Clinical Decision Support Tool Workshop
Introducing the Tool

1. Tool development
2. Overview of the logic rules
3. Guided demo
4. Practice
1. Tool Development

Decision Analysis

- Identifies what facts are most relevant to the decision (inputs) and what outcomes may occur (outputs)
  - Determines the relative value of inputs and outputs
  - Determines the relationship between inputs and outputs
Data Sources

- Vermont Buprenorphine Practice Guidelines (2010)
- New Jersey Guidelines
- SAMHSA Advisory on Injectable Naltrexone
Data Sources

PCPC Dimensional Approach

- Acute Intoxication and Withdrawal
- Biomedical Conditions and Complications
- Emotional/Behavioral Conditions and Complications
- Treatment Acceptance/Resistance
  - Relapse Potential
- Recovery Environment
Data Sources

PCPC Dimensional Approach

• Acute Intoxication and Withdrawal
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  • Treatment Acceptance/Resistance
    • Relapse Potential
  • Recovery Environment
Data Sources

Clinical Expertise

• Peter Cohen, MD
• Peter Luongo, PhD
• Attendees of the first CDST meeting
  • You all – beta testers
**Decision space = Possible outcomes**

<table>
<thead>
<tr>
<th></th>
<th>OTP</th>
<th>OBOT</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Free</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>✅</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>Naltrexone</td>
<td></td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(another visual of the exploding decision space)
<table>
<thead>
<tr>
<th></th>
<th>OTP</th>
<th>OBOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure</td>
<td>More</td>
<td>Less</td>
</tr>
<tr>
<td>Support</td>
<td>More</td>
<td>Less</td>
</tr>
<tr>
<td>Access to related services</td>
<td>More but depends</td>
<td>None</td>
</tr>
<tr>
<td>Location</td>
<td>May require travel</td>
<td>Nearest PCP</td>
</tr>
<tr>
<td>Environment</td>
<td>Stigmatized/higher risk users</td>
<td>Less stigmatized</td>
</tr>
</tbody>
</table>
# Pharmacotherapy

<table>
<thead>
<tr>
<th></th>
<th>Drug Free</th>
<th>Methadone</th>
<th>Buprenorphine</th>
<th>Naltrexone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craving control</td>
<td>None</td>
<td>Full agonist</td>
<td>Partial agonist</td>
<td>Full antagonist</td>
</tr>
<tr>
<td>Dosing</td>
<td>None</td>
<td>Daily</td>
<td>Varies</td>
<td>Monthly</td>
</tr>
<tr>
<td>Restrictions</td>
<td>None</td>
<td>Eligibility</td>
<td>Guidelines</td>
<td>Guidelines</td>
</tr>
<tr>
<td>Induction/Withdrawal</td>
<td>Yes</td>
<td>None</td>
<td>Some</td>
<td>7-10 days</td>
</tr>
</tbody>
</table>
2. Overview of logic rules

The decision procedure
Stop/Go rules
OTP OBOT

Drug Free

Methadone Yes
Bup Yes Yes
Naltrexone Yes
Candidate for MAT

Yes

Methadone Indicated

Yes

Methadone Eligible

Yes

Daily Dosing

Yes

Candidate for OBOT

No

STOP

No

Candidate for Naltrexone

Yes

STOP

No to any

STOP

Drug Free

Yes

Methadone

Yes

Bup

Yes

Naltrexone

Yes

OTP | OBOT
---|---
Drug Free | Yes

Methadone | Yes

Bup | Yes

Naltrexone | Yes
Reasons for your client to consider MAT:
MAT is recommended for clients who, despite active participation in drug-free treatment interventions, experience an intensification of addiction symptoms, continue high risk behavior, or whose level of functioning is deteriorating.

Also consider...
CNS depressant use is a relative contraindication for MAT. MAT may be appropriate once a client undergoes detoxification from CNS depressants.
Someone with compromised health should consider drug free treatment or be on the lowest dose of MAT possible. Drug-free treatment may be most appropriate for clients with concurrent medical conditions, particularly liver damage, that would be exacerbated by treatment with opioid agonists and antagonists.

Client’s MAT profile:
This client is eligible for methadone, buprenorphine, and naltrexone.
Methadone is the most appropriate medication for clients who are currently on methadone or who have moderate-to-severe opiate dependence.
However, the client is not willing and/or able to receive daily doses at an OTP.
The client does not appear to need highly-structured treatment because he or she has a supportive recovery environment.
The use of naltrexone is not appropriate for clients without high readiness to change or willingness to undergo detoxification.
Therefore, consider buprenorphine treatment in an office-based setting. Buprenorphine treatment through an OTP is also an option.
Continuous Tool Development

Variables – identify extraneous & missing
Relationships – add variable weights
Constraints – update with changing regulations
3 & 4. Guided Demo & Practice

Case