



**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: JEDLEF to 608-260-7097**

**Session Date:** Friday, July 18, 2025

**Didactic Topic and Presenter:**

Medication for Opioid Use Disorder: Learning from People with Lived Experience

Jane Alice Evered, PhD, RN

*Investigator, Qualitative and Health Experiences Research Lab*

*Department of Family Medicine & Community Health*

*University of Wisconsin-Madison*

Rachel Grob, MA, Ph.D

*Director, Qualitative and Health Experiences Research Lab*

*Distinguished Scientist*

*Department of Family Medicine and Community Health*

*Center for Patient Partnerships*

*Health Innovation Program*

*University of Wisconsin-Madison*

*Content Experts: Sheila Weix and Joe Galey*

- 
- 12:15 PM: Attendance text-in – Introductions
  - 12:25 PM: Case Presentation
    - Presenter: Jean Marie Riquelme, MD - *Clinical Professor Family Medicine, University of Wisconsin*
  - 1 PM: Didactic Presentation
    - Presenter: Jane Alice Evered, PhD, RN and Rachel Grob, MA, Ph.D
  - 1:15 PM End of Session

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- **CONTINUING EDUCATION INFORMATION:**

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

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**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)**

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**Continuing Education Units**

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### ECHO ACCEPT

**Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics 2025**  
**Medication for opioid use disorder: Learning from people with lived experience 7/18/2025**

**Didactic Presenters: Jane Evered, PhD RN and Rachel Grob, MA, Ph.D**

**Case Presenter: Jean Riquelme, 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. Describe people's experiences in learning about, deciding about, and being on MOUD.
2. Analyze people's variable experiences with MOUD.
3. Apply recommendations from people with lived experience of opioid use and MOUD to inform care

#### **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.

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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
Jane Evered,	Presenter	No relevant financial relationships to disclose		6/30/2025
Rachel Grob	Presenter	No relevant financial relationships to disclose	No	7/1/2025

Jean Riquelme	Presenter	No relevant financial relationships to disclose	No	7/9/2025
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# Take home Sublocade for a Wilderness Guide

Jean Marie Riquelme, MD  
Clinical Professor Family Medicine  
University of Wisconsin

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2023 Universal Activity Number (UAN): JA0000358-0000-23-025-L01-P; JA0000358-0000-23-025-L01-T

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**For this educational activity there are no reported conflicts of interest**

# Case Introduction

- ▶ One-liner (including age/sex): a 49 year old man self-employed as a wilderness guide on OUD therapy with long-acting buprenorphine would like take home dosing of Sublocade for the 3 month hunting season. He has a remarkably “loner” lifestyle.
- ▶ Primary question for discussion: How to frame safety and surveillance of Sublocade use for this patient



## Medical & Behavioral Health Diagnosis:

- Opioid Use Disorder
- Chronic insomnia
- At risk for HIV infection due to sexual behaviors
- Recurrent genital herpes
- Vitamin D deficiency
- Low-normal testosterone
- Erectile dysfunction

## Current Medications:

- Buprenorphine extended release injection 300 mg every 28 days
- Trazodone 50 mg po hs for sleep
- Emtricitabine 200 mg/tenofovir 300 mg po daily for HIV PrEP
- Valacyclovir 1000 mg daily po prn for herpes outbreaks
- Ergocalciferol 1.25 mg po twice per week for vitamin D deficiency
- Naloxone rescue inhaler



# Substance Use

## ▶ History:

- ▶ Opioid use disorder diagnosed age 42. Started with opioids for work injury, then heroin. Initiated opioid agonist therapy after detox. Lapse in treatment after 1 year. Overdose age 45 (heroin + methamphetamine + oxycodone) . Resumed MAT at a clinic participating in “hub and spoke” model of care. Psychiatrist in” hub” clinic and family doctor in the “spoke” clinic. After 18 months on sublingual buprenorphine/naloxone was transitioned to Sublocade. Monthly injections provided by psychiatrist clinic. Participates in NA intermittently via Zoom. Finished intensive behavioral therapy 2023.

## ▶ Consequences of Substance Use:

- Social/occupational/educational: “I’m from a small town, employers see me at ‘that addict’.”
- Has developed a “safe and sober” hunting/fishing guide business
- Physical (including evidence of tolerance/withdrawal): severe dental disease from chronic dry mouth

# Social History:

- Social Factors/History: Single, works from home, travels to wilderness areas
- Education/Literacy: Trade school certified welder
- Income source: self-employed
- Insurance via Exchange with \$5000 out of pocket deductible
- Lives in cannabis legal state
- Prefers brief sexual encounters; occasional male prostitute partners

# Family History:

- Father “dry alcoholic”: “he had a lot of rigid rules and then would break them all”
- Mother depression and anxiety
- Brother suicide age 16

## Patient strengths & protective factors:

- Has been compliant with testing for both Sublocade and PrEP in spite of cost
- Continues intermittent contact with NA sponsor
- Has removed himself from previous social circles which encouraged substance use : “now I don’t have any friends”
- Loves his work and feels a strong sense of purpose
- Columbia Suicide Risk Assessment=0

## Risk factors:

- Financially insecure
- Lives alone
- UCLA Loneliness Scale 3 question scale: Scores 9 =very lonely
- Identifies self as “rigid thinker”, similar to father
- Finds his only continuity connections are with his health care team; “otherwise it’s just me and my dogs”

# Labs

- ▶ Currently on q 3 months labs for PrEP: normal
- ▶ Urine Drug Screen has been “random” and from 1-3 times per year. Hub clinic uses point of care testing which is free to patient. Does not test for marijuana. UDS has only been positive for TCAs.

# Patient Goals & Motivations for Treatment

- ▶ Patient would like to locate his business in wilderness area in another state for the hunting season (September to November). He already received his August dose.
- ▶ He would like home dosing of Sublocade during this time.
- ▶ He will be in a remote area with limited access to emergency services; could get to primary care with MAT
- ▶ He will sometimes be alone in remote area.
- ▶ He feels confident in ability to abstain from substances while on medication.

# Proposed Diagnoses

- ▶ Opioid Use Disorder in sustained remission on opioid agonist
- ▶ Lack of social connection

# Proposed Treatment Plan

- ▶ Psychiatrist concerned that patient will be out of the medical network that has provided his care and social support. Would be in favor of one home dose and then a check in before authorizing longer time out of clinic.
- ▶ Patient would find it logistically difficult to return for office visit, but could have video check in, but out of state
- ▶ He would be able to see local provider for suboxone but not Sublocade: should we transition him?



# Discussion:

- ▶ Primary question:
- ▶ What criteria do you use for home dose Sublocade? Does this patient's wilderness lifestyle increase risk?
- ▶ What is the value/risk of health care as main locus of belonging for this patient?



ECHO ACCEPT July 18, 2025

# Medication for opioid use disorder: Learning from people with lived experience

*Qualitative and Health Experiences Research Lab*

Jane Evered, PhD RN  
Rachel Grob, PhD MA

*Filmmaker*

Claire Maske, MFA



# Learning objectives

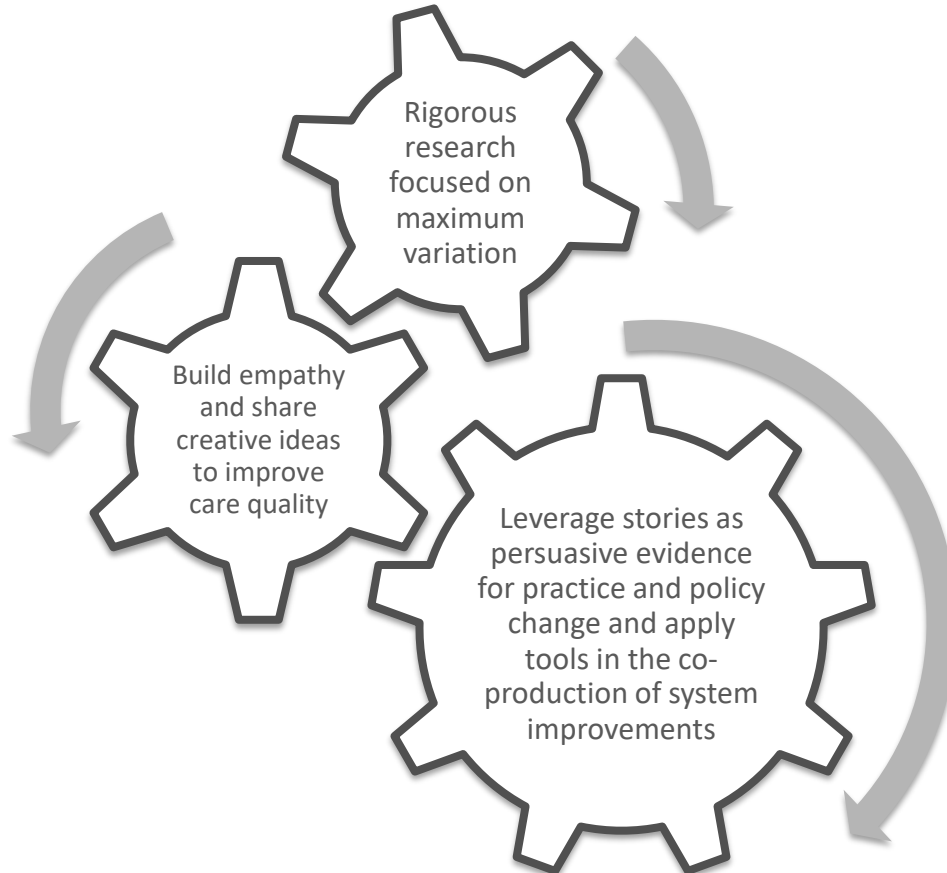
- Describe people's experiences in learning about, deciding about, and being on MOUD.
- Compare and contrast people's variable experiences with MOUD.
- Integrate recommendations from people with lived experience of opioid use and MOUD to inform care.



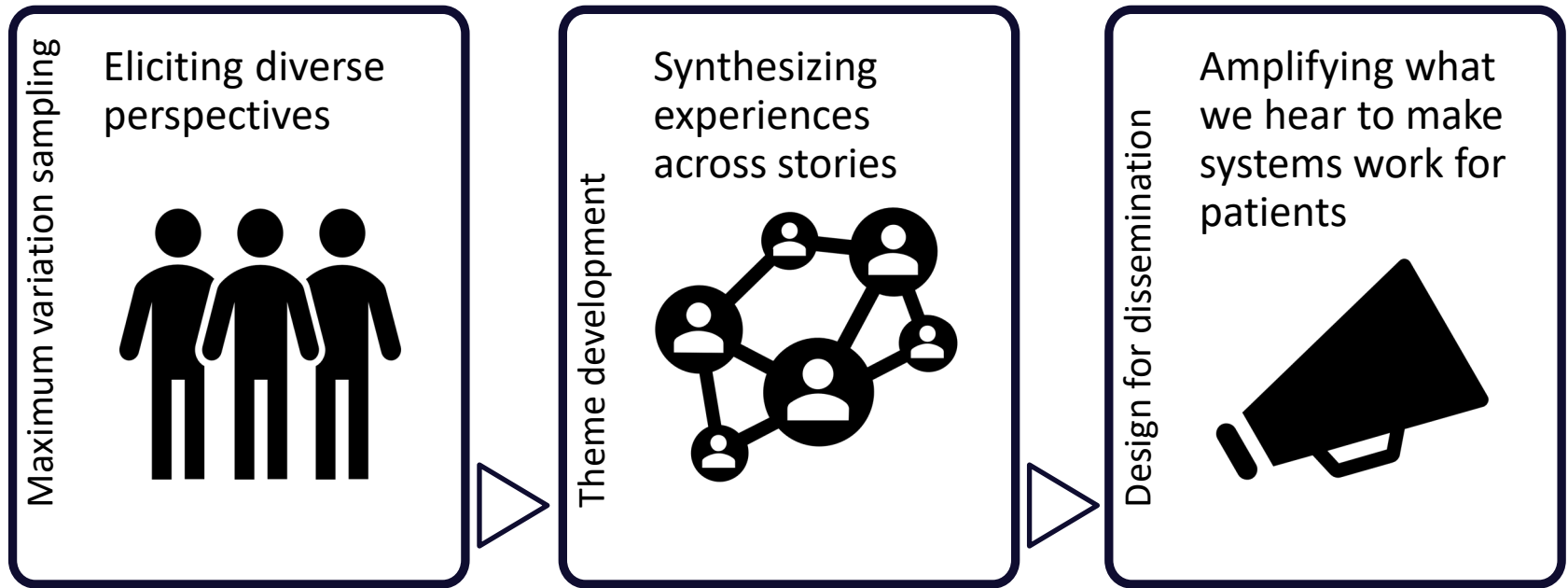
Please complete this  
brief confidential  
survey

<https://tinyurl.com/moudprefilm>

# What we do



# How we do it



# Medication for Opioid Use Disorder Project

**Scope:** People who had used opioids within the past 5 years and had sought or received medications for opioid use



**Data collection:** 1 – 2+ hour in-depth interviews



# Film segments

1. Learning and Deciding about MOUD

2. Starting MOUD

3. Being on MOUD

How MOUD feels

Access to MOUD

Changes to MOUD

4. Long-Term MOUD

5. Other forms of Treatment

Narcotics Anonymous and other groups

Experiences with therapy and other tools

Residential treatment and recovery housing

6. Interactions with Clinicians

7. Stigma and perceptions

8. Messages for Clinicians and Systems

# Film segments

## **1. Learning and Deciding about MOUD**

## 2. Starting MOUD

## **3. Being on MOUD**

**How MOUD feels**

**Access to MOUD**

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## 4. Long-Term MOUD

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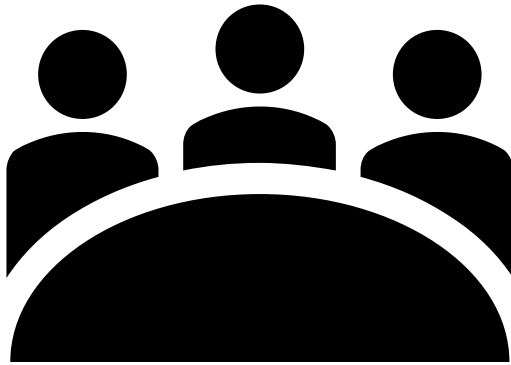
Residential treatment and recovery housing

## 6. Interactions with Clinicians

## 7. Stigma and perceptions

## 8. Messages for Clinicians and Systems





What reactions do you have  
to the film so far?

What stood out to you?

# Film segments

1. Learning and Deciding about MOUD

2. Starting MOUD

3. Being on MOUD

How MOUD feels

Access to MOUD

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## How might this film be used in the ECHO model?





## Discussion prompts and questions

- 1) What resonated with me in the film? What do I strongly agree or disagree with?
- 2) What did I learn from the participants?
- 3) How might we reframe our practice considering their perspective?
- 4) What might be missing from the stories that are important for us to consider? In what ways might our local environment or patient population be different?
- 5) What is MY Call to Action? What am I motivated to do?

<https://www.healthexperiencesusa.org/Medication-for-Opioid-Use-Disorder>

Questions, comments,  
feedback, ideas?



Thank you for your attention!



**Contact us:**  
qherlab@fammed.wisc.edu



Please complete this  
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survey

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