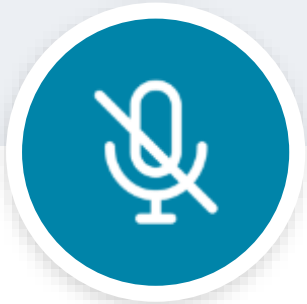
Welcome!



Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.

Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.

Naming

Add Your Organization

Represent your team and add your organization's name to your name.

Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.

Addiction Treatment Starts Here
Nurse Forum Session #4

“Initiating Buprenorphine, the Importance of Follow-Ups, and Urine Tox Screens”

January 5, 2022 | 12-12:45pm (PT)

CCI CENTER FOR CARE INNOVATIONS + DHCS

MAT Nurses Forum 4

INITIATING BUPRENORPHINE TREATMENT AND FOLLOW-UP CARE AND THE PURPOSE OF URINE DRUG SCREEN

Katie Bell MSN RN-BC CARN PHN

Diane Rooney MS MBA RN - West County Health Center MAT RN

Glenna Eady RN Adventist Health Feather River

Once upon a recent time…

- The only way we would initiate buprenorphine/naloxone (suboxone) was with in-clinic "inductions" which would take 2-4 hours.
- Now we have more options:
- Refer to CA Bridge to Treatment program for immediate care.
- Home Start – patient can start when ready with good education, instructions and experience.
- *Forum Question: In-clinic Start – who would need this?*

Initiating Buprenorphine

- Most patients who come into our MAT programs have had experience with suboxone.
  - Assess for their Bup experience, including what dose supported abstinence from full agonist opioids.
  - “Have you ever experienced precipitated withdrawal?”
  - Most recent opioid use – get as specific as possible.
  - Let them know why the Urine Drug Screen will support their best initiating

Initiating Buprenorphine care (suboxone)

- Appointment with provider established – the sooner the better
- Review of MAT Treatment Agreement, program requirements, if any, and patient expectations
- Clinical Opiate Withdrawal Scale
- Consider all reported opioids
- *Forum Question: What do we need to know about current or recent full-agonist opioid use?*

Follow-up - early stabilization

- Frequency of phone calls
- Phone assessment – Cravings? Withdrawal? Side effects? Support?
- Chart and forward information to provider. Keep all relevant MAT team members in the loop.
- Case management needs – ASAM assessment? Social needs?

Urine Drug Screens

- Urine Drug Screens in primary care settings.
- The purpose of requiring UDS for MAT programs is for safety and stability.
- Urine Drug Screens are ***never*** used in primary care settings for holding our patients accountable or to catch them in a lie or to incarcerate. UDS are used in other settings for these purposes but never in medicine.

Glenna's Questions

How can we engage our patients in supportive, therapeutic structure?

How can we have more oversight or involvement when they are resistant?

How can we navigate with the PCP who is rigid?

How can we redeem this patient to our program? Now he is out there. . . .

Glenna's Case Review – "Ben"

- Pt was initially resistant to Suboxone because of previous experience when he borrowed some from a friend. He also apparently has been in some type of treatment for OUD but failed the treatment. Somewhere he experienced precipitated WD and was fearful of that. Overdose x2, has Narcan. Lives in a remote town with limited access to care due to distance, snow and finances. Fears Suboxone believing that it is harder to get off of than is heroin. Feels guilty about heroin use, spiritually motivated to clean up his act, very fearful of stigma and being sent to jail. Fearful that we will turn him in.

Glenna's Case Review – "Ben"

- Patient was receiving methadone 50 mg TID for chronic pain – cervical disc dz and also lumbar pain.
- Tested pos for meth and the provider tapered him off the methadone.
- Patient found Black Tar Heroin to self-treat his pain.
- Reports meth helps with pain relief
- Had a botched Suboxone start r/t to short Suboxone Rx, Holiday weekend, patient hesitancy, missed appointments, snow and another short rx for suboxone.

Glenna's Questions

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Essentials for Addictions Nursing

- American Society of Addiction Medicine (ASAM)
- California Society of Addiction Medicine (CSAM)
  - One membership covers both societies
  - RNs can become associate members
  - ASAM has a weekly publication
- CSAM annual conference is excellent!
- Both of theseAddiction Medical Societies are great resources and important for networking.

Pop Quiz

- Name the only two reasons a Urine Drug Screen is collected in the care of our MAT/MOUD patients in any medical setting?

Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.

5 – Excellent
4 – Very Good
3 - Good
2 - Fair
1 – Poor

2. Please select the number that best represents your response to the statement: Today's session was a valuable use of my time.

5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.

5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree

Thank you!!

Thank you for participating in our ATSH Nurse Peer Forum Series!

For all session slides and recordings, go here:
https://www.careinnovations.org/events/atsh-peer-forums-registration/#nurse-medicalassistants

Any questions? Email juancarlos@careinnovations.org


THE END