QUERI UPDATE

Improving Access to Opioid Agonist Therapy

Substance Use Disorder QUERI June 2012

Expanding OAT

Veterans have a high prevalence of addiction to heroin and prescription opiates, with more than 43,000 VA patients diagnosed with opioid dependence in FY10. Opioid agonist therapy (OAT), an evidence-based treatment for opioid dependence, traditionally has been restricted to highly-regulated licensed Opioid Agonist Treatment Programs. Access to OAT is now required by the Handbook on Uniform Mental Health Services (UMHS); however, only about 27% of Veteran patients diagnosed with opioid dependence receive ongoing OAT. Potential barriers to OAT include a lack of perceived patient need or staff-level interest, stigma about the diagnosis of opioid dependence, "abstinence-based" treatment philosophies, and concerns about medication diversion. The Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI) is working to expand access to OAT in the form of buprenorphine, and to improve the quality of methadone treatment at existing and new Opioid Agonist Treatment Programs.

Expanding OAT with Office-based Buprenorphine

To expand access to opioid agonist therapy (OAT), Congress amended the Drug Abuse Treatment Act of 2000, allowing physicians with a required certification to prescribe OAT in office-based practices. Buprenorphine is the only medication approved for office-based OAT and was approved for non-formulary use within VA in 2003 and formulary use in 2006. VA's Pharmacy Benefits Management (PBM) data show improved access of Veterans to buprenorphine OAT. Through the end of FY10, 6,147 Veterans were prescribed buprenorphine from 694 VA physicians. However, implementation remains variable across VISNs, and several VA facilities have Veterans with opioid dependence and no access to OAT with methadone or buprenorphine. The proportion of patients prescribed OAT (either methadone or buprenorphine) relative to the number of patients who have opioid dependence has largely remained stable over the last decade, largely due to the increase in buprenorphine OAT access. In September 2005, SUD-QUERI established a Buprenorphine Task Group of interdisciplinary addiction experts to improve the implementation of buprenorphine OAT within VA. Initiatives of the Task Group include:

- Use of Pharmacy Benefits Management data to monitor increases in the implementation of buprenorphrine treatment, while reducing barriers to providers who prescribe buprenorphine for opioid dependence.
- Conducted a "business case" analysis that found overall treatment costs for buprenorphine are less expensive than the management of chronic pain with large doses of standard opiate analgesics, and that implementation of buprenorphrine treatment was not associated with an influx of new heroin-dependent patients.
- Provided training for psychiatrists and primary care physicians to obtain the DEA-required waiver for prescribing buprenorphine in the management of opiate abuse and dependence.
- Developed a "Buprenorphine Resource Guide" and "Sample Buprenorphine Protocols and Procedures" as tools for buprenorphine implementation.
- Developed a "Buprenorphine Help Line," email, and listserv consult service that assists practitioners in the provision of buprenorphine OAT.
- Provided bi-monthly face-to-face and cyberseminar trainings in prescribing protocols to enhance readiness of addiction specialty and other providers to offer OAT.
- Continued collaboration with Substance Abuse & Mental Health Services Administration's Physician Clinical Support System, a national mentoring network, to link VA physicians with VA mentors.
- Worked with national leadership in developing guidelines for buprenorphine OAT and recently published the VA/DOD Guidelines for Substance Use Disorders.
- Examined patient-, provider-, and system-level facilitators and barriers to prescribing buprenorphine in VA facilities, including the importance of "champions" of buprenorphine care to encourage prescribing.
- Examined and published research findings regarding facility and patient-level factors that may

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correlate with increased buprenorphine prescriptions.

- Examined the temporal trends in prescribing buprenorhphine in the VA under non-formulary and formulary designations.
- Examined relative clinical effectiveness of buprenorphine and methadone OAT for Veteran patients.

Improving Care in Traditional OAT Programs

SUD-QUERI continues to work to improve the effectiveness of care in traditional OAT Programs by promoting the use of its OpiATE Monitoring System (OMS). OMS is a complete toolkit that supports this type of programs' efforts to improve clinical practices and patient outcomes through increased adherence to best-practice recommendations. If your facility has an OAT Program, or if you are interested in providing highly efficacious and cost-effective methadone treatment for opioid dependence at your facility, please see "How Do I Learn More?" for contact information.

How Do I Learn More?

For information or questions about buprenorphine implementation and training courses, please contact:

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For information about SUD-QUERI and the OpiATE Monitoring System toolkit, please contact:

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For general information about the SUD-QUERI, please contact:

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Web Resources

For more information about the QUERI program, and to link to all of the individual QUERI Centers, please go to
www.queri.research.va.gov

The SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research expert and Director for SUD-QUERI is **Alex Sox-Harris, Ph.D.** The Clinical Coordinator is **Elizabeth Gifford, Ph.D.**, and the Implementation Research Coordinator is **Hildi Hagedorn, Ph.D.** The Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, Ph.D.; Thomas Berger, Ph.D.; Katharine Bradley, M.D.; Geoff Curran, Ph.D.; John Finney, Ph.D. (Research Coordinator Emeritus); Adam Gordon, M.D.; Kim Hamlett-Berry, Ph.D.; Daniel Kivlahan, Ph.D.; Thomas Kosten, M.D.; Lisa Najavits, Ph.D.; Dave Oslin, M.D.; Robert Rosenheck, M.D.; Mary Schohn, Ph.D.; Mark Shelhorse, M.D.; and Ken Weingardt, Ph.D.