

Maine Pain and Addiction Playbook 2022: A Quality Improvement Guide

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Introduction

In 2019, Maine ranked number 13 among the fifty states for age-adjusted drug overdose mortality (https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm). All six New England states ranked in the top 21. On the heels of the CDC chronic pain prescribing guideline in 2016, the state of Maine enacted what was, at the time, the most restrictive opioid prescribing law in the country. Between 2016-2021, in spite of measurable success reducing opioid prescription numbers, tablets, and morphine milligram equivalents, overdose deaths due to non-medical fentanyl skyrocketed.

Both primary care and subspecialty providers in Maine report challenges in managing acute pain, chronic pain and opioid use disorder. Despite national work toward decreasing opioid doses, opioids remain prescribed at levels roughly double the baseline from the late 1990s. The unsafe prescribing practices of chronic prescriptions at levels greater than 100 daily morphine milligram equivalents (MMEs), concurrent use of opioids and benzodiazepines/sedatives, and use of opioids in the presence of substance use disorder continue to be seen throughout Maine. Primary care providers, particularly those in rural areas, express high levels of stress, frustration, and fatigue when facing the challenge of chronic pain management, and report often feeling isolated, alone, and unprepared to manage the complex issues presented by chronic pain and addiction.

The Maine Pain and Addiction Playbook was developed on the model of the Maine Chronic Pain and Controlled Medication Playbook (circa 2015) and is intended to serve as a guide to primary care and other practices interested in moving toward the “Quadruple Aim.” That is: (1) to improve clinical outcomes; (2) enhance quality of life for patients with pain and addiction; (3) ensure value in health care delivery through team-based care, specifically by building provider knowledge and skills; and (4) increase healthcare worker satisfaction by helping practice teams deliver improved interprofessional, team-based, patient-centered, collaborative care.

Given the rapid evolution of recommendations regarding pain and addiction treatment in recent years, this second-generation playbook contains a completely new set of resources. The original Chronic Pain playbook was developed through a collaborative effort with support and materials from [the former] Maine Quality Counts, the Maine Medical Association, Penobscot Community Health Center, University of New England, Mercy Hospital Primary Care Practices, Maine Primary Care Association, Husson University School of Pharmacy, The Opportunity Alliance, Healthy Maine Partnerships, Haram Consulting, LLC, members of the Maine Chronic Pain Collaborative Leadership Planning Team, practices participating in the Chronic Pain Collaboratives, and many other organizations.

Model for Quality Improvement

Creating Your Community's Aim Statement and Goals

A critical first step for Quality Improvement is to define your practice's unique aim/goals and targets for the project. Collect and review data before and after the project. The data collected can be used to chart progress and to focus your team's work.

Discuss and Write a Rough Draft of Your Organization's Improvement Aim

After reviewing your baseline data, discuss your aim statement. An aim statement answers the question: What are we trying to accomplish? It is an explicit statement summarizing what your organization plans to achieve during the project. An aim statement will focus your organization's actions, helping to improve the quality of care for patients with chronic pain. It should be S.M.A.R.T. - **Specific, Measurable, Actionable, Relevant, and Time bound. State your aim clearly and use specific numeric goals. Organizations make better progress when they have unambiguous, specific goals. Setting numeric targets clarifies the aim, helps to focus change efforts, and directs measurement activities.**

As you begin to consider your organization's aim, be sure to do the following:

- **Involve leaders (e.g., directors; managers; physician, provider and nursing leadership; hospital leadership; system leaders).** Leadership must align the aim with strategic goals of the organization. They should also help identify an appropriate population for the initial focus of the team's work.
- **Base the goals in your aim on existing data or organizational needs.** Examine available information within your organization and ensure that your statement reflects what your practice wants to accomplish. Make the statement your own! Below are some guidelines for individualizing and making the aim statement your own.

Some Guidelines for Customizing Your Aim Statement:

1. Discuss the aim statement with staff.
2. Consider your target population, connecting to other initiatives occurring at your organization, etc. Review baseline data to see what rates need to be improved.
3. Customize your project aim statement for your organization so the wording reflects what your organization wants to accomplish. Your aim statement should articulate to others what you are specifically trying to accomplish.
4. Always review the goals and measures. Revise if necessary.

"Soon is not a time, some is not a number, hope is not a plan." - Donald Berwick, MD, Former CEO, Institute for Healthcare Improvement

Plan-Do-Study Act (PDSA) Cycles

The Plan-Do-Study-Act (PDSA) cycle is part of the Institute for Healthcare Improvement (IHI) Model for Improvement, a simple yet powerful tool for accelerating quality improvement. Once an aim has been set and developed measures to determine whether a change leads to an improvement, the next step is to test a change in the real work setting.

The PDSA cycle is shorthand for testing a change—by planning it, trying it, observing the results, and acting on what is learned. The steps in the PDSA cycle are Step 1: Plan - plan the test or observation, including a plan for collecting data; Step 2: Do - try out the test on a small scale; Step 3: Study - set aside time to analyze the data and study the results; and Step 4: Act - refine the change, based on what was learned from the test.

Workflows or Flowcharts

Workflows or flowcharts allow for an organization to draw a picture of the way a process actually works so that the existing process can be understood, and ideas can be developed about how to improve it. A **high-level flowchart**, showing six to 12 steps, gives a panoramic view of a process. These flowcharts clearly show the major blocks of activity, or the major system components, in a process. High-level flowcharts are especially useful in the early phases of a project. A **detailed flowchart** is a close-up view of the process, typically showing dozens of steps. These flowcharts make it easy to identify rework loops and complexity in a process. Detailed flowcharts are useful after teams have pinpointed issues or when they are making changes in the process. Using a flowchart has a variety of benefits: it helps to clarify complex processes; it identifies steps that do not add value to the internal or external customer, including: delays; needless storage and transportation; unnecessary work, duplication, and added expense; breakdowns in communication; it helps team members gain a shared understanding of the process and use this knowledge to collect data, identify problems, focus discussions, and identify resources; and it serves as a basis for designing new processes.

Sample Organizational Goals

In addition to developing an aim statement, practices should outline some basic goals. The goals should be directed by your baseline data and needs assessment. The overall aim and goals of the Maine Quality Counts original Chronic Pain Collaborative are provided below as a sample:

Aim: By July 2016, chronic pain patients receiving care from the Maine CPC2 practices will benefit from “Triple Aim” Improvements in care and outcomes: improved health, improved experience of care, and reduced health care costs.

Goals

1. 100% of practices will establish a process to identify patients that need chronic pain management support defined as patients on more than 100 MME per day.
2. By July 2016, practices will decrease by 10% the number of patients that require 100 MME per day.
3. 100% of practices will be in compliance with Chapter 21 regulations: including establishing a workflow around pill counts, use of the PMP, and urine drug testing, and patient agreements.
4. Practices will increase by 10% the presence of pain documented in the chart.
5. Practices will increase by 20% the percentage of patients with a functional assessment documented.
6. Practices will increase by 20% the percentage of patients with a treatment reassessment documented.

Section 1: Quality Improvement (QI) for Maine Opioid Prescribing

Content	Source & Recommended pages	Link
QI for opioid prescribing: pain & addiction	Maine Independent Clinical Information Service	https://micismaine.org/wp-content/uploads/2021-MICIS-qi-for-opioids-2021.pdf
QI perspective on opioid management	AHRQ How to Implement Toolkit: Improving Opioid Management in Primary Care	See especially pages 17-22 https://www.ahrq.gov/sites/default/files/wysiwyg/patient-safety/settings/ambulatory/6bb-toolkit-fasttrack.pdf
Overview of Maine opioid prescribing exemptions	Maine Department of Health and Human Services	https://www.mainemed.com/sites/default/files/content/Opioid%20Prescription%20Requirements-%20User%20Guide.pdf
Best opioid practices for primary care (2 pages)	Centers for Disease Control	https://www.cdc.gov/drugoverdose/pdf/Guideline_Infographic-a.pdf
Risk assessment checklist	American Academy of Family Physicians	Page 4 https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/cpm-toolkit-prescribing.pdf
Opioid risk tool	National Institute on Drug Abuse	https://www.drugabuse.gov/sites/default/files/opioidrisktool.pdf
Drug screening	U.S. Centers for Disease Control	https://www.cdc.gov/opioids/providers/prescribing/pdf/Urine-Drug-Testing-508.pdf
	ASAM Drug Testing in Clinical Addiction Medicine	http://equideline.guidelinecentral.com/i/840070-drug-testing-pocket-guide/0?
MME calculator	Agency Medical Directors Group - Washington state	https://amdg.wa.gov/Calculator/DoseCalculator
MME basics	Maine Independent Clinical Information Service	https://micismaine.org/wp-content/uploads/2018-MICIS-opioid-mmes-and-opioid-basics-03.pdf
Patient-provider agreement	American Academy of Family Physicians	Page 7 https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/cpm-toolkit-prescribing.pdf
Pain assessment	American Academy of Family Physicians	Pages 2-5 https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/cpm-toolkit-pain-assessment.pdf
Functional and risk assessments	American Academy of Family Physicians	https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/cpm-toolkit-functional.pdf

Section 1 (continued): Quality Improvement (QI) for Maine Opioid Prescribing

Content	Source & Recommended pages		Link
CDC prescribing guideline summary (2 pages)	Centers for Disease Control (2016)		https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf
PMP integration guide	Maine Prescription Monitoring Program (2021)		https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/ME_PMP_Welcome_Packet_10.12.21_1.pdf
PMP instructional videos	Maine Prescription Monitoring Program	Bottom of page	https://www.maine.gov/dhhs/obh/providers/prescription-drug-monitoring-program
Understanding the PMP overdose risk score (2 pages)	Texas Prescription Monitoring Program (Appriss/ Bamboo Health)		https://texas.pmpaware.net/narx-content/content/narxcare2/explain-overdose-risk-score.pdf

Section 2: Non-opioid Approaches to Chronic Pain

Content	Source & Recommended Pages		Link
Non opioid medications	American Academy of Family Physicians	Pages 3-4	https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/cpm-toolkit-pain-mgmt.pdf
Behavioral health interventions	Clinical Journal of Pain		https://journals.lww.com/clinicalpain/Abstract/2019/10000/Brief_Cognitive_Behavioral_Therapy_For_Chronic.1.aspx
Review of non-opioid options for pain	Alosa Health	Page 2	https://alosahealth.org/wp-content/uploads/2020/03/RefCard_ChronicPain_11.19.pdf
Non opioid medications (2 pages)	Centers for Disease Control		https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf
Non opioid medications	American Academy of Family Physicians	Pages 3-4	https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/cpm-toolkit-pain-mgmt.pdf

Section 3: Addressing Stigma

Content	Source	Link
Words Matter Guide	Maine Medical Association - Center for Quality Improvement	https://qclearninglab.org/wp-content/uploads/2022/06/Words-Matter-A-Substance-Use-Conversation-Guide-June-2022.pdf
Ending addiction stigma	Shatterproof	https://www.shatterproof.org/our-work/ending-addiction-stigma
Language	Recovery Research Institute	https://www.recoveryanswers.org/addiction-ary/

Section 4: Pain Education Toolkit-Source: Oregon Pain Guidance

Content For Clinicians	
Pain Education Toolkit - Clinician (complete)	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/
Understanding Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/understandpain/
Sleep & Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/sleep/
Nutrition & Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/nutrition/
Activity & Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/activity/
Mood & Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/mood/
Social activity & Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/social/
Flare-ups of Chronic Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/flareups/
Medications and Pain	https://www.oregonpainguidance.org/paineducationtoolkitforclinicians/medications/
Content For Patients (videos and print resources)	
Pain Education Toolkit - Patient (complete)	https://www.oregonpainguidance.org/paineducationtoolkit/
Understanding Pain	https://www.oregonpainguidance.org/paineducationtoolkit/understandpain/
Sleep & Pain	https://www.oregonpainguidance.org/paineducationtoolkit/sleep/
Nutrition & Pain	https://www.oregonpainguidance.org/paineducationtoolkit/nutrition/
Activity & Pain	https://www.oregonpainguidance.org/paineducationtoolkit/activity/
Mood & Pain	https://www.oregonpainguidance.org/paineducationtoolkit/mood/
Social Activity & Pain	https://www.oregonpainguidance.org/paineducationtoolkit/social/
Flare-ups of Chronic Pain	https://www.oregonpainguidance.org/paineducationtoolkit/flareups/
Medications & Pain	https://www.oregonpainguidance.org/paineducationtoolkit/medications/

Section 5: Dose Reduction - Opioids

Content	Source & Recommended Pages		Link
Collaborative approach: BRAVO	Stanford & State of Oregon		https://www.oregonpainguidance.org/wp-content/uploads/2020/04/BRAVO-FINAL-3.13.20.pdf
Opioid taper calculator	Agency Medical Directors Group- Washington State		https://amdg.wa.gov/Calculator/TaperDoseCalculator
Opioid taper pocket guide (4 pages)	Centers for Disease Control		https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf
Difficult conversation resources	Oregon Pain Guidance		https://www.oregonpainguidance.org/clinics/difficult-conversations/
Opioid medication risks - pictograph for patients	Veterans Administration		https://www.pbm.va.gov/academicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/Pain_Provider_OpioidRiskDiscussionTool_IB101015.pdf
Slowly stopping opioid medications – for patients (2 pages)	Veterans Administration		https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/Pain_Patient_SlowlyStoppingOpioidMedications_101016.pdf
Pain alternatives - for patients (4 pages)	Veterans Administration		https://www.pbm.va.gov/academicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/Pain_Patient_NewWaystoTreatCommonProblem_101017.pdf
Tapering opioid drugs - for patients (1 page)	Alosa Health		https://alosahealth.org/wp-content/uploads/2020/03/Tearoff_ChronicPain_11.19.pdf
Tapering algorithm & tips	Alosa Health	Pages 12-13	https://alosahealth.org/wp-content/uploads/2020/03/UnAd_ChronicPain_11.19.pdf

Section 6: Dose Reduction - Benzodiazepines

Content	Source	Link
Quick start conversation guide – pictograph for patients	Veterans Administration	https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/24_Benzodiazepines_Provider_AD_Risk_Discussion_Guide_IB10_953.pdf
Slowly stopping benzodiazepines - patient-provider guide	Veterans Administration	https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/Benzo_Patient_SlowlyStopping_IB101529.pdf
Shared decision-making guide (scripting)	Veterans Administration	https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/33_Ins_Provider_BZD_RiskSharedDecisonMakingHandout.pdf
Clinician reference: summary format	Veterans Administration	https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/23_Benzodiazepine_Provider_AD_Quick_Reference_Guide_IB10_929.pdf
Clinician monograph	Veterans Administration	https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/22_Benzodiazepine_Provider_AD_Educational_Guide_IB_10_928.pdf
Summary brochure and taper tool	Alosa Health	https://alosahealth.org/clinical-modules/benzodiazepines/
Safer treatments for anxiety and insomnia	Maine Independent Clinical Information Service	https://micismaine.org/wp-content/uploads/2019-MICIS-coprescribing-handout-2019-02-19.pdf
Patient tips for dealing with stress & anxiety: infographic	Anxiety & Depression Association of America	https://adaa.org/sites/default/files/downloads/Stress%20and%20Anxiety%20Tips.pdf
Benzodiazepine taper schedules	Heather Ashton, PhD	https://benzo.org.uk/manual/bzsched.htm

**Section 7: Screening for Substance Use Disorders –
Screening, Brief Intervention, Referral to Treatment (SBIRT)**

Content	Source & Recommended Pages		Link
Implementing SBIRT for Alcohol	American Academy of Family Physicians- Link for AAFP members		https://www.aafp.org/fpm/2020/1100/fpm20201100p41.pdf
Implementing SBIRT for Alcohol	American Academy of Family Physicians- Link for non-AAFP members		http://viewer.copyright.com/viewer-web/viewer/document/download/?reqdocid=62fd8911-93ca-4ade-9f73-390b423f1c45
SBIRT for OUD	Veterans Administration	Page 7	https://www.pbm.va.gov/academicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/AUD_Provider_AD_Educational_Guide.pdf
SBIRT for OUD	Alosa Health	Page 3	https://alosahealth.org/wp-content/uploads/2020/03/UnAd_OUD_PA_11.19.pdf

Section 8: Naloxone and Overdose Prevention

Content	Source	Link
Maine state overdose response program	OPTIONS program resources	https://knowyouroptions.me/
Maine state naloxone distribution network	Get Maine Naloxone	https://getmainenaloxone.org/
Preventing overdose among your patients (visual guide 2 pages)	Prescribe to Save Lives	https://prescribetoprevent.org/wp2015/wp-content/uploads/GeneralProvider_Brochure_TCG-Rx-to-save-a-life.pdf
Scripts to discuss naloxone prescriptions to accompany chronic opioid prescriptions (page 3)	Washington State Department of Health	https://www.doh.wa.gov/Portals/1/Documents/Pubs/630145.pdf
Overdose preparedness for primary care clinics	American Academy of Family Physicians	https://www.aafp.org/fpm/2021/0100/p17.html
Creating an overdose prevention plan with patients (video 4:07)	National Institute on Drug Abuse	https://www.youtube.com/watch?v=7p_SU6zcvbA&t=7s
Mechanism of naloxone (video 3:15)	Substance Abuse and Mental Health Services Administration	https://www.youtube.com/watch?v=RcAaZQQqd50

Section 9: Medications for Addiction Treatment/Medications for Opioid Use Disorder (MAT/MOUD) Implementation

Content	Source	Link
Comprehensive resource – MOUD playbook	Agency for Healthcare Research and Quality	https://integrationacademy.ahrq.gov/products/playbooks/opioid-use-disorder
Comprehensive resource-MAT guide	Boston Medical Center 2021	https://pcssnow.org/wp-content/uploads/2021/06/22_2021_Clinical_Guidelines_06.22.21.FINAL_.pdf
Treating OUD as a chronic condition (especially pages 12-15)	American Academy of Family Physicians	https://www.aafp.org/dam/AAFP/documents/patient_care/pain_management/OU- Chronic-Condition.pdf
Practical tools for buprenorphine in primary care (92 pages)	Substance Abuse and Mental Health Services Administration 2021	https://store.samhsa.gov/product/practical-tools-for-prescribing-promoting-buprenorphine-primary-care-settings/pep21-06-01-002
Office-based MOUD guideline (30 pages)	Bangor (Maine) Area Clinical Substance use Work Group (BACSWG)	https://drive.google.com/file/d/1jRBABfownpvSdWbuSm3_zhvIXZqHfdU_/view?usp=sharing
ASAM National Practice Guideline: 2020 focused update (30-page booklet)	American Society of Addiction Medicine	http://equideline.guidelinecentral.com/i/1224390-national-practice-guideline-for-the-treatment-of-opioid-use-disorder-2020-update/29?
Preparing for MAT in your office	American Academy of Family Physicians (2018)	https://www.aafp.org/fpm/2018/1100/p21.html
MAT in rural practice	American Academy of Family Physicians (2021)	https://www.aafp.org/fpm/2021/0500/p23.html
Traditional MOUD approach- quick start guide (6 pages)	Substance Abuse and Mental Health Services Administration	https://pcssnow.org/wp-content/uploads/2021/04/quick-start-guide.pdf
CME/Provider training – MOUD 1 hour introduction course (free)	American Society of Addiction Medicine 2021	https://elearning.asam.org/products/buprenorphine-mini-course-building-on-federal-prescribing-guidance#tab-product_tab_overview
CME/Provider training – Masterclass podcast & print resources	Curbsiders	https://thecurbsiders.com/podcast/187-buprenorphine
CME/Provider training – Education Resources	MaineHealth	https://www.mainehealth.org/healthcare-professionals/clinical-resources-guidelines-protocols/opioid-use-treatment-resources
FAQs about 2021 Federal changes to x-waiver	Substance Abuse and Mental Health Services Administration	https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner/new-practice-guidelines-faqs
Introduction to MOUD (1 page)	Maine Independent Clinical Information Service	https://micismaine.org/wp-content/uploads/2021-MICIS-OUD-one-pager-2021.pdf

**Section 9 (continued): Medications for Addiction Treatment/
Medications for Opioid Use Disorder (MAT/MOUD) Implementation**

Content	Source &	Link
Initiating/Induction: home initiation instructions for patients (2 pages)	Massachusetts General Hospital	https://s4u3p8b9.stackpathcdn.com/wp-content/uploads/2019/07/373149233-MGH-Bupe-Home-Induction-Patient-Final.pdf
Initiating/Induction: ASAM home initiation guide for patients (4 pages)	American Society for Addiction Medicine	https://www.asam.org/docs/default-source/education-docs/unobserved-home-induction-patient-guide.pdf?sfvrsn=16224bc2_0
Initiating/Induction: “Buprenorphine Home Induction” App	Developed at Yale – produced by Amston Studio	check appropriate app store
Initiating/Induction: opioid withdrawal scales	National Center for Biotechnology Information	https://www.ncbi.nlm.nih.gov/books/NBK143183/
Managing OUD provider guide (28 small pages)	Veterans Administration 2020	https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/10-932_OUD_Provider_QuickReferenceGuide_P96812.pdf
Provider guide: includes microdosing (4 pages)	Veterans Administration 2021	https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/IB_1498_Provider_Bu pforOUD.pdf
Microdosing (pages 35-36)	Providers Clinical Support System	https://pcssnow.org/wp-content/uploads/2021/06/22_2021_Clinical_Guidelines_06.22.21.FINAL_.pdf
Precipitated withdrawal (pages 37-38)	Providers Clinical Support System	https://pcssnow.org/wp-content/uploads/2021/06/22_2021_Clinical_Guidelines_06.22.21.FINAL_.pdf
Multiple succinct MOUD resources	California Bridge	https://cabridge.org/tools/resources/

Section 10: Telehealth Resources

Content	Source	Link
PCSS telehealth for OUD toolkit	Providers Clinical Support System	https://pcssnow.org/wp-content/uploads/2021/10/OUD-Toolkit_FINAL_10.2021.pdf
NETRC telehealth implementation toolkit - Maine edition	Northeast Telehealth Resource Center 2020	https://netrc.org/Maine-Telehealth-Toolkit-2020/#/

Section 11: Maine Based Resources

Content	Source	Link
Maine rural MAT needs assessment	University of Vermont Center on Rural Addiction (2021)	https://uvmcora.org/wp-content/uploads/2021/11/UVM-CORA-ME-BNA-Rural-Practitioners-and-Stakeholders-Summary-Data-Brief-November-2021.pdf
Perioperative pain management for patients on buprenorphine	Maine Office of Opioid Response Clinical Opioid Advisory Committee 8/2020	https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Perioperative%20Pain%20Mngmnt%20Guidance_ME%20Opioid%20Clinical%20Adv%20Comm_GOPIF_08-2020.pdf
Buprenorphine high dose and monoprodut prior authorization information	Office of MaineCare Services (Maine Medicaid)	http://mainecarepd.org/sites/default/files/ghs-files/additional-pa-news-info/2021-07-19/pa-process-buprenorphine-faq-july-2021-final-002.pdf
MOUD in post-acute care facilities	Maine Office of Opioid Response Clinical Opioid Advisory Committee	https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/MOUD%20in%20Post-Acute%20Facilities.pdf
Treatment of co-occurring stimulant use in opioid use disorder	Maine Office of Opioid Response Clinical Opioid Advisory Committee	https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Stimulant%20Recs_ME%20Opioid%20Clin%20Adv%20Comm_GOPIF_10-2020.pdf
Use of combination product in pregnancy	Maine Office of Opioid Response Clinical Opioid Advisory Committee	https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Combination%20buprenorphine%20naloxone%20pregnancy_Clin%20Adv%20Comm%20Guidance_GOPIF_03-20.pdf
Maine Opioid Response 2021 Strategic Action Plan	Maine Governor's Office	https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Strategic%20Action%20Plan%202021_Full%20Plan.1.31.21%20FINAL.pdf
Maine state opioid data repository	Maine Drug Data Hub	https://mainedrugdata.org/
Community rounds - webinar archive and resources	University of Vermont Center on Rural Addiction	https://uvmcora.org/resources/
Educational Webinars, Coaching and Technical Assistance	Maine Substance Use Disorders Learning Community	https://mesudlearningcommunity.org/

Section 12: Maine Resources for Continuing Medical Education (CME) to meet Opioid Education requirement of Chapter 488 Law (3 hours every other year commensurate with re-licensing cycle)

Maine CME Resources	Link
Maine Medical Association - Center for Quality Improvement Learning Lab (Programs: OUD Safe Opioid Prescribing)	https://qclearninglab.org/
Co-occurring Collaborative Serving Maine (Some trainings on opioid prescribing and addiction are approved for CME. Many are for mental health clinician CEUs. Check each individual listing.)	https://ccsme.org/classes-events/
Maine Independent Clinical Information Service (MICIS), a program of the Maine Medical Association, offers group and individual CME programs on opioid and non-opioid evidence based prescribing topics.	https://micismaine.org/
AdCare Maine (Check each individual listing. Some trainings on opioid prescribing and addiction are approved for CME. Many are for mental health clinician CEUs.)	https://adcareme.org/trainings/
Governor's Opioid Summit webinars (first Friday of each month at 11:30am, live CME credit available for \$25)	https://adcareme.org/orsummit/
MaineHealth	https://www.mainehealth.org/healthcare-professionals/clinical-resources-guidelines-protocols/opioid-use-treatment-resources
University of Vermont Center for Rural Addiction (CORA) Community Round Webinars (sign up for mailing list for notice of upcoming webinars, generally approved for CME if attended live, every 1-2 months)	https://uvmcora.org/resources/
American Society of Addiction Medicine one hour buprenorphine waiver training (free)	https://elearning.asam.org/products/buprenorphine-mini-course-building-on-federal-prescribing-guidance#tab-product tab_overview
See Maine Medical Association weekly update.	https://www.mainemed.com/publications-resources/newsletters
(National) PCSS has MAT/addiction webinars a couple times per month.	https://pcssnow.org/calendar-of-events/
Maine Osteopathic Association has twice yearly CME events.	https://www.mainedo.org/upcoming-cme-events
See also specialty society state chapter websites or hospital Grand Rounds schedules for CME announcements.	

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