Planning for Success

Shared Decision-Making and the Outpatient Transition from Fentanyl to Buprenorphine

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Disclosure Information

The following authors/presenters are employees of Boulder Care:

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Stephen A. Martin and Elizabeth B. Ryan report stock options in Boulder Care.

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Learning Objectives

1. Describe the challenges of outpatient transitions from fentanyl to buprenorphine

1. Identify elements of shared decision-making and informed choice that better support patients in this transition.

1. Compare and contrast shared decision-making approaches for patients with various needs and preferences

The Problem

Research Paper

"Everything is not right anymore": Buprenorphine experiences in an era of illicit fentanyl

Sydney M. Silverstein[a,*], Raminta Daniulaityte[a], Silvia S. Martins[b], Shannon C. Miller[c,d], Robert G. Carlson[a]

COMMENTARIES

A Plea From People Who Use Drugs to Clinicians: New Ways to Initiate Buprenorphine Are Urgently Needed in the Fentanyl Era

Sue, Kimberly L. MD, PhD; Cohen, Shawn MD; Tilley, Jess; Yocheved, Avi

COMMENTARIES

Buprenorphine Initiation in the Era of High-potency Synthetic Opioids: A Call for Community-based Participatory Research to Help Learning Health Systems Provide Precision Medicine for Opioid Use Disorder

Fiellin, David A. MD

TOXICOLOGY/REVIEW

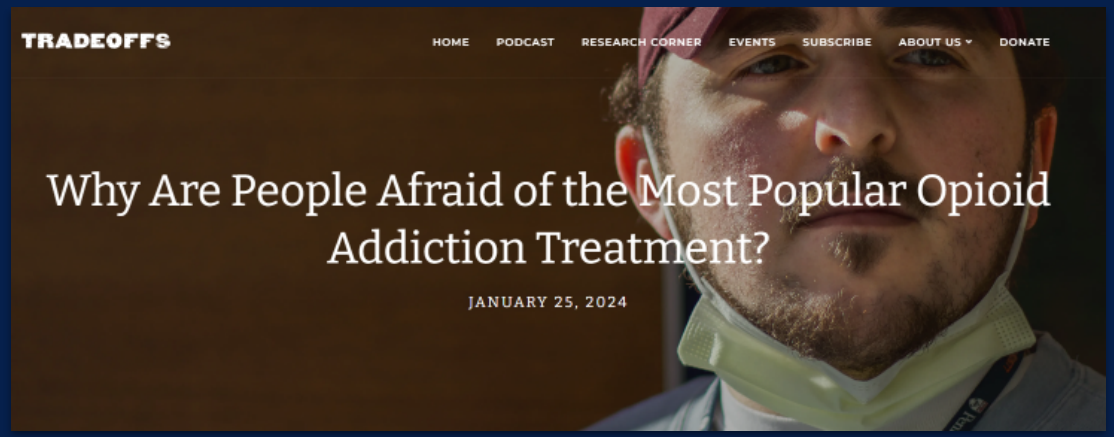
A Neuropharmacological Model to Explain Buprenorphine Induction Challenges

Mark K. Greenwald, PhD*; Andrew A. Herring, MD; Jeanmarie Perrone, MD; Lewis S. Nelson, MD; Pouya Azar, MD

HEALTH

Fentanyl isn't just causing overdoses. It's making it harder to start addiction treatment

By Lev Facher Nov. 16, 2022 Reprints



Translational Research in the Era of Fentanyl

There is a mismatch between the **pace of mortality** and the **pace of traditional research.**

RCTs are foundational to evidence-based care, but timelines and narrow inclusion criteria **exclude many real-world patients** and limit responsiveness.

Translational, practice-based research offers timely, actionable insights from diverse, naturalistic settings.

As a **learning health system**, we iterate on care based on continuous feedback loops using patient outcomes. Rapid-cycle evaluation is not a compromise of rigor, but a **scientifically grounded, ethically necessary response** to a public health emergency where RCTs are infeasible or years away.

In this context, **inaction is a decision**—and one with consequences. We must act on real-world data now to evolve care and save lives.

Limited Outpatient Research

Outpatient transitions from fentanyl to buprenorphine are virtually absent in the current literature

Evidence-based medicine principles do not allow application of inpatient, ED, or residential findings to outpatients (Guyatt, 1994).

High-Dose Buprenorphine (HDP) Transitions

The entire literature has **8 participants** who may have used fentanyl (Wong, 2024).

Low-Dose Buprenorphine with Opioid Continuation (LDB-OC) Transitions

The entire literature has 48 participants who may have used fentanyl (See References).

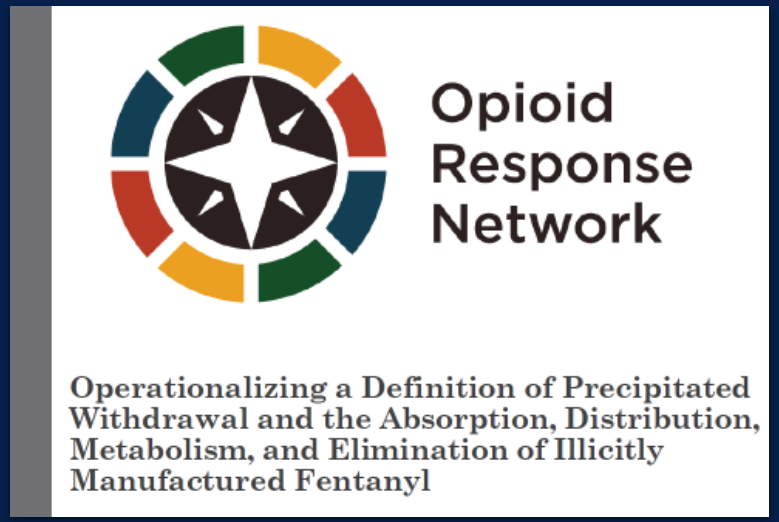
In 2025, the first retrospective study of outpatients using low-dose transition found that retention in care was only ~20% at 28 days (Suen et al., 2025).

Precipitated Withdrawal and "Feeling Sick"

A formal definition of precipitated withdrawal (PW) is being developed (Dunn, 2023; Martinez, 2025)

People who use drugs don't read this definition. What they don't like is "feeling sick" and this feeling understandably affects their views of buprenorphine.

- People have transition experiences ranging from PW (uncommon) to "feeling sick" (more common)
- High variability individual metabolization of fentanyl (Bird, 2023)
- High variability in individual expression of opioid withdrawal (Ware, 2003)
- Current withdrawal measures limit expression of individual experiences (Nuamah, 2019)



Dunn KE. Operationalizing a Definition of Precipitated Withdrawal and the Absorption, Distribution, Metabolism, and Elimination of Illicitly Manufactured Fentanyl. Presented at: August 30, 2023.

Which method and why?

“I’m choosing Low-Dose because I want to…”

“I’m choosing Low-Dose because I want to…”

- Avoid withdrawal
- Ease into the transition
- Keep up with my responsibilities
- Successfully work through an acute pain management situation

“I’m choosing Standard Dose because I want to…”

“I’m choosing Standard Dose because I want to…”

- Transition from less potent prescription opioids
- Transition in a way that worked for me before
- Try a different way, as others have not worked

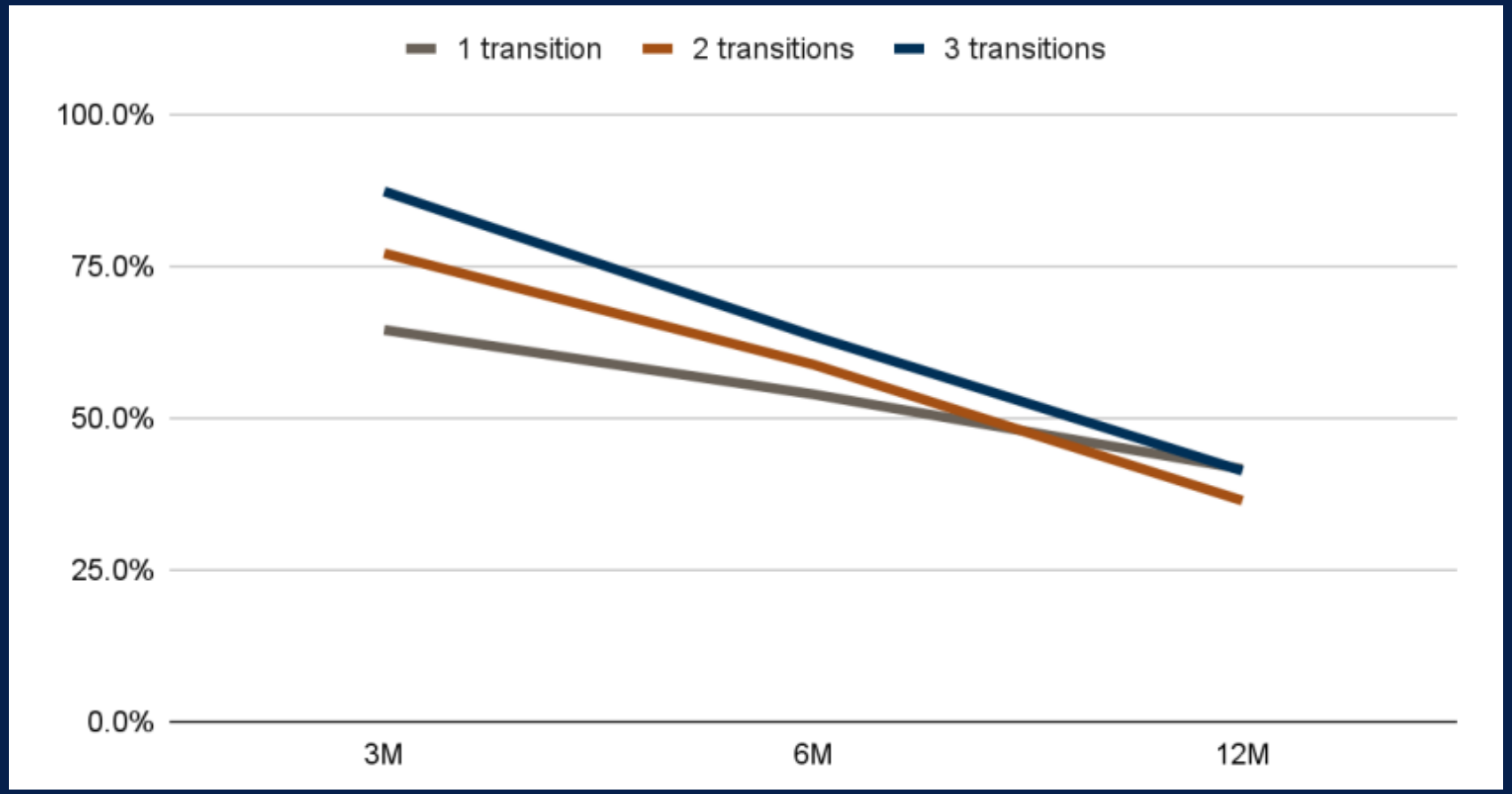
“I’m choosing High Dose or QuickStart because I want to…”

“I’m choosing High Dose or QuickStart because I want to…”

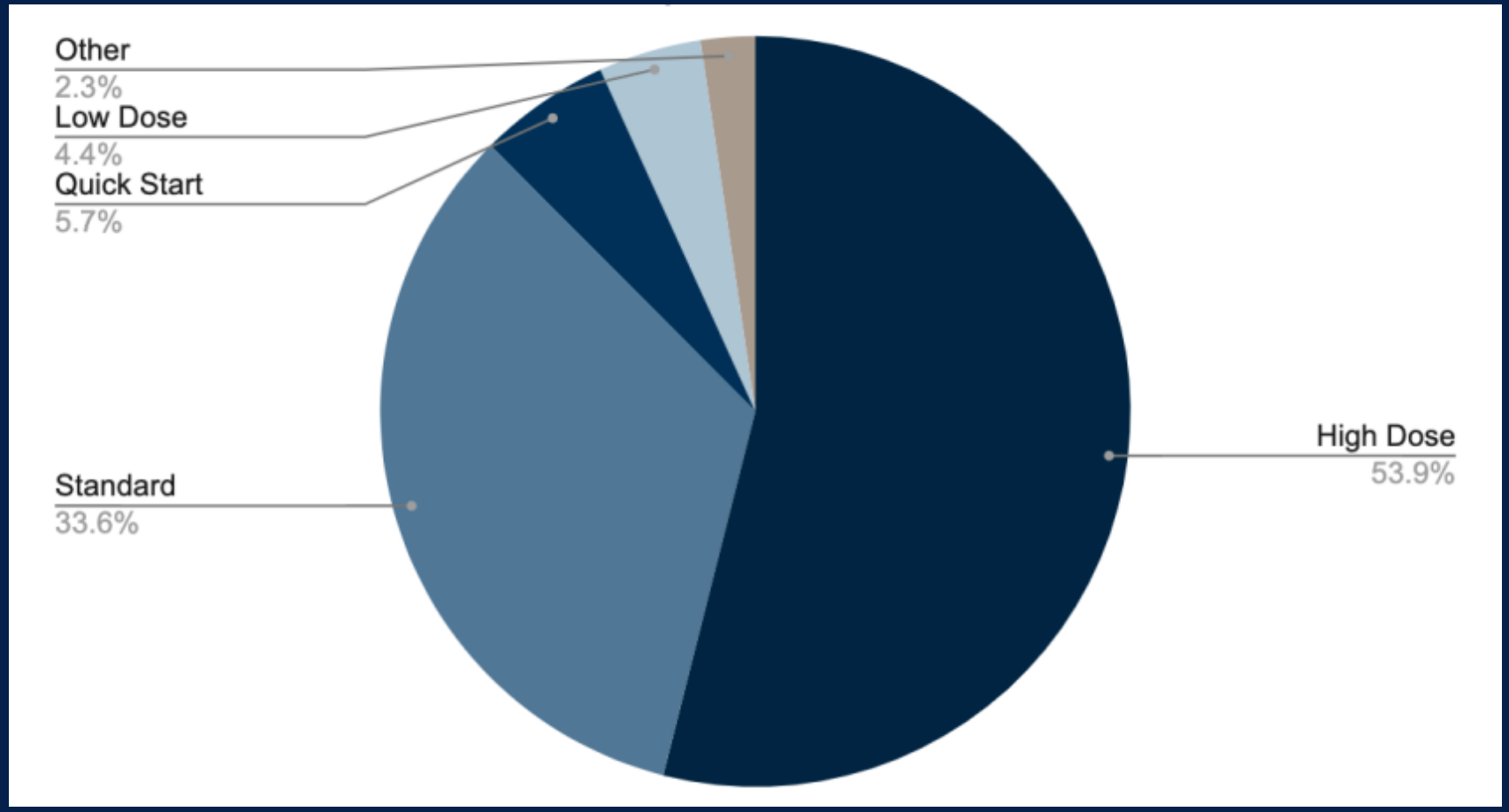
- Have a shorter transition period
- Show up for my PO and not have used
- Get back to work
- Try something different

> *Love the quick start method and **I cannot wait to see what the future holds** with more people trying this method*

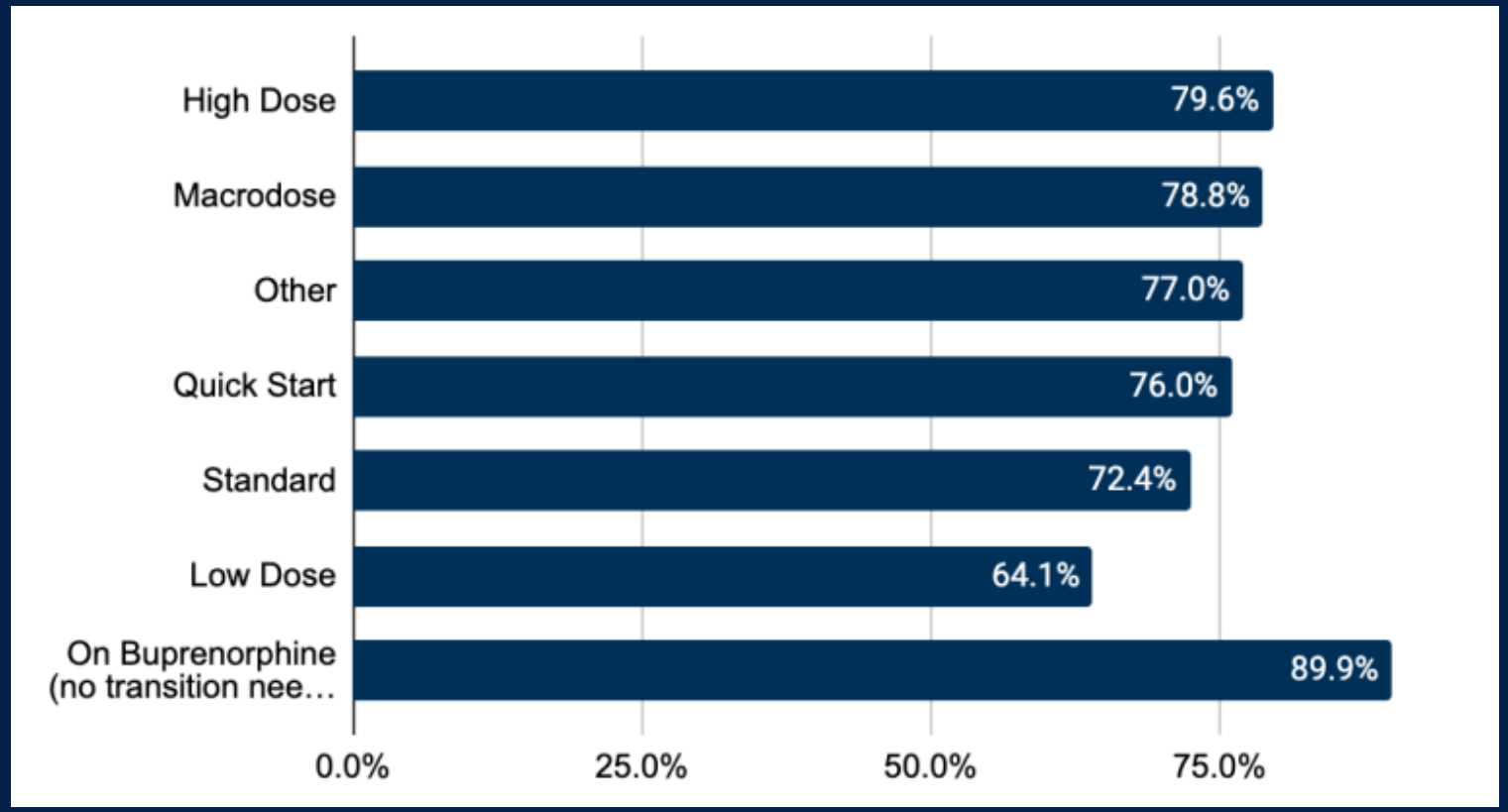
Continuing Buprenorphine vs. Starting Buprenorphine Retention



Distribution of Transition Methods



30-Day Retention in Care



Shared Decision-Making

Classic treatment:
"You should…"

Shared treatment:
"Ooh! You *could*…"

Shared Decision-Making

SDM is recommended when:

- Two or more **equivalent treatment options** are available
- Consequences of treatment decision **affect patient's everyday life**

Shared Decision-Making

SDM is recommended when:

- Two or more **equivalent treatment options** are available
- Consequences of treatment decision **affect patient's everyday life**

Priorities:

- Privacy
- Withdrawal
- Recovery

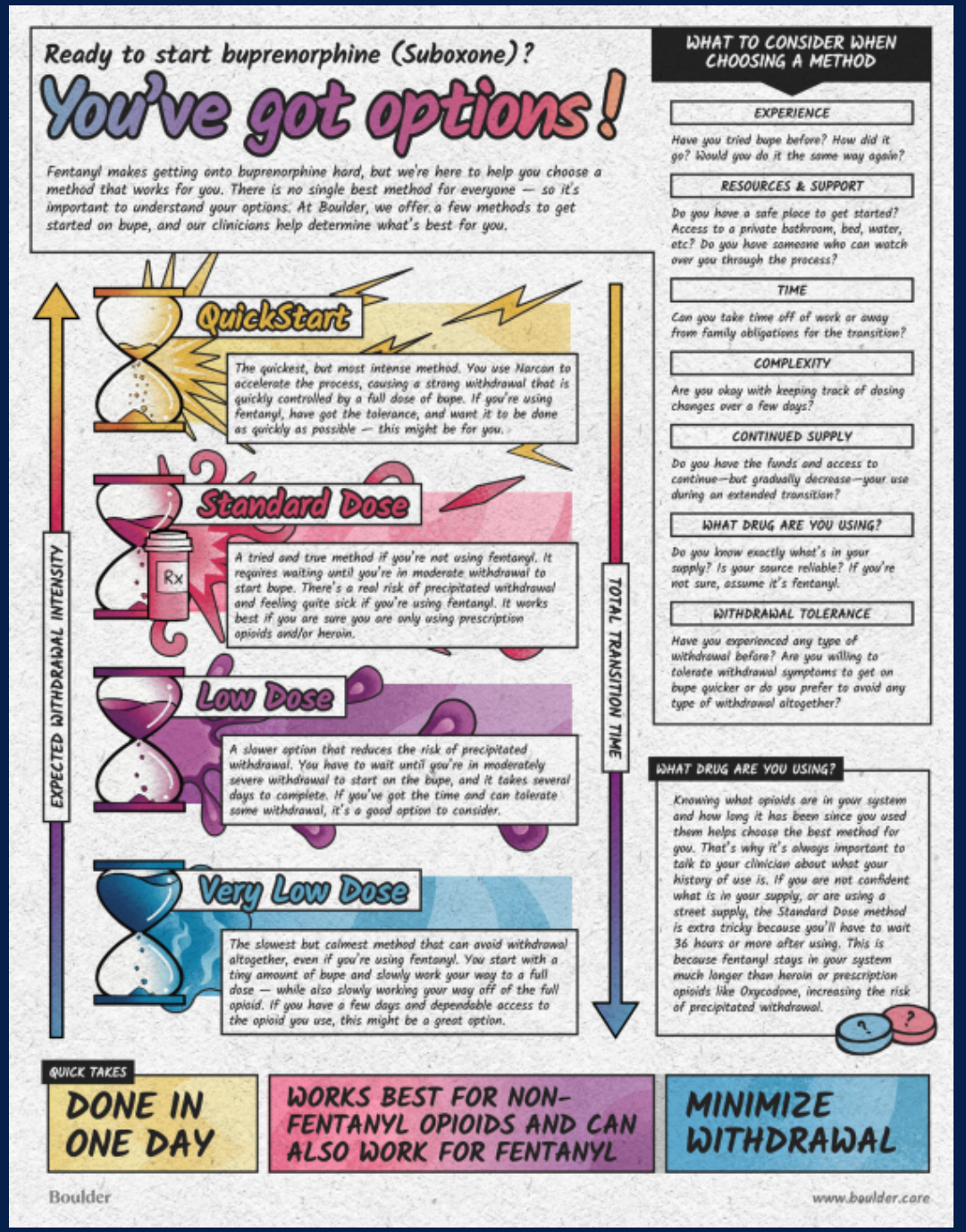
Resources:

- Support
- Time
- Supply

Constraints:

- Health conditions
- Other medications
- Location

Shared Decision-Making



What are some barriers to care that your patients have experienced?

What have patients been teaching us?

Considerations, Benefits, and Clinical Takeaways

- Unstable housing
- Limited access to to technology
- Co-occurring medical conditions/hospitalization
- Mental health conditions
- Polysubstance use
- On a waitlist to go to inpatient or sober living facilities
- Incarceration/warrants

What have patients been teaching us?

Considerations, Benefits, and Clinical Takeaways

- Peers are an additional support in patient's decision
- Individuals have the ability to change paths with no disciplinary consequences.
- Individuals are fully-informed of their treatment options
- Cross-functional Care Team goes beyond medical care
- When we give patients agency in their decision, we learn from them
- Patients are empowered and motivated, and share their experiences with others in their community who might need support
- The collaboration between Peers and Clinicians is humanizing recovery

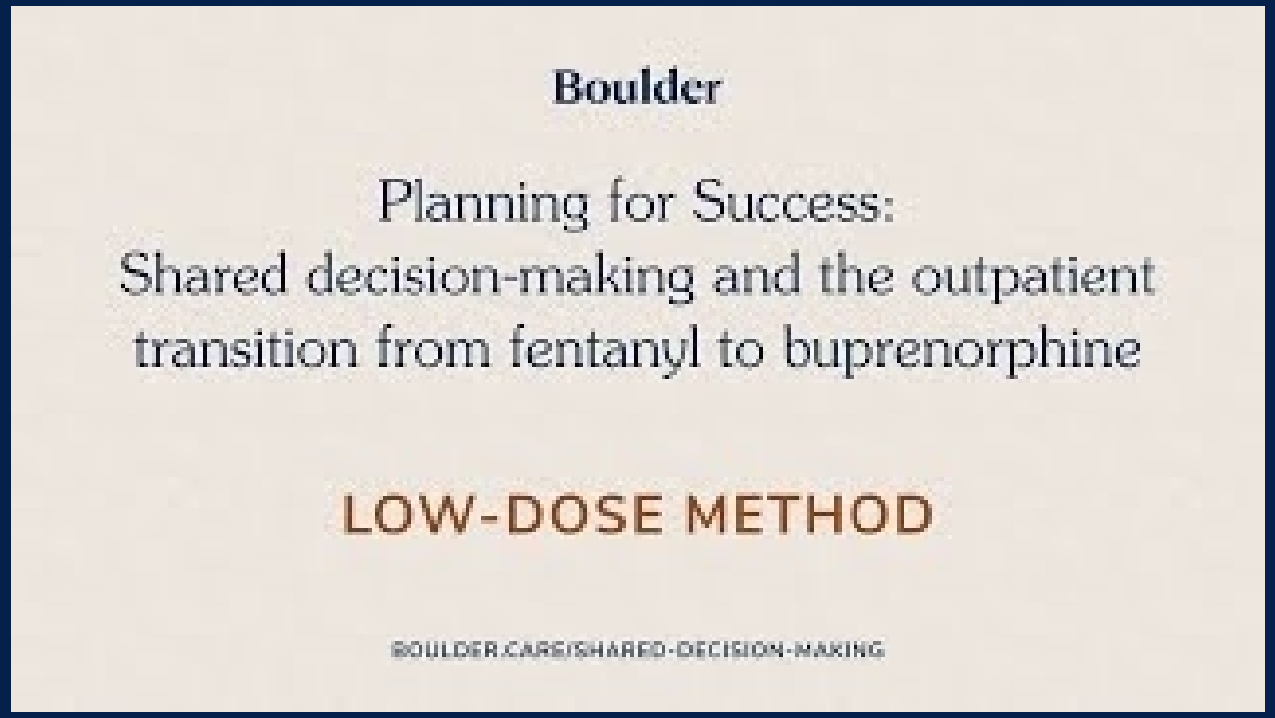
What have patients been teaching us?

Considerations, Benefits, and Clinical Takeaways

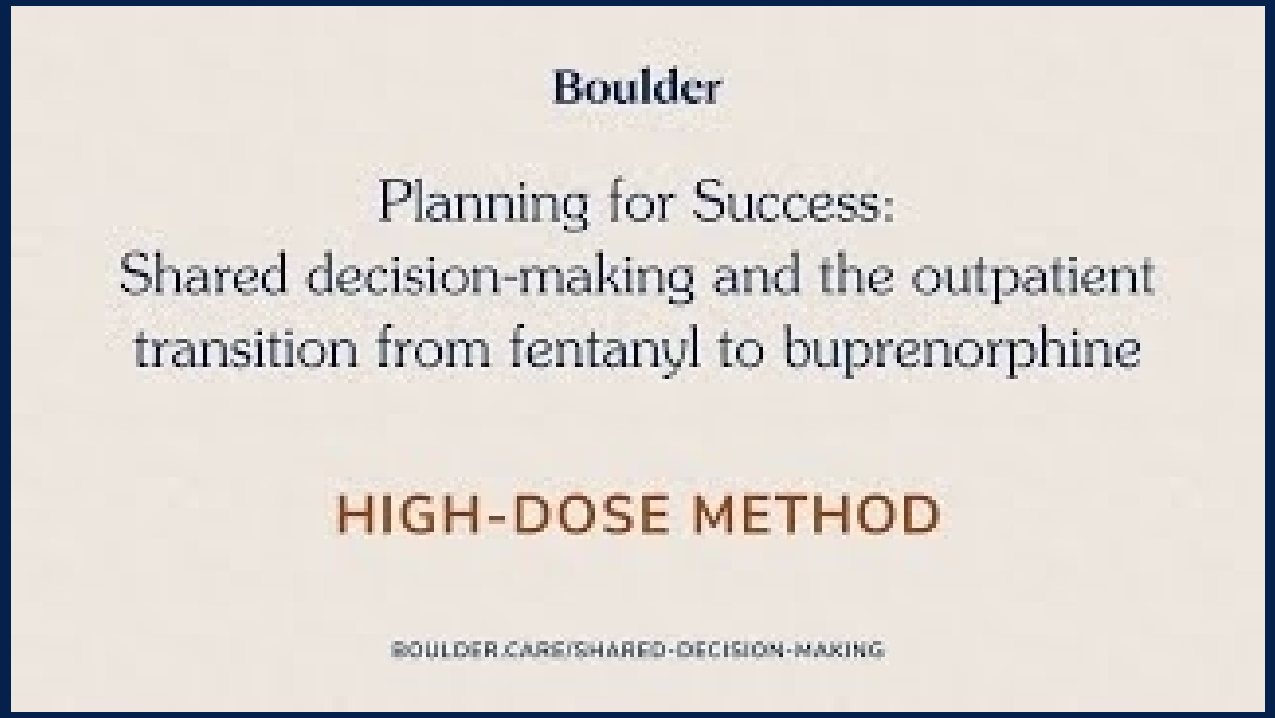
- If a chosen transition method does not work for an individual, options are available and their Care Team will help to adjust based on their experience.
- They can repeat one method with adaptations that meet their needs, or they can change methods altogether.
- Individuals feel encouraged when their voices are heard and when they are not discharged from care for deviating from a specific transition method.
- Peer support through on-demand (Pop-In) visits allows us to modify treatment plans quickly and efficiently.

Role Modeling Videos

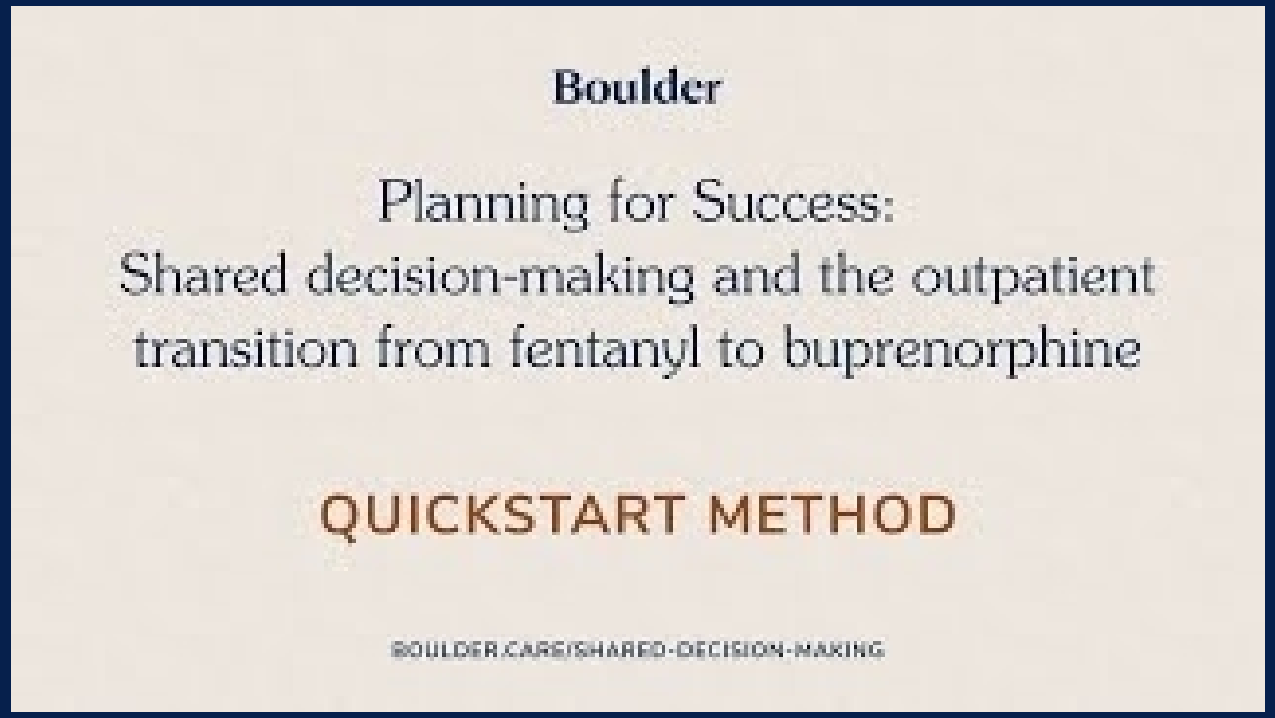
Low-Dose Method



High-Dose Method



QuickStart Method



Shared Resources

- Presentation slides
- Transition method modeling videos
- Transition method options 1-pager
- Transition method descriptions

Click or scan QR code to access resources

Discussion

Final Takeaways

- Recovery is team based; patients want to be included in decision making
- Shared Decision-Making:
  - likely contributes to improving patient retention
  - de-stigmatizes care for SUD/OUD
  - humanizes recovery
- Peers provide empowerment and hope during a patient's recovery

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