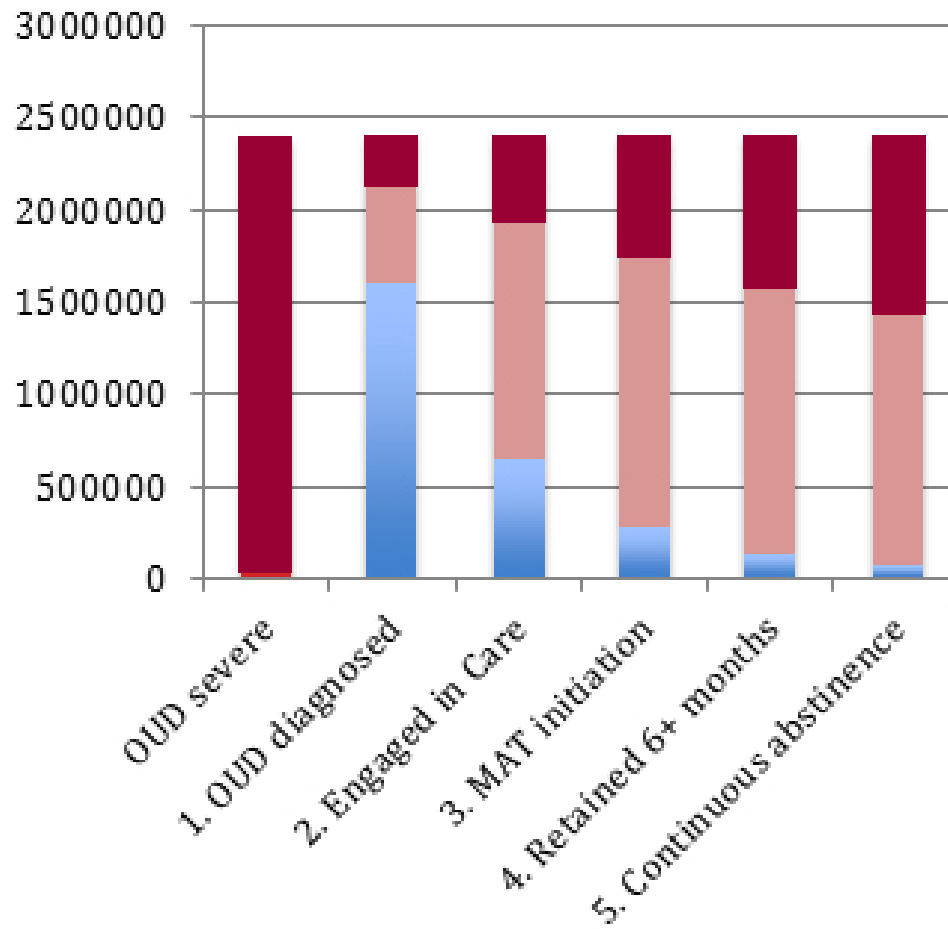


Care in the Face of the Opioid Epidemic: How Yale University and Yale New Haven Hospital are Reaching Underserved Communities

Jeanette M. Tetrault, MD FACP FASAM
Associate Professor of Medicine
Program Director, Addiction Medicine Fellowship
Yale University School of Medicine



Opioid Use Disorder Cascade of Care



90% goal
Treatment gap
Current estimates

Williams AR, Nunes E, Olfson M. Health Affairs Blog, 2017



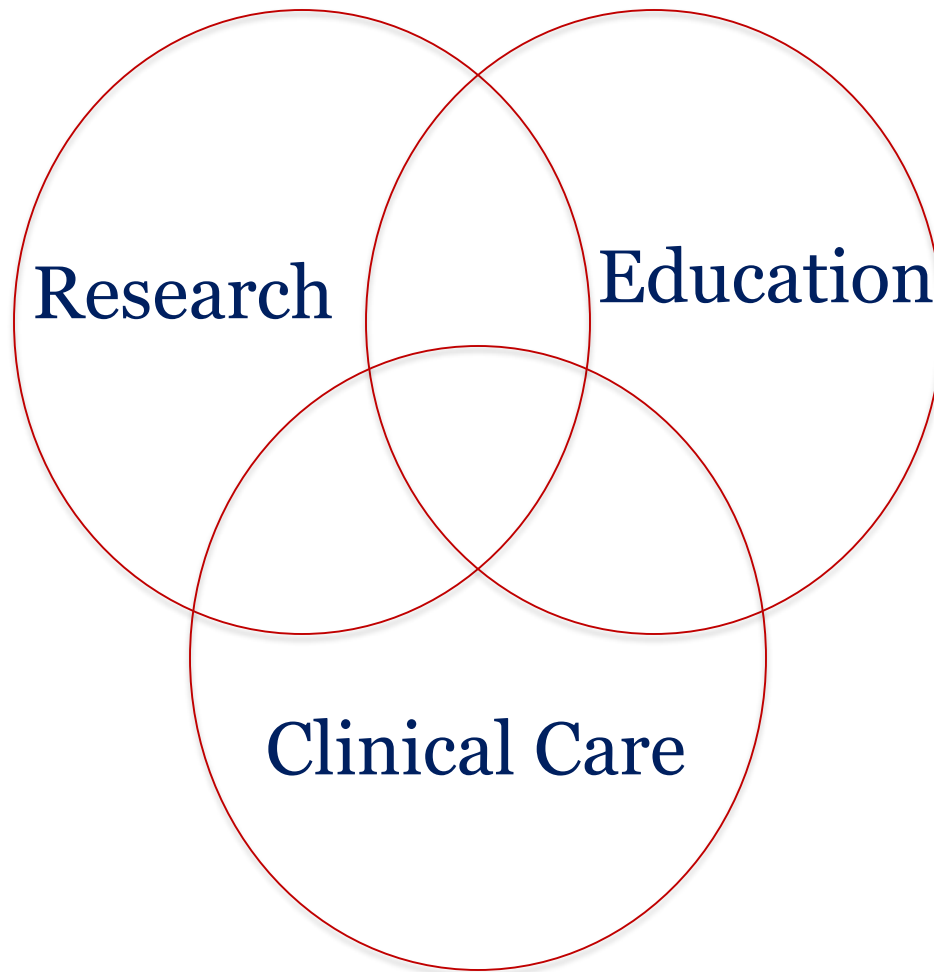
Opioid Overdose Deaths

- We lose one American every 20 minutes to an opioid drug
- From 2015→ 2016, 19% increase in fatalities
- 2015 in CT: **697** opioid overdose deaths
 - Mean age 42 years
 - 74% male

 - Heroin alone: 38%
 - Prescription opioids alone: 24%
 - Fentanyl alone: 9%
 - Combination of opioids: 30%



Yale's Response to the Opioid Epidemic



Primary Care Buprenorphine: Intensity of Counseling “Standard” v “Enhanced” Medical Management

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Counseling plus Buprenorphine–Naloxone Maintenance Therapy for Opioid Dependence

David A. Fiellin, M.D., Michael V. Pantalon, Ph.D., Marek C. Chawarski, Ph.D.,
Brent A. Moore, Ph.D., Lynn E. Sullivan, M.D., Patrick G. O’Connor, M.D., M.P.H.,
and Richard S. Schottenfeld, M.D.

ABSTRACT

BACKGROUND

The optimal level of counseling and frequency of attendance for medication distribution has not been established for the primary care, office-based buprenorphine–naloxone treatment of opioid dependence.

NEJM, July 27, 2006 – Vol. 355, No. 4



Primary Care Buprenorphine: Long Term Outcomes (2-5 years)

TABLE 2. Outcomes among opioid-dependent patients receiving long-term buprenorphine/naloxone maintenance in primary care

Primary outcomes	N = 53
Percentage of opioid-negative urine specimens, n/N	91% (1005/1106) ←
Secondary outcomes	
Percentage of cocaine-negative urine specimens, n/N	96% (1062/1106)
Dose of buprenorphine/naloxone, mean, SD	17.0 (4.2)
Treatment satisfaction score, mean (range)	86.3 (69–93)
Serum AST, mean (range)	29.6 (9–169)
Serum ALT, mean (range)	22.6 (4 – 119)

Fiellin et al Am J Addict, 2008; 17:116-120



Expanding Buprenorphine into HIV Settings

Journal of Substance Abuse Treatment 43 (2012) 433–439



Contents lists available at SciVerse ScienceDirect

Journal of Substance Abuse Treatment



Brief versus extended counseling along with buprenorphine/naloxone for HIV-infected opioid dependent patients^{a,c}☆

Jeanette M. Tetrault, MD^{a,*}, Brent A. Moore, PhD
Richard Schottenfeld, MD^{b,c}, David A. Fiellin, MD

^a Department of Internal Medicine, Yale University School of Medicine

^b Department of Psychiatry, Yale University School of Medicine

^c Center for Interdisciplinary Research on AIDS, Yale University School of Public Health

Table 2
Main study outcomes.

Outcome	Total	PM (n=25)	PM+EMM (n=22)	p
Percent of opioid negative urines, mean (SD)	66.3 (31.6)	63.6 (33.8)	69.0 (30.6)	.54
Max duration of continuous opioid abstinence, weeks mean (SD)	5.0 (3.9)	4.9 (4.0)	5.2 (3.8)	.82
Percent of cocaine negative urines, mean (SD)	59.2 (42.0)	62.4 (40.7)	55.6 (44.1)	.59
Study completion, % (n)	70 (33)	80 (20)	59 (13)	.10
Percent of days of buprenorphine/naloxone adherence, mean (SD)	76.8 (27.7)	75.3 (19.8)	78.3 (20.6)	.70
Percent of days ARV adherence, mean (SD)	55.4 (33.0)	59.3 (27.4)	51.5 (27.5)	.56


Buprenorphine in Other General Medical Settings: Emergency Departments

Original Investigation

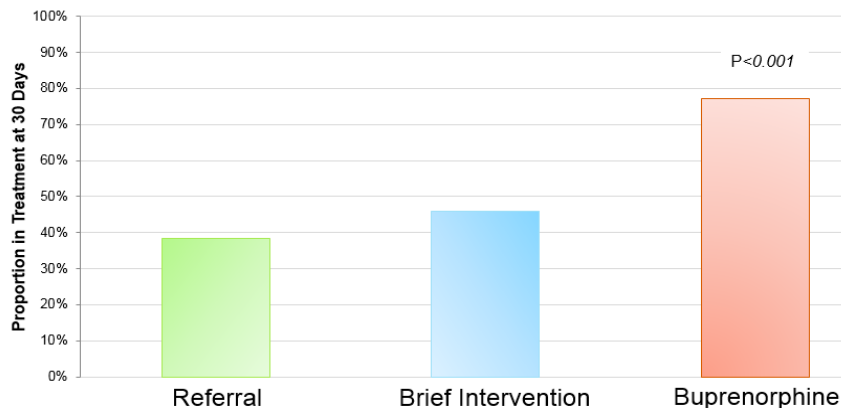
Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

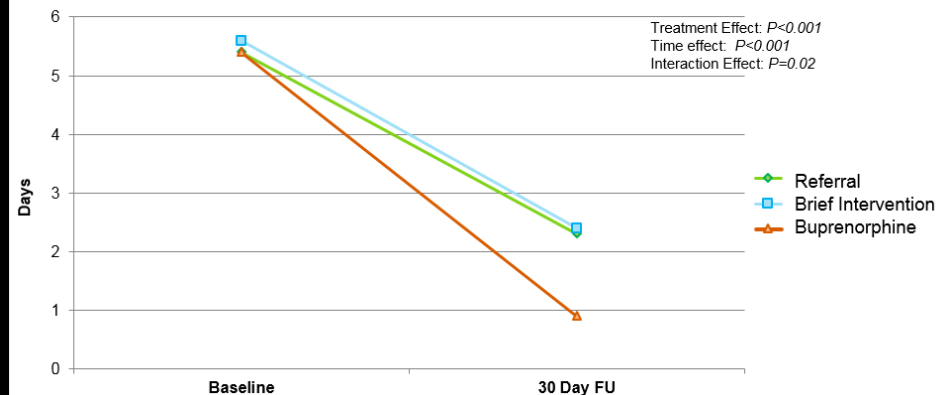
IMPORTANCE Opioid-dependent patients often use the emergency department (ED) for medical care.

 JAMA Report Video and
Author Video Interview at
jama.com

Engaged in Treatment at 30-Days



7-Day Illicit Opioid Use



JAMA. 2015;313(16):1636-1644



Addiction Medicine Training in Primary Care

Innovation Report

The Addiction Recovery Clinic: A Novel, Primary-Care-Based Approach to Teaching Addiction Medicine

Stephen R. Holt, MD, MS, Nora Segar, MD, Dana A. Cavallo, PhD,
and Jeanette M. Tetrault, MD

Objectives:

- Educate interprofessional learners about the biologic basis for addiction
- Educate about available treatment options for OUD and other substance use disorder
- Provide outpatient clinical services within pre-existing resident and faculty primary care practice

The Addiction Recovery Clinic Structure



ARC Initial 12 Month Clinical Practice Data

Characteristic	N = 97 (new patients)
Average age	44 years
Male gender	62%
Primary diagnosis	
Opioid use disorder	63%
Alcohol use disorder	25%
Cocaine use disorder	6%
Insurance	
Medicaid	66%
Commercial	19%
Medicare	9%
Self-Pay	3%
Referral Mechanism	
Outpatient	47%
Inpatient	35%
Inpatient Consult	8%
Self-Referral	7%



611 total visits

12.0 visits per session

No-shows = 33.5%

Holt et al, Academic Medicine, 2017



Decreasing Stigma through Education

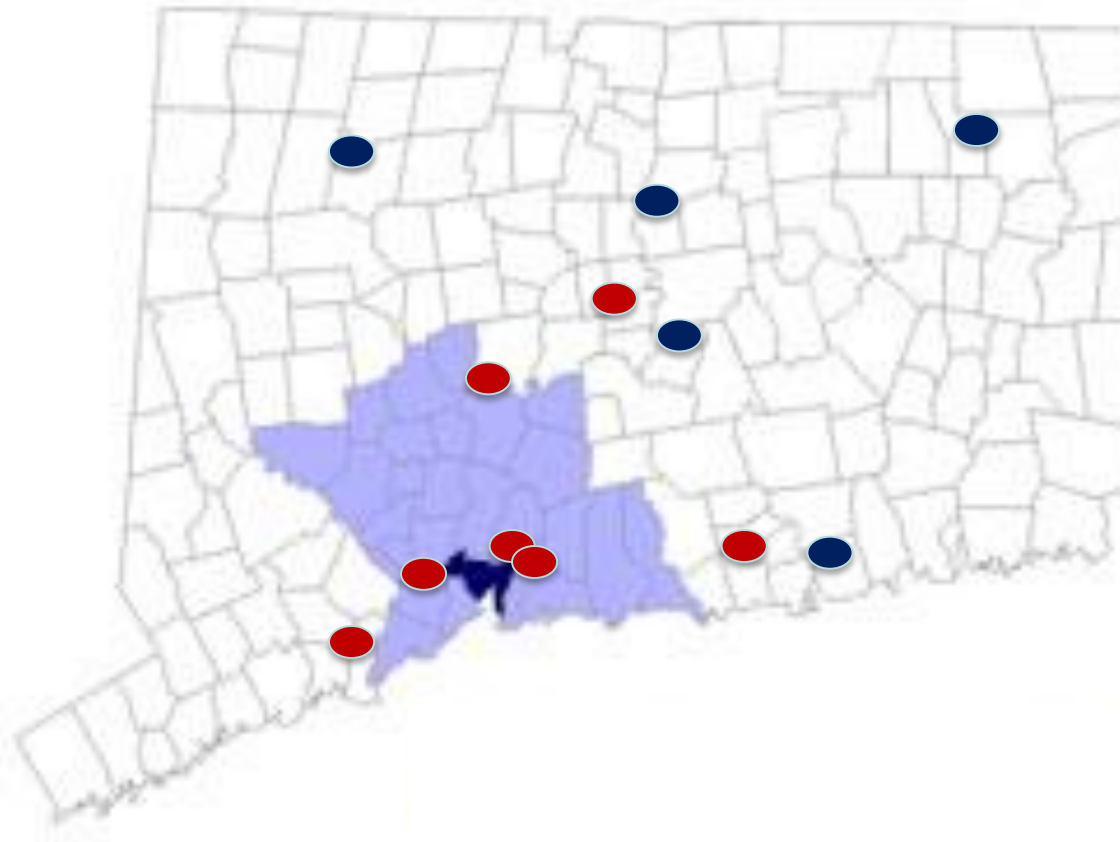
VIEWPOINT

Changing the Language of Addiction

Avoid these terms...	Use these instead...
Addict, user, drug abuser, junkie	Person with opioid use disorder or person with opioid addiction, patient
Opioid abuse or opioid dependence	Opioid use disorder
Problem	Disease
Habit	Drug addiction
Clean or dirty urine test	Negative or positive urine drug test
Opioid substitution or replacement therapy	Opioid agonist treatment
Relapse	Return to use
Treatment failure	Treatment attempt
Being clean	Being in remission or recovery



Expanding Capacity Beyond New Haven



Buprenorphine Training Events:

10/6/16 Bridgeport
10/20/16 New London
3/15/17 Middletown
5/9/2017 West Haven
6/30/17 New Haven
7/14/17 New Haven
7/17/17 Wallingford

Planned events:

Bimonthly in conjunction
With local Health Depts



Yale's Response to the Opioid Epidemic

- Research has expanded the availability of addiction treatment from specialty settings to general medical settings including primary care, HIV, and ED settings and created lasting care models.
- Educational initiatives train champions and expand the reach.
- Change the way we:
 - **Think** about opioid use disorder
 - **Talk** about opioid use disorder
 - **Treat** opioid use disorder



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ED-Initiated Buprenorphine Long-Term Outcomes: Treatment Engagement

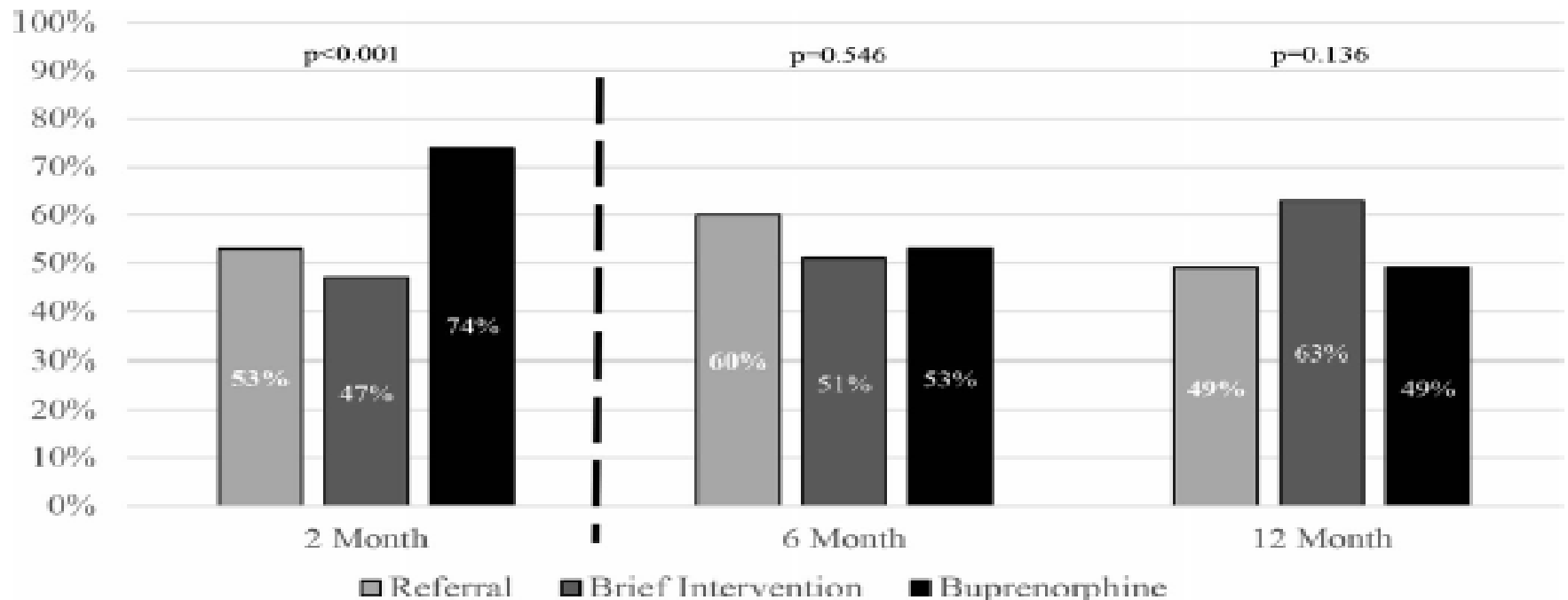


Figure 2 Engagement in formal addiction treatment.

Fiellin et al, J Gen Intern Med 2017;32(6):660-6

