

Team Roles for Supporting Patients Experiencing Substance Use and Opioid Use Dependence and Disorder

MASSACHUSETTS NURSE CARE MANAGER MODEL OF OFFICE BASED ADDICTION TREATMENT

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*Incorporating promising practices in SUD treatment in
advanced patient centered medical homes*

January 14, 2019



DISCLOSURES

- I have no personal or financial conflicts to report.
- I am supported by grant funding through BSAS, The GE Foundation, Boston Medical Center's Grayken Center and NIDA

Funding support provided by Massachusetts Department of Public Health, Bureau of Addiction Services and the GE Foundation

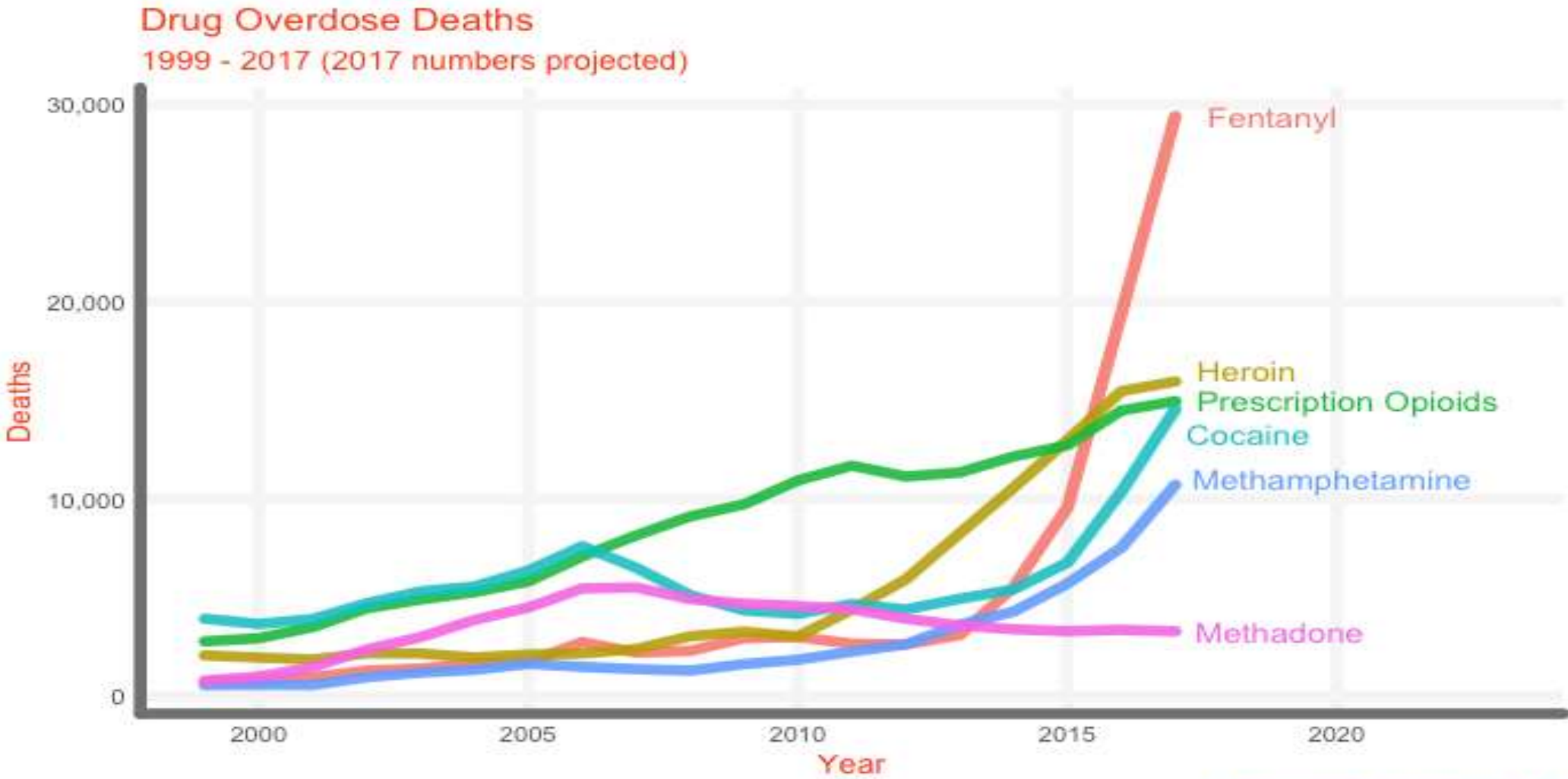


GE Foundation

AGENDA

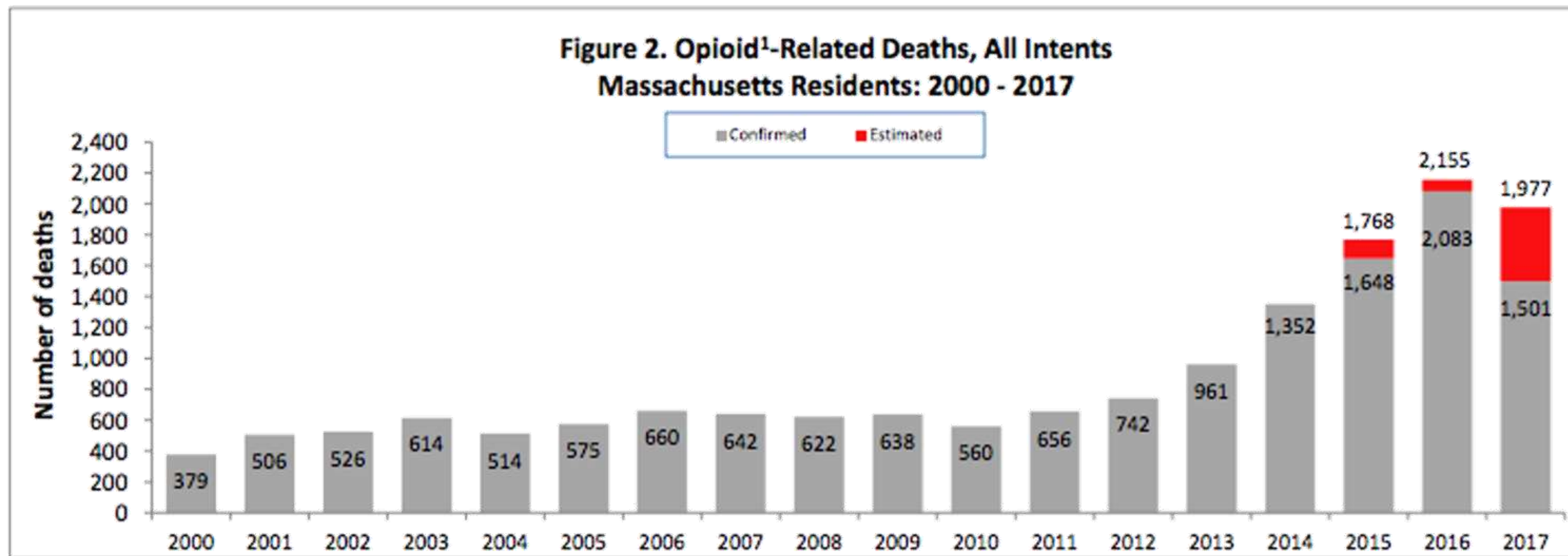
- Background: Brief Epidemiology, Laws/regulations, Identified Barriers
- Overview of the Nurse Care Manager Model of Office Based Addiction Treatment (OBAT)
- Expansion to Community Health Centers Across Massachusetts

DRUG OVERDOSE DEATHS 1999-2017



Source: CDC WONDER/NVSS

BACKGROUND



DRUG ADDICTION TREATMENT ACT (DATA 2000)

Permitted physicians who met certain qualifications to treat opioid addiction with:

- Schedule III, IV, and V narcotic medications that had been specifically approved by the FDA for that indication
- In treatment settings other than the traditional Opioid Treatment Program ("methadone clinic") settings

Buprenorphine FDA approved to treat OUD in 2002



DATA 2000 – PRACTITIONERS REQUIREMENTS

- ✓ ■ Licensed provider with DEA Registration
- ✓ ■ Subspecialty training in addictions or completion of an 8-hour course
- ✓ ■ Registration with SAMHSA and DEA
- ✓ ■ Must affirm the capacity to refer patients for appropriate counseling and ancillary services
- ✓ ■ Must adhere to patient panel size limits
 - 30 during the first year
 - 100 during the second year
 - 275 during the third year (in qualified practice setting)
- 2016/2017 CARA legislation passed permitting NP/PAs prescriptive authority to prescribe buprenorphine
 - Requires a total of 24hrs of addiction training for waiver



WAIVERED BUPRENORPHINE PRESCRIBERS: 2018

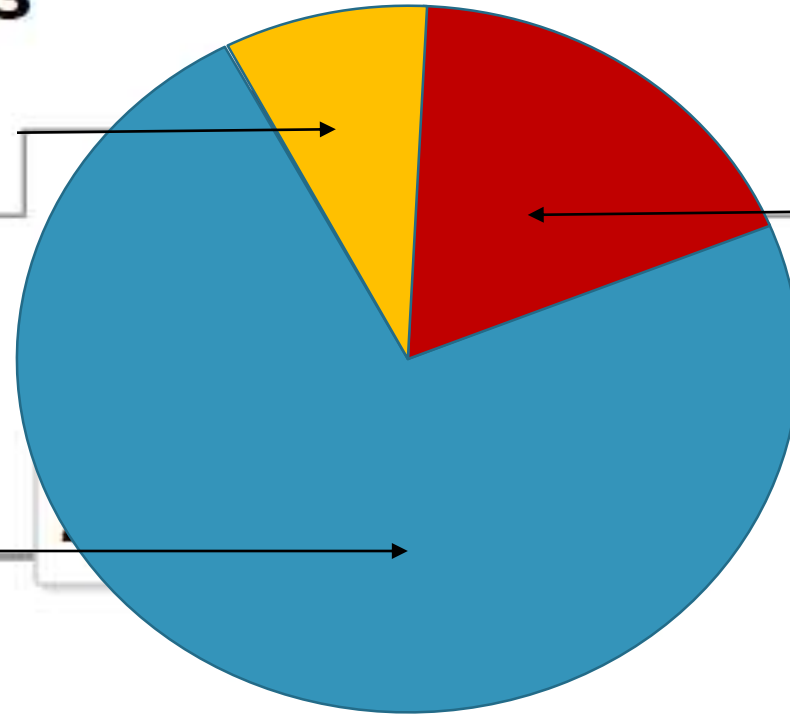
Total: 58163

*275 Patient
Certified*

7.8%

*30 Patient
Certified*

72.7%



*100 Patient
Certified*

19.4%

MDs: 43,850

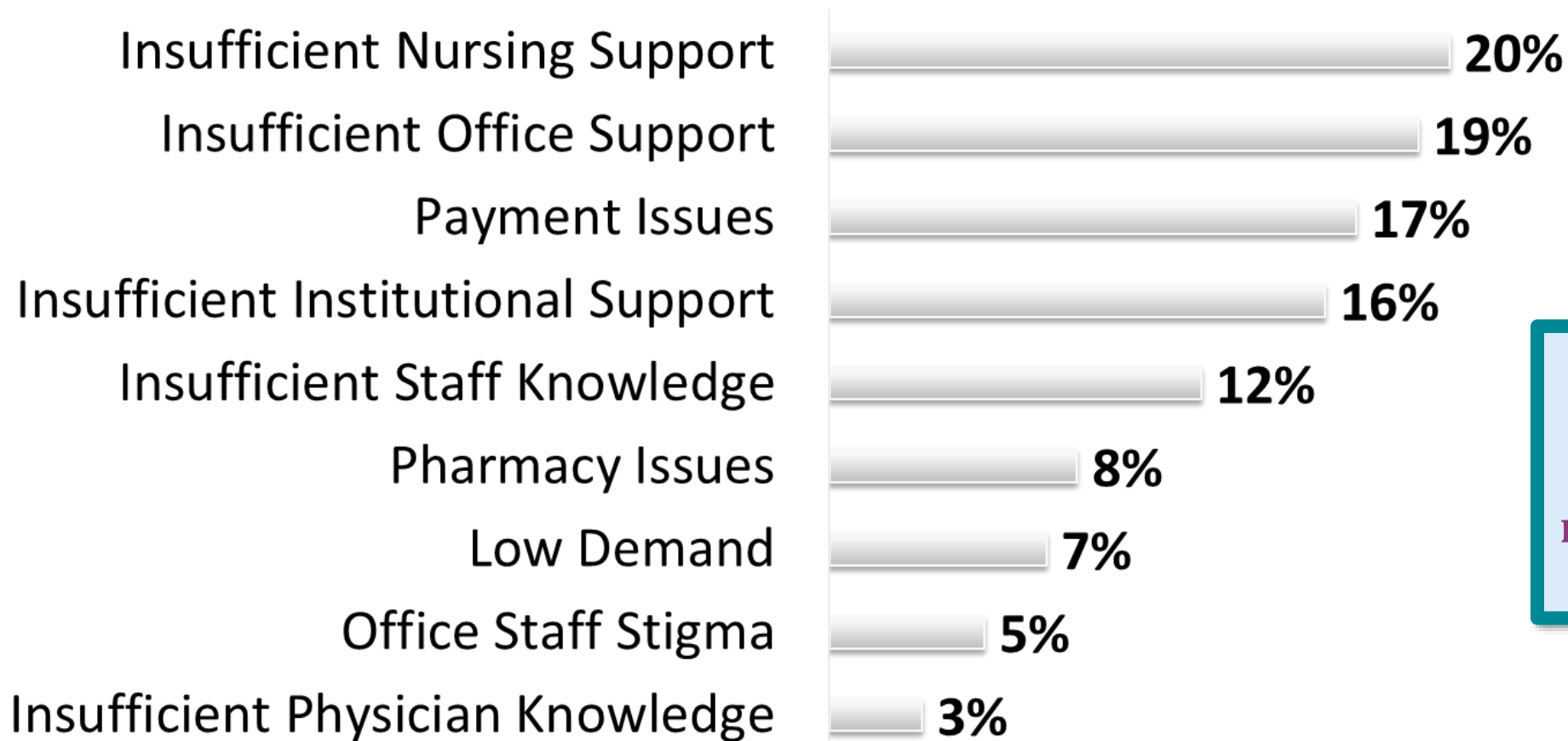
NPs: 6,656

PAAs: 1,774

(as of Aug 2018)

BARRIERS TO PRESCRIBING BUPRENORPHINE IN OFFICE-BASED SETTINGS

N=156 waived physicians; 66% response rate among all waived in MA as of 10/2005



**55% of
waived
providers
reported one or
more barriers**

NURSE CARE MANAGER MODEL

OFFICE BASED ADDICTION TREATMENT MODEL

- Evidence-based model of care to treat substance use disorders
- Addiction trained and specialty licensed providers treating substance use disorders within an office based setting with the help of a “glue person”
- Patient-centered, utilizing medication for addiction treatment
 - Buprenorphine and/or naltrexone formulations



BMC's OFFICE BASED ADDICTION TREATMENT (OBAT) MODEL

- Collaborative Care / Nurse Care Manager Model developed at Boston Medical Center
 - Nurse care managers (NCMs) work with providers to deliver outpatient addiction treatment with buprenorphine and naltrexone
 - NCM is the primary point of contact for the patient throughout treatment
- More recently dubbed the “Massachusetts Model”



NURSE CARE MANAGER REQUIREMENTS

- Registered Nurse (RN), licensed to practice nursing in the state where they are practicing
- Bachelor of Science in Nursing (BSN) and Certified Addictions Registered Nurse (CARN) recommended
- Complete an initial training curriculum covering OBAT with buprenorphine and naltrexone

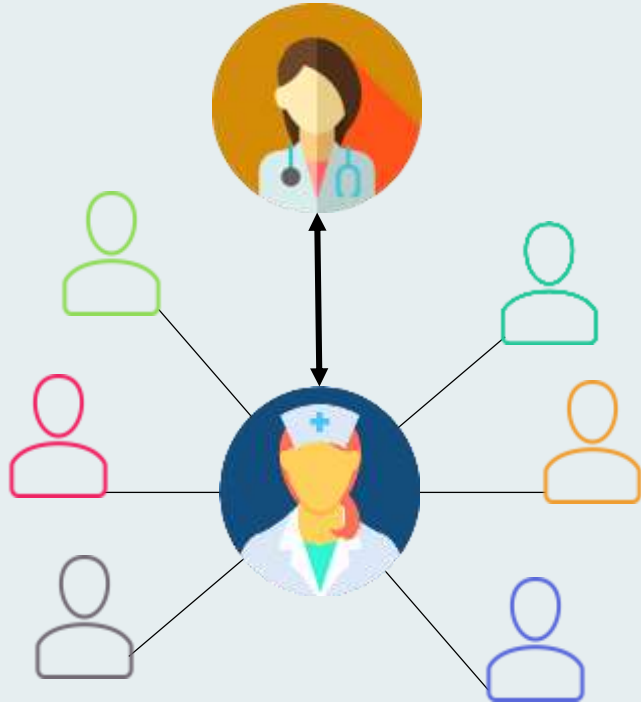
Link to exam information:

<http://www.cnetnurse.com/certified-addictions-registered-nurse/>



NURSE CARE MANAGER MODEL FOR OBAT

Nurse Care Managers increase patient access to treatment and retention in care



Alford, D. P., LaBelle, C.T., Kretsch, N., Bergeron, A., Winter, M., Botticelli, M., & Samet, J. H. (2011). Collaborative care of opioid-addicted patients in primary care using buprenorphine: five-year experience. *Archives of internal medicine*, 171(5), 425-431.

- Allows MDs (now NPs and PAs) to better manage complex patients
- NCM role includes:
 - Medical Case management
 - Brief counseling/MI, social support, patient navigation
- NCMs working at full scope of license:
 - Provided Substance Use Disorder treatment oversight
 - Address Urine toxicology
 - Assist with Insurance issues, prescription/pharmacy issues
 - Pregnancy, acute pain, surgery, medical needs
 - Concrete service support: legal/ social/ safety/housing
 - Emergency Contact: Direct Connection to NCM

NUTS AND BOLTS NCM MODEL OF OBAT

- Patient referred to OBAT program
- Initial screening with medical assistant or OBAT nurse
 - Team reviews “screener” for appropriateness
- Nurse: Intake with education, labs, treatment agreements, consent forms
- Provider: Physical Exam, confirms DSM V Opioid Use Disorder and appropriateness for treatment in OBAT setting
- Nurse: oversees medication initiation and titration
- Nurse: follow-up visits: weekly, biweekly, monthly
- Provider visits every 4 months or sooner as needed



NCM FOLLOW UP VISITS

- Assess and address recent substance use
- Assess medication dose, adherence, cravings, withdrawal.
- Provide ongoing education: medication administration, side effects, interactions, support.
- Assess counseling, self help check in
- Arrange for psychiatric evaluation with follow up as needed.
- Medical issues: HIV, HCV, routine health maintenance, acute needs.
- Family Planning.
- Social supports: housing, employment, family, friends.
- Toxicology Screening
- Labs as clinically indicated
- **Support the recovery process and build trust**



PATIENT TESTIMONIALS

Recovery means
to be honest, treat
myself and others
the right way, and
to love myself

Clean Life
is way
Better
12 yrs

This place
here is
my oxygen
tank.

My children thank
the nurses & MD's
for seeing to it that
their mom stay Healthy
& Drug free!!!
-God Bless!!
xob

You don't have
to be alone
any more

Collaborative Care of Opioid-Addicted Patients in Primary Care Using Buprenorphine Five-Year Experience

Daniel P. Alford, MD, MPH; Colleen T. LaBelle, RN; Natalie Kretsch, BA; Alexis Bergeron, MPH, LCSW; Michael Winter, MPH; Michael Botticelli, MEd; Jeffrey H. Samet, MD, MA, MPH

- ❖ Cohort study of patients treated for opioid use disorder with collaborative care between nurse care managers and generalist physicians in an urban academic primary care practice.
- ❖ From September 1, 2003, through September 30, 2008, 408 patients with opioid addiction were treated with buprenorphine.
- ❖ Examined patient characteristics, 12-month treatment success (ie, retention or successful taper after 6 months), and toxicology screens.



Table 2. Treatment Outcomes at 12 Months of 382 Opioid-Dependent Patients Entering Office-Based Opioid Treatment in Primary Care

Outcome	Patients, No. (%)
Successful treatment	196 (51.3)
Treatment retention	187 (49.0)
Successful taper after 6 months of adherence	9 (2.4)
Unsuccessful treatment	162 (42.4)
Lost to follow-up	113 (29.6)
Nonadherence despite enhanced treatment	46 (12.0)
Administrative discharge due to disruptive behavior	2 (0.5)
Adverse effects of buprenorphine hydrochloride	1 (0.3)
Transfer to methadone hydrochloride treatment program	24 (6.3)

Of patients remaining in treatment at 12 months, 154 of 169 (91.1%) were no longer using illicit opioids or cocaine based on urine drug test results.

EXPANSION OF THE MASSACHUSETTS MODEL OF NURSE CARE MANAGEMENT

STATE OBAT INITIATIVE IN CHCs: PROJECT GOALS

In 2007 State Technical Assistance Treatment Expansion (STATE) OBAT Program created to expand BMC model to 14 CHCs across MA

ACCESS

Expand treatment & access to buprenorphine

- Increase number of waived providers
- Increase number of individuals treated for opioid addiction
- Integrate addiction treatment into primary care settings

DELIVERY

Effective delivery model for buprenorphine

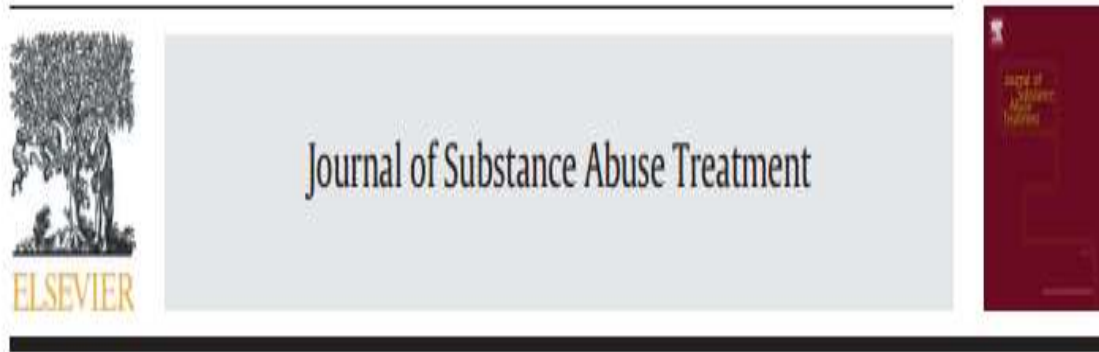
- Modeled after BMC's Nurse Care Manager Program
- Focus on high risk areas, underserved populations

SUSTAINABILITY

Post-program funding

- Develop a long-term viable funding plan
- Collect & analyze outcomes data

STATE OBAT INITIATIVE: EXPANSION OF NCM MODEL



Office-Based Opioid Treatment with Buprenorphine (OBOT-B): State-wide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers

Colleen T. LaBelle, B.S.N., R.N.-B.C., C.A.R.N.^{a,b,*}, Steve Choongheon Han, B.A.^b,
Alexis Bergeron, M.P.H., L.C.S.W.^a, Jeffrey H. Samet, M.D., M.A., M.P.H.^{a,b,c}

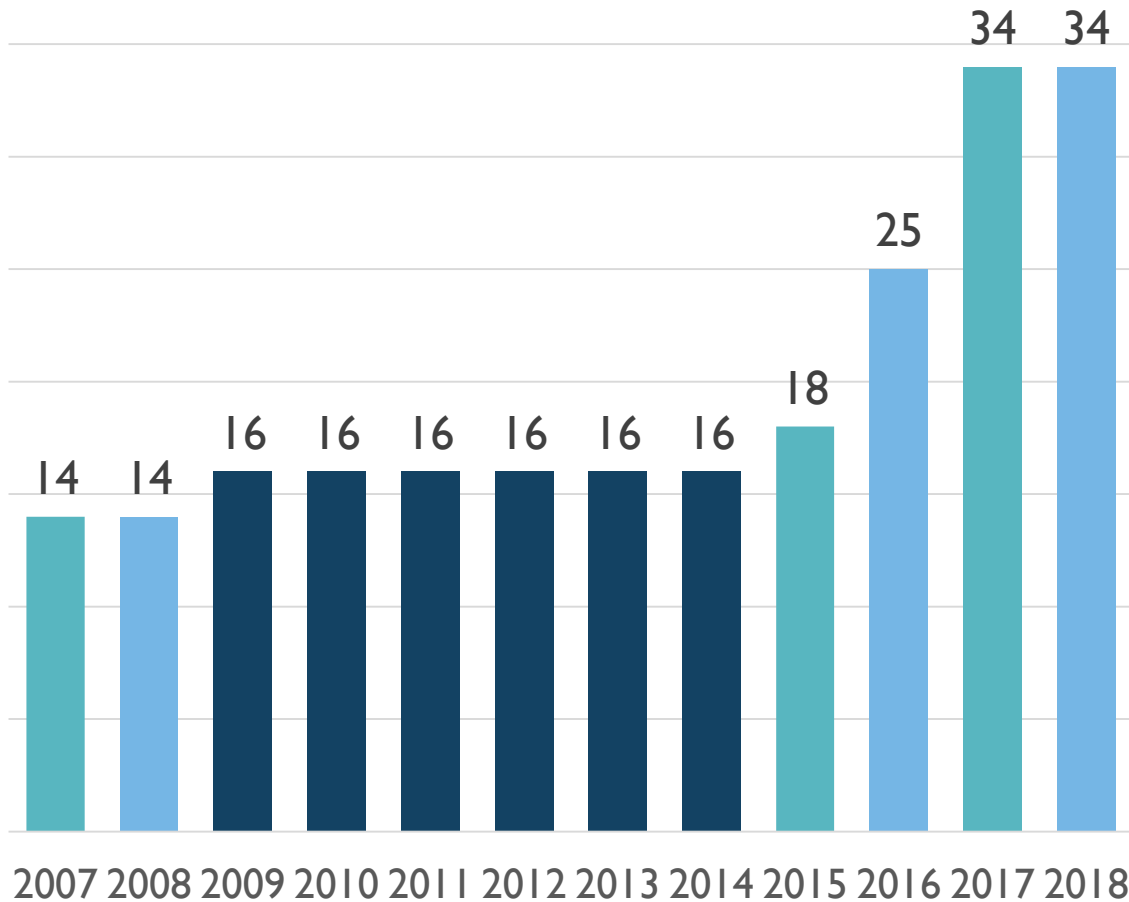
J Subst Abuse Treat. 2016;60:6-13.

First 5 years of STATE OBAT outcomes:

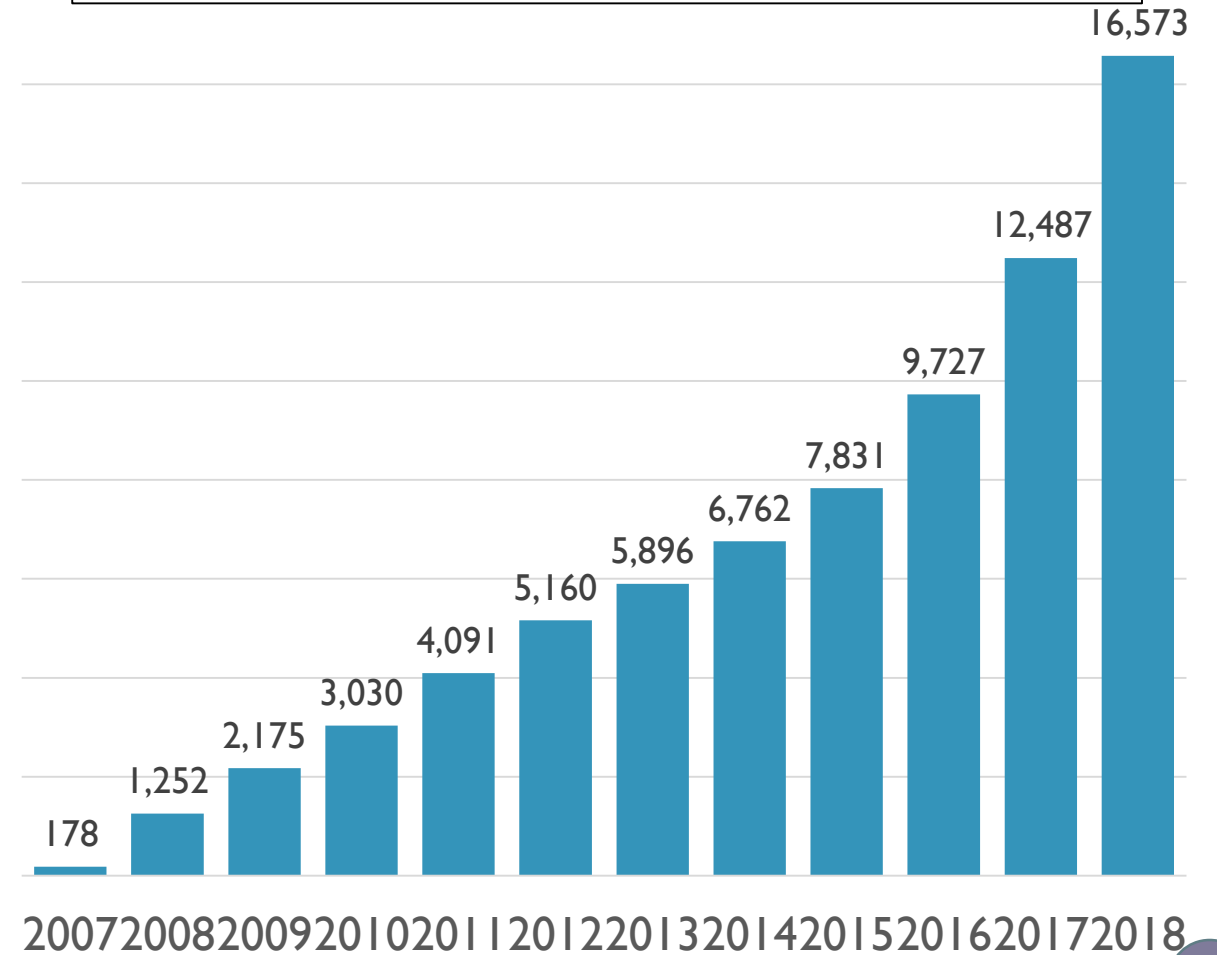
- Between 2007 and 2013, 14 CHCs in MA successfully initiated OBAT
- Physicians “waivered” increased by 375%, 24 to 114 over 3 years
- Annual admissions of OBAT patients to CHCs increased from 178 to 1,210
- 65.2% of OBOT patients enrolled in FY 2013/2014 remained in treatment \geq 10 months

MODEL EXPANSION INTO STATEWIDE CHCs

CHCs funded by MA DPH to Implement BMC OBAT Model



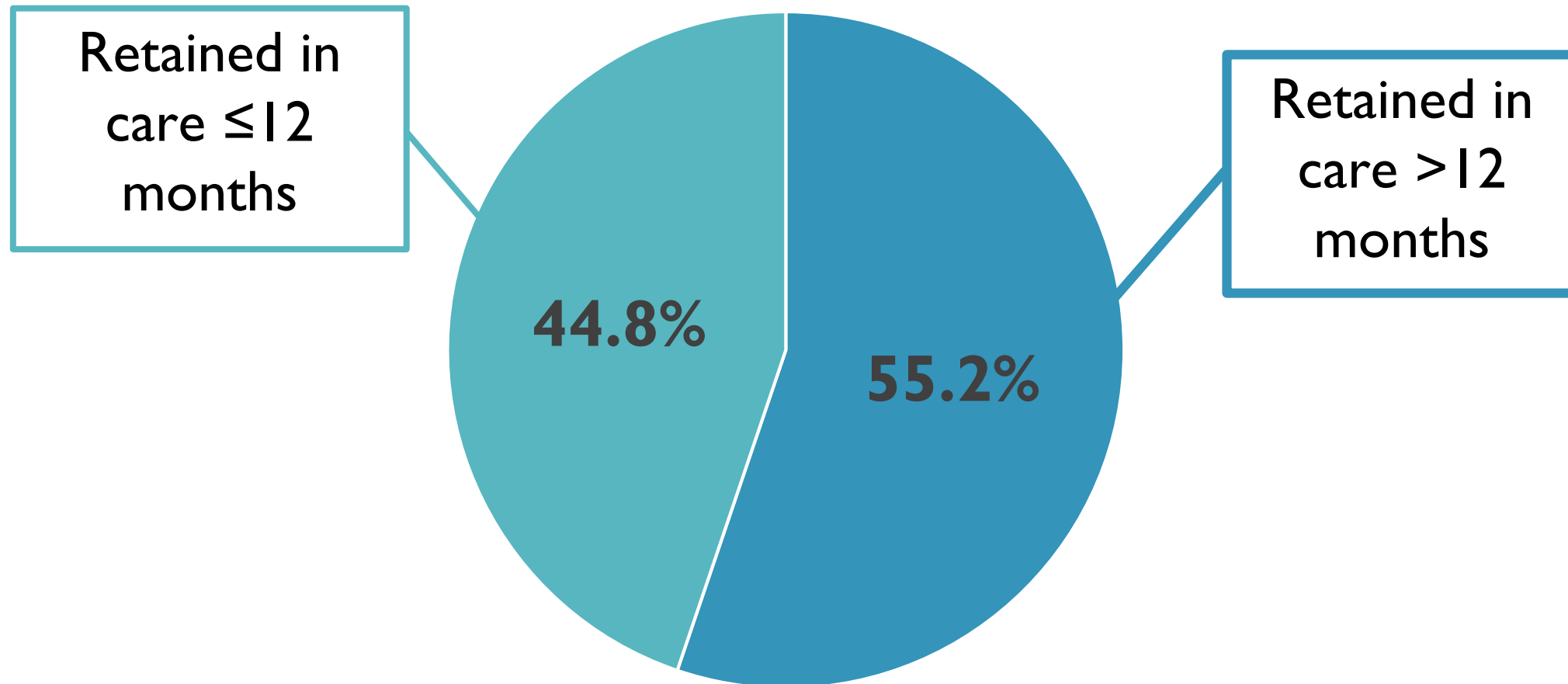
Cumulative No. of Patients Treated by Year at MA DPH Funded Sites



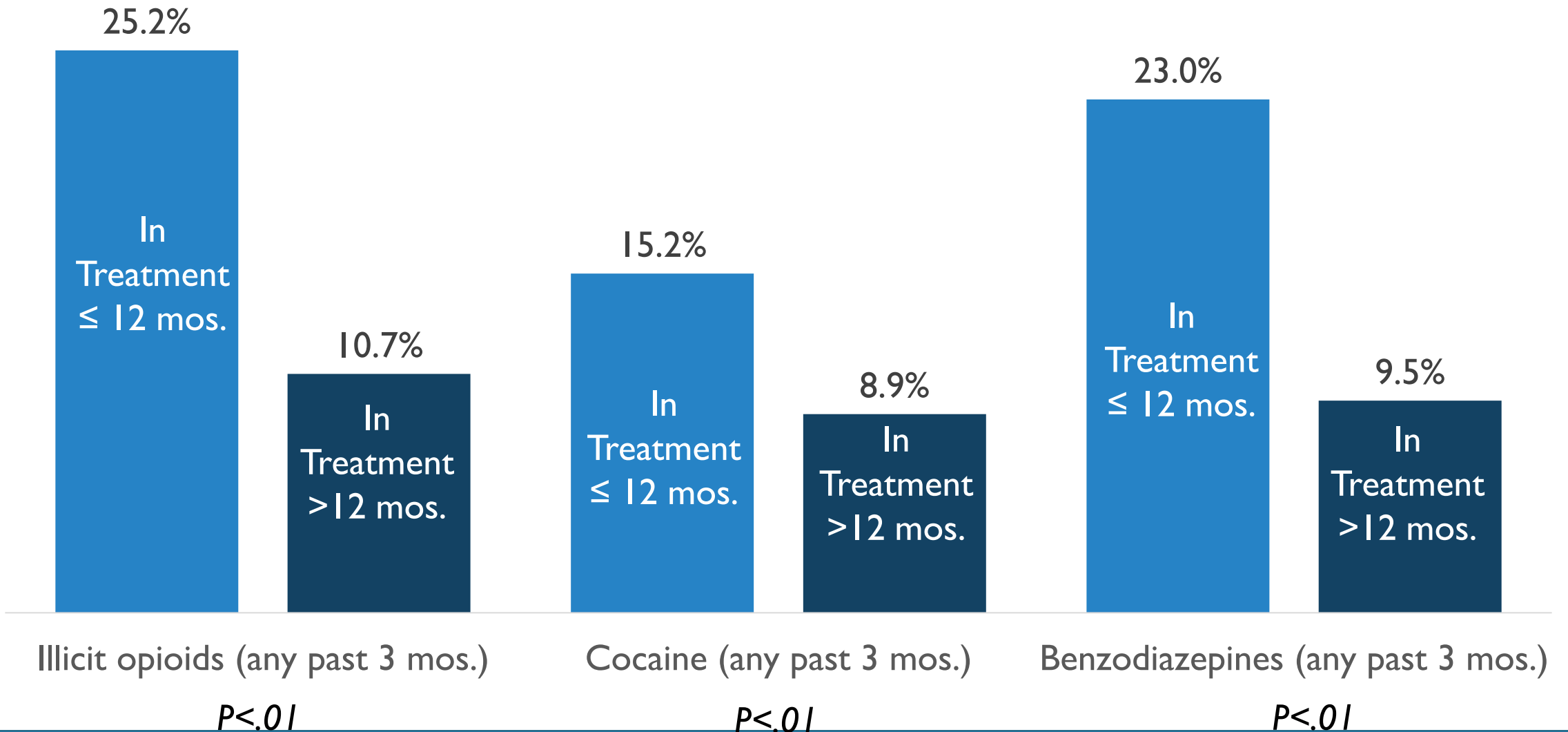
Source: Boston Medical Center, OBAT TTA Program data

RESULTS: IN TREATMENT > 12 MONTHS JULY 2016 – JUNE 2017 (N=3,309)

Time retained in treatment at MA DPH funded OBAT Sites



URINE TOXICOLOGY OUTCOMES FOR MA OBAT SITES

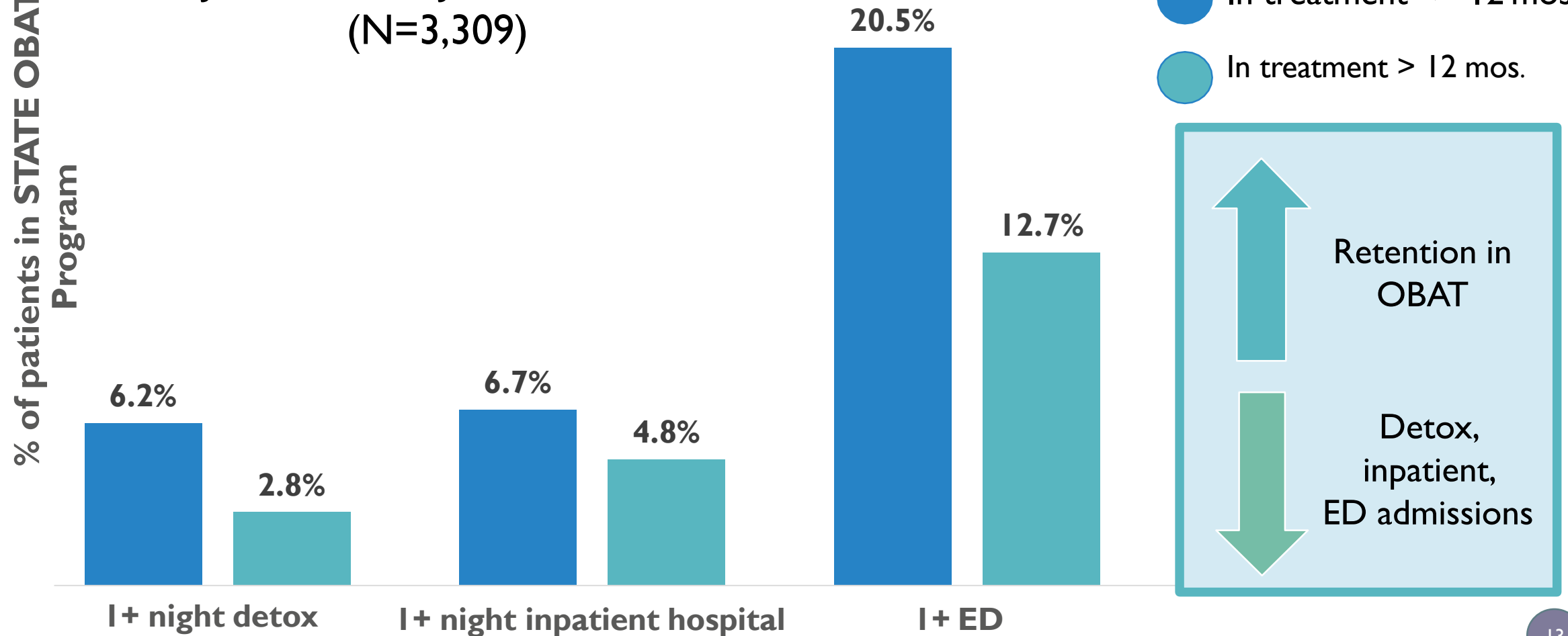


HEALTH CARE UTILIZATION OUTCOMES MA OBAT SITES

JUL 1 2016 – JUN 30, 2017
(N=3,309)

% of patients in STATE OBAT Program

- In treatment ≤ 12 mos.
- In treatment > 12 mos.



WE HAVE SHOWN SUCCESS SCALING IN MASSACHUSETTS AND ARE NOW SHARING OUR LEARNINGS NATIONALLY

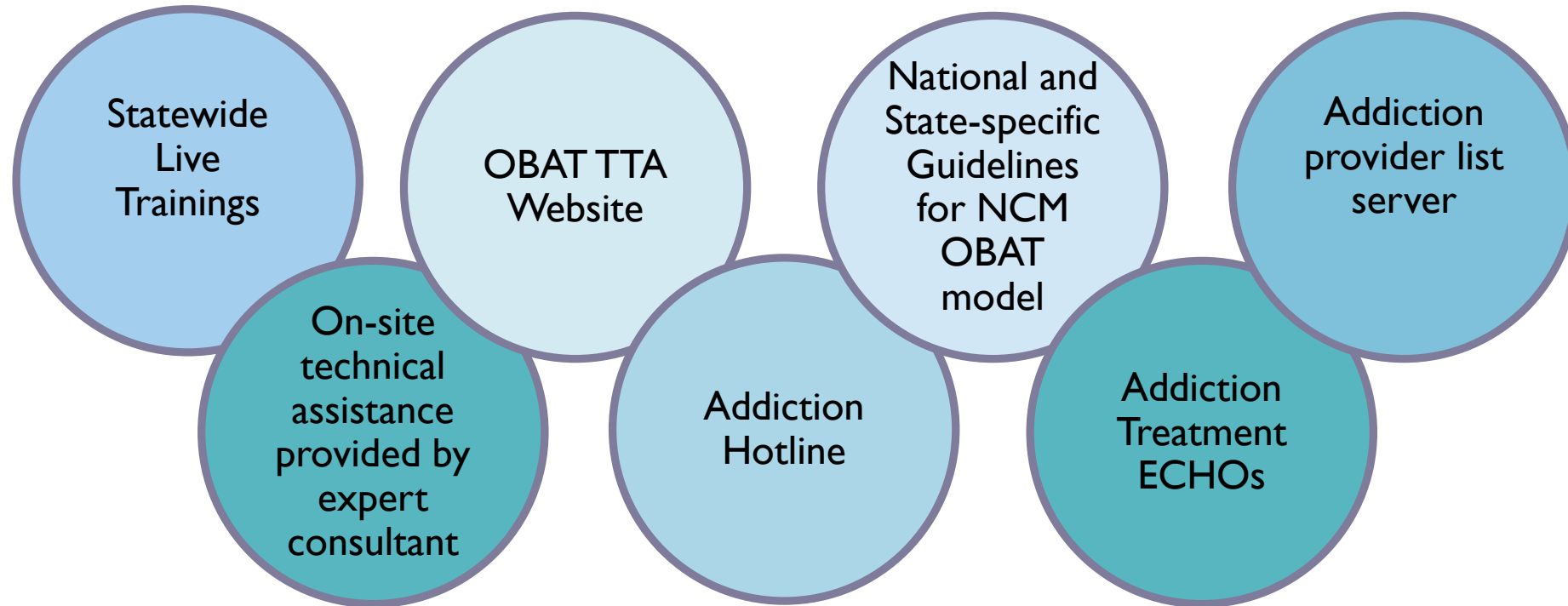


NIDA CTN-0074: Primary Care Opioid Use Disorders Treatment (PROUD) Trial

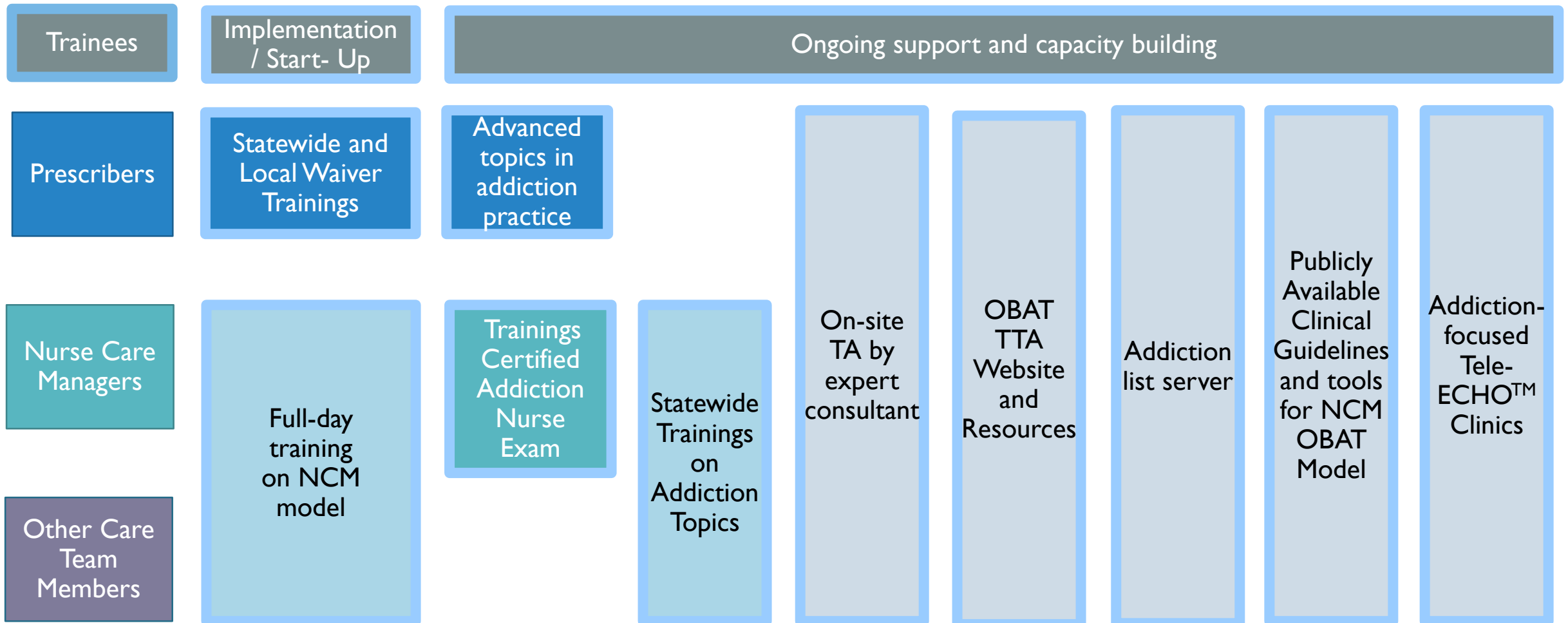
- Testing BMC Nurse Care Manager Model against standard of care in 6 health systems nationwide in ~10,000 patients

NMC MODEL OF OBAT EXPANSION DETAILS

OVERVIEW OF BMC'S OBAT TECHNICAL TRAINING AND ASSISTANCE (OBAT TTA) PROGRAM



SUPPORT FOR CHCs IMPLEMENTING NCM OBAT MODEL



LEVERAGING TECHNOLOGY: OBAT TTA WEBSITE AND RESOURCES

Between Apr 2017 and Apr 2018..

- **9,222** unique individuals have visited OBAT TTA website (bmcobat.org)
 - 16,293 total sessions
 - 74,012 total page views
- OBAT TTA website visitors from:
 - 58 countries
 - 49/50 of States
 - 222 unique municipalities across Massachusetts

RESOURCES

Provider Resources

- [Clinic Visit Documentation: Buprenorphine-Naloxone](#)
- [Clinic Visit Documentation: Checklist Prior to Buprenorphine](#)
- [Clinic Visit Documentation: Checklist Prior to Naltrexone](#)
- [Clinic Visit Documentation: Nursing Follow Up for Buprenorphine](#)
- [Clinic Visit Documentation: Nursing Follow Up for Naltrexone](#)
- [Clinic Visit Documentation: Nursing Intake](#)
- [Clinic Visit Documentation: Telephone Screen](#)
- [Clinical Pathway for Medication for Addiction Treatment](#)
- [Clinical Tool: Considerations for Medication for Addiction Treatment](#)
- [Clinical Tool: Considerations for Medication for Addiction Treatment](#)
- [Clinical Tool: COWS Scale Opioid Withdrawal Reassessment](#)
- [Clinical Tool: DSM-5 Checklist of Diagnostic Criteria for Substance Use Disorders](#)
- [Clinical Tool: Pharmacotherapy for Alcohol Use Disorders](#)
- [Clinical Tool: Pharmacotherapy for Opioid Use Disorders](#)
- [Clinical Tool: Transfer Guidelines for Methadone](#)
- [Patient Advocacy Brochure: Know Your Rights](#)
This brochure gives patients information on their disorder and outlines steps they can take to report a problem.
- [Patient Form: Appointed Pharmacy Consent Form](#)
- [Patient Form: Consent for Release of Information](#)
- [Patient Form: Consent for Treatment with Buprenorphine](#)
- [Patient Form: Consent for Treatment with Disulfiram](#)
- [Patient Form: Consent for Treatment with Naltrexone](#)
- [Patient Form: Treatment Agreement for Buprenorphine](#)
- [Patient Information: Medication for Addiction Treatment](#)
- [Patient Information: Medication for Addiction Treatment](#)
- [Patient Information: Medication for Addiction Treatment](#)
- [Practice Guidance from BSAS: Drug Screening as a Component of Medication for Addiction Treatment](#)
- [Words Matter: language guidelines for talking about substance use.](#)
One-page handout on using medically accurate, person-first language when talking about substance use.

OBAT TTA | Office Based Addiction Treatment Training and Technical Assistance

A Resource for Healthcare and Social Services Professionals

Home Get TTA Our TTA Services Project ECHO Resources News About Us

We offer free addiction trainings across Massachusetts for health care and social service providers

Boston Medical Center (BMC) Office Based Addiction Treatment (OBAT) Training and Technical Assistance (TTA)

Expanding access to life-saving treatment for substance use disorders through education, support, and capacity building

Boston Medical Center's (BMC) Office Based Addiction Treatment (OBAT) Training and Technical Assistance (TTA) provides education, support and capacity building to community health centers and other health care and social service providers on best practices caring for patients with substance use disorders.

OBAT TTA helps organizations integrate evidence-based addiction treatment into office-based settings using sustainable models of care, such as the OBAT Nurse Care Manager Model developed at BMC (also referred to as the Massachusetts Model).

Request TTA

Latest news

[Team hosts statewide OBAT meeting: "Addressing the Opioid Epidemic: Linking Providers, Innovations, and Science"](#)

Posted 5/30/17 11:36 AM

REACH OF BMC OBAT TTA TEAM

APR 2017 – APR 2018

- Trained over **1,400** individuals at **36** state-wide trainings
 - 13 buprenorphine waiver trainings
 - 7 CARN Review Courses
 - 5 Essentials of OBAT Trainings
 - 4 Advanced Topics in Buprenorphine Practice and Beyond
 - 3 Addiction 101 Trainings
 - 2 trainings for Early Intervention providers
 - 1 Buprenorphine implant training
 - 1 statewide conference
- Provided **>140 hours** of on site technical assistance to **>50 community OBAT sites**



Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

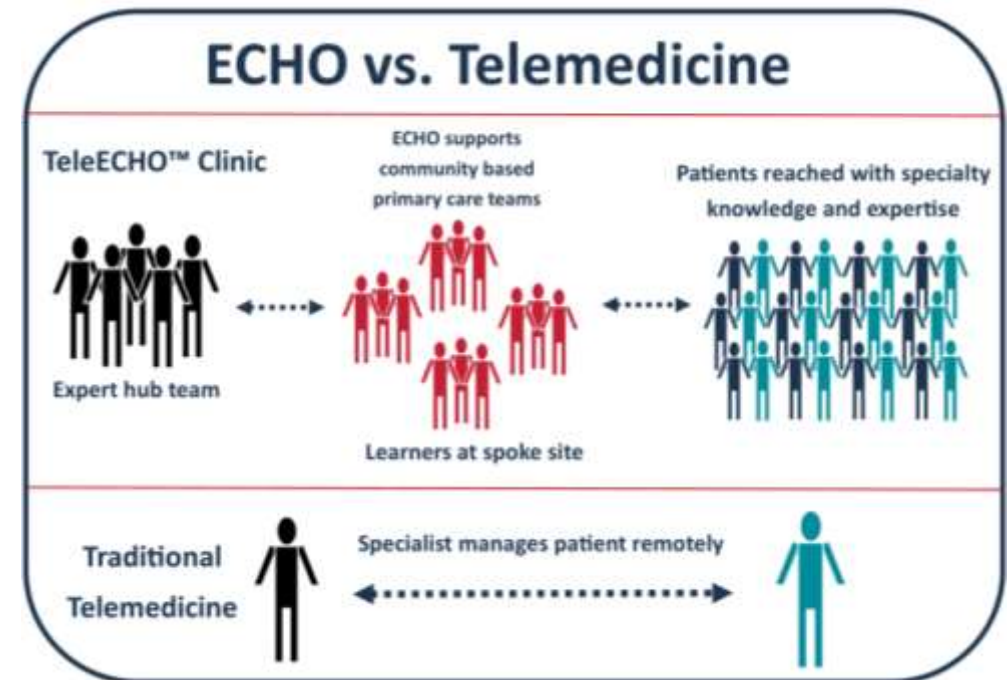


LEVERAGING TECHNOLOGY:

ADDICTION ECHO® (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES) HUBS AT BMC

- Using teleconferencing technology, providers connect to other learners and expert Hub teams
- Hub and spoke model increases access to specialty care
- ✓ **Community providers learn from specialists**
- ✓ **Community providers learn from each other**
- ✓ **Specialists learn from community providers as best practices emerge**

- **Two main components of all teleECHO® clinic:**
 1. Brief didactic presentation
 2. Case-based learning (pt. case by spoke participant)



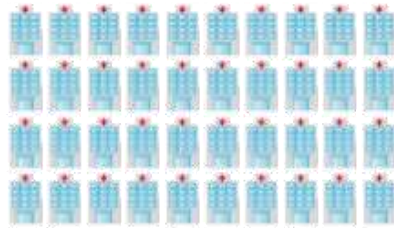
REACH OF BMC'S ADDICTION ECHO HUBS

National Opioid Addiction Treatment ECHO

105 participants



Representing 40 CHCs



From 17 states



A national collaboration between the ECHO Institute, HRSA, the American Society of Addiction Medicine (ASAM), and 5 expert addiction hubs

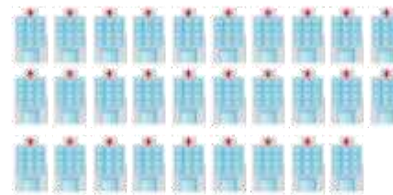
OBAT ECHO is for Mass cites implementing office based addiction treatment, funded by Opioid STR

Mass Office Based Addiction Treatment (OBAT) ECHO

61 participants



Representing 29 sites



From 21 MA towns/cities



The Boston Globe

Salute to Nurses



CONCLUSIONS

- BMC's NCM OBAT model has been proven to be an efficient and effective utilization of DATA 2000 waived prescribers
 - Improves patient access to lifesaving medical care
 - Sustainable reimbursement model as providers are able to carry caseload of highly complex patients with SUD and co-morbidities
- Model continues to show scalability, patient engagement, and improved health outcomes
 - Patients served in CHCs increased 9,312 % in a 10 year period
 - Over half of patients engaged in care >12 months
 - Patients in treatment >12 mos had lower health care utilization and fewer toxicology screens positive for illicit substances

RESOURCES

- ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use, ASAM
 - <http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>
- Informational Bulletin: Medication Assisted Treatment for Substance Use Disorders, Centers for Medicaid and CHIP Services
 - <https://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-11-2014.pdf>
- Medication-Assisted Treatment Models of Care for Opioid Use Disorder in Primary Care Settings, AHRQ
 - <https://www.effectivehealthcare.ahrq.gov/ehc/products/636/2350/opioid-use-disorder-report-161123.pdf>



WELLNESS COACH INTEGRATED BEHAVIORAL HEALTH

A HOLISTIC APPROACH TO PATIENT-CENTERED CARE



LA CLINICA

AFFORDABLE HEALTH CARE EXCELLENCE FOR ALL

History of Behavioral Health Program Development at La Clinica

- ▶ 2009 Student Nurse project proposal: Integrated Behavioral Health at La Clinica is born we start with 1 clinic.
- ▶ Expansion of IBH 2010 - 2013 placement of IBH in 4 clinics
- ▶ 2013 - 2016 Placement of IBH - Coaches in 8 clinics including dental & Mobile Clinics.
- ▶ 2017 - Changed title from IBH to Wellness Coach
- ▶ 2018 - Mindfulness trained Coach located in the elementary schools.
- ▶ 2018 - Began a more formal Coach training to develop core competencies.

Wellness Coach Definition and Profile

- ▶ **Coach Definition** - Wellness coaching is a process that facilitates healthy, sustainable behavior change by encouraging a patients to develop their inner wisdom, identify their values, and transform their goals into action. Always patient centered.
- ▶ **Coach Profile** - AA/BA/BS, 3+ years experience in social service sector.
Current: 11 - coaches. 8 have BA/BS, 1 has MS, 2 have CADAC, 1 CPS, 3 are bilingual/bicultural. All have a minimum of 5 years experience in some social service area - domestic violence, Headstart, addictions, Trauma Informed Care specialist, Child Welfare, Chaplaincy, etc.
- ▶ **Most Important Attribute:** Flexibility, curiosity and ability to problem solve, deep love for this patient population, accountable communication beliefs. Skills can be taught but values and beliefs tend to be steady.

Payment and Documentation

- ▶ Payment structure: PMPM, Grants, APCM.
- ▶ Documentation: Enabling Services - Interim Note with a SOAP format, Care Step (touch).
- ▶ Coaches average 8 - 11 Care Steps (touches) per day. (1600 - 2500 touches per year)
- ▶ Warm handoff, schedule back for follow up, group & phone support.
- ▶ Resource experts
- ▶ Coaches work 4 - 10 hour days.
- ▶ 1 - 2 Coach's + 1 mental health therapist per clinic
- ▶ Who can the coaches see? EVERYONE
- ▶ Unintended consequences: APCM. Our Coaches have years of experience created care steps and documenting their connection with patients - perfect for alternative payment structures.
- ▶ Provider satisfaction - 98% of our providers report that they would not want to manage their practice without the coaches. "They take a burden off my shoulders, and provide a significant value to the patients".
- ▶ Patient satisfaction reports.



Coaches Manage

- Community Resource Experts
- Controlled Substance Program (MAT/pain/anxiety/ADHD)
 - Orientation Groups
 - Case Management
- Individual Support to Patients at Time of Medical/Dental Appointments
 - SBIRT
 - Case Management of patients waiting to get into community supports -MH and Addiction
- Wellness Group (Psycho-educational)
 - MAT
 - WRAP
 - Pain Management
 - Diabetes Management
 - Mindfulness - anxiety/depression
 - Postpartum Depression
 - Living Well with Chronic Illness - English/Spanish
 - Wellness: gardening, water aerobics, walking groups, cooking classes
 - Drop in Art group with an urgent care option
- End of Life - Advanced Directive Planning

Who Facilitates?

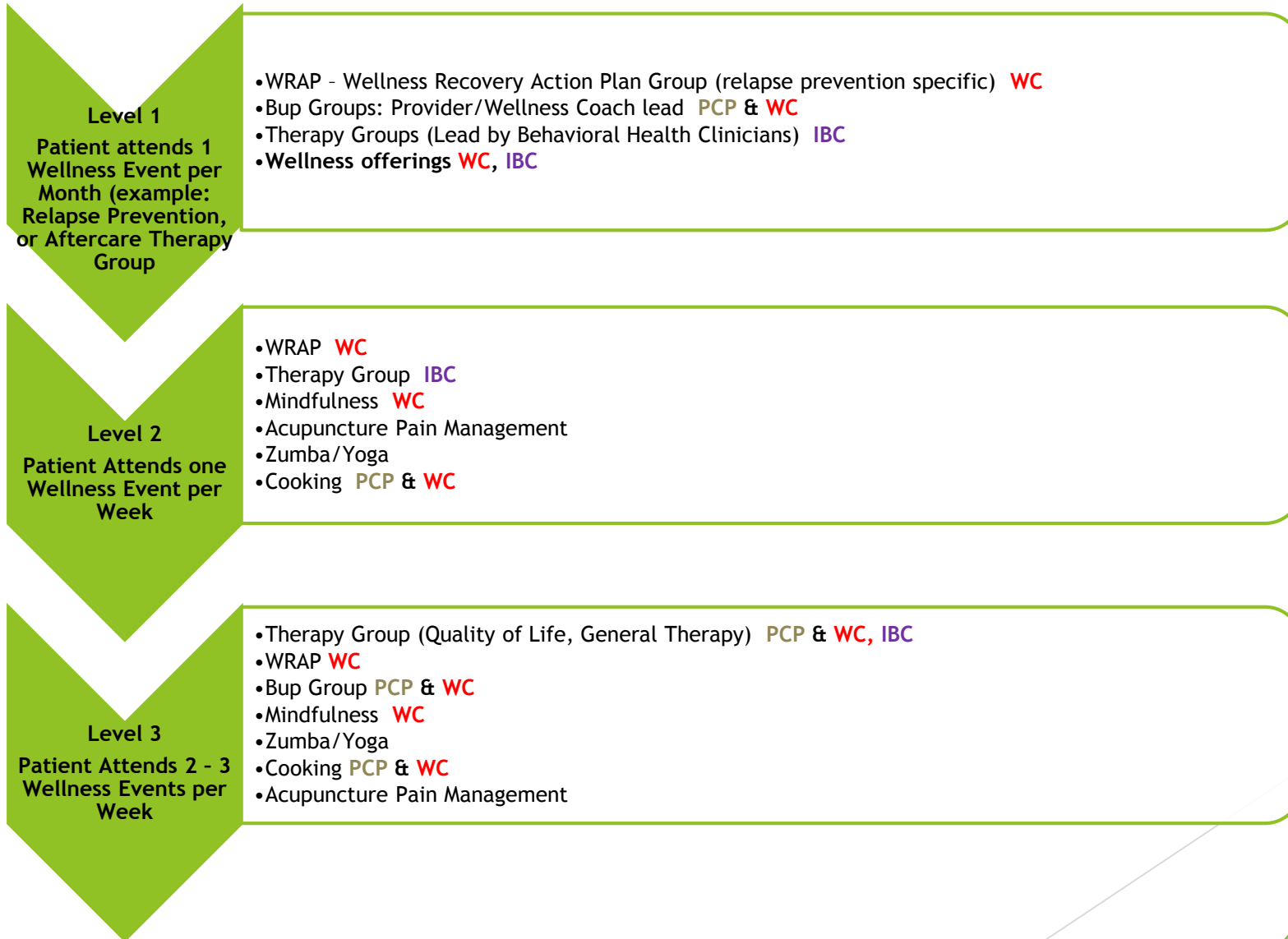
WC - Wellness Coaches

PCP - Primary Care

IBC - Behavioral Clinicians

Addiction Levels of Care/Support Wellness Offerings

Levels of care act like an elevator - moving up or down based on patient needs







WHAT PEERS DO

Living the Experience and Giving Back
Peer Support Specialist for Chronic Pain
Educate* Support *Hope

Why Peers in Primary Care



- ✦ Meeting Patients where they are- living with pain comes with lots of restrictions, effort, cost, energy
- ✦ Taking the burden off the already stressed system
 - ✦ Primary care is not built for Chronic illness
 - ✦ Chronic pain is medically treated, when it is best managed with behavioral health interventions and strong supports.
 - ✦ Cost effective, pros and cons – Insurance has not caught up, but fewer patient visits and higher patient satisfaction scores.

Teacher/ Mentor/ Coach



- ✦ Clients the example how life can be lived in a different way
 - ✦ Motivational interviewing
 - ✦ Finding out what are the needs and meeting them when they are.
 - ✦ Example –Veteran
 - ✦ Life experience- lessons, falls and gathering it all back together
 - ✦ Being a stable, positive influence with boundaries

Tapering and Withdrawal Coach



- ✦ Lived experience
- ✦ Patients and providers caught in the cross hairs
- ✦ Lost in Translation and explanation
 - ✦ Who, what when where and why
- ✦ Tips and Tricks- maybe some fun too.
- ✦ Caring and Giving – compassion
- ✦ Success and moving forward.

Advocate



- ✦ The landscape of living with a chronic illness
- ✦ No road maps or how to's
- ✦ Prepping for appointments and difficult conversations
- ✦ Unanswered questions
- ✦ How can you get the answer if you don't know what the question is - What are the questions that I should be asking?

Bridging the Gap



- ✦ The provider/ patient communication break down
- ✦ Giving a provider a different understanding of their patients
- ✦ Patients feeling heard and understood.

Resource Purveyor



- ✦ Gathering resources from the community and a customer service provider
 - ✦ Housing
 - ✦ Jobs
 - ✦ Medical resources
 - ✦ Mental Health resources
 - ✦ Disability and Senior services
 - ✦ Warm handoffs
 - ✦ The power of “ I don’t know but I will find out”

Resources for Chronic Pain Patients



Oregon Pain Guidance

www.oregonpainguidance.com

Stay Safe Oregon

www.Staysafeoregon.com

American Chronic Pain Association

www.ACPA.com

Resources

- ✦ Resources resources, resources, even in rural areas there are good resources ie living well
- ✦ <https://www.oregon.gov/oha/PH/DiseasesConditions/ChronicDisease/LivingWell/Pages/lwwshops.aspx>
- ✦ <https://www.retrainpain.org/> great info and convo starter for taper
- ✦ <https://www.theacpa.org/> this is about patients not politics
- ✦ Beth Darnell's book- easy to understand
- ✦ <https://www.bullpub.com/catalog/The-Opioid-Free-Pain-Relief-Kit>