

OPIATE Initiative

OMS

*Opioid Agonist Therapy (OAT)
Monitoring System*



The Opiate Monitoring system was created by the Opiate Initiative team. Team members include Mark Willenbring, MD, Hildi Hagedorn, PhD, Andrea Postier, MPH, Marie Kenny, BA, Nancy Pexa, MS, and Jim Tacklind, BS.

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The Opiate Initiative is part of the VA QUERI (Quality Enhancement Research Initiative), Substance Use Disorder Module.

The information contained in this binder and accompanying compact disc are intended to be useful tools for quality improvement in the clinical setting. Please feel free to reproduce any of the forms or materials. If forms are reproduced, attribution would be appreciated.



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Chapter 1

Introduction

Background:

Methadone has been used in the treatment of opiate addiction for more than 30 years. Methadone is an opioid agonist that helps reduce withdrawal symptoms from opiates as well as blocking the effects of opiate use. Used appropriately, methadone can help return patients to a more productive lifestyle by reducing illicit drug use, crime associated with use, adverse physical effects of use, and the risk of disease transmission.

What are evidence-based practices?

An evidence-based practice guideline is a systematically developed set of evidence-based, recommended best practices to assist practitioner and patient decisions about appropriate health care for specific clinical conditions.

Four individual elements of methadone programs that have been particularly well studied are:



Dose: Dosages of at least 60mg/day of methadone (or its equivalent) are associated with decreased use of illicit opioids and increased program retention.



Availability of counseling: Patients who are engaged in counseling, in addition to receiving methadone maintenance, have significantly better outcomes than those who receive no counseling. For this reason, it is recommended that patients engaged in OAT should be seen by a counselor *at least weekly during the first month, and then a minimum of one time each month thereafter.* Experience in the OpiATE Initiative suggests that most clinics average about two visits per client per month across the entire clinic population.



Maintenance versus detoxification program orientation: Programs that support long-term maintenance rather than promoting detoxification have fewer dropouts from the program and lower rates of illicit drug use.



Use of contingency management techniques: Focusing on positive, more immediate reinforcement of treatment gains is associated with decreased illicit opioid use and improved treatment compliance.

Figure 1. (next page) shows the relationship of these practices to important outcomes.

These guidelines and the research supporting them are described fully in the next chapter.

Are current programs consistently implementing best practices?

A recent study (Hamilton and Humphreys, 1996) found that 40% of patients receiving treatment at VA Opiate Agonist Therapy programs were on a stable dose of less than 60mg/day. They also found that 30% of OAT programs routinely recommended detoxification as a treatment goal. Additionally, budget constraints have led to a wide variation in counseling frequency in VA clinics. Although clinics often report that they are using or at least familiar with contingency management practices, few programs are implementing contingency management effectively.

Despite the strong evidence for methadone maintenance therapy, a study among VA substance use disorder program leaders (Willenbring, Kivlahan and Grillo, 2000) found that one third of the respondents did not know how strong the evidence was that supported methadone dosing requirements. Nearly as many did not know if it should be routinely recommended or not (15% disagreed that it should be routinely recommended, and 17% were neutral).

More recently, D'Aunno and Pollack (2002) concluded that "Efforts to improve methadone treatment practices appear to be making progress, but many patients are still receiving substandard care." This was based on a study that looked primarily at dosage levels of patients in US methadone maintenance programs.

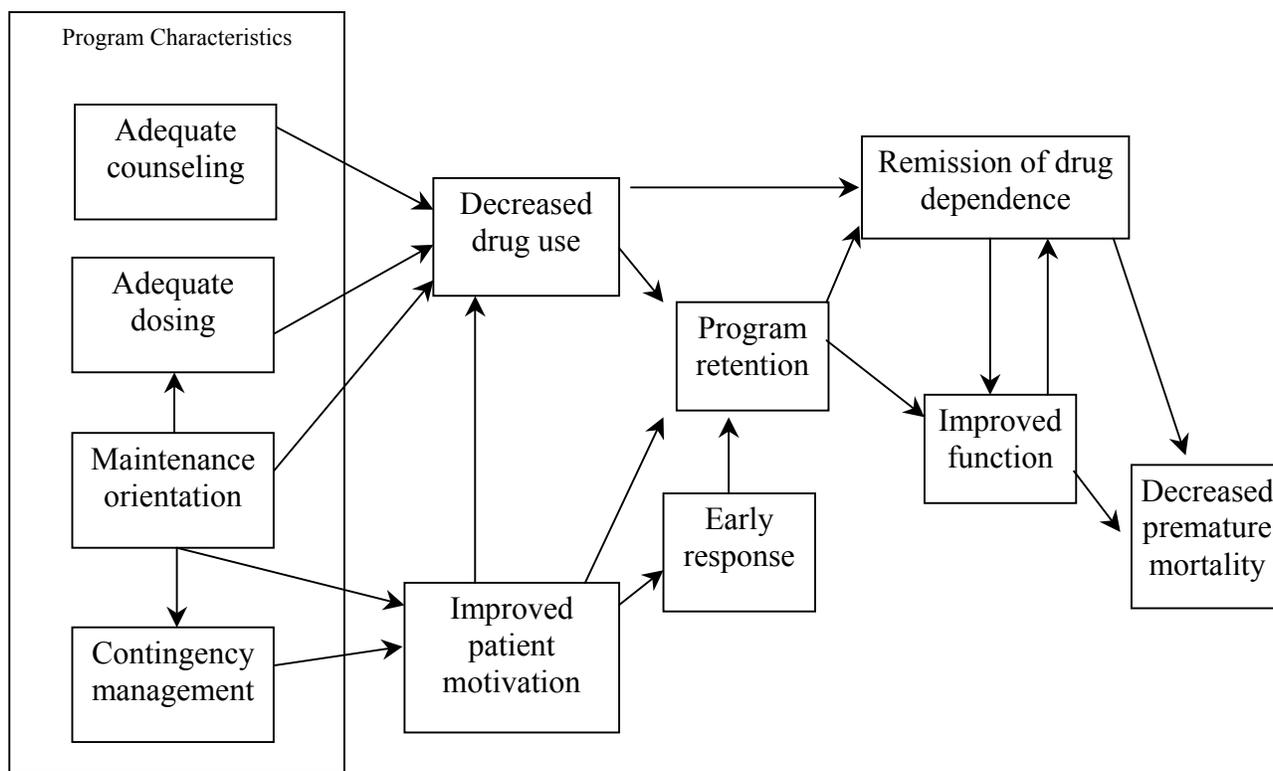
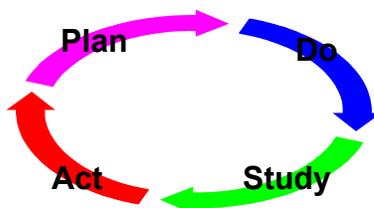


Figure 1. Treatment processes and outcomes in opioid agonist therapy based on current evidence.

The OpiATE Initiative was a response to a lack of consistency in VA methadone clinics in these four areas. The Initiative uses a facilitated form of the quality improvement method commonly used across VA facilities called “Plan, Do, Study, Act.”



Using this method, a monitoring system is used to track changes in selected VA clinics in the four target practices.

- PLAN:** The clinic examines evidence for the OAT recommendations and decides whether they would like to enter the QI process.
- DO:** Baseline data are collected on current practices in the clinic and compared to the OAT recommendations.
- STUDY:** Program staff identifies aspects of practice they wish to bring closer to evidence-based practices and set a goal for change.
- ACT:** Program staff plans and implement a strategy for change to meet the goal defined in the Study phase.

Return to Plan: Assess outcome of QI cycle. If goal has been met, assess for other areas of potential improvement. If goal has not been met, assess for alternative strategies.

What is the OAT Monitoring System?

The OAT Monitoring System (OMS) was developed to assist VA methadone clinics provide guideline concordant treatment. This manual includes:

- ✓ instructions for how to use this system in your clinic
- ✓ recommendations for treatment methods that have been shown to be effective in treating opioid addiction
- ✓ summaries of evidence supporting treatment recommendations
- ✓ paper copies of the Opiate Initiative monitoring forms
- ✓ a compact disk with an electronic version of the forms
- ✓ software to generate feedback graphs to monitor the performance of counselors and the clinic
- ✓ an electronic training presentation

This system was developed to help methadone clinics improve treatment for patients addicted to opioids by providing graphic feedback to providers on patient outcomes and treatment practices. Due to the heavy workloads that most case managers have, a quick and easy method was needed to track treatment practices. Case managers or

support staff can enter the data on a case-by-case basis (perhaps while the patient is being seen), or all at once at the end of the month, whichever is most convenient.

Selected References

D'Aunno, T. & Pollack, H. (2002). Changes in methadone treatment practices: results from a national panel study, 1988-2000. *JAMA* 288 (7): 850-56.

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Willenbring, M., Kivlahan, D., & Grillo, M. (July 2001). *Evidence-based clinical practice guidelines in substance use disorders: A survey of VA substance abuse treatment program leaders. A report from the Substance Abuse Module, Quality Enhancement Research Initiative (QUERI)*. (Available from Minneapolis VA Medical Center, One Veterans Drive (116A), Minneapolis, MN 55417)

