Vivitrol: An Integrated Healthcare Approach to Addiction

James Conkle, DNP, MSN, APRN, Hopewell Health
Kylie Lemaster, M. Ed, LPC, CDCA, Behavioral Health Consultant, Hopewell Health
Vicky K. Parker, RN, PhD, MS, APRN, Hopewell Health, Ohio University Chillicothe
AGENDA:

- Integrated Care: The Role of Primary Care in Treating Substance Use
- Hopewell Health Centers: Our Goals and Values
- Hopewell’s MAT Program: An Overview
- Administering XR-Naltrexone: Best Practices

LEARNING OBJECTIVES:

- To define Integrated Care in treating substance use.
- To identify best practices in utilizing an integrated care model to treat substance use.
- To identify best practices in using XR Naltrexone to treat opiate use.
Treating Substance Use in Primary Care

Kylie Lemaster, M. Ed, LPC, CDCA, Behavioral Health Consultant, Hopewell Health
In 2016, 20.1 million Americans over age 12 had a substance use disorder (related to alcohol or illicit drug use), but only 3.8 million—one of five—received any substance use treatment.

A survey of people diagnosed with substance or alcohol use disorder found that more were willing to enter treatment in primary care settings than in specialty drug treatment centers.

Treating Substance Use in Primary Care

- Primary care settings: 37.3%
- Specialty drug treatment centers: 24.6%
Why Primary Care?

- With a limited number of specialty drug facilities and the growing need for treatment, primary care settings provide access to care that many patients would not have otherwise.\(^3\), \(^16\)

- Primary care provides a flexible and tailored setting in which patients can receive addiction treatment where they feel less stigmatized than being treated at a separate rehabilitation clinic.\(^16\)

- Individuals with substance use disorder (SUD) often have one or more physical health problems and/or mental health diagnoses. The integration of primary and addiction care can help address the interrelated issues more effectively and cost efficiently, while ensuring higher quality of care.\(^15\)
The Call for Integrated Care

- Patients with SUD have greater access/success receiving treatment in a primary care setting that has an integrated behavioral health component.

- One study demonstrated 39% of patients treated in a collaborative primary care model received addiction treatment versus just 17% of the group who received standard primary care.\(^\text{16}\)

- 32% of patients in the collaborative model reported remaining abstinent from opioids or alcohol after six months compared to 22% of patients in standard primary care.\(^\text{16}\)

- Clinical trials have also shown that patients with SUD and one or more co-occurring illness had better clinical outcomes at a lower cost being treated in an integrated care setting. Integrated care results in better health outcomes for individuals, in contrast to separate agency referrals between behavioral health and primary care that result in up to 80% of patients not receiving care.\(^\text{12, 15}\)
Who is Hopewell Health Centers?

Mission: To provide access to affordable, high quality, integrated health care for all.
- FQHC funded
- HHC works with patients regardless of insurance, utilizing sliding fee scale.

Serves: 9 counties in Southeast Ohio, including Athens, Gallia, Hocking, Jackson, Vinton, Meigs, Perry, Ross, and Washington

Provides: Services including Primary Care, Behavioral Health, MAT, Dentistry, and Early Childhood Programing.
- Patients with SUD have access to outpatient counseling services, physical healthcare, psychiatry, community supports, and crisis services.
An Integrated Approach to MAT

**Our Goal:** To provide access to affordable, high quality, integrated care for all patients seeking medically assisted treatment for substance use.

**Our Values:** Holistic Treatment
Teamwork
Harm Reduction
Stigma Free Environment
Positive Reinforcement
Treating the Whole Person

- Recovery from addiction is a lifelong process. Just as addiction can impact a person’s mind, body, relationships, and goals, so should the treatment. Hopewell accomplishes this by utilizing behavioral health and social supports within a primary care setting.

- **Behavior Health Consultant (BHC)** is an independently licensed counselor who works as a member of the primary care team, providing holistic treatment. The BHC works with patients to develop plans for behavioral change or lifestyle modifications to reduce physical symptoms or address social/emotional problems.

- **Case Management** also works as a collaborative partner in assessing, planning, and coordinating care. Case management ensures patients’ comprehensive needs are met through regular communication with patients, linkages to available resources, and direct communication with outside agencies.

Source: Slideplayer.com
Hopewell’s MAT team consists of medical providers, nurses, BHC, and case managers that each form unique and consistent relationships with patients. This collaboration allows each provider to consider the physical, behavioral, and emotional aspects of health, well being, and recovery.

In one appointment a patient may see the medical provider for addressing any physical issues or symptoms, the BHC for short, solutions-based interventions to address immediate needs, and the case manager for coordinating/linking patients to additional resources.

Hopewell also applies the belief in teamwork to the larger network of services in Ross County, whether it is through referrals, collaborative projects, or advocating for patients. Hopewell works closely with several counseling and social support services, as well as Ross County Police and the Heroin Partnership Project.
Harm reduction is a set of ideas and strategies that aim to reduce the negative consequences associated with drug use. The goal is to respect, value, and prioritize the human rights and dignity of people who use drugs, regardless of where they are in their drug use and/or recovery.\textsuperscript{13}

Under these principals, Hopewell strives to empower our patients to be the primary agents of change and to seek any reduction of harm in their drug use. Hopewell also believes in providing non-judgmental, non-coercive services that meet our patients “where they are at” to address their specific needs and circumstances.\textsuperscript{13}

Additionally, Hopewell provides resources for individuals not currently seeking treatment, assists in overdose prevention and education, and advocates for our patients in local policy and in the community.
Positive Reinforcement

- Positive reinforcement is a motivating factor in all our lives, as we are all more likely to repeat a behavior that makes us feel good. Substance use can be reinforcing in many ways, which is why it is important to utilize the same strategy to reinforce healthy, pro-social behaviors during recovery.

- At Hopewell, positive reinforcement can come in the form of silicone bracelets to celebrate first injection, occasional gift cards or certificates to celebrate milestones, and monthly maker coins/verbal praise at each injection.

- Verbal praise is given throughout the process and often the most meaningful to patients. However, the tangible items allow patients to be reminded of their successes when they leave the office. It is an opportunity to acknowledge and celebrate each patient’s progress that is built in to each appointment.
Hopewell’s MAT Program

Vicky K. Parker, RN, PhD, MS, APRN, CNP, Hopewell Health, Ohio University Chillicothe
Ross County’s Drug Overdose Data

<table>
<thead>
<tr>
<th>YEAR</th>
<th>OD DEATHS</th>
<th>DRUG RELATED</th>
<th>HEROIN (Included)</th>
<th>FENTANYL (Included)</th>
<th>OTHER OPIATES (Included)</th>
<th>Carfentanil and Other Fentanyl Analogs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>19</td>
<td>n/a</td>
<td>0</td>
<td>N/A</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>19</td>
<td>n/a</td>
<td>2</td>
<td>N/A</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>19</td>
<td>7</td>
<td>1</td>
<td>N/A</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>13</td>
<td>7</td>
<td>n/a</td>
<td>N/A</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>11</td>
<td>11</td>
<td>n/a</td>
<td>N/A</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>31</td>
<td>6</td>
<td>19</td>
<td>N/A</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>40</td>
<td>11</td>
<td>20</td>
<td>11</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>44</td>
<td>6</td>
<td>19</td>
<td>20</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>2017 (01/30/2018)</td>
<td>34</td>
<td>12</td>
<td>11</td>
<td>14</td>
<td>15</td>
<td>9</td>
</tr>
</tbody>
</table>
Treatment in Ross County

History of Medically Assisted Treatment in Ross County

- Ross County Health District, XR-Naltrexone, 2014 - 2016
- Hopewell Health Center, XR-Naltrexone, 2016 - to present
- Buprenorphine Clinics:
  Currently 3 in Ross County, 1 of which provides methadone tx as well.

2017 PORT Referrals

- Referred to Treatment: 29
- Packets Left: 56
- Referred for Narcan: 130
- Unable to Contact: 189
- Victims/Support Contacted: 168
- Total Referred to PORT: 298
<table>
<thead>
<tr>
<th>Patients</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active*</td>
<td>202</td>
<td>34%</td>
</tr>
<tr>
<td>Inactive**</td>
<td>364</td>
<td>62%</td>
</tr>
<tr>
<td>Complete</td>
<td>22</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>588</td>
<td>100%</td>
</tr>
</tbody>
</table>

*18 of which have received 12 or more injections but continuing tx.
**Patient has missed 2 or more injections

Hopewell’s Ross County MAT Program
Program Demographics

Age of Patients

Male vs Female Patients

<table>
<thead>
<tr>
<th>Gender</th>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>172</td>
<td>192</td>
</tr>
<tr>
<td>Male</td>
<td>99</td>
<td>103</td>
</tr>
</tbody>
</table>
Counties Served

- Ross: 57%
- Pickaway: 22%
- Pike: 6%
- Highland: 3%
- Fayette: 2%
- Other*: 10%

*Other Counties includes: Adams, Athens, Fairfield, Franklin, Gallia, Greene, Hocking, Jackson, Lawrence, Madison, Meigs, Scioto, Vinton

Referral Sources

- Self: 40%
- Ross Co: 26%
- Pickaway Co: 12%
- Counseling: 13%
- Detox Facility: 5%
- Other: 4%

**Counseling Agencies include: SPVMH, Friel & Associates, Recovery Council, PARS, Safe Haven, and others
Hopewell’s Program and Hepatitis C

**Patient Drug of Choice**
- Heroin: 71%
- Opiate Pills: 17%
- Suboxone: 6%
- Alcohol: 6%

71% of patients report occasional—daily IV use

**Patient Hepatitis C Status**
- Chronic: 14%
- Viral Load: 25%
- Positive for Antibodies: 20%
- Negative: 27%
- Unknown: 14%

5% of patients test positive for Hep B

*Based on reported patient use and reasons for seeking out program. Majority of program’s clients present as polysubstance users.*
Naltrexone:
Step by Step Approach

James Conkle, DNP APRN, Hopewell Health
Therapies to Treat Opiate Addiction

1. Oral Naltrexone
2. Extended Release Naltrexone
3. Buprenorphine (film or tablet)
4. Buprenorphine (extended release)
5. Methadone
6. Behavioral Health Services
Naltrexone

- Naltrexone is an opioid antagonist. It binds to the same receptors in the brain that opiates like heroin, hydrocodone, oxycodone, morphine, buprenorphine, and methadone bind to.\(^1\), \(^2\)

- Naltrexone does not induce pain relief, sedation, euphoria, or other opioid effects. It instead occupies these receptors with no pleasurable feelings. After binding to the mu opioid receptors, naltrexone blocks the effects of opioid drugs.\(^1\), \(^2\)

Source: [7](http://www.commonwealthfund.org/publications/newsletters/transforming-care/2017/september/in-focus)
Efficacy of Naltrexone

- Oral naltrexone may have compliance issues.
- Methadone and buprenorphine have been thoroughly tested and have shown to be effective therapy at decreasing or eliminating the use of full opiate agonist
- Extended release naltrexone versus placebo showed increased abstinence decreased cravings.  
- Extended release naltrexone has shown efficacy in maintaining abstinence, decreased cravings, and relapse prevention.
- More than 500 individuals randomized into groups of either buprenorphine or XR-naltrexone showed similar rates of retention after induction.
- Completion of therapy was more difficult for the XR-naltrexone group.
Our goal is to offer an opiate free treatment option for those struggling with addiction.

- Combining medical therapy in conjunction with behavioral counseling and referrals to AOD counseling, family counseling and psychiatric services.

- XR-naltrexone is not for all clients. They should be motivated, understand the opiate free period prior to initiation, and potential risks associated.

- If unsuccessful on the initial attempt at therapy, we look at alternative methods, alternative comfort medications or referrals to alternative treatment options.
**INITIAL ASSESSMENT**
- Patient information
- Drug use: type, amount, routine
- Treatment Hx: medication, response, adherence

**MEDICAL HISTORY**
- Complications: HIV, Hep C, abscesses
- Physical Exam: V/S, dental abscesses, etc.
- Labs: CBC CMP, UDS, Urine Pregnancy, HIV, Hepatitis screen

**APPROPRIATENESS FOR VIVITROL**
- Provide information of patient’s medical status to the team.
- Review consequences of opioid use.
- Discuss opiate disorder and benefits/risks of treatment with MAT team.
- Review education form with client.
- Review diagnosis with client/MAT team
Assessment of Patient’s Readiness for Treatment

1. Vital Signs
2. Urine toxicology screen (assess for all opiates)
3. Recent opioid use history
4. Pregnancy test
5. Assess for contraindications (liver disease, chronic pain, acute pain needs)

NO OPIATE USE
(10-14 days)
- Evidence of no recent use, asymptomatic, negative UDS
- Proceed with injection

RECENT USE
(7-14 days)
- Evaluate Clinical Opiate Withdrawal Scale (COWS)

COWS > 4
- Consider comfort meds 2-3 days then re-evaluate

NEG COWS
- Negative UDS
- Oral Naltrexone Challenge
- Injectable if tolerates challenge

CURRENT USE
(Within 7 days)
- There may still be dependence even with opioid-negative UDS
- Treat with additional comfort medications, and postpone until 7-10 days of no opiate use.
- Consider consultation of buprenorphine-assisted withdrawal management
XR Naltrexone Injection

- XR Naltrexone should be refrigerated at all times.¹ ²
- Removed from refrigerator at least 30 minutes prior to injection.¹ ²
- The diluent and microsphere powder should be mixed thoroughly (using the preparation needle and syringe) w/o air bubbles to avoid clogging needle during injection.¹ ²

- Choose the needle size to ensure intramuscular placement of the solution.
- Aspirate for blood and move injection as needed.
- The injections is to be placed in the dorso-gluteal area.
- Injection site should be alternated monthly.
- If the injection clogs, withdrawal, replace the needle and repeat the injection.
All patients should be provided a medication safety necklace or bracelet in case of needed emergency care.¹,²

Monitor for 20 minutes after the initial injection.¹,²

Schedule follow up injections every 28-35 days to ensure the patient is continuously blocked from opiates.¹,²,⁸

Planned surgical procedures can be scheduled between injections and supplemental P.O medication may be given as needed until resumption of IM XR Naltrexone can be completed.

If an injection is missed, administer naloxone/naltrexone challenge to ensure client is opiate free.
### Over the Counter Options for Opiate Withdrawal:

- Nutritional support, through diet and/or vitamin supplements
- Hydration
- Hydrotherapy, including baths and whirlpools
- Nonsteroidal anti-inflammatory drugs
- Anti-nausea medications
- Topical analgesics
- Natural sleep supplements
- Antidiarrheal medications

### Symptoms of Opiate Withdrawal:

- Muscle Aches
- Abdominal Cramping
- Restless Leg Syndrome
- Dilated Pupils
- Runny Nose
- Tearing
- Sweating
- Goose Flesh
- Yawning
- Nausea & Vomiting
- Agitation & Anxiety
- Insomnia
Opiate Withdrawal Timeline

Source: American Addiction Centers
Comfort Medication for Withdrawal: Getting Through Initiation of XR-Naltrexone

- **CLONIDINE**—0.1mg up to 4 times per day. HOLD if blood pressure is < 90/60 (shakes, sweats, chills, cholinergic overload)
- **PROMETHAZINE**—25mg Q 4-6 hours or **ONDANSETRON**—4 mg Q 8 hrs. (N, V, D)
- **LOPERAMIDE**—2mg, 2 after initial episode then 1 after each loose stool (up to 8 tablets per day) (diarrhea)
- **CYCLOBENZAPRINE**—5mg Q 8h as needed (muscle aches/spasms)
- **GABAPENTIN**—300mg TID (restless legs)
- **HYDROXYZINE**—50mg QHS as needed (insomnia)
- **TRAZODONE**—50 - 100mg QHS (insomnia)
- **ORAL NALTREXONE** (8-10 day Titration dose)—.25mg, .5mg, 1mg, 3mg, 4.5mg, 6mg, 12.5mg and 25 mg (packaged by compounding pharmacy)
Follow Up Visits on XR-Naltrexone

- Clients have a UDS screen on each visit.
- The first three are supervised. Subsequent visits are supervised at random.
- Clients are asked about what struggles they are encountering to maintain sobriety.
- Questioned about the severity of cravings, using dreams.
- Who is on their support team, and how readily accessible they are.
- Are they following through on counseling, NA, AA, PO.
- Are there any medical concerns related to the last visit.
- A PHQ-2(9) is completed to see if the team needs to assist in managing depression.
- Use of other substances is addressed. Many individuals struggling with opiate addiction are polysubstance users.
- Referrals are made for dental, as well as GI/Hepatology. Our goal is to treat the entire client, not just their addiction.
REFERENCES


REFERENCES


REFERENCES
