Planning for Success

Shared Decision-Making and the Outpatient Transition from Fentanyl to Buprenorphine

Drew Mossman, FNP, PMHNP
Wesley Brewington, CPC, CDC II, NCPRSS
Danielle Bellosi, NCPRSS, CPRC
Stephen A. Martin, MD, EdM, FASAM, FAAFP

Maine Substance Use Disorders Learning Community | March 13, 2025

Boulder

Disclosure Information

The following authors/presenters are employees of Boulder Care:

Drew Mossman, FNP, PMHNP
Wesley Brewington, CPC, CDC II, NCPRSS
Danielle Bellosi, NCPRSS, CPRC
Stephen A. Martin, MD, EdM, FASAM, FAAFP

Stephen A. Martin reports stock options in Boulder Care.

Educational Content Disclaimer

If you think you may be experiencing a medical emergency, call 911 or go to the nearest emergency room immediately.

This content is provided for educational and informational purposes only and does not constitute providing medical advice or professional health care services. No physician-patient or provider-patient relationship is created by this website or its use. The information contained herein should not be used for self-diagnosing or treating a health condition, and those seeking medical advice or guidance should consult with a licensed and qualified healthcare provider. Always seek the advice of a qualified healthcare provider regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have learned here or elsewhere.

Boulder Care makes no representations, express or implied, with respect to the information provided herein or to its use.

Learning Objectives

1. Describe the challenges of outpatient transitions from fentanyl to buprenorphine

1. Identify elements of shared decision-making and informed choice that better support patients in this transition.

1. Compare and contrast shared decision-making approaches for patients with various needs and preferences

The Problem

Research Paper

"Everything is not right anymore": Buprenorphine experiences in an era of illicit fentanyl

Sydney M. Silverstein[a,*], Raminta Daniulaityte[a], Silvia S. Martins[b], Shannon C. Miller[c,d], Robert G. Carlson[a]

COMMENTARIES

A Plea From People Who Use Drugs to Clinicians: New Ways to Initiate Buprenorphine Are Urgently Needed in the Fentanyl Era

Sue, Kimberly L. MD, PhD; Cohen, Shawn MD; Tilley, Jess; Yocheved, Avi

COMMENTARIES

Buprenorphine Initiation in the Era of High-potency Synthetic Opioids: A Call for Community-based Participatory Research to Help Learning Health Systems Provide Precision Medicine for Opioid Use Disorder

Fiellin, David A. MD

TOXICOLOGY/REVIEW

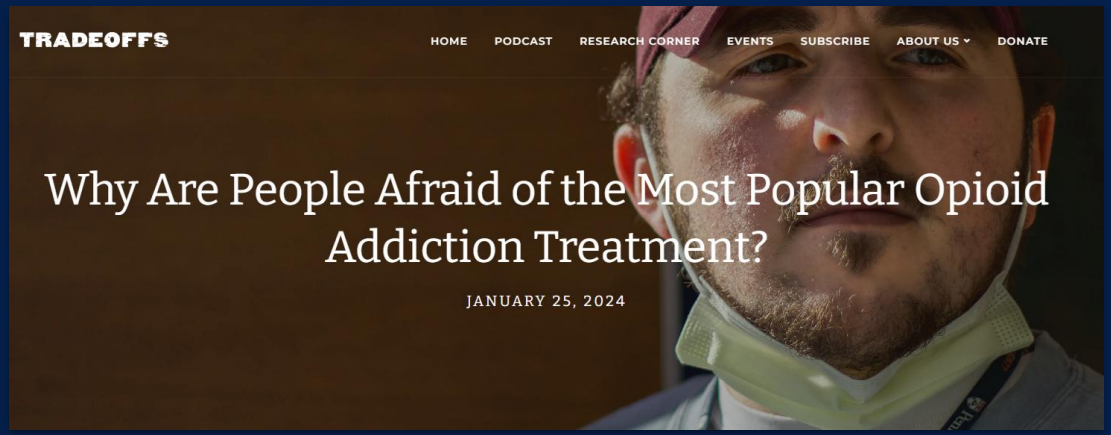
A Neuropharmacological Model to Explain Buprenorphine Induction Challenges

Mark K. Greenwald, PhD*; Andrew A. Herring, MD; Jeanmarie Perrone, MD; Lewis S. Nelson, MD; Pouya Azar, MD

HEALTH

Fentanyl isn't just causing overdoses. It's making it harder to start addiction treatment

By Lev Facher Nov. 16, 2022 Reprints



Limited Outpatient Research

Outpatient transitions from fentanyl to buprenorphine are virtually absent in the current literature

Evidence-based medicine principles do not allow application of inpatient, ED, or residential findings to outpatients (Guyatt, 1994).

High-Dose Buprenorphine (HDP) Transitions

The entire literature has **8 participants** who may have used fentanyl (Wong, 2024).

Low-Dose Buprenorphine with Opioid Continuation (LDB-OC) Transitions

The entire literature has 48 participants who may have used fentanyl (See References).

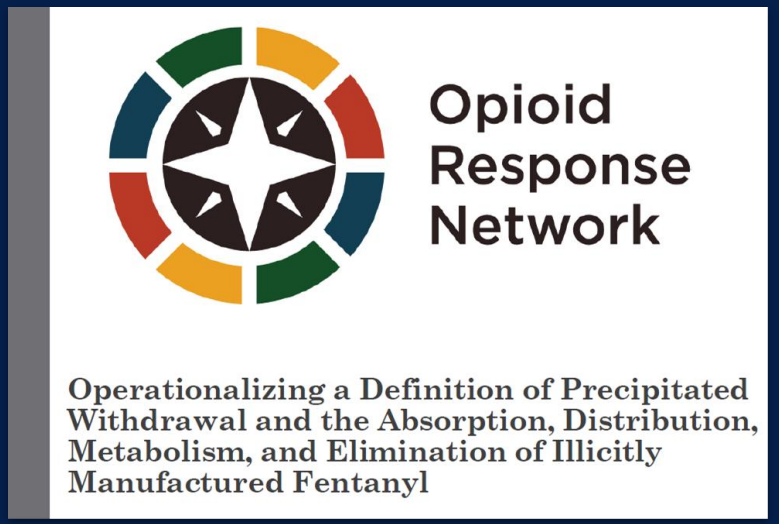
In 2025, the first retrospective study of outpatients using low-dose transition found that retention in care was only ~20% at 28 days (Suen et al., 2025).

Precipitated Withdrawal and "Feeling Sick"

A formal definition of precipitated withdrawal (PW) is being developed (Dunn, 2023; Martinez, 2025)

People who use drugs don't read this definition. What they don't like is "feeling sick" and this feeling understandably affects their views of buprenorphine.

- People have transition experiences ranging from PW (uncommon) to "feeling sick" (more common)
- High variability individual metabolization of fentanyl (Bird, 2023)
- High variability in individual expression of opioid withdrawal (Ware, 2003)
- Current withdrawal measures limit expression of individual experiences (Nuamah, 2019)



Dunn KE. Operationalizing a Definition of Precipitated Withdrawal and the Absorption, Distribution, Metabolism, and Elimination of Illicitly Manufactured Fentanyl. Presented at: August 30, 2023.

Which method and why?

“I’m choosing Low-Dose because I want to…”

“I’m choosing Low-Dose because I want to…”

- Avoid withdrawal
- Ease into the transition
- Keep up with my responsibilities
- Successfully work through an acute pain management situation

“I’m choosing Standard Dose because I want to…”

“I’m choosing Standard Dose because I want to…”

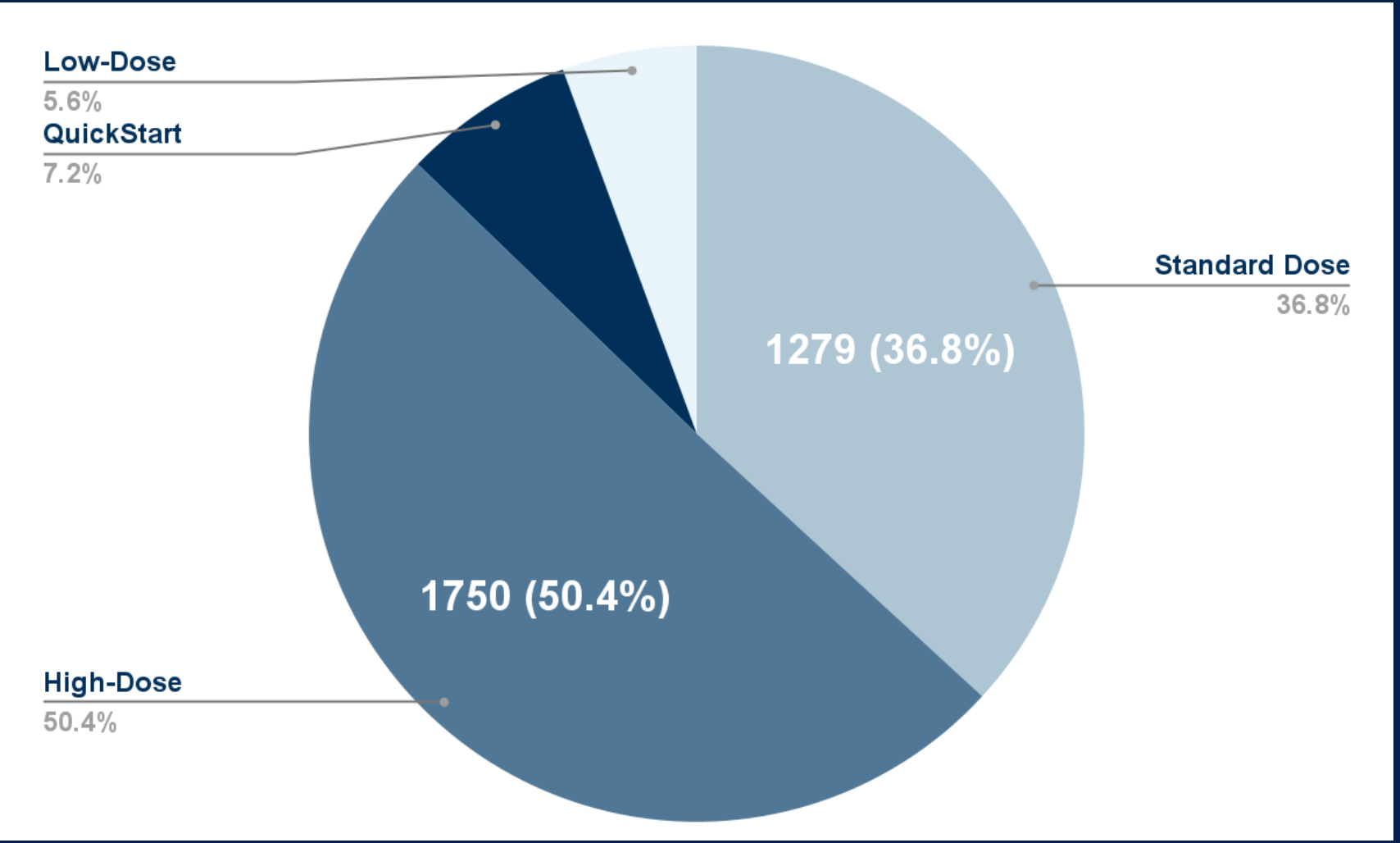
- Transition from less potent prescription opioids
- Transition in a way that worked for me before
- Try a different way, as others have not worked

“I’m choosing High Dose or QuickStart because I want to…”

“I’m choosing High Dose or QuickStart because I want to…”

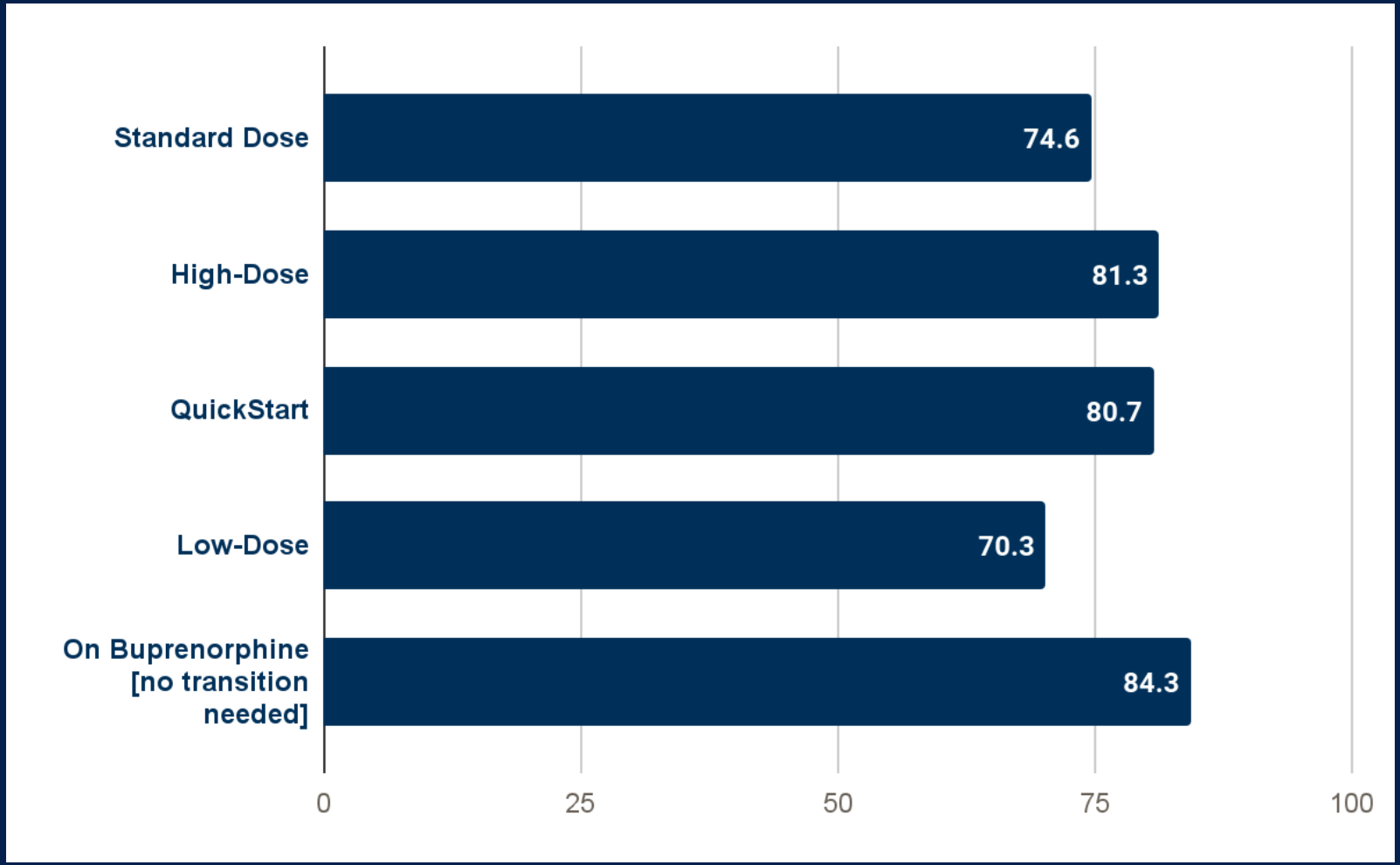
- Have a shorter transition period
- Show up for my PO and not have used
- Get back to work
- Try something different

Distribution of Transition Methods



Data as of June 2024. Updated data in progress.

30-Day Retention in Care



Data as of June 2024. Updated data in progress.

Shared Decision-Making

Classic treatment:
"You should…"

Shared treatment:
"Ooh! You *could*…"

Shared Decision-Making

SDM is recommended when:

- Two or more **equivalent treatment options** are available
- Consequences of treatment decision **affect patient's everyday life**

Shared Decision-Making

SDM is recommended when:

- Two or more **equivalent treatment options** are available
- Consequences of treatment decision **affect patient's everyday life**

Priorities:

- Privacy
- Withdrawal
- Recovery

Resources:

- Support
- Time
- Supply

Constraints:

- Health conditions
- Other medications
- Location

Shared Decision-Making

1

Define goal of consultation

"Today, we have a decision to make together about how we will continue to manage your condition."

2

Explain need for participation

"There are different medically reasonable options. Each of them has pros and cons. I want to hear from you so that we can decide which option best suits you and your individual circumstances."

3

Explain pros and cons of each option (incl. doing nothing)

"In your case there are [3] options: [A], [B], and [C]. I will now explain the pros and cons of each. Which option should we start with?"

4

Explore preferences and needs

"What do you think about these [3] options? What are your priorities?"

5

Make shared decision (or defer decision)

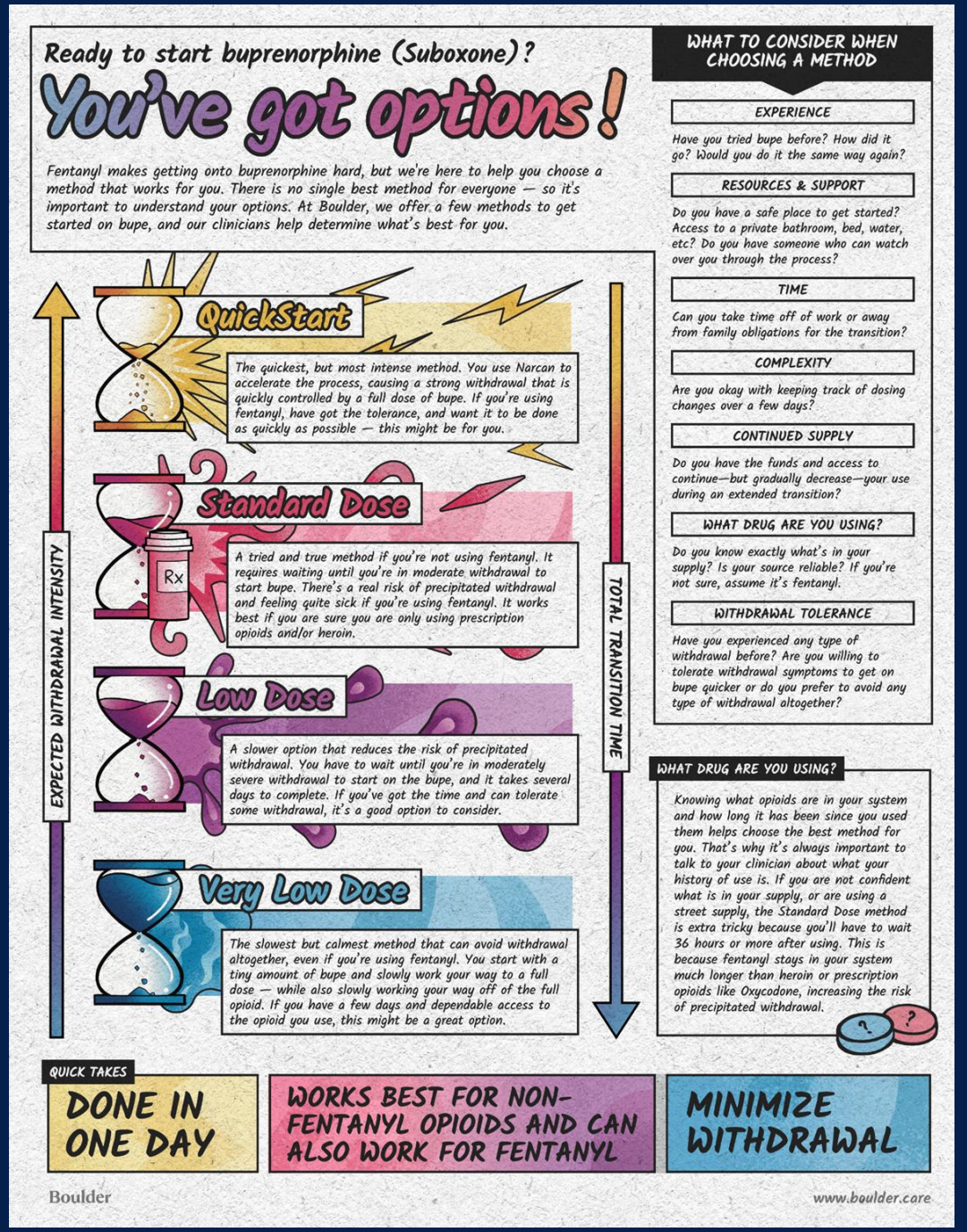
"Do you think you can decide on one of the options at this point? Or do you need something more to make the decision?"

6

Put decision into practice

"Agreed. The next steps are then [...]"

Clayman ML, Scheibler F, Riiffer JU, Wehkamp K, Geiger F. The Six Steps of SDM: linking theory to practice, measurement and implementation. *BMJ Evid Based Med*. 2024;29(2):75-78. doi:10.1136/bmjebm-2023-112289
https://www.boulder.care/bupe-options



What are some barriers to care that your patients have experienced?

What have patients been teaching us?

Considerations, Benefits, and Clinical Takeaways

- Unstable housing
- Limited access to to technology
- Co-occurring medical conditions/hospitalization
- Mental health conditions
- Polysubstance use
- On a waitlist to go to inpatient or sober living facilities
- Incarceration/warrants

What have patients been teaching us?

Considerations, Benefits, and Clinical Takeaways

- Peers are an additional support in patient's decision
- Individuals have the ability to change paths with no disciplinary consequences.
- Individuals are fully-informed of their treatment options
- Cross-functional Care Team goes beyond medical care
- When we give patients agency in their decision, we learn from them
- Patients are empowered and motivated, and share their experiences with others in their community who might need support
- The collaboration between Peers and Clinicians is humanizing recovery

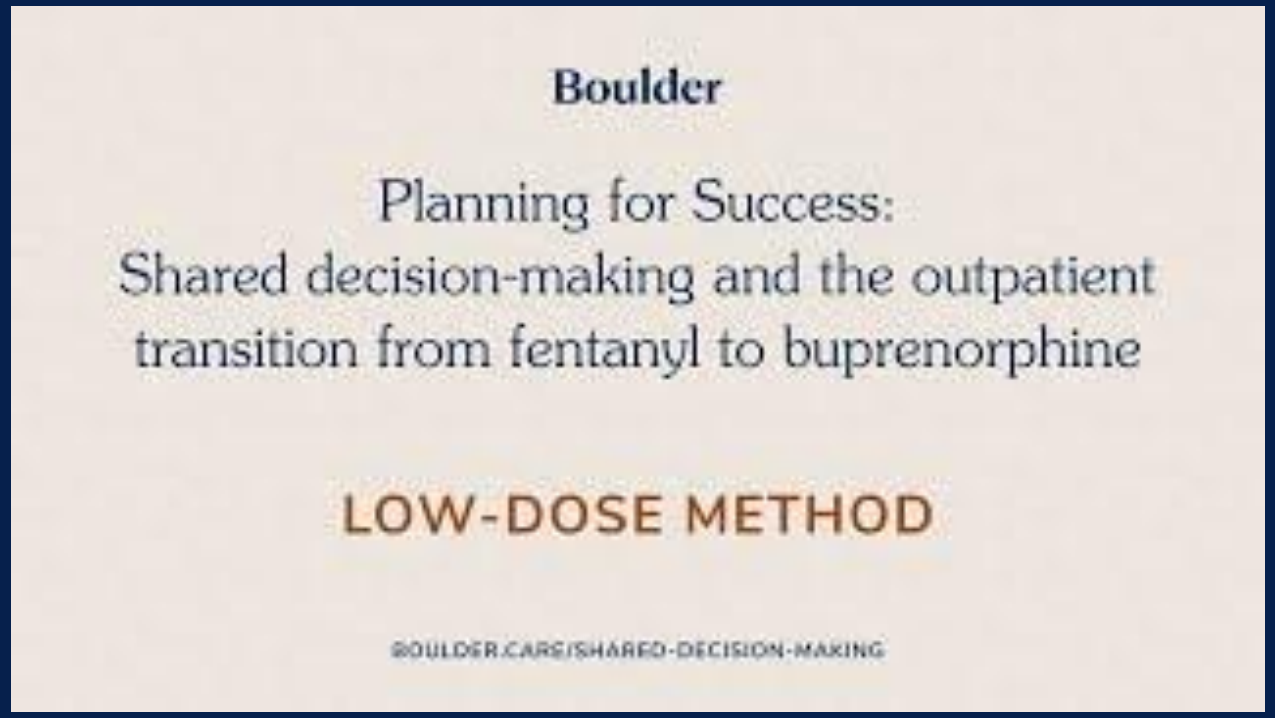
What have patients been teaching us?

Considerations, Benefits, and Clinical Takeaways

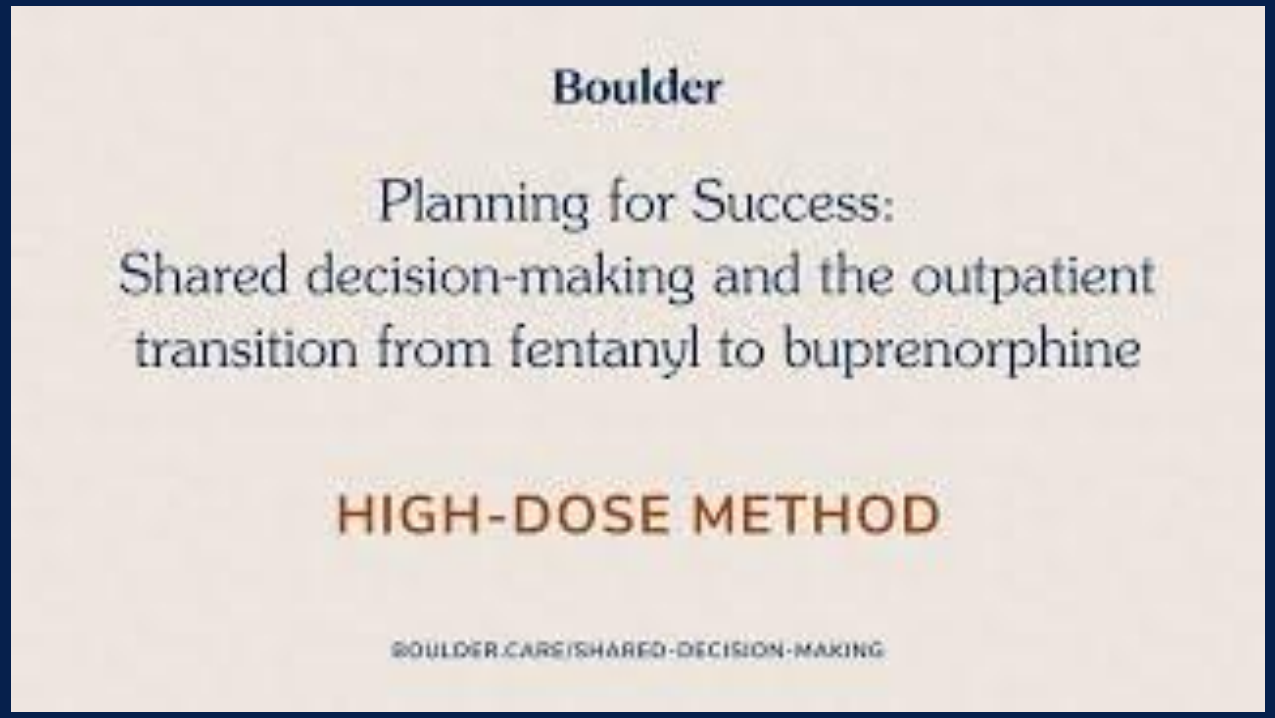
- If a chosen transition method does not work for an individual, options are available and their Care Team will help to adjust based on their experience.
- They can repeat one method with adaptations that meet their needs, or they can change methods altogether.
- Individuals feel encouraged when their voices are heard and when they are not discharged from care for deviating from a specific transition method.
- Peer support through on-demand (Pop-In) visits allows us to modify treatment plans quickly and efficiently.

Role Modeling Videos

Low-Dose Method



High-Dose Method



QuickStart Method

Shared Resources

- Presentation slides
- Transition method modeling videos
- Transition method options 1-pager
- Transition method descriptions

Click or scan QR code to access resources

Discussion

Final Takeaways

- Recovery is team based; patients want to be included in decision making
- Shared Decision-Making:
  - likely contributes to improving patient retention
  - de-stigmatizes care for SUD/OUD
  - humanizes recovery
- Peers provide empowerment and hope during a patient's recovery

Planning for Success

Shared Decision-Making and the Outpatient Transition from Fentanyl to Buprenorphine

Danielle Bellosi
Elizabeth B. Ryan
Drew Mossman
Wesley Brewington
Stephen A. Martin

References

Antoine D, Huhn AS, Strain EC, et al. Method for Successfully Inducting Individuals Who Use Illicit Fentanyl Onto Buprenorphine/Naloxone. Am J Addict. 2021;30(1):83-87. doi:10.1111/ajad.13069

Bird HE, Huhn AS, Dunn KE. Fentanyl Absorption, Distribution, Metabolism, and Excretion: Narrative Review and Clinical Significance Related to Illicitly Manufactured Fentanyl. J Addict Med. 2023;17(5):503-508. doi:10.1097/ADM.0000000000001185

Clayman ML, Scheibler F, Rüffer JU, Wehkamp K, Geiger F. The Six Steps of SDM: linking theory to practice, measurement and implementation. BMJ Evid Based Med. 2024;29(2):75-78. doi:10.1136/bmjebm-2023-112289

Dunn KE, Bird HE, Bergeria CL, Ware OD, Strain EC, Huhn AS. Operational definition of precipitated opioid withdrawal. Front Psychiatry. 2023;14:1141980. doi:10.3389/fpsyt.2023.1141980

Dunn KE, Strain EC. Establishing a research agenda for the study and assessment of opioid withdrawal. Lancet Psychiatry. Published online March 20, 2024. doi:10.1016/S2215-0366(24)00068-3

Dunn KE, Weerts EM, Huhn AS, et al. Preliminary evidence of different and clinically meaningful opioid withdrawal phenotypes. Addict Biol. 2020;25(1):e12680. doi:10.1111/adb.12680

Dunn KE. Operationalizing a Definition of Precipitated Withdrawal and the Absorption, Distribution, Metabolism, and Elimination of Illicitly Manufactured Fentanyl. Presented at: August 30, 2023. Accessed September 23, 2023. https://education.aoaam.org/Users/LearningActivity/LearningActivityDetail.aspx?LearningActivityID=ozC0nOSEoEWYMmlVRWbrWA%3d%3d

Facher L. Fentanyl isn't just causing overdoses. It's making it harder to start addiction treatment. Published November 16, 2022. Accessed November 17, 2022. https://www.statnews.com/2022/11/16/fentanyl-isnt-just-causing-overdoses-its-making-it-harder-to-start-addiction-treatment/

References

Fiellin DA. Buprenorphine Initiation in the Era of High-Potency Synthetic Opioids: A Call for Community-Based Participatory Research to Help Learning Health Systems Provide Precision Medicine for Opioid Use Disorder. J Addict Med. Published online September 27, 2022:10.1097/ADM.0000000000001007. doi:10.1097/ADM.0000000000001007

Friedrichs A, Spies M, Härter M, Buchholz A. Patient Preferences and Shared Decision Making in the Treatment of Substance Use Disorders: A Systematic Review of the Literature. PLoS One. 2016 Jan 5;11(1):e0145817. doi: 10.1371/journal.pone.0145817. PMID: 26731679; PMCID: PMC4701396.

Greenwald MK, Herring AA, Perrone J, Nelson LS, Azar P. A Neuropharmacological Model to Explain Buprenorphine Induction Challenges. Ann Emerg Med. Published online August 5, 2022. doi:10.1016/j.annemergmed.2022.05.032

Guyatt GH, Sackett DL, Cook DJ. Users' guides to the medical literature. II. How to use an article about therapy or prevention. B. What were the results and will they help me in caring for my patients? Evidence-Based Medicine Working Group. JAMA. 1994;271(1):59-63. doi:10.1001/jama.271.1.59

Irani E, Macleod C, Slat S, et al. The effect of a pilot brief educational intervention on preferences regarding treatments for opioid use disorder. Drug and Alcohol Dependence Reports. 2024;11:100235. doi:10.1016/j.dadr.2024.100235

Martinez S, Ellis JD, Bergeria CL, Huhn AS, Dunn KE. Treating opioid use disorder and opioid withdrawal in the context of fentanyl. *Annu Rev Clin Psychol*. Published online January 29, 2025. doi:10.1146/annurev-clinpsy-081423-023518

Schoenfeld EM, Westafer LM, Beck SA, et al. "Just give them a choice": Patients' perspectives on starting medications for opioid use disorder in the ED. Acad Emerg Med. 2022;29(8):928-943. doi:10.1111/acem.14507

Silverstein SM, Daniulaityte R, Martins SS, Miller SC, Carlson RG. "Everything is not right anymore": Buprenorphine experiences in an era of illicit fentanyl. International Journal of Drug Policy. 2019;74:76-83. doi:10.1016/j.drugpo.2019.09.003

References

Sue KL, Cohen S, Tilley J, Yocheved A. A Plea From People Who Use Drugs to Clinicians: New Ways to Initiate Buprenorphine are Urgently Needed in the Fentanyl Era. J Addict Med. Published online January 11, 2022. doi:10.1097/ADM.0000000000000952

Suen LW, Chiang, AY, Jones BLH, et al. Outpatient Low-Dose Initiation of Buprenorphine for People Using Fentanyl. Journal of the American Medical Association. 2025; 8(1):e2456253. doi:10.1001/jamanetworkopen.2024.56253

Tradeoffs. “Why Are People Afraid of The Most Popular Opioid Addiction Treatment?” transcript. Tradeoffs. Published January 25, 2024. Accessed February 5, 2024. https://tradeoffs.org/2024/01/25/fentanyl-opioid-addiction-transcript/

Varshneya NB, Thakrar AP, Hobelmann JG, Dunn KE, Huhn AS. Evidence of Buprenorphine-precipitated Withdrawal in Persons Who Use Fentanyl. J Addict Med. 2022;16(4):e265-e268. doi:10.1097/ADM.0000000000000922

Ware OD, Dunn KE. Clinically meaningful individual differences in opioid withdrawal expression. Exp Clin Psychopharmacol. Published online May 11, 2023. doi:10.1037/pha0000654

Weimer MB, Herring AA, Kawasaki SS, Meyer M, Kleykamp BA, Ramsey KS. ASAM Clinical Considerations: Buprenorphine Treatment of Opioid Use Disorder for Individuals Using High-potency Synthetic Opioids. *J Addict Med*. 2023;17(6):632-639. doi:10.1097/ADM.0000000000001202

Williams BE, Martin SA, Hoffman KA, Andrus MD, Dellabough-Gormley E, Buchheit BM. “It’s within your own power”: Shared Decision-Making to Support Transitions to Buprenorphine. *Addict Sci Clin Pract*. In press.

Wong S, Fabiano N, Webber D, Kleinman RA. High-Dose Buprenorphine Initiation: A Scoping Review. J Addict Med. Published online May 17, 2024. doi:10.1097/ADM.0000000000001296

References

Outpatient Transitions from Fentanyl to Buprenorphine

Ahmed, S., Faruqui, Z., Poddar, K., Bhivandkar, S., & Suzuki, J. (2023). Low-dose buprenorphine initiation in the era of fentanyl and fentanyl analogs: A case series of outpatient inductions. Journal of Opioid Management, 19(5). https://doi.org/10.5055/jom.0819 [4]

Brar, R., Fairbairn, N., Sutherland, C., & Nolan, S. (2020). Use of a novel prescribing approach for the treatment of opioid use disorder: Buprenorphine/naloxone micro-dosing - a case series. Drug and Alcohol Review, 39(5), 588–594. https://doi.org/10.1111/dar.13113 [3]

Noel, M., Abbs, E., Suen, L., Samuel, L., Dobbins, S., Geier, M., & Soran, C. S. (2023). The Howard Street Method: A Community Pharmacy-Led Low Dose Overlap Buprenorphine Initiation Protocol for Individuals Using Fentanyl. Journal of Addiction Medicine. https://doi.org/10.1097/ADM.0000000000001154 [27]

Randall A, Hull I, Martin SA. Enhancing Patient Choice: Using Self-administered Intranasal Naloxone for Novel Rapid Buprenorphine Initiation. *J Addict Med*. 2022;17(2):237-240. doi:10.1097/ADM.0000000000001073

Rozylo, J., Mitchell, K., Nikoo, M., Durante, S. E., Barbic, S. P., Lin, D., Mathias, S., & Azar, P. (2020). Case report: Successful induction of buprenorphine/naloxone using a microdosing schedule and assertive outreach. Addiction Science & Clinical Practice, 15(1), 2. https://doi.org/10.1186/s13722-020-0177-x [1]

Suen, L. W., Lee, T. G., Silva, M., Walton, P., Coffin, P. O., Geier, M., Pharm, D., & Soran, C. S. (2022). Rapid Overlap Initiation Protocol Using Low Dose Buprenorphine for Opioid Use Disorder Treatment in an Outpatient Setting: A Case Series. Journal of Addiction Medicine, 16(5), 534–540. https://doi.org/10.1097/ADM.0000000000000838 [12]

Szczesniak, L., & Sullivan, R. (2022). Microdose Induction of Buprenorphine in a Patient Using Tianeptine. Journal of Addiction Medicine, 16(6), 736–738. https://doi.org/10.1097/ADM.0000000000001003 [1]