

Teaching Models for Prevention of OUD: *Assessment & Measurement*

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Advance Medical Education to Combat Opioid Misuse:
Working Together Across the Continuum
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Objectives

Understand the **importance of reducing stigma** associated with OUD and the **role it plays in improving patient outcomes and job satisfaction** in the establishment of appropriate treatment of pain and SUDs.

Describe **models for reducing stigma** through improving faculty attitudes, knowledge, and skill in the interviewing process (MI and SBIRT) of patients with pain and/or addiction.

Promote sustainability through strategies such as empowering champions within the faculty, cultivating a workplace culture that amplifies educational efforts, and establishing supportive networks in prevention and treatment of drug misuse and addiction.

The Opioid Pendulum

1990. American Pain Society: “Make pain visible”

1995. FDA approves OxyContin

1996-2000. Unprecedented aggressive pharma marketing

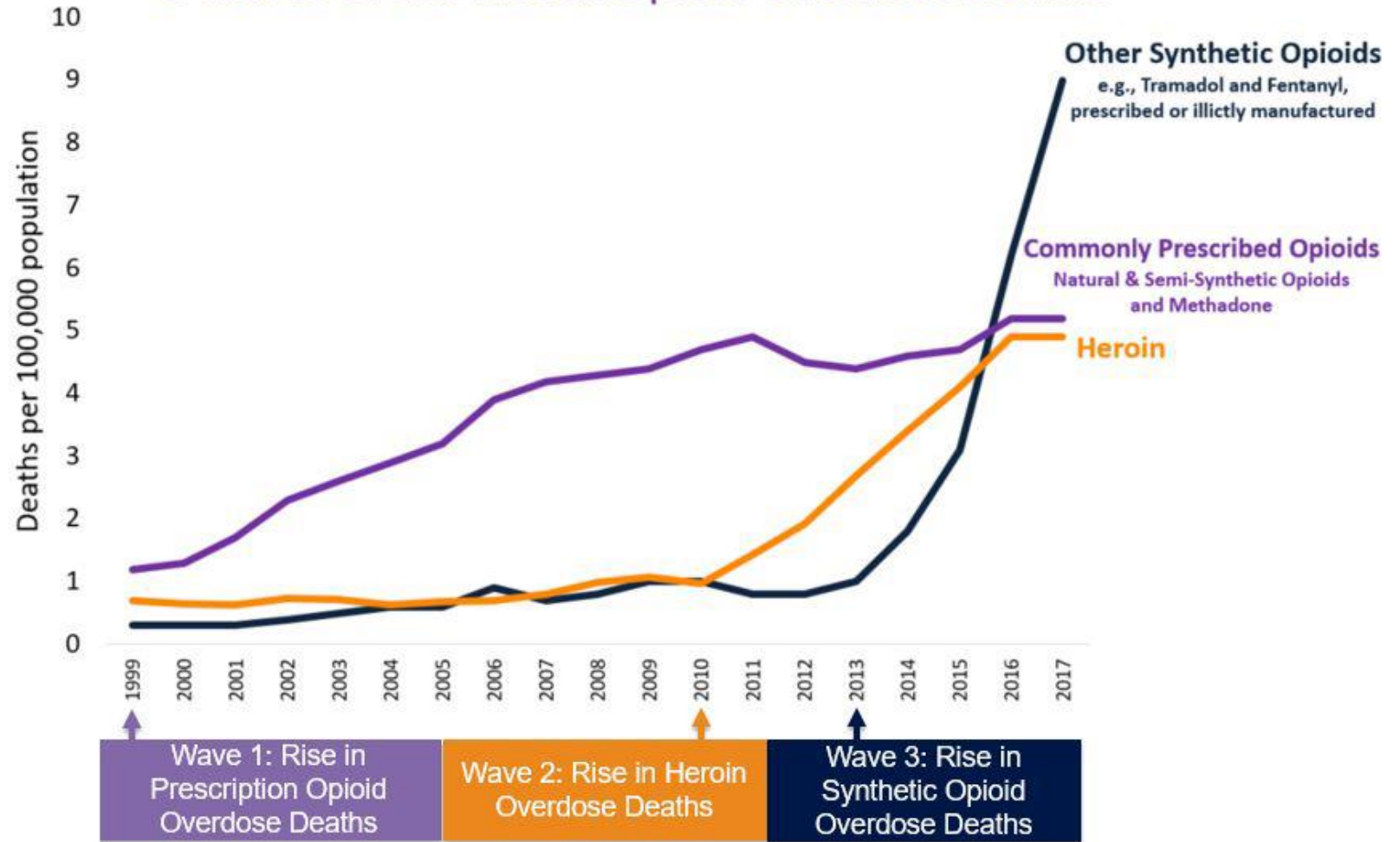
2001. “Pain is the 5th vital sign”, 3/25 quality care metrics related to pain

2010. Patient satisfaction impacts hospital reimbursement

2012. 41 states have operational PDMPs, Sustained national decline in Rx opioids begins

2012-2017. VA cuts opioid prescribing by 41%

3 Waves of the Rise in Opioid Overdose Deaths





Across all steps

- 432/1506 questions mentioned pain (28%)
- 232/1506 questions were at least partially related to pain
 - 15% of all questions
 - 54% of all questions that mentioned pain

November 2014

- Panel of 12 internationally recognized experts in pain a review of the USMLE exam for inclusion of pain competencies

Secure Review in Philadelphia

The Key to Preventing Opioid Use Disorder:

UNDERSTANDING WHAT THE PATIENT NEEDS

1. Start with the evidence
2. Build a trusting environment
3. Patient-centered clinical decision-making
4. Referrals when other services needed

Evidence

Knowledge: Basic Science

- The student needs a strong understanding of pathology of the physical problem?
- What is the typical natural progression of the disease or injury?
- What is the standard of care?
 - What are the options for multimodal care of this type of pain?
 - If the decision is to use an opioid:
 - Basic Pharmacology of Opioids.

Risk Assessments

- Evidence does NOT support the use of risk assessment tools for risk identification
 - “insufficient evidence to determine how harms of opioids differ depending on patient demographics or patient comorbidities” (CDC Guidelines)
 - Caution should be exercised for ALL

Opioid risk Tool

	Female	Male
1. Family history of substance abuse		
– Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
– Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
– Prescription drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
2. Personal history of substance abuse		
– Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
– Illegal drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
– Prescription drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
3. Age (mark box if 16-45 years)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
4. History of preadolescent sexual abuse	<input type="checkbox"/> 3	<input type="checkbox"/> 0
5. Psychological disease		
– ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
– Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1

Assessing Patient Pain

P - pain intensity

E - interference with enjoyment of life

G - interference with general activity

The PEG is a practical and useful tool to improve assessment and monitoring of chronic pain in primary care.

The Risk Tools are important in the establishment of priorities of the patient interview

- Improving communication of risks - Empowering patients with information
- Identifies opportunities to mitigate harm – naloxone, more frequent follow-up
- Referral to specialists for those with complex needs (benzos, hx of overdose, etc)
- Improving treatment; understanding impact of mental health on experience of pain
- Allows for linkages to other needed services (e.g., behavioral health, housing)

Build a trusting environment

What approaches has your university taken to teach students about:

- Understanding substance use disorders
- Patient-centered care
- Motivational Interviewing
- Stigma

What networks to address this within the faculty/curriculum currently exist?



Annual Questionnaire

ASSIST

DAST

AUDIT

Annual questionnaire
Once a year, all our patients are asked to complete this form because these factors can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____
Date of birth: _____

Alcohol: One drink = 12 oz beer 5 oz wine 1.5 oz liquor (one shot)

Men: How many times in the past year have you had 5 or more drinks in a day? None 1 or more

Women: How many times in the past year have you had 4 or more drinks in a day? 0 1 or more

Drugs: Recreational drugs include methamphetamines (speed, crystal, crystal), cocaine (crack, rock), inhalants (glue, nitrous, aerosol, glue), tranquilizers (Valium), hallucinators, ecstasy, steroids, hallucinogens (LSD, mushrooms), or tobacco (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? None 1 or more

Mood:

During the past two weeks, have you been bothered by little interest or pleasure in doing things? No Yes

During the past two weeks, have you been bothered by feeling down, depressed, or hopeless? No Yes

Drug Screening Questionnaire (DAST)
Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____
Date of birth: _____

Which of the following drugs have you used in the past year?

methamphetamines (speed, crystal) cocaine
 cannabis (marijuana, pot) amphetamines (heroin, crystal, methadone, etc.)
 inhalants (glue, nitrous, aerosol, glue) hallucinogens (LSD, mushrooms)
 tranquilizers (Valium) other _____

How often have you used these drugs? Monthly or less Weekly Daily or almost daily

	No	Yes
1. Have you used drugs other than those required for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you abuse more than one drug at a time?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you unable to stop using drugs when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had blackouts or flashbacks as a result of drug use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever feel bad or guilty about your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your spouse (or partner) ever complain about your involvement with drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you neglected your family because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever experienced withdrawal symptoms (shaking, sweating, nausea, vomiting, etc.) when you stopped taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever injected drugs? Never Yes, in the past 90 days Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? Never Currently In the past

0 1 2 3 4
0 1-2 3-4 5+

Alcohol screening questionnaire (AUDIT)
Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____
Date of birth: _____

One drink equals: 12 oz beer 5 oz wine 1.5 oz liquor (one shot)

	Never	1 or 2 times a month	3-4 times a month	5 or 6 times a month	7-9 times a month	10 or more times a month
1. How often do you have a drink containing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0-1	2 or 3	4 or 5	6 or 7	8 or 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking when you had meant?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you made a free drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
10. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, in the last year			
11. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, in the last year			

Have you ever been in treatment for an alcohol problem? Never Currently In the past

0 1 2 3 4
0 1-2 3-4 5+

ASSIST screening tool

Patient name: _____
Date of birth: _____

The ASSIST is designed to be administered by a health professional to a patient as part of a verbal interview. A self-administered, electronic version may also automatically apply this patient's based on patient answers.

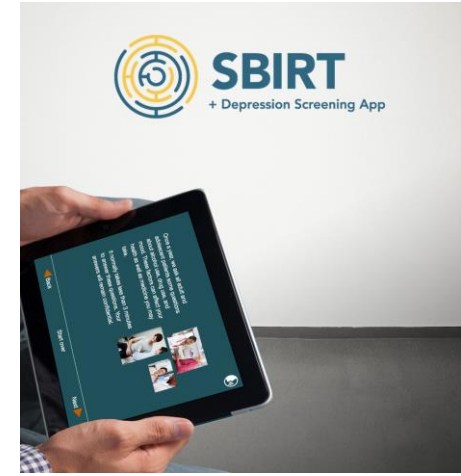
The ASSIST can be modified based on which substances are screened and what language is used to describe these substances. The modified version below screens for non-medical drug use only, and uses language that defines misuse of prescription drugs.

Sample introductory text to read to patient: "Thank you for agreeing to take part in this brief interview about recreational drug use. I am going to ask some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, injected, snorted, or taken in the form of pills."

Question 1

In your life, which of the following substances have you <u>gotten high</u> ?	No	Yes
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
b. Cocaine (crack, crack, etc.)	0	3
c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you? (Ritalin, Adderall, diet pills, etc.)	0	3
d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.)	0	3
e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.)	0	3
f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you? (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.)	0	3
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3
h. Street opioids (heroin, opium, etc.)	0	3
i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you? (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.)	0	3
j. Any other drugs to get high? Specify: _____	0	3

Patient's who answer "no" to all questions, or who do not provide any answers, are done. Patients who answer "yes" to any question should proceed to Question 2.



www.sbirtapp.org

Understanding SUDs can help in understanding how to talk to these patients and more efficiently gain important information.

Family History -Genetics

Mental Health

Adverse Childhood Experiences

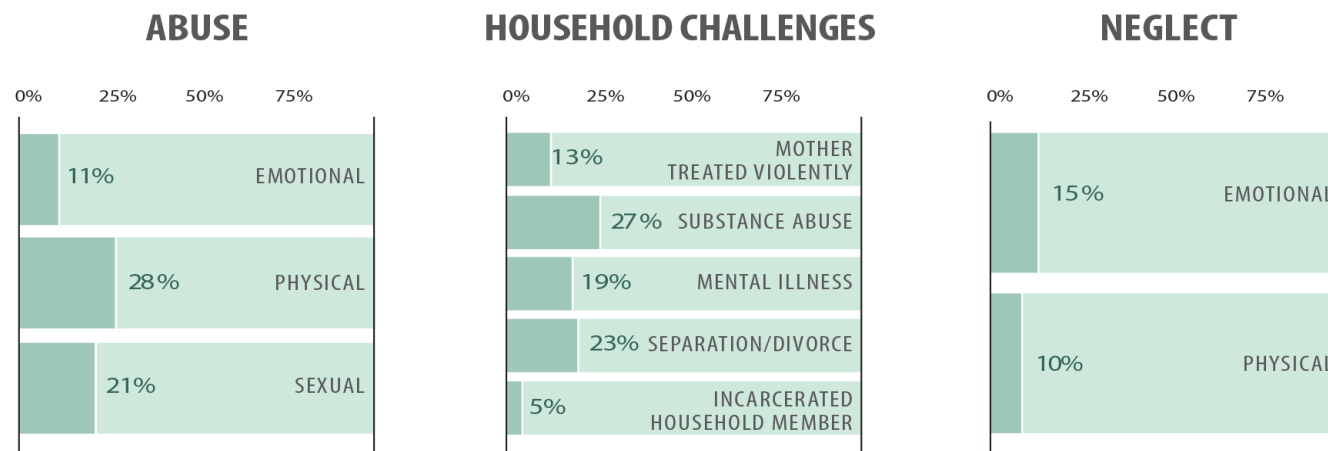
Current Level of USE

PDMP (esp benzos)

PHQ-4

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

Adverse Childhood Experiences



Teaching to Address Barriers to Patient-Centered Care

Provider stigma/Negative attitudes against individuals with substance use disorder

- Combat provider stigma through education of the disease model of addiction

Lack of addiction education; lack of knowledge of SUD chronic illness model

- Enhance educational infrastructure on addiction
- Establish supportive networks

Addressing barriers to patient-centered care through good motivational interviewing skills

- Consider the interviewers role in the development of resistance and discordance.

Building a Therapeutic Alliance

■ Attitude

- Non-judgmental, curious, empathetic

■ Respectful

- Recognize adversity
- Recognize strengths
- Use the non-stigmatizing language

■ Shared goals

- Why is the patient seeking treatment?
- Provider treatment team concerns

■ Reassurance

- Assure patient your objective is concern for his or her health
- Confidentiality (with qualifiers) - Safety of self, well-being of other (especially children)



MI Definitions and Skills

■ Brief Definition

- Collaborative conversation style for strengthening a person's own motivation and commitment to change in a spirit of acceptance and compassion
- Person-centered counseling style for addressing the common problem of ambivalence about change

■ Core Interviewing Skills

- Open Questions
- Affirming
- Reflecting:
 - Simple
 - Complex
- Summarizing

Miller and Rollnick, 2013

Building a Network of Support

State of Massachusetts / Department of Health / MA Med Soc. and 4
Medical Schools developed:

“Core Competencies for the Prevention and Management of Prescription Drug Misuse.”

Primary Prevention Domain – Preventing Prescription Drug Misuse: *Screening, Evaluation, and Prevention*

Secondary Prevention Domain – Treating Patients At-Risk for Substance Use Disorders: *Engage Patients in Safe, Informed, and Patient-Centered Treatment Planning*

Tertiary Prevention Domain - Managing Substance Use Disorders as a Chronic Disease: *Eliminate Stigma and Build Awareness of Social Determinants*

Yale University School of Medicine Office of Education:

multi-disciplinary committee to create a thread of addiction medicine throughout the four year curriculum of medical training.

5 core topic areas based on opinions of the committee members, literature review and initial general review of the addictions content in the curriculum.

1. *Etiology* (neurobiology, genetics and environmental factors) and *Epidemiology* (public health *impact*)
2. *Evaluation of substance use disorders*: Diagnostic interview, testing, assessing for intoxication/withdrawal, risk factors, comorbid disorders, psychosocial impact and complications
3. *Pharmacological treatment*: Treatment of intoxication, withdrawal and maintenance treatment
4. *Psychosocial treatments*: CBT, MI, 12 steps etc.
5. *Prevention*: Public health strategies, prevention of initiation of substance use, overdose prevention including the role of naloxone, harm reduction/optimizing safety, role of treatment as prevention

Training Tips

Incorporate OUD training early in standard medical and residency training

- Consider experiential training and electives.
- Consider the PCSS – Universities / COPE: NC Medical Student Waiver Training

Didactic content should focus on the efficacy of medications for opioid use disorder, emphasize that substance use disorder is a chronic illness, and convey the challenges of accessing treatment.

Promote booster learning opportunities for practicing physicians.

- Use interactive approaches to training

Provide access to specialists

Facilitate peer-to-peer physician collaboration