developing an emergency-department focused post-overdose care toolkit that is expected to launch this November.

We hosted 2 summits on this topic with physicians, nurses, social workers and SUD providers; with others, we also facilitated the X-Waiver training of 67 emergency physicians from across the state.

Summit #1: Take Home Naloxone

Summit #2: How to create and ED based MAT program

Post-Overdose Care in the ED: Summit #1: Take Home Naloxone

Invited stakeholders from across the state to discuss the opportunities and challenges they face regarding Take Home Naloxone.
Created a protocol that EDs can adapt to their local situation.
Curated resources including Linkage to Services and Stigma as providers indicated that these were areas where they needed help.

27

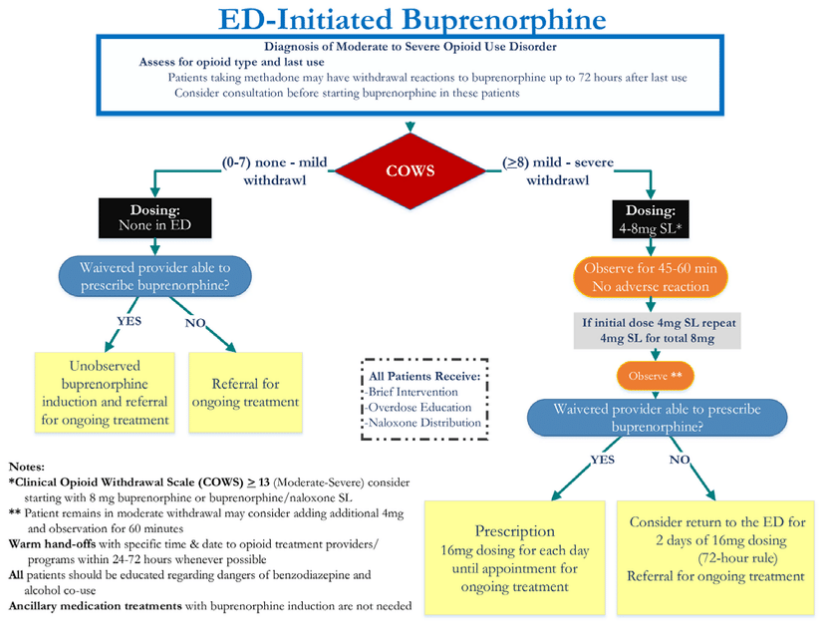
M | INJURY PREVENTION CENTER

Post-Overdose Care in the ED: Summit #2: Creating an ED MAT program

Invited stakeholders from across the state to discuss the opportunities and challenges they face regarding creation of an ED MAT program.
Created a protocol that EDs can adapt to their local situation.
Discussion panel with SUD providers and PCPs to explore how to facilitate Linkage to Services.
Workshop focused on Stigma.

28

M | INJURY PREVENTION CENTER



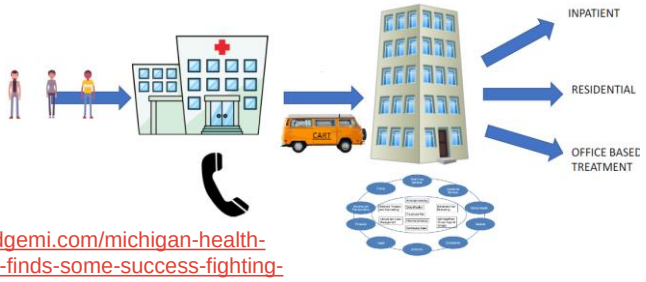
29

INJURY PREVENTION CENTER

Post-Overdose Care in the ED: Summit #2: Creating an ED MAT program

Linkage to Services / Warm Hand-off

Example: DMC – the Crisis Addiction Recovery Transportation (CART) Program



https://www.bridgemi.com/michigan-health-watch/michigan-finds-some-success-fighting-opiate-crisis-front-line-emergency-rooms

30

INJURY PREVENTION CENTER

Post-Overdose Care in the ED: Summit #2: Creating an ED MAT program

Linkage to Services / Warm Hand-off Example: Munson – working with local clinics and providers

Munson Family Practice Center

Behavioral Health Services

ADDICTION TREATMENT SERVICES
TRAVERSE CITY, MI

TRAVERSE HEALTH CLINIC
Your Path to Health & Wellness

NORTHWEST MICHIGAN Health Services Inc
Our Community. Your Healthcare.

NORTHWEST MICHIGAN WORKS!

GRAND TRAVERSE Women's Clinic

31

M | INJURY PREVENTION CENTER

Post-Overdose Care in the ED Toolkit

We are in the final stages of developing an emergency-department focused post-overdose care toolkit that is expected to launch this November.

32

M | INJURY PREVENTION CENTER

Significance

The safer prescribing toolkit is one of the first fully online, comprehensive, evidence-based clinical resources to address the opioid epidemic.

The post-overdose toolkit is one of the first fully online, comprehensive, evidence-based clinical resources to address the opportunities and challenges of initiating MAT from the ED.

Both toolkits address the myriad of practice environments in the state of Michigan.

Thank you!

MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT

A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE

michmed.org/optoolkit

INJURY PREVENTION CENTER
UNIVERSITY OF MICHIGAN

MDHHS
Michigan Department of Health & Human Services