

Opioid Use Recovery, Honoring & Empowering Local Providers (OUR HELP)

Presented By:

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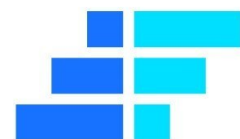


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Land Acknowledgement

We acknowledge the Dena'ina people, on whose traditional lands we work and live on. We also acknowledge the Creator and all Indigenous people of Alaska. Thank you for your past and present stewardship of the waters, plants, animals and spiritual practices of this place.



Foundation *for*
Opioid Response Efforts



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Objectives



Introduce relevant terms and the aims of our project.



Identify a four-tier approach to treatment capacity building.



Describe ways to build and continue tele-ECHO education communities.



Discuss ways to strengthen provider relationships and collaboration.



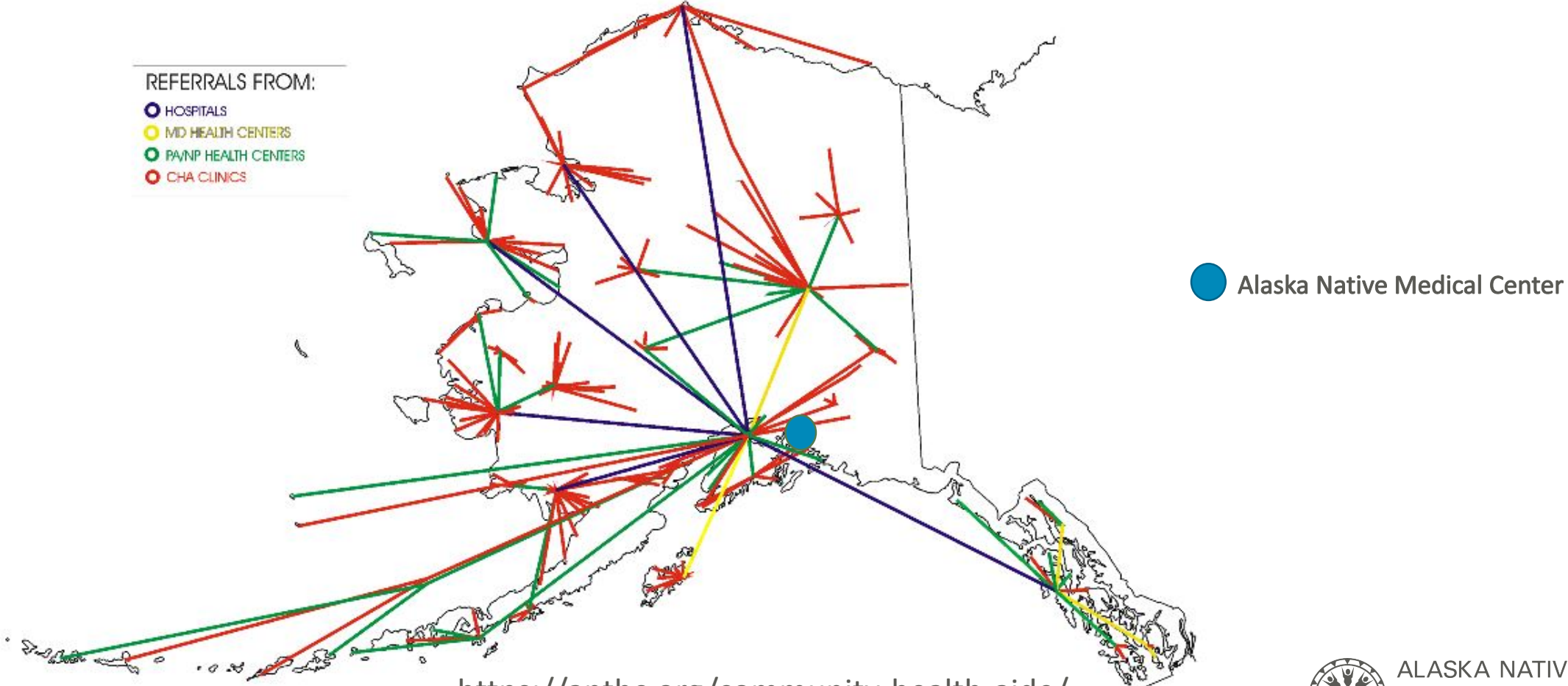
Interactive Activity: Google Jamboards

Discussion Question 1:

What are some strengths that can support recovery from substance use disorders?

Alaska Tribal Health System (ATHS)

Typical Referral Patterns



Map provided by
Alaska Native Tribal Health Consortium
Division of Information Technology
www.anthc.org

<https://anthc.org/community-health-aide/>
<https://anthc.org/behavioral-health-aide-program/>





Relevant Terms

- **Addiction Medicine** - also known as *medication assisted treatment* and *medication for addiction treatment* – medication used to treat the biological basis of substance use disorders (i.e., methadone, buprenorphine, etc.).
- **Substance Use Terms** – It is recommended to not use the stigmatizing term “abuse” instead we will use term like the following *heroin use*, *opioid misuse*, and *opioid use disorder (OUD)*.
- **ECHO** – a widely used online platform for learning across disciplines developed by the University of New Mexico.
- **Health Aides** – behavioral health aid and community health aids





Opioid Use Disorder Among Alaska Native People

- Alaska Native people suffer from disproportionate rates of opioid misuse (National Survey on Drug Use and Health, 2019)
- Alaska Native and American Indian people suffer heavy burden of opioid overdose deaths and the highest inpatient opioid overdose fatalities (Filley & Hull-Jilly, 2018)
- Severe isolation from addiction medicine services and substance use treatment (Bureau of Indian Affairs, 2019)
- People with substance-related disorders and addiction medicine face high levels of discrimination and stigma which decrease access to services and treatment (NASEM, 2019).





Taking Care of Each Other: Reducing Stigma

- **Intervention Stigma:** Addiction medicine remains underutilized largely due to lack of awareness and misconceptions about its effectiveness (Blendon & Benson, 2018; Matusow et al., 2013; SAMHSA, 2013).
- **Reduce Stigmatizing Language:** Reduce stigma by using person-first language (i.e., person who uses drugs) (McGinty et al., 2018).
- **Education:** Research supports education of stakeholders (i.e., clients, staff, providers, clinicians, etc.) breaks down systemic barriers to increase access and utilization of treatment services (Madden, 2019; Volkow et al., 2014).



OUR HELP Project



We aim to build treatment capacity for *addiction medicine* for substance use treatment across in Alaska.



Empowering care providers through supports and education.



Improving access to specialty care in rural areas.



Connecting providers through case-based learning and consultation.

Four-tier Approach

Objective 1:
Identify a four-tier approach to treatment capacity building.

Addiction Medicine Capacity Building

Education >
Addiction Medicine ECHO

Consultation

4 Tier
Approach

Toolkit

Population Health
Outcomes



My Perspective

- Identify as a person in long term recovery who utilized addiction medicine and peer support services thru Southcentral Foundation
- Started working in a addiction medicine program in 2016
 - Addressing my own stigma
- Started doing technical assistance (nationally) work in June 2020
- ECHO's help you feel not so isolated, help be in alignment with other programs
 - Help you **HELP YOUR PATIENTS**



Building community

Objective 2:
Describe ways
to build and
continue tele-
ECHO
education
communities.

Project ECHO

- Extension for Community Healthcare Outcomes
- **Mission:** To democratize medical knowledge and get best practice care to underserved people all over the world.

Right Knowledge. Right Place. Right Time.

<https://hsc.unm.edu/echo/>



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Project ECHO



- Amplification – use technology to leverage scarce resources
- Share best practices to reduce disparity
- Case based learning to master complexity
- Web-based data to monitor outcomes

Addiction Medicine ECHO

Our ECHO aims to:

- Enhance best practices relevant to rural Alaska needs
- Troubleshoot and overcome barriers
- Support and resources to empower providers
- Inform providers on the latest policies and practices

Our ECHO targets:

- Health care providers who want to learn more about addiction medicine
- Providers interested in starting an addiction medicine program
- Current practitioners of addiction medicine looking to support a community of practice.



Addiction Medicine ECHO



Addiction Medicine ECHO Session Agenda

Session #5:	Alternatives and Adjuncts to Medication Assisted Treatment (MAT)
Session Objectives:	<ol style="list-style-type: none">1. Participants will be able to identify alternatives / adjuncts to MAT.2. Participants will describe the empirical evidence for at least one alternative /adjunct to MAT.
Date:	April 22, 2021
Time:	12PM - 1PM AK Time
Zoom Link:	Join Zoom from PC, Mac, iOS or Android: https://zoom.us/j/96281530072?pwd=MFdvdms1d1NlN3FHbXIKOVFteXMzZz09 Password: 139165
Reminders:	Please feel free to log in via Zoom a few minutes early, especially if you would like to test your connectivity. Please visit https://zoom.us/ for a free download, or email us at behavioralhealth@anthc.org for technical assistance.

Agenda:	<p>Welcome and Overview of the Agenda 1 min.</p> <ul style="list-style-type: none">• Jackie Engebretson, Program Manager, Alaska Native Tribal Health Consortium, Behavioral Health Department <p>Topic Presentation: Special Considerations for Buprenorphine 15 min.</p> <ul style="list-style-type: none">• Dr. Lucia Grauman Neander, Lincensed Clinical Psychologist, Alaska Native Tribal Health Consortium, Behavioral Health Department <p>ECHO General Introductions/Announcements 5 min.</p> <p>Case Presentation 7 min.</p> <p>Case Discussion 20 min.</p> <p>Closing and Reminders 5 min.</p>
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Next Session:	May 13, 2021; 12PM AK Time Topic: Prescribing: Dose Finding, Compassionate Tapering & More
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Addiction Medicine ECHO

- Agenda



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Addiction Medicine ECHO – Past Topics

Topics we have covered

- Addiction Basics
- Stigma and Addiction Medicine
- Alaska Native Culture: Healing Through Indigenous Practices
- Harm Reduction
- Special Considerations for Buprenorphine
- Alternatives and Adjuncts to Addiction Medicine



Photo credit: ANTHC Marketing & Communications Department

Case-Based Learning

- Following the didactic presentation is a case presentation of a client
- Case presentations are key to learning and improved patient outcomes
- The process of case presentations
 - Presenting a case
 - Getting feedback
 - Implementing feedback with client
- Next is an example case presentation by Annette

Case Presentation – Example

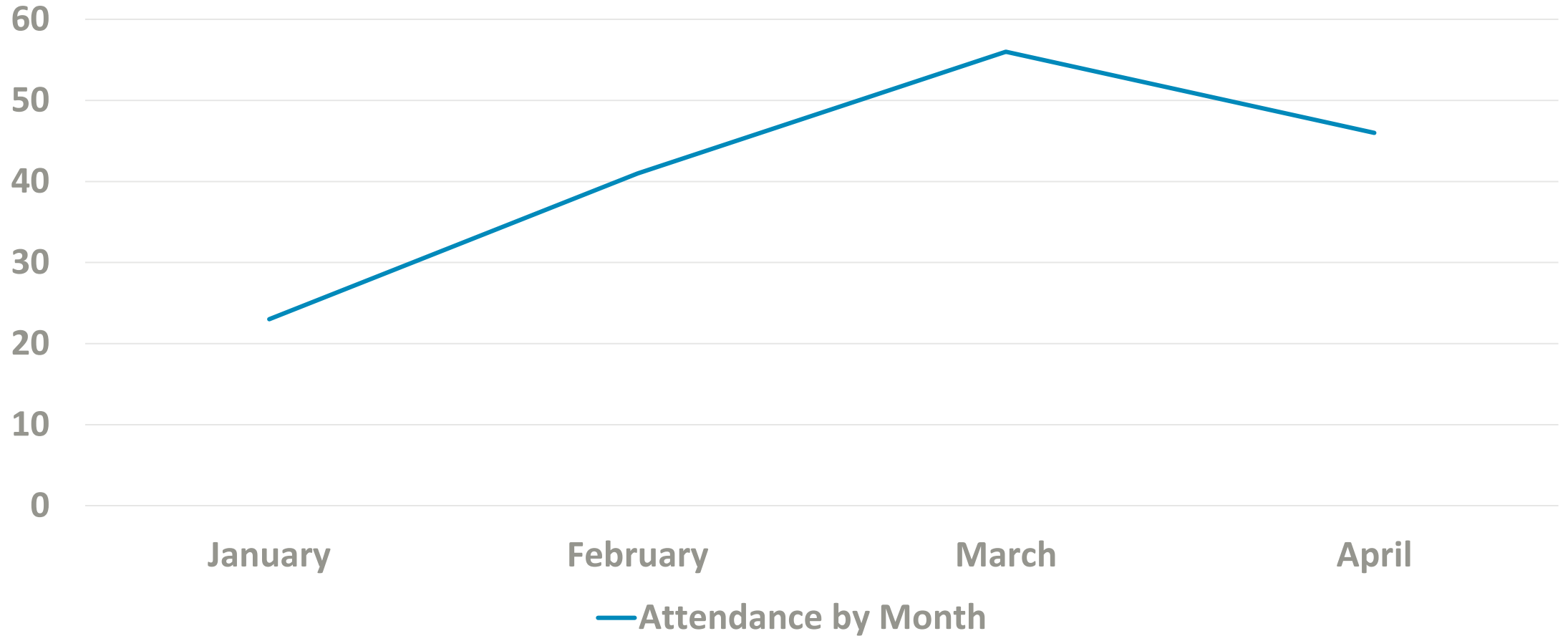
- 36-yo Male
- Dx: Opioid Dependence, Traumatic Brain Injury (TBI; hatchet to his head), Anxiety, Depression
- He engaged in addiction medicine program since 2018, opioid and anxiety. Started on Effexor and reported going well. Pt reported isolating himself watching YouTube conspiracy videos, eventually got rid of all electronics in his home related to paranoia. Referred to counseling, Psych ANP, does not follow-up. Refused to attend TBI support group. Discussed neuropsychic eval- he agreed to it (referral still active). He is engaged with medical provider and behavioral health aide.
- Meds: Buprenorphine 24mg/day, Effexor XR 150mg, Trazadone 50mg (PRN)
- We were struggling to help our patient engage in his own life and with his family. He had gotten rid of all electronics due to thinking “everyone” was out to get him, slept on the floor of his house, no running water and his house was completely empty except for his woodstove.
- Goal: decrease paranoia

Case Presentation - Results

- ECHO recommendations: Add Risperdal .5mg
- Long-acting Buprenorphine
- He had recently returned to using stimulants after 3 years of abstinence from ALL substances
- Outcome:
 - After 1 month- mother reports he got a cell phone and sleeping on a bed in the house
 - After 2 months- obtained a Facebook account, and he is actively employed

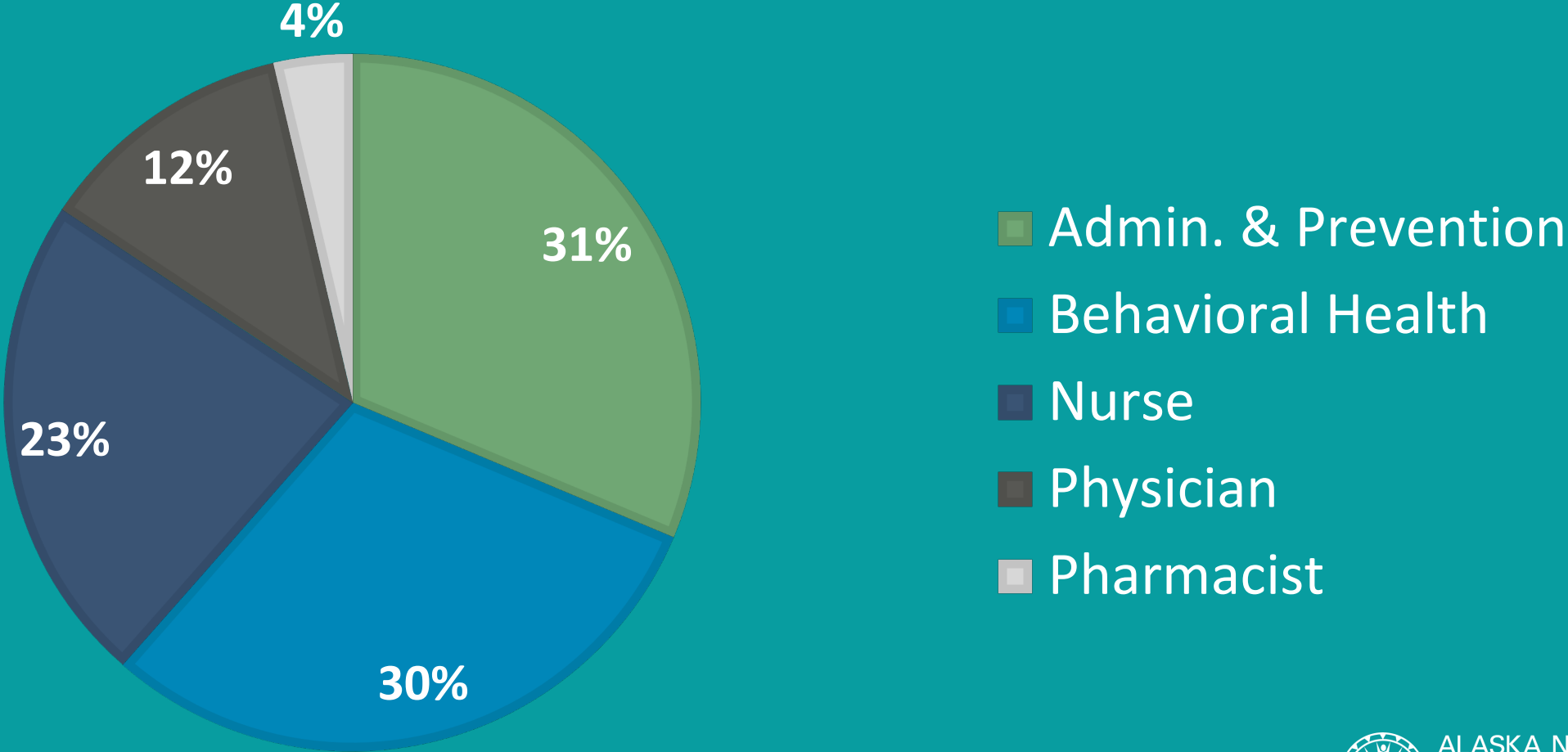


Attendance Chart



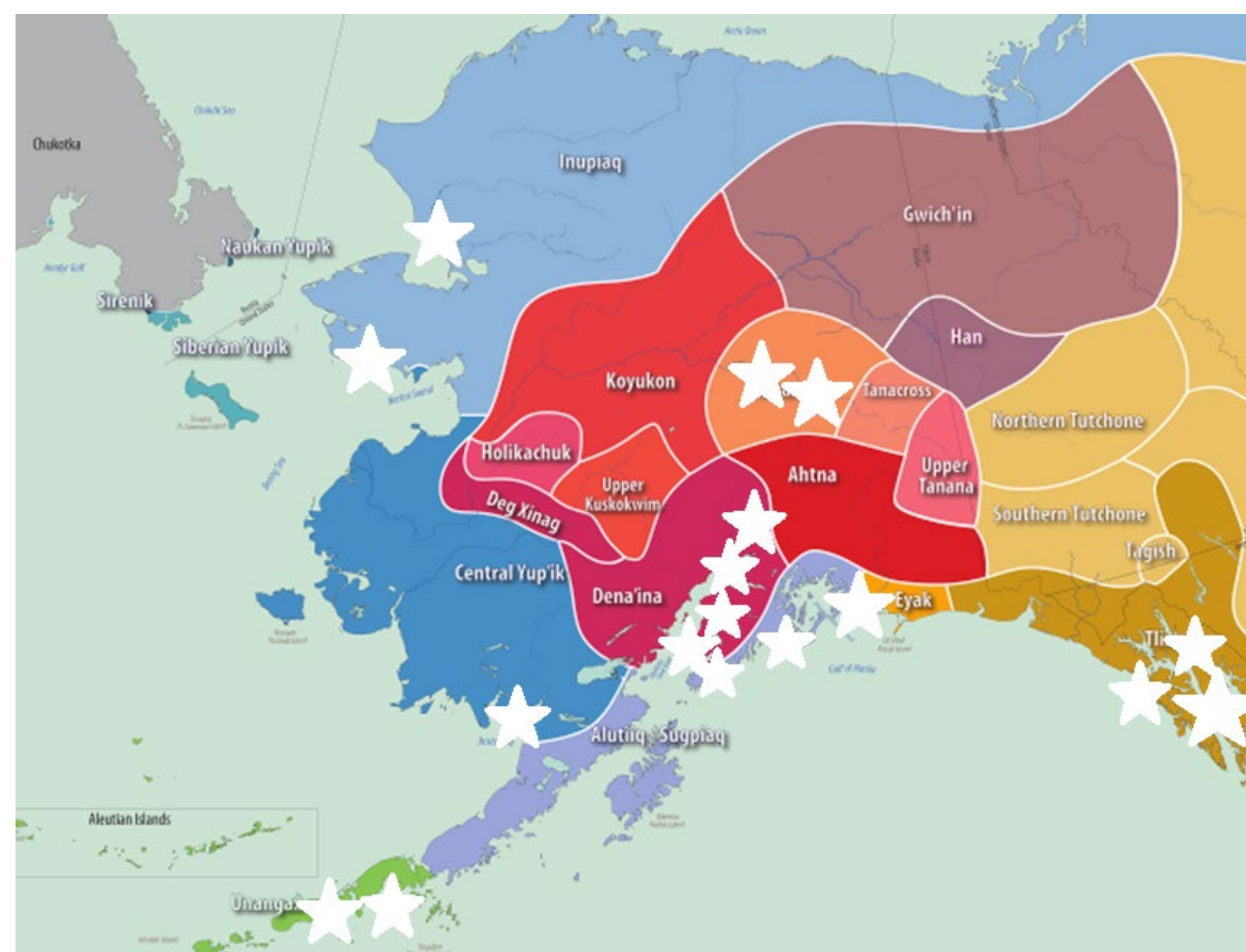
7 Sessions, 103 Registered

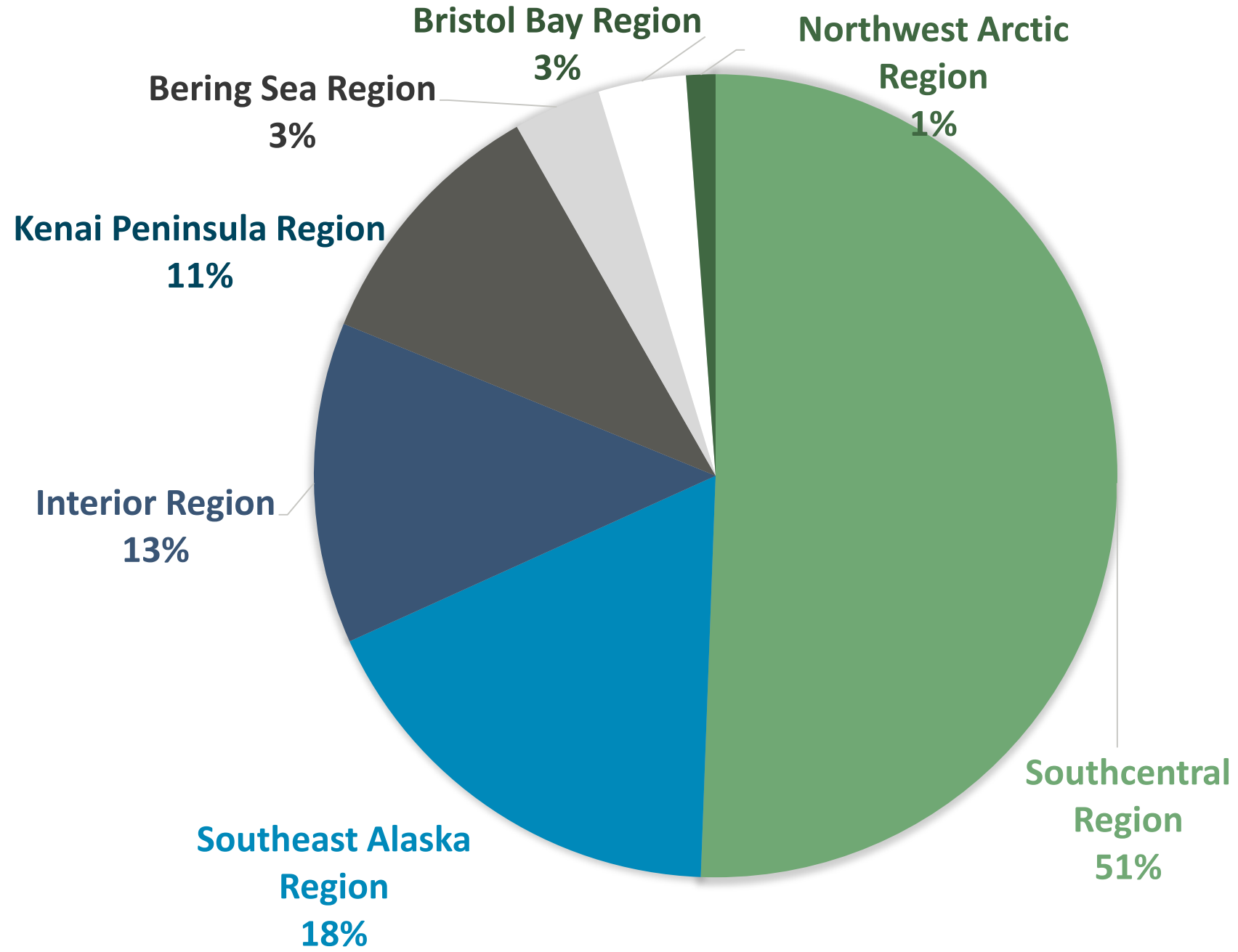
Addiction Medicine ECHO – Who Attends



Attendee Regions - Addiction Medicine ECHO

(Krauss, 2011).





Addiction Medicine ECHO — Regions Represented



Addiction Medicine ECHO - Evaluation

92% Learned New Information

87% Increased Knowledge in Content Area

86% Training Satisfaction

79% Feel Connected to Peers



Continuing to Build OUR HELP Project

- **Challenges**
 - Getting people engaged and keeping them engaged
 - Continuing education credits
 - Lunch and learn (1-hour twice a month)
 - Reaching rural areas
- **Overcoming challenges**
 - Talking to attendees and inviting input
 - Using existing structures
 - Recruiting passionate people
 - Building connection to peers
 - Swag gear



Provider Collaboration & Consultation

Objective 3:
Discuss ways
to strengthen
provider
relationships &
collaboration.



Power in Collaboration

- “So helpful to hear from other disciplines involved in MAT.”
- Cannot do it alone – the ECHO as provider peer support
- Meeting people where they are at through technology
- Population health evaluation & consultation

Spreading Hope and Inspiring Providers

- Relieves feeling of isolation
- Opportunities to hear about new things, program development, outreach
- Helps to address our own stigma
- Educational opportunity (10-15 min) on medical and behavioral health practices
- Helps create connections in your specialty
- When you get a recommendation, put it into practice and watch the change in your patient- **THAT'S THE REWARD!**





Interactivity: Final Discussion Questions

What are some actions you can take to de-stigmatize opioid use disorder in your community?

What are some ways to de-stigmatize addiction medicine?
What keeps you hopeful?



Contact us at behavioralhealth@anthc.org

Any Questions?

Thank you for your time.
Let's continue spreading
hope and inspiring each
other.

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