



## CASE RECOMMENDATION FORM

**Presenter Credential:** RN

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

**Summary:** 47-year-old uninsured male with a history of substance use beginning at age 15, including marijuana, prescription opioids, heroin, and methamphetamine, transitioned to IV drug use by age 18, with his last IV use in 2018. His primary substance of choice was fentanyl, with his last known use involving smoking 12-15 pills. He entered inpatient rehab in 2023, completing 52 out of 60 planned days due to family obligations, and maintained sobriety from July 2023 to January 2024. He is actively engaged in counseling and has a strong support system, including his significant other and siblings, with one brother in recovery and another incarcerated due to substance use. His medical history includes liver cirrhosis and hypertension, and he has no formally diagnosed psychiatric conditions. He is currently on Suboxone and other medications, with excellent adherence to treatment.

### **Treatment Question(s):**

1. What are the best strategies for sustaining the patient's long-term sobriety and preventing relapse, considering his substance use history, treatment attempts, and current engagement in recovery?
2. What resources or options are available to help the patient access affordable treatment and medications given his lack of insurance?
3. Do you continue his Suboxone treatment even though he continually uses meth?

### **Recommendations:**

- **Treatment Access & Funding:**
  - State funding is available for inpatient treatment even if the patient doesn't qualify for Medicaid.
  - Explore grants through community health centers and clinics that provide buprenorphine for patients without financial means.
  - [Needymeds.org](https://www.needymeds.org) and pharmacy club memberships (e.g., Savon, Albertsons, Walmart) offer financial assistance options.
  - [Consider 1619\(b\)](#) to maintain Medicaid while working or assess eligibility for the [health exchange](#).
- **Medication-Assisted Treatment (MAT) & Harm Reduction:**
  - The patient should remain on buprenorphine (Suboxone), as evidence supports its continued use even with concurrent methamphetamine use. MAT significantly reduces overdose risk and improves overall functioning.
  - Address the stigma associated with MAT and reinforce that continued buprenorphine treatment is in line with medical evidence. Ensure treatment decisions are based on science rather than bias or stigma. Recognize that buprenorphine is likely having a positive impact on methamphetamine use and overall quality of life. Draw parallels to managing chronic conditions like hypertension—patients are not denied treatment for imperfect adherence in other areas of healthcare.
  - Stimulant use disorder should be managed separately from opioid use disorder (OUD). Consider Wellbutrin as a potential treatment for methamphetamine use. Minimize methamphetamine use to prevent associated psychosis and ensure safer use practices.



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- The patient should be provided with fentanyl and xylazine testing strips. Given the high likelihood (70-90%) of drug contamination with fentanyl, harm reduction strategies should be reinforced.
- **Support & Community Resources:**
  - Encourage engagement with peer support groups, recovery coaching, and structured programs.

**Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.**

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