A Tool to Engage the Patient in Web-based Coordinated Treatment of Opioid Addiction with Buprenorphine

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Relevance: Treatment with buprenorphine is effective and is of tremendous value; however, the treatment requires coordinated attention to multiple details on the part of the patient and the provider if it is to proceed smoothly and succeed.

Background: Treatment of pain with prescription medications such as oxycodone (Oxycontin ®) can often lead to addiction to opioids and subsequent drug seeking behavior and poor health outcomes. Office-based opioid treatment (OBOT) with buprenorphine by non-addiction specialists can break the cycle of addiction to opioids; however the quality of OBOT varies because OBOT involves novel agreements, expectations, and testing (e.g., urine drug testing). Opioid addicted patients too may have difficulty succeeding in a less structured office-based environment with a non addiction specialist. They must also navigate a complex treatment process with special concerns and unique challenges including fixed and frequent outpatient visits, and standard procedures to limit diversion and misuse of buprenorphine.

Patient/Physician Contacts

Describe how and under what circumstances a patient may contact you after hours.

For emergencies call 911. Requests for refills or non urgent matters should be made with the clinic at 123-456-7890. Other requests of an urgent matter can be met by calling 123-456-7891.

Example: Patients may contact the prescribing doctor after hours by calling 555-555-5555 for urgent but non-emergency questions, such as what to do if a dose was forgotten or a concern about a troubling symptom that may be a side effect. For emergencies, patients should call 911.

Should the treatment agreement include the patient's authorization to contact their other providers? * Yes

Policy suggested by FSMB (2013).

Should the treatment agreement include the patient's authorization to check the patient's record in the Prescription Drug Monitoring Program? * No

Policy suggested by FSMB (2013).

Methods: With grant funding from NIDA (award #R44DA034404), we are developing and testing a novel supporting framework for OBOT called The *Buprenorphine Patient Support Center* (*BupPatient*). In the conceptualized *BupPatient* experience patient and provider work together to establish, document and assure understanding of a standard protocol for treating opioid addiction with buprenorphine. The *BupPatient* experience includes tools to make the patient aware of the process including informed consent as well as expected clinic behavior, and confidentiality/disclosure laws and protections. The experience also prepares the patient for adherence testing including urine drug testing. It outlines expectations in terms of proper storage and safekeeping of medications as well as the provider's response to "lost" medications, doctor shopping, or unapproved modifications in the dose; thus assuring the provider that diversion concerns are consistently addressed.

Prescription Policies

The FSMB Model Policy for buprenorphine treatment (2013) suggests setting policy for mechanisms for prescription renewals and exclusion of early renewals. In the following section, select the policies pertaining to prescription medications, that you would like to include in your practice.

Is early renewal of a prescription allowed? * Yes, limited

What is the maximum number of replacements for lost prescriptions or medications? * 2

Identify whether an office visit is required for a lost prescription replacement? * Yes

Are requests for extra pills honored? * Allowed

How often will you check Prescription Drug Monitoring Reports for most buprenorphine patients (understanding that frequency should be increased for non-compliant patients)? * Biannually

Do you require patients to obtain buprenorphine from only one pharmacy? * No

Policy suggested by FSMB (2013).

Do you require prescriptions to be obtained from only you or designated colleague(s)? * No

Policy suggested by FSMB (2013).

Urine Drug Screening Policies

Patient Expectation: Patients are required to participate in urine drug tests.

The FSMB model policy on buprenorphine treatment (2013) recommends that treatment agreements obtain permission from patients for drug screens.

Are baseline urine drug tests (UDTs) required? * Yes (Recommended)

Are periodic UDTs required of patients? * Yes (Recommended)

How frequently are periodic UDTs completed for most patients? 1-2 per year

Are UDTs scheduled or unscheduled?

- ○ Scheduled
- ◉ Unscheduled/Random
- ○ Both

Should the agreement forewarn patients that they (or insurance) will pay the cost of UDTs? Yes

What are the consequences for a single or occasional problematic UDT result? *

- ☑ Increase frequency of UDTs
- ☑ Counseling referral
- ☑ Discuss the problem with the patient

Appointments

Describe your policies regarding keeping appointments and the consequences for non-adherence.

What is the maximum number of missed appointments that are tolerated? * 3

How will the patient be reminded of appointment policies? (Select all that apply) *

- ☑ Send a letter about the missed appointment policy.
- ☑ Send an email about the missed appointment policy.
- ☑ Review relevant policies with the patient each episode.

Select billing policy for missed appointments *

- ◉ Charge the patient after the limit for missed appointments is exceeded.
- ○ Charge the patient for any missed appointment.
- ○ No charge for missed appointments.

Select rescheduling policy for missed appointments *

- ○ Always reschedule.
- ◉ Reschedule until limit is reached and then see the patient only at the next, regularly scheduled time.
- ○ See the patient only at the next regularly scheduled appointment.
- ○ Other

Will patients be dismissed from treatment with a continued pattern of missed appointments? *

- ○ Yes
- ◉ No

What is the maximum time a patient can be late for an appointment before it is considered missed? * 30 minutes

Example: 20 minutes

How much notice is required for cancellations before they are considered missed appointments? * Day before

Discussion: Planned involvement of the patient in treatment process communication is currently lacking; however once expectations are firmly established and documented, data collection and sharing functionality allow patient and provider to work in tandem to treat opioid addiction. There is interest in engaging patients if it involves a trusted source and is integrated and documented as part of treatment. These results demonstrate both a need for *BupPatient* as well as evidence that it would be supported by the provider community.

Opioid Use Disorder Treatment Agreement

Patient: Sue Jones
Practice: Steve Michael, MD, Anderson Health Center, West Haven, Michigan **Date:** 01/18/2015

In order to provide sufficient support for patients in this opioid treatment program, patients need to be aware of and follow our opioid treatment policies. Please review the following patient expectations and signify your understanding and agreement to follow these policies by signing below.

Office Policies

Policies for Appointments

- I agree to keep my scheduled appointments.
- I understand that the following behavior also will not be tolerated more than once:
  - Arriving intoxicated for appointments
  - Disruptive behavior
  - Sustained payment problems

Opioid Treatment Policies Agreement:

The policies in this document have been reviewed with me in person and I have had the opportunity to ask questions. I have been given a written copy. I understand that they may be modified later in order to help provide me with the support needed for successful treatment. My signature signifies my understanding of the policies and my agreement to follow them.

Patient Signature _____ **Date**: _____

Provider_____ **Date**: _____

Acknowledgments & Disclosure

The research was funded entirely by the NIDA/NIH (award #R44DA034404, Coordinated Treatment of Addiction to Prescription Pain Medications, Bradley Tanner PI). The Clinical Tools, Inc. IRB reviewed and approved the research.

B Tanner, MD, Principal Investigator. Clinical Tools, Inc is 100% owned by Bradley Tanner, MD and he serves as President of Clinical Tools, Inc.

Suggested Citation & Communication

Tanner B, Metcalf F. A Tool to Engage the Patient in Web-based Coordinated Treatment of Opioid Addiction with Buprenorphine. Poster presented at the 2015 IPS: The Mental Health Services Conference, October 10, 2015, New York, NY.

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Results: Phase I has completed product design, prototype tools, and measured acceptability and usability of BupPatient. We surveyed future buprenorphine prescribers (n=248). Only about one quarter plan to definitely provide information to patients on relevant topics such as cues /avoiding cues, and cravings or recommend websites or apps with this information. Interest in providing this information to patients increased to 50% to 64% when presented as a structured solution like BupPatient (n=188).

Reference

Burchman SL, Pagel PS. Implementation of a formal treatment agreement for outpatient management of chronic nonmalignant pain with opioid analgesics. J Pain Symptom Manage. 1995;10(7):556-563. http://www.ncbi.nlm.nih.gov/pubmed/8537698

Future Directions: We will completing the tool and evaluate its impact using a randomized, cross-over wait-list control design, including impact on patient outcomes using standardized instruments including a checklist of required patient behaviors, the Brief Addiction Monitor (BAM), and measures of knowledge, attitude and behavior, as well as provider satisfaction and acceptability.