Reducing barriers to care for patients with substance use disorders

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Educational Objectives

After attending this presentation, participants will be able to:

1. Understand how to apply harm reduction in your clinical practice
2. Understand how to approach patients that are “non-compliant”
3. Understand what are some of the risks in having an overly rigid approach to treating patients with substance use disorders

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I have no conflicts of interest

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VFC and substance use disorders

- VFC - FQHC in west and southwest Los Angeles
- VFC has been active in addiction medicine for about 10 years
- Our approach to care is based in harm reduction

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What are your expectations for patients?

- Schedule an appointment in advance
- Arrive to the appointment on time (or early if a new patient)
- Speak in clear, full sentences
- Be calm, patient, coherent
- Be compliant with your treatment plan

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Barriers to care

- Scheduling appointments
- Late policy
- Requiring patients to be “sober”
- Long waits in clinic
- No insurance
- No ID
- Stigma

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My previous clinic

- Pill counts
- Urine drug screen with concentrations
- Mandatory group/therapy/counseling
- Strict no-show policy
- Three strikes and you’re out

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HARM REDUCTION

"Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them"

https://harmreduction.org/about-us/principles-of-harm-reduction/

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Clinic staff: CASE MANAGERS!!

They are the glue of the program

Accessible to patients in person, on the phone

Return calls consistently. Build relationships, and once you have the relationship, the rest is just details

Connect to pharmacies, treatment centers, front desk, security, other clinicians

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Clinic staff: Training

Train all staff (front desk, call center, security, pharmacy, nursing, clinicians, IT, janitors, etc) in harm reduction

- Staff won't freak out when they see patients
- Patients will feel welcome in clinic

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Trauma-informed care

"Trauma-informed care shifts the focus from "What's wrong with you?" To "What happened to you?". A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation – past and present – in order to provide effective health care services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness"

https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

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Trauma-informed care: listen to the patient

How to find meaning in medicine

Burnout?

Retention

Adherence

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Meet people where they are at: recognize the *person*

Remember you're meeting people who aren't going to be at their best

Remember that they are more than "an addict", more than "someone with a substance use disorder"

Sometimes you may need to expand your scope. You may be the only clinician this patient sees.

Mental health…

TNT-PCP – UC Irvine

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Meet people when they are ready: schedules…

People need care all the time, but reach out for it or come in when they are ready

This will mean some walk-in's, overbooks

Accept late patients

Some patients will leave if they wait around clinic too long

Phone visits!!

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Practical matters – how much to prescribe?

Don't be stingy

Higher doses (24-32mg/day) are associated with better retention in treatment.

Chambers LC, Hallowell BD, Zullo AR, et al. Buprenorphine Dose and Time to Discontinuation Among Patients With Opioid Use Disorder in the Era of Fentanyl. *JAMA Netw Open.* 2023;6(9):e2334540. doi:10.1001/jamanetworkopen.2023.34540

Fareed A, Vayalapalli S, Casarella J, Drexler K. Effect of buprenorphine dose on treatment outcome. J Addict Dis. 2012;31(1):8-18. doi: 10.1080/10550887.2011.642758. PMID: 22356665.

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Urine as a conversation starter

How many of you require a urine drug screen each time you see a patient?

Careful with false positives (sertaline --> benzos and LSD; fluoxetine --> LSD, amphetamine)

Alprazolam, lorazepam, clonazepam often not detected

Fentanyl is not on any CLIA waivered urine drug cup.

Kale N. Urine Drug Tests: Ordering and Interpreting Results. Am Fam Physician. 2019 Jan 1;99(1):33-39. PMID: 30600984

Barnett BS, Chai PR, Suzuki J. Scaling Up Point-of-Care Fentanyl Testing - A Step Forward. N Engl J Med. 2023 Nov 2;389(18):1643-1645. doi: 10.1056/NEJMp2308525. Epub 2023 Oct 28. PMID: 37902291; PMCID: PMC10872956

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Language matters

Language is powerful – especially when discussing alcohol and other drugs, and the people who use them. Stigmatizing language reinforces negative stereotypes. "Person-centered" language focuses on the person, not their substance use.

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Changing the Language of Addiction

ASAM
American Society of Addiction Medicine

Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians. Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

https://twitter.com/ASAMorg/status/915969628173737984/photo/1

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Questions? Comments?

Please feel free to reach out!

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