

7-23-2020

Beyond The Waiver Training: Practical Tips You May Not Have Learned

Lara Weinstein, MD, MPH, DRPH
Thomas Jefferson University

Erica Li, MD
Thomas Jefferson University

Follow this and additional works at: <https://jdc.jefferson.edu/fmlectures>



Part of the [Family Medicine Commons](#), and the [Primary Care Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Weinstein, MD, MPH, DRPH, Lara and Li, MD, Erica, "Beyond The Waiver Training: Practical Tips You May Not Have Learned" (2020). *Department of Family & Community Medicine Presentations and Grand Rounds*. Paper 427.

<https://jdc.jefferson.edu/fmlectures/427>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Family & Community Medicine Presentations and Grand Rounds by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.



BEYOND THE WAIVER TRAINING: PRACTICAL TIPS YOU MAY NOT HAVE LEARNED

■ LARA CARSON WEINSTEIN, MD, MPH, DRPH
ASSOCIATE PROFESSOR OF FAMILY MEDICINE

■ DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE
SIDNEY KIMMEL MEDICAL COLLEGE, PHILADELPHIA

LARA.WEINSTEIN@JEFFERSON.EDU



**I HAVE NO CONFLICTS OF
INTERESTS TO REPORT**

The background is a solid teal color. In the four corners, there are decorative white line-art elements resembling circuit traces or a network diagram, with small circles at the end of the lines.

BUT WE WOULD LIKE YOU TO TAKE A BRIEF SURVEY...

[HTTPS://JEFFERSON.CO1.QUALTRICS.COM/JFE/FORM/SV_B9M5MBLOHLARRDT](https://JEFFERSON.CO1.QUALTRICS.COM/JFE/FORM/SV_B9M5MBLOHLARRDT)

OBJECTIVES



Understand the critical importance of philosophy, structure, and access in MAT



Share practical tips for starting MAT in your practice



Discuss lessons learned with developing a MAT program



OVERVIEW

The first visit: obstacles and opportunities

Home induction

Patient “suitability,” or people can’t recover if they die

This is not what I signed up for: staff support

Urine drug screens- all you ever wanted to know but were afraid to ask

Diversion in the real world

Sublocade

MOUD and COVID19

THERE'S NO CLEAR PATH



BUT YOU DO THIS ANYWAY

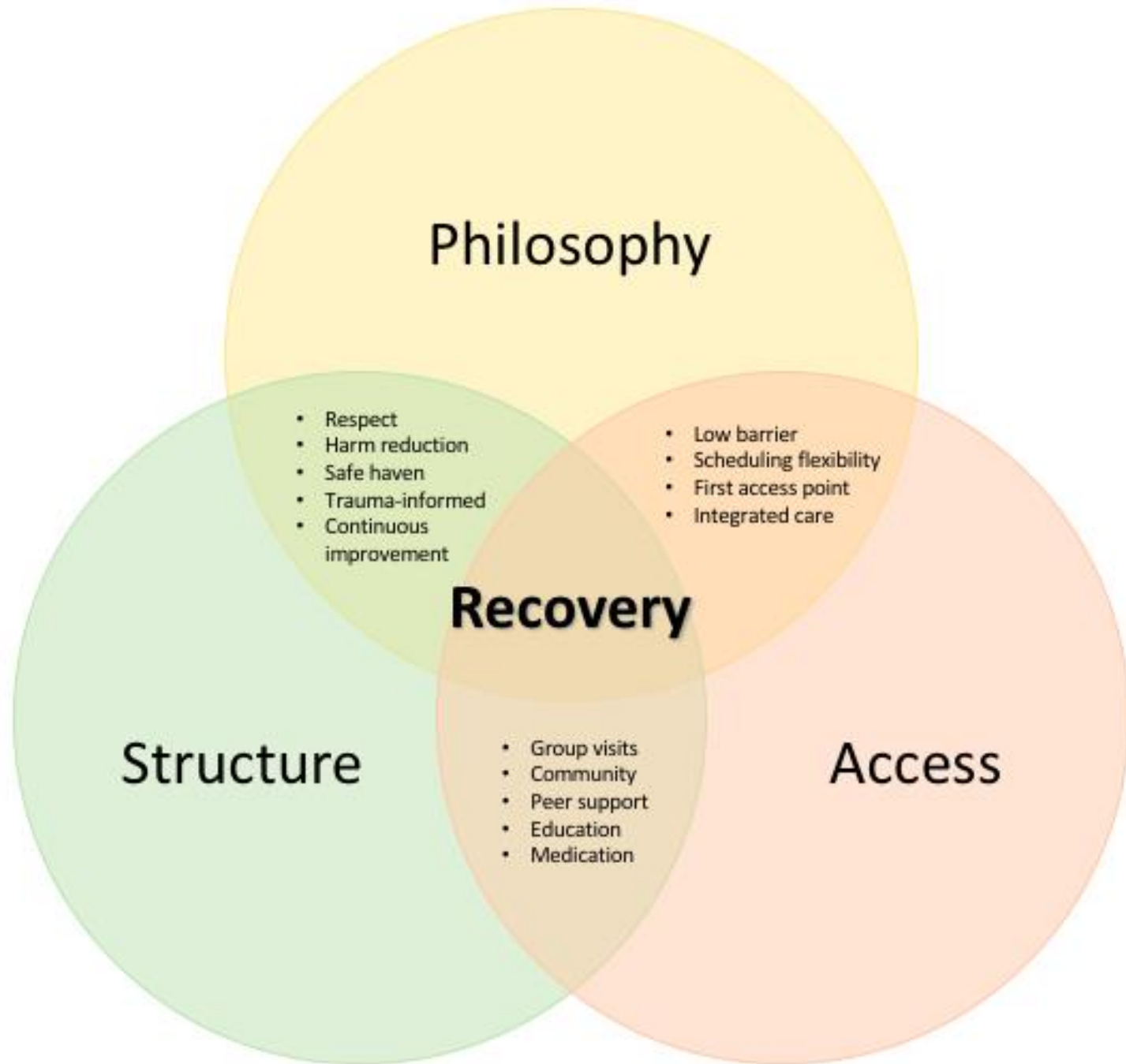
ketchweh

THE FIRST VISIT: OBSTACLES AND OPPORTUNITIES



CORE PRINCIPLES OF ACCESS TO MAT

- Make it easier to get buprenorphine than heroin
- Recognize the impact of trauma on people's coping mechanisms
- Continually adapt the system to the person, not the other way around
- Provide tools and support, do not try to regulate peoples' drug use
- Cultivate compassion and humility
- Work smarter, not harder: set yourself, your system, and your patients up for success!



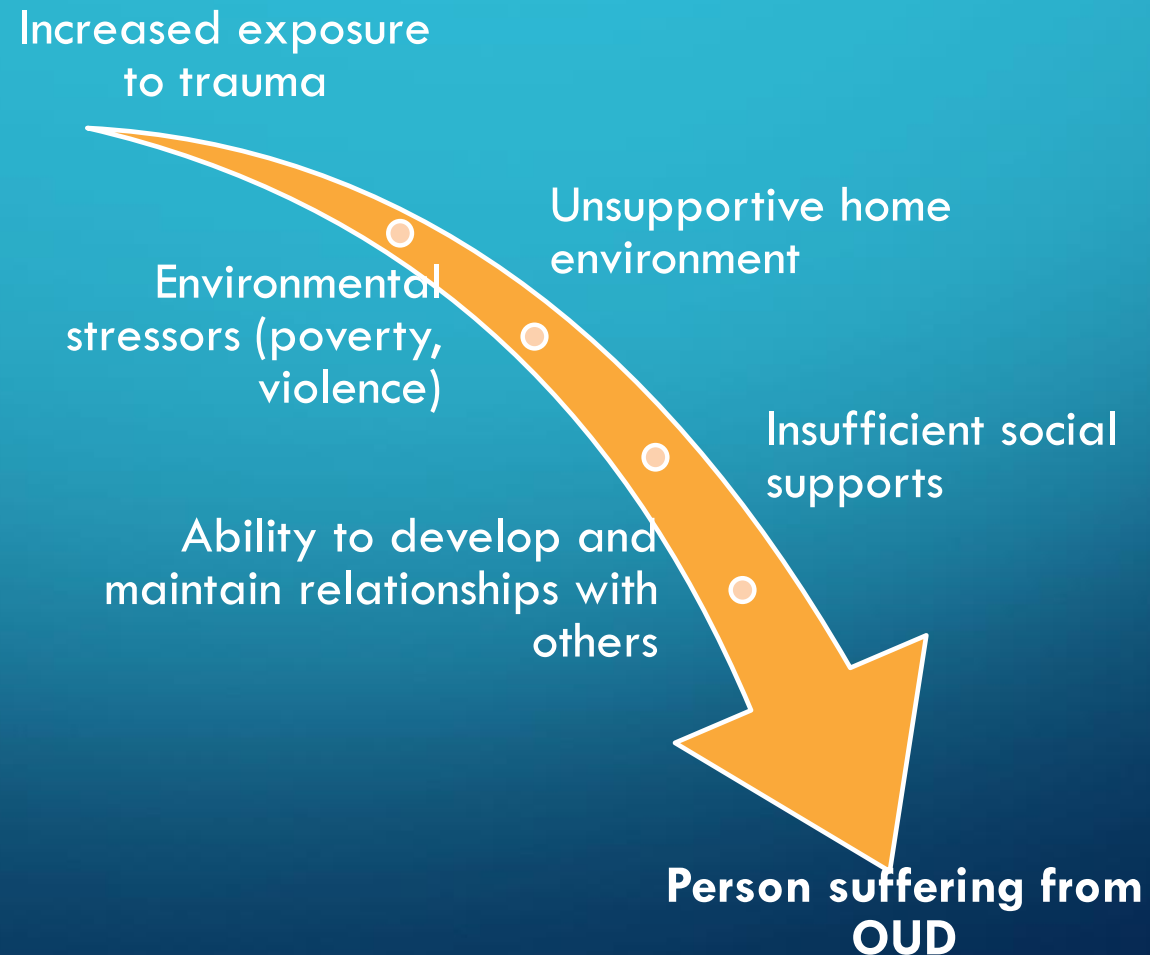
WHAT WE KNOW...



There would be limited to no addiction
w/out trauma

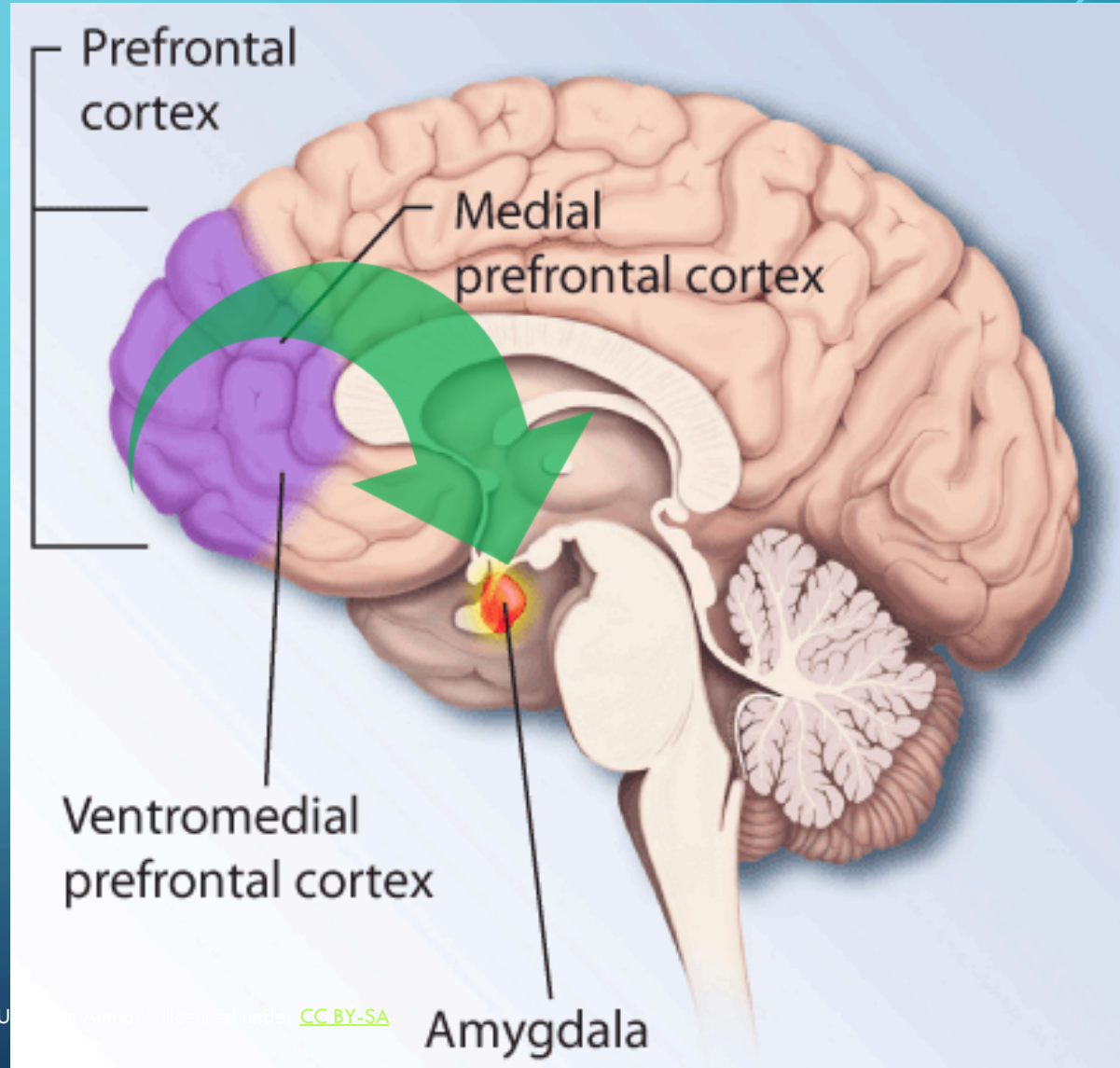
In Philadelphia
communities 69%
report ≥ 1 trauma

PATIENT'S LIFE EXPERIENCES



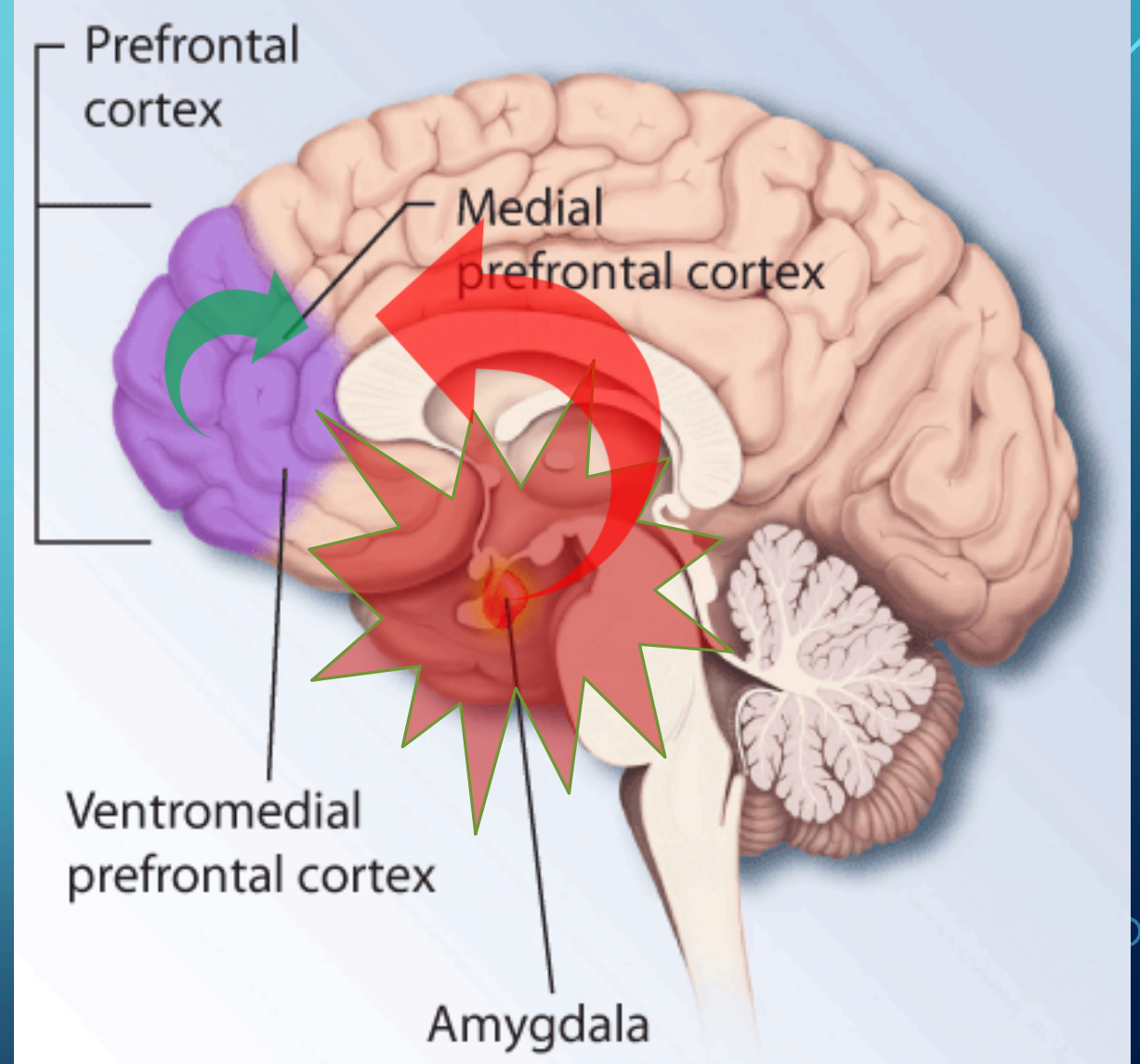
Part of brain	Activity/action
Prefrontal cortex	Center of executive functions Regulates thought, emotions, actions . Promotes flexible, goal-directed behavior Inhibits inappropriate impulses, Supports attention, reality testing, insight REFLECTIVE
Amygdala	Triggers emotional responses Detects whether a stimulus is threatening. REFLEXIVE/REACTIVE
Hippocampus	Center of learning and memory Connects emotion to the context/environment

Healthy Brain with top-down regulation



Part of brain	Effect of opioid use
Prefrontal cortex	<p>Weakens PFC</p> <p>Impaired concentration</p> <p>Weakened impulse control</p> <p>Impaired modulation of emotional reactions</p> <p>Impaired decision-making, Lack of insight</p>
Amygdala	<p>Triggers symptoms of withdraw, anxiety, irritability</p> <p>Leads to drug use to avoid pain, not to get high</p>
Hippocampus	<p>Disrupts hippocampus-dependent learning and memory</p> <p>Can lead to behavioral conditioning</p> <p>Can trigger context-evoked withdraw symptoms, leading to relapse</p>

Addicted brain with bottom up regulation



REMEMBER, BEHAVIOR EXISTS FOR A REASON:

THE PERSON ISN'T DOING IT...

- To irritate you
- To be difficult
- To sabotage a plan
- Because they don't want to get better
- To malingering (mostly)
- Because they are trying to manipulate you (usually)

THE PERSON MAYBE DOING IT....

- Because it's a survival strategy that kept them alive in the past
- They are afraid
- They feel ashamed
- They feel out of control or powerless
- They don't know how to effectively partner with you to get what they want or need

WE CAN HEAL EACH OTHER

- We are more than our trauma
- Our brains can transform
- One interaction can change the trajectory



PATIENT “SUITABILITY”

- Trauma informed care
- Referral to a “higher level of care” can often result in no care
- Have courage, be creative
- Use the UCSF warmline

UCSF CLINICAL CONSULTATION CENTER

[HTTPS://NCCC.UCSF.EDU/](https://nccc.ucsf.edu/)

- Substance use
- Hepatitis C
- HIV
- PEP/PrEP
- Perinatal HIV



CLINICIAN
CONSULTATION
CENTER

HOME INDUCTION

IT  MATTERS™



A Patient's Guide to Starting Buprenorphine at Home



HOME INDUCTION TIPS

People have often tried street buprenorphine with mixed success

Always something to learn for both of you

Review standard dosing vs micro-dosing options

Offer in-office induction if needed

Provide rx for comfort meds: clonidine, loperamide, ibuprofen

Make a tailored follow-up/check in plan



THIS IS NOT
WHAT I
SIGNED UP
FOR: STAFF
SUPPORT

- Trauma informed care training
- De-escalation training
- Regular debriefing

Themes: Philosophy and access (integrated care)

Medical staff: It's a very creative response to a complicated way to provide treatment or to meet the challenges of providing treatment, and to do it in an integrative way. It's already challenging enough to provide medical and behavioral health treatment, but to do it in a way that it's done sort of simultaneously or in an integrated way seems like a really creative approach to ensuring access.

Themes: Philosophy and access (harm reduction, low-barrier)

Frontline staff: What is suboxone, like really? What is it? Because I think it's just another drug to put them on for them to get addicted to... I don't get the purpose. I don't even get the program. I don't get it. I know we's supposed to be nonjudgmental and we're here to help, but how is we really helping?.

Frontline staff: They are trying to help, but they're not really helping because they're enabling them.



URINE DRUG SCREENS

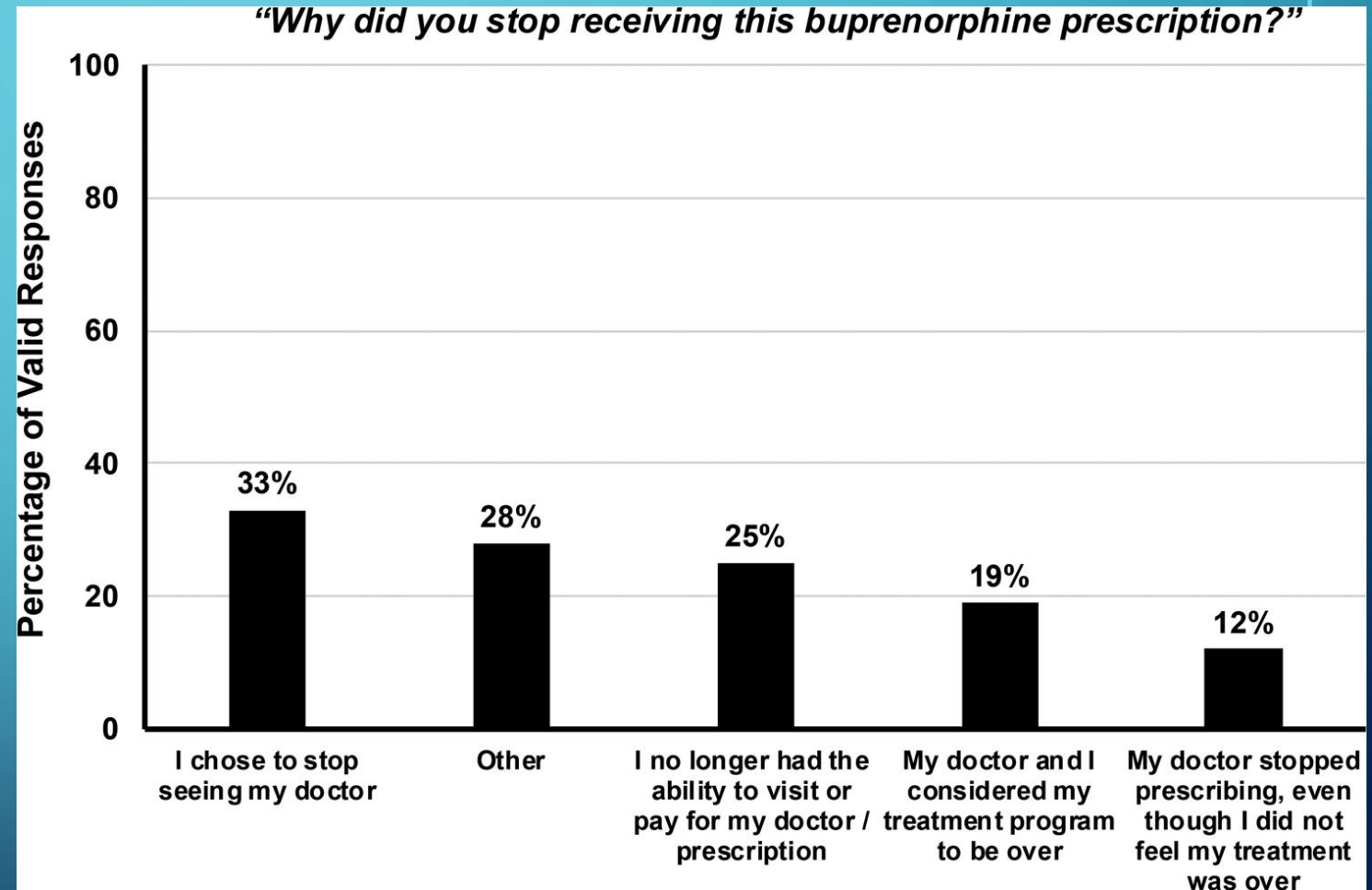
- Observed urine collection can be humiliating and harmful
- "Discretionary" UDS often show racial bias
- Explicit and open conversations
- Dignity preserving options
- This week or next week?
- See handout
- <https://filtermag.org/urine-screen-drug-treatment/>

OF/Quantisal	9/24/19	9/25/19	Diacetylmorphine (Heroin)	83038
OF/Quantisal	9/24/19	9/25/19	Furanyl Fentanyl	3440
OF/Quantisal	9/24/19	9/25/19	Caffeine	32091
OF/Quantisal	9/24/19	9/25/19	Xylazine	123883
OF/Quantisal	9/24/19	9/25/19	Norfentanyl	862
OF/Quantisal	9/24/19	9/25/19	N-methyl Norfentanyl	1011
OF/Quantisal	9/24/19	9/25/19	Benzoylcegonine	3842
OF/Quantisal	9/24/19	9/25/19	Norcocaine	3371
OF/Quantisal	9/24/19	9/25/19	Cocaine	765964
OF/Quantisal	9/24/19	9/25/19	Fentanyl	58118
OF/Quantisal	9/24/19	9/25/19	Acetaminophen (Paracetamol)	3204
OF/Quantisal	9/24/19	9/25/19	Phenacetin	2708
OF/Quantisal	9/24/19	9/25/19	Xylazine	27997
OF/Quantisal	9/24/19	9/25/19	Lidocaine	11474
OF/Quantisal	9/24/19	9/25/19	Chlorpheniramine	2174
OF/Quantisal	9/24/19	9/25/19	4-ANPP	370172
OF/Quantisal	9/24/19	9/25/19	Morphine	317070
OF/Quantisal	9/24/19	9/25/19	Codeine	66586
OF/Quantisal	9/24/19	9/25/19	Cocaine	163136
OF/Quantisal	9/24/19	9/25/19	Acetyl Fentanyl	17859
OF/Quantisal	9/24/19	9/25/19	6-Monoacetylmorphine	599830
OF/Quantisal	9/24/19	9/25/19	Fentanyl	766499
OF/Quantisal	9/24/19	9/25/19	Papaverine	34621
OF/Quantisal	9/24/19	9/25/19	Acetylcodeine	149404
OF/Quantisal	9/24/19	9/25/19	Diacetylmorphine (Heroin)	492442
OF/Quantisal	9/24/19	9/25/19	Furanyl Fentanyl	174520
OF/Quantisal	9/24/19	9/25/19	Phenacetin	4187
OF/Quantisal	9/24/19	9/25/19	Xylazine	2221901
OF/Quantisal	9/24/19	9/25/19	4-ANPP	49577
OF/Quantisal	9/24/19	9/25/19	Morphine	17596

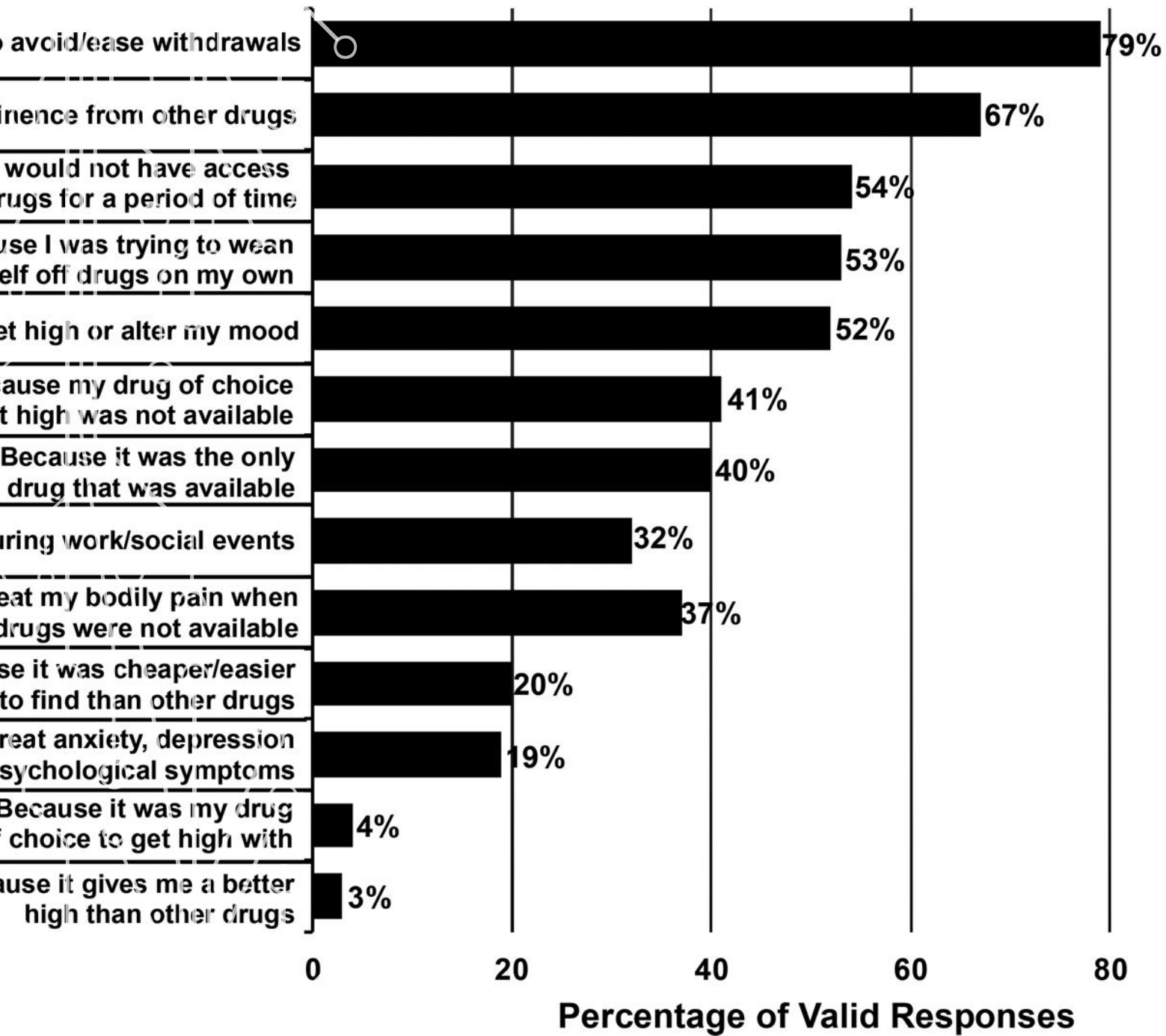
HEROIN CONTAMINATION IN PHILLY

DIVERSION IN THE REAL WORLD

- Cicero et al 2018
- 303 adults with SUD
- 58% reported h/o diverted bupe use
- 37% never had a bupe rx



"Why did you use buprenorphine?"



DIVERSION IN THE REAL WORLD

- 79% to avoid withdraw
- 3% because it gives me a better high than other drugs
- Cicero et al 2018
- Street price of bupe is reportedly lower than heroin



SUBLOCADE

- Auth boss guide
- Patient selection
- Ice and ethyl chloride
- Supplemental bupe



Courtesy: Sublocade.com

MOUD AND COVID19: AN OPPORTUNITY FOR HEALTH AND SOCIAL JUSTICE

- Access
- Extended prescriptions
- Telehealth deregulation
- Infection mitigation
- Adjusting drug testing protocols
- Virtual support options