

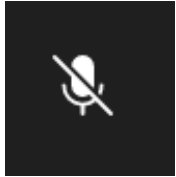


Patrick **Knue**, Director
James **Giglio**, Senior TTAC Coordinator
Rebecca **Cambria**, Legal Coordinator

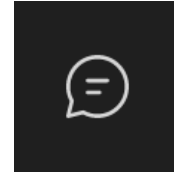
The National Substance Use Warmline

May 13, 2021

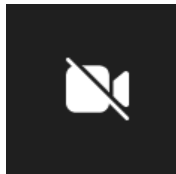
Microsoft Teams Features



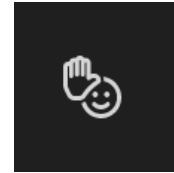
Microphone



Meeting Chat



Camera



Raise Hand



The National Substance Use Warmline: Tailored Decision-Support for Prescribers

Jesse Ristau, MD | Principal Consultant

Carolyn Chu, MD, MSc

May 13, 2021





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Disclosures

- None to report

**Part I: Who we are & what we do at the
National Substance Use Warmline**

**Part II: Clinical applications for PDMPs – *Cases
from the Warmline***

National Substance Use Warmline

A HRSA-supported, free, and confidential tele-consultation service for clinicians on substance use evaluation and management

Easily accessible for busy clinicians

(855) 300-3595, Monday-Friday (9am-8pm EST; voicemail after hours— messages returned next business day)

Submit questions online: nccc.ucsf.edu



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Rationale

Provider support/capacity-building is a
cornerstone for improving treatment access and
health outcomes



Our guiding principle & model: “low-barrier” support

Same-day
entry to care



*Rapid-response,
tailored guidance
and support*

Harm-
reduction
approach



*Practical
strategies,
respect for
callers*

Broad
availability



*Readily-
accessible,
and
free!*

Flexibility



*“Options, not
answers;”
agility to assist
across varied
practices,
experiences,
and resource
landscapes*



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Who's behind the National Substance Use Warmline?



UCSF
University of California
San Francisco





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Multi-disciplinary, multi-professional consultant teams



How to reach us, what to expect

<u>Clinicians don't need to</u>	<u>What we provide</u>
<ul style="list-style-type: none"> • Sign-up in advance • Download any apps or special technology • Clear their clinic schedules • Memorize a patient's history • Limit inquiries to complex scenarios, opioids, or patient-specific questions (general questions are welcome!) <p><u>PHI is never collected</u></p>	<ul style="list-style-type: none"> • Evidence-based, practical guidance from professional subject matter experts • Confidential, individualized support • “Wrap-around” access to multi-disciplinary subspecialists • Happy to receive follow-up calls; can send post-consultation info by email – resources, articles

Substance Use Warmline: (855) 300-3595 | M-F 9am-8pm EST

Common topics/areas of inquiry

Assessment, treatment	Medications	Toxicology, monitoring	Focus on safety	Special scenarios
<ul style="list-style-type: none">• Opioid, alcohol, stimulants, and other use disorders• Acute intoxication• Withdrawal management and aftercare	<ul style="list-style-type: none">• When and how to initiate pharmacotherapies• Transitions, dosing strategies• Indications, contraindications	<ul style="list-style-type: none">• When to order• What it means/how to interpret• How results can inform person-centered care	<ul style="list-style-type: none">• Harm reduction• Overdose prevention strategies• Safer opioid prescribing	<ul style="list-style-type: none">• Pregnancy• Chronic liver/kidney disease• Co-occurring pain• Co-morbid psychiatric conditions

Caller diversity: >1/2 physicians, ~1/3 nurses (predominantly advanced practice nurses), pharmacists, substance use navigators (i.e. Bridge programs)



Considerations

Things we cannot do... ...here's how we can support

Provide direct assistance
with patient referrals

Share provider/treatment
locator resources

Offer medico-legal counsel

Provide information on
best practices, references

Speak with/advise patients
directly

Available to be a resource
for clinical providers

Limited availability for
formal individual/group
trainings

Share local education
opportunities & resources



Wait ... there's more!

- Quarterly SUD-focused webinars for HRSA BPHC; contact David.Monticalvo@ucsf.edu to join mailing list
- Previous webinar recordings accessible via our [website](#)
 - *Management of Stimulant Use Disorder*
 - *Management of Alcohol Use Disorder*
 - *Buprenorphine for Adults with Substance Use Disorder and Co-occurring Pain*
 - *HIV Pre-Exposure Prophylaxis for People Who Use Drugs*
 - *Pharmacotherapy for Depression and Anxiety in Patients with Opioid Use Disorder*



Caller feedback

"This service is amazing and so very helpful. I have used it several times and always come away feeling informed and ready to provide the best care."

"So thankful for this resource! Timely, helpful, and clear guidance from experienced experts – so easy to access and great response time!"

"The person I spoke to was so nice, supportive, and well-informed. I was nervous that my question was kind of a dumb one or something I should have known, but she didn't make me feel like that at all. It was a great experience."

"I view this group as a lifeline when I have questions – it's a fabulous resource for busy providers!"

"The consultant saved my day. The care and concern I received was astounding, the consultant went above and beyond to help me and my patient."

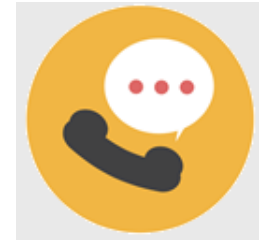
State PDMPs and the National SUW

- Opportunities for collaboration and information-sharing:
 - Consultants encourage callers to check their PDMP as a clinical best practice (*case examples to be shared*)
 - If your PDMP sends “Dear Prescriber” letters, consider adding the National Substance Use Warmline as a unique clinical and capacity-building resource
 - Other ideas?

Case Examples from the Warmline

- Patient new to care
- Prescribing opioids across state lines





Case 1: Patient new to care

- 35yo male admitted yesterday to the hospital for pneumonia and cellulitis. Daily fentanyl use. Inpatient care team is managing pain with IV and oral opioid agonists. Despite escalating doses, still having a lot of pain on Day 2 of hospitalization.
- Hospitalist calling:
 - *How to manage this patient's pain in the setting of opioid use disorder?*
 - *How can I tell if they're currently in care?*

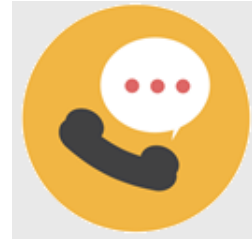
Engaging with patients with substance use disorders while hospitalized

- Often patients currently on treatment will request continuation of treatment
- Sometimes, persons recently on treatment but with a lapse in care might request treatment *or might not*, depending on competing priorities (i.e. pain management, concern for withdrawal, etc.)
- Generalist providers don't always feel comfortable addressing addiction related issues head-on: they may focus on other physical issues first and not immediately address the use disorder (*which might be the actual reason for presentation*)

Case 1: Consultant recommendation

- This patient has recently been in care (as noted by the CURES/California PDMP report)!
- Urine toxicology can be consistent with fentanyl: not seen on screens, must order comprehensive panel
- Patient is likely also in withdrawal which complicates his pain. To improve both, restart buprenorphine and can split for pain¹

1. Haber LA, DeFries T, Martin M, *Things We Do for No Reason: Discontinuing Buprenorphine When Treating Acute Pain*. *J. Hosp. Med* 2019;10;633-635. Published online first August 21, 2019. doi:10.12788/jhm.3265



Case 2: Prescribing opioids across state lines

- 28yo female with h/o 2 back surgeries for back pain. Most recent surgery was 5 months ago, prescribed opioids post-operatively which have been continued. Transferring care to new PCP in California, but has also recently moved to Idaho.
- New PCP calling:
 - *How do I manage safety? What if the patient is/could be receiving prescriptions from different providers in different states?*

Case 2: Additional patient history

- Prior to surgery (10/2020), was taking low dose opioids (~Tylenol #3); post surgery initially prescribed oxycodone 10mg TID by the prior provider. Now (3/2021), via a patient-directed taper, she is taking 10mg 1-2x/day.
- Now, the patient wants to continue to taper
- No documentation of OUD screening/clinical assessment

Case 2: Information available

- Urine toxicology screen: none available over last 5 months (since starting)
- PDMP:
 - Idaho records– not available
 - California records– see below (various prescribers)

Result #	Date Filled	Date Sold	Drug Name	Form	Drug Strength	Qty	Days Supply
1	2020-10-22	2020-10-23	OXYCODONE HCL	TAB	15 MG	120	30
1	2020-10-14	2020-10-14	AMPHETAMINE SALT COMBO	TAB	10 MG	30	30
1	2020-10-14	2020-10-14	AMPHETAMINE SALT COMBO	TAB	20 MG	60	30
1	2020-10-09	2020-10-09	OXYCODONE HCL	TAB	15 MG	120	10
1	2020-10-06	2020-10-07	BUTALBITAL-ACETAMINOPHEN-CAFFEINE	TAB	325 MG-50 MG-40	16	3
1	2020-10-02	2020-10-02	OXYCODONE HCL	TAB	15 MG	120	20



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U. S. Department of Justice
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, Virginia 22152

www.dea.gov

On January 31, 2020, the Secretary of Health and Human Services (HHS) declared a public health emergency with regard to COVID-19.¹ Many states also have declared public emergencies and granted reciprocity to neighboring states and their practitioners with regard to medical licensing requirements. As such, practitioners in such states are now permitted by state law to dispense controlled substances not only in their home states but also in states with which their home states have reciprocity. The requirement of a separate DEA registration in each state where the practitioner dispenses controlled substances is a core requirement essential to diversion control that would not normally be subject to an exception under 21 CFR 1307.03. However, in view of the extraordinary circumstances that have arisen during this public health emergency, and in order to ensure adequate medical care for the duration of this public health emergency, DEA will **grant** an exception for practitioners in such states to those provisions of DEA regulations that normally require practitioners to register in each state where they dispense controlled substances. Under the exception being announced today, DEA-registered practitioners are not required to obtain additional registration(s) with DEA in the additional state(s) where the dispensing (including prescribing and administering) occurs, for the duration of the public health emergency declared on January 31, 2020, if authorized to dispense controlled substances by both the state in which a practitioner is registered with DEA and the state in which the dispensing occurs. Practitioners, in other words, must be registered with DEA in at least one state and have permission under state law to practice using controlled substances in the state where the dispensing occurs.



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The official website of the

Idaho Legislature



(e) A pharmacist may dispense a controlled substance pursuant to a valid prescription drug order of an individual licensed in a jurisdiction other than the state of Idaho as long as the individual is acting within the jurisdiction, scope and authority of his license.

(f) Prior to issuing to a patient a prescription for outpatient use for an opioid analgesic or benzodiazepine listed in schedule II, III, or IV, the prescriber or the prescriber's delegate shall review the patient's prescription drug history for the preceding twelve (12) months from the prescription drug monitoring program and evaluate the data for indicators of prescription drug diversion or misuse. This review is not required:

(1) For patients:

- (i) Receiving treatment in an inpatient setting;
- (ii) At the scene of an emergency or in an ambulance;
- (iii) In hospice care; or
- (iv) In a skilled nursing home care facility; or

(2) For a prescription in a quantity intended to last no more than three (3) days.

Case 2: Consultant recommendation

- There are missing details regarding safety and monitoring for controlled substances (i.e. no UDS and limited PDMP information)
- California's CURES will only show prescriptions *dispensed in CA* during the past 1 year; by contrast, prescriptions ordered in CA but filled in Idaho will not show on CA PDMP
- Overall, indication for pain (post-operative) is atypical to extend 5 months. Opioids have similar efficacy to NSAIDs/acetaminophen for MSK-related pain² and are not first-line for chronic pain.



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Questions?



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Please help spread the word to your networks!

Substance Use Warmline

(855) 300-3595

HIV Warmline

(800) 933-3413

Perinatal HIV Hotline

(888) 448-8765

PrEPline

(855) 448-7737

Hepatitis C Warmline

(844) 437-4636

PEPline

(888) 448-4911

Questions can also be submitted securely via nccc.ucsf.edu





Looking for more information, or materials to distribute to clinicians/prescribers?

- Contacts
 - Carolyn.Chu@ucsf.edu, Chief Clinical Officer/PI-628.206.2835
 - David.Monticalvo@ucsf.edu, Project Manager



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CLINICIAN-TO-CLINICIAN ADVICE

Thank you!

To learn more, please visit www.nccc.ucsf.edu

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