

BOP Best Practices for MOUD

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Objectives

- Provide model for assisting medical staff in the care of MOUD patients
- Educate health care professionals on Office-Based and Treatment Programs
- Educate health care professionals on urine drug monitoring
- Demonstrate aspects of a multidisciplinary approach to care for patients with OUD
- Discuss the components of a MOUD clinical practice agreement (CPA)

Transitional Care Team

Long-Term Treatment

The most high risk time in a patient's treatment are transitions

Warm Hand-off

BOP-HSD-TransitionalCare@bop.gov

MOUD Resources

- Each region has a multidisciplinary team of consultants
- Available for questions and case by case recommendations

BOP MOUD
Clinical
Consultant team



- DATA waived providers

TeleHealth



- Health Services Administrator
- Medical Director
- Social Worker
- Chief Pharmacist

Regional Health
Services Team



OTP vs OBOT

Opioid Treatment Program

- DEA registered and state licensed narcotic treatment program
- Dispenses medication out of their stock (no prescription)
 - Placed in tamper-proof bag until provided to pharmacy
- Model for micro-managed care
- Typically uses methadone

Office-Based Opioid Treatment

- Patient gets a prescription (allowed through the DATA 2000 Act)
- Medication is dispensed from clinic stock in BOP
- Buprenorphine/Naloxone or naltrexone
- Poor compliance with Naltrexone - observed dosing



Urine Drug Screening

- Monitors adherence and abstinence from illicit substances
- Drug screening
- Confirmatory testing with GCMS
 - Provides metabolites as well
- Plan for how to address misuse

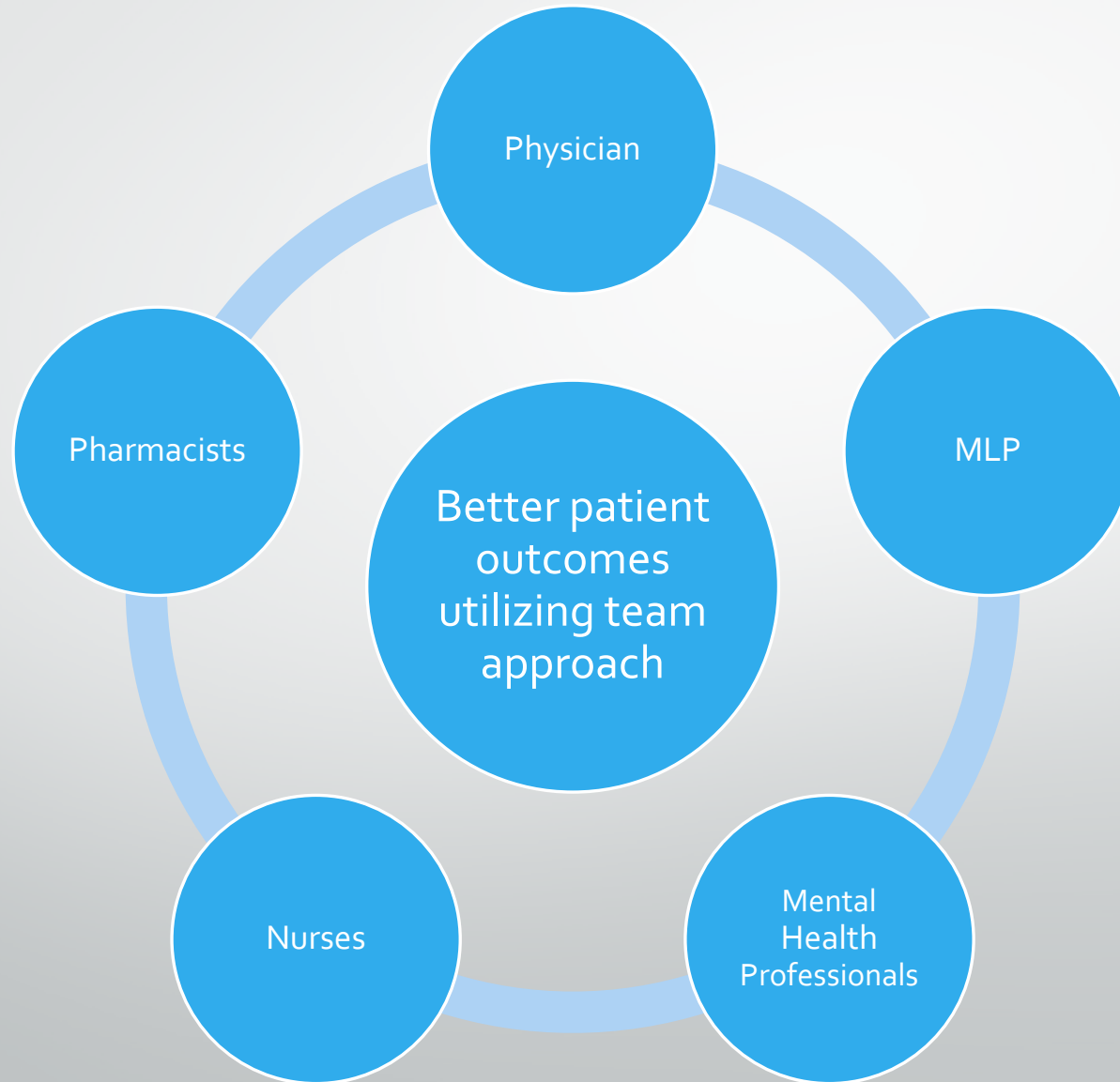
Using Stigmatizing Language

- Education for all staff
- Language
 - Stigmatizing Language
 - Preferred Language
 - Reasoning



Multidisciplinary Care

Supports continued contact (not just when intervention is needed)



Developing a Clinical Practice Agreement

- BOP uses a CPA template that includes:
 - Scope of Practice
 - Statement of Need
 - Clinic Information
 - Training/Certifications
 - Performance Improvement

Developing a Clinical Practice Agreement

- Scope of Practice
 - The Pharmacist's role should be very clear
 - Pharmacists can:
 - Collect a full set of vital signs and pain assessment
 - Order and interpret labs
 - Order buprenorphine/methadone **IF:**
 - **The state the pharmacist resides in allows pharmacists to obtain MLP status (with a DEA number), and allows them to treat OUD.**
 - **The pharmacist has a CPA with a physician that can co-sign their orders**
 - Prescribe naltrexone and naloxone
 - Assist in developing the most appropriate therapeutic plan for the patient through a collaboration effort

Developing a Clinical Practice Agreement

- Statement of Need
 - In the BOP >7,500 offenders are estimated to have a history of OUD
 - BOP MOUD program is growing day by day
 - Pharmacists are an excellent resource for MOUD
 - We are the subject-matter experts!
 - We are the glue that connects so many different departments and entities
 - Boots on the ground at the institution to ensure a smooth transition



Developing a Clinical Practice Agreement

- Clinic Information
 - Referral system
 - Self
 - Provider
 - Continuation from community treatment
 - Transitional Care Team
 - Workflow

Referral → Pharmacy for initial evaluation → Psychology → Pharmacy for medical assessment/lab ordering → Transitional Care Team → Pharmacy for medication ordering → Follow-up with Pharmacist

Developing a Clinical Practice Agreement

- Clinic information (cont.)
- Continue from community
 - Verify patient was being managed in an OTP or OBOT prior to incarceration
 - Input consult for OTP/OBOT/Telehealth visit
 - Continual interaction with community clinic to:
 - Ensure chain of custody for methadone
 - Ensure they have counseling documentation for their records
 - Ensure appointments are in place so that medication doesn't run out
 - Follow-up in between OTP clinic visits

Developing a Clinical Practice Agreement

- Clinic information (cont.)
 - Medical screening
 - Review psychology notes
 - Review medications
 - Review prior labs
 - Review comorbidities
 - Complete set of vitals
 - Pain assessment

****Pharmacist will refer patients to PCP for any treatment challenges or complications outside the pharmacist's scope of expertise****

Developing a Clinical Practice Agreement

- Training and Certifications

If needed, the pharmacist will acquire additional training that's proportional to the level of prescribing authority

- Performance Improvement

- Overseeing provider reviews x number of encounters per quarter
- Track outcomes
 - Helps with future buy-in
 - Shows you are making a difference

Developing a Clinical Practice Agreement

- Take home
 - Pharmacists have great clinical opportunities to improve patient outcomes in MOUD
 - Check with state Board of Pharmacy
 - Just do it!

Questions?

