



ASAM American Society of
Addiction Medicine



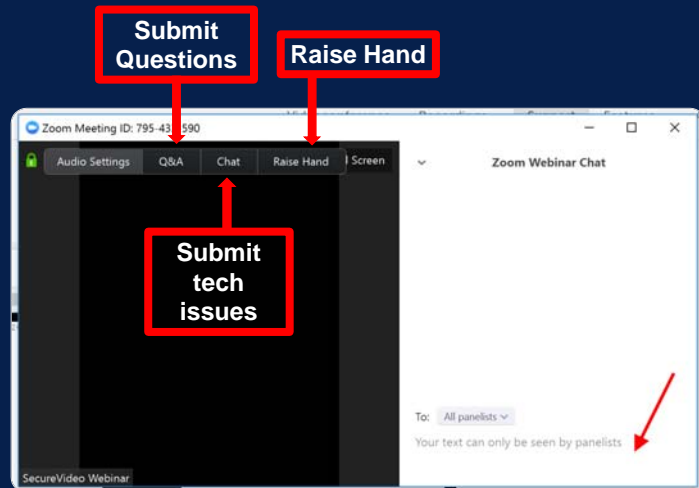
ASAM
THE Moving Beyond the Barriers
of Treating Opioid Use Disorder

July 15, 2020

Introduction

Announcements

1. **Attendee Audio:** Your mics are automatically set to mute.
2. **Questions?** Type questions into the Q&A box.
3. **Technical Issues?** Use the chat box feature to submit questions to your hosts.
4. **Speaking Opportunities during Activities?** ASAM Staff will ask you to raise your hand and select volunteers.
5. **Zoom Polling:** Pop up Box.



HOW TO OBTAIN CME

1. Go to: <https://elearning.asam.org/p/MovingBeyondBarriers>
2. Go to **Contents** tab
3. Complete:
 - Evaluation
 - Credit and Certificate

Moving Beyond the Barriers of Treating Opioid Use Disorder

REGISTER

Already registered? [Log in now.](#)

Product not yet rated

Includes a Live Event on 07/15/2020 at 5:30 PM (EDT)

Overview **Contents (3)** CME Disclosures Speaker(s)

Moving Beyond the Barriers of Treating Opioid Use Disorder provides a deeper dive into implementing office-based treatment for opioid use disorder. This case-based, interactive, virtual-live course addresses moving beyond common barriers that prevent DEA-waivered clinicians from successfully treating patients with OUD. Common barriers related to implementing office-based treatment and patient care will be discussed, as well as how to address these barriers.

Introduction

Schedule

5:30 – 5:45 pm	Announcements + Technology Setup ASAM STAFF
5:45 – 5:55 pm	Introduction FACULTY
5:55 – 6:30 pm	Module 1: Presentation and Activities FACULTY
6:30 – 8:00 pm	Module 2: Presentation and Activities FACULTY
8:00 – 8:30 pm	Module 3: Presentation and Q & A FACULTY
8:30 pm	Concluding Remarks ASAM STAFF

Introduction

Acknowledgements

The ASAM Moving Beyond the Barriers to Treating Opioid Use Disorder Course has been made available in part by an unrestricted educational grant from Indivior, Inc.

About ASAM

ASAM, founded in 1954, is a professional medical society representing over 6,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

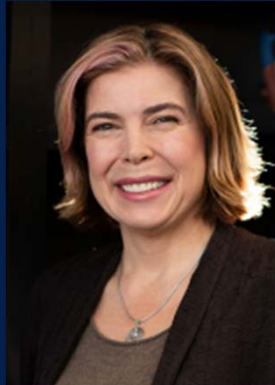
More information available at
<https://www.asam.org/about-us/about-asam>



Presenters



**Edwin Salsitz
MD, DFASAM**



**Michelle Lofwall
MD, DFASAM**



**Debra Newman
PA-C, MPAS, MPH**

Presenter



Dr. Salsitz has been an attending physician at Mt. Sinai Beth Israel, Division of Chemical Dependency, in New York City since 1983, and is an Associate Professor of Medicine at the Icahn School of Medicine at Mount Sinai.

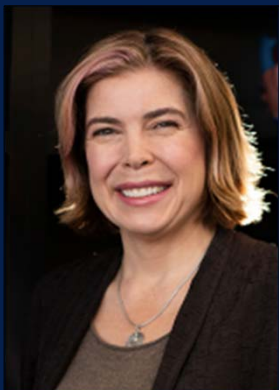
He is the principal investigator of the Methadone Medical Maintenance (office-based methadone maintenance) research project.

He is certified by the American Board of Addiction Medicine (ABAM), as well as by the Board of Internal Medicine and Pulmonary Disease. He has published and lectures frequently on addiction medicine topics.

Edwin Salsitz, MD, DFASAM



Presenter



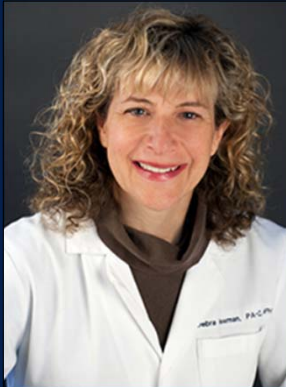
Dr. Lofwall received her bachelor's degree in Psychology from Northwestern University and master's degree in Pathology and Doctor of Medicine degree from Chicago Medical School. She completed internship, psychiatry residency and a behavioral pharmacology fellowship at Johns Hopkins University. She is board-certified in psychiatry and addiction medicine and is an Associate Professor in the Departments of Behavioral Science and Psychiatry and the Bell Alcohol and Addictions Chair. She also serves as the medical director of the Robert Straus Clinic and the First Bridge Clinic, outpatient services within the Center on Drug and Alcohol Research providing treatment to those suffering from substance use disorders.

Her passion for addiction medicine is demonstrated through her extensive list of accomplishments. She has more than 70 publications and cited works, 13 active research projects, and has served as a mentor to more than 15 physicians and scientists. She was elected as a Distinguished Fellow of American Society of Addiction Medicine, received the American Medical Women's Association Janet M. Glasgow Memorial Achievement Award, and currently serves as a board member of the American Society of Addiction Medicine and co-director of the annual Addictions and Their Treatment review course for the American Academy of Addiction Psychiatry. She also served the federal government this past year by helping to draft the new guidelines for medication treatment of opioid use disorder and has worked with KY state partners to improve practices across the Commonwealth.

Michelle Lofwall, MD, DFASAM



Presenter



Debra R. Newman, PA-C, MPAS, MPH currently serves as treatment provider for First Judicial District Court, Adult Drug Court for Santa Fe and Rio Arriba Counties, New Mexico. She also serves as Treatment Provider for Magistrate/DWI Court for Santa Fe County, New Mexico. Debra has worked in residential treatment as well as out-patient adult psychiatry and addiction medicine. Her passion for addiction medicine began with her association with Project ECHO in 2008. While employed at an FQHC in northern NM in a region historically plagued with the highest per capita heroin death rate in the nation, Debra worked under an addiction medicine psychiatrist and several family practice physicians waived to prescribe buprenorphine. For over four years, she managed over 200 buprenorphine patients monthly, as the only full-time provider for these patients, while also carrying a caseload of HCV and chronic pain patients. Debra is the 2018 recipient of the PA Foundation NIDA mentored outreach award in SUD treatment dissemination. Also in 2018, she received an award through NIDA and the PA Foundation to present a symposium to PA students on SUD at the annual AAPA conference in Denver, CO.

Debra has received recognition by Project ECHO for Bringing Expertise in Chronic Pain and Headache Management to Rural and Underserved New Mexicans. She currently works with several different community organizations in an effort to stem the tide of rising overdose death rates throughout northern New Mexico, as New Mexico still ranks #1 in deaths west of the Mississippi. She serves as the President of the Society of Physician Assistants in Addiction Medicine (SPAAM).

Debra Newman, PA-C, MPAS, MPH



Disclosure Information

Edwin Salsitz
MD, DFASAM

Michelle Lofwall
MD, DFASAM

Debra Newman
PA-C, MPAS, MPH

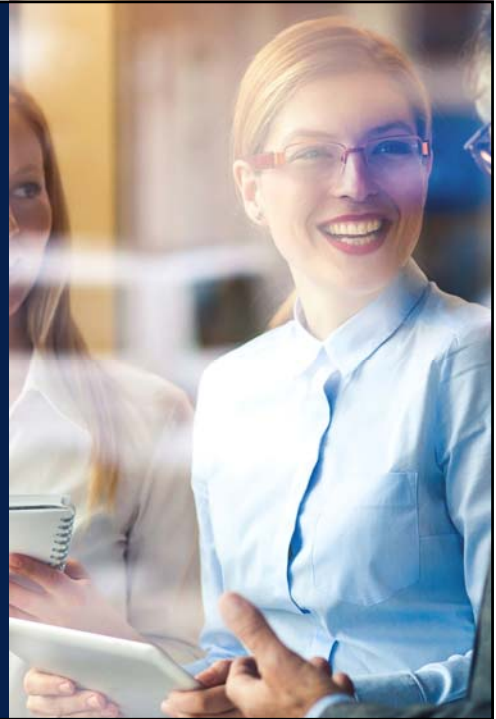
No Disclosures

Camurus – Honorarium – Consultant

Abbvie – Honoraria – Expert Faculty
Gilead – Honoraria – Expert Faculty

Course Overview

Moving Beyond the Barriers of Treating Opioid Use Disorder



Course Learning Objectives

At the end of the course, you will be able to:

1. Recognize common challenges to implementing office-based treatment for opioid use disorder (OUD).
2. Discuss key implementation and patient care considerations for effective office-based OUD treatment.
3. Examine ways to address barriers and successfully implement office-based treatment for patients with OUD.

Introduction and Context Setting

Activity 1: Meet Your Colleagues

Learner Introductions

Task: Introduce yourself to your colleagues using the Zoom Chatbox feature.

Share

1. Where are you from?
2. What do you do?
3. What is your specialty?
4. What are your goals for today? Complete the following: "This training will meet my goals if..."

Time Allocated

10 minutes

Module 1

Barriers and Challenges to OUD Treatment

Module 1 Learning Objectives

At the end of Module 1, you will be able to

- Recognize common barriers and challenges to implementing office-based treatment for opioid use disorder (OUD).

Activity 2: Your Barriers and Challenges

Reflections on our Current Practice

Task: Reflect on your current practices and challenges in treating patients with OUD.

Prompting Question

What are your top three barriers that prevent you from treating patients with OUD? (Multiple Answer Poll)

Time Allocated

10 minutes

Literature Review

Barriers in Treating
Patients with OUD

Literature Review

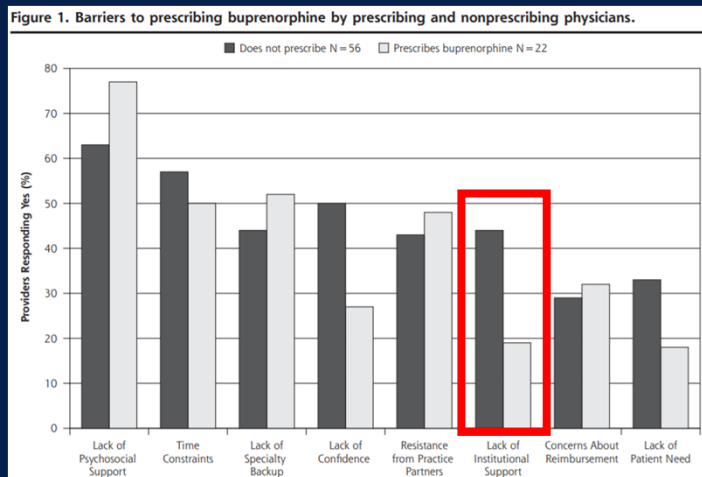
Lack of Prescribers/Increased Patient Demand

- In 2016, approximately 47% of counties in the U.S. had no waived physician to prescribe buprenorphine, and 72% of rural counties had no waived physician (The President's Commission on Combatting Drug Addiction and the Opioid Crisis. Final Report. 2017)
- Data also suggests that over 48% of waived physicians are prescribing to 5 patients or less (Sigmon 2015).

Literature Review

Lack of Institutional Support for Buprenorphine Treatment

Physicians not prescribing significantly more likely to cite a lack of institutional support as barrier to not prescribing



Hutchinson E, Catlin M, Andrilla CHA, Baldwin LM, et al. Barriers to Primary Care Physicians Prescribing Buprenorphine. Ann Fam Med 2014 Mar 12(2): 128-133.

Literature Review

Time Restraints in Clinical Practice

- In 2015 study, 80% of family physicians cited a lack of time in daily schedules. “Time” was the most frequently reported barrier in the comments section of the survey. (DeFlavio, J. Analysis of barriers to adoption of buprenorphine maintenance therapy by family physicians. *Rural and Remote Health*. 2015; 15: 3019.)
- A lack of time contributes to unwillingness to prescribe buprenorphine (Haffajee, R. Policy pathways to address provider workforce barriers to buprenorphine treatment. *Am J Prev Med*. 2018; 54(6 Suppl 3): S230–S242.)

Literature Review

Insufficient Reimbursement

- Belief in insufficient reimbursement rates from private and public insurers
- Increased Medicaid coverage of buprenorphine treatment, but increased qualifications (e.g., prior authorization and lifetime limit requirements)
- The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) (2008) prohibits more restrictive benefits for substance use disorder or mental health than for surgical/medical benefits

Burns et al. 2016; Clark et al. 2014; HHS Office - Public Affairs – Parity Policy and Implementation, 2018; Haffajee et al., 2018; Huhn and Dunn, 2017

Literature Review

Lack of Belief in Agonist Treatment

- Substituting one drug for another
- Substituting one addiction for another
- You are not in recovery.
- You are not abstinent if you take medications.
- You are still getting high.

Gerra, Koutsenok, Saenz, and Busse, 2015; Nielsen S et al 2017; Schuckit MA et al 2016; Fiellin DA et al 2014; Mattick RP et al 2014; Sordo L et al 2017; Schackman BR et al 2012

Literature Review

Diversion/Misuse and Dosing

- Growth of OBOT treatment in the last two decades after the passage of the Drug Abuse Treatment Act of 2000 has resulted in increased availability of buprenorphine and concerns related to buprenorphine misuse and diversion (Center for Substance Abuse Research 2011; Johanson et al., 2012; Lofwall & Walsh, 2014).
- In the United States, surveys of patients enrolled in outpatient opioid agonist programs (methadone or buprenorphine) report that 18% have sold, given away their medication, removed it while under supervision, or shared other prescribed medication (Lofwall & Walsh, 2014; Caviness et al., 2013).

Common Barriers and Challenges

Provider Barriers

- Lack of institutional support for buprenorphine treatment
- Arbitrary limits on treatment duration and dose
- Misinformation/lack of recovery support for patients using medication
- Fear of DEA and concern about diversion/misuse
- Fear of complicated patients (pain/pregnant/etc.)



Patient Challenges

- Lack of prescriber supply/increased patient demand
- Preference for medically-managed withdrawal ("detoxification")
- Fear of dependence/withdrawal
- Misinformation/lack of recovery support for patients using medication
- Concern about civil and criminal penalties
- Pregnancy
- Chronic pain

END OF MODULE 1
Barriers and Challenges to
OUD Treatment