

Stopping the Opioid Crisis:

Empowering APRN Students in the Treatment of Substance Use Disorders

Katherine Barnett DNS, RN

Susan M. Beidler PhD, MBE, FNP-BC, FAANP



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This presentation is about substance use disorder in the broadest sense and opioid use disorder more specifically.

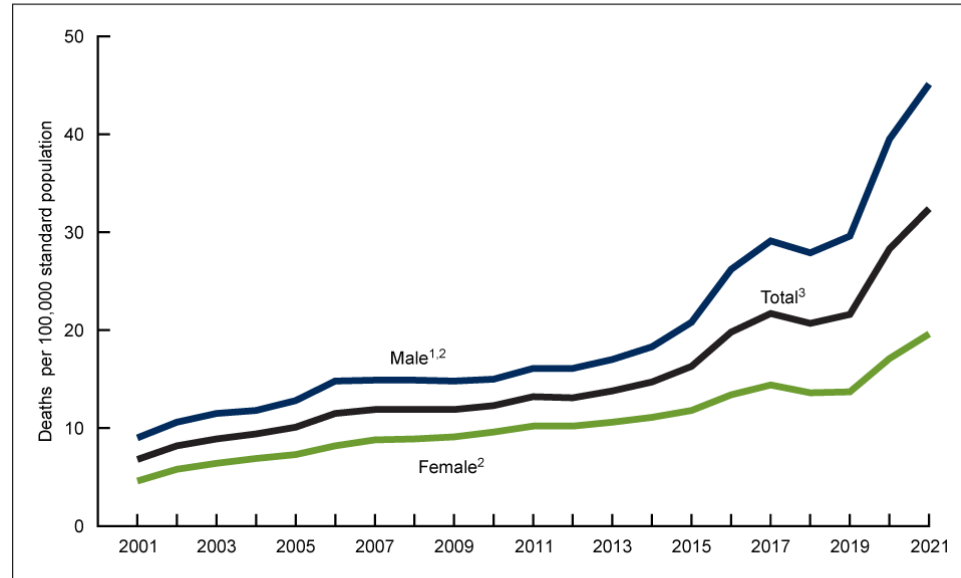


We will use statistics to discuss both, however we recognize that they are in fact not the same thing, but that one is a subset of the other.

Terminology

Background

Figure 1. Age-adjusted rate of drug overdose deaths, by sex: United States, 2001–2021



¹Rate for males is significantly higher than for females for all years, $p < 0.05$.

²Significant increasing trend from 2001 through 2021, with different rates of change over time, $p < 0.05$.

³Significant increasing trend from 2001 through 2006, stable trend from 2006 through 2013, then significant increasing trend from 2013 through 2021, $p < 0.05$.

NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. The number of drug overdose deaths in 2021 was 106,699. Access data table for Figure 1 at: <https://www.cdc.gov/nchs/data/databriefs/db457-tables.pdf#1>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality File.

(CDC, 2023)

Lack of Providers – Another Crisis

- 4 out of 5 Americans with opioid use disorder (OUD) do not receive any form of treatment.
- Access to Medications for Opioid Use Disorder (MOUD) is even more restricted.
- Insufficient number of clinicians who are equipped to identify and treat OUD.
 - Need more PCPs prepared to screen and refer.
 - Need more addiction specialists to treat addiction and complex, comorbid medical conditions.
 - Need more addiction psychiatrists to treat co-occurring psychiatric disorders.



2021-2022
Public Health
Network Score: 2.67
(Moderate-Significant)

Strengths

Essential Service 4

Essential Service 9

Essential Service 10

Opportunities for Improvement

Essential Service 1

Essential Service 5

Essential Service 7

Essential Service 8

Weaknesses

Essential Service 2

Essential Service 3

Essential Service 6



SAMHSA Grant – Medication for Opioid Use Disorder

Substance Abuse Mental
Health Service
Administration: Provider's
Clinical Support System-
University

NOFO Number: T1-22-011

Purpose: Provide resources
to graduate-level students in
MD/PA/CRNA/NP/CNS/CNM

Curriculum integration
includes theoretical
knowledge and practical
training related to SUDs and
Medications to treat OUDs.

Grant is for \$245,00 per year
and is renewable for two
additional years.

NP curriculum requirement=
8 hours of X-Waiver training
+
16 hours of further specialty
SUD training



University of
Pittsburgh

School of
Pharmacy

PER_xU

Program Evaluation & Research Unit (PERU)

- Established in 2006 at University of Pittsburgh.
- Has obtained over \$100 million in funding for health services, patient safety, substance abuse prevention, addiction treatment, overdose prevention, and chronic disease prevention research.
- Contacted Wellstar School of Nursing (WSN) at KSU to partner on training opportunity.
- Experience working with WSN on previous SBIRT training program.

Curriculum Integration – Cohort 1

- X-Waiver: 8 hours +16 hours = 24 hours
- SBIRT (Screening, Brief Interventions, and Referral to Treatment)
- Motivational Interviewing
- Adverse Childhood Experiences (ACEs)
- Case Studies: Medication administration, pregnancy, adolescents, specialty populations, dental pain
- 4-hour clinical experience with NP
- Pre-survey, Post Survey, 60-day follow-up survey, clinical experience survey, focus group interviews with students and faculty



Program Modifications

- On December 29, 2022, the US Congress signed into effect a year-end omnibus legislative package, the [Consolidated Appropriations Act, 2023](#) (CAA 2023 December).
- The bipartisan Mainstreaming Addiction Treatment Act included in the omnibus package eliminated the DATA-Waiver Program under the [Drug Addiction Treatment Act](#) (DATA 2000).
- On January 12, 2023, DEA announced its full support for Congress's policy reform, explaining that the removal of the X-Waiver will help increase access to buprenorphine for those in need nationwide.






Elimination of "X" waiver requirement

An X-Waiver registration is no longer required to treat OUDs

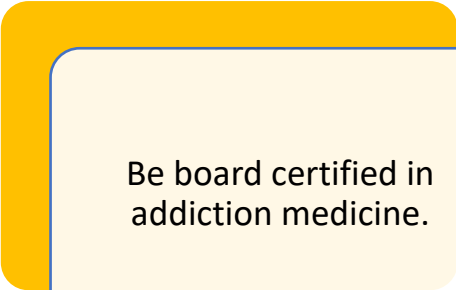
Prescriptions to treat SUDs only require a standard DEA registration number

There are no longer any limits on # of patients provider can treat

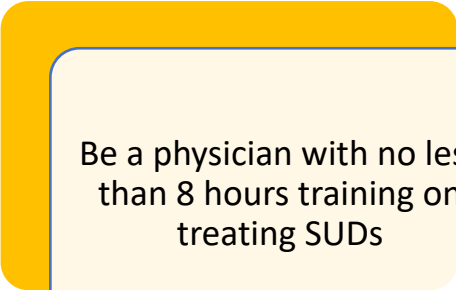
CAA 2023 does not impact existing state laws or regulations that may be applicable.



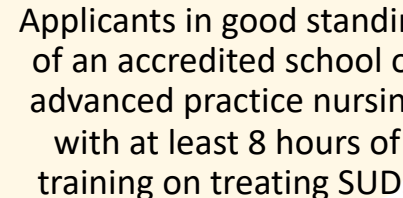
New Medication Access and Training Expansion (MATE) Act



Be board certified in addiction medicine.







Be a physician with no less than 8 hours training on treating SUDs



Applicants in good standing of an accredited school of advanced practice nursing with at least 8 hours of training on treating SUDs

Revised MOUD Training Program (Cohort 2)

			
<p>Pre-Survey Intro Video</p> <p>Modules: Patho, Pharm, & Assessment</p> <p>SBIRT training and Motivational Interviewing</p> <p>Fall Semester</p>	<p>Lab Testing Medical Considerations</p> <p>Modules: Stimulants, Alcohol, and Benzodiazepine</p> <p>Medications to Treat SUDs</p> <p>4-hour Clinical Experience</p> <p>Spring Semester</p>	<p>Pediatrics Case Study on Adolescent with OUD</p> <p>Co-Occurring: Psychiatric Illness Brain Injury</p> <p>Modules: Cannabis, ACES</p> <p>Summer Semester</p>	<p>Reproductive Health Case Study on Pregnancy and OUD</p> <p>Integrating Addiction Treatment into Practice</p> <p>Pain Management Case Study on Managing Dental Pain in a PC Setting</p> <p>Post-Survey</p> <p>Fall Semester</p>

Clinical Experience



What are students saying about
their clinical experience?

IMPACTFUL

POSITIVE

WELCOMING

FRIENDLY

AMAZING

Positive Feedback from Students

"THE CLINICAL EXPERIENCE WAS
PHENOMENAL"

"THE PRECEPTOR IS VERY
KNOWLEDGEABLE AND WAS EAGER
TO SHARE HER EXPERTISE!"

"I FEEL MORE EQUIPPED AND HAVE
A BETTER UNDERSTANDING ABOUT
SUD TREATMENT OPTIONS AND
RESOURCES."

"EVERYONE WHO WORKED AT THE
CLINICAL SITE WAS SO FRIENDLY,
WELCOMING AND WILLING TO
ANSWER QUESTIONS I HAD."

"MY EXPERIENCE AT CLINICAL
HELPED TO BRING MY PREVIOUS
MOUD TRAINING FULL-CIRCLE."

Student Suggestions

"WILL THERE BE ANOTHER
OPPORTUNITY TO SHADOW IN THE
UPCOMING SEMESTER?"

"I LOVED THIS PLACE! I WISH WE
HAD MORE THAN 4 HOURS."

"I WOULD LOVE TO DO SOME
CLINICAL SPECIALTY HOURS IN THE
FALL."

"WOULD LIKE MORE TIME UNDER
THE PROVIDER DIRECTLY
PARTICIPATING IN PATIENT CARE VS
PARTICIPATING IN GROUP CLASS."

Preliminary Results Cohort 1 Graduates of MOUD Program

48 Family Nurse
Practitioner Students

14 Master of Nursing
Education Students

2 Master of Nursing
Administration



Sustainability



Commitment to continuing training in all graduate nursing programs



Provide micro credential for specialty training in MOUD



Establishing a Psychiatric Mental Health NP (PMHNP) Program – post-grad APRN certificate and DNP with sub-specialty in addiction medicine



Exploring partnerships for training NPs in Residency Programs



KENNESAW STATE
UNIVERSITY

Community Partners

Buckhead Behavioral Health



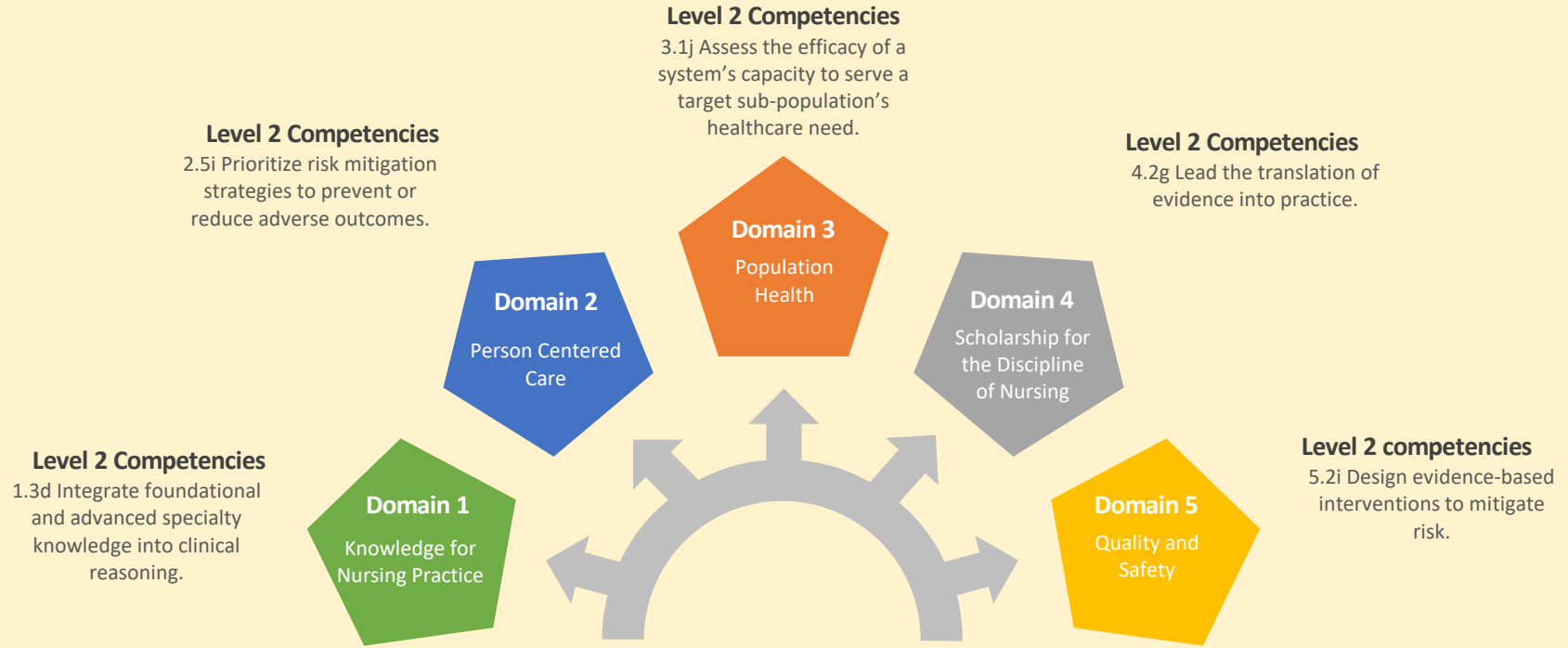
Addiction Alliance of Georgia

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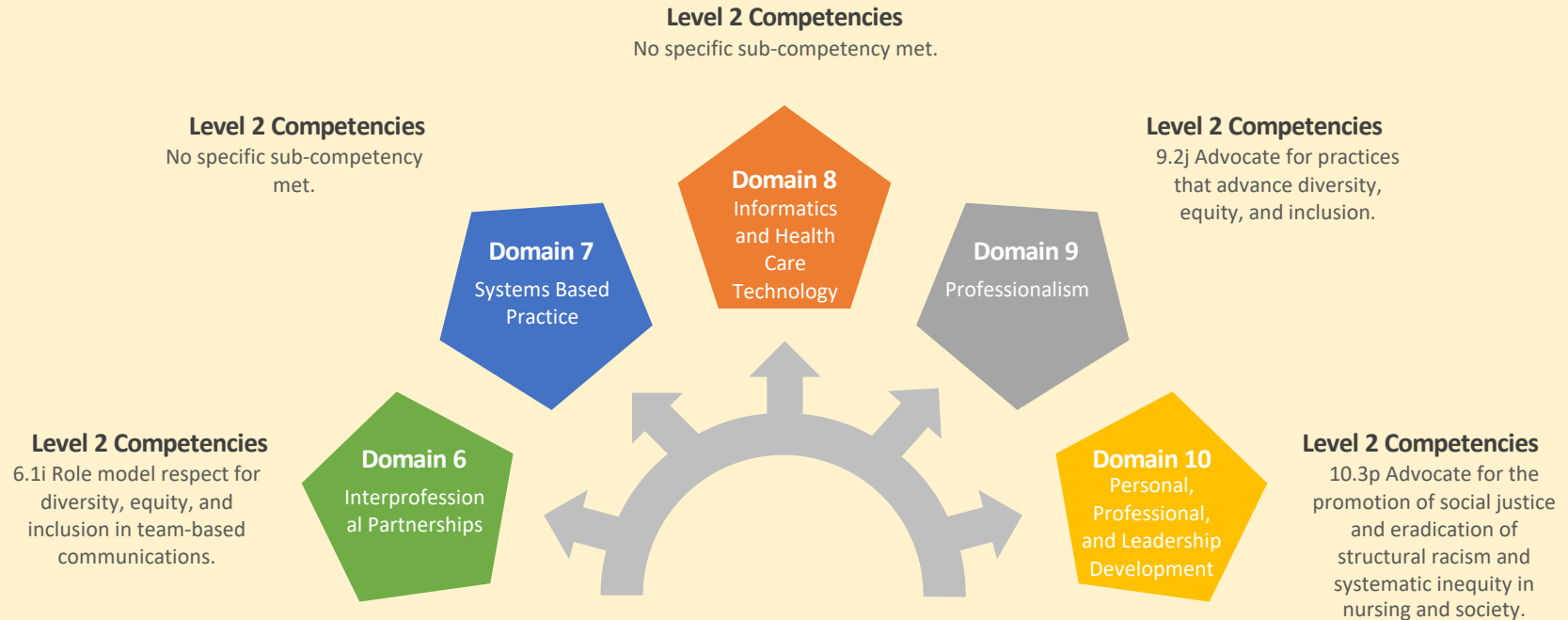
Hazelden Betty Ford
Foundation



The Essentials: Core Competencies for Professional Nursing Education (Examples)



The Essentials: Core Competencies for Professional Nursing Education (Examples)





Grayken Center
for Addiction
Boston Medical Center



Providers
Clinical Support
System



Resources

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