

Patient Engagement Learning Series

Nurse Care Manager Model for the Treatment of Substance Use Disorder

Thursday, April 29, 2021 at 3:00 pm Eastern Time



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate

Disclaimer

Through the Patient Engagement Learning Series, we intend to create a space where providers, community advocates, and patient representatives can engage thoughtfully on challenging topics surrounding patient care. We commit to providing evidence-based data and research to support all content presented.

We believe that addressing this topic aligns with the aims of the Learning Series and is therefore integral to our discussion. We welcome your feedback to continue guiding our content development.

Funding for this webinar has been provided to the National Nurse-Led Care Consortium through the Patient-Centered Outcomes Research Institute (PCORI) Contract Number 14507. Contents are solely the responsibility of the authors and do not necessarily represent the official views of PCORI.

National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care and public health nursing.

- Policy research and advocacy
- Program development and management
- Technical assistance and support
- Direct, nurse-led healthcare services

Speakers



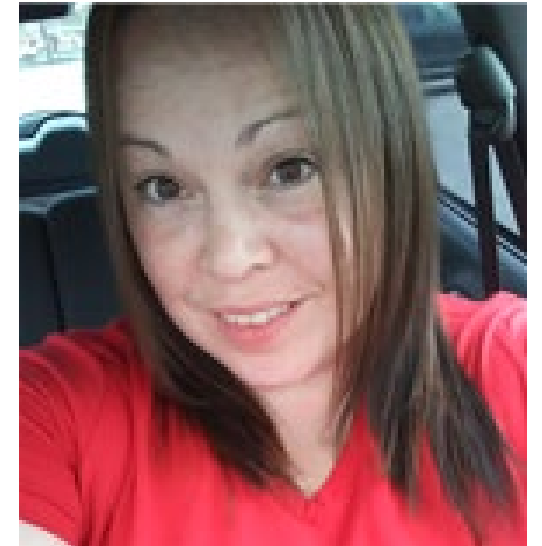
Kristin Wason, MSN, NP-C, CARN

Nurse Practitioner and Clinical Nurse Educator
for the OBAT TTA program at Boston Medical
Center and Boston University School of Medicine



Jillian Bird, MSN, RN

Nurse Training Manager
National Nurse-Led Care Consortium



Shelley Bastos

Patient Representative
Public Health Management Corporation

Objectives

- Participants will identify at least two barriers to access of medications for opioid use disorder
- Participants will explore the role nurses may play in providing care to persons with substance addiction
- Participants will discuss the benefits of collaborative care teams in caring for persons with substance use disorder(s)

Panel Discussion



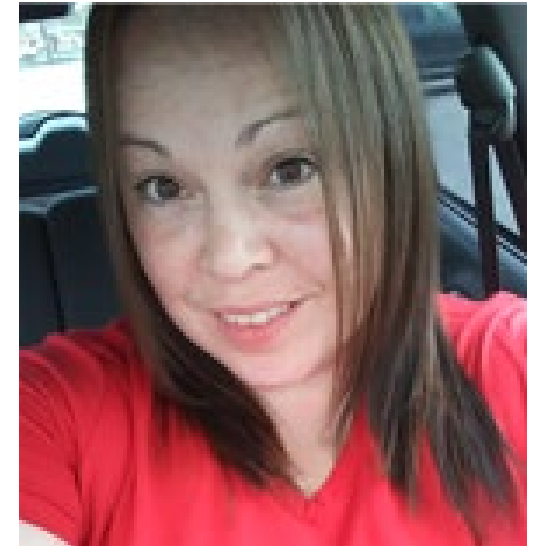
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Pop Up Question

Are you aware of bias in medical care when it comes to SUD treatment? Can you name an example of what you see in your own practices? Or have heard of?

Leveraging Nurses to Expand Access to Treatment for Opioid Use Disorder: Massachusetts Nurse Care Model of Office Based Addiction Treatment

NATIONAL NURSE-LED CARE CONSORTIUM

Kristin Wason, MSN, AGPCNP, CARN

Boston Medical Center, Boston University School of Medicine

April 29, 2021



Opioid
Response
Network
STR-TA

Working with communities to address the opioid crisis.

- ✧ I have no personal financial conflicts to disclose.
- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the Opioid Response Network to assist STR grantees and other organizations by providing the resources and technical assistance needed to address the opioid crisis.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants to communities and organizations to help address the opioid public health crisis.
- ✧ The ORN accepts requests for education and training resources.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



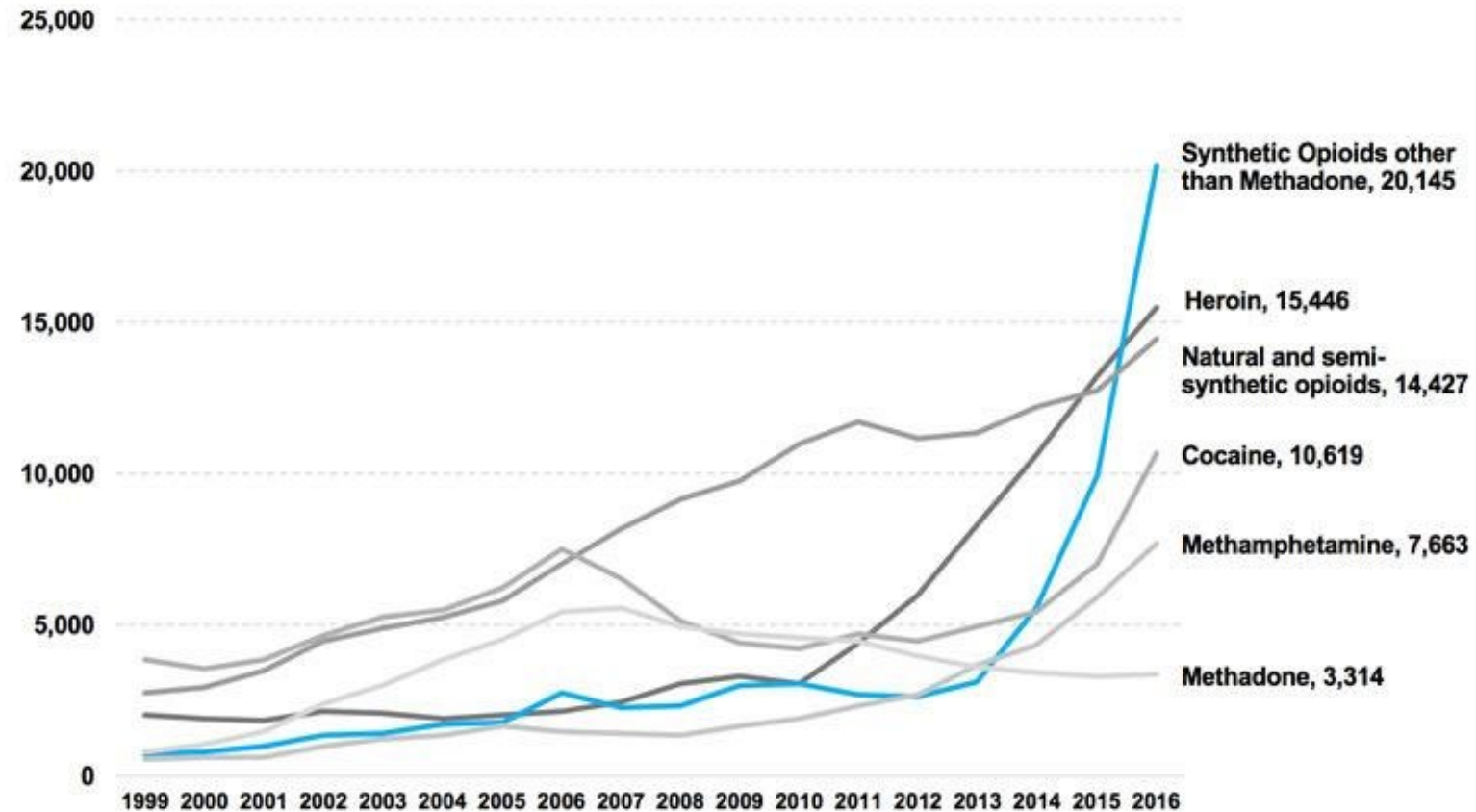
Agenda

- ✧ Background: Brief Epidemiology, Laws/regulations, Identified Barriers
- ✧ Overview of the Nurse Care Manager Model of Office Based Addiction Treatment (OBAT)

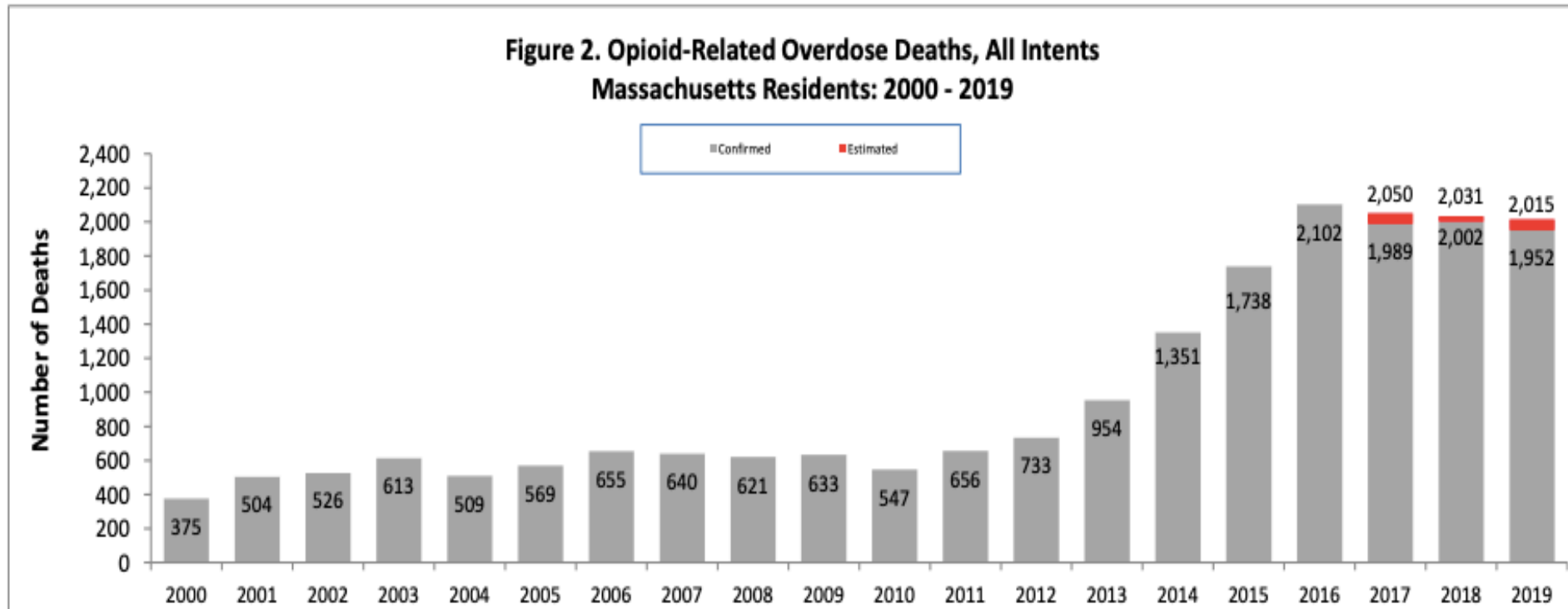


Evolving Epidemic

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



Background



Relevant Recent Legislation

DATA 2000

- ✧ Amendment to 1970 Controlled Substances Act.
- ✧ Allowed qualified physicians to prescribe FDA-approved schedule III, IV, V medications, for maintenance or detoxification treatment of OUD.
- ✧ Medications and practitioner must meet certain requirements.
- ✧ Buprenorphine only medication currently approved.

CARA 2016

- ✧ Expanded DATA 2000 prescriptive authority to include NPs and PAs.
- ✧ Expanded access to naloxone.
- ✧ Strengthened Prescription Drug Monitoring Programs.
- ✧ Expanded evidence-based opioid use disorder treatment and MOUD.

SUPPORT 2018

- ✧ Expanded DATA 2000 prescriptive authority to include CRNAs, CNMs and CNS providers

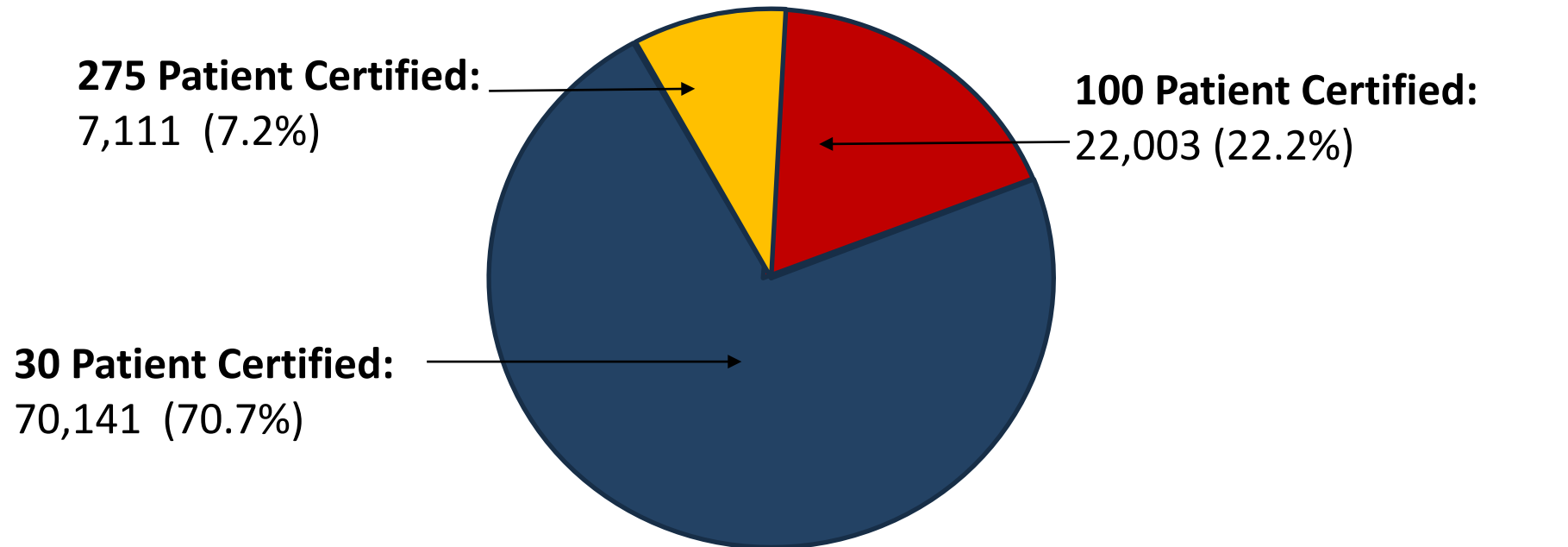


DATA 2000 – Practitioners Requirements

- Licensed provider with DEA Registration
- Subspecialty training in addictions or completion of an 8-hour course
 - APPs required to complete 24hrs specialized training
- Registration with SAMHSA and DEA
- Must affirm the capacity to refer patients for appropriate counseling and ancillary services
- Must adhere to patient panel size limits



Waivered Buprenorphine Prescribers: 2021



Total 99255
(SAMSHA, 4/2021)

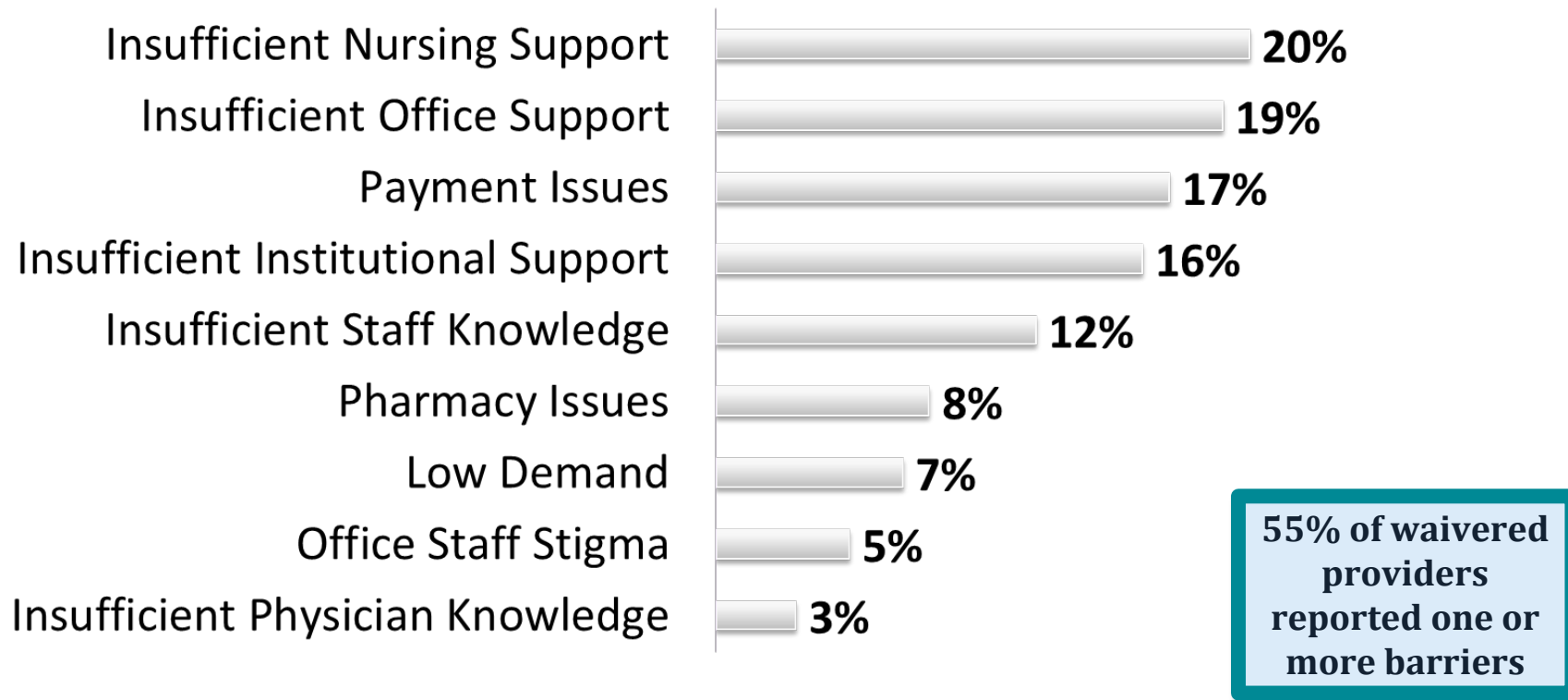
44% to 66% prescribe buprenorphine, majority don't prescribe to maximum patient limit.

Hutchinson, 2014



Barriers to Prescribing Buprenorphine in Office-Based Settings

N=156 waived physicians; 66% response rate among all waived in MA as of 10/2005



Source: Walley et al. *J Gen Intern Med.* 2008; 23(9): 1393-1398.



Nurse Care Manager Model

Office Based Addiction Treatment Model

- ✧ Evidence-based model of care to treat substance use disorders
- ✧ Addiction trained and specialty licensed providers treating substance use disorders within an office based setting with the help of a “glue person”
- ✧ Patient-centered, utilizing medication for addiction treatment
 - Buprenorphine &/or naltrexone formulations



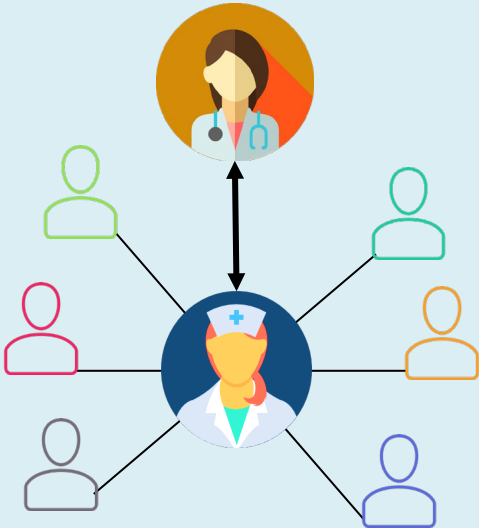
BMC's Office Based Addiction Treatment (OBAT) Model

- ✧ Collaborative Care / Nurse Care Manager Model developed at Boston Medical Center
 - Nurse care managers (NCMs) work with providers to deliver outpatient addiction treatment with buprenorphine and naltrexone
 - NCM is the primary point of contact for the patient throughout treatment
- ✧ More recently dubbed by SAMHSA as the “Massachusetts Model”



Nurse Care Manager Model for OBAT

Nurse Care Managers increase patient access to treatment and retention in care



Alford, D. P., LaBelle, C. T., Kretsch, N., Bergeron, A., Winter, M., Botticelli, M., & Samet, J. H. (2011). Collaborative care of opioid-addicted patients in primary care using buprenorphine: five-year experience. *Archives of internal medicine*, 171(5), 425-431.

- ✧ NCM role includes:
 - Medical Case management
 - Brief counseling/MI, social support, patient navigation
- ✧ NCMs working at full scope of license:
 - Provide Substance Use Disorder treatment oversight: assessment, education, initiation
 - Assist with Insurance issues, prescription/pharmacy issues
 - Address medical needs
 - Concrete service support: legal/ social/ safety/housing
 - Emergency Contact: Direct Connection to NCM



Treatment Philosophy

A substance use disorder is a chronic medical condition that responds best when treated with evidence-based, patient-centered, ongoing, comprehensive medical care.

We strive for lowest possible barrier, treatment on demand

The goals of treatment include:

- cessation or reduction in harmful substance use
- active participation and engagement in treatment,
- restoration physiologic functions and
- improvement in one's quality of life.



Nuts and Bolts NCM model of OBAT

- Initial screening with medical assistant or OBAT nurse
- Nurse: Intake with education, labs, treatment agreements, consent forms
- Provider: Physical Exam, confirms DSM 5 Substance Use Disorder and appropriateness for treatment in specified setting
- Nurse: oversees medication initiation and titration
- Nurse: follow-up visits: weekly, biweekly, monthly
- Provider visits every 4 months or sooner as needed



NCM Follow up Visits



- ✧ Assess and address recurrent substance use
- ✧ Assess medication adherence and effectiveness
- ✧ Provide ongoing education: medication administration, harm reduction strategies, overdose prevention and reversal
- ✧ Assess counseling, peer support, self-care
- ✧ Arrange for psychiatric evaluation with follow up as needed.
- ✧ Medical issues: HIV, HCV, routine health maintenance, acute needs.
- ✧ Family Planning.
- ✧ Social supports: housing, employment, family, friends.
- ✧ Labs as clinically indicated, including UDS
- ✧ **Support the recovery process and build trust**



Collaborative Care of Opioid-Addicted Patients in Primary Care Using Buprenorphine Five-Year Experience

Daniel P. Alford, MD, MPH; Colleen T. LaBelle, RN; Natalie Kretsch, BA; Alexis Bergeron, MPH, LCSW; Michael Winter, MPH; Michael Botticelli, MEd; Jeffrey H. Samet, MD, MA, MPH

- ❖ Patients treated for opioid use disorder with collaborative care between nurse care managers and generalist physicians in an urban academic primary care practice.
- ❖ From September 1, 2003, through September 30, 2008, 408 patients with opioid addiction were treated with buprenorphine.
- ❖ Examined patient characteristics, 12-month treatment success (ie, retention or successful taper after 6 months), and toxicology screens.



Table 2. Treatment Outcomes at 12 Months of 382 Opioid-Dependent Patients Entering Office-Based Opioid Treatment in Primary Care

Outcome	Patients, No. (%)
Successful treatment	196 (51.3)
Treatment retention	187 (49.0)
Successful taper after 6 months of adherence	9 (2.4)
Unsuccessful treatment	162 (42.4)
Lost to follow-up	113 (29.6)
Nonadherence despite enhanced treatment	46 (12.0)
Administrative discharge due to disruptive behavior	2 (0.5)
Adverse effects of buprenorphine hydrochloride	1 (0.3)
Transfer to methadone hydrochloride treatment program	24 (6.3)
Of patients remaining in treatment at 12 months, 154 of 169 (91.1%) were no longer using illicit opioids or cocaine based on urine drug test results.	



BMC's NCM OBAT Model: 5-Year experience

- ✧ Patient-level outcomes comparable to physician-centered approaches
- ✧ Efficient use of physician time allows focus on patient management (e.g., dose adjustments, maintenance vs taper)
- ✧ Improved access to OBAT and daily management of complex psychosocial needs (e.g., housing, employment, health insurance)
- ✧ Open communication between NCM and other providers including behavioral health improved adherence



EXPANSION of BMC OBAT MODEL to Massachusetts CHCs

- ❖ In 2007 State Technical Assistance Treatment Expansion (STATE) OBAT Program created to expand BMC model to community health centers (CHCs) across MA
 - Federally qualified health centers mandated by Public Health Service Act to: Provide mental health and substance use treatment, and to measure services for effectiveness and quality
- ❖ Program started with 14 CHCs. Has expanded to over 40 sites across Massachusetts and to many health care organizations nationwide, including via a NIDA-funded clinical trial in six health systems, the PRimary Care Opioid Use Disorders Treatment (PROUD) Trial.



¹. Public Health Service Act (PHS) 42 U.S. Code, Chap. 6A, § 254b

State OBAT INITIATIVE in CHCs: Project Goals

ACCESS

Expand treatment & access to buprenorphine

- Increase number of waived physicians
- Increase number of individuals treated for opioid addiction
- Integrate addiction treatment into primary care settings

DELIVERY

Effective delivery model for buprenorphine

- Modeled after BMC's Nurse Care Manager Program
- Focus on high risk areas, underserved populations

SUSTAINABILITY

Post-program funding

- Develop a long-term viable funding plan
- Collect & analyze outcomes data



STATE OBAT INITIATIVE: Expansion of NCM Model to CHCs



Office-Based Opioid Treatment with Buprenorphine (OBOT-B): State-wide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers

Colleen T. LaBelle, B.S.N., R.N.-B.C., C.A.R.N. ^{a,b,*}, Steve Choongheon Han, B.A. ^b,
Alexis Bergeron, M.P.H. L.C.S.W. ^a, Jeffrey H. Samet, M.D., M.A., M.P.H. ^{a,b,c}

J Subst Abuse Treat. 2016;60:6-13.

First 5 years of STATE OBAT outcomes:

- ✧ All 14 CHCs in MA successfully initiated OBAT
- ✧ Physicians “waivered” increased by 375%, over the 3 years
- ✧ Annual admissions of OBAT patients to CHCs increased from 178 to 1,210
- ✧ 65.2% of OBOT patients enrolled in FY 2013/2014 remained in treatment \geq 10 months



Candidates for OBAT NCM Treatment

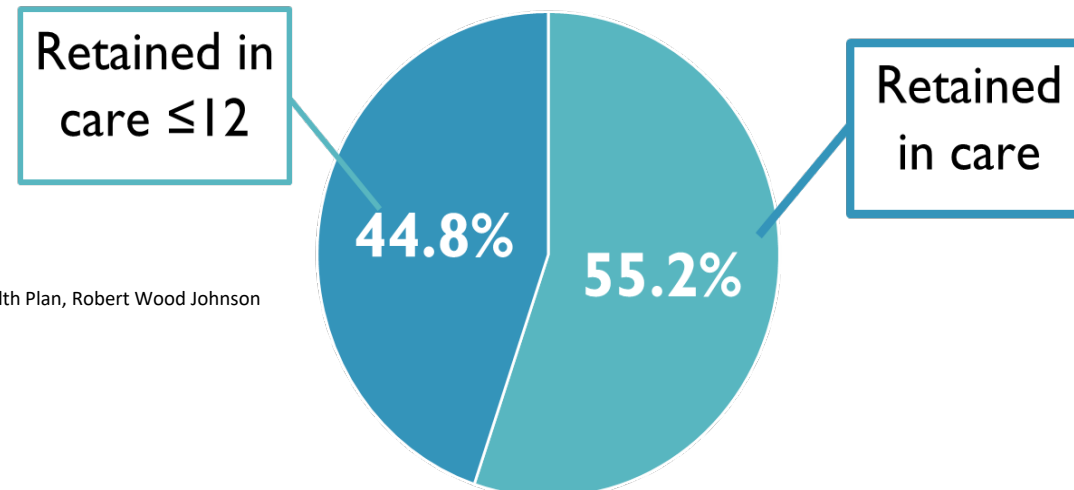
- ✧ Patient must have a *DSM-5* diagnosis of Substance Use Disorder
- ✧ Full agonist opioid is not needed.
- ✧ Appropriate for treatment in specified setting
- ✧ Patient should be willing to address use of other harmful and/or illicit substances.

If unable to meet the patient's needs: assist in referring the patient to another treatment setting.



NCM Model of OBAT is Valuable

- ✧ Medicaid medical costs decreased by 33 % over 3 years following engagement in treatment.
 - Improved patient outcomes.
 - Decline in expenditures: hospitals, emergency department visits, inpatient stays and outpatient services.
 - For patients engaged in care >12mos, 90% with toxicology negative or illicit substances.



Alford DP, LaBelle CT, Kretsch N, et al. *Arch Int Med*. 2011;171:425-431

Walter, L. et al (2006). Medicaid Chemical Dependency Patients in a Commercial Health Plan, Robert Wood Johnson Foundation, Princeton, New Jersey

Schwartz et al. *American Journal of Public Health*. 2013; 103(5): 917-922



OBAT Expansion to Specialty Populations



TOPCARE
(Transforming Opioid Prescribing in Primary Care)



Patient Testimonials

Recovery means
to be honest, treat
myself and others
the right way, and
to live myself

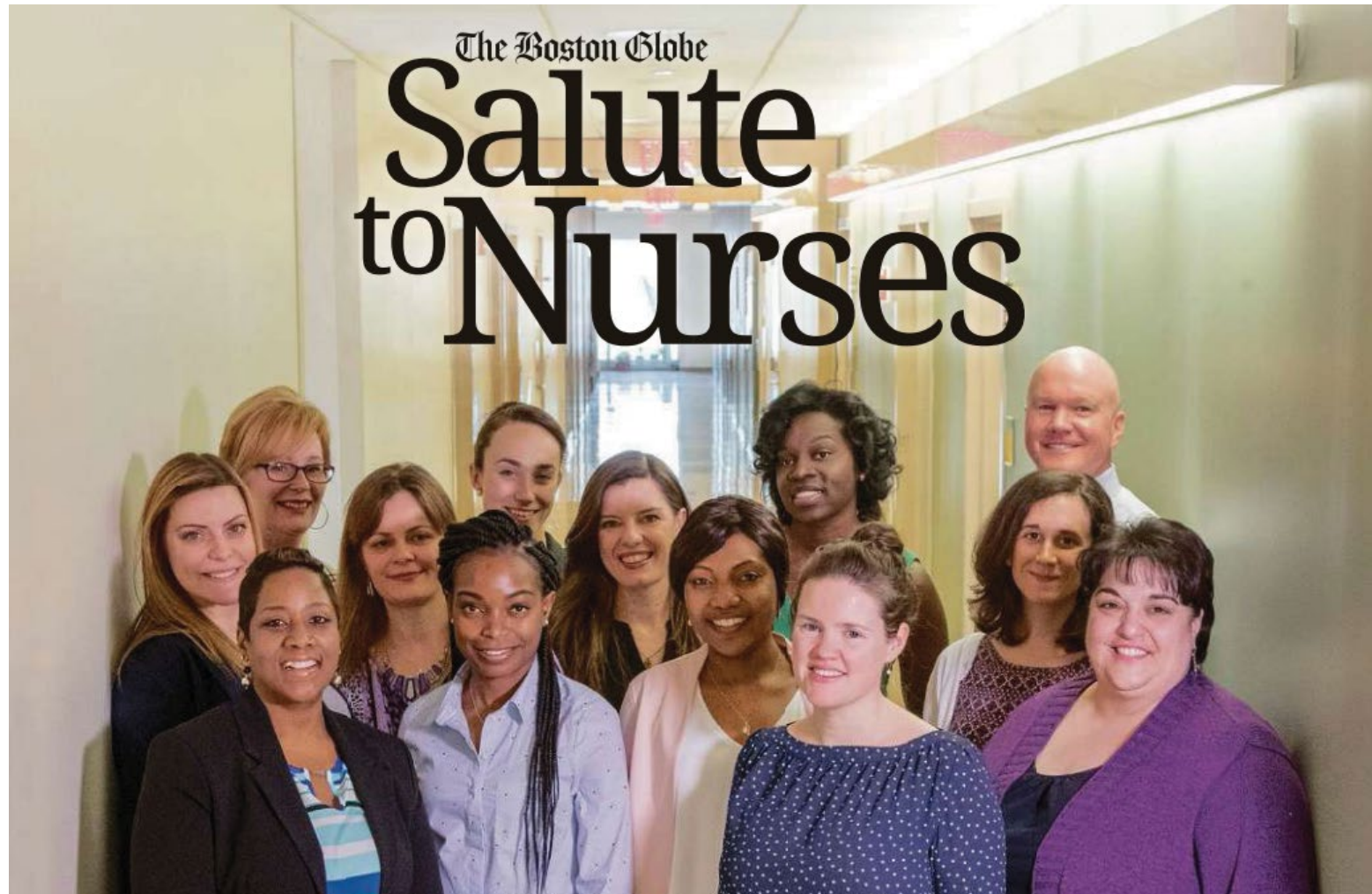
Clean Life
is way
Better
12 yrs

This place
here is
my oxygen
tank.

My children thank
the nurses & MD's
for seeing to it that
their mom stay Healthy
& Drug free!!!
-God Bless!!
xob

You Don't have
to be alone
Any more





Summary

- ✧ BMC's NCM OBAT model has been proven to be an efficient and effective utilization of waived prescribers
 - ✧ Improves patient access to lifesaving medical care
 - ✧ Sustainable reimbursement model as providers are able to carry caseload of highly complex patients with SUD and co-morbidities
- ✧ Model shows scalability, patient engagement, and improved health outcomes
 - Patients served in CHCs increased 9,312 % in a 10 year period
 - Over half of patients engaged in care >12 months
 - Patients in treatment >12 mos had lower health care utilization and fewer toxicology screens positive for illicit substances

This collaborative care model facilitates extremely rewarding work for nurses and providers!





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Key Resources



<https://www.bmcobat.org/>



Providers
Clinical Support
System

<https://pcssnow.org/>



<https://opioidresponsenetwork.org/>



<https://amersa.org/>



Key Resources



<https://www.samhsa.gov/>



<https://www.asam.org/>



<https://harmreduction.org/>



<https://www.scopeofpain.org/>



**Join one of our OBAT TTA Chat Lives and LEARN
FROM A COMMUNITY OF SUD caregivers across
THE US!**



- **Nurse Chat Live:**

- 1st Thursday of every month 1p-2p EST

- **Social Work Chat Live:**

- 4th Monday of every month 12p-1p EST

- **Recovery Coach Chat Live:**

- 2nd Tuesday of every month 2p-3:30p EST



Contact the STR-TA Consortium

✧ To ask questions or submit a technical assistance request:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Pop Up Question

As a nurse or NP do you feel prepared to work with individuals in recovery? Or in active addiction? Why or why not?

Discussion



PCORI NP Interest Survey

We want to hear from NPs! The National Nurse-Led Care Consortium (NNCC) is conducting a national survey to inform us on the impact of COVID -19 on NP provided office-based SUD treatment.

[Click here if interested](#)

Participants will be entered into a raffle to win one of ten \$25 gift cards.



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