Medication Assisted Treatment Tele-Mentoring via ProjectECHO®

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Learning Objectives

• Describe how participation in the Ohio Opiate ECHO projects via ProjectECHO® NEOMED Ohio Alliance will benefit MAT practice

• Identify the Ohio Opiate ECHO projects’ schedules, didactics and case-based learning strategies

• Understand how to access more information, become a “spoke” location, and/or serve as a topic expert
Project ECHO®
(Extension for Community Healthcare Outcomes)

• A collaborative model of medical education and care management that empowers clinicians everywhere to provide better care to more people, right where they live

• Engaging clinicians in a continuous learning system and partnering them with specialist mentors at an academic medical center or hub

(Komaromy et al., 2016) Substance Abuse
Project ECHO®
(Extension for Community Healthcare Outcomes)

• A distance health education model

• A movement to de-monopolize/ democratize knowledge and amplify the capacity to provide best practice care in underserved communities

• ECHO connects providers with specialists through ongoing, interactive, tele-mentoring sessions to create and support professional communities of learning and practice
How Project ECHO Started

Project ECHO® (Extension for Community Health Outcomes)

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Project ECHO® is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best practice specialty care and reduce health disparities through its hub-and-spoke knowledge sharing networks.
Figure 2: Graphic and visual conceptual framework used with permission from Kent Unruh and Project ECHO.
• ECHO model is helping to address some of the healthcare system’s most intractable problems, including inadequate or disparities in access to care, rising costs, systemic inefficiencies, and unequal or slow diffusion of best practices.

• In the United States and globally, policymakers are recognizing the potential of ECHO to exponentially expand workforce capacity to treat more patients sooner, using existing resources.

• The ECHO model has been demonstrated to provide an avenue to promote expansion of access to MAT in underserved communities (Komaromy et a., 2016) *Substance Abuse*. 
Ohio Opiate Project ECHO: Expanding Access to Medication-Assisted Treatment

NEOMED Department of Psychiatry offers two teleECHO programs focused on medication-assisted treatment (MAT) for opiate addiction in partnership with the Ohio Department of Mental Health and Addiction Services and funding from the 21st Century Cures Act.

- **Ohio Opiate Mentorship teleECHO**: Experts offer a mentorship program to assist physicians who are new to prescribing buprenorphine. A new cycle begins every two months.
  
  **Meets Fridays from 1:30-2:30 p.m.**

- **Ohio Opiate Continuing Education teleECHO**: Clinicians who prescribe buprenorphine throughout Ohio learn through brief lectures and cases presented by their peers.
  
  **Meets Fridays from 3-4 p.m.**
Ohio Opiate Project ECHO: Expanding Access to Medication-Assisted Treatment

“The Ohio Opiate Project ECHO support program has been a blessing for me as I am just starting practice as a newly minted DEA waivered physician at Firelands Counseling and Recovery in Sandusky. I look forward to Friday afternoons and this novel support network. This is just what I need right now and the topics are quite practical and related to my real-world practice challenges. The faculty members are each genuinely engaging and provide deep “field-tested” experience and background. The Ohio Opiate Project ECHO is an important and timely support program.” – David J. Grayson, M.D.

Free Continuing Ed!

Northeast Ohio Medical University designates this live activity for a maximum of 24.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Northeast Ohio Medical University is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity has been assigned ACPE # 0479-0000-17-007-L01-P and will award 24.0 contact hours (24.0 CEUs) of continuing pharmacy education.
### Ohio Opiate Project ECHO: Expanding Access to Medication-Assisted Treatment

#### Mentorship ECHO
**Fridays 1:30 PM – 2:30 PM**

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<th>Topic</th>
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<td>Detoxification of Pregnant Patients- Pros and Cons</td>
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<td>Overview of Drug Screening</td>
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<td>Formulations of Buprenorphine</td>
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<td>Best Practices for MAT and Co-occurring Health Issues</td>
<td>Referral to Psychosocial Treatment – Navigating 12-step Meetings on MAT</td>
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*No session schedule*
Anatomy of an ECHO Session

• Introductions, updates

• Brief didactic (15 minutes)

• Case presentation(s)
  – Discussion
  – Recommendations and feedback
Continuing Education ECHO: Global Learning Objectives

1. Evaluate patients for appropriate referral to medication-assisted treatment (MAT) using a collaborative, person-centered approach.
2. Describe effective treatment strategies for prescribers using MAT in emergency departments, primary care, and obstetric settings.
3. Recognize the level of care needed for complex patients in MAT programs utilizing team-based warm handoffs during transitions of care.
4. Educate patients, families, and other community/social supports about the emotional and behavioral aspects of opioid use disorders in order to reduce stigma.
Psychosocial Supports: learning objectives

• Define psychosocial support

• Understand the empirical support for combining MAT and Twelve-Step programming

• Appreciate philosophies, practices and terms common to Twelve-Step programming
Psychosocial Support

Psychosocial support: strategies that enhance the interaction between a person’s psychological well being and social environment

Purpose:
- Remain in treatment and follow plan
- Examine options and make healthier choices
- Address Vocation, Diet, Sleep, Exercise, and/or Self Soothing
- Cope with stressors/cravings, Living Life on Life’s Terms
- Improve communication, parenting skills
Empirical Support

There have been no controlled studies examining the integration of Twelve-Step programming (including Rational Recovery) and MAT, though the relevant research suggests that this is a promising practice (Galanter, 2018) *American Journal of Drug and Alcohol Abuse.*
Monico et al. (2015) *Journal of Substance Abuse Treatment* examined a sample of 300 African American bup/nx patients in outpatient FQHC settings:

- 6 month f/u: 86% attended 6 or more 12-Step meetings
- 76% were required to engage in meetings, though not a moderator variable
- 33% reported bup/nx status, 26% discouraged from MAT
- 75% reported meetings as very helpful, 5% not helpful
- 71.9 ($SD = 52.9$) vs 36.6 ($SE = 35.7$) average meetings for MAT engaged vs terminations, respectively
- 80.1 ($SD = 58.2$) vs 48.4 ($SE = 42.1$) average meetings for sober groups vs non-sober group (heroin/cocaine), respectively
Empirical Support

- Retrospective chart review and 18-month follow-up interview for 110 (out of 176) bup/nx patients in outpatient settings found that the 77% who remained engaged in MAT were more likely to be affiliated with 12-Step recovery and employed (Parran et al., 2010). *Drug Alcohol Depend*

- 49% of residents who were not receiving MAT endorsed someone who takes bup/nx as being a ‘still using addict’ and 68% endorsed someone who takes methadone as a ‘still using addict.’ (Majer et al., 2017) *Community Mental Health Journal*
12-Step Quotes

“One day at a time.”

“There is an island of opportunity in the middle of every difficulty.”

“When I stopped living in the problem and began living in the answer, the problem went away.”

“If we were to live, we had to be free of anger.”

“Easy does it, but do it.”

“The program works, if you work it.”
A.A./N.A. Meetings

Nobody is ever required to participate, give their name or identify as alcoholic/addict. A.A./N.A. programs want members to feel comfortable with sharing and growing together. But they also recognize that everyone does this at his/her own pace.

The program focuses on abstinence. This means resisting the urge to drink and take other psychoactive or illicit substances. However, prescribed drugs and other medications are permitted while in the program.

N.A. meetings in Ohio: [http://naohio.org](http://naohio.org)
What are the 12 steps of N.A./A.A.?

1. We admitted we were powerless over our addiction—that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood him (e.g., Universe, Nature, Love, Music, Humanity, A.A./N.A.).
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these deficits of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics/addicts, and to practice these principles in all affairs.
What Happens in A.A./N.A. Meetings?

• **Speaker meetings**: A.A./N.A. members share their experiences with alcohol/narcotic abuse, how they found the program, and about their recovery through the program. This type of meeting focuses more on sharing and listening than interaction.

• **Discussion meetings**: One member speaks briefly about their own struggles with alcohol/narcotics, then leads a discussion about recovery with A.A./N.A. and any drinking/drugging-related issue that another person brings up. This type of meeting is much more interactive than a speaker meeting.

• **Step meetings**: Everyone discusses one of the A.A./N.A. steps
SMART Recovery

• SMART Recovery (Self Management and Recovery Training) is a self-empowering addiction recovery support group for any type of addictive behavior (substances or activities)

• Free meetings (on-line and face to face) and discussions help participants learn, practice and refine specific recovery skills

• Advocates appropriate use of prescribed medications and psychological treatments

www.smartrecovery.org
Case Study and Discussion
Join the NEOMED ECHO

Brochures and didactic schedules available today!

Email us to sign up

— OpiateECHO@neomedi.edu
REFERENCES

Alcoholics Anonymous [http://www.aa.org/]


Narcotics Anonymous [http://www.na.org/]
