Standard Medical Management
for Opioid Use Disorder in Primary Care

Michael V. Pantalon, PhD
Yale School of Medicine
Michael V. Pantalon Disclosures

- Dr. Pantalon has no relevant financial relationship(s) with ACCME defined commercial interests to disclose.

The contents of this activity may include discussion of off label or investigative drug uses. The faculty is aware that it is their responsibility to disclose this information.
The overarching goal of PCSS is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.
Educational Objectives

• Goal:
  ▪ Provision of evidence-based treatment (EBT) for Opioid Use Disorder (OUD) in Primary Care (PC) settings

• At the conclusion of this activity participants should be able to describe how to:
  ▪ Implement Standard Medical Management (SMM) for patients with OUD in PC settings
  ▪ Address common issues in treating OUD in PC
Why do we need SMM?

• Because Substance Use Disorders (SUDs) are vastly untreated and
• The problem is that serious…
2.5 million
$26 billion
115 deaths

https://www.cdc.gov/drugoverdose/data/statedeaths.html
What?
Who?
Where?
When?
Why?
How?
For Whom?

For Whom?

Counselor*

Physician

Physician Asst.

RN/Nurse Practitioner

Psychologist*

Social Worker*

Patient

Counselor*

*Psychosocial components only
Substance Use Disorders (SUD) Criteria – DSM 5

A problematic pattern of substance use leading to *clinically significant* impairment or distress, as manifested by at least 2 of the following 11 symptoms, occurring within a 12-month period:

- Taking the substance in larger amounts or for longer than you meant to
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use of the substance
- Cravings and urges to use the substance
- Not managing to do what you should at work, home or school, because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational, or recreational activities because of substance use
- Using substances again and again, even when it puts the you in danger
- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance.

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3</td>
<td>4-5</td>
<td>6+</td>
</tr>
</tbody>
</table>
Spectrum of Substance Use

Abstainers
Low Risk
High Risk
Harmful
Hazardous
Mild
Moderate
Severe
Co-Occurring
Pre-diagnostic
Substance Use Disorders
Principles of a New Language in Addiction

1. People First

2. Medically Accurate

3. Positive Process

4. Stereotype Reducing
## Medically Accurate Diagnosis

<table>
<thead>
<tr>
<th>Stigmatizing</th>
<th>Non-Stigmatizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partier/Abuser/Binger</td>
<td>Person w/ high-risk drinking/drug use</td>
</tr>
<tr>
<td>Social Drinker</td>
<td>Person w/ low-risk drinking</td>
</tr>
<tr>
<td>Addict</td>
<td>Person with a diagnosis of SUD</td>
</tr>
<tr>
<td>Functioning alcoholic</td>
<td>SUD, Mild, Moderate</td>
</tr>
<tr>
<td>Abuse</td>
<td>SUD, Severe; Tolerance/Withdrawal</td>
</tr>
<tr>
<td>Hooked, addicted</td>
<td>Physically dependent; SUD, Mild-Severe</td>
</tr>
<tr>
<td>Geeked-out</td>
<td>Cocaine-induced psychotic symptoms w/ delusions</td>
</tr>
<tr>
<td>Double-trouble</td>
<td>Dual-Diagnosis or Co-Occurring SUD and other Mental Disorders</td>
</tr>
</tbody>
</table>
What is SMM?

• SMM is an individual counseling approach for buprenorphine-maintained patients with OUD that is…
  ▪ Primary care-based
  ▪ Brief (15 min per visit*)
  ▪ Protocol-guided
  ▪ Medically-focused
  ▪ Evidence-based\(^{(1-6)}\)

*After the initial 45-60 min visit
Who may not benefit from SMM alone?

- Patients…
  - With medical contraindications (e.g., opioid pain management)
  - Moderate or severe psychiatric disorders
  - Who are not able to minimally adhere to SMM guidelines
  - With other poorly managed SUDs, especially sedative and/or alcohol use disorders
Who can do SMM?

Any trained medical professional!
What constitutes SMM Training?

• Approved (e.g., X-waivered) buprenorphine/naloxone provider training (8 hrs for Physicians; 24 hrs for NPs and PAs) plus

• SMM webinar or live, in-person training (2 hours) plus

• Continuing education
What would we like to happen?

- Safety
- Education/Motivation/De-stigmatization
- Treatment
- Abstinence or Reduction of Use/Problems
Where and When?

Any medical setting and on-demand to the extent possible.
Criteria Used to Determine Level of Care

The degree of severity within 6 Dimensions determines the level of care:

1. Substance Intoxication and Withdrawal Potential
2. Medical Conditions and Complications (e.g., seizures)
3. Emotional/Behavioral/Psychiatric Conditions (e.g., depression, anxiety)
4. Readiness to Change (e.g., motivation)
5. Relapse/Continued Use/Continued Problem (e.g., DSM-5) Potential
6. Recovery Environment (How much social support does the client have)

*Adapted from American Society of Addiction Medicine (ASAM) Adult Admission Criteria
# Levels of Care

<table>
<thead>
<tr>
<th>Level</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>Early/Brief Intervention</td>
</tr>
<tr>
<td>Not leveled</td>
<td>Opioid Maintenance Therapy (OMT) (e.g., Medication Assisted Treatment)</td>
</tr>
<tr>
<td>1</td>
<td>Outpatient Services</td>
</tr>
<tr>
<td>11.1</td>
<td>Intensive Outpatient Services (IOP)</td>
</tr>
<tr>
<td>11.5</td>
<td>Enhanced IOP with Partial Hospitalization</td>
</tr>
<tr>
<td>111.1</td>
<td>Clinically-Managed Low Intensity Residential Services</td>
</tr>
<tr>
<td>111.3</td>
<td>Clinically-Managed Medium Intensity Residential Services</td>
</tr>
<tr>
<td>111.5</td>
<td>Clinically-Managed Medium/High Intensity Residential Services</td>
</tr>
<tr>
<td>111.7</td>
<td>Medically Monitored Intensive Inpatient Services</td>
</tr>
<tr>
<td>11.5</td>
<td>Medically Managed Intensive Inpatient Services</td>
</tr>
</tbody>
</table>

*Adapted from American Society of Addiction Medicine (ASAM) Adult Admission Criteria*
Why are you thinking about doing SMM?
What are you worried about?
Obstacles

- Confusion
- Irritation
- Low Motivation
- Disagreement
- High dependence
- Multiple substances
- Poor Access
Webinar Goal 1: How to implement SMM?

An overview
Standard Medical Management (SMM)

1. Goals
2. Elements
3. Roles
4. Sequence
1. The Goals of SMM

- Abstinence and OUD Remission
- Reduction of Use and Problems
2. The Elements of SMM

- Provision of buprenorphine induction and/or maintenance
- Education regarding OUD and buprenorphine treatment
- Monitoring of compliance with buprenorphine
- Monitoring of patients’ drug use, symptoms, and progress
- Encouragement for abstinence and treatment adherence
- Encouragement for mutual-support groups and/or self-help
- Motivational enhancement
- Brief advice modeled on standard drug counseling
- Treatment of medical complications of opioid use
- Referrals to specialty services in the community
3. The Roles of SMM

• **Physician (PA or APRN):** ALL elements of SMM; supervision of nurse
  - Meets w/ patient for initial and subsequent monthly appointments

• **Nurse:** All elements of SMM, EXCEPT prescribing of buprenorphine
  - Meets w/ patient weekly

• **Counselors:** Only the psychosocial components of SMM when an RN is not available.
  - Meets w/ patient weekly
4. The Sequence of SMM

Initial Session
(45-60 min)

Subsequent Sessions
(15-20 min)
Initial SMM Session: 45-60 mins

- Establish rapport with the patient
- Review medical, psychiatric and substance use and treatment history
- Quickly review who they are aside from their substances (place of birth, education, employment, family supports)
- Review diagnosis of OUD with the patient
- Develop the treatment plan (including buprenorphine)
- Advise abstinence from all drugs
- Refer to mutual-support group
- Motivational Enhancement
- Other referrals
- Delineate and reinforce the program guidelines
- Answer any questions the patient may have
Foundation Skills

Reflective Listening

Open-Ended Questions
People only really listen to 1 person… THEMSELVES!
“I’m Dr. _____; I’d like to talk to you about how you’re feeling today. Would that be ok?

You don’t have to – that’s up to you – but…

…Do you mind if I just ask you a few questions?”
Review Problems

- Ask
- Reflect
- Give information

“Tell me about your health, in general, and past medical history?”

“What medical problems have been caused by your use of opioids?”

“What other problems might be related to your opioid use, e.g., mood, social, legal...?”
“Based on your intake and the information you’ve given me, you have used heroin since age 18, and it appears that it has greatly affected your life.”

“Your drug use made it difficult for you to finish school and become employed; You’ve made a number of unsuccessful attempts at quitting and the amount of your use has steadily increased; you experienced symptoms of withdrawal when you stop using.”

“Taken together, these problems would be classified as ‘opioid use disorder, severe.’”
“OUD is a highly treatable condition given the right combination of medication, and discussions about other ways to achieve abstinence from all drugs and address the problems caused by your opioid use.”

“Buprenorphine acts on the opioid receptor, so it prevents withdrawal and it will take away a good amount of the pleasurable effects you get from heroin (or other opioids). This way, you will experience less of a need for heroin.”

“We will also talk about how to cope with social or psychological triggers of drug use, change your daily lifestyle, and referrals for other services if you require.”
## Sample SMM Treatment Plan

<table>
<thead>
<tr>
<th>Problem Area</th>
<th>Goals and Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid Use Disorder, Severe</td>
<td><strong>Goals:</strong>&lt;br&gt;1) Patient will provide urine sample negative for illicit opioids within one week (short-term)&lt;br&gt;2) Complete cessation of illicit opioid use, based on patient report and 3 consecutive weeks of negative urine toxicology tests</td>
</tr>
</tbody>
</table>
Provide Advice

• Abstinence
• SMM adherence
• Triggers
• Mutual-Support Groups

“We recommend that you work towards achieving abstinence.”

“Attend all meetings with your nurse and doctor, as well as other referrals.”

“Avoid or cope differently with all triggers of drug use.”

“Attend mutual-support groups.”
Standard Drug Counseling and Triggers

- **Recognize** triggers as early as possible
- **Avoid** triggers as much as possible
- **Cope** differently with triggers that cannot be avoided
- **Escape** from triggering situations when avoidance and/or coping strategies are beginning to fail
Provide Referrals

- Ask
- Reflect
- Options

“What else might you want/need help with (pause 5 secs)?”

“Sounds like you would be willing to consider a referral for help with ___ (e.g., housing, therapy, transportation, relationship counseling, etc.).”

“Let’s go over some options.”
All Referrals Should be Evidence-Based

Other treatment options:

- Medication
- Counseling
- Family Intervention
- Self-help
- Mutual Support Groups
- Coaching
Shown to be effective based on evidence drawn from a number of randomized, controlled clinical trials (RCTs) with:

**Evidence-based**

- Clearly diagnosed and assessed participants
- Operationally-defined research parameters (procedures, outcome variables, etc.)
- Manualized treatment guidelines
- Measurement to treatment integrity and adherence
- Attention to confounding factors (e.g., additional treatment)
- Statistical control for drop-out
Other Counseling Approaches*

- Motivational Interviewing (MI)
- Cognitive-Behavioral Therapy (CBT)
- Individual and Group Drug Counseling (DC)
- Community Reinforcement Approach (CRA)
- Contingency Management (CM)
- Twelve-Step Facilitation (TSF)
- Cognitive Therapy (CT)
- Standard Methadone Counseling (SMC)
- CRA+Family Training (CRAFT)

*None are as effective as SMM for moderate to severe OUD.
In order to stay in good standing in this program, we expect you to…

1. Attend all scheduled PCM sessions and physician visits, and call in advance if re-scheduling becomes necessary;
2. Take the medication as prescribed;
3. Adhere to all other referrals;
4. Provide urine samples for toxicology testing, and
5. Cooperate with medical procedures, such as vital signs, weight, temperature measurements, and breathalyzer readings.
Answer Questions

- Ask
- Encourage
- Suggest

“What questions might you have for me (pause for 5 secs)?”

“It’s ok to have questions. Take a minute or two to consider what we’ve gone over. Imagine we’ve started working together…”

“Here are some questions patients frequently ask…”
Try it!
Take Turns Playing the Following 3 Roles

After you’ve each had a turn, debrief and decide on 1 **take-home** to share.
Subsequent SMM Sessions

- Review of medication adherence
- Review of substance use since prior visit and beginning of treatment
- Review response to medication
- Review lifestyle changes and level of 12-Step participation
- Advise abstinence from all drugs
- Offer support for patients’ efforts to abstain from drug use
- Provide brief education and advice on SUDs and remission
- Motivational Enhancement around nonadherence
- Make new referrals (if necessary) and follow-up on earlier referrals
- Dispense medication (if applicable) or provide prescription
Review Adherence and Use

- Buprenorphine
- Illicit Opioid Use
- Utox
- +Feedback

“How did it go with the buprenorphine last week?”

“When were you not able, or forgot, to take it?”

“Please tell me about your drug use since we last met; How much have you used, how and when?”

“Let’s review your utox results.”

“You seem to be doing well, in that___.”
Review Response

• Buprenorphine
• Program
• +Feedback

“How is the medication working for you?”

“What is working well/less well?; Any more serious issue with it?”

“How is the program working for your overall?”

“You seem to be doing well, in that_______.”
In Remission (DSM-5)

IN EARLY REMISSION
3-12 months

IN SUSTAINED REMISSION
12+ months
Lapse

Less than

Relapse

Same or greater than
Assess Behavior Change

- Support Groups
- Referrals
- Triggers

“How has it gone with regard to mutual-support groups?”

“What do you like about them; What’s helpful/less helpful?”

“How about with the other referrals?”

“What strategies have helped with reducing use and avoiding triggers?”
Provide Advice

“You’re doing very well. You should be proud. To keep it up, we strongly recommend continued…

- SMM visits
- Abstinence
- Support Groups
- Other referrals
- Avoidance of all triggers of drug use
Motivational Enhancement

- Choose a target
- “Readiness Ruler”

“You’re doing very well and at the same time I’d like you to avoid more triggers (the target behavior).”

“How ready are you on a scale of 1-10 to avoid more triggers?”

“Why didn’t you pick a lower number?”
[Reflect on positive reasons]
NEW Referrals

- Ask
- Reflect
- Options

“What else might you want/need help with (pause 5 secs)?”

“Sounds like you would be willing to consider a referral for help with _______(e.g., housing, therapy, transportation, relationship counseling, etc.).”

“Let’s go over some options.”
Webinar Goal 2: How to address a common issue in SMM

- General Strategies
- FAQs
- Transition and Transfer
General Strategies

- Positive
- Empathic
- Hopeful
- Patient-Centered
- Motivational
**DO**

- Reinforce autonomy
- Offer information, support, and further contact
- Agree to disagree
- Ask, “What would it take for you to consider a change?”
- Leave the door open

**DON’T**

- Use shame or blame
- Preach
- Label
- Stereotype
- Confront
- Guilt
- Catastrophize
- Withhold help
- Threaten
Frequently Asked Questions (FAQs): What if a patient says…?

“I’ve tried NA, it doesn’t work for me.”

“I don’t want to totally quit, I just want to cut down.”

“I’m worried the medication isn’t ‘holding me’.”

“I don’t need to talk to anyone – I just need the meds.”

“I just need help with housing”

“There are too many side-effects”

“I didn’t use.” (but pt seems intoxicated and utox is +)

“I feel depressed.”
Transition and Transfer

- Transitioning to monthly visits for stable patients
  - Tolerating maintenance dose
  - Largely abstinent
  - Mostly adherent to program guidelines
  - Referrals for other problems offered
  - Ongoing treatment

- Transfers require...
  - Appropriate explanation
  - Avoidance of perception of punishment
  - Clinically-indicated referrals
  - Final visit
# SMM “Cheat Sheet”

## GENERAL
- Empathic, Hopeful, Positive
- “We can effectively manage this.”

## INITIAL SESSION
- Rapport
- Problems
- Diagnosis
- Rx Plan
- Advice and Referrals
- Guidelines
- Questions
- “What are your goals, here?”
- “What troubles you about your use?”
- “Based on our assessment, you have an OUD…”
- “We recommend daily buprenorphine and weekly visits for counseling.”
- “We strongly suggest abstinence.”
- “We have some information about housing for you.”
- “Our program’s expectations of you are…”
- “Please feel free to ask any questions [PAUSE]…”

## FOLLOW-UP SESSIONS
- Compliance
- Response
- Changes
- Advice
- New referrals
- Medication
- “Tell me about times you missed your buprenorphine.”
- “How do you think it’s working?” (Check u tox results also)
- “How’s it gone with cravings, use and avoidance of triggers?”
- “We recommend that you stay away from friends who use.”
- “I’d also like to refer you to a new job program.”
- “Here’s your new prescription.”

## FAQs
- Open Qs, Reflections, Advice
- “Tell me more about that? Is there a “flip-side?”
- “Sounds like you’re saying…”
- “Given all of this, I suggest you…”
- “How ready do you feel to do that?”
- “What might be some of your reasons?”
- “What’s your next step, if any?”
Try it!
Take Turns Playing the Following 3 Roles

Client

Observer

SMM Provider

After you’ve each had a turn, debrief and decide on 1 take-home to share.
Remember to

DISCUSS
Share with colleagues and anyone who will listen

APPLY
Use this knowledge with actual cases

REFLECT
Why might you become eligible to provide SMM?

You might make all the difference in a patient’s remission
References


PCSS Mentor Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication-assisted treatment.
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit: pcssNOW.org/mentoring
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now
PCSS-MAT is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with the: Addiction Technology Transfer Center (ATTC); American Academy of Family Physicians (AAFP); American Academy of Neurology (AAN); American Academy of Pain Medicine (AAPM); American Academy of Pediatrics (AAP); American College of Emergency Physicians (ACEP); American College of Physicians (ACP); American Dental Association (ADA); American Medical Association (AMA); American Osteopathic Academy of Addiction Medicine (AOAAM); American Psychiatric Association (APA); American Psychiatric Nurses Association (APNA); American Society of Addiction Medicine (ASAM); American Society for Pain Management Nursing (ASPMN); Association for Medical Education and Research in Substance Abuse (AMERSA); International Nurses Society on Addictions (IntNSA); National Association of Community Health Centers (NACHC); National Association of Drug Court Professionals (NADCP), and the Southeast Consortium for Substance Abuse Training (SECSAT).

For more information: www.pcssNOW.org

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