WACO FAMILY MEDICINE

Primary Care Addiction Medicine

Implementation Toolkit

WACO FAMILY MEDICINE

www.wacofamilymedicine.org/residency

WACO FAMILY MEDICINE

Table Of Contents

Introduction to Primary Care Addiction Medicine

Nearly one out of every five individuals will have a substance use disorder in their lifetime, yet most of these individuals do not receive treatment for their substance use.[1] As a result, the United States now faces a crisis of overdose deaths. Overall, over 107,000 people died from drug overdose in 2022.[2] Adolescent deaths from opioid use have markedly increased, now making drug overdose/poisoning the third leading cause of pediatric death following firearm and motor vehicle collisions.[3]

Primary Care Clinicians (PCPs) often build therapeutic relationships centered in compassion and cost-effective shared-decision making that is well congruent to the care required in substance use treatment.[4] Moreover, the United States Department of Health and Human Services advocates for a primary care forward approach to addiction treatment as the most effective means to improve population level access to treatment.[5] However, PCPs report several barriers to substance use care delivery: (1) structural or system-level barriers; (2) difficulty engaging with patients; (3) limited proficiency in prescribing medications for substance use treatment; and (4) varying attitudes on primary care's role in addiction medicine services.[6]

The primary care system, being the de facto system for mental health in the U.S., has the incredible opportunity to provide essential and meaningful addiction treatment services for millions of affected individuals. The Primary Care for Addiction Medicine (PCAM) construct as detailed below intends to improve the way we approach care for addiction in the primary care context using a multimodal service delivery model.

This model addresses many of the reported barriers to effective implementation highlighted above by consolidating resources into a hub-and-spoke model that leverages extant resources.

Our intent with this implementation guide is to provide a starting point for other primary care systems looking to institute similar addiction medicine programs. While not comprehensive, we hope that most of the tools in this toolkit will catalyze innovation and transform care at a population level.

References

01 SAMSHA. 2022 national survey on drug use and health. Updated 2023.

02 Spencer MR, Miniño AM, Warner M. Drug overdose deaths in the United States, 2001-2021. NCHS data brief. 2022(457):1-8. https://www.ncbi.nlm.nih.gov/pubmed/36598401.

03 Friedman J, Hadland SE. The overdose crisis among U.S. adolescents. N Engl J Med. 2024;390(2):97-100. https://doi.org/10.1056/NEJMp2312084. doi: 10.1056/NEJMp2312084.

04 Colistra AL, Ward A, Smith E. Health disparities, substance-use disorders, and primary-care. Prim Care. 2023;50(1):57-69. doi: 10.1016/j.pop.2022.11.001.

05 US Dept. of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation. Best practices and barriers to engaging people with substance use disorders in treatment. 2019.

06 Austin EJ, Chen J, Briggs ES, et al. Integrating opioid use disorder treatment into primary care settings. JAMA Netw Open. 2023;6(8):e2328627.

WACO FAMILY MEDICINE

PCAM Implementation Checklist

Clinician Champion(s)

- At least one clinician, but more likely a group of champions to lead the innovation.
- Prescribing proficiency can be enhanced through use of clinical decision support tools.

Nursing and Ancillary Staff

- Staff should be patient and flexible, able to adapt to new situations and with excellent problem-solving skills.

Behavioral Health Providers

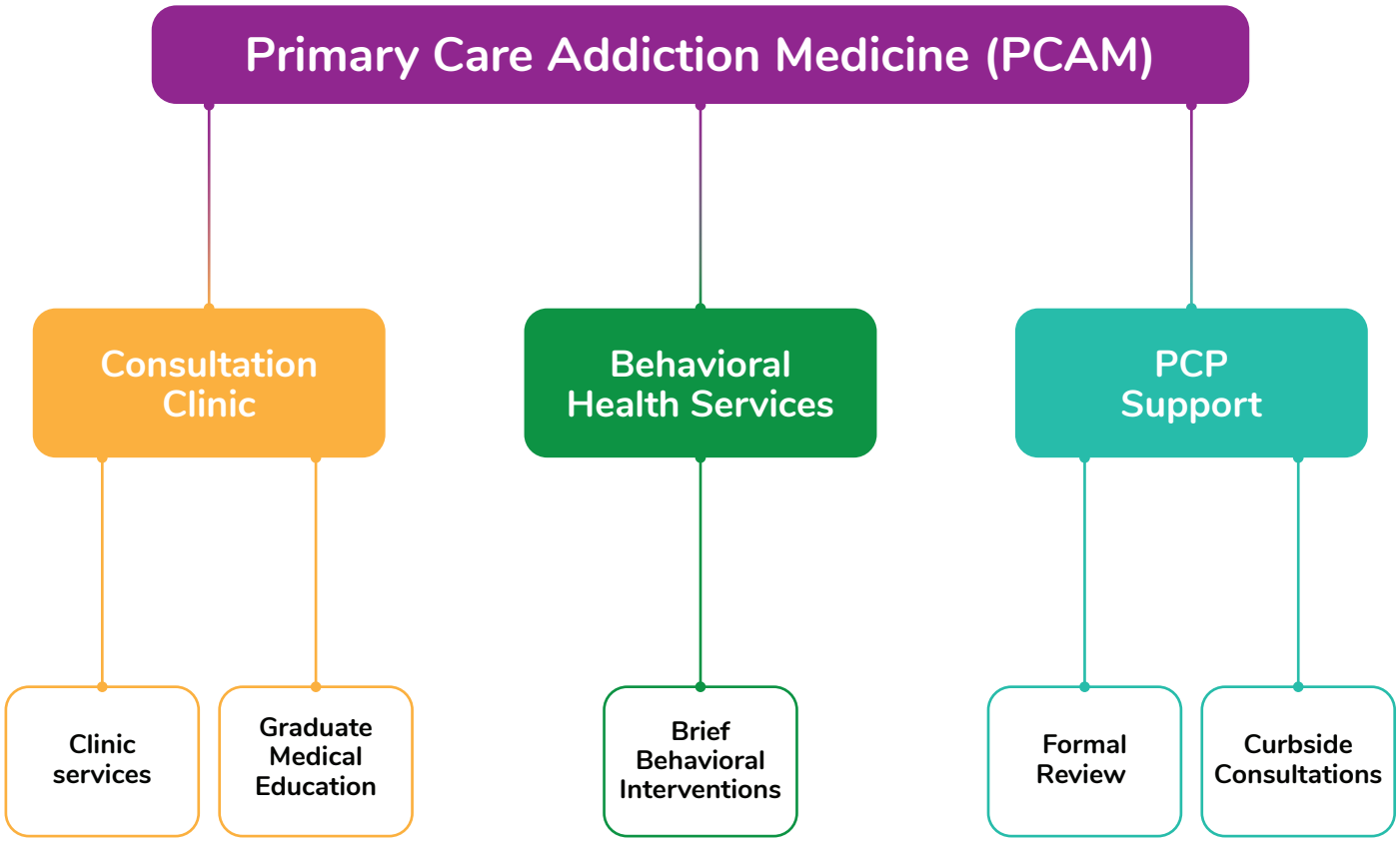
- Importantly, this is not a required portion of treatment for any patient.

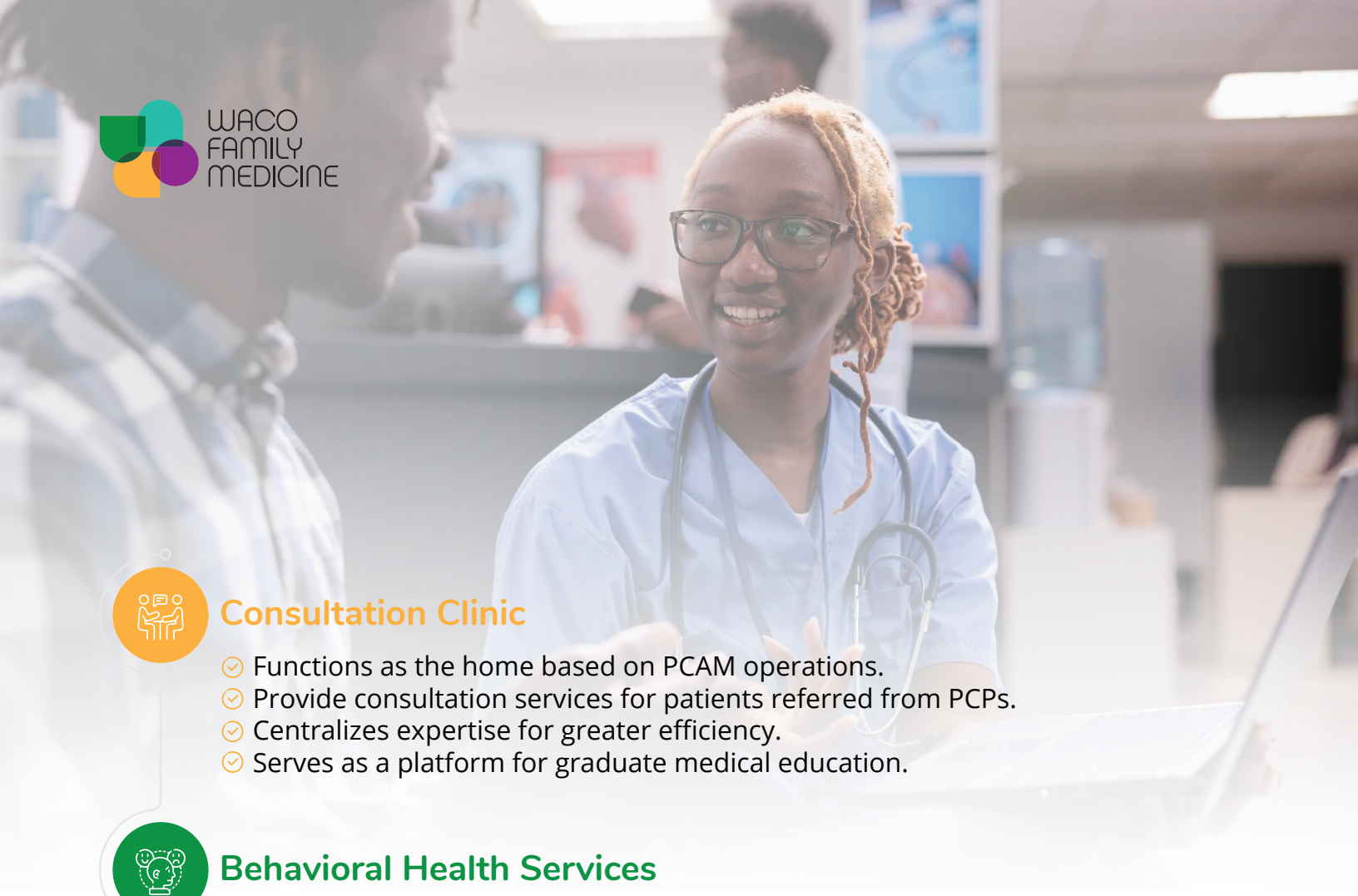
Intake Instruments

- Included in this implementation guide.

PCAM Concept Map

Primary Care Addiction Medicine (PCAM) represents a clinical model to support addiction medicine treatment access within an existing primary care healthcare system. The PCAM concept is built on the hub-and-spoke model for health service delivery. Patients access clinical services directly through a consultation clinic, which serves as the hub. Additionally, patients in other portions of the health system may receive addiction care through their PCPs, who are the spokes of the model. The hub supports this care through chart reviews and curbside consultations as needed. The hub-and-spoke structure allows a health system to consolidate resources and expertise into a centralized structure for efficiency. This centralization, in turn, helps support the broader population health aims of the clinic. Thus the PCAM model represents an effective means for health system to "mainstream" addiction medicine into existing clinic service structures.





WACO FAMILY MEDICINE

Consultation Clinic

- Functions as the home based on PCAM operations.
- Provide consultation services for patients referred from PCPs.
- Centralizes expertise for greater efficiency.
- Serves as a platform for graduate medical education.

Behavioral Health Services

- Brief behavioral interventions to complement medical treatment of addiction.
- Extends the principles of integrated behavioral health to addiction medicine.
- Not required for treatment.

PCP Support

- Provides support to the entire health system.
- Leverages the centralized expertise of the consultation clinic (the hub) to strengthen the preparedness of other clinicians to treat addiction (the spokes).
- PCPs interact with addiction medicine hub through formal chart reviews or through curbside consultations.
- Chart reviews: PCPs send records to the clinicians in the consultation clinic who review the case and provide recommendations related to addiction treatment back to the PCP.
- Curbside consultations: Clinicians in the consultation clinic are available for as needed clinical questions.

Nursing Procedures Best Practices

Tips for Success

- Having a single point of contact is extremely important, as this helps to develop a trusting relationship with patients.
- Flexibility and problem-solving are crucial qualities in nursing and other ancillary staff.

For New Patient Appointments

- Maintain a direct referral process to prioritize same-week or next-week access.
- Day before intake appointment:
  - Chart review for screening needs (hepatitis, HIV, IPV) or paperwork needs.
  - Call or text as a reminder to the patient regarding upcoming appointments.
- Day of the appointment:
  - Schedule follow-up before departure and provide direct contact information.

For Follow-Up Appointments

- Maintain a list/registry for tracking follow-up and refill needs.
- Schedule follow-up before refill needs.
- Find out what modalities for visits work best for your patients (e.g., phone visits after missed in-person appointment).

WACO FAMILY MEDICINE

Clinical Decision Support

THE WACO GUIDE

TO PSYCHOPHARMACOLOGY IN PRIMARY CARE

Top-level Evidence Expert Opinion. Tailored to Primary Care.

Collection of Clinical Decision Support Tools combining top-level evidence and expert opinion from world-renowned psychiatrists with primary care expertise from one of the nation's premier family medicine training programs.

Includes information on evaluating and treatment substance use disorders including alcohol use, stimulant use, opioid use, and tobacco use, among others, for adults, adolescents, and the perinatal population.

This resource is free to all clinicians, accessible either through the website or as an iOS or Android app download.

Featured by the American Medical Association and the American College of Physicians

AMA | ACP American College of Physicians Leading Internal Medicine, Improving Lives

Developed by faculty of the Waco Family Medicine Residency in consultation with faculty of Massachusetts General Hospital Visiting

MGH VISITING

WACO FAMILY MEDICINE

SCAN
Scan the QR code to access the full Waco Guide library of decision support tools and other resources

How to Integrate a Behavioral Health Provider

Hallway Handoff

- Medical practitioner and behavioral health provider (BHP) meet outside of the exam room to discuss care for an identified patient.
- BHP meets with the patient without the medical practitioner present, typically after the medical practitioner has seen the patient.
- Most helpful and practical for existing BHP and patient relationships, but not exclusively.

Warm Handoff

- Like the hallway handoff, the clinician typically brings BHP into the exam room to introduce the BHP to the patient.
- Most helpful for establishing BHP-patient relationship using the medical practitioner-patient relationship.

Reverse Warm Handoff

- The BHP identifies a patient that could benefit from a behavioral intervention and sees the patient before the medical practitioner.
- The BHP then briefs the clinician who sees the patients for further clinical management.
- Most helpful when the BHP and the patient have an existing relationship with an existing behavioral intervention plan for which the BHP can follow-up.

Co-visit

- The clinician and BHP see the patient together.
- Helps establish the "team" mentality approach to treatment by bringing all parties into the exam room.
- Most helpful when the patient's treatment needs are primarily behavioral.
- Also, helpful when room turnover time is tight, as this method is often the most time efficient.

Brief Behavioral Interventions for Addiction Medicine

Motivational Interviewing

- Used to elicit and enhance patient's motivations for making behavior change.
- Important to recognize dynamic stages of behavior change.
- Stages of change: pre-contemplatio n, contemplation, preparation, action, maintenance, and relapse.

Solution-Focused Brief Therapy

- Goal-directed approach to help patients construct solutions to barriers to treatment engagement and retention.
- Patients identify coping mechanisms that have been helpful in the past, and problem-solving around how to incorporate them again.

Cognitive Behavioral Therapy

- Helps patients change unhelpful or negative thoughts and behaviors.
- Typically structured, goal-oriented, and time-limited sessions focusing on current thoughts and behaviors impacting treatment.

CBT for Insomnia

- Specifically for patients with chronic insomnia.
- Useful for both onset and maintenance insomnia.
- Typical structure includes psycho- and sleep hygiene education, stimulus control, sleep restriction, and cognitive therapy focused on negative thoughts regarding insomnia.

Acceptance and Commitment Therapy

- Aims to increase patients' psychological flexibility.
- Six main tenants include: acceptance, attention to the present moment, values, committed action, self as context and defusion.

WACO FAMILY MEDICINE

Primary Care Addiction Medicine (PCAM) Intake Form

Your answers to the following questions will not have any negative impact on your ability to continue in the program but will be used by your clinician to assist in your treatment plan. All answers are kept confidential.

We may ask for a urine sample at each visit.

Alcohol And Drug History

Substance (Check If Ever Used)	**Never Used**	**Last 3 Months**	**Used in Past Week**	**Frequency** (Day/Week)
Tobacco/Nicotine	☐	☐	☐	☐
Alcohol * One standard drink is about 1 small glass of wine (5oz), 1 beer (12oz), or 1 single shot of liquor *	☐	☐	☐	☐
Marijuana (Hash, Weed)	☐	☐	☐	☐
Heroin	☐	☐	☐	☐
Cocaine, Crack,or Methamphetamine (Crystal Meth)	☐	☐	☐	☐
Inhalants (Paint, Gas, Glue, Aerosols)	☐	☐	☐	☐
Recreational Drug (ecstasy/molly, GHB, PSP, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana 'spice')	☐	☐	☐	☐
Anxiety/Sleep Medication (Xanax, Ativan, or Klonopin) Not as prescribed or not prescribed to you	☐	☐	☐	☐
Opiate Pain Reliever (Percocet, Vicoden) Not as prescribed or not prescribed to you	☐	☐	☐	☐
ADHD Medication (Adderall, Ritalin) Not as prescribed or not prescribed to you	☐	☐	☐	☐
Other:	☐	☐	☐	☐

1. What is/was your substance of choice? Route? How often in a given week? Last day of use?

2. What triggers do you know which may put you in danger of relapse?
Have you developed any coping methods to help with these triggers? If yes, what?

3. Do you have any disabilities that may make it hard for you to read labels or count pills?

4. Do you have family or significant other that will be supportive during your treatment? If yes, who?

5. Why are you interested in treatment? What are your plans for the upcoming year?

Medicina de adicción de atención primaria (MAAP) Formulario de admisión de cita

Sus respuestas a las siguientes preguntas no tendrán ningún impacto negativo en su capacidad para continuar en el programa, pero su mdico las utilizar para ayudarlo en su plan de tratamiento. Todas las respuestas se mantienen confidenciales. **Es posible que le pidamos una muestra de orina en cada visita.**

Historial De Alcohol Y Drogas

Sustancia (marque si alguna vez se usó)	**Nunca Usado**	**Últimos 3 Meses**	**Usado En La Semana Pasada**	**Frecuencia** (día/semana)
Tabaco/Nicotina	☐	☐	☐	☐
Alcohol * Una bebida estándar es aproximadamente 1 vaso pequeño de vino (5 oz), 1 cerveza (12 oz) o 1 trago de licor *	☐	☐	☐	☐
Marihuana (hachís, hierba)	☐	☐	☐	☐
Héroe	☐	☐	☐	☐
Cocaína, Crack o Metanfetamina (Crystal Meth)	☐	☐	☐	☐
Inhalantes (pintura, gas, pegamento, aerosoles)	☐	☐	☐	☐
Droga recreativa (éxtasis/molly, GHB, PSP, poppers, LSD, champiñones, K especial, sales de baño, marihuana sintética 'spice')	☐	☐	☐	☐
Medicamentos para la ansiedad/el sueño (Xanax, Ativan o Klonopin) No según lo prescrito o no prescrito para usted	☐	☐	☐	☐
Medicamentos para el TDAH (Adderall, Ritalin) No según lo prescrito o no prescrito para usted	☐	☐	☐	☐
ADHD Medication (Adderall, Ritalin) Not as prescribed or not prescribed to you	☐	☐	☐	☐
Otro:	☐	☐	☐	☐

1. **¿Cuál es/era su sustancia de elección? ¿Ruta? ¿Con qué frecuencia en una semana determinada? ¿Último día de uso?**

2. **¿Qué factores desencadenantes conoce que pueden ponerlo en peligro de recaída? ¿Ha desarrollado algún método de afrontamiento para ayudar con estos factores desencadenantes? Si es así, ¿qué?**

3. **¿Tiene alguna discapacidad que pueda dificultarle la lectura de las etiquetas o contar las pastillas?**

4. **¿Tiene familiares o personas importantes que lo apoyen durante su tratamiento? Si es así, ¿quién?**

5. **¿Por qué te interesa el tratamiento? ¿Cuáles son tus planes para el próximo año?**

WACO FAMILY MEDICINE

Patient Information:
Buprenorphine for Opioid Use Disorder

Buprenorphine is used to treat opioid use disorder (OUD) to help people cut back on or quit their use of heroin or other opiates, such as pain relievers like morphine. Buprenorphine is safe and effective.

Buprenorphine may be used along with counseling or participation in social support programs to help treat OUD. However, these programs are not required to receive buprenorphine in the clinic.

Buprenorphine Safety

Buprenorphine is very safe. It works differently and does not cause the same level of breathing trouble that can happen with heroin or other opioids.

Do not take other medications without first consulting your doctor. At your first visit in the clinic, your doctor will go over all your medications with you. You should also have a regular primary care doctor check in with you regularly to monitor your overall health.

Constipation with Buprenorphine

Some people may have constipation or problems having bowel movements when taking buprenorphine. Be sure and drink plenty of water and eat lots of fiber when taking buprenorphine. If you do get constipated, you can try taking a laxative medication like Senna-Docusate or MiraLAX® which are over the counter at most pharmacies and grocery stores. If your constipation doesn't improve with this, talk to your doctor about other medication options to treatment the constipation.

Dental Problems with Buprenorphine

Some people have reported getting cavities (dental caries) as a result of using this medication. Your doctor recommends that you see a dentist regularly for checkups. You also can prevent cavities by rinsing your mouth out with water after the medication dissolves (usually takes up to 10 minutes). It is also important to brush and floss daily, but you need to wait one hour at least after taking the medication before brushing your teeth. This will help prevent damage to your teeth from the medication (FDA Advisory 2022).

How Buprenorphine Works

Buprenorphine helps people who use opioids feel better from feeling "dopesick" when they stop taking opioids. It also stops cravings for opioids and blocks the effects of other opioids to keep you safe from overdosing. Buprenorphine works like other opioids but without the same risk of overdose. There is also less of a chance for having breathing problems from taking too much buprenorphine compared to other drugs like heroin.

Buprenorphine Misuse Potential

Buprenorphine can be misused, particularly by people who do not normally take opioids. Naloxone is added to buprenorphine to prevent this from happening. When the tablets are dissolved in the mouth, the naloxone does not affect the body at all. If the tablets are crushed and injected or snorted the naloxone blocks any effects the medicine may have.

Treatment with Buprenorphine

Buprenorphine treatment happens in three phases:

1. The Induction Phase: The medication is started, usually at home, and requires you to be in some withdrawal first. You will be seen in the office within a weeks after starting your medication to check in with your doctor.

2. The Stabilization Phase: This phase involves seeing your doctor in clinic regularly. The buprenorphine dose may need to be adjusted during this phase to get rid of any withdrawal or craving you may still have. You will usually see the doctor every 1-2 weeks until your withdrawal and cravings are gone.

3. The Maintenance Phase: In maintenance, you are doing well without regular cravings. The length of time of the maintenance phase is tailored to each patient and could be indefinite. You will usually see the doctor every 3 months during maintenance, but it could be more often, if needed.

Informacion del patiente:
Buprenorphina para tratar el trastorno de opioides

La buprenorfina se utiliza para tratar el trastorno por consumo de opioides (TCO) para ayudar a las personas a reducir o dejar su consumo de heroína u otros opioides, como analgésicos como la morfina. La buprenorfina es segura y efectiva.

La buprenorfina puede usarse junto con el asesoramiento o la participación en programas de apoyo social para ayudar a tratar el TCO. Sin embargo, estos programas no son necesarios para recibir buprenorfina en la clínica.

Seguridad De La Buprenorfina

La buprenorfina es muy segura. Funciona de manera diferente y no causa el mismo nivel de problemas respiratorios que pueden ocurrir con la heroína u otros opioides. No tome otros medicamentos sin consultar a su médico. En su primera visita a la clínica, su médico revisará todos sus medicamentos con usted. También debe tener un médico de atención primaria regular que se comunique con usted regularmente para monitorear su salud general.

Estreñimiento con Buprenorfina

Algunas personas pueden tener estreñimiento o problemas para evacuar cuando toman buprenorfina. Asegúrese de beber mucha agua y comer mucha fibra cuando tome buprenorfina. Si se estriñe, puede intentar tomar un medicamento laxante como Senna-Docusate o MiraLAX®, que están disponibles sin receta en la mayoría de las farmacias y supermercados. Si su estreñimiento no mejora con esto, hable con su médico sobre otras opciones de medicamentos para tratar el estreñimiento.

Problemas Dentales Con La Buprenorfina

Algunas personas han informado de la aparición de caries (caries dentales) como resultado del uso de este medicamento. Su médico recomienda que visite regularmente a un dentista para chequeos. También puede prevenir las caries enjuagando su boca con agua después de que el medicamento se disuelva (generalmente toma hasta 10 minutos). También es importante cepillarse y usar hilo dental diariamente, pero necesita esperar al menos una hora después de tomar el medicamento antes de cepillarse los dientes. Esto ayudará a prevenir daños en sus dientes por el medicamento (Advertencia de la FDA 2022).

Cómo Funciona La Buprenorfina

La buprenorfina ayuda a las personas que usan opioides a sentirse mejor al evitar sentirse "dopesick" cuando dejan de tomar opioides. También detiene los antojos por los opioides y bloquea los efectos de otros opioides para mantenerte a salvo de una sobredosis. La buprenorfina funciona como otros opioides pero sin el mismo riesgo de sobredosis. También hay menos posibilidades de tener problemas respiratorios por tomar demasiada buprenorfina en comparación con otras drogas como la heroína.

Potencial De Mal Uso De La Buprenorfina

La buprenorfina puede ser mal utilizada, particularmente por personas que normalmente no toman opioides. Se agrega naloxona a la buprenorfina para evitar que esto suceda. Cuando las tabletas se disuelven en la boca, la naloxona no afecta al cuerpo en absoluto. Si las tabletas se trituran e inyectan o se inhalan, la naloxona bloquea cualquier efecto que el medicamento pueda tener.

Tratamiento Con Buprenorfina

El tratamiento con buprenorfina ocurre en tres fases:

1. La Fase de Inducción: El medicamento se inicia, generalmente en casa, y requiere que esté en algo de abstinencia primero. Será visto en la oficina dentro de una semana después de comenzar su medicamento para consultar con su médico.

2. La Fase de Estabilización: Esta fase implica ver a su médico en la clínica regularmente. La dosis de buprenorfina puede necesitar ajustarse durante esta fase para deshacerse de cualquier abstinencia o antojo que aún pueda tener. Generalmente verá al médico cada 1-2 semanas hasta que su abstinencia y antojos hayan desaparecido.

3. La Fase de Mantenimiento: En el mantenimiento, usted está bien sin antojos regulares. La duración de la fase de mantenimiento se adapta a cada paciente y podría ser indefinida. Generalmente verá al médico cada 3 meses durante el mantenimiento, pero podría ser más a menudo, si es necesario.

A Guide for Patients Beginning Buprenorphine Treatment at Home

Before you begin you want to feel sick from your withdrawal symptoms

It should be at least . . .

- 12 hours since you used heroin
- 12 hours since you snorted pain pills (Oxycontin)
- 16 hours since you swallowed pain pills
- 48-72 hours since you used methadone

You should feel at least three of these symptoms . . .

- Restlessness
- Heavy yawning
- Enlarged pupils
- Runny nose
- Body aches
- Tremors/twitching
- Chills or sweating
- Anxious or irritable
- Goose pimples
- Stomach cramps, nausea, vomiting or diarrhea

Once you are ready, follow these instructions to start the medication

DAY 1

Step 1.

Take the first dose

4mg

Wait 45 minutes

- Put the tablet or strip under your tongue
- Keep it there until fully dissolved (about 15 min.)
- Do NOT eat or drink at this time
- Do NOT swallow the medicine

Step 2.

Still feel sick? Take next dose

4mg

Wait 6 hours

- Most people feel better after two doses = 8mg

Step 3.

Still uncomfortable? Take last dose

4mg

Stop

- Stop after this dose
- Do not exceed 12mg on Day 1

DAY 2

Take 8 mg in the morning and 8 mg in the evening

8mg am

8mg pm

- Repeat this dose until your next follow-up appointment

If you have any problems starting the medication, call (254) 313-4200 and ask to speak to Melissa with the PCAM Clinic.

Un Guía para Pacientes que Incian Tratamiento con Buprenorfina en Casa

Antes de comenzar, desea sentirse enfermo por los síntomas de abstinencia

Debería ser al menos...

- 12 horas desde que consumo heroína
- 12 horas desde que esnifó analgésico
- 16 horas desde que tragó analgésicos
- 48-72 horas desde que uso metadona

Debería sentir al menos de 3 de estos síntomas...

- Inquietud
- Bostezo profundo
- Pupilas angrandadas
- Rinorrea
- Dolor de cuerpo
- Temblores/contracciones
- Escalorfríos o sudoración
- Anciedad o irritabilidad
- Piel de gallina
- Dolor de estomago, náusea, vómito, diarrea

Que esté listo, siga estas instrucciones para comenzar a tomar el medicamiento

Día 1

Paso 1

Toma la primera dosis

4mg

Espera 45 minutos

- Coloque la tableta o tira debajo de la lengua
- Manténgalo allí hasta que esté completamente disuelto
- No debe comer ni beber en este tiempo
- No debe tragar el medicamento

Paso 2

Todavía se siente enfermo?

Toma la siguiente dosis

4mg

Espera 6 horas

- La mayoría de personas se sienten mejor después de la segunda dosis = (8mg)

Paso 3

Todavía incómodo?

Toma la ultima dosis

4mg

Alto

- Detener después de esta dosis
- No exceda los 12 mg en día 1

Día 2

Toma 8mg en la mañana y 8mg en la tarde

8mg am

8mg pm

- Continúe esta dosis hasta su cita de seguimiento

Si tiene algún problema para comenzar a tomar el medicamento, llame (254) 313-4200 y pregunta a hablar con Melissa con la clínica de MAAP (medicina de adicciónes de atención primaria)

LOW DOSE START FOR BUPRENORPHINE AT HOME

What is it?

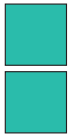
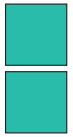
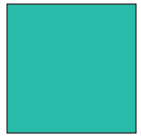
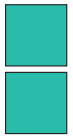
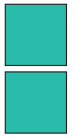
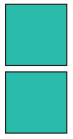
Low Dose Initiation is a way to start buprenorphine while a remaining on full agonist opioids (methadone, heroin, fentanyl ...) by gradually increasing the dose of buprenorphine over 1 week.

How it works

Imagine full agonist opioids are like a car speeding along at 120mph, buprenorphine (a partial agonist) is like the car going 60mph.

If you start buprenorphine with full agonists still in the gas tank, all of the sudden the car slows from 120 MPH ➡ 60MPH. That sudden sensation of stopping is what causes PRECIPITATED WITHDRAWAL.

With low dose initiation our car this slows down over days from 100MPH ➡ 90MPH ➡ 80MPH ➡70MPH ➡ 60MPH ➡ 50MPH. No sudden feeling of stopping so no precipitated withdrawal.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Buprenorphine dose	0.5mg daily	0.5mg BID	1mg BID	2mg BID	4mg BID	4mg TID	8mg BID
Film size	2mg	2mg	2mg	2mg	2mg	2mg	8mg
Morning dose							
Afternoon dose							
Night dose							
Full agonist	Continue	Continue	Continue	Continue	Continue	Continue	STOP

If you have any problems starting the medication, call **(254) 313-4200** and ask to speak to Melissa with the PCAM Clinic.

INICIO DE DOSIS BAJAS PARA BUPRENORFINA EN CASA

¿Qué es?

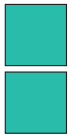
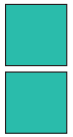
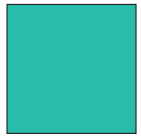
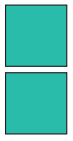
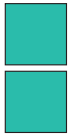
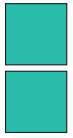
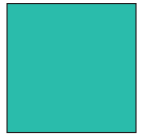
El inicio de dosis baja es una manera de comenzar la buprenorfina mientras se continúa con opioides agonistas completos (metadona, heroína, fentanilo...) aumentando gradualmente durante 1 semana.

Cómo funciona

Imagina que los opioides agonistas completos son como un coche acelerando a 120mph, la buprenorfina (un agonis - ta parcial) es como el coche yendo a 60mph.

Si comienza buprenorfina con agonistas completos en el tanque de gasolina, de repente el coche reduce de 120 MPH ➡60MPH. Esa repentina sensación de parar es lo que causa el RETIRO PRECIPITADO.

Con la iniciación de dosis baja, nuestro coche reduce la velocidad gradualmente durante días de 100MPH ➡ 90MPH ➡80MPH ➡70MPH ➡60MPH ➡50MPH. Sin sensación repentina de parar, así que no hay retiro precipitado.

	DÍA 1	DÍA 2	DÍA 3	DÍA 4	DÍA 5	DÍA 6	DÍA 7
Dosis de Buprenorfina	0.5mg diario	0.5mg dos al dia	1mg dos al dia	2mg dos al dia	4mg dos al dia	4mg tres al dia	8mg dos al dia
Tamaño de la película	2mg	2mg	2mg	2mg	2mg	2mg	8mg
Dosis de la manane							
Dosis de la tarde							
Dosis de la noche							
Agonista completo	Continuar	Continuar	Continuar	Continuar	Continuar	Continuar	ALTO

Si tiene algún problema para comenzar a tomar el medicamento, llame **(254) 313-4200** y pregunta a hablar con Melissa con la clínica de MAAP (medicina de adicciónes de atención primaria

Primary Care Addiction Medicine GME Curriculum

Description

The scope of the curriculum includes education and clinical training for the following range of substance use disorders and risky drug use of licit and illicit substances for adults, adolescents, and women who are pregnant or intend to become pregnant.

Goals	Objectives
Understand the scope of substance use disorders, from population health needs to individual diagnosis.	✓ Describe the current opioid epidemic, the implications this has for public health, and primary care's role in providing services to combat this issue. ✓ Rate as important the need to provide addiction medicine services to patients in future practice. ✓ Recall the diagnostic criteria for substance use disorder and then apply this in the clinical setting to correctly identify patients that may benefit from treatment.
Apply best practice principles to unhealthy substance use screening and intervention.	✓ Understand the basic concepts of unhealthy substance use. ✓ Demonstrate basic proficiency in validated screening for unhealthy substance use with the Single Item Screening Questionnaire (SISQ). ✓ Utilize a validated approach to screening for and evaluation of SUD exemplar of AUD and the CAGE-AID and DSM-5-TR. ✓ Utilize the Brief Negotiated Interview (BNI) to explore and negotiate treatment readiness.
Learn the central clinical management principles of office-based addiction medicine treatment.	✓ Explain which patients may be candidates for addiction medicine treatment. ✓ Residents will demonstrate proficiency in taking a substance use-focused history and physical exam. ✓ Residents will construct treatment plans independently for patients, including nonpharmacological and pharmacological interventions as appropriate and indicated, with sufficient faculty guidance and oversight. ✓ Recommend evidence-based psychotherapy and/or social support programs for patients with substance use disorders. ✓ Describe the indications for pharmacotherapy for the treatment of substance use disorders. ✓ Utilize pharmacologic treatment for the treatment of alcohol withdrawal and maintenance treatment. ✓ Apply the best evidence for the pharmacologic treatment of stimulant use disorders.
Understand how co-morbid behavioral, mental, and other substance use disorders affect treatment plans.	✓ Appreciate how co-morbid behavioral, mental, and other substance use disorders inform addiction medicine treatment. ✓ Apply best evidence treatment for common cooccurring behavioral health disorders in the context of substance use.

Educational Resources

Readings

- Coffa, D., & Snyder, H. (2019). Opioid use disorder: medical treatment options. American Family Physician, 100(7), 416-425.
- Kinghorn, W. A., & Nussbaum, A. M. (2021). Prescribing Together: A Relational Guide to Psychopharmacology.
- Trivedi, M. H., Walker, R., et. al. (2021). Bupropion and naltrexone in methamphetamine use disorder. New England Journal of Medicine, 384(2), 140-153.
- Fairbanks, J., Umbreit, A., Kolla, B. P., Karpyak, V. M., Schneekloth, T. D., Loukianova, L. L., & Sinha, S. (2020, September). Evidence-based pharmacotherapies for alcohol use disorder: clinical pearls. In Mayo Clinic Proceedings (Vol. 95, No. 9, pp. 1964-1977). Elsevier.
- Selby, P., & Zawertailo, L. (2022). Tobacco addiction. New England Journal of Medicine, 387(4), 345-354.

References

- Laschober RD, Kelley LP, Sartor ZR, Johnson S, Griggs JO. Waco Guide to Psychopharmacology in Primary Care. https://wacoguide.org/
- Puzantian, T & Carlat, D.J. (2022) Medication Fact Book.

WACO FAMILY MEDICINE

The Waco Family Medicine PCAM Team

- Zachary Sartor, MD, FAAFP
- Melissa Esparza, CCMA
- Jose Pena, DO, FM-OB
- Jacqueline Orler, LCSW
- Ryan Laschober, MD, FAAFP

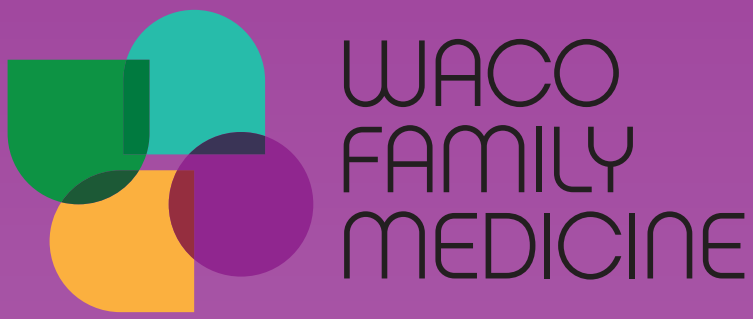
Acknowledgements

The PCAM team would like to thank the following Waco Family Medicine employees, who leadership and commitment to service inspired and catalyzed our efforts toward this project:

- Lance Kelley, PhD
- Ronda Kaska
- Marlene McKinney
- Tara Livesay

We would also like to thank the faculty Massachusetts General Hospital Psychiatry Academy who we had the privilege to work with on development the clinical decision support resources for substance use disorders:

- Laura Kehoe, MD, MPH
- Scott Hadland, MD, MPH, MSc
- Tim Wilen, MD
- David Rubin, MD
- Gregory Acampora, MD
- Edwin Raffi, MD, MPH
- James McKowen, PhD


WACO
FAMILY
MEDICINE

WACO FAMILY MEDICINE

Waco Family Medicine Residency is one of the nation's premier family medicine training programs. Our unique culture cultivates compassionate care to the underserved, and our uncompromising rigor forms exemplary family physicians. We boast the highest board exam pass rate in the state of Texas and an award-winning integrated behavioral health program. Waco Family Medicine graduates practice both nationally and globally in diverse settings, with a high proportion of physician graduates serving in health professional shortage areas.

www.wacofamilymedicine.org/residency