


CHAMP

OD Medications and Screeners

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AGENDA

- Any questions or concerns about launch this month
- CMTS Issues/Challenges
- Discuss MOUD
- Review Some Screeners

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Learning Objectives

By the end of this session, participants should be able to:


- Voice familiarity with most commonly prescribed medications
- Explore any final questions about the CHAMP screeners

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Medications for Opioid Use Disorder (MOUD)

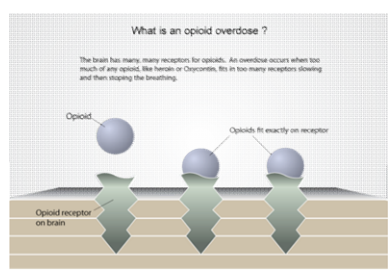
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Opioids, Overdose and the Brain

What is an opioid overdose?

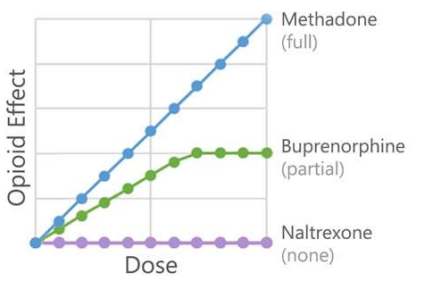
The brain has many many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycodone, fits in too many receptors slowing and then stopping the breathing.




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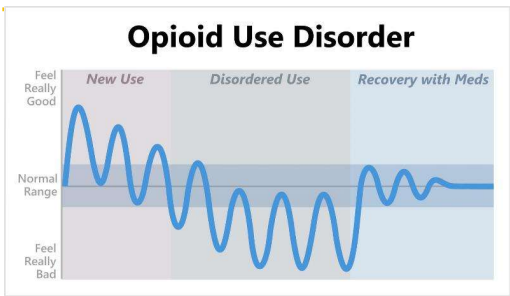
OD Treatment Medications



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Medications and Mood Stabilization 

Opioid Use Disorder




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Medications: Good for the Patient 

- Effective treatment for a challenging chronic disease
 - Reduce deaths
 - Meds are safe and effective
 - Well-tolerated
- Support recovery
 - Stabilize function and control cravings
 - Prevent recurrence of disease




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Methadone 


- Full Agonist
- Available in opioid treatment program (OTP) only
- Pill, liquid, or wafer form
- No ceiling effect
- Side effects
 - Constipation, Nausea
 - Sexual dysfunction or decreased libido
 - Drowsiness, sweating
 - Amenorrhea, weight gain
 - Edema

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Buprenorphine 

- **Partial agonist**
- Available as tablet or film
- Generally offered in a duo product with Naloxone (Narcan)
- Slow onset
- *Ceiling effect* on respiratory depression
- *High affinity* for μ -opioid receptor
- *Slowly dissociates* from μ -opioid receptors
- “Safer than Tylenol”

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Buprenorphine Side Effects 

- Oral issues
- Constipation
- Vomiting
- Insomnia/sleepiness
- Disturbance in attention

Note:

- *Side effects may be less intense than full agonists*
- *Less potential for respiratory depression*

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Main Buprenorphine Products 

- **Suboxone** (Zubsolv, Bunavail) “bupe, subs”
 - Duo product buprenorphine with naloxone
 - Most common medication formulation
- Subutex
 - Bup mono product- higher risk for abuse/diversion
- Extended-Release Buprenorphine (Sublocade)
 - Monthly injection
 - Indicated for patients who have been stable on buprenorphine for at least 7 days
- Probuphine
 - 6 month implant by certified (and waived) Provider


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XR Naltrexone (Vivitrol)

- **Full antagonist** - does not activate the μ -opioid receptor, exerts no opioid effect
- Monthly Injection
- Patient must be opioid free for 7-14 days prior to start
- Side effects
 - Can precipitate withdrawal if taken after recent use
 - Insomnia
 - Injection site pain
 - Impaired liver function

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National Academy of Sciences Consensus Report March 2019

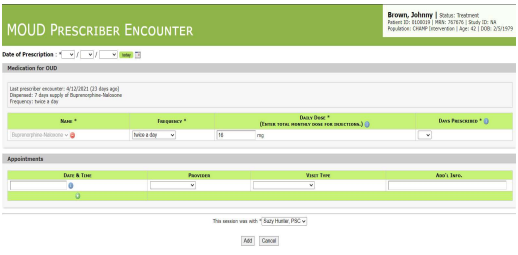


- OUD is a treatable chronic disease
- FDA-approved medications to treat OUD are effective and save lives
- Long term retention on OTM is associated with improved outcomes
- It is unethical to withhold needed medical treatment or deny services

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CMTS Medication Encounter

- Enter the medication details each time you see your CHAMP patient



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Screening for Co-Occurring Mental Health Disorders in CHAMP

- Patients who meet DSM 5 criteria for OUD and have a positive screen for depression, anxiety and/or PTSD in the last six months are eligible
- Screeners used for this purpose include:
 - PHQ9
 - GAD7
 - PC-PTSD-5
- Cut point scores for CHAMP eligibility are less than might be used in referral to your regular CoCM program (5 for GAD7 and PHQ9)

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Screeener for OUD: NIDA-modified ASSIST – CHAMP (NMA)

Use of Prescription Details Other Than as Prescribed, Q1-6

Question	Never	Rarely	Usually	Always	Only if Asked
1. How often have you used prescription opioids (or another OUD medication) in a way that is not as prescribed?	0	1	2	3	4
2. How often have you had a strong desire or urge to use prescription opioids?	0	1	2	3	4
3. How often have you used prescription opioids for pain (or health, social, legal or financial problems)?	0	1	2	3	4
4. How often have you talked to or been personally counseled by someone because of your use of prescription opioids?	0	1	2	3	4

Street Opioids Use, Q7-13

Question	Never	Rarely	Usually	Always	Only if Asked
7. How often have you used street opioids (or another OUD medication) in a way that is not as prescribed?	0	1	2	3	4
8. How often have you had a strong desire or urge to use street opioids?	0	1	2	3	4
9. How often have you used street opioids for pain (or health, social, legal or financial problems)?	0	1	2	3	4
10. How often have you talked to or been personally counseled by someone because of your use of street opioids?	0	1	2	3	4

Score of 4 and above indicates moderate risk but rooming staff should bring any positive score to the attention of the PCP

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Scoring the NMA-CHAMP Screener

Instructions: For each substance – prescription and street opioids – add up the scores received for the appropriate 6 questions. This is the Substance Involvement (SI) score.

Prescription Opioids		Street Opioids	
Question #	Score	Question #	Score
Q1		Q7	
Q2		Q8	
Q3		Q9	
Q4		Q10	
Q5		Q11	
Q6		Q12	
Total (SI SCORE)		Total (SI SCORE)	

Instructions: Use the resultant SI Score to identify patient's risk level. To determine patient's risk level based on their SI score, see the table below:

Level of risk associated with different SI Score ranges for illicit or nonmedical prescription drug use	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

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OUD Screening Toolkit

<https://champ.psychiatry.uw.edu/resources/>

- We have created some tools to help your clinic implement universal screening for OUD with the NMA
- Toolkit includes:
 - Basic information about the NMA
 - A training guide for medical assistants, front and back office staff
 - Frequent patient questions about the NMA with suggested answers
 - Strategies for training, testing and making improvements in OUD screening workflows
- New – Suggested NMA Scripts for Rooming Staff**

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Primary Care PTSD Screen for DSM 5 (PC-PTSD-5)

How to Score the PC-PTSD-5:

If patient denies exposure, then PC-PTSD is complete with a score of 0.

If patient indicates a trauma history, then they are instructed to answer 5 additional yes/no questions.

A cut-point of 3 on the PC-PTSD-5 (respondent answers 'yes' to any 3 of 5 questions) indicates probable PTSD. NB for CHAMP cut-point is 1

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PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

If no, screen total = 0. Please stop here.

If yes, please answer the questions below:

In the past month, have you...

- had nightmares about the event(s) or thought about the event(s) when you did not want to? **YES**
- tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? **YES**
- been constantly on guard, watchful, or easily startled? **NO**
- felt numb or detached from people, activities, or surroundings? **NO**
- felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES**

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PTSD Checklist for DSM 5 (PCL-5) - Monitoring PTSD

How to Score the PCL-5:

A total symptom severity score (range 0-80) can be obtained by summing scores for each of the 20 items.

A cut-off score between 31-33 is indicative of probable PTSD.

A 5-10 point change represents reliable change.

A 10-20 point change represents clinically significant change.

5 points is the minimum threshold for determining whether a patient has responded to treatment, and 10 points is the minimum threshold for determining whether improvement is clinically significant.

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PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers on the right to indicate how much you have been bothered by that problem (0=Not at all, 4=Extremely).

In the past month, how much were you bothered by:

	Not at all	A little	Moderately	Quite a bit	Extremely
1. Repeated, disturbing and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Trouble feeling or acting as if the stressful experience were actually happening again (as if you were actually back there when it happened)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, feeling thoughts such as "I am bad" or "There is something seriously wrong with me, no one can be trusted, the world is completely dangerous")?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble getting very excited (feeling the "rush" or being unable to feel happy, proud, or have feelings for people when they try)?	0	1	2	3	4
15. Irritability, feeling angry, or acting aggressively?	0	1	2	3	4
16. Taking too many risks in doing things that could cause you harm?	0	1	2	3	4
17. Being "startled" or easily scared?	0	1	2	3	4
18. Feeling nervous or shaky?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Total score = 35

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Opioid Treatment Response Inventory (OTRI-4) Self Report Form

Name: _____ Date: _____

Opioid Treatment Response Inventory—OTRI-4†


The following four questions ask you about symptoms of opioid-use. Please indicate your answer by circling the correct response. †

In the past week...†	Yes†	No†
1. Have you had any opioid withdrawal symptoms?†	Yes†	No†
2. Have you had any opioid craving?†	Yes†	No†
3. Have you used any illicit opioids?†	Yes†	No†
4. Have you had any medication side effects?†	Yes†	No†

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Questions & Discussion



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THANK YOU FOR JOINING US TODAY!

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