



Quality Enhancement Research Initiative

## Opioid Agonist Therapy

Substance Use Disorders-QUERI Update

May 2008

*Veterans have a high prevalence of addiction to heroin and prescription opiates, with more than 27,000 VA patients diagnosed with opioid dependence in FY06. Opioid agonist therapy (OAT), an evidence-based treatment for opioid dependence, traditionally has been restricted to highly-regulated licensed Opioid Agonist Treatment Programs, mainly in the form of methadone. However, fewer than 1 in 5 VA patients diagnosed with opioid dependence receive ongoing OAT. Potential barriers to OAT include a lack of perceived patient need or staff-level interest, stigma about the diagnosis of opioid dependence, “abstinence-based” treatment philosophies, and concerns about medication diversion. The Substance Use Disorders Quality Enhancement Research Initiative (SUD-QUERI) is working to expand access to OAT in the form of buprenorphine, and to improve the quality of methadone treatment at existing and new Opioid Agonist Treatment Programs.*

## Expanding OAT with Office-based Buprenorphine

In an effort to expand access to OAT, Congress amended the Drug Abuse Treatment Act (DATA 2000), allowing physicians to prescribe OAT in office-based practices, provided they receive specialized training. Buprenorphine is the only medication approved for office-based OAT. VA's Pharmacy Benefits Management (PBM) data show that 1,609 veterans received prescriptions from FY06 (3rd quarter) to FY07 (2nd quarter). Despite the substantial increase from 719 veterans who received prescriptions for buprenorphine in FY05, this needs to improve.

In September of 2005, SUD-QUERI established a Buprenorphine Task Group of interdisciplinary addiction experts to improve the implementation of buprenorphine OAT within VA. Initiatives of the Task Group include:

- Consultation with Pharmacy Benefits Management, VISN Formulary Leaders, and the Medical Advisory Panel to update a VA buprenorphine monograph—and to have buprenorphine successfully placed on the national formulary.
- Face-to-face and cyber seminar trainings in prescribing protocols to enhance readiness of addiction specialty and other providers to offer buprenorphine.

- Continued collaboration with Substance Abuse & Mental Health Services Administration's (SAMHSA) Physician Clinical Support System, a national mentoring network, to link VA physicians with experienced mentors within VA.
- Developed a registry to link successful buprenorphine implementation “host” sites with programs that are starting buprenorphine implementation.
- Completed a Rapid-Response Project that identified both barriers to and facilitators of the implementation of sublingual buprenorphine OAT within VA. Project findings are informing the design of implementation initiatives.
- Developing and evaluating an automated decision support tool for prescribed opioid use that is consistent with the VA/DoD Guideline for the Management of Opioid Therapy for chronic pain.

### Improving Care in Traditional OAT Programs

SUD-QUERI continues to work to improve the effectiveness of care in traditional OAT Programs by promoting use of its OpiATE Monitoring System

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(OMS). OMS is a complete toolkit that supports this type of programs' efforts to improve clinical practices and patient outcomes through increased adherence to best-practice recommendations. In 2006, the SUD-QUERI Implementation Research Coordinator contacted 32 of 33 OAT Programs to ensure that they were familiar with and had access to the OMS, and 30 clinics completed surveys of current clinic practices. In addition, SUD-QUERI hosted a teleconference in the Fall of 2006 to educate providers about how to implement the tools in the OMS and promote evidence-based quality of care. The clinics were re-surveyed in 2007 to determine whether the personal supportive contacts and the teleconference promoted increased use of the OMS tools and improvements in implementation of evidence-based recommendations. Results of the survey will be analyzed this year.

If your facility has an OAT Program, or if you are interested in providing highly efficacious and cost-effective methadone treatment for opioid dependence at your facility, please see "How Do I Learn More?" for contact information.

## How Do I Learn More?

For information or questions about buprenorphine implementation and training courses, contact:

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Tel: (412) 365-4463

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For information about SUD-QUERI and the OpiATE Monitoring System toolkit, contact:

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For general information about the SUD-QUERI, contact:

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## Web Resources

For more information about the QUERI program in general, visit the national QUERI website at:

**[www.hsrdr.research.va.gov/queri](http://www.hsrdr.research.va.gov/queri)**

Access QUERI's "Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research," at:

**<http://www.hsrdr.research.va.gov/queri/implementation>**

## SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for SUD-QUERI is **Thomas Kosten, MD**, and the clinical coordinator is **Daniel Kivlahan, PhD**. The Executive Committee includes other experts in the field of substance use disorders: John Allen, PhD; Paul Barnett, PhD; Thomas Berger, PhD; **Katharine Bradley, MD** (Co-Clinical Coordinator); Mr. Anthony Catapano; Geoff Curran, PhD; John Finney, PhD (Research Coordinator Emeritus); **Hildi Hagedorn, PhD** (Implementation Research Coordinator); Kim Hamlett-Berry, PhD; Kathy Henderson, MD; Keith Humphreys, PhD; Joseph Liberto, MD; Rudolf Moos, PhD; Jon Morgenstern, PhD; Lisa Najavits, PhD; Mark Shelhorse, MD; Scott Sherman, MD; and Mark Willenbring, MD.