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Tectonic shifts in the core practices and operational tenets of the U.S. healthcare system keep coming fast and frequently. We continue to refine the system's science and operations using data and expert analysis while simultaneously learning that some of what we thought worked is inadequate. Addressing preventable deaths and poor clinical outcomes requires a bold collaboration with disciplines that until recently seemed to have little impact on individual and community health status. For example, robust collaborative relationships between prescribing clinicians and community pharmacists have evolved over the last decade. An ongoing dialogue between them, focused on care of patients with opioid use disorder, may improve the safety, quality, and effectiveness of care. This would be difficult at any time, but establishing and optimizing interdisciplinary communication in our current time poses challenges.



These challenges remind us at MCSTAP that we can and must advance. Until recently, we lacked a proper disease classification system for substance use disorders (SUDs) or chronic pain, rigorous practice-improvement research, fully developed evidence-based practice protocols, formal standards-based education, or recognition of the impact of stigmatizing language and implicit bias in treatment of patients with these conditions. Despite this, it is appropriate and timely to ask *"How do we retrain our workforce, especially when key issues such as SUD are stigmatized?"*

MCSTAP is a common-sense approach to increase knowledge and support the needs of clinicians who face complex and confounding problems in their patients. **Our physician consultants work hard to meet the needs of all clinicians requesting support. No concern, question, or second thought is too small when taking care of a patient. We get it and will help any way we can. That is our promise.** Our physician consultants can help at the right time based on your availability. They employ a pragmatic approach based on the complexity of your patient and your need for ongoing coaching and support.

The next time you need advice on how to manage patients with chronic pain or an SUD, call MCSTAP. We are dedicated to providing up-to-date, evidence-based/best practices to support you in providing uncompromising care to your patients. Our knowledgeable, experienced colleagues understand your needs and challenges and your patient's concerns. We look forward to hearing from you.

Regards,
Christopher W. Shanahan, MD, MPH, FACP
MCSTAP Medical Director

Case of the Month

The MCSTAP Case Discussion Call-in Hour in October focused on starting buprenorphine therapy for a patient with OUD. The case involved a 34-year-old man who had been on oxycodone for severe back pain for several years. He had a history of over-using the medication, made frequent requests for early refills, and admitted to buying pills from a friend. He agreed that he was opioid dependent and wanted treatment. His PCP called MCSTAP to discuss whether he met criteria for OUD and how to start him on buprenorphine. Click [here](#) to read about developing a comprehensive treatment plan for office- or home-based buprenorphine induction.

This Just In

In each newsletter, this section will provide recent article reviews on important and timely questions and developments in the care of chronic, non-cancer pain and all forms of SUD.

1. A recent study found that prescribing buprenorphine or methadone was confirmed to be the most effective treatments for those with OUD, but these treatments were dramatically underutilized.

Wakeman SE, et al. [Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder](#). *JAMA Netw Open*. 2020;3(2):e1920622.doi:10.1001/jamanetworkopen.2019.20622

2. A recent study found that gabapentin was not effective for chronic pelvic pain in women. Horne, AW, et.al., [Gabapentin for chronic pelvic pain in women \(GaPP2\): a multicentre, randomised, double-blind, placebo-controlled trial](#), 396(10255) pgs. 909-917, 10/26/2020

3. A study of gabapentin and baclofen misuse, toxicity, use in suicide attempts, and associated healthcare utilization among adults in the United States found that these outcomes have significantly increased since 2013. Careful consideration and risk-benefit analysis should be employed when prescribing these medications. Reynolds K, et.al. [Trends in gabapentin and baclofen exposures reported to U.S. poison centers](#). *Clinical Toxicology*, 58(70) pgs 763-772, 2020

Training and Education

MCSTAP Case Discussion Call-in Hour

Please join in for MCSTAP Case Discussion Call-in Hour on the third Wednesday of each month from 12 - 1 p.m., when Medical Director Christopher Shanahan, MD, MPH discusses real cases concerning management of chronic pain and/or SUD, answers general clinical or case-based questions, and leads any open discussions that ensue. CME is available. Click [here](#) for more information and to register.

Scope of Pain: Safer Post-Operative Prescribing of Opioids



This webinar discusses best practices in post-operative opioid prescribing to reduce the number of excess opioids left over following a surgery or acute pain episode of care. CME is available. Click [here](#) for more information and to register.

Addiction Treatment (OBAT) Training and Technical Assistance (TTA):

Waiver Trained: Now What? The Nuts and Bolts of Addiction Treatment

This training will prepare prescribers to handle practical considerations when treating patients with OUD in office settings. It is for prescribers who have recently obtained their MAT waiver (or who are contemplating getting their waiver) and want to increase provision of care for patients with SUD in an outpatient setting. Click [here](#) for more information or to register.

Practice Improvement and Clinical Resources

MCSTAP's team of physician consultants has developed protocols for clinicians as they make decisions about managing care for patients with chronic pain or SUD: [a tip sheet on tapering opioids and benzodiazepines in patients with SUD and pain](#), [an opioid tapering quick tip sheet](#), and [a tip sheet for initiating long acting opioids](#).

You can use these tip sheets as guides as you care for patients. Remember that you can call MCSTAP at **1-833-PAIN-SUD** if you have questions while you use them.

Advocacy



#ChangeTheNames
#EndTheStigma



Change the Name, End Stigma

Faces & Voices of Recovery and the Recovery Research Institute are working together on a campaign to eliminate the term "Abuse" in the names of U.S. federal agencies focused on addiction -- Nation Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and Substance Abuse and Mental Health Services Administration (SAMHSA). They note that "Stigma has been identified as a barrier to treatment and recovery among individuals with addiction. Research shows that the commonly used term "abuse" increases stigma." Click [here](#) for their petition to Congress to implement a name change for these institutes that is stigma-free.

Physician Consultant Spotlight



Meet Jessica Gray, MD

Tell me about your medical practice.

I currently work at Massachusetts General Hospital. I joined the MGH Substance Use Disorder initiative after completing my addiction medicine fellowship at Boston Medical Center in 2017. My clinical time focuses on caring for vulnerable populations as Clinical Director of the [MGH HOPE Clinic](#) providing multidisciplinary care for pregnant, postpartum, parenting people and their partners and children up to age two. This work allows me to provide care to families at a pivotal time, dive into systemic barriers they face in receiving addiction and mental health treatment, understand the impact of racism and stigma on their lives and ability to get treatment, and work with my colleagues to develop a system of care that allows the maternal-child dyad to remain together as much as possible. I truly believe that we need to fundamentally shift how we think of the health of the dyad – families are healthier together – and that we as a society need to figure out how to improve supports to make that happen.

I also work at the MGH Bridge Clinic where I provide same-day, low-barrier addiction care to adults who are unable to access more rigid care models. We support patients with a high burden of homelessness, dual diagnosis, trauma, chronic pain, and polysubstance use. Being part of this multidisciplinary model of care has shaped how I think about care teams. Finally, I work with addiction medicine fellows as associate program director for MGH's Addiction Medicine Fellowship.

What drew you to being part of the MCSTAP team?

I love to teach and fundamentally believe that caring for patients with SUD and/or chronic pain requires a team-based approach. I remember my time as a PCP in an urban underserved health center and the isolation I sometimes felt in caring for these complex patients. MCSTAP breaks down that isolation and builds in a support team when you need it the most – in real time or just prior to that next patient visit. My hope is that having colleagues who understand the challenges you are facing in clinical practice and can provide expert, real-time guidance will help reduce compassion fatigue in caring for complex patients, help reduce burnout, avoid patient abandonment, and improve patient outcomes.

What are some of the biggest challenges that clinicians are calling MCSTAP about?

Our callers ask thoughtful questions that get at the nuances and challenges of providing care to complex patients in the existing systems of care. Some of the biggest challenges are structural (e.g., access to appropriate levels of care or specialists), interpersonal (how to build relationships with patients who mistrust the healthcare system), and knowledge-based (how to identify what approach to take diagnostically or in management).

Please describe one thing that you keep in mind when doing a MCSTAP consult.

I love being able to think through problems that have no clear right answer – to live in the gray. These are tough questions, and there is often no perfect solution but rather the reality of each individual situation. To me, these are management questions that are best handled by discussing with colleagues, rather than struggling in isolation.

Please share a Clinical Pearl on the care of patients with chronic pain or any SUD.

I love the concept from motivational interviewing of “rolling with resistance.” I try to help callers come at the patient interview focused on how patients want to improve their lives and understand the role of substances in their lives, as having a shared goal helps reframe difficult conversations.

What do you like to do in your free time?

Bike, hike, and keep up with whatever my crazy 5- and 10-year-old boys are into.

Other Topics of Interest

MCSTAP will be closed on December 24, 25, 31 and January 1. Happy Holidays!

NIH HEAL INITIATIVE

HEALing Communities Study

HEALing Communities

Massachusetts is among the 10 states with the highest rates of opioid-related overdose deaths, and it is one of four states participating in the federal HEALing Communities Study, with the goal of reducing opioid overdose deaths by 40 percent in participating communities. The Massachusetts grant was awarded to a research team at Boston Medical Center (BMC).

The BMC team is working with community members via coalition building and a data-driven decision-making process to implement the Communities That HEAL (CTH) Intervention, which is designed to reduce opioid-related overdose deaths across healthcare, behavioral health, justice, and other community settings by:

1. Increasing naloxone distribution and overdose prevention education;
2. Increasing access to medication for OUD; and
3. Improving opioid prescribing safety.

Sixteen Massachusetts communities that have been highly affected by the opioid overdose crisis are participating. Communities where the interventions will be implemented first are Bourne/Sandwich, Brockton, Gloucester, Holyoke, Lowell, Plymouth, Salem, and Shirley/Townsend. The second group includes Berkeley/Dighton/Freetown, Belchertown/Ware, Greenfield/Montague/Athol/Orange, Lawrence, North Adams, Pittsfield, Springfield, and Weymouth.

We would like to hear from you

Please let us know how MCSTAP can be a support to you and your colleagues. Let us know if there are topics you would suggest for Case Discussion Call-in Hours, future protocol development, or for future newsletters. Please email us at mcstap@beaconhealthoptions.com. We would love to hear from you.

**To access MCSTAP, call 1-833-PAIN-SUD
(1-833-724-6783)
Monday - Friday, 9 a.m. to 5 p.m.**

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Click [here](#) to schedule a consultation.

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