The Number Needed to Prescribe - What Does it Take to Expand Access to Buprenorphine?

This is a perspective piece in the New England Journal of medicine that describes a primary care physician's experience (Dr. Elisabeth Poorman) with the treatment of opioid use disorder (OUD), starting from graduating medical school to her practice today. As Dr. Poorman highlights, "the **number needed to treat** to prevent one death from OUD is less than three. But it will take a much more concerted effort by our schools, training programs, institutions, and medical socities to attain the **number needed to prescribe**."

Click for the Article

MAT Lunch Hour: Peer Navigation and Leadership Models

Join us for the next MAT Lunch Hour to network, collaborate, and discuss, which are now occurring monthly!

The next forum will feature **Heather Ogden** from the National Center for Advocacy and Recovery for Behavioral Health**,** who will be speaking about the role of peer navigation and related models of care to help patients with SUD on the road to recovery.

Next Forum: Wednesday, May 26th, 12 - 1pm

Register Here

ECHO: Alternative Buprenorphine Induction Strategies

If you missed any of the previous MAT or continuous quality improvement ECHO sessions, they are posted on our **Northern COE Website webinar archive**. Please note that you are only able to receive CE credits by attending LIVE ECHO sessions.

Substance Use Disorders ECHO

The next ECHO session is on Friday, June 4th
12 - 1pm

Topic: Alternative Buprenorphine Induction Strategies

This ECHO program will provide you information on recent strategies to induct patients on buprenorphine during the age of fentanyl to reduce the risk of precipitated withdrawal.

Do you have a patient or client you would like to present to the panel to receive recommendations and suggestions for management? Please click here to email your question(s) or scenario(s).

Register Here

Next Navigator Support Event: June 16th from 12 - 1pm

Similar to MAT Lunch hours, Navigator Support Events are ongoing opportunities that occur every two months for OBAT navigators to continue learning through de-identified patient cases, discussion of patient engagement strategies, and sharing of updated resources about relevant topics.

Register Here

Switching Pharmacies Leads to Gaps in Medication Possession in Individuals Treated with Buprenorphine

Recent literature shows that not all pharmacies stock buprenorphine, which is another barrier to accessing buprenorphine beyond prescribing. This is a retrospective study of 13,375 patients identified to have initiated treatment with buprenorphine for OUD from the 2016-2018 Texas Prescription Monitoring Program to see whether "switching pharmacies" resulted in a gap in medication possession of 7 days or longer. It finds that nearly 30% switched pharmacies at least once and over 50% did so more than once, and many did so within the first month. It also finds that amongst those who switched, there was a statistically significant likelihood of these patients having a gap in therapy of between 7-29 days. Therefore, efforts to ensure access to buprenorphine while understanding the rationale for switching pharmacies, which may include stock issues related to allocation of controlled substances, are important to reduce these gaps that can lead to mortality from OUD.

Click for the Abstract

An Investigation of How and Why Patients Use Non-Prescribed Buprenorphine as an Alternative to Formal Treatment

Here is additional literature to investigate how and why people use non-prescribed buprenorphine as an alternative to receiving buprenorphine formally (please refer to **Issue #9** for the previous article discussing this topic). This qualitative study also conducted semi-structured interviews with patients

at harm reduction agencies who used buprenorphine and the three main reasons that drove the use of prescribed vs. non-prescribed buprenorphine were 1) autonomy, 2) treatment goals, and 3) negative early experiences with non-prescribed buprenorphine. This study supports previous studies that show people use non-prescribed buprenorphine to treat withdrawal symptoms, suggesting that there may also be an unmet need to ensure that patients are maintained chronically on buprenorphine. Having a patient-centered approach, supporting patient autonomy, and assuring patients that long-term treatment with buprenorphine is evidence-based is important to help patients understand that treating OUD is not just about treating withdrawal as it occurs, but also about allowing the brain to heal, which requires long-term and chronic treatment with MOUD.

Click for the Abstract

Patterns of Patient Discontinuation from Buprenorphine/Naloxone Treatment for Opioid Use Disorder: A Study of a Commercially Insured Population in Massachusetts

Literature has shown that the rate of discontinuing buprenorphine is high amongst those with Medicaid. This is a study that examines the patterns and rationale for discontinuing buprenorphine in patients who are **commercially insured**. Using a retrospective observational analysis, it defines treatment discontinuation as a gap of 60 continuous days without a prescription for buprenorphine within 24 months of initiating buprenorphine. It finds that 75% of patients had stopped treatment within 2 years of starting treatment, and the median time to stopping treatment was 300 days, meaning that half of the patients are no longer on buprenorphine even before one year. Significant opportunities exist to identify strategies to ensure patients retain on treatment longer even amongst those commercially insured, given that OUD is chronic and lifelong.

Click for the Abstract

Low-Dose Buprenorphine Initiation in Hospitalized Adults With Opioid Use Disorder: A Retrospective Cohort Analysis

This is a retrospective cohort study of patients with OUD seen by an inpatient-based addiction consult service who were given buprenorphine using a microdosing approach between July 2019-July 2020. The rationale for microdosing included those with co-occurring pain (92%), patient anxiety about withdrawal (69%), history of precipitated withdrawal (10%), and opioid withdrawal intolerance (7%). Of the 72 microdosing initiations, 50 were completed in the hospital, 9

finished completion as an outpatient, and 13 were stopped early. It concludes that microdosing is a versatile approach to inducting patients on buprenorphine, providing practical considerations for providers.

Click for the Abstract

The Integrating Medications for Addiction Treatment (IMAT) Index: A Measure of Capability at the Organization Level

This is a recently published article that evaluated the IMAT Index, a **team-based assessment tool** to help support the integration of addiction medicine within primary care settings. There are 7 dimensions within the index along with specific items within each dimension to rate from 1-5:

1) Infrastructure
2) Clinic Culture and Environment
3) Patient Identification and Initiating Care
4) Care Delivery and Treatment Response
5) Care Coordination
6) Workforce
7) Staff Training and Development

Practices completed the IMAT at baseline and at 9-month follow-up to help guide the implementation of MOUD in their practices. Changes in these scores from these time periods significantly predicted the ability to treat more patients on MOUD, and can help identify improvements necessary for quality improvement. The tool was also able to differentiate between start-up and existing programs.

Click for the Abstract

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