Buprenorphine Initiative in the VA

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA
Compiled and hosted by the VISN 4 MIRECC

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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CODING FOR GROUPS

November's webinar included information pertaining to Opioid Treatment Program reporting. This was an attempt to clear up incorrect stop code usage. The topic is important enough to broadcast here as well. If you care to review the source material, you can find the PowerPoint file here. Scroll down to slides 31-34.

Many facilities without an Opioid Treatment Program are using the 523 stop code inappropriately. An Opioid Treatment Program is defined as a licensed methadone clinic which can also provide buprenorphine. Stop code 523 (Opioid Substitution) records treatment in the facility's formal licensed DEA and Joint Commission accredited opioid substitution substance abuse program for opiate dependent clients (including methadone maintenance). This includes provider and support services. Simple dosing visits without other clinical interactions should not be coded as separate 523 stops and multiple dosing stops in a week should be noted in a single weekly encounter using this stop code.

Office-based buprenorphine programs should *not* use stop code 523. If you are part of a licensed opioid agonist treatment program, and OATP staff are participating in the group treatment, then 523 may be appropriate.

For office-based buprenorphine programs (primary care environments, specialty care (e.g., ID, GI) environments, mental health environments), please used the following stop codes:

- 513 (Substance Use Disorder, Individual) or 548 (Intensive Substance Use Disorder Treatment – Individual) for individual substance use services.
- 560 (Substance Use Disorder, Group) or 547 (Intensive Substance Use Disorder Treatment – Group) for group substance use services.

BIV'S MONTHLY WEBINAR SERIES:

- COMING UP: The BIV's monthly webinar series will continue its holiday break and will resume on Tuesday, February 10th at 1:00pm EST. The topic will be *Buprenorphine Q&A*. Please submit any questions that you would like to see addressed ahead of time to John.HardingJr@va.gov. Look for a Microsoft Outlook calendar invite to the webinar.
- CALL FOR TOPICS: As the scheduled 2013-2014 series comes to an end, your input on upcoming topics is welcomed. Perhaps there is a new topic you would like to see, a previous topic that you would like to revisit, or a topic on which you would be willing share your insights to the field. If so, please contact John.HardingJr@va.gov.
- AUDIO: November's webinar on *Buprenorphine Groups* was successfully captured via Microsoft Lync and includes audio and slides (annotated and manipulated in real time) in a Windows Media Video file. Files are available here.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. What Heroin Addiction Tells Us About Changing Bad Habits
2. Find The Right Combination of Evidence-based and Individualized Treatment

RESEARCH UPDATE

1. Drug Alcohol Depend. 2014 Dec 13. pii: S0376-8716(14)01981-4. doi: 10.1016/j.drugalcdep.2014.12.002. [Epub ahead of print] Illicit use of opioid substitution drugs: Prevalence, user characteristics, and the association with non-fatal overdoses. Bretteville-Jensen AL, Lillehagen M, Gjersing L, Andreas JB. TAKE HOME POINT: "Diversion of [opioid substitution drugs] (OSD) has been of great public concern for some time. Given the recurring debate concerning the nature of [opioid substitution treatment] (OSD) regimens and their implications on treatment seeking and retention, improved knowledge on potentially adverse consequences of OST diversion is crucial. Our preliminary findings suggest that illicit use of OSD may be less harmful than previously assumed."
2. Eur Rev Med Pharmacol Sci. 2014 Dec;18(24):3935-42. Predictors of long term opioid withdrawal outcome after short-term stabilization with buprenorphine. Saleh MI. TAKE HOME POINT: "The present study has contributed new and important clinical information on participant characteristics that were linked to lower rates of opiate abstinence 3 months post taper. Patients presenting with a negative urine test for opiate were more likely to have a successful opiate abstinence. Those who presented with alcohol or family problems at screening were more likely to have better opiate abstinence outcome. Finally, participants with higher values of COWS score at the end of stabilization had lower rates of opiate abstinence compared to participants with low COWS values."

This information is supported and provided by the Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI), Center of Excellence in Substance Abuse Treatment and Education (CESATE), the Mental Illness Research, Education and Clinical Centers (MIRECC), and the Program Evaluation and Resource Center (PERC) within the Department of Veterans Affairs. Please contact Dan Harding at John.HardingJr@va.gov or 412-360-2207 with questions or comments.