



ASAM

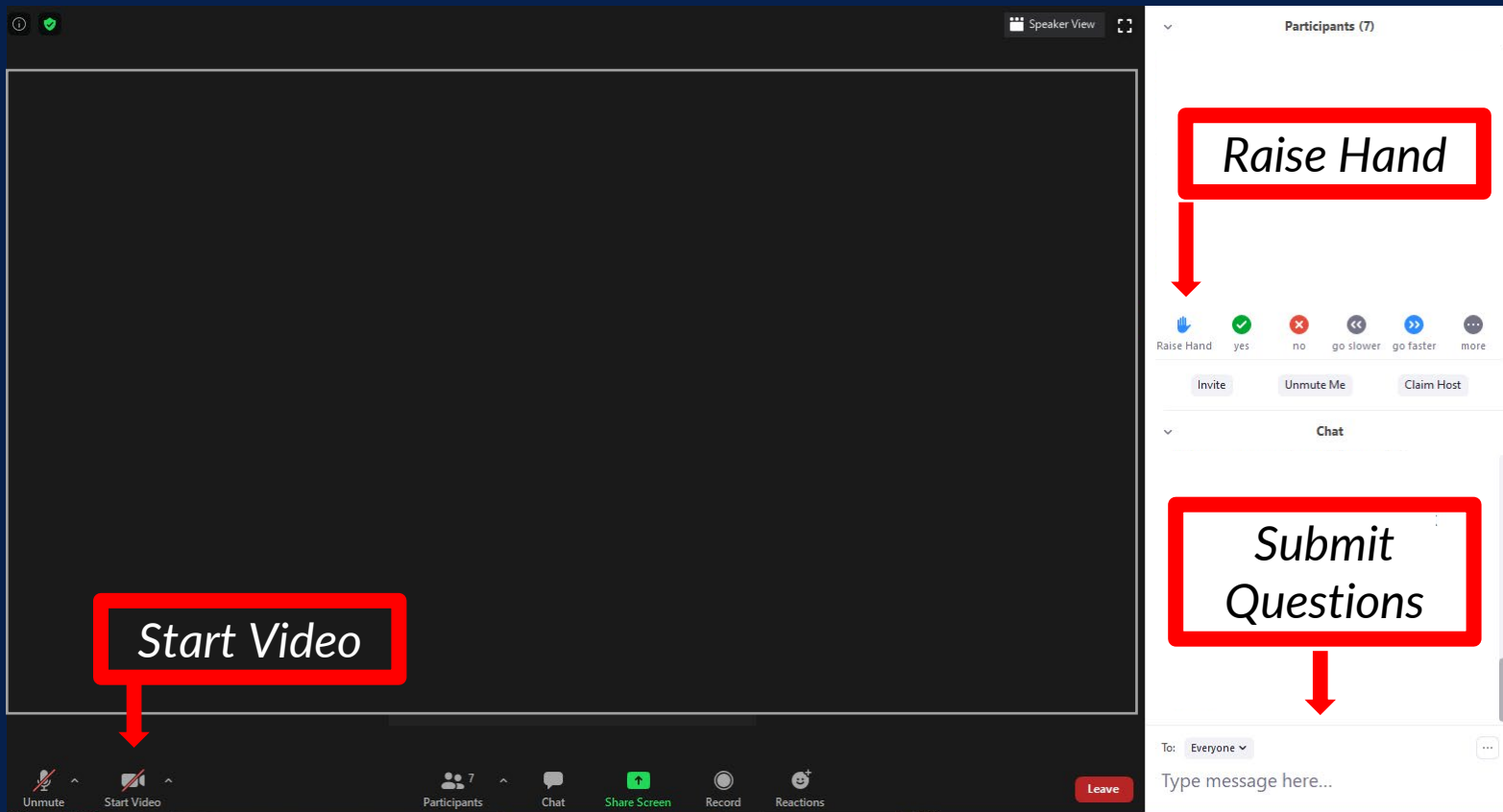
American Society *of*
Addiction Medicine



ASAM
THE Moving Beyond the Barriers
of Treating Opioid Use Disorder

November 18, 2021

Introduction & Announcements



1. **Attendee Audio:** Your mics are automatically set to mute.
2. **Questions or Comments?** Type questions into the chat box.
3. **Technical Issues?** Use the chat box feature to submit questions to panelists.
4. **Speaking opportunities during activities?** Raise your hand to volunteer.
5. **Zoom Polling:** Pop up Box.

How to Obtain CME

1. Go to: https://elearning.asam.org/p/MBB_11182021
2. Go to **Contents** tab
3. Complete:
 - ✓ Evaluation
 - ✓ Credit and Certificate

The screenshot shows the product page for "Moving Beyond the Barriers of Treating Opioid Use Disorder with OB/GYN Focus - Thursday, November 18, 2021". The page includes a "MANAGE PRODUCT" button, a 5-star rating (5 votes), and a calendar icon indicating a live event on 11/18/2021 at 11:00 AM (EST). A navigation menu at the bottom highlights the "Contents (5)" tab, which is pointed to by a red arrow. Below the menu, a key indicates the status of the content: Complete (green checkmark), Next (blue arrow), Failed (red X), Available (orange star), and Locked (grey padlock). The "Attend Virtual-Live Course - Thursday, November 18, 2021" item is marked as "Next" and includes the date, time, and duration (200 minutes).

Moving Beyond the Barriers of Treating Opioid Use Disorder with OB/GYN Focus - Thursday, November 18, 2021

✓ You are registered!

Rate this product

★★★★★

MANAGE PRODUCT

★★★★★ 5 (1 vote)

Includes a Live Event on 11/18/2021 at 11:00 AM (EST)

Overview Registration Instructions Presenter(s) Resources Credits & Disclosures **Contents (5)**

Key: ✓ Complete → Next ✗ Failed ★ Available 🔒 Locked

→ Attend Virtual-Live Course - Thursday, November 18, 2021

11/18/2021 at 11:00 AM (EST) | 200 minutes

Learn more about this course

About ASAM

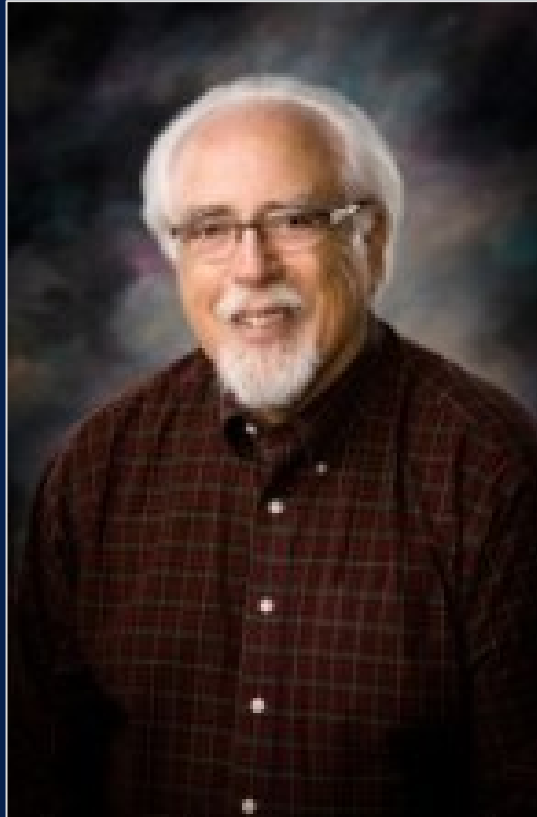
ASAM, founded in 1954, is a professional medical society representing over 6,600 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting 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>



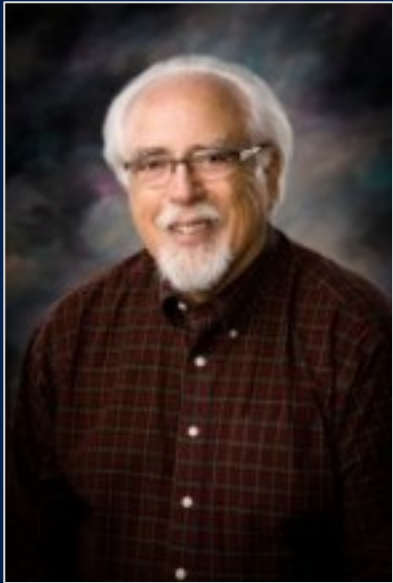
Presenters



Daniel Nauts, MD,
FASAM



Barbara Parilla, MD,
FACOG, FASAM



Daniel Nauts, MD, FASAM

Dr. Nauts, MD, FASAM completed his undergraduate and medical education at the University of Michigan and joined an internal medicine group practice in Bellingham, Washington. He left general internal medicine to develop his Addiction Medicine practice; since that time, he has been instrumental in the creation of 3 inpatient programs for those suffering with substance use and co-occurring disorders, outpatient SUD programs, and medication assisted treatment services.

Dr. Nauts is an independent contractor for the Montana Primary Care Association providing MAT waiver trainings and technical assistance, community forums on opioid use disorders, academic detailing activities for MAT providers, and helping in strategies to taper patients off high dose morphine equivalents.

He is a member of the Drug Utilization Board of Mountain Pacific Quality Health providing oversight to the Medicaid formulary, is recognized as a Fellow of the American Society of Addiction Medicine (FASAM), and is certified in the subspecialty of Addiction Medicine by the American Board of Preventive Medicine. He is the treasurer for the Northwest Society of Addiction Medicine, a Chapter of American Society of Addiction Medicine (ASAM) representing Montana, North Dakota, and Wyoming and is a faculty member of ASAM to provide Data 2000 MAT waiver trainings and The Fundamentals of Addiction Medicine.

Faculty



Barbara Parilla, MD, FACOG, FASAM

Dr. Barbara Parilla recently relocated to Fort Myers Florida where she continues to take care of high-risk pregnancies. She is board certified in both Maternal-Fetal Medicine and Addiction Medicine. She was the recipient of the March of Dimes Physician Award in 2016 for her work in the area of opioid use disorders in pregnancy. Dr. Parilla received her undergraduate and medical degree from Stony Brook University, and her fellowship training at Northwestern University, where stayed on as a full-time faculty member for 14 years. She then spent the next 14 years with Advocate Medical Group, where she served as the Director of Maternal-Fetal Medicine at Lutheran General Hospital. Prior to her recent move, she was Professor of Obstetrics and Gynecology at Rush University Medical College.

Disclosure Information

Daniel Nauts, MD
FASAM

No Disclosures

Barbara Parilla, MD,
FASAM

No Disclosures

Course Overview

Moving Beyond the Barriers of
Treating Opioid Use Disorder



Course Learning Objectives

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 by 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

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



Poll

*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

5 minutes

Literature Review

Barriers in Treating Patients with OUD

Literature Review

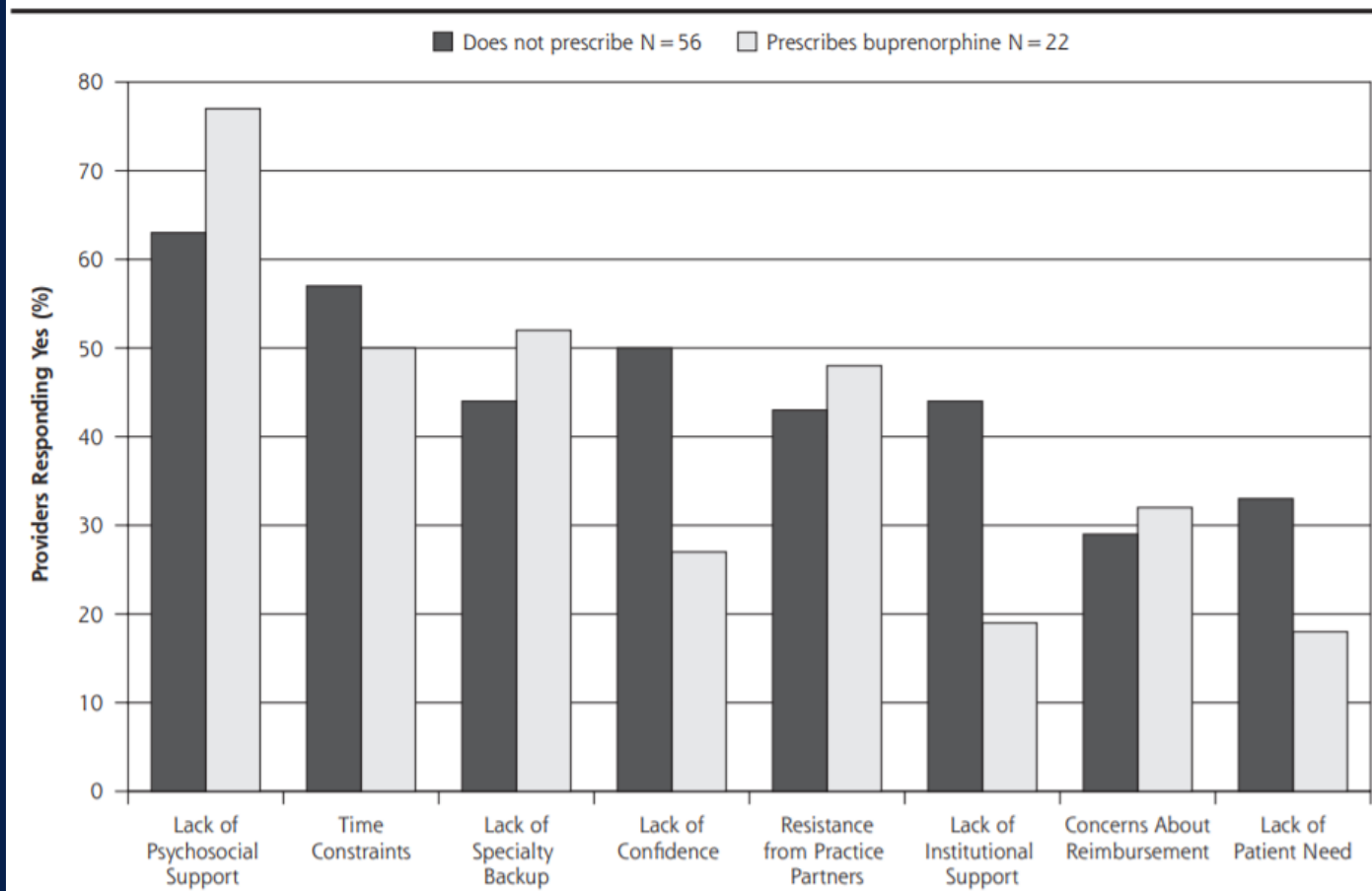
Lack of Prescribers/Increased Patient Demand

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

Literature Review

Lack of Institutional Support for Buprenorphine Treatment

Figure 1. Barriers to prescribing buprenorphine by prescribing and nonprescribing physicians.



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

Literature Review

Time Restraints in Clinical Practice

- *In a 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.*
- *A lack of time contributes to unwillingness to prescribe buprenorphine.*



Literature Review

Insufficient Reimbursement

- Belief in insufficient reimbursement rates from private and public insurers.
- According to a recent study by Hodgkin and coworkers, reimbursement for Growth of Office-Based Opioid Treatment (OBOT) delivery varies widely, and is evolving as Medicare, Medicaid (and other payers introduce alternative payment approaches.
- 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.

Literature Review

Lack of Belief in Agonist Treatment

- Belief in misconceptions about agonist treatment have significantly compromised the implementation of quality treatment interventions.
- Common misconceptions about people in treatment include:
 - They are substituting one drug for another.
 - They are substituting one addiction for another.
 - They are not in recovery.
 - They are not abstinent if they take medications.
 - They are still getting high.

Literature Review

Diversion/Misuse and Dosing

- OBOT 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.
- In the U.S., 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.
- ***Studies show that most who use diverted buprenorphine do so to manage withdrawal symptoms or maintain abstinence from other opioids.***

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.)
- Stigma

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
- Self-stigma and fear of repeated trauma in medical settings

End of Module 1
*Barriers and Challenges
to OUD Treatment*