Comprehensive Opioid Treatment Options

AtlantiCare's response to the opioid use crisis

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ANCHORED IN OUR COMMUNITY

Gloria Seel, LCSW LCADC MAC FHELA

Senior Director Addictions, AtlantiCare

Bradford Bobrin, MD, FASAM, DABAM, DABPM: Board Certified in Addiction Medicinex2 and Board Certified in Pain Medicine

Medical Director of Addiction Services and CCBHC, Atlanticare Regional Medical Center

Assistant Clinical Professor of Psychiatry, Geisinger Commonwealth School of Medicine

Presenters

1) Attendees will be able to describe the problems with opioids and their treatment

2) Attendees will be able to understand the latest treatment issues for opioid use disorder

3) Attendees will be able to use this information to develop treatment strategies in their own institutions

Learning Objectives

- Prior to 1990, reluctance to treat pain in patients without cancer
- In the 1990s, the Joint Commission decided that pain be the "5th vital sign"
  - Mandated it be assessed
  - Thus mandated that pain be addressed and treated
  - Led to belief that treatment of pain necessitated that pain be eliminated
- Prompted physicians to use whatever amounts necessary to treat pain, often without the proper evaluations

The Genesis of the Opioid Crisis I

- Assessed only pain level
  - Missing evaluation of pain which includes:
    - What was the source of the pain
    - What other means of treating pain were available
    - What effect did the treatment have on the patient's function
- Increasing levels of opioids frequently worsen pain
  - Instead of changing the treatment, higher doses of opioids were prescribed
- Beginning of physician audits and arrests for prescribing large amounts of opioids
  - Physicians began simply discharging patient's without tapering or alternative treatments
  - Discharge of patients who might be abusing their medications or tested positive for other drugs rather than proposing alternative treatment

The Genesis of the Opioid Crisis II

- Lack of screening for mental illness prior to initiating long term opioid treatment
- Likely to cause dependence:
  - Frequent doses of high dose opioids
  - The presence of pills with large amounts of opioids
- Cost to see provider or termination by provider
  - Getting opioids on the street
  - Purity and lower cost of heroin
  - Abundance of black tar heroin moved through U.S.
  - Appearance of fentanyl

- Overdose deaths of some 350,000 people in the last 10 years.

The Genesis of the Opioid Crisis III

- Abstinence from opioids noticed to be more difficult than other drugs
- Use of medication to treat substance use with Methadone was proposed
- The reward system and stress response system impact ongoing use

Something Different About Opioids I

- The Kappa Receptor:
  - Stimulates the Dynorphin system
  - Dynorphin appears to be responsible for loss of opioid efficacy, depressed mood and increased anxiety
- Opposed by the Mu receptor responsible for pain relief, euphoria and enhanced mood
- Doesn’t shut off after person stops using, leads to mood dysfunction and anxiety and relapse

Something Different about Opioids II

Pharmacotherapy

- Patients with Opioid Use Disorder may need medication to assist with their body returning to homeostasis
  - Reduces cravings
  - Manages withdrawal symptoms
  - Allows body to begin to heal
- Methadone can be given in a single am dose and help alleviate withdrawal and symptoms of opioid craving.

- Methadone is an agonist for mu, kappa and delta receptors. Mu and delta alleviate pain.

- Historical philosophy of Methadone
  - To stabilize the patient by stimulating the Mu receptor which stops withdrawal and cravings and then slowly lower the dose to get the person off of the Methadone. However, we still have an active Dynorphin system which helped cause relapse in these patients.
- Rapid tapering patients off medication or short term treatment was leading to relapse, HIV, incarceration and death.
- Treatment with medication reverses the former.
- Now the theory is patients do much better when they stay in treatment for extended periods, even years and the practice of rapid taper is no longer advised

Methadone

- Must be a federally licensed Opioid Treatment Program to prescribe for substance use treatment
- Must be given on site once daily until the patient is approved to receive take home medication
- Once or twice a day methadone dosing is not usually effective for pain and any physician may write methadone for pain, just not for treatment of OUD
- More risk of accidental overdose with the induction of methadone and interactions with other medications

Methadone Limitations

- Buprenorphine also acts at the mu receptor but also blocks the dynorophin system
- So it prevents withdrawal and cravings but also helps regulate mood and anxiety
- However, although it allows the recovery of mood and anxiety, it still appears that long term treatment is needed
- Because buprenorphine is very sticky to the mu receptor, it blocks heroin from attaching and helps protect the heroin user from overdose

Buprenorphine

- Naltrexone blocks the mu receptor and therefore blocks the effects of opioids and prevents the high
  - Can be overcome with large doses
- Blocks the effects of opioid over-dose but it still may be overcome with high doses
- Blocks the kappa receptor and helps restore the mood and anxiety systems
- It may also be given as a monthly injection
- Patient must be off of opioids for a week prior to receiving
  - Efficacy is about equal to buprenorphine in terms of keeping people off opioids

Naltrexone

- The availability of medication to treat substance use is correlated with less deaths by opioid overdose
- The treatment community has not given up on the prospect of therapy as it has shown to be helpful in other substance use disorders
- Because of the rising number of opioid deaths, there is a new thinking that buprenorphine should be started as soon as possible

Pharmacotherapy in the Opioid Crisis

- Start buprenorphine (BUP) as soon as possible
- “Healing Atlantic County” initiative at AtlantiCare Regional Medical Center (ARMC)
  - Eliminate opioid related deaths in Atlantic County
- Expanding access and availability of services
  - Including increasing number of locations
  - 4 new locations this previous year

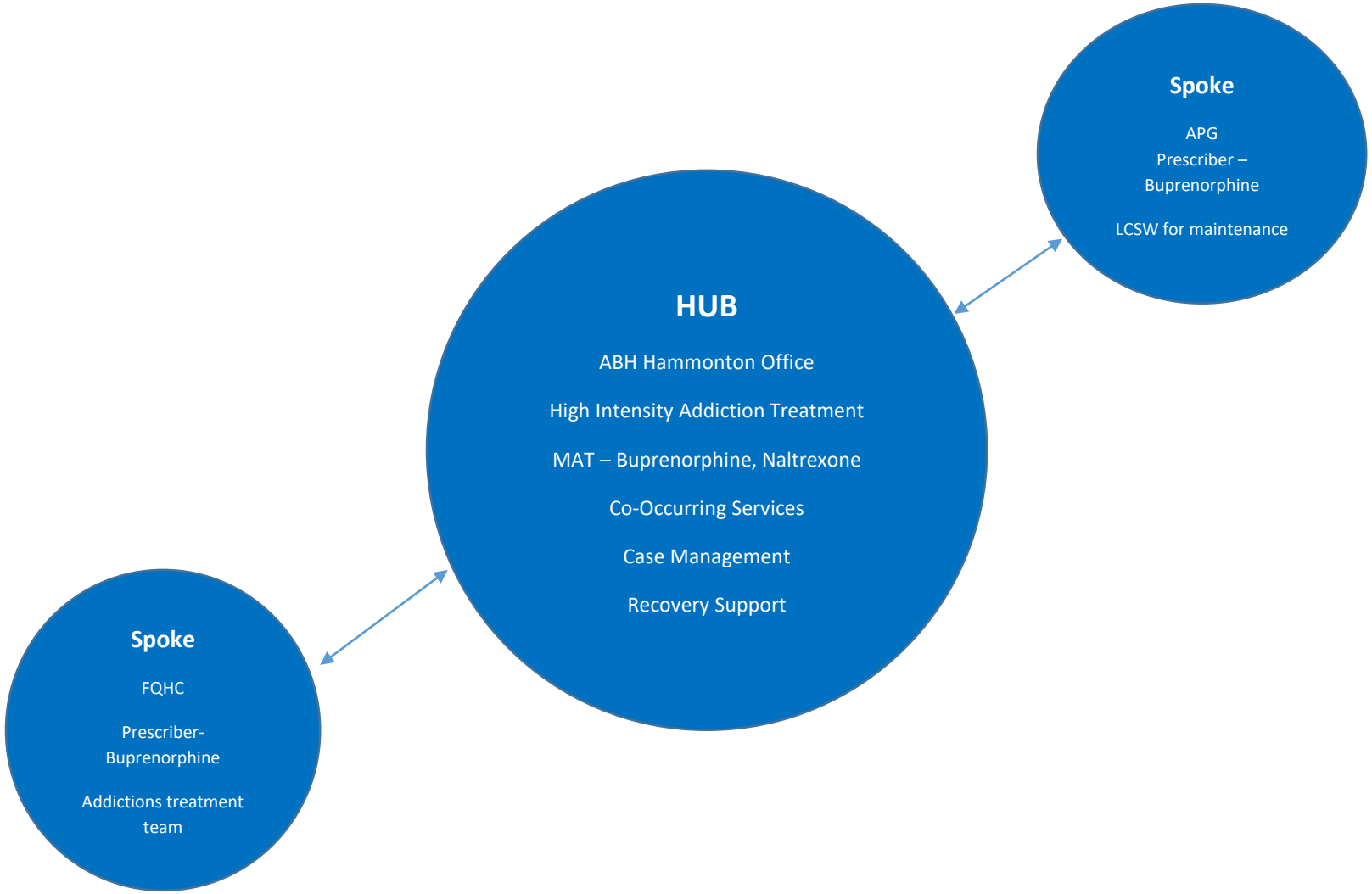
Buprenorphine Approach at AtlantiCare

- *Established:*
- Hammonton/CCBHC
- STEPS inpatient medical stabilization unit
- The medical/surgical units at both ARMC hospitals
- *Pending Approval*:
- All three ARMC Emergency Rooms
- *Pending Licensure:*
- 2 locations in Atlantic County

ARMC Locations

- *The Hub:*
- The hub of all substance use services is the CCBHC
- This is the main site of evaluation and management of ARMC substance use service
- The services provided are
  - Medication with BUP or Naltrexone (NTX)
  - Outpatient Treatment
  - Intensive Outpatient Treatment
  - Medical detox from opioids, alcohol or benzodiazepines
  - Case Management
  - Recovery Support Services
  - Co-Occurring treatment
  - Psychiatric Services
- Admission through
  - Hospital, ED, community, referral from another physician or now the new walk in program
- A patient may walk in from the community M-F 9-12 and be seen, evaluated and treated
- A patient who is in need of more intense detox is coordinated with ARMC inpatient unit- STEPS

Hub and Spoke



Hub and Spoke

- STAR – Support Team for Addiction Recovery
- OORP - Opioid Overdose Recovery Program
- Additional Recovery Specialists – work with Atlantic County and HOPE One
- AtlantiCare Physician's Group (APG) to assist in caring for their patients who use Controlled Substances and who also have SUD

Hub and Spoke Additional Support

- The ARMC EDs: Protocol to start BUP in the ED and refer to Hammonton or FQHC in Atlantic City
- AtlantiCare Physician Group private office in Northfield office is a planned site for services as a spoke
- Internal provider to train physicians in the system on BUP waiver training
  - Expand this to the regional area
- The plan is then for the APG group to have physicians who will either initiate BUP or continue BUP started at other ARMC sites

Future Spokes

- The hope is that by increasing the ease of access, increasing the number of ways to access treatment and the number of sites to receive MAT, that the number of overdoses, hospitalizations and deaths due to OUD will be significantly decreased in Atlantic, Cape May and Ocean Counties
- The other hope is that through education of the proper use of opioids and the identification of addiction, that the use of opioids for pain relief will be properly monitored thus reducing the supply of opioids in the community.

The Mission

Thank you!

GloriaAnn.Seel@AtlantiCare.org

Bradford.Bobrin@atlanticare.org