Workgroup

Managing Opioid Use Disorder

U.S. Department of Veterans Affairs
Veterans Health Administration
Health Services Research & Development Service

Strategies to Improve
OPIOID SAFETY

Effective Management of Pain and Addiction:
Strategies to Improve Opioid Safety
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Priority Questions

1. What are the barriers and facilitators to implementing Medications for OUD (MOUD)?
2. What is the minimum monitoring necessary for effective OUD treatment?
3. What is the comparative effectiveness of psychosocial treatments for MOUD outcomes?
4. In whom, how, & when can we safely stop MOUD?

Priority Questions

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Priority Questions

1. What are the barriers and facilitators to implementing Medications for OUD (MOUD)?
2. What is the minimum monitoring necessary for effective OUD treatment?
3. What is the comparative effectiveness of psychosocial treatments for MOUD outcomes?
4. How do we promote sustained engagement in MOUD treatment?

Results from the Evidence Synthesis Review

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Priority Question #1: Barriers and Facilitators to implementing MOUD

Patients

Barriers
- Stigma
  - social,
  - self-directed,
  - Bup-specific
- Logistics
- Treatment experiences, beliefs
- Knowledge

Facilitators
- Positive social support from peers and family
- Support from treatment providers
- Rigid treatment structure
- Illicit buprenorphine use

Providers

Barriers
- Stigma—
  - Social
  - Perception to OUD
  - Bup-specific
- Logistics
- Knowledge
- Treatment Experiences/beliefs

Facilitators
- Recognition of patient need
- Access to Mentoring/Peer
- Institutional support
- Availability to specialty care

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Priority Question #1: Barriers and Facilitators to implementing MOUD

System

Barriers
- Regulatory
- Policy

Facilitators
- Incentives for providers
- Communities of Practice
- Initiatives supporting MOUD
- Integrated healthcare system
- Uniform medical benefits package

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Priority Question #1: Barriers and Facilitators to implementing MOUD

Knowledge Gaps: (Need for research)

- Need to understand how the barriers and facilitators identified by ESP applied to VA.
- Understanding how to intervene on stigma

Policy/Implementation Recommendations:

- Remove special privileging
- Use of clinical decision support
- Clarifying policy about perceived barriers
- Incentivize MOUD treatment
- Remove barriers to tele-prescribing
- Access to all formulations of MOUD

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Priority Question #2: Minimum Monitoring Necessary

Knowledge Gaps: (Need for research)
- Unclear Role for Measurement Based Care (MBC)
- Drug use monitoring
- Frequency of clinic visits
- Role of Technology
- Machine Learning and natural language processing to support clinical practice

Policy/Implementation Recommendations:
- Provide guidance for minimum standards—1st month
- Clarifying expectations of drug screening

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Priority Question #3: Comparative Effectiveness of Psychosocial Treatments (PST) for MOUD

Knowledge Gaps: (Need for research)

- Comparative effectiveness of individual v group tx in MOUD
- Utilization of community supports
  - Peer support
  - Family support
- Impact of MM structure on comparative effectiveness of PST
- Is PCMHI a facilitator to MOUD? Could we optimize with training?

Policy/Implementation:

- Clarify PST requirements should not be a barrier to MOUD.
- Supporting implementation of Contingency Mngt (CM)

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Priority Question #5: Sustained Engagement in MOUD treatment

Knowledge Gaps: (Need for research)

- How do we implement chronic disease management for MOUD?
- Understand why people are discontinuing
- What are the necessary indicators to consider stopping MOUD (2+years). Is this advised even then?
- Can technology facilitate sustained or re-engagement?

Policy/Implementation:

- Efforts to reengage early drop outs.
- Overdose--expected reporting and follow-up
- Leverage lessons learned from suicide prevention

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Research questions:

1. STIGMA: What interventions are effective to address the impact of stigma?
2. TECHNOLOGY: Can mobile health technology (MHT) improve MOUD outcomes? What should these MHT target? (e.g. craving, CBT interventions)
3. PEER SUPPORT—Understand the direct impact of specific types of peer support on recovery outcomes.
4. MEASUREMENT BASED CARE - Can we optimize treatment outcomes using MBC? <u>What are the best metrics for OUD quality care?</u>

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Research questions:

5. IMPLEMENTATION & SUSTAINMENT- What are clinic & individual factors in VA that are barriers and facilitators of MOUD?
6. SCOUTT- How can we leverage SCOUTT for more research questions? What are core components of MM are sufficient for successful outcomes of MOUD?

Policy Recommendations

1. Overdose follow-up and reporting—
   - Leverage knowledge gained from suicide prevention strategies to implement mandated reporting and follow-up of overdose events
2. Policy clarification to remove barriers to timely & sustained MOUD access
   - Retain patients in MOUD and address substance use with guideline concordant care
   - Same day access is aspirational
   - Teleprescribing – clarify regulations

Policy Recommendations

3. Offer ALL FDA-approved medications to all patients with OUD. Develop decision support tools
   - Expedite formulary approval for MOUD
4. National Consultation Team for SUD treatment modeled after other successful consultation programs

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Recommendations for DATA

- Better integration of VA and non VA datasets
  - Standardization of laboratory test reporting
- Consensus on important outcome measures
  - Definition of retention
  - Quality of life
- Consensus on definition of quality care in MOUD treatment
  - Specific psychosocial interventions