

**Beyond the Mountains: Involving
Nurses in Telemedicine-Supported
Opioid Treatment in Rural Areas**

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INTNSA 35th Annual Educational Conference

Team

WSU School of Nursing

- Rural Mental Health Center of Excellence, PI John Roll PhD

UW School of Medicine:

- Roger Rosenblatt MD, MPH, MFR, UW
- Kent Unruh, PHD (informatics)
- Joe Merrill MD, MPH, Addiction Medicine
- Paula Cox-North NP-C, PhD candidate in Nursing
- John Scott, MD, MSc, PI of Project ECHO

Disclosures

- Mary Catlin has no financial relationships with commercial entities that may pose a conflict of interest
- There will be no unannounced disclosures of off-label use of drugs, biologics or medical devices
- Projects ROAM and ECHO are funded by WSU's RMHSAT, LSDF, RWJ Foundation, and received past funding from ITHS.

Objectives:

- To describe the strategy used by Projects ROAM/ECHO to reduce opiate-related deaths
- List the barriers to office based treatment of opioid dependence in rural areas
- Describe the role that nurses play in the project

Beyond the Mountains

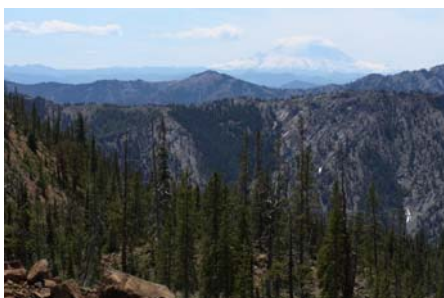
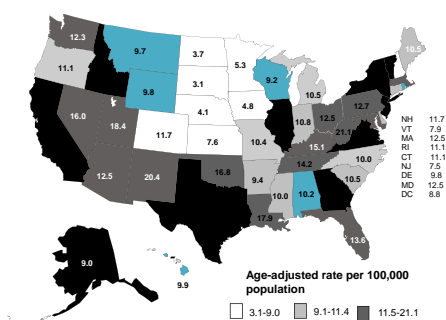


Figure 3: Drug Overdose Death Rates by State, 2007



Used with permission, CDC Len Paulozzi

Strategy of Project ROAM –Rural Opiate Addiction Management

1. Train rural practices in the use of buprenorphine
2. Link rural providers to UW specialists in psychiatry, family practice and addiction medicine (Project ECHO)
3. Consult with communities about their barriers, issues and ideas



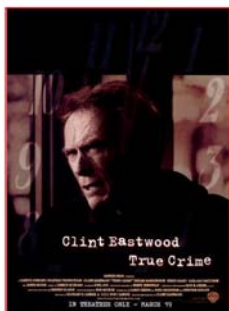
Roam Staff on community visits

Nurse-led research was the genesis for Family Medicine’s involvement in Pain/Addiction

- “We saw quite the series of chronic pain patients who had addictions to narcotics. In my opinion, this was one of the most difficult problems we encountered, and I did not like any part of working with them.”

Corrigan C. et al. What can we learn from First-Year medical Students’ Perceptions of Pain the Primary Care Setting. Pain Medicine 2011. Pain medicine Vol12, Issue 8, pages 1216-1222. August 2011

UW Family Medicine investigated

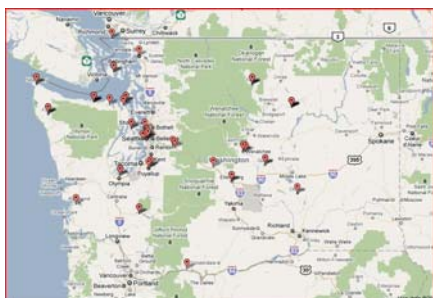


- Interviewed 30 facilities as to their services and perception of pain patients
- Interviewed early adaptors of buprenorphine
- Reviewed epidemiologic profile, DEA sales of opioids, treatment data, provider data
- Reviewed the literature on measures shown to be effective

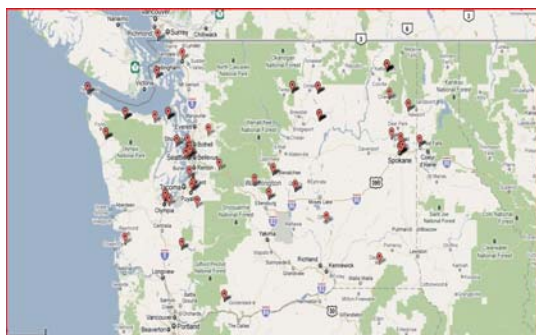
First barrier: no treatment for opioid dependence or addiction

- No methadone clinics in rural areas and only 37 bup prescribers
- Yet the evidence of success of weaning and detox was only 1-17% at one year per SAMSHA research.
- Treatment methadone and buprenorphine was about 50% success rate at 1 year, with lower costs and lower felony crime, better mental and physical health (ASAM 8/2011)
- We chose to increase access to the more effective, maintenance treatments

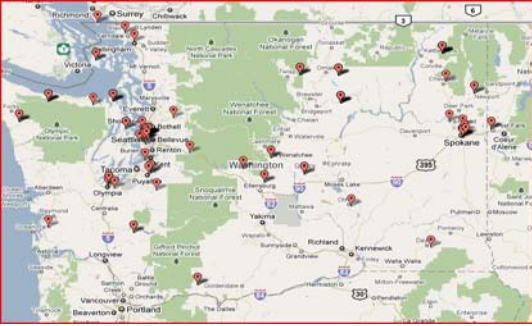
The first bup training created these new treatment sites



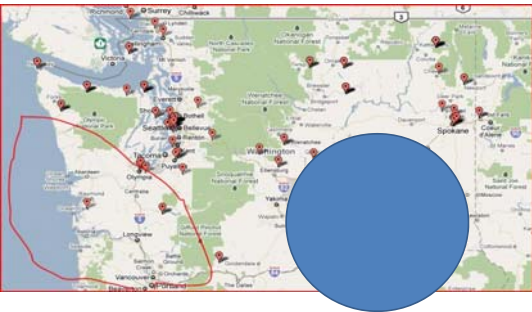
The second course added more sites



The third course trained UW faculty and residents

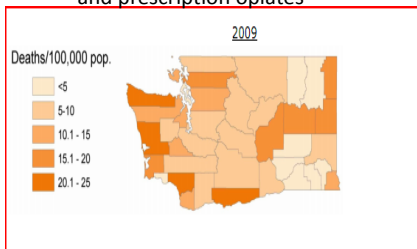


Location, location, location: Targets for the fourth course and outreach



Overdoses are occurring in the unreached areas.

- Rates of fatal unintentional overdoses from heroin and prescription opiates

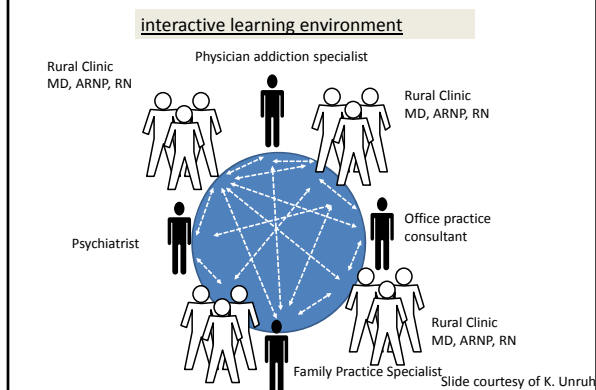


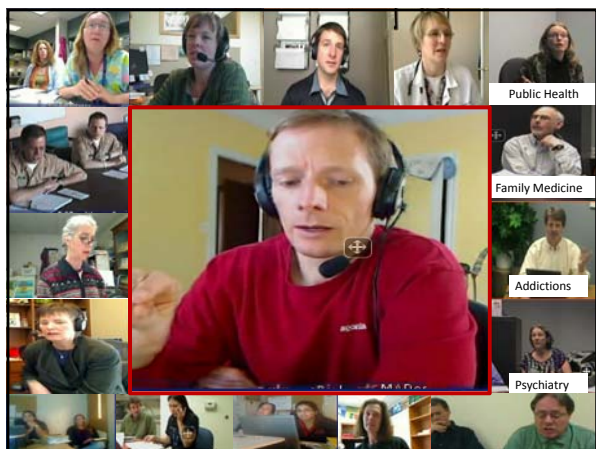
Data from UW Alcohol and Drug Institute, Research Brief August 2011

Step 2 Mentor those trained

- We realized training a provider did not mean the person would prescribe
- Training a provider didn't mean their facility would embrace a new service
- Project ECHO offered telemedicine conferences to mentor for newly trained providers and help trainees implement new knowledge.

Telemedicine Creates Knowledge Networks





Results for Hepatitis C telemedicine clinics (in 12 months)

- HCV C 122 clinicians, 72 guests, 13 faculty (Rural areas without specialty care in Alaska, Oregon, Wyoming, Idaho, Washington)
- Last CME year in weekly 1.5 hr conferences for HCV: 184 new patients were presented for 454 consultations. 57 patients were recommended for treatment, 29 recommended that they NOT be treated.
- 32% had active substance or mental health issues for which psychiatrists changed the treatment plan *

Results published by UNM in NEJM: Telemedicine was effective and safe as academic care for HCV TX



Pain and Addiction Telemedicine Conf. added

Started in November of 2010 and done bi-weekly, in 9 months

- CME provided
- First 9 months, 70 clinicians participated, 18 guests, 11 faculty, approximately 70 patient consultations

Issues

- Rural providers facing hundreds of patients on high dose opioids when DEA closed a practice
- Bup training did not automatically led to bup prescribing
- Rural providers pushed to generate revenue
- Providers with patient on chronic doses of 1,000 Morphine-Equivalents, "I don't want to suggest my patient has a drug issue."

Outcomes harder to evaluate

- We expected that clinicians would present or 10 patients before functioning independently.
- They often presented one or two, then went on induce 10-30 patients and participated when
 - Patients extremely complicated
 - Clinics and peers not supporting
 - Wanted to discuss management of patients who break contracts

Third Telemedicine Session: Pain

- In Washington State, legislation ESHB 2876 will require clinicians to either opioid taper or get a consult for chronic non-cancer pain patients on opioid doses greater than 120 MED.
- Seven pain providers accepting patients in WA.

Roles of Nurses in the Pain Telemedicine Clinic

- Ardith Doorenbos, PhD, RN, FAAN contributed funding from her research “computer delivered training on behavioral pain management”
- Cara Towle, RN, MSN Director of UW Telemedicine Program, served as moderator and coordinator

Other nursing roles in Teleconferences

- Presenting didactic sessions, clinical advice
- Presenting cases
- Serving as primary rural clinician or supportive clinician, mental health professionals
- Auditing charts for reports
- Clerical support, CME applications and reporting
- Updating website

Strategy of Project ROAM –Rural Opiate Addiction Management

1. Train rural practices in the use of buprenorphine
2. Engage providers in Telemedicine conference linking mentored learning groups to UW specialists in psychiatry, addiction medicine, infectious disease, nursing and family practice
3. Consult with communities about barriers and ideas in order to prevent deaths and promote compassionate and safe use of opioids.



Roam Staff on community visits

Community Consultations

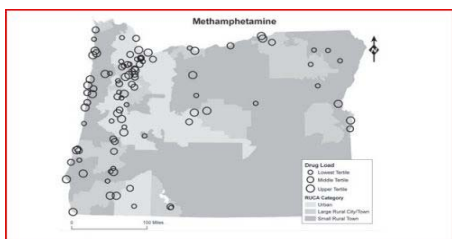
We have organized community meetings in 6 counties

We partner with neutral decision leaders (health departments, department of health, hospitals, medical societies, pain champions)

Provide local data on the epidemiologic issues to the community

Work with the community to select one priority among evidence based practices

Community discussions inform the telemedicine conferences



Banta-Green, C. et al. The spatial epidemiology of cocaine, methamphetamine and MDMA use; a demonstration using a population measure of community drug load derived from municipal wastewater. *Addiction Research Report*. 2009. Vol. 104,1974-1880

Community Impact

- Catalyzed or reinforced existing efforts to reduce opioid use
 - By instituting opioid pain policies for chronic pain in ED, urgent care
 - Helping communities trying to implement a methadone maintenance program
 - Focused information to labor and delivery about NAS
 - Increase the number of, and support for buprenorphine providers

In summary

- Telemedicine program for outreach to rural clinicians which provides mentoring and speciality access for the care of patients with substance abuse in underserved, remote rural communities. (WWAMI 27% of US Landmass)
- Telemedicine uses nurses in a variety of roles from funders, coordinators, faculty, rural clinicians, community links, and administration.
