



ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

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For attendance, purposes please text the following code: **QUNRED** to **608-260-7097**

Session Date: Friday, November 17, 2023

Didactic Topic and Presenter:

Wisconsin Mobile Opioid Treatment Program Units

Dan Bizjak, MSW, LCSW, ICS, CSAC

State Opioid Treatment Authority (SOTA)

Wisconsin Department of Health Services

-
- 12:15 PM: Attendance text-in – Introductions
 - 12:25 PM: Case Presentation
 - Presenter: David Leinweber, MD
 - 1 PM: Didactic Presentation and Discussion
 - Presenter: Dan Bizjak, MSW, LCSW, ICS, CSAC
 - 1:15 PM End of Session

Funding for this service was made possible by 435200-G-18-11448-285932-880 from Wisconsin Department of Health Services. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Wisconsin.

CONTINUING EDUCATION INFORMATION:

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This session is designed to meet the requirements outlined in the Medication Access and Training Expansion (MATE) Act. ([Click here](#) for more information.) Number of hours: 1



ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2022-2024

Wisconsin Mobile Opioid Treatment Program Units
11/17/23

Didactic Presenter: Dan Bizjak, MSW, LCSW, ICS, CSAC
Case Presenter: David Leinweber, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

- Explain what is a mobile OTP.
- Describe what services are provided.
- Identify where these services are being offered.

Policy on Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

** Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies.*

Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	Usona Institute (Grant / Contract), multi-disciplinary association for psychedelic studies (Grant / Contract)	Yes	1/30/2023
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	1/31/2023
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	1/30/2023
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	1/29/2023
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	1/28/2023
Susan Mindock	Planner	No relevant financial relationships to disclose	No	1/31/2023
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/3/2023
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	1/27/2023
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	1/27/2023
David Leinweber	Planner	No relevant financial relationships to disclose	No	4/13/2023
Dan Bizjak	Presenter	No relevant financial relationships to disclose	No	10/8/2023

David Leinweber	Presenter	No relevant financial relationships to disclose	Yes	11/10/2023
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[For this educational activity there are no reported conflicts of interest](#)

Case Introduction

- ▶ One-liner (including age/sex): 33 y/o F with pmh of IDU, polysubstance use (cocaine, opioids), chronic hepatitis C, bipolar disorder, and prior MSSA bacteremia with endocarditis who presents as transfer from OSH with septic shock.

- ▶ Primary question for discussion: Patient was stabilized and expressed interest in restarting methadone.

Medical & Behavioral Health Diagnosis:

- OUD-severe
- Cocaine Use
- Nicotine Use
- IDU
- Chronic Hepatitis C
- Hep B non-immune
- Acute Pain
- MRSA bacteremia, infective endocarditis, paraspinous muscle abscess
- Bipolar Disorder

Current Medications:

- Morphine 2-4 mg q3h PRN
- Oxycodone 5 mg q6h PRN
- Lidocaine topical
- Linezolid 600 mg PO q12hrs
- Daptomycin 10 mg/kg
- Ceftaroline 600 mg IV q8h

Substance Use

- ▶ History: Opioid use for "many years." When they became pregnant (2023) was seen at methadone clinic. After pregnancy experienced stressor of having their daughter taken from them, partner was physical and verbally abusive and returned to use at this time.
- ▶ Consequences of Substance Use:
 - Endocarditis, bacteremia
- ▶ Past treatments:
 - Methadone (2023). Daily dose of 120 mg daily

Social History:

- Social Factors/History: housing insecure (lives with godmother of their son)
- Income source: unemployed
- Transportation: relies on others

Family History:

- OUD - sister

Patient strengths & protective factors:

- Desire to return to methadone treatment

Risk factors:

- Housing Insecure
- Unemployed
- Relies on other for transportation

Patient Goals & Motivations for Treatment

- ▶ Start methadone while in hospital and return to prior OTP at discharge
- ▶ Stay in hospital to receive treatment for their multiple health concerns (endocarditis, bacteremia, etc.)

Labs

- ▶ Urine Drug Screen – positive for cocaine, negative for opiates and oxycodone

Proposed Diagnoses

- ▶ Opioid Use Disorder – Severe
- ▶ Cocaine Use

Proposed Treatment Plan

- ▶ Completed ROI and accepted at OTP
- ▶ Start methadone while in hospital
 - Methadone PO:
 - Today - 20 mg now, 10 mg PM, 10 mg HS (40 mg total daily dose).
 - Prefer split dosing TID in setting of pain
 - Goal of continued titration as needed in hospital

Discussion:

- ▶ Primary question: drug-drug interactions

Drug-Drug Interactions

- ▶ Potential interactions
 - QTc prolongation?
 - Cytochrome P450?
 - Synergistic effects on central nervous system?

Drug-Drug Interactions

▶ Background

- R-stereoisomer active enantiomer (10 fold higher affinity compared to S-stereoisomer)
- MOA: Opioid mu receptor agonist, NMDA receptor antagonist, reuptake inhibitor of serotonin and norepinephrine

1. Kapur, Bhushan M., et al. "Methadone: a review of drug-drug and pathophysiological interactions." *Critical reviews in clinical laboratory sciences* 48.4 (2011): 171-195.
2. Baldo, Brian A., and Michael A. Rose. "The anaesthetist, opioid analgesic drugs, and serotonin toxicity: a mechanistic and clinical review." *British journal of anaesthesia* 124.1 (2020): 44-62.

Drug-Drug Interactions

▶ Background

- Metabolized mainly by CYP3A4
- Metabolized less by CYP1A2, 2D6, 2D8, etc.
 - Notably CYP2D6 metabolism prefers active R-methadone
- Differences in phenotypes of CYP enzymes that may lead to more rapid metabolization

1. Kapur, Bhushan M., et al. "Methadone: a review of drug-drug and pathophysiological interactions." *Critical reviews in clinical laboratory sciences* 48.4 (2011): 171-195.
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Drug–Drug Interactions

- ▶ Linezolid
 - Potential for serotonin syndrome
 - Serotonin Syndrome
 - Tachycardia, Hypertension
 - Tremor
 - Rigidity, hyperreflexia
 - Muscle Clonus
 - Altered Mental Status
 - Hyperthermia

1. Traver, Edward C., Emily L. Heil, and Sarah A. Schmalzle. "A cross-sectional analysis of linezolid in combination with methadone or buprenorphine as a cause of serotonin toxicity." *Open Forum Infectious Diseases*. Vol. 9. No. 7. Oxford University Press, 2022.

Drug–Drug Interactions

▶ Linezolid

- Retrospective cross-sectional analysis of 494 encounters where linezolid was administered concurrently with methadone (83%), buprenorphine (16%), or methadone and buprenorphine (1%).
- 2 cases identified of potential serotonin toxicity (both methadone) and 0 cases of definite serotonin toxicity occurred
 - Both potential cases had ≥ 3 days of overlap of methadone and linezolid
 - Case 1 – 48.5 days of overlap
 - Case 2 – 8 days of overlap

1. Traver, Edward C., Emily L. Heil, and Sarah A. Schmalzle. "A cross-sectional analysis of linezolid in combination with methadone or buprenorphine as a cause of serotonin toxicity." *Open Forum Infectious Diseases*. Vol. 9. No. 7. Oxford University Press, 2022.

Drug-Drug Interactions

- ▶ Increased methadone concentrations
 - Fluconazole, voriconazole (inhibit CYP450 3A4)
 - Ciprofloxacin (inhibit CYP450 3A4)
 - Quetiapine (inhibits CYP450 2D6)
- ▶ Decreased methadone concentrations
 - Rifampin (CYP450 inducer)
 - Carbamazepine, phenytoin, phenobarbital (CYP450 3A4 inducers)
 - St John Wort (CYP450 inducer)

1. Kapur, Bhushan M., et al. "Methadone: a review of drug-drug and pathophysiological interactions." *Critical reviews in clinical laboratory sciences* 48.4 (2011): 171-195.

Drug-Drug Interactions

- ▶ QTc prolonging
 - Amiodarone
 - Azithromycin
 - Citalopram
 - Quetiapine

DSM-5 Substance Use Disorder ("Addiction")

- ▶ Tolerance
 - ▶ Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- ▶ Larger amts/longer periods than intended
 - ▶ Persistent desire/failed attempts to quit/control use
 - ▶ Much time obtaining/using/recovering
 - ▶ Important activities sacrificed
 - ▶ Continued use despite known adverse effects
 - ▶ Failure to fulfill major obligations
 - ▶ Recurrent hazardous use
 - ▶ Craving
 - ▶ Ongoing use despite interpersonal problems
- 2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here DQL you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin Mobile Opioid Treatment Program Units

Dan Bizjak
State Opioid Treatment Authority

Opioid Treatment Programs (OTPs)

What is an OTP?

An opioid treatment program is a federally certified service that provides for the management and rehabilitation through the use of FDA-approved medications (methadone, buprenorphine, naltrexone) and provides a broad range of medical and psychological services. An OTP is subject to the oversight of the state opioid treatment authority (SOTA).

2022 OTP Data

- **24** opioid treatment programs were in operation.
- **12,648** patients received services.
- **3,121** patients received behavioral health services.

Some areas of the state remain **over a 45-minute** drive away from a substance use treatment provider for medications for opioid use disorder.

2022 OTP Data

County of Residence	Patients served	County of Residence	Patients served	County of Residence	Patients served
ADAMS	44	KENOSHA	315	ROCK	553
BARRON	30	KEWAUNEE	17	RUSK	9
BROWN	744	LA CROSSE	344	SAINT CROIX	6
BUFFALO	11	LANGLAD	28	SAUK	123
CALUMET	46	LINCOLN	9	SAWYER	14
CHIPPEWA	64	MANITOWOC	194	SHAWANO	102
CLARK	14	MARATHON	231	SHEBOYGAN	264
COLUMBIA	94	MARINETTE	64	TAYLOR	8
DANE	1409	MARQUETTE	44	TREMPEALEAU	19
DODGE	143	MENOMINEE	51	VERNON	15
DOOR	19	MILWAUKEE	3955	VILAS	22
DUNN	23	MONROE	110	WALWORTH	82
EAU CLAIRE	197	OCONTO	44	WASHINGTON	116
FOND DU LAC	349	ONEIDA	60	WAUKESHA	574
GREEN	31	OUTAGAMIE	339	WAUPACA	79
GREEN LAKE	29	OZAUKEE	27	WAUSHARA	17
IOWA	17	PORTAGE	71	WINNEBAGO	468
JACKSON	35	PRICE	6	WOOD	78
JEFFERSON	84	RACINE	454	Out of State	54
JUNEAU	41	RICHLAND	13		

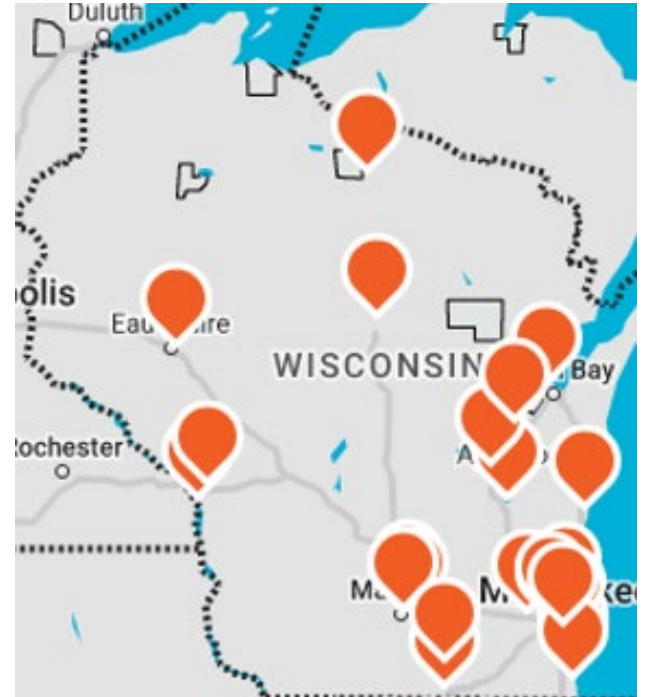
Counties who have five or less individuals served:

- ASHLAND
- BAYFIELD
- BURNETT
- CRAWFORD
- DOUGLAS
- GRANT
- FLORENCE
- FOREST
- IRON
- LAFAYETTE
- PIERCE
- PEPIN
- POLK
- WASHBURN

2022 OTPs

- Acadia Healthcare
- Addiction Medical Solutions (AMS)
- Addiction Services and Pharmacotherapy (ASAP)
- Community Medical Services (CMS)
- Gunderson Lutheran Hospital
- Psychological Addiction Solutions (PAS)

<https://www.dhs.wisconsin.gov/opioids/treatment-recovery.htm>



Mobile Unit Overview

The Wisconsin Department of Health Services (DHS) awarded a total of six contracts to expand coverage of opioid treatment program services in underserved and high need geographic areas of the state and for underserved populations via mobile opioid treatment programs (MOTP).

Mobile Unit Overview

Minimum services:

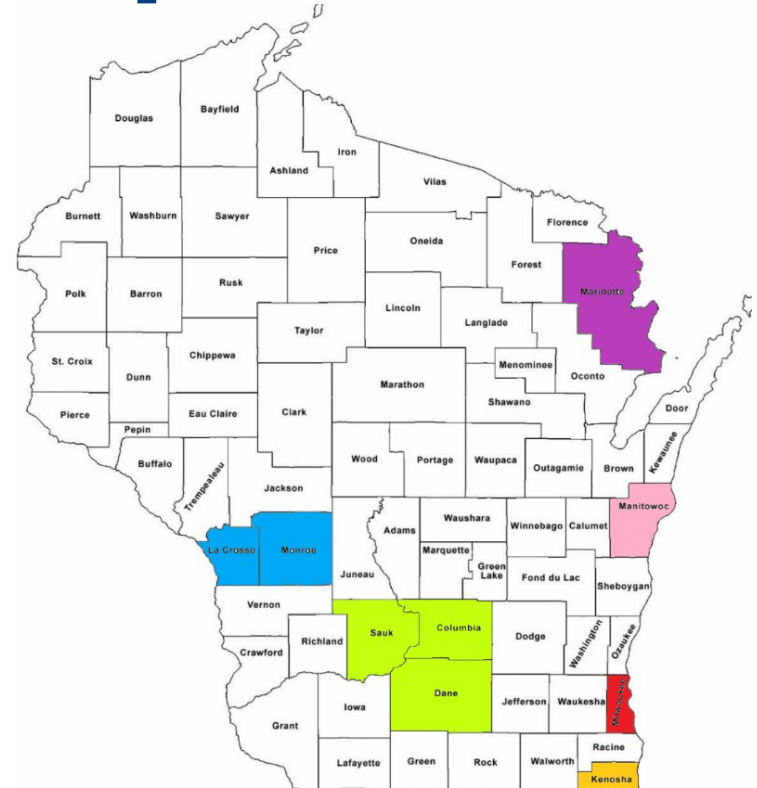
- Access to substance use disorder counseling and co-occurring mental health treatment.
- Distribute naloxone to all patients, as appropriate to the proposed project.
- Include certified peer specialists or recovery coaches.
- Plan to address potential medication diversion or misuse.

Mobile Units

State Opioid Response Grant (SOR)	General Purpose Revenue (GPR)	Opioid Settlement Funded
<p>Acadia Healthcare Comprehensive Treatment Centers:</p> <ul style="list-style-type: none"> • 10th Street CTC • Green Bay CTC • Sheboygan CTC 	<p>FY22:</p> <ul style="list-style-type: none"> • Psychological Addiction Services <p>FY23:</p> <ul style="list-style-type: none"> • Addiction Medical Solutions – Onalaska • Community Medical Services – South Milwaukee <p>FY24:</p> <p>Acadia Healthcare Comprehensive Treatment Centers:</p> <ul style="list-style-type: none"> • Wausau CTC • Madison East CTC 	<p>Acadia Healthcare Comprehensive Treatment Centers:</p> <ul style="list-style-type: none"> • Appleton CTC • Beloit CTC • Eau Claire CTC <ul style="list-style-type: none"> • Addiction Medical Solutions - Janesville

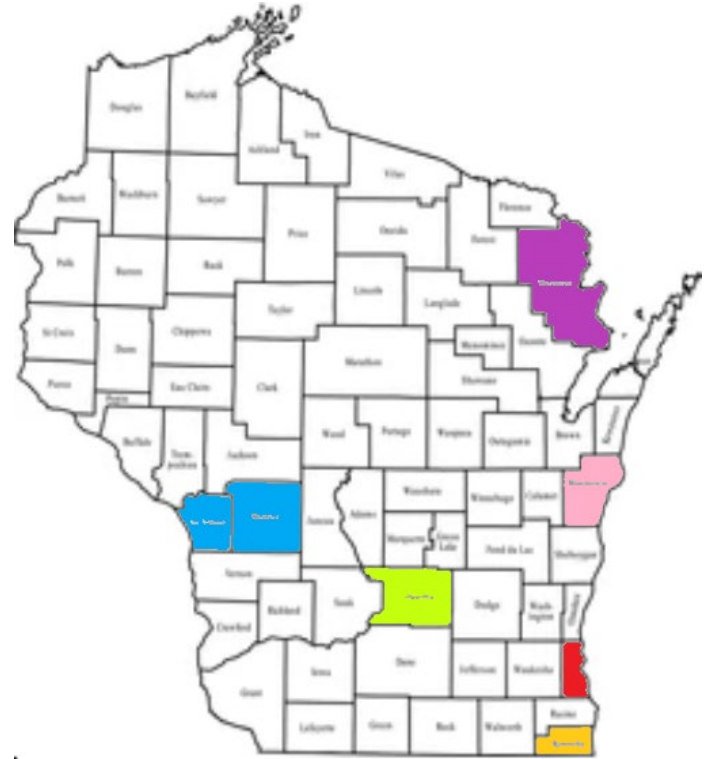
2022 Targeted Populations

- La Crosse County
- Monroe County
- Sauk County
- Ho-Chunk Tribal Nation – Baraboo
- Columbia County
- Marinette
- Manitowoc County
- Dane County Jail
- Milwaukee Inner City
- Kenosha County

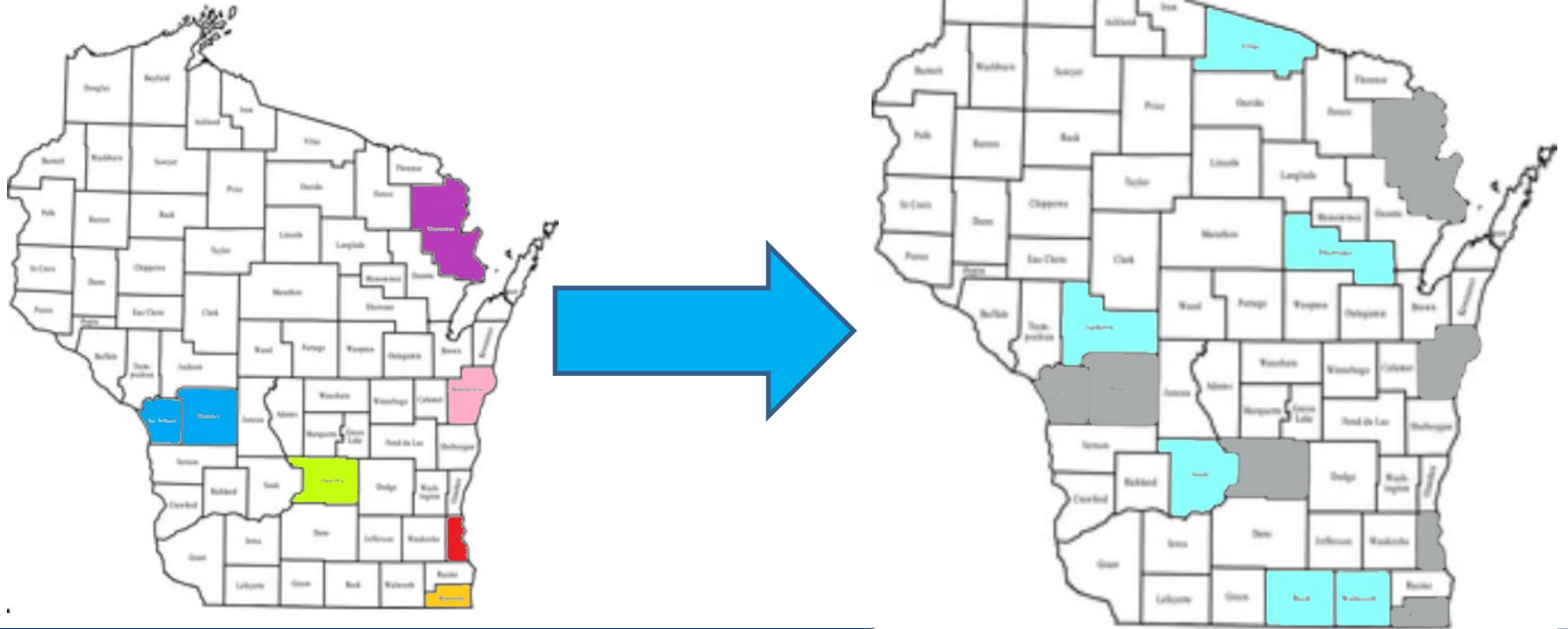


2022 Confirmed Areas

- La Crosse County
- Monroe County
- Columbia County
- Marinette County
- Manitowoc County
- Kenosha County
- Milwaukee County



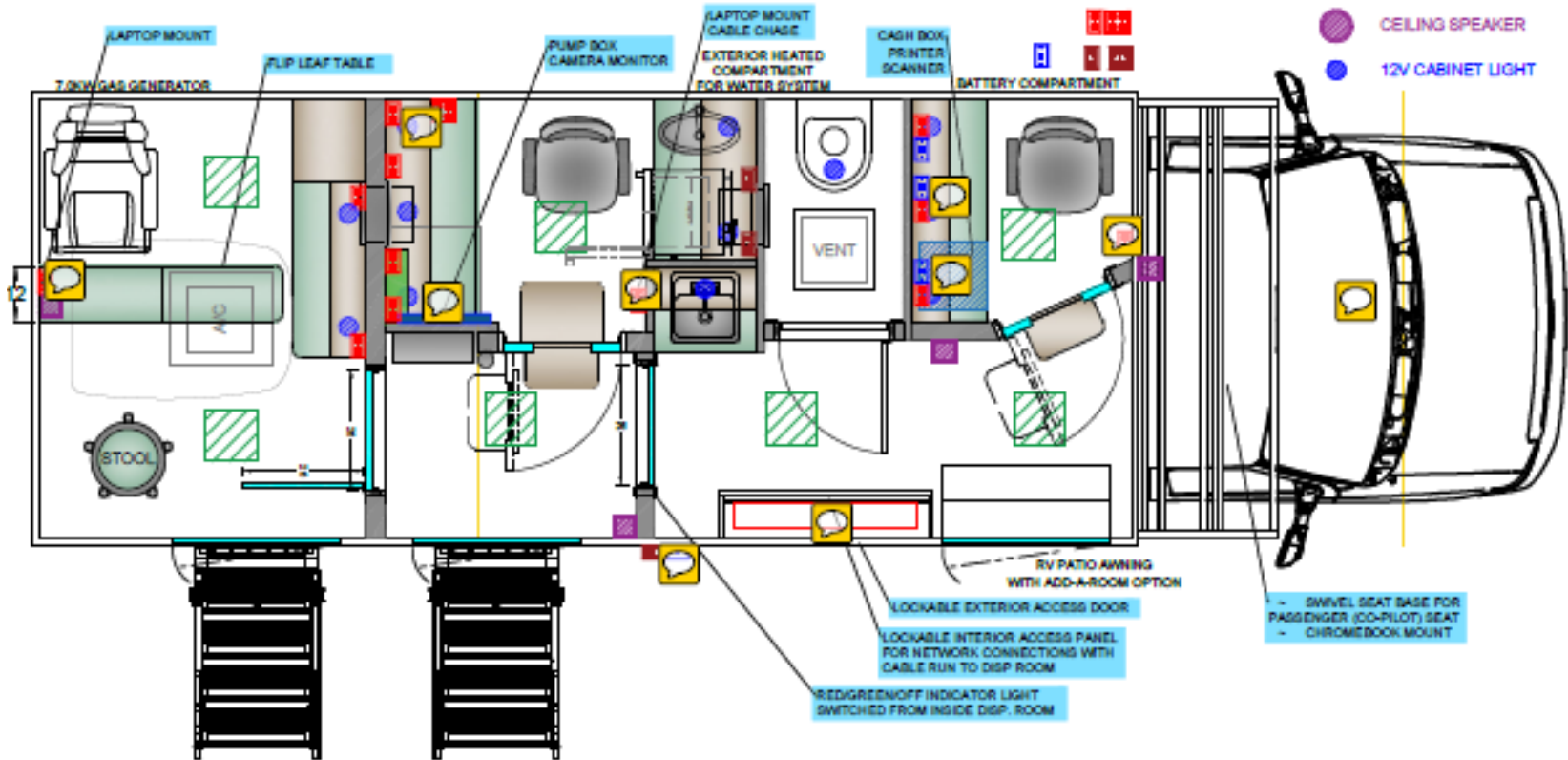
2023 Forecasted Targeted Areas



Acadia Healthcare Mobile Unit

Locations: 10th Street, Appleton, Beloit, Eau Claire, Green Bay, Madison West, and Sheboygan

General Floor Plan



Outside View



Inside View



Restroom



Telehealth Area

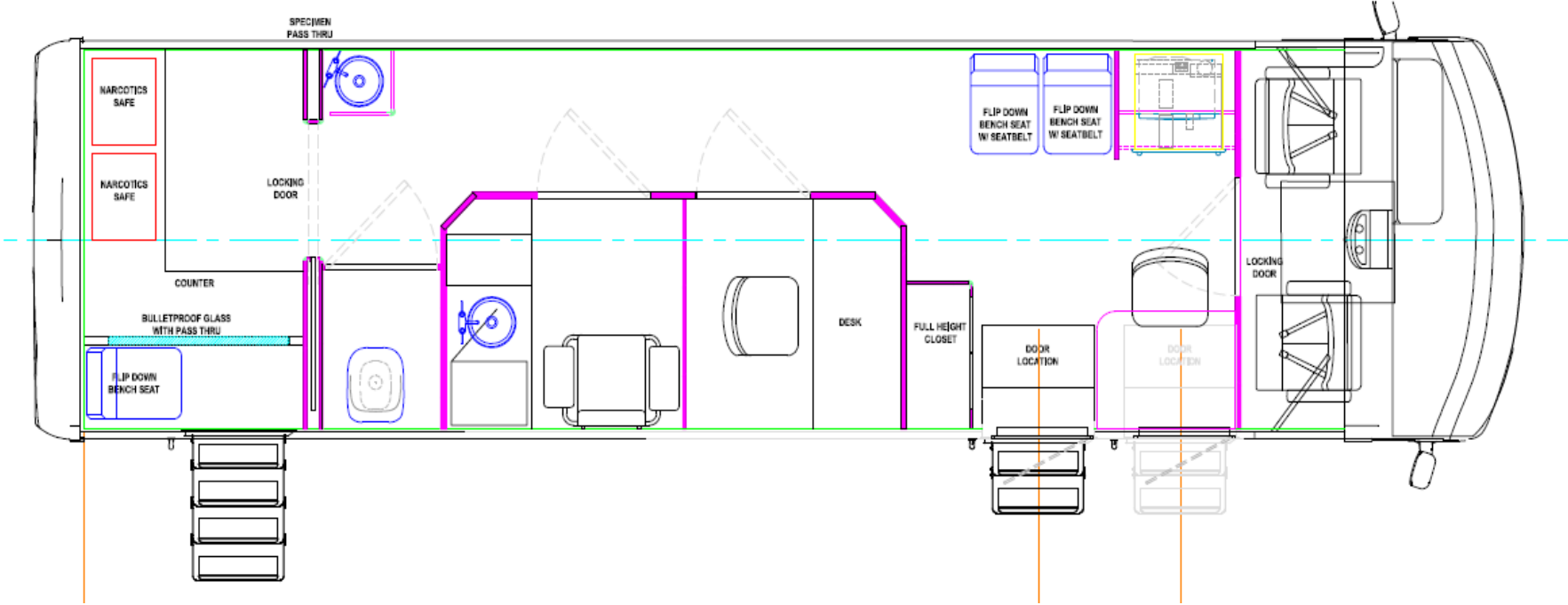


Medication Area

Addiction Medical Solutions of Wisconsin

Location: Onalaska

General Floor Plan



Outside View



Inside View



Medication Room

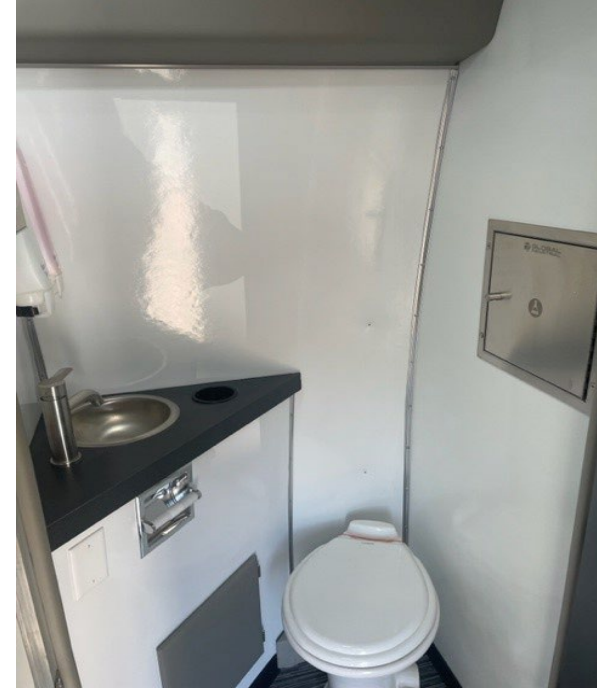


Patient Dispensing Area

Inside View



Main Area



Restroom

Psychological Addiction Services

Location: Madison

Outside View



Inside View



Main/Lobby Area



Medical/Clinical Room



Work Area

Outside View



Medication Area



Patient Dispensing Area

dhs.wisconsin.gov/opioids