

Best Practices in Buprenorphine Prescribing: Improving Treatment in Appalachia & Wisconsin through CME

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Introduction

- Many docs with limited experience
- Can be challenging population
- ↑ concerns about diversion/misuse of medication in Appalachia and Wisconsin (WI)

Purpose

- Determine effectiveness of non-traditional CME in improving pharmacology and legislative knowledge and promoting quality practice behaviors that should decrease risk of diversion and misuse of buprenorphine

Methods – The Curriculum

- Gather all data, guidelines, and formulate a curriculum that all speakers agree upon
- Multiple handouts/forms generated
- Teach time- and cost-efficient concrete ways to structure treatment
- Provide evidence, teach the pharmacology
- Discuss cases requiring skill set taught

Methods

- Invited sample (n=123 Appalachia, n=188 WI) with DEA NTIS database
- IRB approval
- 4 surveys to evaluate outcomes
 - Prior to CME
 - Onsite immediately after CME
 - 1 & 3 months after CME
- \$99 Amazon gift card if completed all surveys

Results

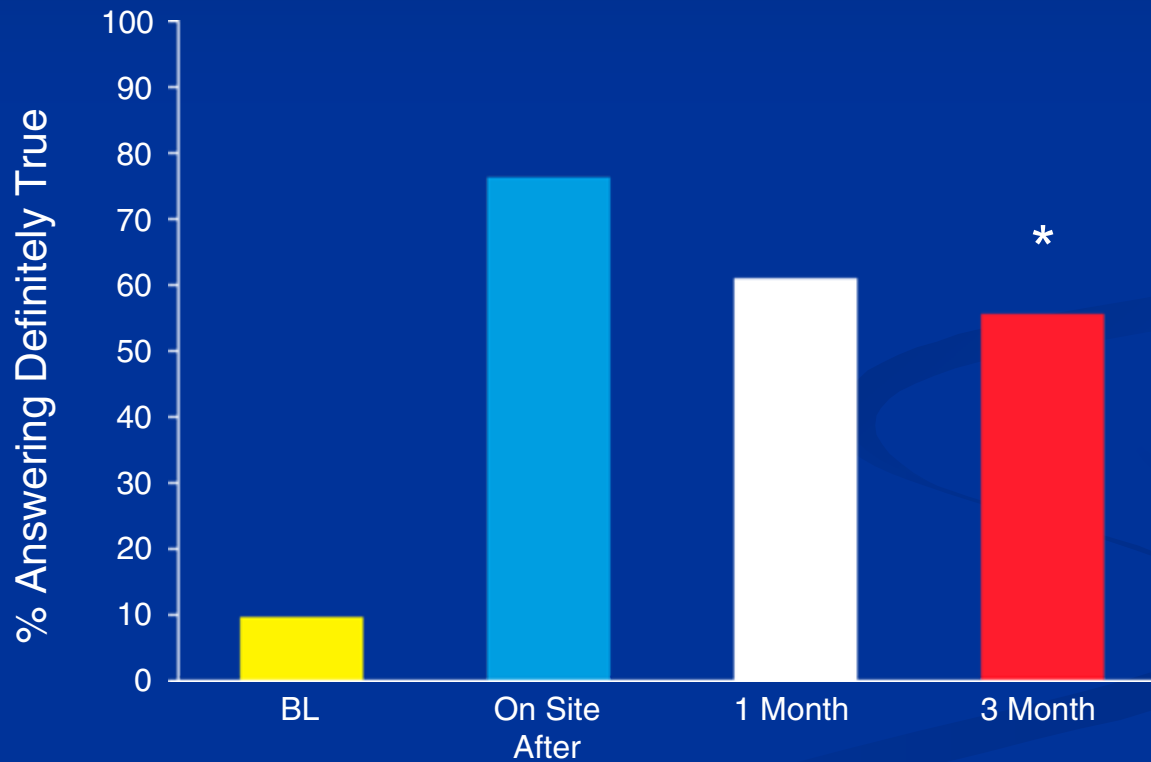
- CME attendees:

Board certification	Appalachia (n=28)	WI (n=39)
Psychiatry	7.1%	43.0%
Family Medicine	25.0%	17.9%
None	21.4%	10.3%
Internal Medicine	10.7%	7.7%
Other	35.8%	21.1%

- Mean # months with OBOT experience
 - Appalachia (n=24): 21.9 months
 - WI (n=32): 40.0 months

Bup Schedule II

If buprenorphine was reclassified as a Schedule II Controlled Substance, it would NOT be legal to prescribe it in an office-based setting for opioid dependence treatment:

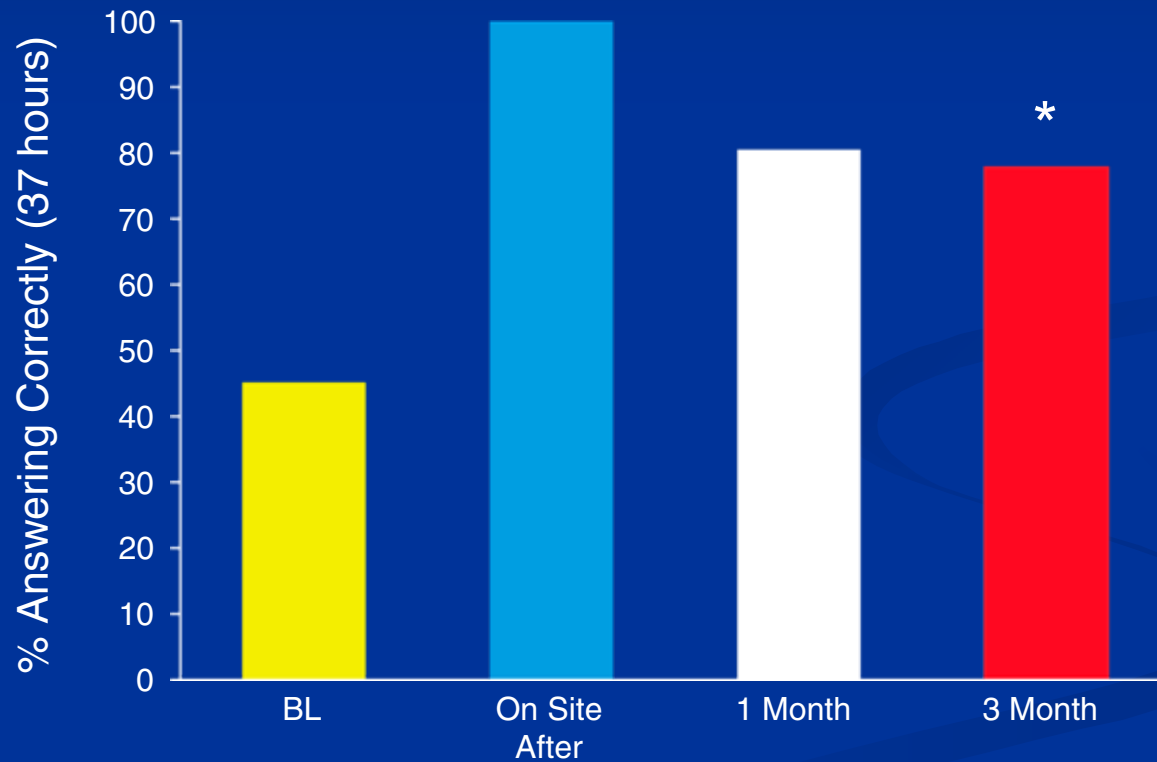


GEE Site and Survey as Factors

* Planned comparison 3month vs. BL: $p < 0.0001$

Bup Half-Life

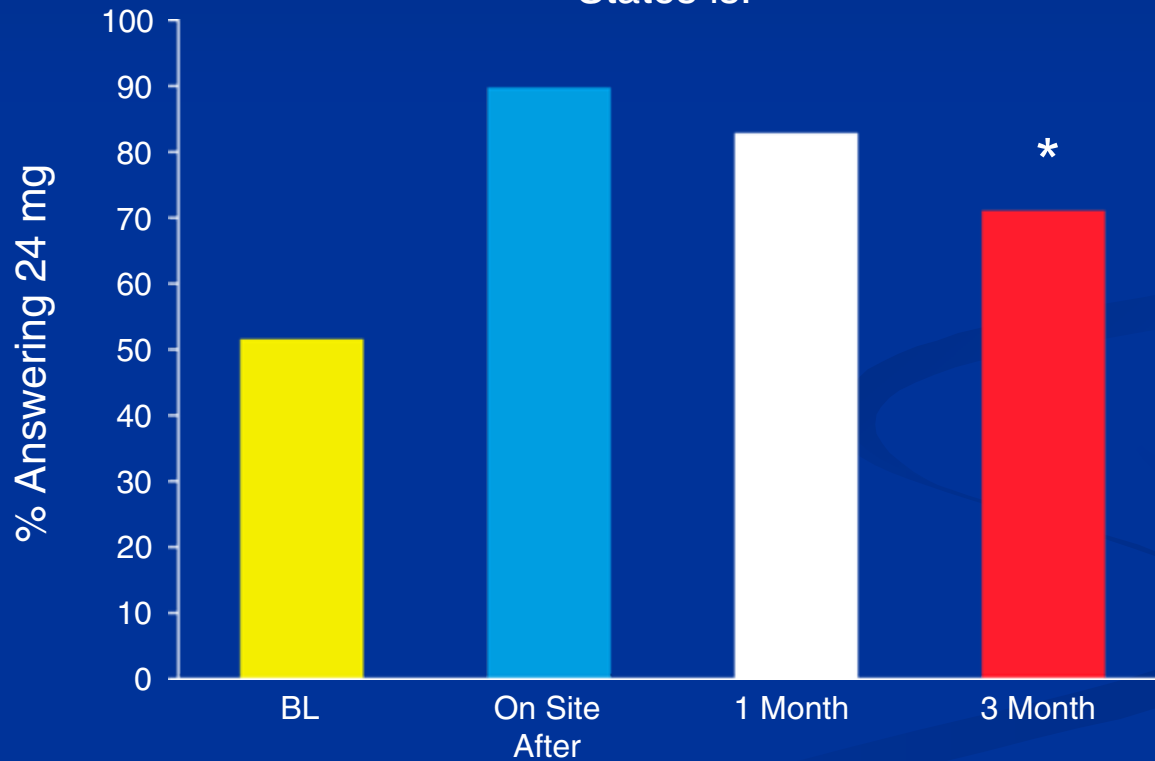
Buprenorphine has an average half-life of approximately:



* Planned comparison 3 month vs. BL: $p=0.001$

Upper Dose

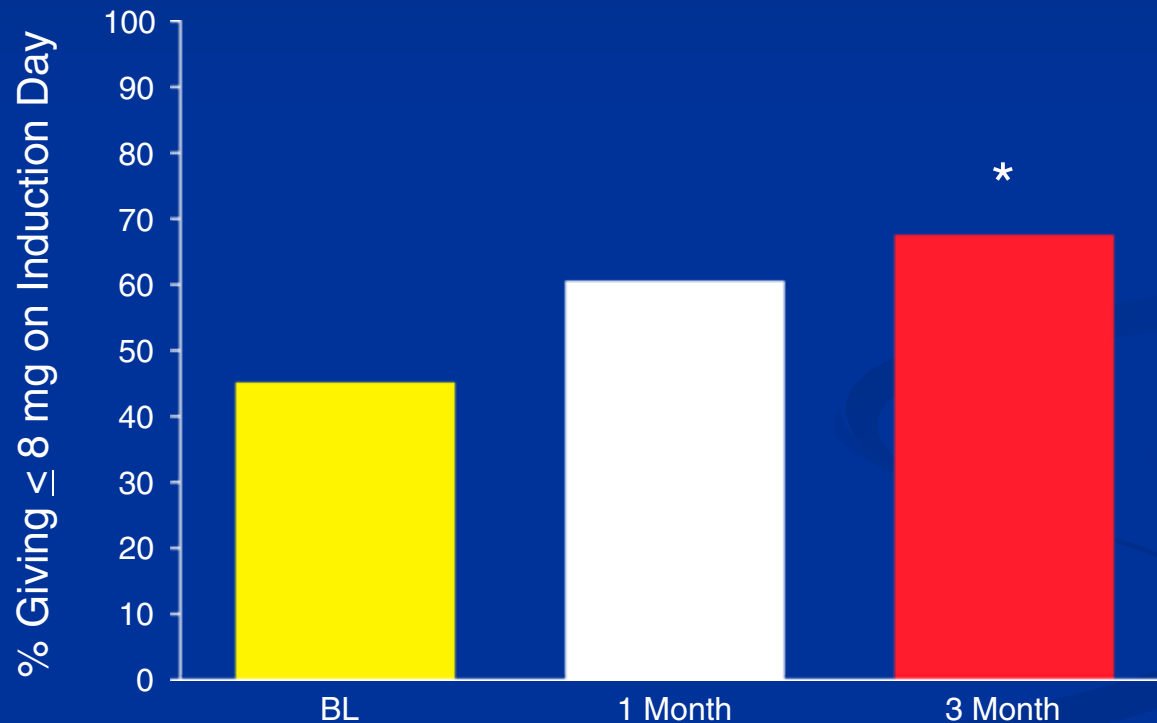
The recommended upper limit of the daily buprenorphine dose in the United States is:



* Planned comparison 3month vs. BL: $p < 0.0001$

Induction Day Dose

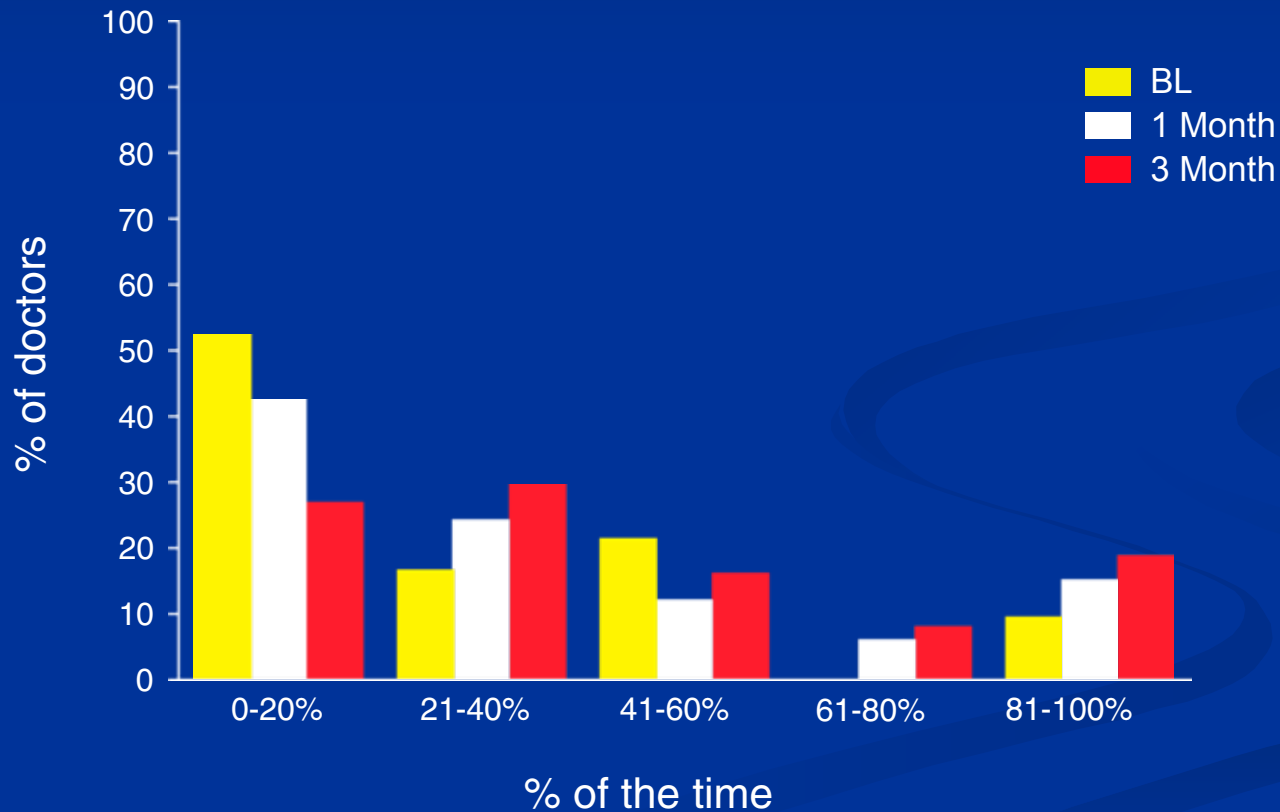
What total buprenorphine dose do you allow a patient to take on Induction Day?



* Planned comparison 3 month vs. BL: $p=0.002$

Random Urines

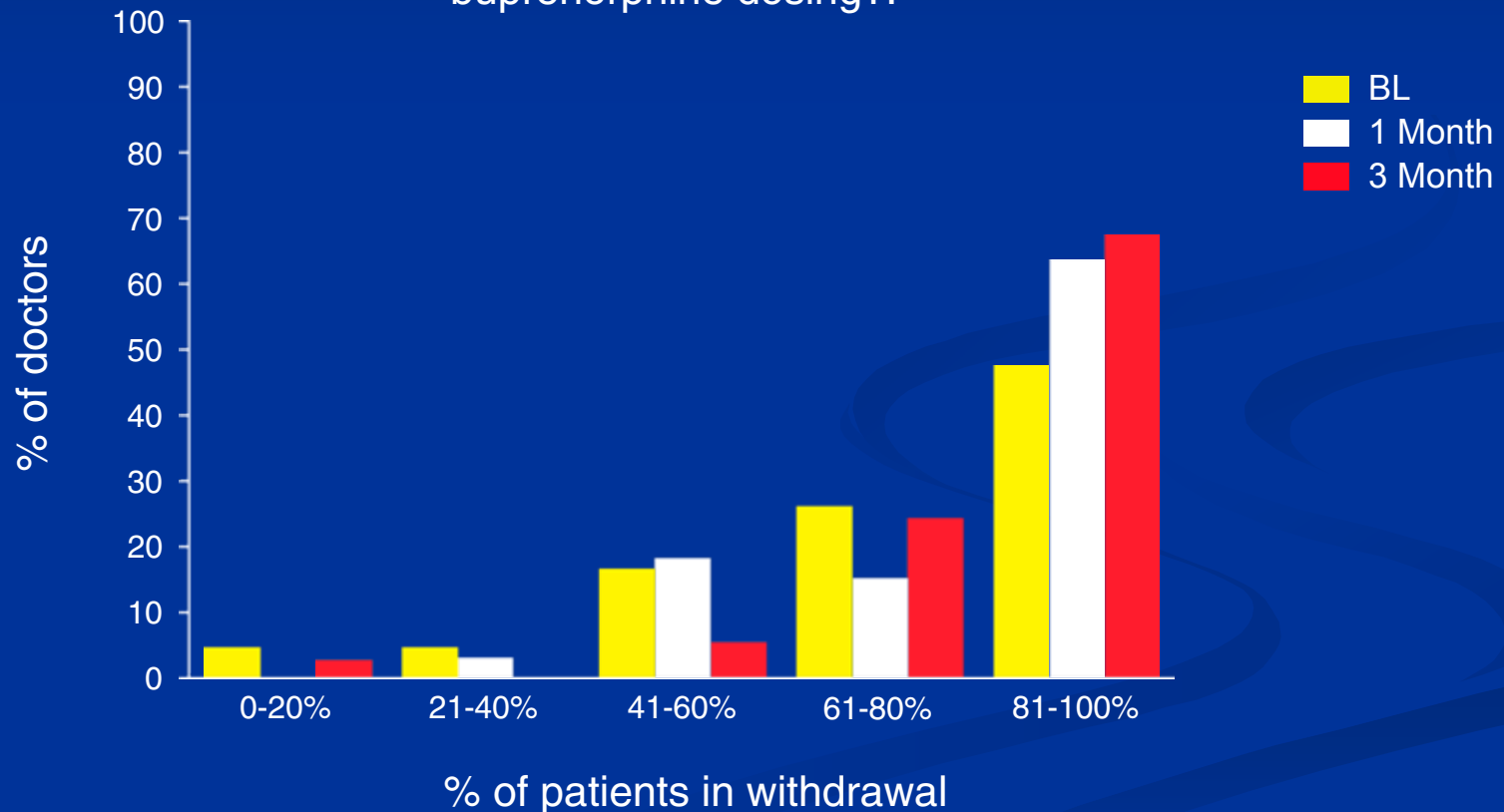
What percentage of the time is urine drug testing done on a random basis?



* Planned comparison 3 month vs. BL: $p=0.006$

Withdrawal at Induction

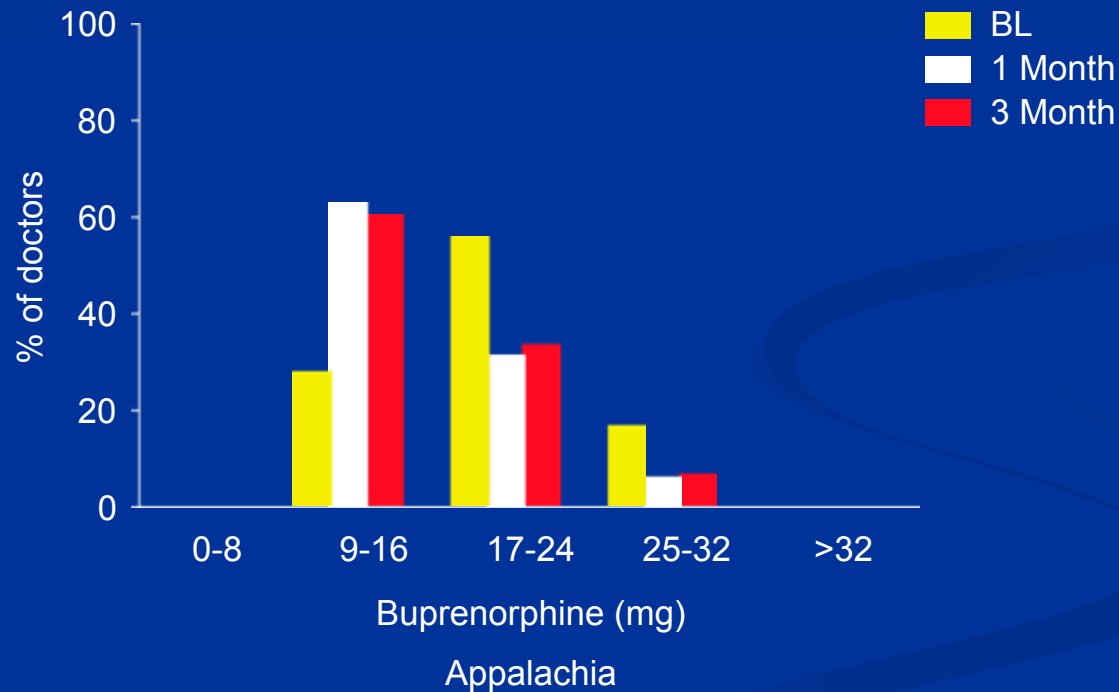
What % of your patients are in opioid withdrawal at the time on initiating buprenorphine dosing?:



* Planned comparison 3 month vs. BL: $p=0.013$

Average Daily Maintenance Dose

Average Daily Maintenance Dose

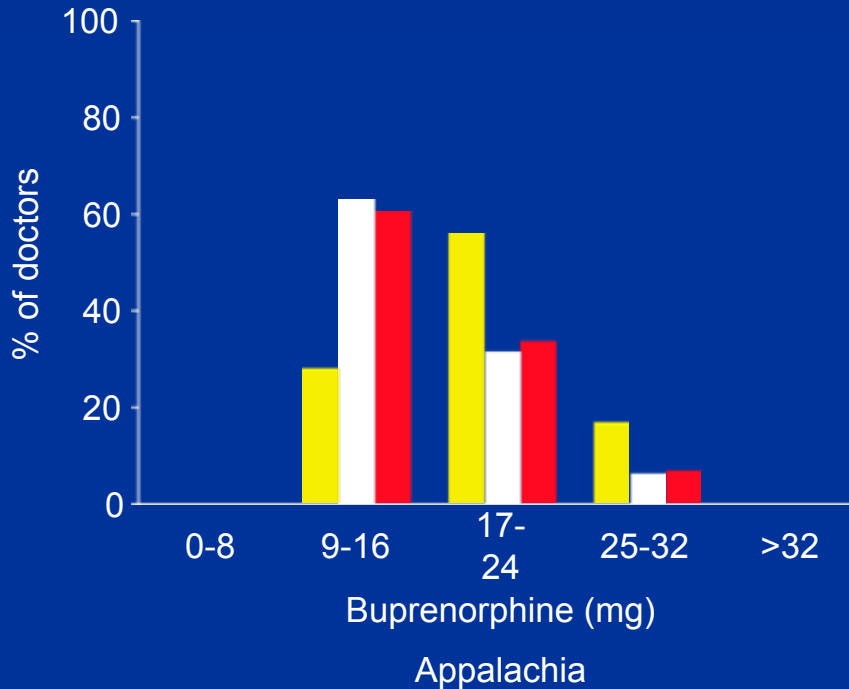


* Planned comparison 3 month vs. BL: $p=0.021$

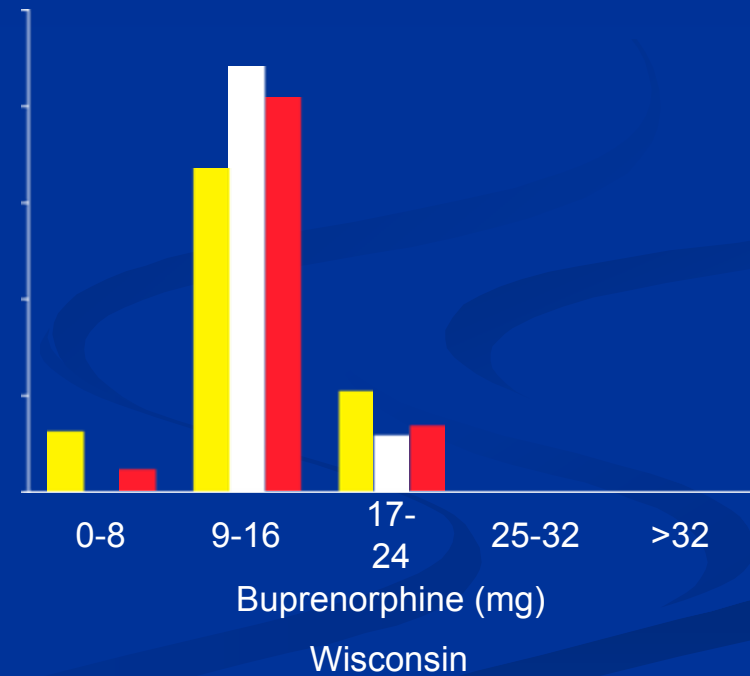
Average Daily Maintenance Dose

Average Daily Maintenance Dose

■ BL
■ 1 Month
■ 3 Month



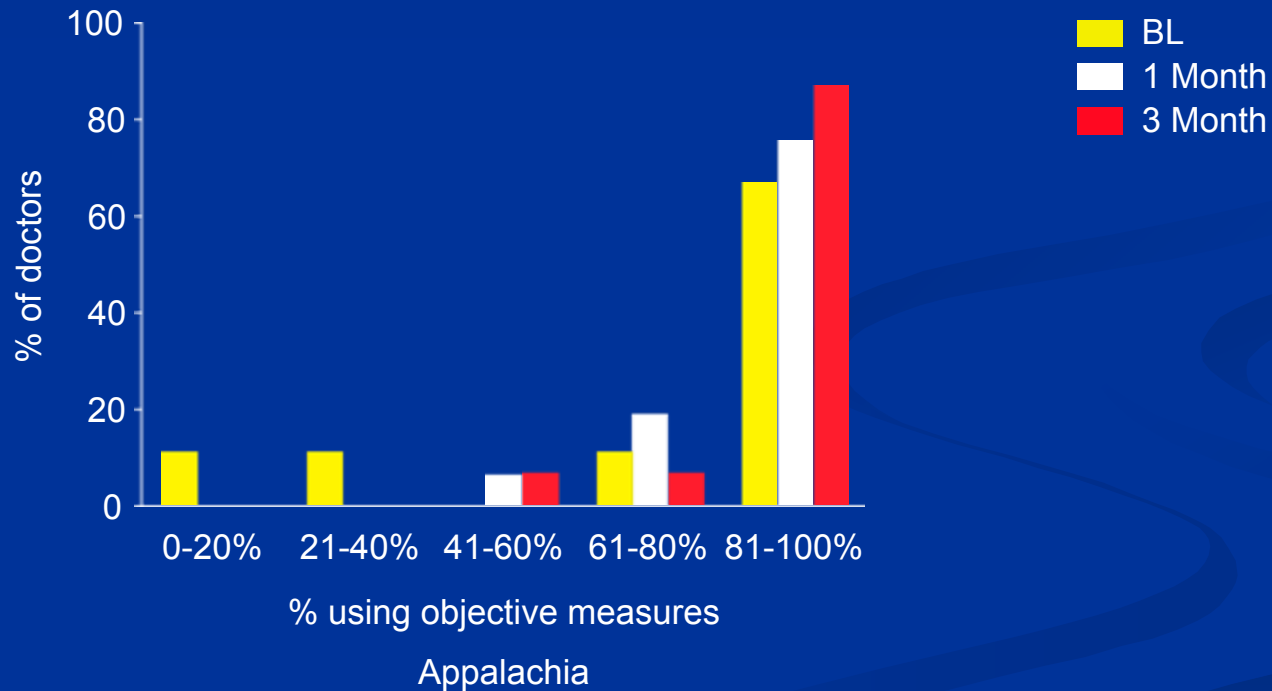
* Planned comparison 3 month vs. BL: $p=0.021$



Planned comparison 3 month vs. BL: $p=NS$

Measure Progress

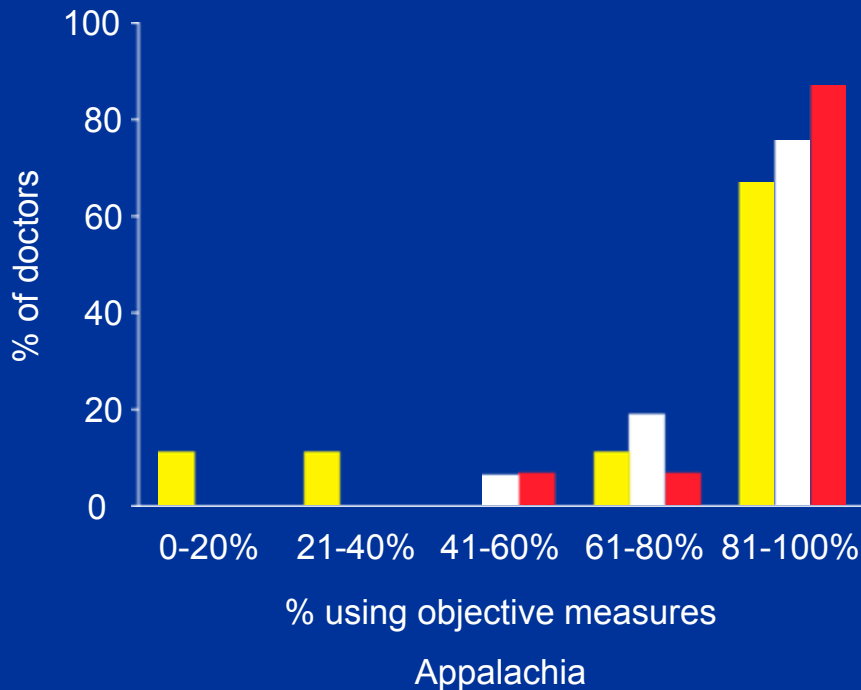
What % of the time do you use objective measures of treatment progress (e.g., urine drug test results) to help determine the number of days worth of buprenorphine to prescribe/dispense and frequency of patient visits?



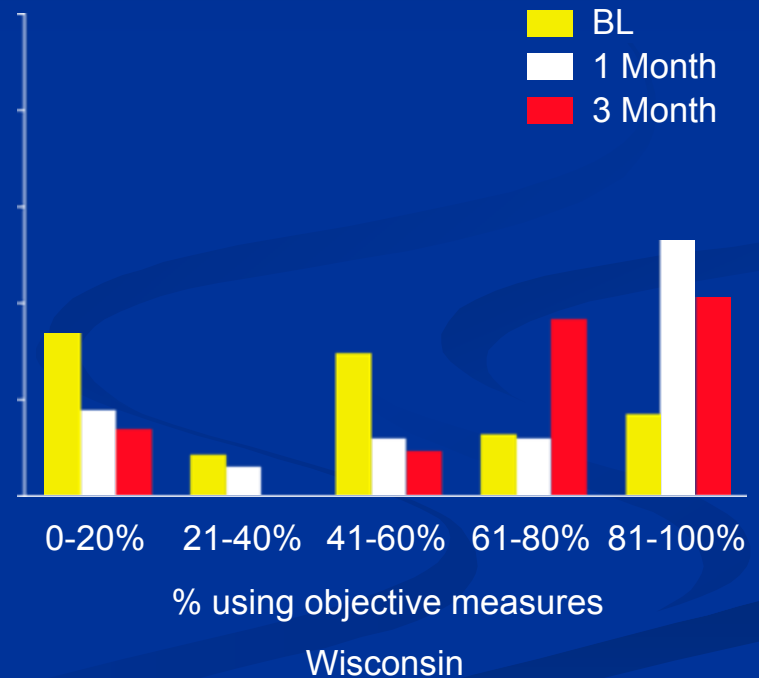
* Planned comparison 3 month vs. BL: $p=0.05$

Measure Progress

What % of the time do you use objective measures of treatment progress (e.g., urine drug test results) to help determine the number of days worth of buprenorphine to prescribe/dispense and frequency of patient visits?



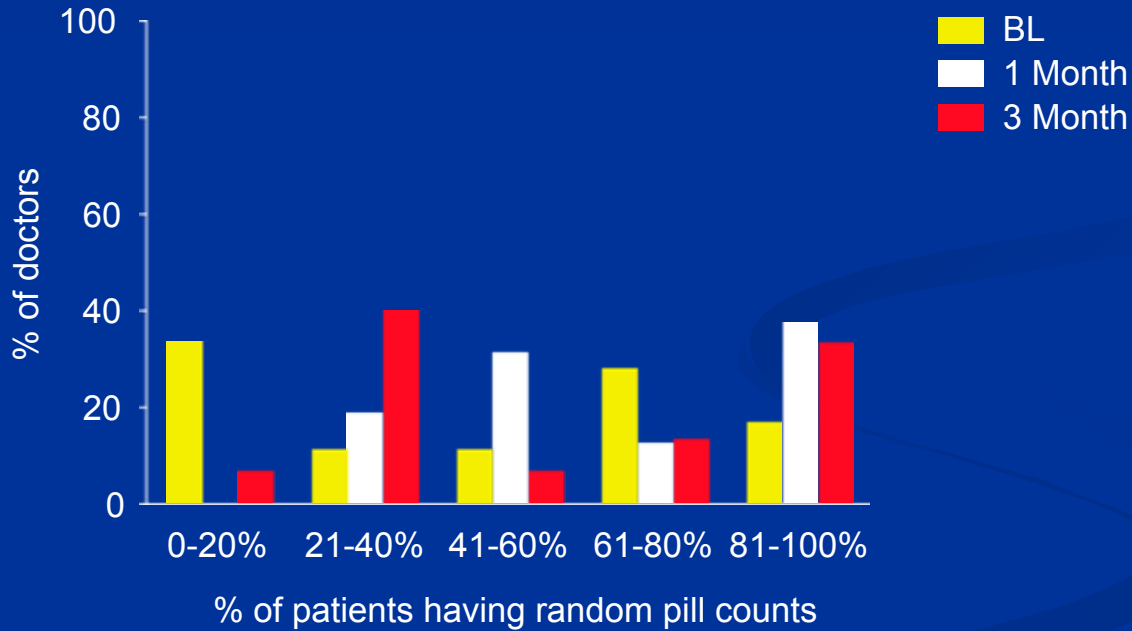
Planned comparison 3 month vs. BL: $p=0.05$



* Planned comparison 3 month vs. BL: $p=0.006$

Random Pill Count

What % of your patients have random buprenorphine pill counts?

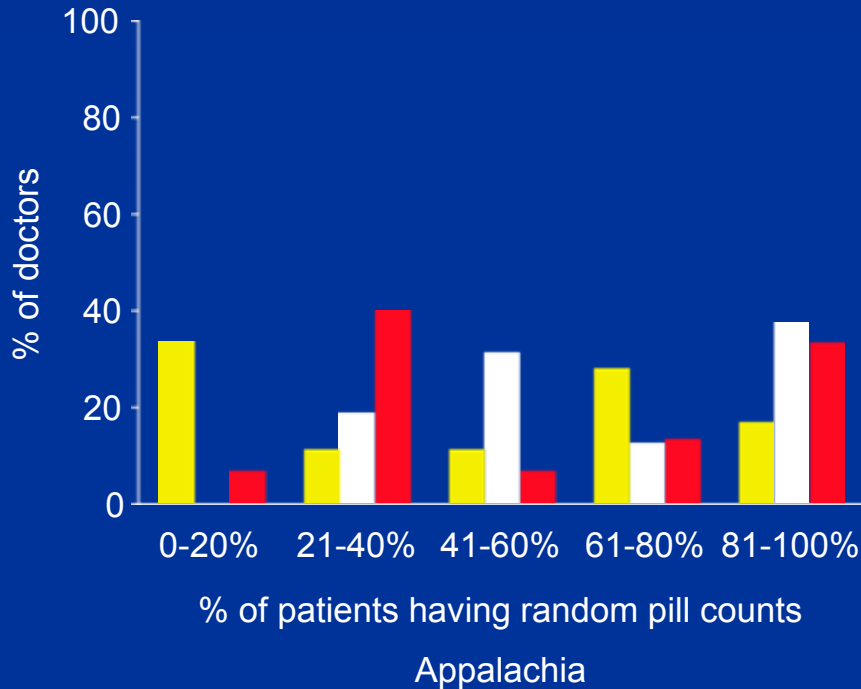


Appalachia

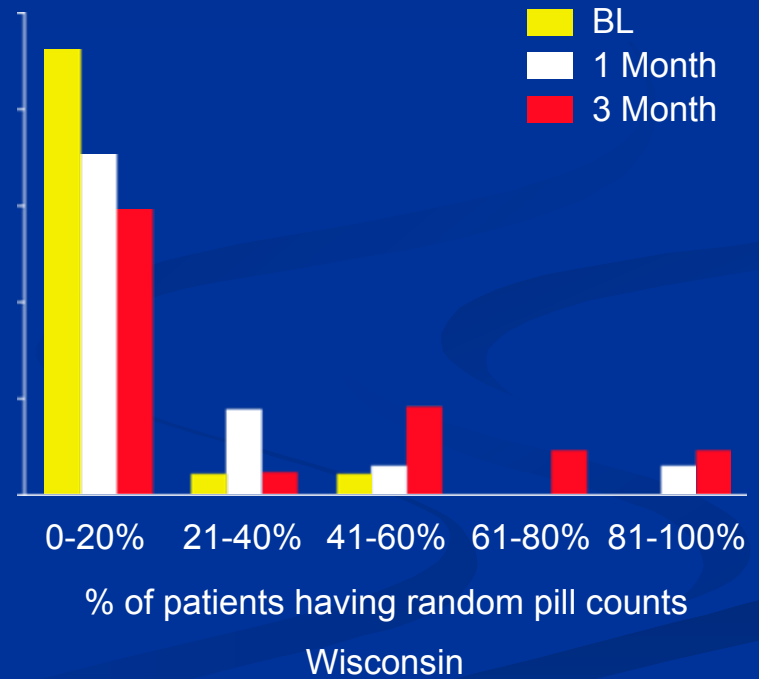
Planned comparison 3 month vs. BL: $p=NS$

Random Pill Count

What % of your patients have random buprenorphine pill counts?



Planned comparison 3 month vs. BL: p=NS



*Planned comparison 3 month vs. BL: p=<0.0001

Use of Handouts

Question:	Yes %
I/my staff have used the CME binder list of 12-step meetings.	62
I/my staff have used the CME binder list of pharmacies willing to do pill counts.	54
I/my staff have used the CME binder list of laboratories doing observed urine testing/testing with blue toilet water and no running water.	33

Other Practice Behaviors

- Have a PCSS Mentor
- Discuss diversion with patients
- ↑ # of urine drug tests in 1st 2 mo of trt
- Inform patients of trt components at time of making initial appointment
- ↓ refills for “lost,” “washed,” or “stolen” pills
- Use lock boxes
- Examine for track marks/intranasal erythema
- Engage pharmacist – ask to call Dr. if observes concerning behavior

Summary

- All legislative & pharmacology knowledge improved & remained improved 3 months later
- Practice behaviors vary by location
- CME was effective in improving practice behaviors & sustaining these changes
- Also on-line
<http://www.cecentral.com/BupreCME>

Acknowledgements

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