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# Vermont Hub and Spoke Model Treatment Need Questionnaire

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# Webinar Reminders

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1. Everyone is muted.

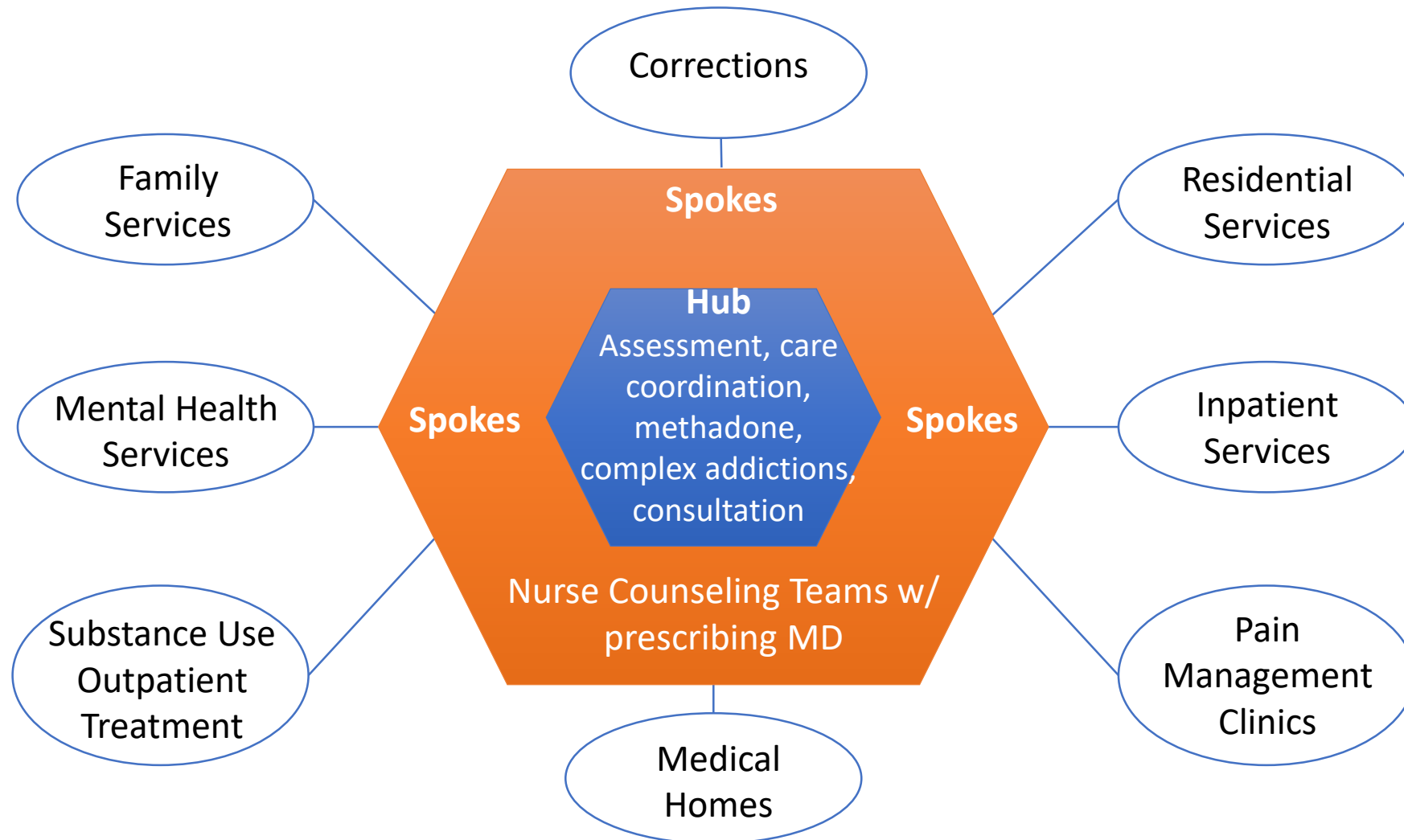
- Press \*7 to **unmute** and \*6 to **mute** yourself.

2. Remember to chat in questions!

3. Webinar is being recorded and will be posted and sent out via email



# Hub & Spoke Model: Integrated Health Systems for Addictions Treatment



# Spokes:

## Overview & Practice Setting

**Spoke:** The ongoing care system comprised of a prescribing physician & collaborating health & addictions professionals who monitor adherence to treatment, coordinate access to recovery supports, & provide counseling, contingency management, & case management services

**Spokes can be any of the following practice settings:**

Primary Care  
Providers

Blueprint  
Advanced  
Practice Medical  
Homes

Outpatient  
Substance Use  
Treatment  
Providers

Federally  
Qualified Health  
Centers

Independent  
Psychiatrists

# Level of care

- Community providers often do not know if they can take care of someone with opioid use disorder in the office
- Buprenorphine waiver training does not go into detail of complexity
- Many providers feel overwhelmed to start prescribing buprenorphine
- Not sure of the resources that may be needed
- Most of the time it was the medication rather than the setting that determined the care provided (bup in office, methadone in a clinic)

# Determining Intensity of Care

- Treatment Needs Questionnaire
- OBOT is office based opioid treatment with bup and can be a Spoke
- OTP is opioid treatment program with methadone and bup and is a Hub
- Required use for VT Hub providers, encouraged use for Spoke providers to develop consistent triage screening process
- Does not consider ER-Naltrexone as an option in the algorithm

## Scoring

- **Scores up to 26 with lower scores predicting good Spoke outcomes**
- **0-5:** Excellent candidate for office-based treatment
- **6-10:** Good candidate for office-based treatment with on site behavioral health services
- **11-15:** Candidate for office based treatment by board certified addiction physician in a tightly structured program with supervised dosing & on-site counseling or HUB
- **16-26:** Hub program

# Triage tool-Treatment Need Questionnaire (TNQ)

- Author (JB) wrote down the challenges between Methadone program and Office Based Opioid Treatment patients
- Loosely based on Addiction Severity Index by McLellan et al.
- Areas of concern
  - Legal
  - Family
  - Social
  - Psychological
  - Occupational
  - Medical
  - Drug and Alcohol use

# TNQ

- 21 items
- Score of 26 max
- Higher scores may mean more services or expertise is needed
- Some items weighed more heavily than others based on research literature and professional experience
- Not yet validated as predictive by controlled trials



# TNQ copyrighted

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# TNQ scoring

- Low scores of 0-5 We thought any provider could deal with this person in an OBOT Spoke
- Score of 6-10 Any OBOT Spoke provider with on site behavioral health program and access to an addiction specialist as a mentor
- Score of 11-15 Needed Hub level or addiction specialist with resources at hand such as counseling, drug screening, and admin help
- Score of 16 or higher Hub level
- However, lower scores could be at a Hub and move to a Spoke over time if on bup (or methadone for pain)

# TNQ

- Most valuable at initial contact and not designed to measure progress over time
- Gives the provider a “snapshot” that requires further questioning at intake
- Can be given to patient to answer on own and then handed to provider
- May be administered by admin staff but needs to be evaluated further by provider or trained personnel

# Validity

- Many of the items have been shown to be predictive of stability in treatment
- These items were given scores of a 2
  - Intravenous drug use
  - Cocaine use
  - Benzodiazepine use
  - Alcohol use
  - Chronic pain
  - Previous success in medication assisted treatment program

# Validity

- Rest of the items added to look at issues that will impact decisions on treatment location and were given scores of 1
  - Employment and education
  - Psychological issues
  - Medical issues
  - Family and social supports
  - Legal issues, especially drug dealing
  - Travel and access issues
  - Motivation

## Scores of 2

- IV drug use associated with higher severity of disease and often predicts need for long term treatment with MAT.
- [Addict Behav.](#) 2015 Mar;42:189-93. doi: 10.1016/j.addbeh.2014.11.006. Epub 2014 Nov 18. **Lifetime history of heroin use is associated with greater drug severity among prescription opioid abusers.** [Meyer AC](#)<sup>1</sup>, [Miller ME](#)<sup>2</sup>, [Sigmon SC](#)<sup>3</sup>.

# Scores of 2

- Cocaine use associated with poorer treatment outcome at intake
- [J Addict Dis.](#) 2006;25(1):43-50. **High methadone dose significantly reduces cocaine use in methadone maintenance treatment (MMT) patients.** [Peles E<sup>1</sup>](#), [Kreek MJ](#), [Kellogg S](#), [Adelson M](#).
- Need to assess frequency and last use of cocaine. If it was in the distant past, it may still be an issue once the person enters treatment and can no longer use opioids. Can also be treated with higher doses of buprenorphine

# Scores of 2

- Alcohol and BZD use associated with less stable individuals
- Many providers do not know how to deal with these disorders
- Many opioid users are prescribed BZD to manage “anxiety”
- Many mix both and can be at risk for morbidity and mortality
- However, both Alcohol use disorder and anxiety can be managed in the office if enough resources are available
- Alcohol and opioids work on similar parts of the brain so people may resume use once on MAT



# Chronic pain

- May indicate need for methadone
- Also implies need for more psychological support
- May be managed with buprenorphine but not as well
- Worsened by tobacco smoking which 99% of heroin users do so can imply the need for management of tobacco use in the office

# Previous treatment

- May predict poor outcome and need for more services
- Also need to ask why they left treatment or what did not work and then try not to repeat the same mistakes
- Self reported so requires more data

# Scores of 1

- Transportation-may mean the person CAN'T get to a clinic daily even though the TNQ score is high
- Phone-need to be able to reach them in spoke for appointments
- Family and friends show what social supports they have and risks for ongoing use
- Work-can you get to Hub due to work or is a more flexible appointment schedule best?
- Housing-can the person store the medication safely if in spoke?
- Motivation and meetings-implies good network and not coerced for treatment

# Legal issues

- Many have them
- Will they return to jail and is MAT (Bup/mtd) available to them in jail?
- Dealing history implies higher risk of diversion and less compliance
- May also mean ongoing drug use exposure if still involved in those circles and thus needs Hub level
- Probation often is an incentive to be in treatment

# Scoring

- Add it up and look at the score
- Use your “gestalt” about the person
- If you decide to treat in the office, what are your “must dos”?
- Low scores may not predict quantity of heroin used and level of distress
- Can always try to work with someone with a higher score and see if they get better
- “Any day someone is not sticking a needle in their body is a good day” as their risk of Overdose diminishes

# Q & A

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## Contact Information

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**THANK YOU!**