



Training NPs on the Use of Recovery Medications for Opioid Use Disorder

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Introduction

Topic

- In 2019, 50,042 people fatally overdosed on opioids (Fairley et al., 2021)
- The use of recovery medication/medication assisted treatment (MAT) is evidence-based and standard of care.
- Inadequate MAT/recovery medication treatment options in all 50 states (NIDA, 2022)
- The use of recovery medications fell from 35% to 28% between 2002-2012 (NIDA, 2022)
- <50% of privately funded SUD treatment programs offer MAT (NIDA, 2022)
- ~30% of patients in programs that offer and are appropriate for MAT receive it (NIDA, 2022)

Practice Setting:

All the Psychiatric-Mental Health NPs (PMHNPs) that participated in this study work for Rogers Regional PHP and IOP clinics in Wisconsin, Minnesota, Pennsylvania, Tennessee, and Illinois. None of the providers that participated currently treat addiction patients on a regular basis. However, there are co-occurring programs within all their clinics. All the NPs said they would be unwilling to be an attending for an addiction programs within RBH.

Problem

The problem is that many NPs within the RBH system do not have their MAT certificate and do not feel comfortable treating addiction patients which can lead to increased wait-times to get life-saving addiction treatment and difficulty finding provider coverage for this population.

Aim

Increase number of PMHNPs within the RBH PHP/IOP regional clinic system that are certified in medication assisted treatment (MAT)/opioid agonist therapy for the treatment of Opioid Use Disorder from: 5/14 or 36% to 8/14 or 57%.

Objectives:

- Create and distribute resource materials with evidence-based guidelines and protocols for managing Opiate Use Disorder to support PMHNP practice.
- Instruct PMHNPs to complete the free 24 hours of education necessary to be waived by the DEA to prescribe MAT for Opioid Use Disorders
- Increase PMHNP confidence and competence in the treatment of this population
- Increase PMHNP willingness to treat patients with addiction and prescribe opioid agonists
- Increase PMHNP knowledge surrounding treatment of opioid use disorder and use of MAT
- Determine materials needed to improve training and aspects PMHNPs found helpful.

Methods

PLAN:

- 6 NPs were provided with
 - 1) Evidence-based materials and tips on treating OUD in this setting with MAT (Appendix A)
 - 2) CIWA/COWS assessments (Appendix B)
 - 3) Suboxone Home-Induction Protocol (Appendix C)
 - 4) instructions on how to get X-Waivered and licensed to prescribe MAT (Appendix D).
 - 5) Pre-survey (Appendix E)

They were then given 2 weeks to review the materials, complete the waiver training, and complete a post-survey.

DO (Measures collected via pre and post-survey)

- PMHNP Confidence with Addictions, OUD, and Recovery Medications/MAT (0-10 rating)
- PMHNP Perceived Competence (0-10 rating)
- PMHNP Knowledge (Matching and Multiple Choice)
- PMHNP Willingness to cover (0-10 rating) or be an attending for an addiction program (yes/no)
- # Waiver-hours completed
- NP Intention to complete or not complete training (yes/no)
- Open-ended questions regarding what additional training is needed, how the PMHNPs plan to use the training in their own practice, and what would increase willingness to work with this population.

STUDY:
Data were paired via a pre (June 6th) and post-intervention survey (June 20th)(Appendix E) created by the executive sponsor. Change scores

ACT:
This change will ultimately be adapted to better suit PMHNP needs.

Table 1
Change Scores Pre vs. Post Intervention

NP	Confidence with Addictions	Confidence with OUD	Overall Perceived Competence
1	2	0	0
2	2	3	3
3	0	0	0
4	0	0	0
5	1	1	0
6	2	2	3

Results

Most positive changes

(percent increase=[(sum post-test scores-sum pretest scores)/sum pretest scores] X 100)

- 84.6% increase in confidence prescribing MAT (Figure 1)
- 41% increase in willingness to cover for Addiction programs (Figure 2)

Additional Findings (Table 1)

- 20% increase in confidence working with patients with addiction disorders
- 19% increase in confidence working with patients with opioid use disorder
- 30% increase in competence working with patients with addiction disorders
- 1/6 NPs went from being unwilling to run an addiction program to being willing
- Increase in number of hours of waiver training completed from 8/144 total hours (5.5%) to 21/144 total hours (14.5%) (between 6 NPs)

Qualitative Data (Optional & Open-Ended Questions)

What additional training do you feel would be helpful to prepare you to work with this population?

- “More hands on training, supervision classes with information being taught”
- “When starting to prescribe recovery medications – be able to consult and review cases with experienced provider.”
- “Shadowing an attending in an addictions program to gets some hands-on experience.”

What would make working with the addiction population more palatable?

- “Not much, I don’t particularly like working with this population.”
- “More practice and “clinical hands on” experience with this population with some guidance.”

How do you see yourself using this training in your own practice?

- “If I’m covering or receive a transfer patient from another program.”
- “I would like to increase my confidence level working with the addictions population, though I don’t foresee desiring to work specifically with opioid addictions.”
- “Helpful information that I will continue to review and apply whenever I see this population of patients.”

References

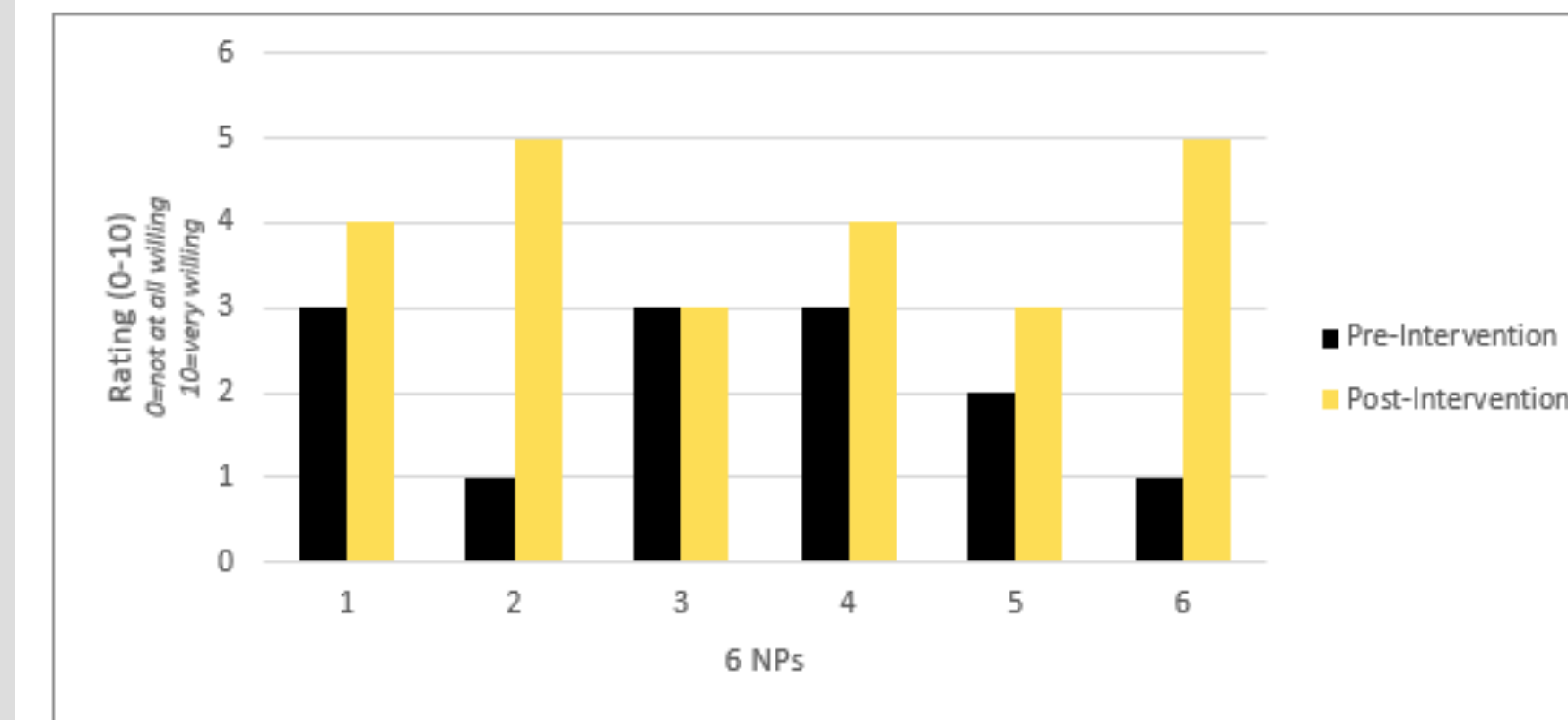
Fairley, M., Humphreys, K., Joyce, V. R., Bounthavong, M., Trafton, J., Combs, A., Oliva, E. M., Goldhaber-Fiebert, J. D., Asch, S. M., Brandeau, M. L., & Owens, D. K. (2021). Cost-effectiveness of treatments for opioid use disorder. *JAMA Psychiatry*, 78(7), 767. <https://doi.org/10.1001/jamapsychiatry.2021.0247>

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Figure 1

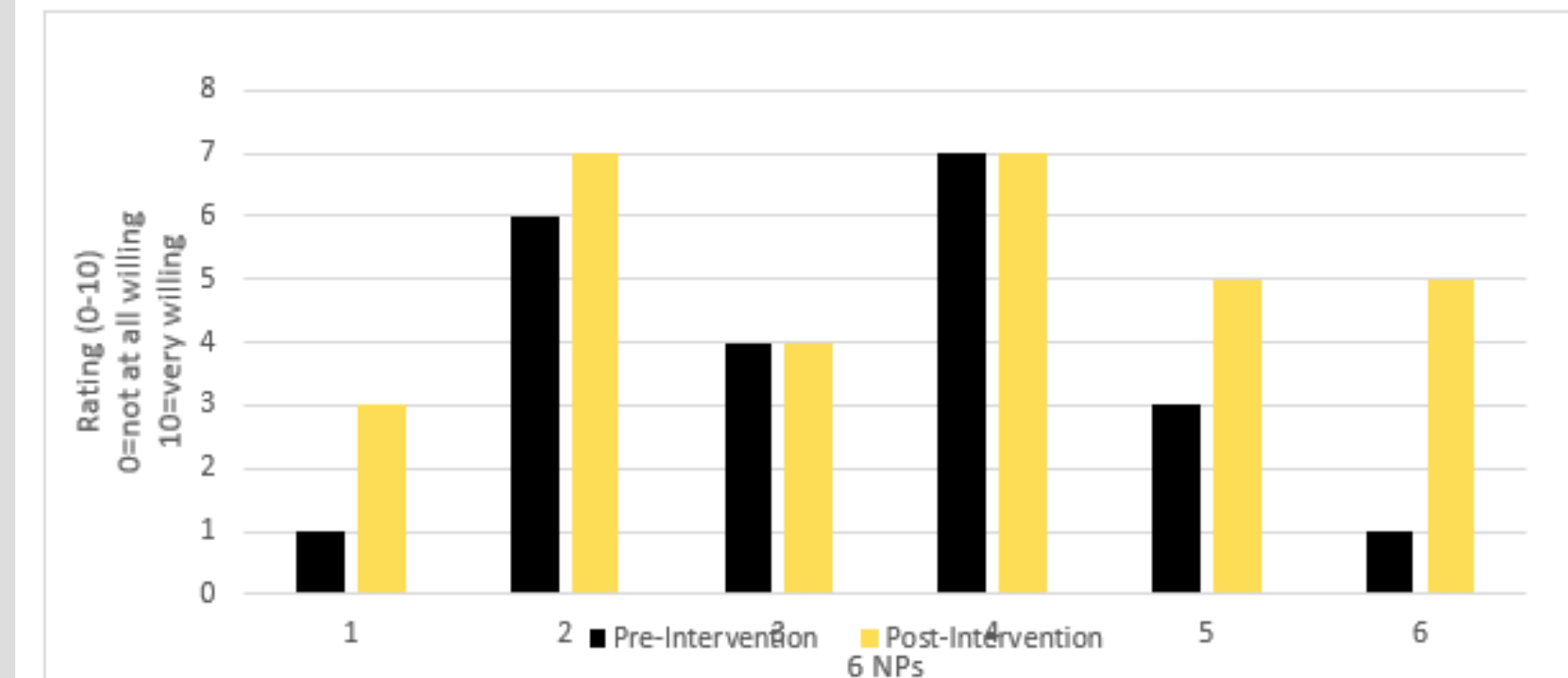
NP Confidence Prescribing Recovery Medications



Note. The 6 NPs that participated in this study rated their confidence prescribing recovery medications before and after the intervention on a 0-10 scale with 0 being very unlikely and 10 being very likely.

Figure 2

NP Willingness to Cover for Addiction Programs



Note. The 6 NPs that participated in this study rated their willingness to cover for addiction programs within the Rogers system on a 0-10 scale with 0 being very unlikely and 10 being very likely. This figure shows the pre- and post-intervention scores.

Implications for Practice

- Further education and support in increasing addiction knowledge is needed.
- NPs are very willing to gain additional experience if offered.
- Increasing experience within addiction is necessary to train competent and confident NPs.
- None of the 6 NPs completed >50% of the waiver training
- The NP that completed the most waiver training (10 hrs) had the highest change scores (+8 across all categories).
- The very brief (2 week) implementation phase of this project limited its success and clearly impacted the NP’s ability to complete the training and integrate knowledge.
- There is still significant stigma-reduction and education surrounding the positives of treating this population
- If this project were to be repeated (as is suggested per the PDSA cycle), extending the implementation phase along with providing case studies and a forum may improve measures and success of the change.
- - Next steps: implementing some of the suggestions for additional training --
Shadowing -Supervision/Collaboration -Case Consult