

IMPLEMENTING BUPRENORPHINE IN YOUR PRACTICE (CASES ONLY)

Goal

To prepare providers to provide collaboration and structure to support successful buprenorphine treatment.

After completing this module (didactic + cases), participants will be able to:

- Summarize rules and regulations for a successful provider-patient relationship in office-based opioid treatment
- Determine what rules and regulations are needed to prevent and address patient problematic behavior in office-based opioid treatment
- Recognize and manage problematic behaviors that may be encountered in patients with opioid use disorder and to use urine screening to measure treatment efficacy.
- Use a provider-patient treatment agreement to communicate expectations and responsibilities for both parties, and enforce consequences of not meeting expectations
- Explain concepts involved in the use of urine analysis for office-based treatment of patients with opioid use disorder

Professional Practice Gaps

Treating patients with opioid use disorder as part of office-based opioid treatment with buprenorphine requires unique skills. Communicating the rules, expectations, goals, and boundaries of an office-based opioid treatment practice to the patients being treated is important. Patient-provider agreements, as well as regular patient monitoring, can help to ensure that patients are held accountable while receiving treatment. If patients are aware of this monitoring, it can help reduce the frequency of problematic behaviors, such as diversion or use of illicit drugs.

CASE STUDY – MS. DAWSON

Meet Your Patient



Name: Ms. Dawson

Age: 20 years old

Reason For Visit: Needs treatment for her heroin use

Patient History: Ms. Dawson is a university student who has been smoking heroin occasionally for 15 months and daily for the past 3 months. She uses 1½ grams per day and requests help to quit.

Relevant History: She reports no prior history of treatment for drug use. She reports no alcohol or other drug use and the latter was later confirmed with urine drug testing.

Patient Discussion

Provider: Tell me more about why you're here today.

Ms. Dawson: I use heroin, but it's getting so expensive to maintain my habit. I need to get off of it.

Provider: I see you're using 1½ grams per day?

Ms. Dawson: Yes, and it makes me feel good, but when I can't get any I feel awful. I'm anxious, and I can't sleep. My muscles ache, and I get diarrhea. I don't want to have to go through that every time I don't have enough money for heroin.

Provider: That makes sense. It sounds miserable. So, you've decided to get treatment at this point?

Ms. Dawson: Well, honestly, I was thinking of starting to shoot up to save money, because it takes less heroin that way, but I decided to give treatment a try instead. If I can stop using, I won't have to worry about paying for it.

You determine that Ms. Dawson is not pregnant and is taking oral contraceptives. She has no concurrent medical/psychiatric conditions and explore other psychosocial issues.



Case Continued

Provider: Having a good social support system helps treatment be successful. Do you have friends and family in the area that might be able to help you through treatment?

Patient: My parents live nearby. And I do have a couple of friends from school that have said they'd support me getting help. They've hated to see how the drugs have affected me.

Provider: And they are not users themselves, correct?

Patient: No, they're clean.

Provider: You said you have been finding it hard to pay street prices for drugs. Have those difficulties ever led to committing a crime or doing something that you find morally inappropriate in order to get the funds to pay for your drugs?

Patient: No, it hasn't come to that yet. In fact, that's one reason why I'm here. I want to make sure I don't get into a situation that I'll have to do something drastic just to keep my habit going.

Quiz: Suitable For Treatment

With This Information In Mind, Is Ms. Dawson A Good Candidate For Office-based Buprenorphine Treatment As A First Line Approach? (Choose One)

1. Yes, she is suitable for office-based buprenorphine treatment as a first line approach
2. No, she is not suitable for office-based buprenorphine treatment as a first line approach
3. There is not enough information available to determine whether or not Ms. Dawson is suitable for office-based buprenorphine treatment as a first line approach

SUITABLE FOR TREATMENT QUIZ FEEDBACK

(1) Yes, She Is Suitable For Office-based Buprenorphine Treatment As A First Line Approach

Correct. Ms. Dawson is suitable for office-based buprenorphine treatment as a first line approach – there is a clear diagnosis of opioid use disorder given the tolerance, withdrawal symptoms, and fear of how addiction could affect her financially. Office-based logistics may provide a suitable means for her to access treatment because she has school/classes to attend and daily attendance at an outpatient treatment facility could interfere with her attendance and improve the likelihood of running into people she associated with while using. If office-based treatment does not provide enough structure and support, then more intensive outpatient counseling treatments that could be considered.

(2) No, She Is Not Suitable For Office-Based Buprenorphine Treatment As A First Line Approach,

(3) There Is Not Enough Information Available To Determine Whether Or Not Ms. Dawson Is Suitable For Office-Based Buprenorphine Treatment As A First Line Approach

Ms. Dawson is suitable for office-based buprenorphine treatment as a first line approach – there is a clear diagnosis of opioid use disorder given the tolerance, withdrawal symptoms, and fear of how addiction could affect her financially. Office-based logistics may provide a suitable means for her to access treatment because she has school/classes to attend and daily attendance at an outpatient treatment facility could interfere with her attendance and improve the likelihood of running into people she associated with while using. If office-based treatment does not provide enough structure and support, then more intensive outpatient counseling treatments that could be considered.

Making A Treatment Plan

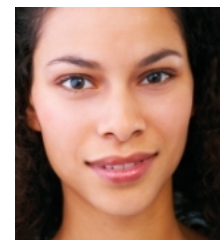
Provider: *Office-based buprenorphine treatment fits your circumstances. Would you like to hear more about it?*

Ms. Dawson: *What about the outpatient clinic?*

Provider: *The outpatient clinic is a possibility, but I suggested office-based treatment because the logistics of an outpatient treatment facility could interfere with your class schedule.*

Outpatient treatment also increases the likelihood of you running into people that you were associated with while using, which can make it difficult to stay abstinent. If office-based treatment does not provide enough structure and support, then we can consider more intensive outpatient counseling treatment.

Ms. Dawson: *That makes sense.*



Treatment Goals

You determine that the goals for Ms. Dawson's treatment are:

- Cessation/reduction of illicit opioid use
- Participation in a comprehensive rehabilitation program (counseling for relapse prevention and possibly the issues surrounding her initial drug use)

Induction Plan

Ms. Dawson's evaluation and treatment plan for induction includes the following:

- Comprehensive psychosocial and medical assessment
- Discuss treatment plans (medical withdrawal or longer-term treatment)
- Observation for signs and symptoms of opioid withdrawal before induction onto buprenorphine to avoid precipitating withdrawal
- Follow-up review by treating physician/PA/nurse practitioner
- Provide referrals for counseling

CASE: RULES AND REGULATIONS OF PRACTICE

Discuss the rules and regulations with each patient at the initial visit and have them sign the agreement which sums them up. Treatment agreements are between the patient and the provider. Patients are expected to agree to a treatment agreement and understand its contents. Providers can offer (and customize) standard treatment agreements. Agreements will include education on what the various components mean.

The treatment agreement can also be introduced to the patient along with screening tools using an online Patient Portal. Or they can be mailed to the patient or picked up at the office in advance so that patients come prepared and knowledgeable to the first appointment. If you do provide copies in advance, be sure that you still review them with the patient in person.

Case Illustration:



Patient: Allison Keville

Age: 48

Background: Ms. Allison Keville recently enrolled in a substance abuse program. As part of the standard procedures with new patients, the provider discusses the policies with her and asks her to sign a treatment agreement.

Provider: *After we discuss the treatment agreement, I will provide you with a paper copy for you to sign. This will indicate that you agree to the terms of treatment.*

Ms. Keville: *This sounds like overkill. I'm not trying to break any rules.*

Provider: *I understand that this agreement seems extensive. However, these apply to every patient receiving buprenorphine treatment. I find that it is helpful since it defines the requirements placed on them in treatment and may answer potential questions.*

The provider continues, using the practice's policy checklist to make sure all the topics are covered with Ms. Keville. In particular, she should understand that failure to comply will result in consequences. The provider next makes sure that Ms. Keville understands each component before she agrees to follow it.

Provider: *Do you have any questions about what we covered?*

Ms. Keville: *No, I don't think so. That sounds pretty reasonable to me. I can agree to that.*

It is helpful to re-review the rules soon after a patient has begun treatment as a reminder about what was agreed upon.

Quiz: Starting Treatment

When Starting Office-based Buprenorphine Treatment, SAMHSA Requires Patients To Sign A Form Stating That They Understand The Rules And Expectations Of Treatment. (Choose One)

1. True
2. False

STARTING TREATMENT QUIZ FEEDBACK

(1) True

There is no SAMHSA regulation specifying that providers must have patients sign a form about the practice's rules governing buprenorphine treatment. However, this is a very helpful step and is strongly advised.

(2) False

Correct. There is no SAMHSA regulation specifying that providers must have patients sign a form about the practice's rules governing buprenorphine treatment. However, this is a very helpful step and is strongly advised.

CASE: MS. DAWSON

Ms. Dawson Leaves A Message That Night:

Ms. Dawson: This is Rachel Dawson. I wanted to cancel my next appointment. I found a doctor that gives the same treatment, but charges less.

Three days later she leaves you the following message in the evening after office hours:



Message From Ms. Dawson

Ms. Dawson: Hi, doc. It's Rachel Dawson. I just wanted to let you know that I have been on 8 mg of bup over the past 4 days, working with another doctor. But that isn't working out. It's too far, and he's not very flexible. Can I get an appointment with you as soon as possible?

You Make Time To See Her The Next Day And Convey The Following The Next Morning:

Provider: Ms. Dawson, I can make time at 4 pm today. Please call to confirm.

Ms. Dawson does not confirm the appointment and shows up an hour late. You fit her into your schedule and have the following discussion:

Provider: Can you tell me a little bit about what's going on with your treatment? According to your phone call, you decided to get buprenorphine treatment with another doctor?

Ms. Dawson: Well, I know we set it all up when I was here last time, but the doctor I went to before costs less, so I decided to follow his plan instead. He had me on 8 mg of buprenorphine for the past four days, which seemed to be working, but he's not very flexible, like if I miss appointments. Maybe I should get treatment here instead.

Provider: Well, you'll find we're all pretty strict about keeping appointments. That's part of my policy, too. Do you still want to make this switch?

Ms. Dawson: I guess I have to. They won't schedule me there anymore.

Quiz: Treatment Agreement

Provider: First of all, before we start a formal treatment plan, I'll need you to sign a treatment agreement. It will include our policy on keeping appointments.

Ms. Dawson: What else is in the agreement?

Which Of The Issues That Ms. Dawson Has Demonstrated Could Be Included In This Treatment Agreement? (Choose All That Apply)

1. Seeing only one provider at a time for this treatment
2. Keeping appointments or providing appropriate notice about breaking them
3. Following treatment recommendations precisely
4. Attending a relapse prevention seminar

Treatment Agreement Quiz Feedback

- (1) Seeing Only One Provider At A Time For This Treatment,**
- (2) Keeping Appointments Or Providing Appropriate Notice About Breaking Them,**
- (3) Following Treatment Recommendations Precisely,**
- (4) Attending A Relapse Prevention Seminar**

Correct. All of these issues could be described in a treatment agreement.

QUIZ: CASE – MRS. COPELAND

Meet Your Patient

Name: Mrs. Copeland

Age: 45 years old

Reason For Visit: Mrs. Copeland has concerns about possible adverse effects from her use of Vicodin®.

Patient History: Mrs. Copeland started taking Vicodin® for menstrual cramps but, after a hysterectomy two years ago, she no longer has pain. She has been taking about 10 Vicodin® a day for the past 6 months. She obtains them from a "pharmacist friend" and several doctors that she sees on a regular basis. You discover all this by reviewing her prescription drug monitoring report. None of the doctors are aware that she is taking 10 tablets/day.



***Mrs. Copeland:** I have tried to cut down my Vicodin® on my own a few times, but I cannot stand the insomnia and anxiety and diarrhea I get when I do. That forces me to go back on it, sometimes at a higher dose. But I'm getting worried because one of my doctors said that taking more than 8 Vicodin® a day could cause me to have liver damage.*

Quiz: Mrs. Copeland – Treatment Agreement

Which Of These Are Issues To Include In Mrs. Copeland's Written, Signed Treatment Agreement? (Choose All That Apply)

1. Past "doctor shopping"
2. Urine testing
3. Inappropriate Office Behavior and Consequences
4. Employment history
5. Goals of treatment
6. Diet and exercise habits
7. Patient confidentiality

Mrs. Copeland – Treatment Agreement Quiz Feedback

(1) Past "Doctor Shopping"

Correct. You should address the issue in her treatment agreement and set ground rules of no "doctor shopping" from this point forward. Also, be sure to check her Prescription Drug Monitoring report regularly until you feel confident that doctor shopping is no longer a problem for her.

(2) Urine Testing

Correct. Urine testing should be described in the treatment agreement. It is important for any patient in OBOT.

(3) Inappropriate Office Behavior And Consequences

Correct. Office guidelines and rules about treatment should be in the treatment agreement for a patient in OBOT.

(4) Employment History

Employment history is not typically part of the treatment agreement.

(5) Goals Of Treatment

Correct. Treatment goals are a good thing to include in the treatment agreement.

(6) Diet And Exercise Habits

The OBOT treatment agreements do not typically include diet and exercise, but treatment agreements can be effective in the treatment of other chronic conditions.

(7) Patient Confidentiality

Confidentiality is part of the patient consent form rather than the treatment agreement. Some offices may combine the treatment agreement and the consent form.

Poll: I consult Prescription Drug Monitoring data before prescribing opioids:

- Regularly/Always
- Sometimes
- Never
- Does not apply to me

What do you think? Take the poll yourself!

<https://bup.clinicalencounters.com/managing-patients-poll/>

MRS. COPELAND – FURTHER EVALUATION

Addressing Mrs. Copeland's Current Concern

To first address Mrs. Copeland's current concern, you give her information about physical opioid dependence, including reviewing the symptoms of withdrawal that seem to be affecting her life. You explain the effects on the liver of the acetaminophen component of Vicodin®. You conduct liver function tests, and they are within normal limits.



Asking About Other Medications

Provider: Are there any other medications or drugs that you use?

Mrs. Copeland: No, just the Vicodin.

Provider: Have you ever injected or snorted or smoked any opioids or other drugs?

Mrs. Copeland: No, I'm not into anything like that.

Provider: I see that you have a history of alcohol and tobacco use.

Mrs. Copeland: I drink about one to two glasses of wine a night on weekends and sometimes on weekdays. I also smoke a few cigarettes when I'm drinking.

Provider: Has your Vicodin® use had any impact on your work or family or relationships?

Mrs. Copeland: No, it hasn't. The Vicodin® costs more than I can afford sometimes, and my friends are concerned that I still use it, but I don't think it has caused any problems.

Outcome Of Further Assessment

Further assessment confirms Mrs. Copeland has opioid use disorder related to her use of Vicodin. You decide to recommend buprenorphine treatment.

But you insist that she sign a treatment agreement that you provide to all patients that you treat with buprenorphine. You highlight the requirement that the only opioid/pain medication she receives will be either from you or discussed with you prior to seeking pain treatment.

Mrs. Copeland: Okay, I guess I'll try the buprenorphine treatment. To be honest, I'm surprised that none of my providers ever mentioned it. I guess I'll have to talk to them about it at my upcoming appointments.

Despite Her "Doctor Shopping," Should You Start Mrs. Copeland On Buprenorphine Today? (Choose The Best Answer)

1. Yes, start buprenorphine induction today.
2. No, she is not a good candidate because she has shown she cannot be trusted.
3. No, she is not a good candidate at this point because she has not expressed interest in treatment.

CASE – MRS. COPELAND TREATMENT

Yes, Start Buprenorphine Induction Today.

This is not the best answer. It is highly likely that Mrs. Copeland meets the criteria for opioid use disorder and is a good candidate for buprenorphine treatment. However, she has not even expressed interest in treatment yet and inducing her today would be premature. If Mrs. Copeland is interested in treatment, rather than turn her away because she has obtained drugs from multiple physicians, you can address your concerns and add a special provision to her treatment agreement. The agreement should specify that she will only obtain prescribed opioids from you and that you will inform the other healthcare providers of her treatment plan.

No, She Is Not A Good Candidate Because She Has Shown She Cannot Be Trusted.

This is not the best answer. It is highly likely that Mrs. Copeland meets the criteria for opioid use disorder and is a good candidate for buprenorphine treatment. It would be premature to conclude that she can't be trusted. However, she has not even expressed interest in treatment yet and inducing her today would be premature. If she is interested in treatment, rather than turn her away because she has obtained drugs from multiple physicians, you can address your concerns and add a special provision to her treatment agreement. The agreement should specify that she will only obtain prescribed opioids from you and that you will inform the other healthcare providers of her treatment plan.

No, She Is Not A Good Candidate At This Point Because She Has Not Expressed Interest In Treatment.

Correct. It is highly likely that Mrs. Copeland meets the criteria for opioid use disorder and is a good candidate for buprenorphine treatment. However, she has not even expressed interest in treatment yet and inducing her today would be premature. Her current clinical concern is side effects of Vicodin®. If she is interested in OBOT, rather than turn her away because she has obtained drugs from multiple physicians, you can address your concerns and add a special provision to her treatment agreement. The agreement should specify that she will only obtain prescribed opioids from you and that you will inform the other healthcare providers of her treatment plan.

Had her other doctors had clear treatment agreements and procedures to limit doctor shopping, these problems may have been avoided.

CASE STUDY – MS. CLARK

Meet Your Patient



Name: Ms. Clark

Age: 42 years old

Reason For Visit: Monthly buprenorphine check up

Patient History: Ms. Clark is a divorced mother of two school-aged children and works full-time as a waitress. She began having problems with prescription opioids after taking them for a back injury in her late 20s and was later introduced to heroin by her ex-husband. After a few years of heroin use and misuse of prescription opioids, she began to have problems at work and started methadone treatment.

History At Outpatient Opioid Treatment Program: Ms. Clark has been in methadone treatment a few times and generally did well, except that she frequently missed doses because she lived 50 miles from the nearest clinic. She left treatment several times due to travel time, child care responsibilities, and cost. She had been out of treatment and relapsed for several months, using mostly oxycodone, before visiting your practice four months ago.

Treatment History In This Office: Ms. Clark came to your office because it is much closer to where she lives. You determined her to be an appropriate OBOT patient and inducted her on generic buprenorphine/naloxone. Ms. Clark was stabilized on 8 mg buprenorphine/naloxone. She emphasized that she wanted to keep her dose low both to incur fewer expenses and because she has long-term plans of tapering off.

Prior to induction you reviewed the patient-provider treatment agreement with Ms. Clark and asked her to sign it. Since she is a high-risk patient more frequent urine drug testing was added to the treatment agreement.

After induction, she graduated to monthly visits. To date, she has provided 4 urine specimens, all negative for illicit drugs. She also has received occasional counseling from a social worker in her local area.

Ms. Clark – Current Issues

Provider: *How is your treatment going? Have you had any problems?*

Ms. Clark: *Treatment's going well. Nothing bad to report there, but I did recently strain my back and, when I went to the ER, I got some codeine. I just took it once because it didn't do much for my pain. I got better after a few days of rest and ibuprofen.*