Project ECHO

Transforming Care for the Treatment of Opioid Use Disorder

Presenters

Jill Covyeou, PharmD
Ferris State University
College of Pharmacy

Kathleen Schachman, PMHNP, PhD
Saginaw Valley State University
College of Health & Human Services,
Nursing Department

Disclosures

Dr. Covyeou and Dr. Schachman have no conflicts of interest and no personal financial relationships with commercial interests relevant to this presentation

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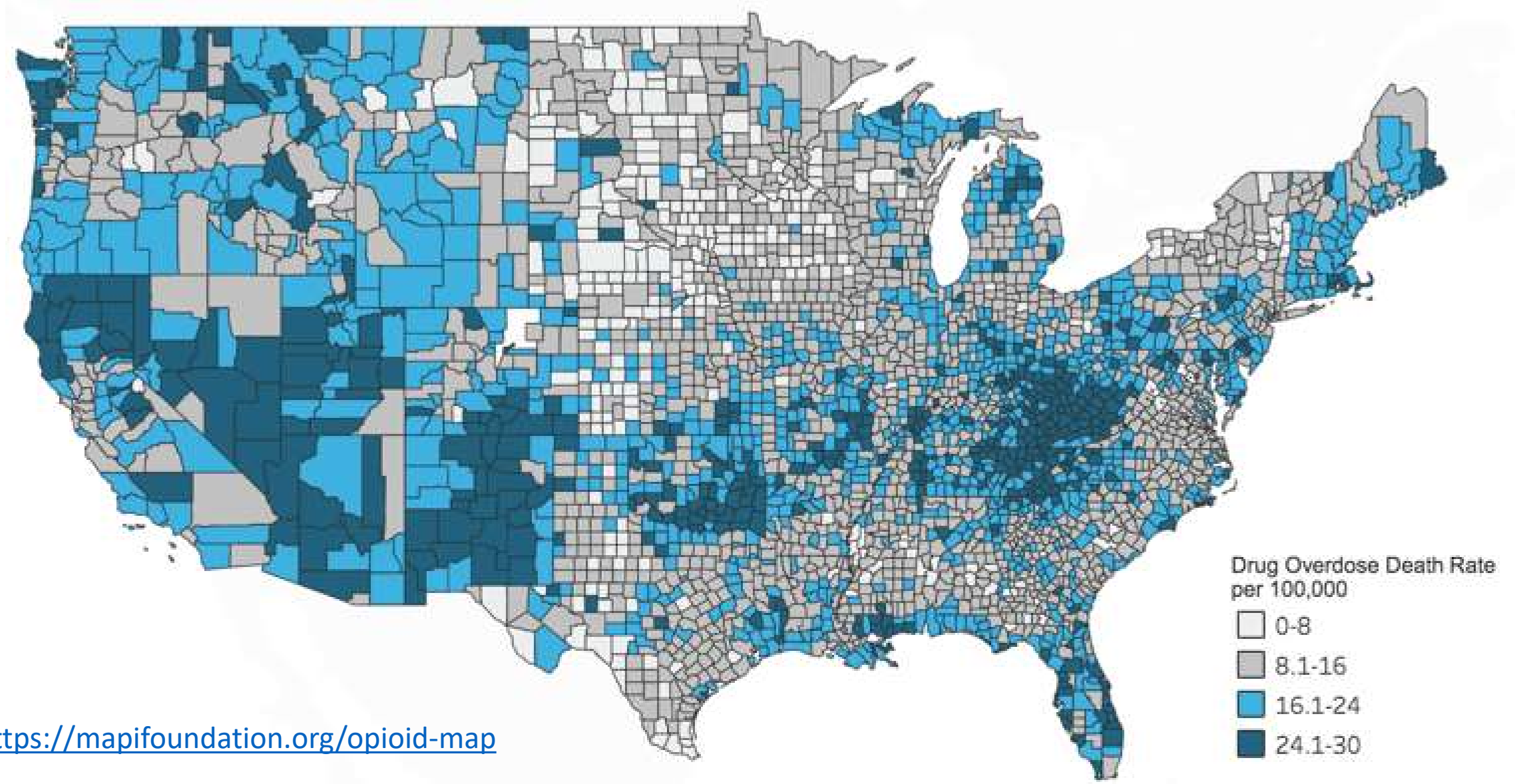
Objectives

- Identify steps to access the SVSU Project ECHO sessions
- Identify practice benefits to participating in substance abuse disorder training programs
- Give examples of how interdisciplinary members of the health care team could benefit patient care when treating opioid use disorder

Opioid Overdose Death Rate (2017)



https://mapifoundation.org/opioid-map

In Michigan……

ONLY 2 out of 10 people with substance use disorder (SUD) are in treatment

Rhyan, Turner, Ehrlick & Stanick, 2019

Barriers to SUD Treatment

- Did not perceive a need for treatment/want to handle on their own (93%)
- Not ready to stop using (38%)
- Could not afford/No insurance coverage (27%)
- Did not know where to go (19%)
- Did not find program that offered type of treatment they wanted (14%)
- Negative opinion of neighbors/community (13%)
- Negative effect on job (12%)

2016 National Survey on Drug Use and Health

Treating Substance Use Disorders in Primary Care

- Opportunities to screen and intervene
- Improves access to SUD treatment within a familiar environment
- Less fragmented, easier to navigate
- Normalize their treatment and bring them into the mainstream of medicine
- Reduces stigma (both internal and external)
- Creates opportunities to concurrently manage other chronic diseases
- Rewarding: rare opportunity to see dramatic clinical improvement

Wakeman & Barnett, 2018

Treating Substance Use Disorder with Buprenorphine

- Buprenorphine is EFFECTIVE in treating opioid addiction
  - cravings
  - blocks effects of opioids
  - overdose potential

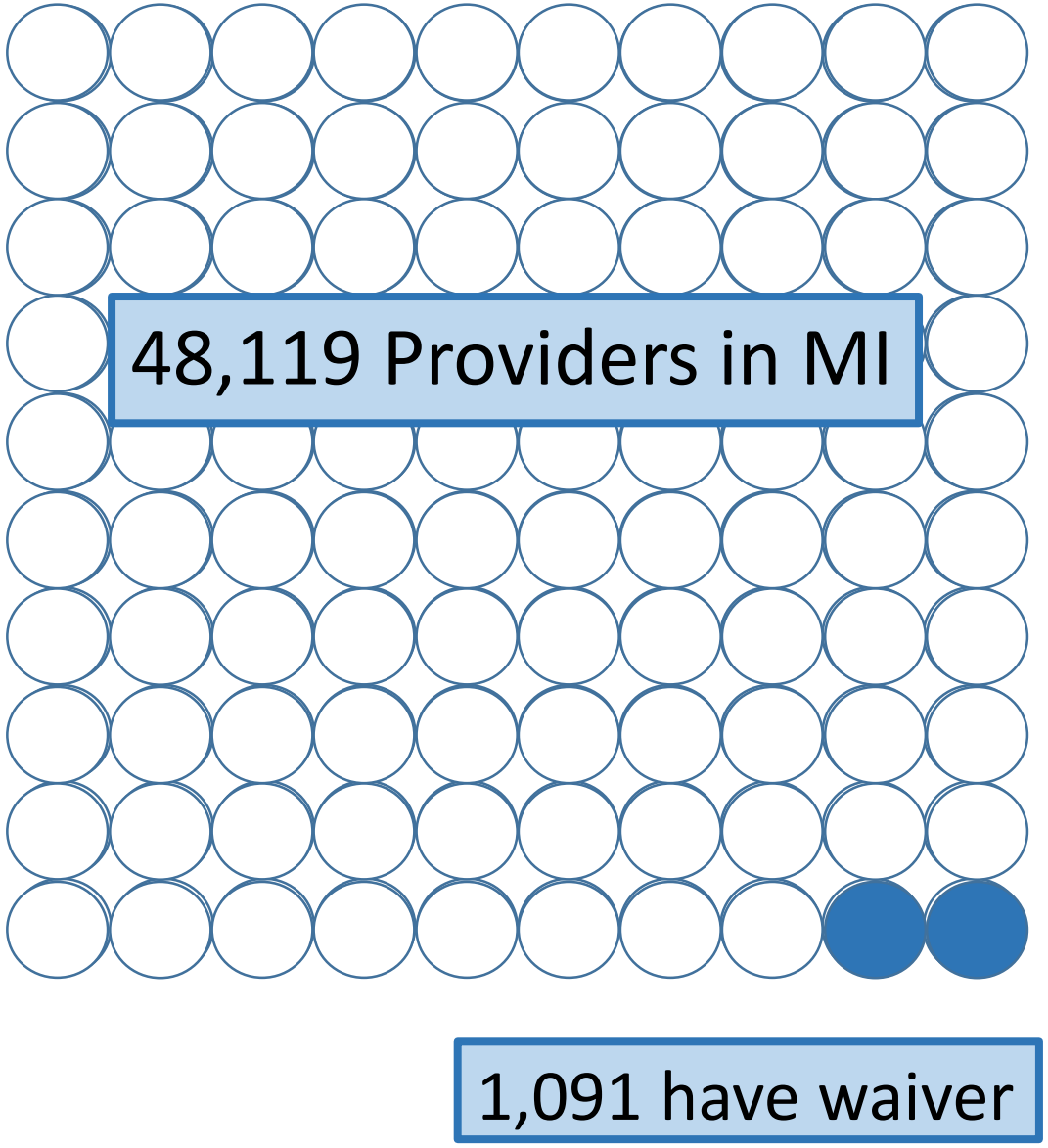
Office-based opioid treatment (OBOT) with buprenorphine has the potential to expand <u>access</u> and <u>utilization</u> of effective treatment for opioid use disorder

LaBelle et al., 2016

Buprenorphine Prescribing

- Office-based Prescribing: physicians, nurse practitioners, and physician assistants
- DEA waiver
  - Training: 8 hours (physicians) or 24 hours (PA and NP)
- Patient limits:
  - Initially 30 for 1 year, then eligible to increase to 100.
  - 275 for Addiction Medicine or Addiction Psychiatry, and those in "qualified practice setting"

Prescribing Buprenorphine in Michigan



Just over 48,000 providers in MI

- 38,819 Physicians
- 4,750 Physician Assistants
- 4,550 Nurse Practitioners

MI providers with DEA waiver to prescribe buprenorphine = 1,091 (2.3%)

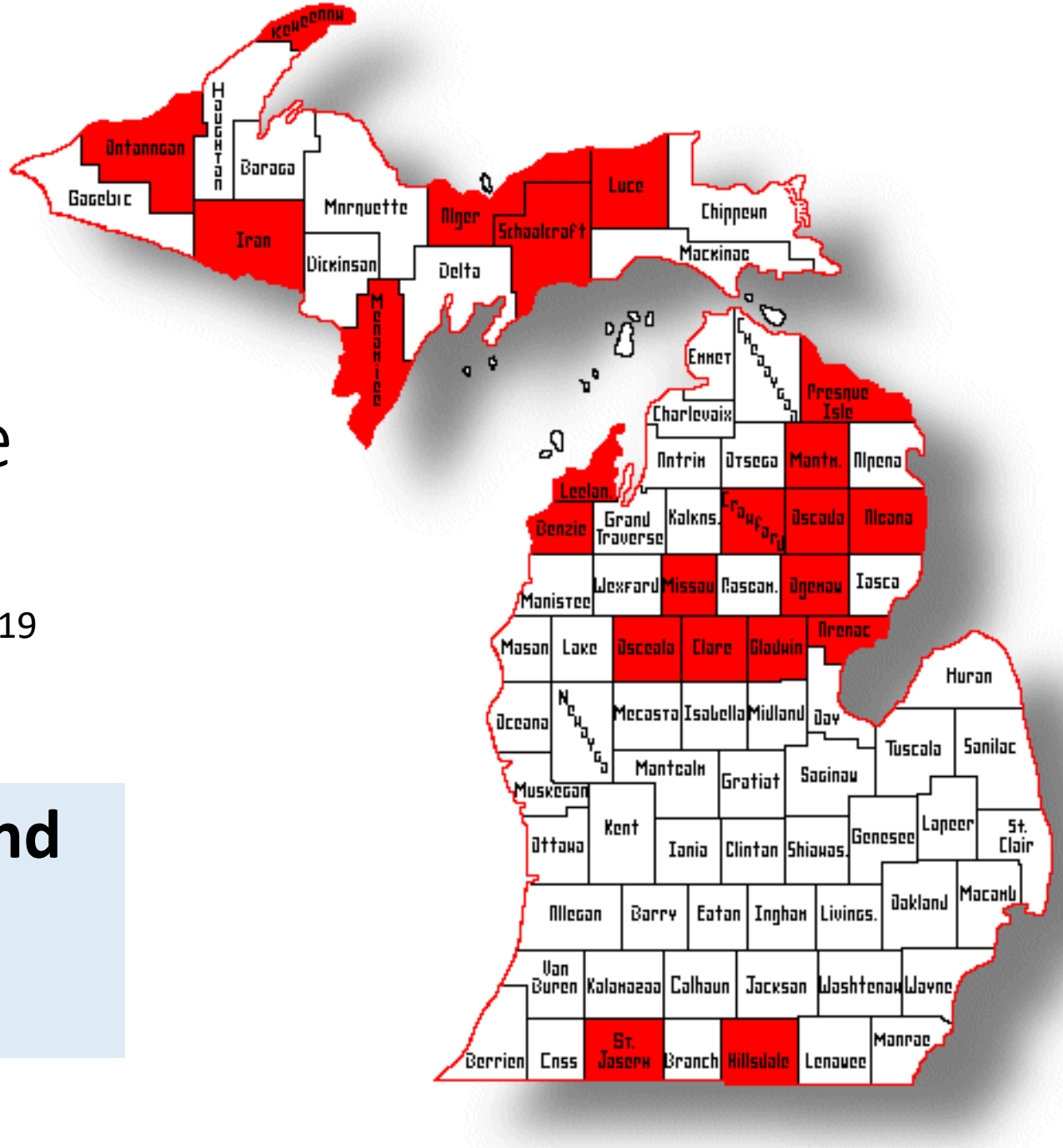
SAMSHA Buprenorphine Practitioner Locator, July 2019

U.S. average = 4.2%

MI would need **1,000 more** buprenorphine prescribers to achieve national average

Michigan counties without a Buprenorphine prescriber

SAMSHA Buprenorphine Practitioner Locator, July 2019

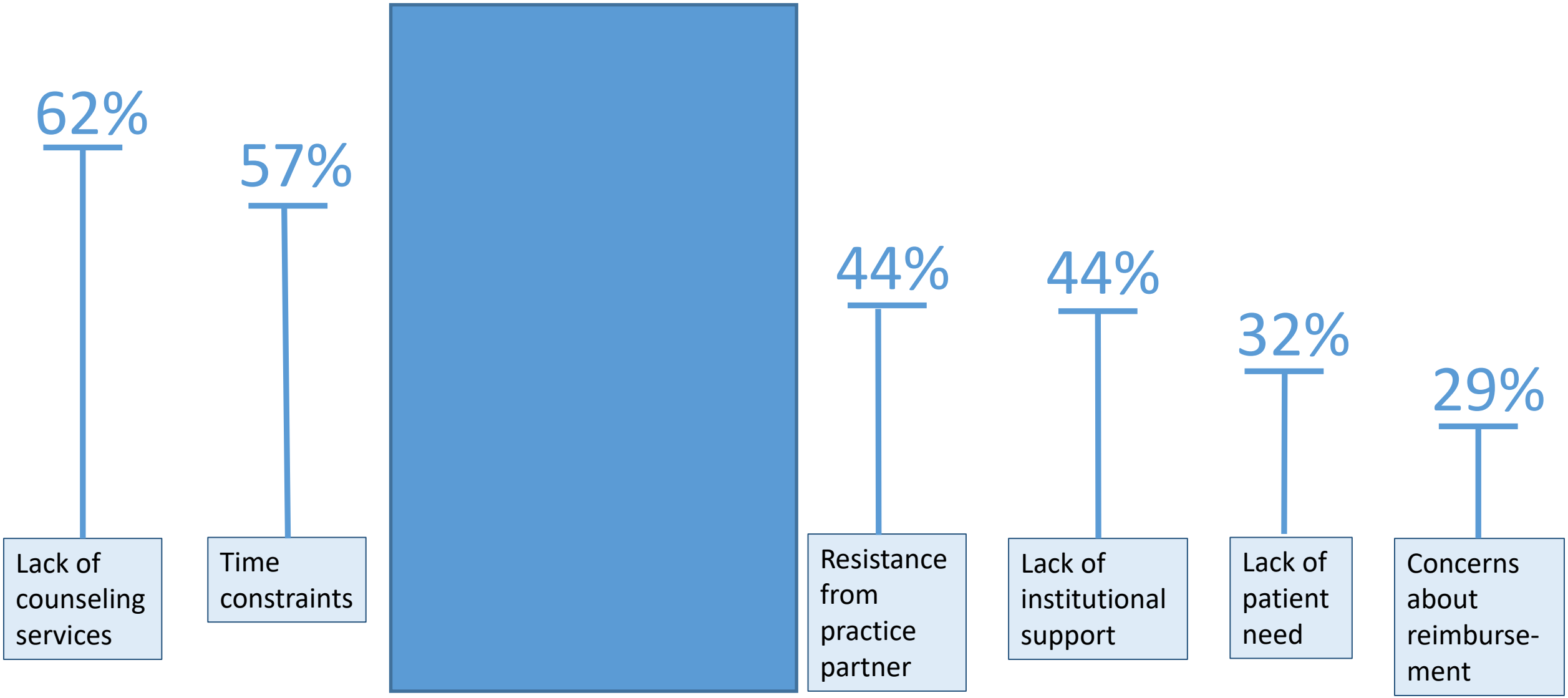


It is EASIER to obtain heroin and fentanyl than it is to get a buprenorphine prescription.

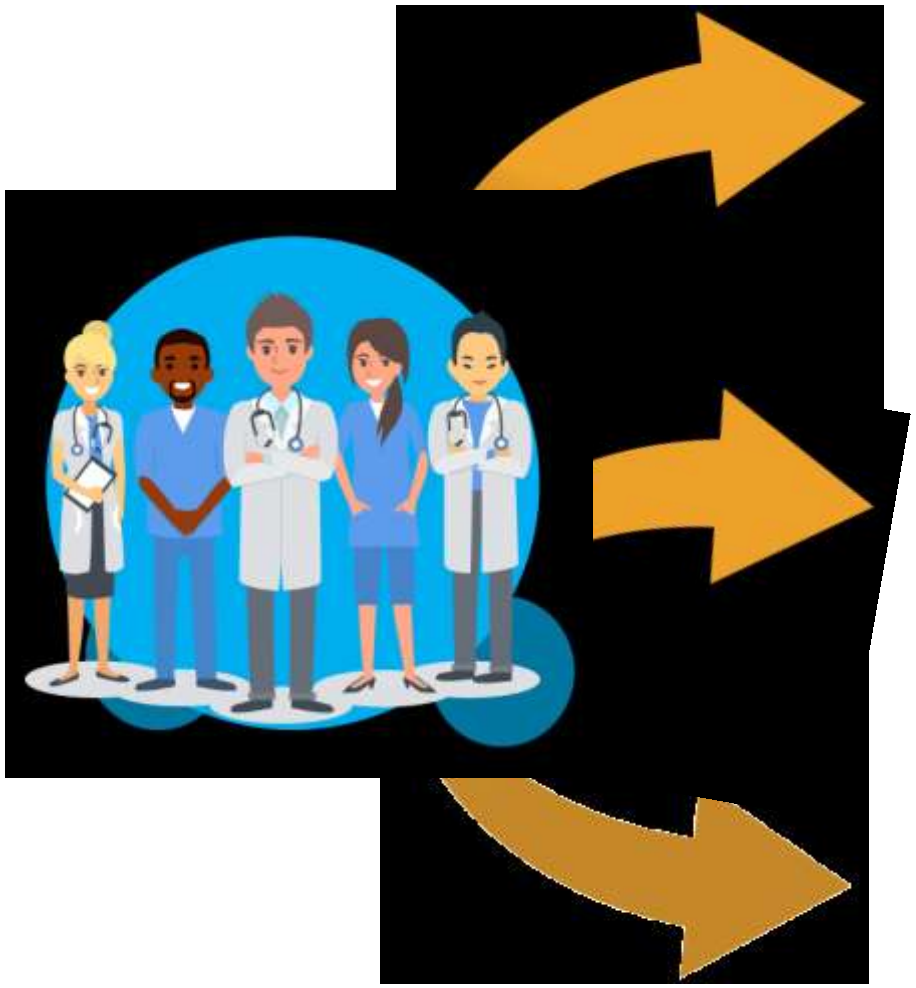
Roy & Stein, 2019

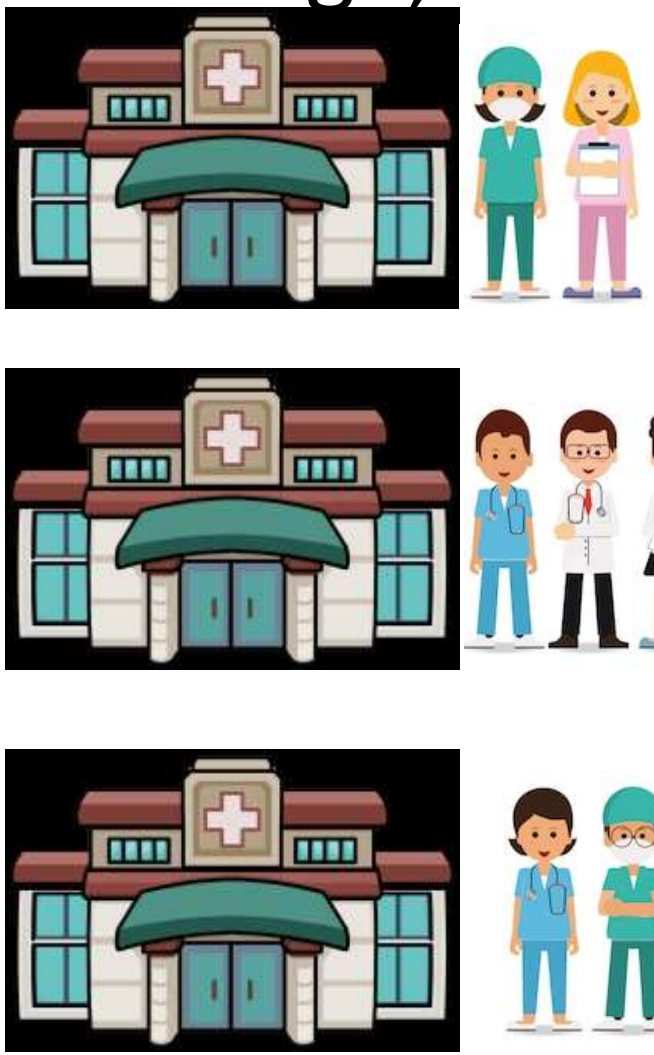
Barriers to Primary Care Physicians Prescribing Buprenorphine

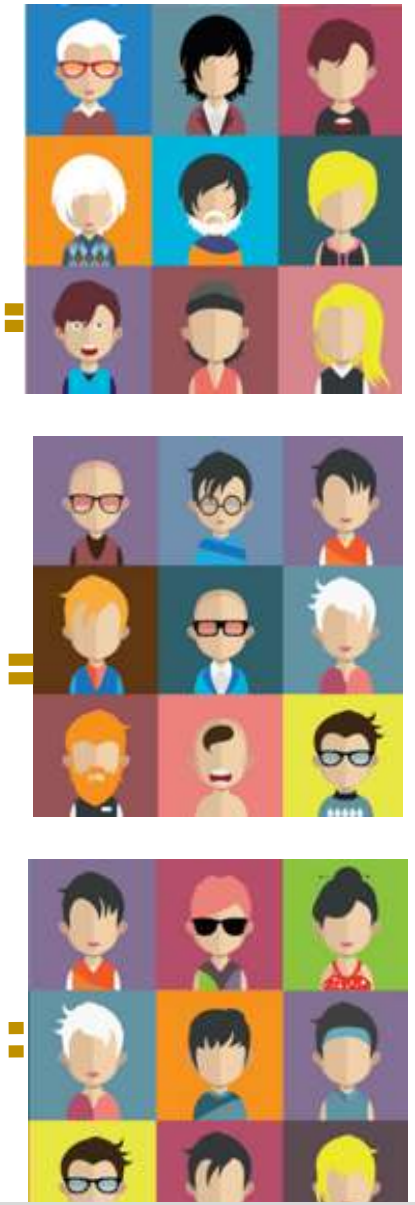
Hutchinson et al., 2016



Project ECHO (Extension for Community Healthcare Outcomes)---Moving Knowledge, Not People







EXPERT HUB TEAM

COMMUNITY-BASED PRIMARY CARE TEAMS

PATIENTS REACHED WITH SPECIALTY KNOWLEDGE

Project ECHO Outcomes

Arora et al., 2011

PATIENT

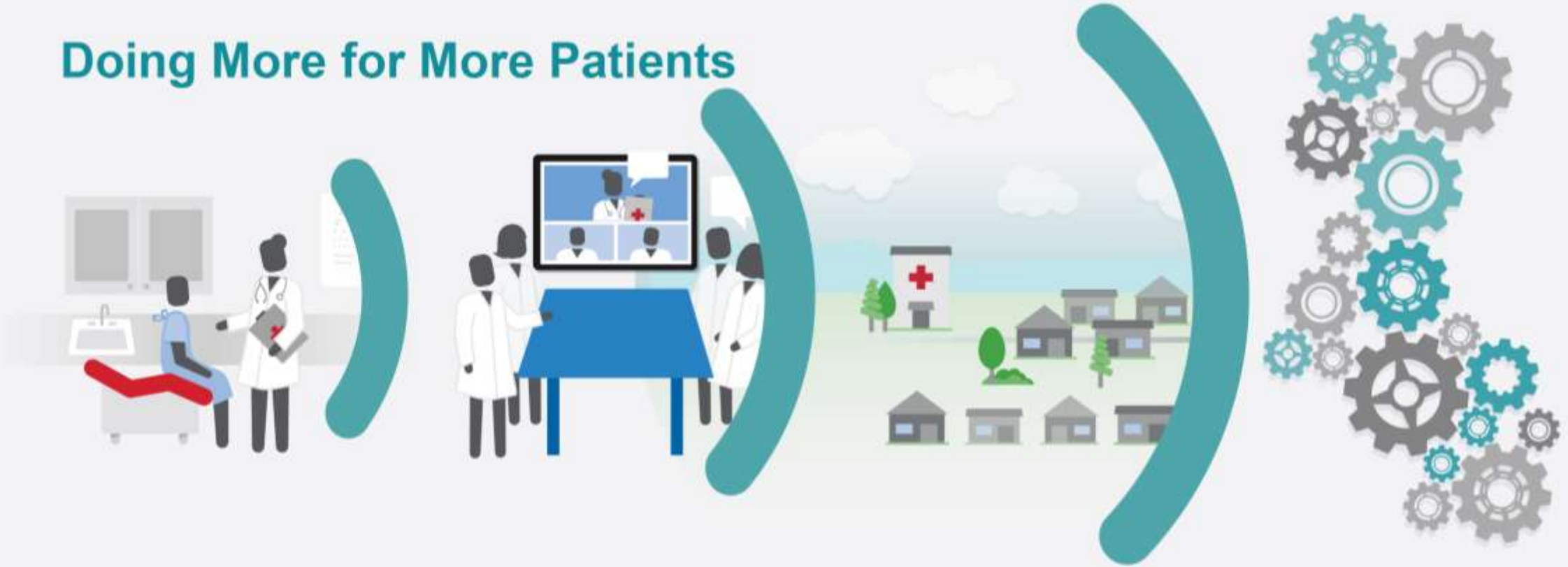
- Similar clinical outcomes
- High patient satisfaction– cared for by primary care provider in own community
- Cost savings r/t travel

Ideal for expanding specialty treatment capacity in remote and underserved areas.

- Increased confidence and competence in managing complex disease conditions
- Decreased professional isolation

PROVIDER

Doing More for More Patients



PATIENT
- Right Care
- Right Place
- Right Time

PROVIDER
- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY
- Reduce Disparities
- Retain Providers
- Keep Patients Local

SYSTEM
- Increase Access
- Improve Quality
- Reduce Cost

ECHO Hubs & Programs: Global

September 2019: https://echo.unm.edu/locations-2/echo-hubs-superhubs-global/

Project ECHO and SUD Treatment

What the research shows……

- Knowledge
- Self-efficacy
- Attitudes
- Feelings of mutual support and camaraderie

- Number of buprenorphine providers

- Isolation and burnout

Komaromy et al., 2016

Saginaw Valley State University Project ECHO

- Launched October 2018
- Focus is on **Substance Use Disorder**
- Continuing education credits
  - CMEs from MidMichigan Health
  - Social Work CEs from Bay-Arenac Behavioral Health
  - MCBAP CEs from MidState Health Network
- Seeking ASAM approval for curriculum, providers will receive training toward buprenorphine waiver-- **pending**
- Video-conference meetings will be held twice a month (1st and 3rd Wednesday, 12 noon to 1:30)

Our Expert Hub Team

William Morrone, DO, MPH, MS, FAOAAM, ASAM, FACOFP, DABAM, DAAPM

Addictionologist

Jennifer Kreiner, MSN, NP-C, CEN

Mental Health Expert

Matthew Mitchell, LMSW, CAADC

Substance Use Disorder Counselor

Jill Covyeou, Pharm.D.

Pharmacist

Ricardo Bowden, MA, CPC, CADC, CPRM, CPR

Peer Recovery Support Expert

Recovery Pathways, LLC

BAY ARENAC BEHAVIORAL HEALTH

FERRIS STATE UNIVERSITY COLLEGE OF PHARMACY 125 YEARS

PEER 360 RECOVERY ALLIANCE

The Spokes: Anyone Passionate About SUD!

- Physicians (Family Medicine, Psychiatry, Emergency, Surgery)
- Nurse Practitioners (Family, Psychiatric Mental Health)
- Social Workers (Counseling/Therapy, Case Management)
- Healthcare Administration
- Occupational Therapists
- Physical Therapists
- Peer Recovery Coaches
- Pharmacists
- Dieticians
- Students!

Project
ECHO
Saginaw Valley State University
Michigan

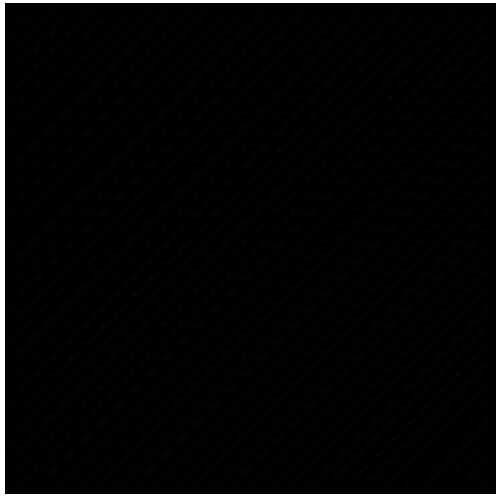
Typical Agenda of ECHO Session

12:00 – 12:10	**Hub and spoke introductions, welcome**
12:10 – 12:35	**Didactic presentation on topic related to SUD** • Examples: types of MAT and treatment options, evidence-based adjunct therapies, motivational interviewing, SUD in special populations
12:35 – 12:45	**Didactic Q & A**
12:45 – 1:20	**Case presentation** • Community provider(s) present a de-identified patient case (no PHI!) • Spokes and hub ask clarifying questions • Spokes and hub provide treatment recommendations
1:20 – 1:30	**Closing Q & A and wrap-up**

Cases are highly interactive, clinically-focused, and respectful

Structure of an ECHO Session, cont.

Case Presentation



VIDEO #1

Clarifying Questions

VIDEO #2

Recommendations

VIDEO #3

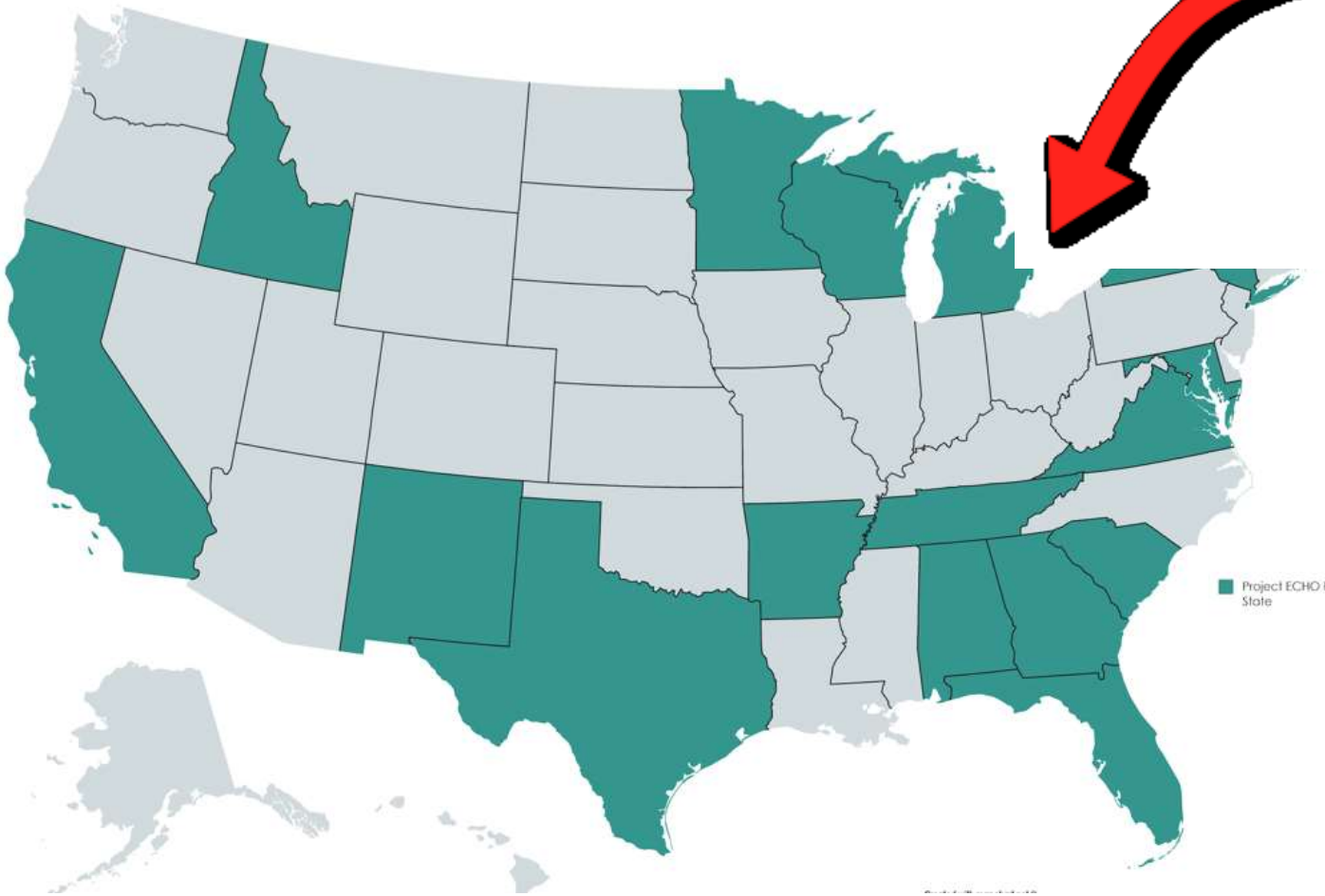
VIDEO #4

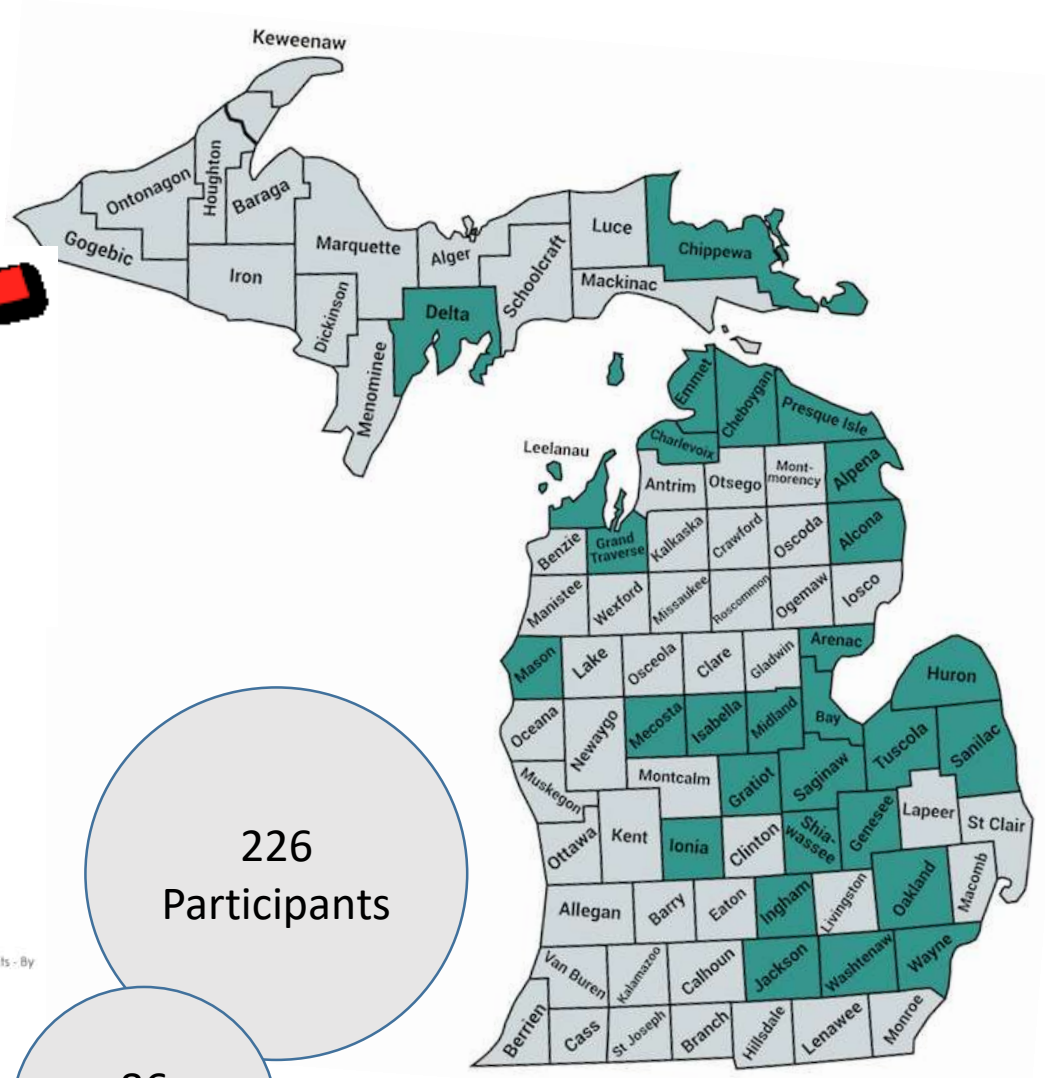
Aims of the SVSU Project ECHO

- Increase confidence and competence of healthcare teams in identifying and treating SUD– especially rural MI
- Increase # of providers in rural MI who have buprenorphine waiver (and who use it!)
- Create a culture of “all teach, all learn!”

OUTCOMES

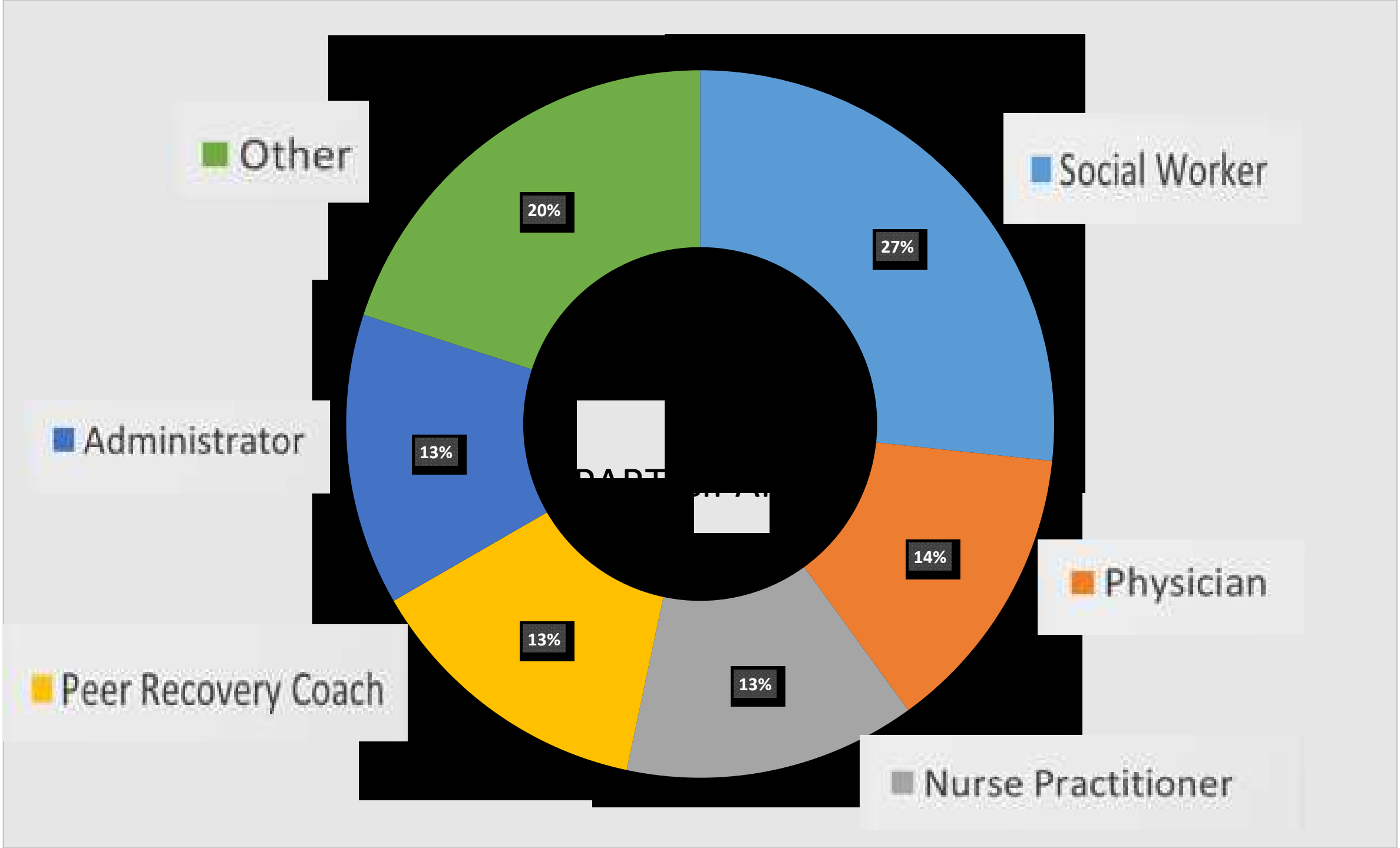
Location of Participants





226
Participants

86
Clinics

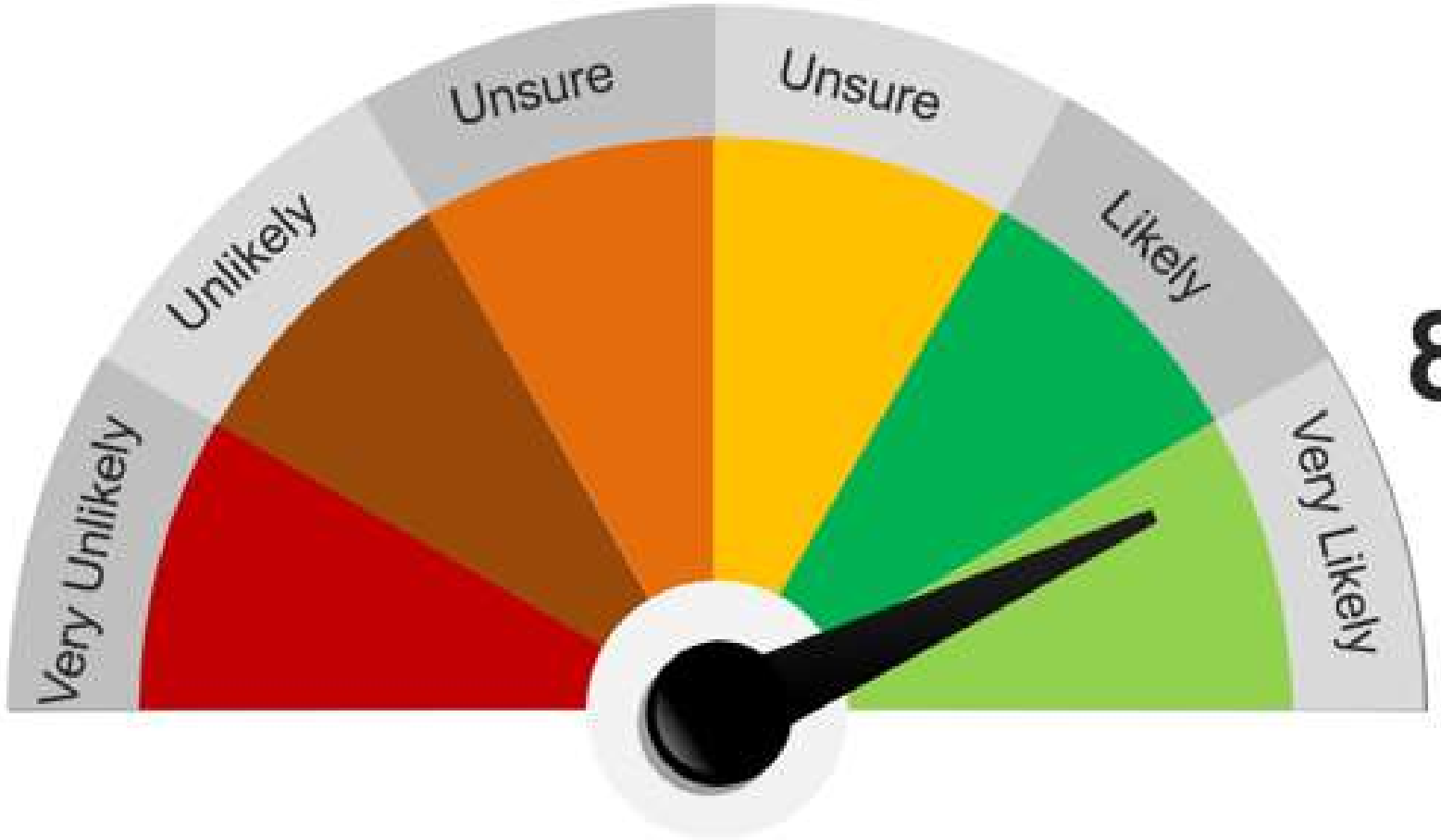

Other
Social Worker
Administrator
Physician
Peer Recovery Coach
Nurse Practitioner
20%
27%
13%
14%
13%
13%

Did you learn something that will be useful in caring for your patients?

98%

2%

“How likely are you to make changes to your practice as a result of Project ECHO?”



89%

Changes I will make in my practice….

IDEA

More informed communication with peers

ANALYSIS

Screen for ACE/ask more questions about history/childhood

SOLUTION

Able to expand my treatment options

Better able to manage pain in those with SUD

WORK

Interprofessional intervention planning including dietitian, medications management alternatives

SUCCESS

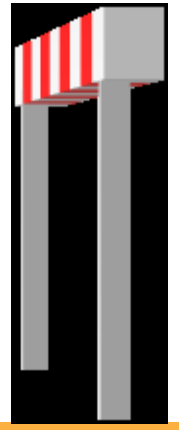
More confident in my ability to provide MAT for my patients.

Continue waiver training/less fear of taking this on

What are the barriers in making changes to your practice?

- Any changes would come from the medical director
- Not have enough training in SUD
- No support from administration

- Concern about regulations and interference/harassment from regulatory agencies
- Collaborating physician does not have/want waiver



Opportunities of Project ECHO

- Enables healthcare teams to deliver the best evidenced-based care to patients in their own community → improves access
- Healthcare teams feel supported, ↓ professional isolation
- Allows members of the healthcare team to better understand the contributions of other team members

Costs to launch and maintain Project ECHO

Start-Up Costs

- 3-day team training (University of New Mexico): $5,000
- Videoconferencing equipment: $10,000

Start-Up Costs: $15,000
Ongoing Costs: $98,500

Ongoing (Annual) Costs

- Project Manager, Community Outreach, IT & Administrative support (0.2 FTE): $45,000
- Hub Team: $40,000
- Guest speakers: $2,500
- Promotional materials: $3,000
- Continuing education: $3,000
- Room rental with video-conferencing ability & support: $5,000

JOIN NOW!!!

989-964-7161

echo@svsu.edu

http://svsu.edu/echo/

- All teach, all learn!
- Sharing to inspire, develop, and help others
- Building systems to make knowledge readily available
- Amplifying access, building capacity

Thanks for listening!

The ECHO Team

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