

# How to Build a ROBOT

Reham Attia MD, DABPM  
Douglas Thrasher DO, FAAFP



# Goals

- Importance of Opioid Use Disorder (OUD) Treatment
- Laws governing OUD Treatment
- Patient assessment and selection
- Office Workflow
- Training ancillary staff
- Critical elements of documentation

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## What is a ROBOT?

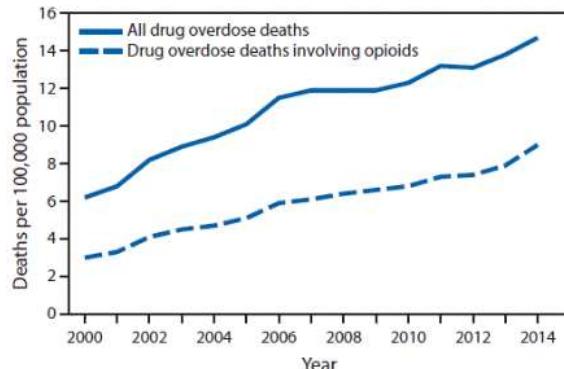
- R - Residency
- O - Office
- B - Based
- O - Opioid
- T - Treatment



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## Why do you need a ROBOT?

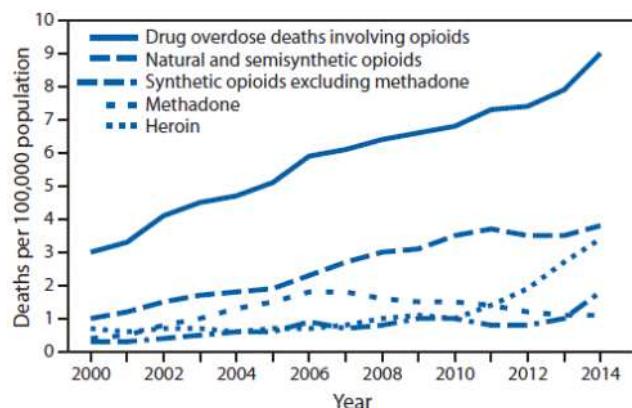


Rudd RA, Aleshire N, Zibbell JE, Gladden RM. Increases in Drug and Opioid Overdose Deaths—United States, 2000–2014. *American Journal of Transplantation*. 2016;16(4):1323–1327. doi:10.1111/ajt.13776.

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## Why do you need a ROBOT?



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# Why do you need a ROBOT?

- Economic burden of PRESCRIPTION Opioids:  
    \$78.5 Billion
  - Over 1/3 is due to increased health care costs
  - 1/4 is borne by the public sector (eg. crime, incarceration)

Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care*. 2016;54(10):901-906. doi:10.1097/mlr.0000000000000625.

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# Why do you need a ROBOT? Austin, Indiana HIV Outbreak!!!

- 2004 - 2013: Only **5** HIV infections reported
- December 2014: **3** New HIV diagnoses
  - DIS Learned 2 cases had a common-needle sharing partner
  - Contact tracing → 8 additional infections by January 2015
- By July 2016: **200** new HIV diagnoses (most from a single strain of HIV)
  - 93% co-infected with Hepatitis C
- SOURCE of HIV Transmission: Injection of **Opana ER** (Oxymorphone)

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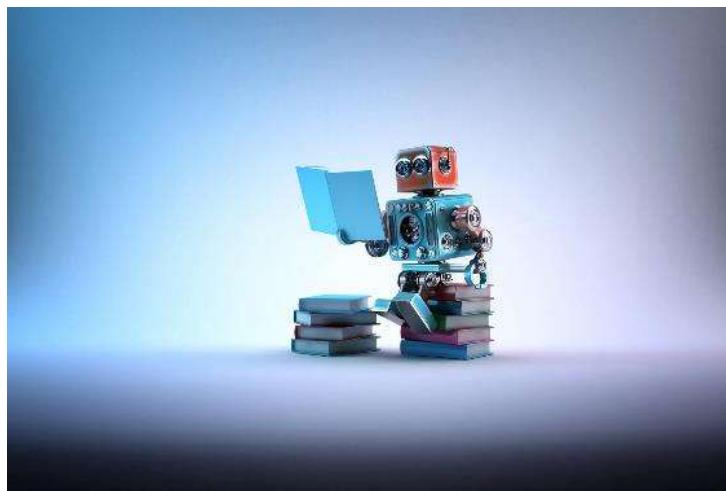
## Substance Use Disorder (SUD) In Perspective

- Alcohol Use Disorder - 20 million affected
- Alcohol related deaths - 100,000 per year
- Tobacco Use Disorder - 20% population  
>18 y/o
- Tobacco related deaths - 450,000 per year

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## ROBOT and the Law



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# ROBOT and the Law

- Methadone is only prescribed for treatment of OUD in federally regulated clinics.
- It cannot be prescribed in primary care setting for treatment of OUD

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# ROBOT and the Law

- Drug Addiction Treatment Act of 2000 (DATA 2000)
- Allows a waivered physician (DEA “X” number) to prescribe buprenorphine to treat OUD
- Office Based Opioid Therapy

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# ROBOT and the Law

- Federal Confidentiality Law 42 CFR, section 2.12
- Applies if program is federally assisted AND one of the following:
  - Holds itself out as providing addiction diagnosis, treatment or referral
  - Identified as a provider of addiction diagnosis, treatment or referral
  - Any unit in it holds itself out as providing addiction diagnosis, treatment or referral

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# ROBOT and the Front Desk



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# ROBOT and the Front Desk

- Managing patient queries about OUD treatment
- Pre-planned script to answer questions and engage patients
- Avoid stereotypical verbiage such as “addict” or “clean”

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# ROBOT and the Front Desk

- Setting patient expectations leading to first visit:
  - Medications at first visit?
  - Drug testing at first visit?
  - Insurance requirements?

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# ROBOT and the Front Desk

- Visit scheduling:
  - Initial visit - 40 minutes (preceded by 20 minute nursing intake)
  - Induction visit - 1 hour (mainly observation; can be double booked).
  - Maintenance visit - 20 minutes
    - First visit: 7 days after induction
    - Subsequent visits: Every 28 days

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# ROBOT and Nurses



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# ROBOT and Nurses

- Empathetic non-judgmental approach and avoid stereotypical verbiage
- Running Point of Care Urine Drug Screen (UDS)
  - DOT compliance not necessary.
- Performing Clinical Opioid Withdrawal Scale (COWS)

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# ROBOT and Nurses

## Initial Assessment: Substance Use History

Substance	Age of First Use	Age of Regular Use	Amount of Current Use	Route	Frequency	Last Use
Alcohol						
Sedative-hypnotic-anxiolytic						
Opioid						
Amphetamine-type						
Cocaine						
Hallucinogens						
Inhalants						
Cannabis						
Tobacco						

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# ROBOT and Nurses

## Initial Assessment: Substance Use History

- Longest period of sobriety
- Blackouts
- Overdose
- Prior chemical dependency treatment (type, duration & outcome)
- Past withdrawal symptoms

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# ROBOT and Nurses

## Initial Assessment

- Infectious disease history:
  - High risk sexual behavior
  - Sexually transmitted infections (STI) & history of treatment
  - Last STI screen
  - **Intravenous drug use (IVDA): method and practice**
  - Tattoos

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# ROBOT and Nurses

## Initial Assessment

- PHQ-9, GAD, ACE
- Current Medications
- Medical release of information from prior providers
- Perform initial UDS

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# ROBOT and Doctors



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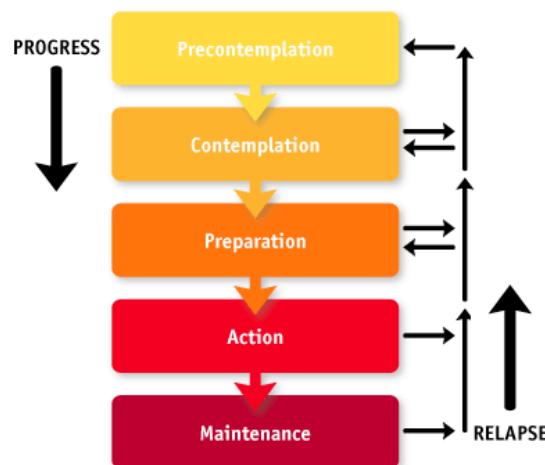
# ROBOT and Doctors

- **SUD** is a chronic disease and follows the same pattern as **Hypertension, Diabetes** and **Congestive Heart Disease**.
- Like any chronic disease, it is characterized by episodes or remission and relapse.

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# ROBOT and Doctors



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# ROBOT and Doctors

## DSM V Substance Use Disorder Criteria:

1. Taken in larger amounts or over a longer period than was intended
2. Persistent desire or unsuccessful efforts to cut down or control use
3. Great deal of time spent in activities necessary to obtain, use or recover from
4. Craving
5. Recurrent use resulting in failure to fulfill major role obligations
6. Continued use despite social or interpersonal problems
7. Gave up or reduced important social, occupational or recreational activities
8. Recurrent use in situations in which it is physically hazardous
9. Continued use despite knowledge of having physical or psychological problems caused or exacerbated by use
10. Tolerance
11. Withdrawal

# of Criteria	2-3	4-5	6 and over
DSM-V	Mild	Moderate	Severe
ICD-10	Abuse	Dependence	Dependence

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# ROBOT and Doctors

- Thorough H&P + MSE - focus on opioid withdrawal c/p
- Review patient's record on Prescription Drug Monitoring Program (PDMP)
- Engage patient in treatment decision making
- Patient selection for ROBOT or referral to higher level of care (Inpatient treatment, residential treatment, intensive outpatient program)
- Scheduling next appointment for induction

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## ASAM Patient Placement Criteria Dimensions

1. Acute intoxication or withdrawal potential
2. Biomedical conditions and psychiatric conditions
3. Emotional behavior or cognitive conditions or complications
4. Readiness for change
5. Continued use or continued problem potential
6. Recovery / Living Environment

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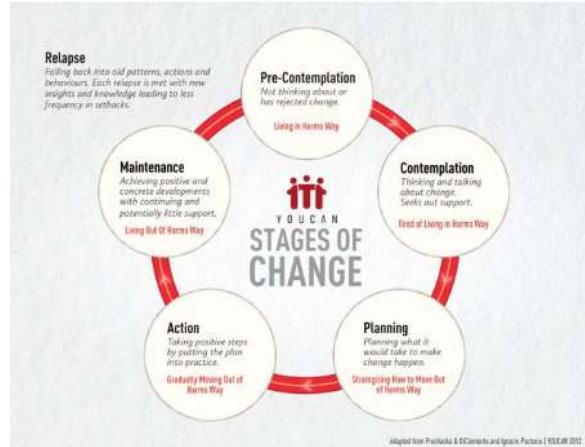
## ROBOT Patient Selection

- OUD not co-occurring with active alcohol or benzodiazepine use disorders
- Willingness to change
- Psychiatrically stable
- Some social support
- Insurance coverage
- Agrees to participate in behavioral health
- Agrees to abide by ROBOT Patient Contract.

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## ROBOT: How Do You Measure Readiness to Change?



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## ROBOT Patient Contract

- Routine and random UDS (Federally mandated at least 8 per year)
- Take medications as prescribed
- No refills without an appointment
- Will not obtain Schedule 2 drugs from non-ROBOT prescribers and will inform provider if seen in ED
- Abstain from ALL substances, ESPECIALLY:
  - Opioids
  - Alcohol
  - Benzodiazepines and other CNS inhibitors (unless prescribed by ROBOT)

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# ROBOT and Doctors

- Prescribe Intranasal or SQ Naltrexone to all patients enrolled in treatment and counsel on use
- Educate patients on risk of opioid overdose after abstinence



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## ROBOT Induction

- For buprenorphine-naive patients, it is best to schedule a follow-up appointment for in-office induction
- Prescribe buprenorphine 7 day prescription with instruction to bring prescription to the office for induction visit
- This is helpful if prior authorization is required

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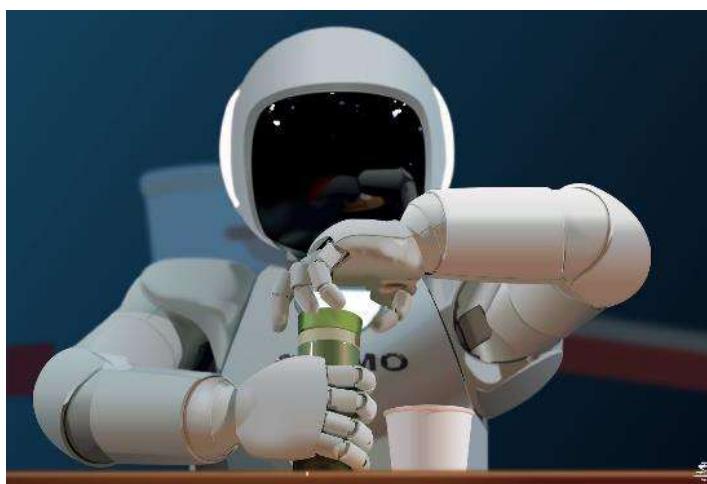
# ROBOT Induction

- Some patients have had previous experience with buprenorphine.
- These patients can undergo induction in their own home with the guidance of Subjective Opioid Withdrawal Scale (SOWS)
- They may be prescribed medications on initial assessment and followed up in 2-7 days

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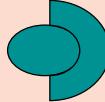
## ROBOT and Medically Assisted Treatment (MAT)



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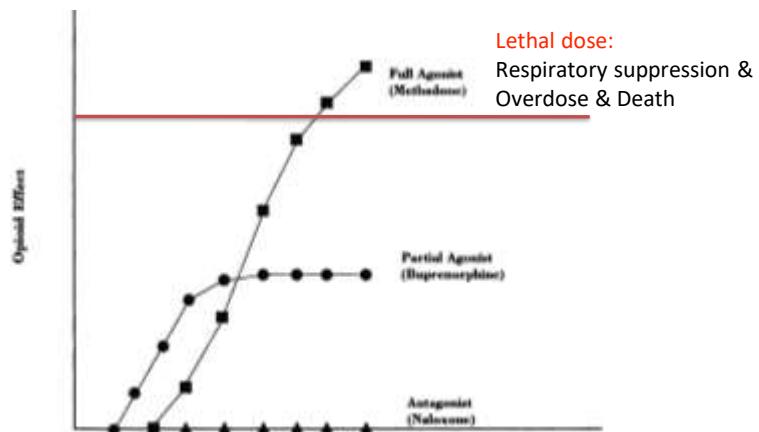
# ROBOT and MAT

Agent	Receptor	Action
Methadone	Agonist	
Buprenorphine	Partial agonist	
Naltrexone	Antagonist	

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# ROBOT and MAT



Naloxone chart shows how buprenorphine works to ease withdrawal while producing less euphoric opioid effects.

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# ROBOT and MAT

- While on Buprenorphine: Patient agrees abstain from Alcohol and ALL Illicit Opioids - **ESPECIALLY:**
  - **Opioids**
  - **Alcohol**
  - **Benzodiazepines, and Z-drugs** (unless prescribed by ROBOT Provider)
- Do not exclude patients using cannabis or other (NON-CNS depressant) psychoactive substances - but continue to encourage full abstinence

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## ROBOT Ancillary Medications

- Clonidine
- Acetaminophen
- NSAIDs
- Baclofen
- Loperamide
- Dicyclomine
- Ondansetron
- Trazodone



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# Benefits of ROBOT:

## Buprenorphine

### 1. Reduced relapse on opioids (eg. Heroin or Oxycontin)

Ref: Meade CS, Weiss RD, Fitzmaurice GM, et al. [HIV risk behavior in treatment-seeking opioid-dependent youth: results from a NIDA clinical trials network multisite study](#). *J Acquir Immune Defic Syndr*. 2010;55(1):65–72.)

### 2. Decrease rates of opioid overdose death

### 3. Improves treatment retention and attendance

Ref: Kakko, J., Svanborg, K. D., Kreek, M. J., & Heilig, M. (2003). 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: A randomised, placebo-controlled trial. *The Lancet*, 361(9358), 662–668. doi:10.1016/s0140-6736(03)12600-1

- In one study, over half of patients in OBOT with buprenorphine were successfully retained for at least 1 year.

Weinstein ZM, Kim HW, Cheng DM, et al. Long-term retention in Office Based Opioid Treatment with buprenorphine. *Journal of Substance Abuse Treatment*. 2017;74:65-70. doi:10.1016/j.jsat.2016.12.010.

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# Benefits of ROBOT:

## Buprenorphine

### 4. Decrease HIV risk behaviors

Ref: Meade CS, Weiss RD, Fitzmaurice GM, et al. [HIV risk behavior in treatment-seeking opioid-dependent youth: results from a NIDA clinical trials network multisite study](#). *J Acquir Immune Defic Syndr*. 2010;55(1):65–72.); (Ref: Metzger DS, Donnell D, Celentano DD, et al. [Expanding substance use treatment options for HIV prevention with buprenorphine naloxone: HIV Prevention Trials Network 058 \(HPTN 058\)](#). *J Acquir Immune Defic Syndr*. 2015;68(5):554–561.

### 5. Lower incidence of Hepatitis C infection among people with injection drug use.

Ref: Tsui JL, Evans JL, Lum PJ, et al. [Association of opioid agonist therapy with lower incidence of hepatitis C virus infection in young adult injection drug users](#). *JAMA Intern Med*. 2014;174:1974–1981.

### 6. The ripple effect: Knowing someone who is receiving buprenorphine therapy may increase interest in seeking treatment.

Ref: Fox AD, Shah PA, Sohler NL, et al. [I Heard About it From a Friend: Assessing Interest in Buprenorphine Treatment](#). *Subst Abuse*. 2013 [Epub ahead of print]. doi: 10.1080/08897077.2013.804484.

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# Benefits of ROBOT: Naltrexone

## 1. More opioid-free weeks

Krupitsky, E., Nunes, E. V., Ling, W., Illeperuma, A., Gastfriend, D. R., & Silverman, B. L. (2011). Injectable extended-release naltrexone for opioid dependence: A double-blind, placebo-controlled, multicentre randomised trial. *The Lancet*, 377(9776), 1506–1513. doi:10.1016/s0140-6736(11)60358-9

## 2. More opioid-free and drug-free UDS

Comer, S. D., Sullivan, M. A., Yu, E., Rothenberg, J. L., Kleber, H. D., Kampman, K., ... O'Brien, C. P. (2006). Injectable, sustained-release Naltrexone for the treatment of Opioid dependence. *Archives of General Psychiatry*, 63(2), 210. doi:10.1001/archpsyc.63.2.210

## 3. Increase treatment retention

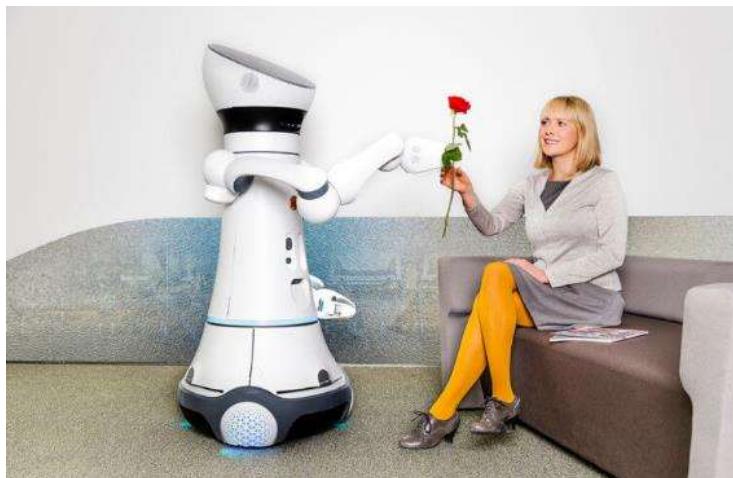
Comer, S. D., Sullivan, M. A., Yu, E., Rothenberg, J. L., Kleber, H. D., Kampman, K., ... O'Brien, C. P. (2006). Injectable, sustained-release Naltrexone for the treatment of Opioid dependence. *Archives of General Psychiatry*, 63(2), 210. doi:10.1001/archpsyc.63.2.210

## 4. Decrease opioid cravings

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# ROBOT and Special Populations



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# ROBOT and Special Populations

- Pregnancy
- Chronic Pain
- Psychiatric Disease
- Physicians and Medical Providers
- Truck drivers and Pilots

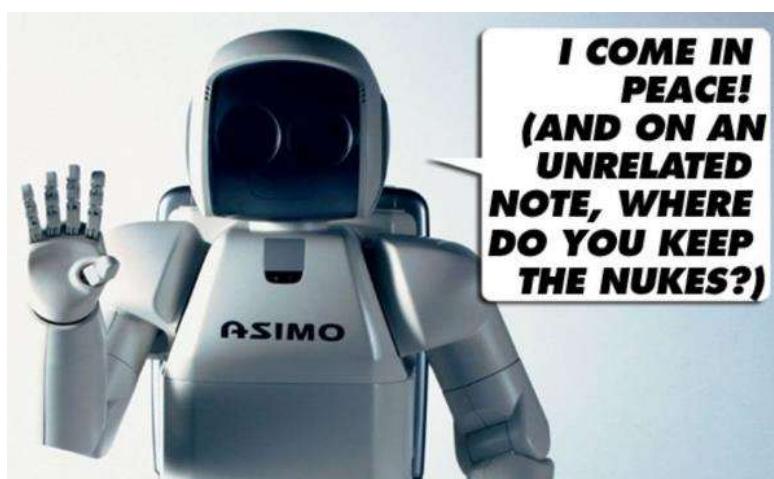
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# ROBOT and the Internet

Our Website:  
**www.ROBOT-  
Opioid-  
Treatment.com**

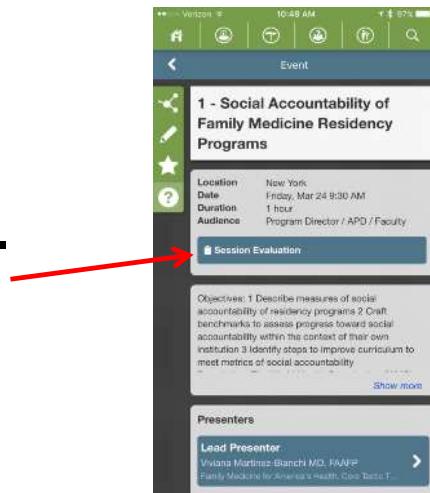
Ref: Kampman, K., & Jarvis, M. (2015). American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. *Journal of Addiction Medicine*, 9(5), 358-367. doi:10.1097/adm.0000000000000166



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Please  
complete the  
session evaluation.



Thank you.

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