

Welcome!

While we wait to start, please review ways to navigate this webinar.

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

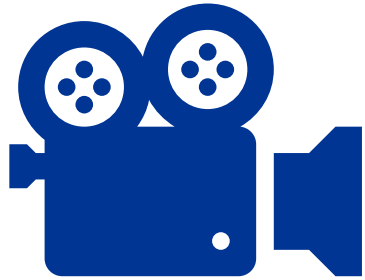


This menu allows you to **control**:

- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

Housekeeping



This session is being recorded to **Tomorrow's Healthcare**



If you used a forwarded link, we need your **email address**



Pose questions in the chat to **all participants**



Please complete the post-session **evaluation**



University of
Pittsburgh

School of
Pharmacy

PER_XU

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.25 continuing education credits.**



University of
Pittsburgh

School of
Pharmacy

PERXU

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers, and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.



University of
Pittsburgh

School of
Pharmacy

PERXU

Disclaimer

The information presented at this Center for Continuing Education in Health Sciences program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC/University of Pittsburgh Medical Center or affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses, and any off-label uses.

Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



University of
Pittsburgh

School of
Pharmacy

PERU

Mutual Agreement (continued)

- We strive to: **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.



University of
Pittsburgh

School of
Pharmacy

PER_XU

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



University of
Pittsburgh

School of
Pharmacy

PERXU



PERXU

Program Evaluation and Research Unit

Guiding Principles of COE



University of
Pittsburgh

School of
Pharmacy

Learning Objectives

By the end of this module, you will be able to do the following:

- Discuss the significance of guiding principles in the context of Centers of Excellence (COEs) for individuals with Opioid Use Disorder (OUD).
- Describe the relationship between these guiding principles, compassionate care, and innovation.



University of
Pittsburgh

School of
Pharmacy

PERXU

Overview

Purpose



Framework for Care

Support the Vision

Standardize COE Care

Support Comprehensive Care



University of
Pittsburgh

School of
Pharmacy

PERXU

COE Guiding Principles

Enroll those that are “**hard to engage**”

Focus on **priority populations**

Rapid induction to medications for opioid use disorder (MOUD)

Function as a “**hub and spoke**”

Consist of **community-based** care coordination teams

Integrate behavioral and physical health



University of
Pittsburgh

School of
Pharmacy

PER_XU

COE Vision

“ensuring effective care coordination, integrating physical and behavioral health needs for every patient with an Opioid Use Disorder (OUD), and increasing access to Medication-Assisted Treatment (MAT).”



University of
Pittsburgh

School of
Pharmacy

PERXU

Enrolling Hard to Engage Clients



Factors Affecting Engagement

Stigma and Discrimination

Socioeconomic Factors

Comorbid Mental Health Conditions

Criminal Justice Involvement

Lack of Awareness



University of
Pittsburgh

School of
Pharmacy

PERXU

Treatment Outcomes



Delayed Treatment Initiation

Lower Retention Rates

Increased Risk Behaviors

Increased Overdose Risk



University of
Pittsburgh

School of
Pharmacy

PERXU

Focusing on High-Risk Priority Populations



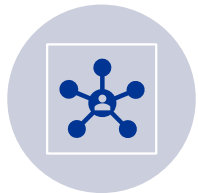
Targets resources and tailored interventions to bridge care gaps and reduce disparities.



Aims to improve overall health metrics for vulnerable groups.



Fosters a compassionate, inclusive healthcare system.



Similar barriers like social stigmas and limited access affect both hard-to-engage and high-risk groups.



Marks high-risk populations as priority for tailored SUD treatment.



Focus on high-risk populations reflects a commitment to equitable, effective care.



University of
Pittsburgh

School of
Pharmacy

PERXU

Priority Populations



Designated Priority Populations

Pregnant People & Women with Children:

- Risk of passing substances to unborn children, affecting their health.
- SUD treatment supports family stability and children's well-being.

Persons Who Inject Drugs (PWID):

- Elevated risk of infectious diseases like HIV and hepatitis.
- High potential for fatal overdoses; harm reduction is crucial.

Overdose Survivors:

- Immediate risk of a subsequent overdose.
- Need urgent treatment and support to prevent future incidents.

Veterans:

- Unique needs due to trauma and mental health issues from service.
- Specialized care recognizes their sacrifices.

Individuals Post-Incarceration:

- Risk of SUD relapse and increased risk of overdose upon release.
- Barriers to care in the criminal justice system require tailored solutions.



University of
Pittsburgh

School of
Pharmacy

PERXU

Expeditious Induction on MOUD



Rationale for Expeditious MOUD Induction

Timely Treatment

Aims for immediate, effective recovery

Reduce Complications

Minimizes health risks with quick MOUD access

Harm Reduction

Lowers overdose risks



University of
Pittsburgh

School of
Pharmacy

PERXU

Benefits of Rapid MOUD Induction

- Eases painful symptoms, encouraging continued treatment
- Shortens the gap between a client's decision to seek treatment and actual treatment, reducing risk of return to use
- Increases adherence to treatment plans
- Improves health, social reintegration, and lowers criminal activity



University of
Pittsburgh

School of
Pharmacy

PERXU

Functioning as a Hub and Spoke Program



Rationale for Functioning as a Hub and Spoke

Centralized Coordination

COE
standardizes
quality and best
practices

Resource Efficiency

Leads to cost
savings and
better care

Comprehensive Care

Allows
tailored,
effective
treatment



University of
Pittsburgh

School of
Pharmacy

PERXU

Hub and Spoke Design

- Patient at the center, spokes provide tailored care resources
- Addresses full spectrum of needs, connects to best providers, Medicaid-focused, integrates primary and behavioral health.
- Minimizes treatment gaps, expands access to MOUD, targets high-risk individuals, ensures quality OUD treatment.



University of
Pittsburgh

School of
Pharmacy

PERXU

Assertive Community- Based Care (ACBC) Coordination



Rationale for Employing ACBC

Assertive Coordination

Ensures
comprehensive,
personalized,
continuous care for
OUD clients

Bridging Care Gaps

Improves
engagement and
retention in
treatment

Supportive Environment

Enhances
chances of
successful
recovery



University of
Pittsburgh

School of
Pharmacy

PERXU

Principles of ACBC Coordination

- Offers care in the community to overcome logistical barriers like transportation
- Assertive engagement identifies and reaches out to those with mental health or substance use challenges
- Prioritizes sustained recovery with ongoing support, rather than just short-term interventions



University of
Pittsburgh

School of
Pharmacy

PERXU

Integration of Behavioral and Physical Health



Rationale for Integrated Care

Better Treatment Outcomes

By addressing the interconnected nature of mental, emotional, and physical health, the COE program ensures more comprehensive and effective treatment outcomes

Improved Client Satisfaction

The patient-centered approach of integrating behavioral and physical health leads to improved client satisfaction

More Effective Healthcare System

Combining behavioral and physical health services within the COE program streamlines the care process



University of
Pittsburgh

School of
Pharmacy

PERXU

Treatment Outcomes

Improved Medication Adherence

Reduced Substance Use

Improved Mental Health Outcomes

Enhanced Quality of Life

Reduced Emergency Department Visits and Hospitalizations

Lower Mortality Rates

Improved Long-Term Recovery Rates

Early Diagnosis and Intervention

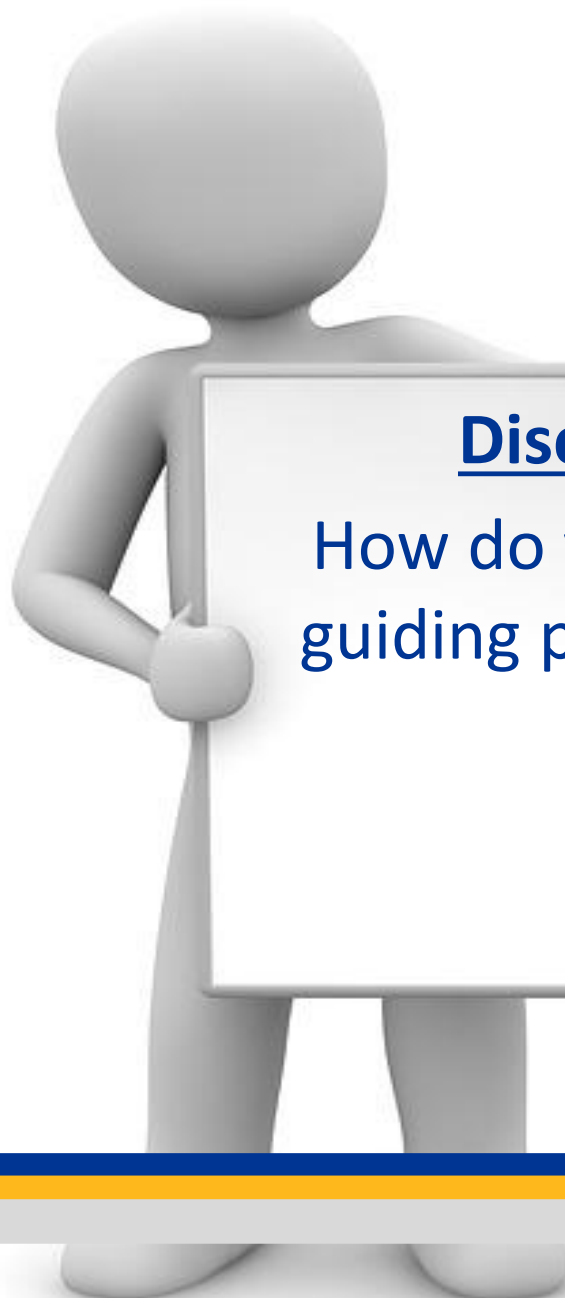
Better Management of Chronic Conditions



University of
Pittsburgh

School of
Pharmacy

PERXU



Discussion Question

How do you incorporate these guiding principles at your COE?



University of
Pittsburgh

School of
Pharmacy

PERXU

Questions?



University of
Pittsburgh

School of
Pharmacy

PERXU

References

- Alaiigh, P., Zander, G., & Pringle, J. L. (2020). Pennsylvania's Novel Public-Private Approach to Combatting the Opioid Crisis. *NEJM Catalyst Innovations in Care Delivery*, 1(5).
- Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*, 65(10), 1269-1272.
- Bennett, A. S., Guarino, H., Britton, P. C., O'Brien-Mazza, D., Cook, S. H., Taveras, F., ... & Elliott, L. (2022). US Military veterans and the opioid overdose crisis: a review of risk factors and prevention efforts. *Annals of medicine*, 54(1), 1826-1838.
- Binswanger, I. A., Nowels, C., Corsi, K. F., Glanz, J., Long, J., Booth, R. E., & Steiner, J. F. (2012). Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors. *Addiction science & clinical practice*, 7(1), 1-9.
- Centers for Disease Control and Prevention. (2018). Infectious diseases, opioids and injection drug use. Retrieved July, 19, 2018.



References Continued

- Hu, T., Snider-Adler, M., Nijmeh, L., & Pyle, A. (2019). Buprenorphine/naloxone induction in a Canadian emergency department with rapid access to community-based addictions providers. *Canadian Journal of Emergency Medicine*, 21(4), 492-498.
- Jones, C. M., & McCance-Katz, E. F. (2019). Co-occurring substance use and mental disorders among adults with opioid use disorder. *Drug and alcohol dependence*, 197, 78-82.
- Joudrey, P. J., Khan, M. R., Wang, E. A., Scheidell, J. D., Edelman, E. J., McInnes, D. K., & Fox, A. D. (2019). A conceptual model for understanding post-release opioid-related overdose risk. *Addiction science & clinical practice*, 14, 1-14.
- Krawczyk, N., Buresh, M., Gordon, M. S., Blue, T. R., Fingerhood, M. I., & Agus, D. (2019). Expanding low-threshold buprenorphine to justice-involved individuals through mobile treatment: Addressing a critical care gap. *Journal of substance abuse treatment*, 103, 1-8.
- Losikoff, Phyllis, et al. "Integrated hepatitis C treatment is associated with improved retention and success in outpatient treatment for opioid use disorder at a private clinic." *Frontiers in Psychiatry* 13 (2022): 932306.



References Continued

- McNeil, R., Small, W., Wood, E., & Kerr, T. (2014). Hospitals as a 'risk environment': an ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs. *Social science & medicine*, 105, 59-66.
- O'Donnell, J., Tanz, L. J., Gladden, R. M., Davis, N. L., & Bitting, J. (2021). Trends in and characteristics of drug overdose deaths involving illicitly manufactured fentanyls—United States, 2019–2020. *Morbidity and Mortality Weekly Report*, 70(50), 1740.
- Oesterle, T. S., Thusius, N. J., Rummans, T. A., & Gold, M. S. (2019, October). Medication-assisted treatment for opioid-use disorder. In *Mayo Clinic Proceedings* (Vol. 94, No. 10, pp. 2072-2086). Elsevier.
- Ozechowski, T. J., & Waldron, H. B. (2010). Assertive outreach strategies for narrowing the adolescent substance abuse treatment gap: Implications for research, practice, and policy. *The journal of behavioral health services & research*, 37(1), 40-63.
- Roberts, N. P., Roberts, P. A., Jones, N., & Bisson, J. I. (2015). Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis. *Clinical psychology review*, 38, 25-38.



References Continued

- Salemi, J. L., Raza, S. A., Modak, S., Fields-Gilmore, J. A. R., de Grubb, M. C. M., & Zoorob, R. J. (2020). The association between use of opiates, cocaine, and amphetamines during pregnancy and maternal postpartum readmission in the United States: A retrospective analysis of the Nationwide Readmissions Database. *Drug and Alcohol Dependence*, 210, 107963.
- Seval, N., Frank, C. A., Litwin, A. H., Roth, P., Schade, M. A., Pavlicova, M., ... & Springer, S. A. (2021). Design and methods of a multi-site randomized controlled trial of an integrated care model of long-acting injectable buprenorphine with infectious disease treatment among persons hospitalized with infections and opioid use disorder. *Contemporary clinical trials*, 105, 106394.
- Timko, C., Schultz, N. R., Cucciare, M. A., Vittorio, L., & Garrison-Diehn, C. (2016). Retention in medication-assisted treatment for opiate dependence: a systematic review. *Journal of addictive diseases*, 35(1), 22-35.

