



## ACCEPT

### Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

#### How to Join:

<https://iecho.org/public/program/PRGM1708646970665RHK0C7J5TR>

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

**Session Date:** Friday, June 20, 2025

#### Didactic Topic and Presenter:

Mobile Opioid Treatment Programs: Expanding Access to Addiction Treatment Through Mobile Healthcare

Rajbir Grewal, MD MPH

Department of Family Medicine and Community Health

*Content Experts: Sheila Weix and Joe Galey*

- 
- 12:15 PM: Attendance text-in – Introductions
  - 12:25 PM: Case Presentation
    - Presenter: Randall Brown MD, PhD, DFASAM - Department of Family Medicine and Community Health
  - 1 PM: Didactic Presentation
    - Presenter: Rajbir Grewal, MD MPH
  - 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:**

### **Accreditation Statement**



In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

### **Credit Designation Statements**

#### **American Medical Association (AMA)**

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### **American Nurses Credentialing Center (ANCC)**

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

#### **Accreditation Council for Pharmacy Education (ACPE)**

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2025 Universal Activity Number (UAN): JA0000358-0000-25-010-L01-P

By completing the required components of this activity, you give UW-Madison ICEP permission to share completion data with the ACCME, certifying boards, and/or NABP.

#### **Medication Access and Training Expansion Act (MATE)**

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: 1.0

#### **ASWB Approved Continuing Education (ACE)**



As a Jointly Accredited Organization, the University of Wisconsin–Madison ICEP is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.0 General continuing education credits.

#### **Continuing Education Units**

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.



**ECHO ACCEPT**  
**Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics 2025**  
**Mobile MOUD Options in the Rural Setting 6/20/2025**

**Didactic Presenter: Raj Grewal, MD**

**Case Presenter: Randy Brown, 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:**

1. Explain the clinical purpose and services provided by mobile Opioid Treatment Program (OTP) units
2. Outline how mobile OTPs fit into the continuum of care for opioid use disorder (OUD)
3. List federal (SAMHSA, DEA) and state regulatory guidelines specific to mobile OTP operations
4. Discuss common challenges mobile OTPs settings face

**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	No relevant financial relationships to disclose	Yes	12/4/2024
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	1/15/2025
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	12/9/2024
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	12/9/2024
Paul Hutson	Planner	usona (Independent Contractor - Consultant), Midwest Pharmacokinetic Consulting, LLC (Independent Contractor - Consultant), Otsuka America Pharmaceutical, Inc. (Independent Contractor - Consultant), Tryptamine Therapeutics (Independent Contractor - Consultant)	Yes	12/4/2024
Susan Mindock	Planner	No relevant financial relationships to disclose	No	12/7/2024
Sheila Weix	Planner	No relevant financial relationships to disclose	No	12/12/2024
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	12/4/2024
Joseph Galey	Planner	No relevant financial relationships to disclose	No	12/12/2024
David Leinweber	Planner	No relevant financial relationships to disclose	Yes	12/4/2024
Raj Grewal	Presenter	No relevant financial relationships to disclose	Yes	5/28/2025
Randall Brown	Presenter	No relevant financial relationships to disclose	No	6/16/2025

### **Accreditation Statement**



In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

### **Credit Designation Statements**

#### **American Medical Association (AMA)**

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### **American Nurses Credentialing Center (ANCC)**

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

#### **Accreditation Council for Pharmacy Education (ACPE)**

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2025 Universal Activity Number (UAN): JA0000358-0000-25-010-L01-P

By completing the required components of this activity, you give UW-Madison ICEP permission to share completion data with the ACCME, certifying boards, and/or NABP.

#### **Medication Access and Training Expansion Act (MATE)**

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: 1.0

#### **ASWB Approved Continuing Education (ACE)**



As a Jointly Accredited Organization, the University of Wisconsin–Madison ICEP is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.0 General continuing education credits.

#### **Continuing Education Units**

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.



# Case Presentation

Randy Brown

University of Wisconsin Hospital, Inpatient  
Consult Service

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.



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

## Accreditation Statement:

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

### Credit Designation Statements

#### Accreditation Council for Pharmacy Education (ACPE)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 hour of knowledge-based CE credit. Credit can be earned by successfully completing this live activity. Pharmacists and Pharmacy Technicians should claim only the credit commensurate with the extent of their participation in the activity. CE credit information, based on verification of live attendance, will be provided to NABP within 60 days after the activity completion.

Pharmacists and Pharmacy Technicians must enter their NABP number in their profile in order to receive credit.

2022 Universal Activity Number (UAN) : JA0000358-9999-22-002-L01-P

#### American Medical Association (AMA)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### American Nurses Credentialing Center (ANCC)

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

#### UW Continuing Education Credits

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 CEUs or 1.0 hour

### **POLICY ON FACULTY AND SPONSOR 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 commercial interests.

For this educational activity there are no reported conflicts of interest

# Case Introduction

- ▶ 33 yo F w/ hx opioid (IDU—on methadone 115mg), crack cocaine, benzodiazepine use admitted from residential facility due to sepsis (tricuspid valve IE, pyelonephritis)
- ▶ Primary question for discussion:
  - Care coordination related to substance use, mental health, and social determinants of health/trauma (unstable housing, sex trafficking victim)



## Medical & Behavioral Health Diagnosis:

- OUD severe, on methadone
- Cocaine use disorder, severe
- Benzodiazepine use
- Chronic BLE wounds 2/2 xylazine exposure
- Pyelonephritis w/ sepsis 2/2 known R renal stone s/p R ureteral stent placement
- MSSA bacteremia w/ Native TV IE s/p angiovac debulking c/b pulmonary septic emboli
- Anxiety
- Depression
- ADHD
- Chronic HCV
- PTSD screening neg

## Current Medications:

- Methadone 115 mg
- Cefepime 2g Q8 hr
- Topiramate 25 mg daily (recently initiated at OSH)



# Substance Use

## ▶ History:

- ½ gram heroin/fentanyl daily via injection
- 1 gram crack cocaine daily via inhalation
- 4 tablets of non-prescribed alprazolam daily

## ▶ Consequences of Substance Use:

- Social/occupational/educational:
  - experiencing homelessness/staying in unsafe living environment, lost custody of children, strained relationship w/ family
  - Brought to detox by parents; DC to residential prgm
- Physical (including evidence of tolerance/withdrawal):
  - IE, injection related wounds, HCV, tolerance, w/d

## ▶ Past treatments:

- On methadone at time of admission
- Presented from local residential treatment facility

## Social History:

- Social Factors/History: unhoused, has 3 children,
- Education/Literacy: graduated HS
- Income source: none (food service in past)

## Family History:

- Paternal side of family w/ crack/cocaine
- Maternal side of family w/ alcohol use

## Patient strengths & protective factors:

- Very motivated for treatment, even prior to knowing about physical health concerns
- Family is supportive, willing to pay for room & board at residential tx & to move back into their house (though has difficulty understanding SUD)

## Risk factors:

- Unhoused / recent traumatic experiences due to unsafe living environment
- No source of income
- Transportation concerns – worries about how she will get to OTP in future
- Stressors related to losing custody of children / CPS involvement

# Labs

- ▶ hCG negative
- ▶ HIV screening negative
- ▶ HBsAg, HBsAb, and HBcAb negative
- ▶ HCV Ab reactive, HCV RNA quant positive
- ▶ Urine drug testing not done

# Patient Goals & Motivations for Treatment

- ▶ Goal: abstinence
- ▶ Motivators include: return to local residential treatment facility after d/c, find employment, get her own place, rebuild relationship with parents, go back to school, get healthy, regain custody of oldest daughter

# Proposed Diagnoses

- ▶ OUD, severe
- ▶ Stimulant (cocaine) use disorder, severe
- ▶ HCV
- ▶ GAD w/ panic
- ▶ Trauma (no PTSD Sx currently)

# Proposed Treatment Plan

- ▶ 6 week IV abx course for IE
- ▶ Wound care consult for BLE wounds
- ▶ Harm reduction discussions (IDU, crack use)
- ▶ Cross taper from methadone to buprenorphine
  - Methadone DC'd from 105mg; continues on 4mg BID bup/nal
- ▶ Started escitalopram 10 mg daily and hydroxyzine 50 mg Q6 PRN for breakthrough anxiety (none requested last 10d)
- ▶ Topiramate titration for StUD
- ▶ Offered peer support w/ contact in hospital
- ▶ Health psychology
- ▶ Start tx for HCV after d/c; Heplisav series
- ▶ Return to local residential tx after d/c
  - Wants to engage in family therapy there



# Discussion:

- ▶ Methadone → bup transitions
- ▶ Stimulant use disorder—pharmacoTx and behavioral Tx resources
- ▶ Housing resources
- ▶ Monitoring/support for PTSD in a person at potential risk

# 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 \_\_\_\_\_ 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.



# Mobile Opioid Treatment Programs

Expanding Access to Addiction Treatment Through Mobile Healthcare

Rajbir Grewal, MD MPH

Department of Family Medicine and Community Health

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.



## Accreditation Statement:

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

### Credit Designation Statements

#### **American Medical Association (AMA)**

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### **American Nurses Credentialing Center (ANCC)**

The University of Wisconsin–Madison ICEP designates this live activity for a maximum of 1 ANCC contact hour.

#### **Accreditation Council for Pharmacy Education (ACPE)**

The University of Wisconsin–Madison ICEP designates this knowledge-based activity for a maximum of 1.0 hours or 0.1 CEUs of CPE credit. Credit can be earned by successfully completing the activity. Credit will be provided to NABP CPE Monitor within 60 days after the activity completion.

2025 Universal Activity Number (UAN): JA0000358-0000-25-010-L01-P

By completing the required components of this activity, you give UW-Madison ICEP permission to share completion data with the ACCME, certifying boards, and/or NABP.

#### **Medication Access and Training Expansion Act (MATE)**

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: 1.0

#### **ASWB Approved Continuing Education (ACE)**



As a Jointly Accredited Organization, the University of Wisconsin–Madison ICEP is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.0 General continuing education credits.

#### **Continuing Education Units**

The University of Wisconsin–Madison ICEP, as a member of the University Professional & Continuing Education Association (UPCEA), authorizes this program for 0.1 continuing education units (CEUs) or 1 hour.

#### **Policy on Faculty and Sponsor 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.

Detailed disclosures will be available prior to the start of the activity.

# Introduction

- ▶ Opioid crisis: A major public health emergency
- ▶ Traditional OTPs are limited by location and accessibility
- ▶ Mobile OTPs are an innovative solution to reach underserved populations.

# What Are Mobile OTPs?

- ▶ Also known as mobile medication units (MMUs)
- ▶ Mobile units that provide opioid use disorder (OUD) treatment services
- ▶ Services may include:
  - Medications for Opioid Use Disorder (MOUD) like methadone, buprenorphine and naltrexone.
  - Counseling and behavioral therapy
  - Medical and social support
- ▶ Licensed under federal and state OTP regulations

# Why Mobile OTPs?

- ▶ Rural and underserved communities lack local clinics
- ▶ Mobile clinics bring treatment directly to patients in a local but central location
- ▶ Barriers such as transportation, stigma, or homelessness





# Services Offered

- ▶ Medication  
dispensing/administration (e.g., daily  
methadone dosing)
- ▶ Physical and mental health  
evaluations
- ▶ Addiction counseling and case  
management
- ▶ Harm reduction
- ▶ Referrals to housing, employment,  
and support services

# Regulatory Framework

- ▶ Governed by:
  - SAMHSA (Substance Abuse and Mental Health Services Administration)
  - DEA (Drug Enforcement Administration)
  - State Health Departments
  
- ▶ New federal guidelines (2021–2022) allow more flexibility for mobile OTP licensing
  - Lifted Moratorium and Streamlined Registration
  - Expansion of Services
  - Telehealth Integration
  - Take-Home Dose Flexibility
  - Removal of One-Year Addiction History Requirement
  - State Funding for MMUs

# Operational Model

- ▶ Mobile van or bus outfitted as a clinical unit
- ▶ Staffed by licensed counselors, nurses and sometimes even providers
- ▶ Real time access to Electronic Health Records (EHR) integration via satellite connection
- ▶ GPS tracking and video monitoring for safety and compliance
- ▶ Fixed schedule or on-demand deployment



# Benefits of Mobile OTPs

- ▶ Increased access to treatment
- ▶ Reduced overdose deaths
- ▶ Decreased travel burden for patients
- ▶ Outreach to high-risk populations (e.g., homeless or incarcerated individuals)

# Challenges

- ▶ Regulatory complexity and DEA compliance
- ▶ Cost of setup and operations
- ▶ Ensuring consistent follow-up care
- ▶ Community resistance
- ▶ Security and safe medication transport



# Policy Support & Funding

- ▶ Federal grants (HRSA, SAMHSA)
- ▶ State opioid response funds
- ▶ Medicaid coverage for mobile OTP services
- ▶ Public-private partnerships

# Local Mobile OTP

## ► Psychological Addiction Services (PAS)

- **Madison Clinic Location**

3113 East Washington Ave.  
Madison, WI 53704

- **Portage Mobile Clinic**

City Parking Lot, 200 E Cook St., Portage WI 53901  
Monday - Friday: 6:30am to 9:00am  
Saturday & Sunday: 6:30am to 8:00am

- **Baraboo Mobile Clinic**

St. Paul's Parking Lot, 727 8th St, Baraboo WI 53913  
Monday - Friday: 9:30am to 11:00am

- Future mobile OTP will serve Watertown and Beaver Dam
- Currently mobile units serve about 60 pts per day
- \$17/day w/o insurance.



# Conclusion

- ▶ Mobile OTPs are a scalable, patient-centered response to the opioid crisis
- ▶ They reduce barriers and deliver lifesaving care where it's needed most
- ▶ Continued policy, funding, and innovation are essential

# Thank You!

