

2017

MAT for Opioid Use Disorder in Maine

Eliot S. Jia
University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Jia, Eliot S., "MAT for Opioid Use Disorder in Maine" (2017). *Family Medicine Clerkship Student Projects*. 272.
<https://scholarworks.uvm.edu/fmclerk/272>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.

MAT for Opioid Use Disorder in Maine

Eliot Jia

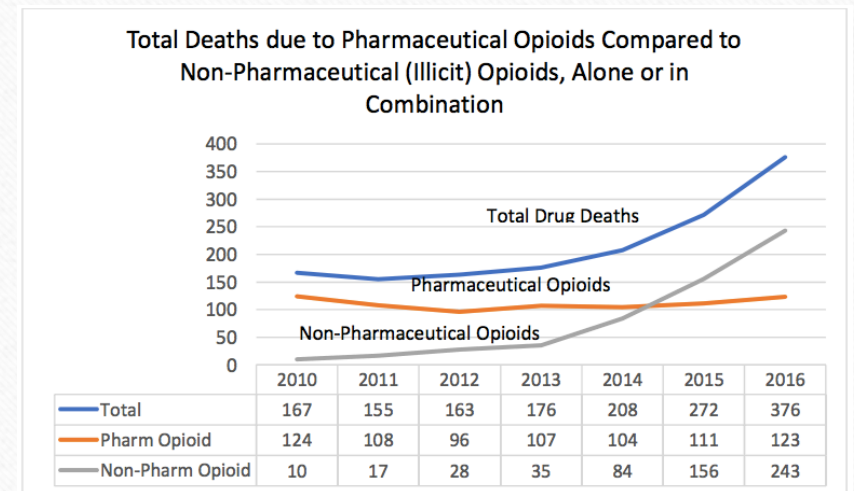
Family Medicine Clerkship, 5/2017-6/2017

Eleanor Widener Dixon Memorial Clinic, Gouldsboro, ME

Preceptor: Dr. Kerry Crowley

The Problem

- There are an estimated 25,000-30,000 people in Maine that want treatment for OUD but do not have access¹
- There are only 215-230 Suboxone providers in Maine, out of approximately 2,000 PCPs¹
- Only 30-35 PCP sites offer MAT out of approximately 500²
- Maine has very high opioid use rate: 60.4 pills per capita in 2014²
- In 2016, Maine had 376 drug-induced deaths:³
 - 84% caused by at least one opioid
 - 38% increase from 2015



Source: Maine Attorney General

Public Health Cost

- Nationwide, OUD related consequences have led to \$56 billion in economic costs⁴
- 2010 estimated cost of substance abuse in Maine was \$1.4 billion⁵
- 2015 report showed Maine's total health care cost from opioid abuse to be \$92,736,966⁶
- 4.15% of prescription pain medication is used non-medically, including 11.29% in the 18-25 demographic⁷

Community Perspective

- Perspectives from several local providers (MDs, NP):
 - “There is definitely a need, and we bear some of the responsibility for the problem. If there were support staff in place to manage counseling, monitoring, urine drug screens etc. I would be more than willing to get waived.”
 - “Time and access are problems- I already have a waiting list of patients.”
 - “I would need more education on how the process [Hub and Spoke] works”
 - “It’s slightly insulting that mid-level providers are required 3x more training to be waived”
- Perspectives from meeting of Downeast Substance Treatment Group
 - “We have to help providers to be comfortable with Suboxone and with the system, so that when relapses happen they can be comfortable that the Hub will be there to support them”
 - “The Suboxone waiver training was actually inspirational and encouraging – I wish there was a way to incentivize the training as all my concerns were addressed during it”

Intervention and Methodology

- Reviewed current situation regarding Suboxone prescribing in state of Maine
- Discussed with several community providers (MDs, NPs) their perspective on barriers that exist to becoming waived to prescribe Suboxone
- Created one page pamphlet including information on:
 - State of the problem and need for MAT
 - Information on Hub-and-Spoke model
 - Process for becoming waived

Results- Handout

Hub and Spoke Model of Care Information for Providers

Problem in Maine:

- There is a major need for providers in Maine that can prescribe buprenorphine, morphine for Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD).
- It is estimated that 25,000-30,000 people in Maine want treatment for OUD but do not have access¹
- There are only 215-230 Suboxone providers in Maine, out of approximately 2,000 PCPs¹
- In 2016, Maine had 376 drug-induced deaths:²
 - 84% caused by at least one opioid
 - 38% increase from 2015

Hub-and-Spoke Model:³

The Hub-and-Spoke model for MAT was created to bring treating patients for addiction disorders in line with the treatment for many other disease processes. Much like primary care offices work together with cardiologists to manage patients with CHF or atrial fibrillation, Hub-and-Spoke allows local providers (spokes) to treat patients that are stable while having back-up and support from addiction specialists at the hubs.

Hubs:

- Staffed by psychiatrist available for consultation
- Assess patients medical and psychiatric needs at intake, determine appropriate treatment placement
- Bidirectional transfer to spokes

Spokes:

- For patients that have been deemed stabilized on MAT at the hub
- Local providers – family practitioners, internists, psychiatrists, obstetricians, pediatricians
- Direct access to hubs for consultations
- Supported by MAT team- 1 RN and behavioral health provider per 100 Medicaid patients

Process:

There are many different options available for online training to receive the waiver to prescribe Suboxone. The requirement is one 8-hour course for MDs/DOs, and one 24-hour course for NPs/PAs. See below for several options:

- American Society of Addiction Medicine
 - Apply online: <http://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>
 - Mobile App: <http://store.samhsa.gov/apps/mat/>
 - Resources: <https://www.asam.org/education/live-online-cme/buprenorphine-course/content-handouts>
- Providers' Clinical Support System for Medication Assisted Treatment
 - Apply online: <http://pcssmat.org/education-training/mat-waiver-training/>
 - Free training for MDs/DOs/NPs/PAs
 - Offers many other CME courses, webinars, mentorship for MAT
- American Academy of Addiction Psychiatry
 - Apply online: <http://www.aaap.org/education-training/buprenorphine/>
 - \$124 for members, \$196 for non-members

1. <http://www.pressherald.com/2017/01/08/hurdles-dissuade-doctors-from-providing-suboxone/>

2. Maine Attorney General's Office. *Expanded Maine Drug Death Report for 2016*. <http://www.maine.gov/ag/news/article.shtml?id=741243>, Accessed May 2017.

3. Brooklyn, J.R., and Sigmon, S.C. (2017). Vermont Hub-and-Spoke Model of Care For Opioid Use Disorder: Development, Implementation and Initial Findings. *Journal of Addiction Medicine*, 19(1), 1-10.

Evaluation of Effectiveness/Limitations

- This pamphlet was meant to be an educational/informational source for providers considering obtaining waivers for prescription of Suboxone.
- It was well received by the leaders of the Downeast Substance Treatment Group and Maine Coast Memorial Hospital associated PCPs at their weekly meeting
- Evaluating effectiveness of pamphlet could include:
 - Monitoring what clinics receive pamphlet and how rates of obtaining Suboxone waiver compare to clinics that do not receive pamphlet
 - The overall goal is to increase the number of Suboxone providers in this region, so seeing an actual increase would be a good measure of effectiveness
- Limitations include:
 - Only addressing the process of getting waived, there is need for education on how the entire program works
 - Currently only in paper form- having electronic version will allow providers to click links to directly access training sites

Recommendations for Future Projects

- Future projects could delve into other barriers identified by providers including:
 - Need for support staff
 - Education on Hub-and-Spoke model
- There will also certainly be challenges that come up during implementation of Hub and Spoke in Maine that will need to be addressed, including:
 - Patient access to counseling
 - Patient awareness of program

Bibliography

1. Lawlor, Joe. "Barriers discourage Maine doctors from providing Suboxone to opioid addicts". *Portland Press Herald*. January 8, 2017. <http://www.pressherald.com/2017/01/08/hurdles-dissuade-doctors-from-providing-suboxone/>. Accessed June 2, 2017.
2. Letourneau, L. (2016). "Webinar: 6 Things Clinicians Can Do to Help Solve Maine's Opioid Crisis". https://www.mainequalitycounts.org/image_upload/6%20Things%20Clinicians%20Can%20Do%20Opioid%20Crisis_LLetourneau_02-02-16v2.pdf. Accessed June 2, 2017.
3. Maine Attorney Generals Office. *Expanded Maine Drug Death Report for 2016*. <http://www.maine.gov/ag/news/article.shtml?id=741243>. Accessed May 2017.
4. Brooklyn, J.R., and Sigmon, S.C. (2017). Vermont Hub-and-Spoke Model of Care For Opioid Use Disorder: Development, Implementation, and Impact. *J Addict Med*. 00(00), 1-7. DOI: 10.1097/ADM.0000000000000310.
5. Sorg, Marcella H. and Wren, Jamie A., "The Cost of Alcohol and Drug Abuse in Maine, 2015" (2010). Health & Public Safety. 1. http://digitalcommons.library.umaine.edu/mcspc_healthsafety/1. Accessed June 2, 2017.
6. Matrix Global Advisors. "Health Care Costs from Opioid Abuse: A State-by-State Analysis". April 2015. https://drugfree.org/wp-content/uploads/2015/04/Matrix_OpioidAbuse_040415.pdf. Accessed June 2, 2017.
7. SAMHSA. "State Estimates of Nonmedical Use of Prescription Pain Relievers". January 8, 2013. <http://www.samhsa.gov/data/sites/default/files/NSDUH115/NSDUH115/sr115-nonmedical-use-pain-relievers.htm>. Accessed June 2, 2017.