

ADDRESSING SUBSTANCE ABUSE IN PRIMARY CARE

SHELIS JORGENSEN, DNP, MSN, ND
MEDICAL DIRECTOR



Sunshine Community
Health Center

HISTORY

Setting the Stage

- 2001-2006 Chronic Disease Collaborative: development of group-based care
 - overcoming heroin addiction is more successful when the condition is approached as a chronic disease and treated with both medication and counseling
- 2008 First began prescribing Buprenorphine in Primary Care
- 2009 Universal Screening for Substance Use

First Stages of Integration

- 2009 Developed integrated program with Primary Care Physician and Behavioral Health provider (progression from co-location, to partial integration, to full integration – still a work in progress)
 - 106 total admissions (2% of our service area population)
 - 61% completion rate (54 of 88 participants)
 - According to SAMHSA, outpatient treatment with medication therapy has a 35% completion rate, while residential programs have as high as 65%.

Change in organizational Culture – Every patient every time

- 2014 Adverse Childhood Experiences Training
- 2014 Universal Screening for Depression and high risk alcohol use
- 2014 Screening, Brief Intervention and Referral to Treatment in Primary Care
- 2016 Addition of Behavioral Health Case Manager and Behavioral Health Assistant

PROGRAM DESCRIPTION

Patient-centered, team-based approach

- Patient
- Behavioral Health Provider who is a certified addiction specialist
- Physician
- Case Manager
- Behavioral Health Assistant

Medication-assisted

- Choice of Buprenorphine over Methadone
- Why not a long acting injectable (Naltrexone)?
- Role of Naloxone

Close monitoring during intake and first month of treatment

- Medical and Social (weekly visits)
- Assessment of patient's commitment to seeking abstinence from all drugs including alcohol, marijuana, and tobacco
- Urine drug screens
- Random medication counts
- Prescription drug monitoring reports

Group visit

- To be initiated within two weeks of intake
- Every two weeks for at least six months and then monthly upon approval
 - Maintenance phase can last from weeks to years
- Medically supervised withdrawal
 - Taper off Suboxone is supported to help minimize withdrawal symptoms or cravings

PATIENT'S DEFINITION OF SUCCESS

Key Themes:

Functioning

- Functional lifestyle
- Cessation of SUD symptoms
- Living Life

Accomplishing

- Progress
- Self-efficacy

Relationships

- Family
- Social Functioning
- Restoring Relationships

Psychological

- Emotional Wellbeing
- Mental Health
- Character

RECOVERY VS SUCCESS

Related, yet distinct.

- Recovery is still not well defined.
- For most, success precedes recovery.
 - *“Once you have success your recovery starts, you start healing emotionally, physically, mentally” (P3).*
- Recovery involves a process, whereas success can be recognized by outcomes.

HEWELL VM. DEVELOPING A PATIENT-DRIVEN, SUBSTANTIVE DEFINITION OF OFFICE-BASED OPIOID TREATMENT SUCCESS [DISSERTATION] (IN REVIEW) DISSERTATION PRESENTED AT UNIVERSITY OF ALASKA FAIRBANKS, MAY 2016

IMPLICATIONS FOR PRACTICE AND POLICY

Integrated treatment in Primary Care

- Increases accessibility
- Decreases stigma for patient, treated as any chronic disease
- Responds to patient needs
 - the individual as a whole
 - their environment
 - what the individual needs
- Responds to increasing trends in opiate addiction

BARRIERS

- Education and Collaboration
- Stigma for MAT Providers
- Diversion
- Reimbursement
- Collaboration between Prescribers and Treatment (when not integrated)
- Access (distance to care - more specific to Alaska)
- CARA legislation implementation

"The Suboxone® (Buprenorphine). I'm telling you that it's an amazing medication, and if it wasn't for the medication I'd be dead" (P4).

"For group it's the encouragement I get from other people's success...and them encouraging me" (P4).

"Just having better relationships in general. Number one, my kids my family, gaining all that trust back and everything really started with group and being on Suboxone® (Buprenorphine) and being in recovery" (P2).



P.O. Box 787 (Mile 4.4 Talkeetna Spur Road) Talkeetna, AK 99676 (Ph) (907) 733-2273 (Fax) (907) 733-1735 schc@sunshineclinic.org

EXPLANATION OF OUTPATIENT BASED OPIOID TREATMENT (OBOT)

Overview

The Outpatient Based Opioid Treatment (OBOT) Program at Sunshine Community Health Center is a recovery program that combines the use of Suboxone®, a drug that is designed to decrease cravings for opiates as well as to induce withdrawal symptoms if opiates are used while taking Suboxone®, along with support from a treatment team that is trained to work with people who are working on changing their lives by stopping the use of drugs. The treatment team consists of a Behavioral Health Provider, who is a licensed social worker and certified addiction specialist, and an MD, who has been certified by the DEA to prescribe Suboxone®. Persons involved in the OBOT Program must commit themselves to complete abstinence from all drugs, including alcohol, marijuana, and tobacco. In addition, illegal activity while participating in the Program will not be tolerated. This includes the sharing of medication with another person who has been prescribed the medication legally. The treatment team understands that relapse may be a part of the recovery process; patients will not be terminated from the program simply because of a relapse, but will receive support to get back on track. Patients will be suspended and/or terminated from the program for lack of compliance with the signed contract.

Intake

You will come to the Clinic to meet first with the BH Provider. You will receive a comprehensive substance use assessment, as well as an evaluation of mental status, and will review rules and expectations of the OBOT program. You will then receive a medical exam by the doctor. The pros and cons of the medication, Suboxone®, will be presented. Issues involved with maintenance versus medically supervised withdrawal will also be discussed.

After examination by the doctor, if there are no contraindications, you will be given a prescription for Suboxone®, which will be faxed to a pharmacy of your choice. You must be experiencing mild to moderate opioid withdrawal symptoms prior to taking the first dose of Suboxone®, unless you have been abstinent from opiates for more than 72-96 hours. You will receive enough medication to last for a 3-7 day period of time. You will be instructed to call the MD or BH Provider in 24-48 hours to report your reaction to the Suboxone®. If you are experiencing any difficulties with the Suboxone® you should call the MD immediately. The doctor will be consulted and will either discuss the problem with you over the phone or an appointment to see her will be made.

First follow-up visit

Depending on your individual circumstances, you may need to make an appointment for an individual face-to-face visit with the BH Provider within 7 days of your first dose of Suboxone®. During that time, your goals for the recovery process will be discussed and your progress towards achieving abstinence from all substances will be reviewed.

Group visits

You will attend your first treatment/medical appointment group session within two weeks of your intake session. All members of this group are taking or have been taking Suboxone® and working on recovery from substance dependence. All have a history of opiate dependence. You will meet privately with the doctor for a few minutes prior to the beginning of each group and will have your "vitals" taken by a medical assistant. This is your opportunity to discuss any medication issues you may be experiencing.

Each group session begins with a check-in during which you will inform the group and the providers whether you have used any substances during the past two weeks; what your triggers for use/cravings/stress have been; and what coping mechanisms you have used to deal with the cravings and/or triggers. The group will then discuss issues that have been brought up by group members during check-in.

First Month of Treatment

During the first month of treatment, you may be seeing the BH Provider on a weekly basis. If this is recommended, you will attend the bi-weekly group sessions and will come for an individual appointment during the weeks you are not in group. The first month of recovery is very important and it is critical to monitor your stability both with the medication and your transition into a healthier lifestyle.

Maintenance

Treatment compliance and progress will be monitored in a number of ways. You will be subject to random Urine Drug Screens any time you come to the Clinic for an appointment. In addition, the Clinic will randomly ask for a pill count or run a pharmacy check to look at compliance.

You must attend the bi-weekly group sessions in order to be eligible to receive a prescription for Suboxone®. If you do not attend a group session you will not be given a prescription until the next group session. You must contact the BH Provider if you are going to miss a session. Although you will not receive a prescription for Suboxone®, it could be very helpful to your recovery to schedule an individual appointment with the BH Provider in order to receive support. If you miss more than two group sessions in any 90-day period, you will likely be suspended from the program. If you are interested, you can be placed at the bottom of the waiting list during this period of suspension and be readmitted to the OBOT program when your name comes up to the top of the list. Again, you can continue to work on recovery without the Suboxone® in individual treatment sessions. If you miss two sessions during a 90-day period after readmission, you will be terminated from the program permanently.

During the first 90 days of your participation in the OBOT program, no excuse for absence will be accepted unless there is a documented medical emergency for either you or your child. If we know in advance you may be given permission to attend a court proceeding or other legal appointment. If there is bad weather, you must make an attempt to come to group. SCHC will notify you in advance if the Clinic is closed or the group is canceled. If you decide it is too dangerous for you as an individual to drive to Talkeetna, you must notify the Clinic. If the majority of the group members attend the session you will not be given a prescription for Suboxone. If the road conditions prevent the majority of members from attending, consideration will be given to providing a prescription until you can be seen for an individual appointment.

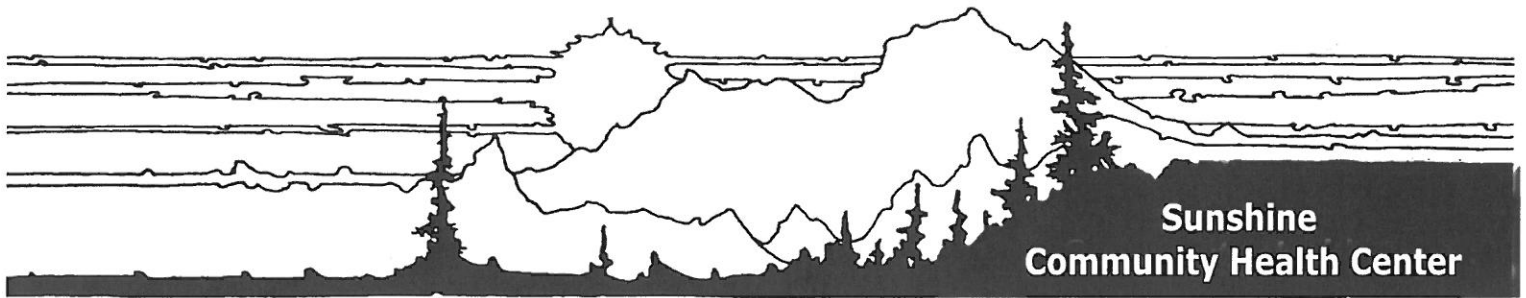
Depending on your personal circumstances related to the total length of your recovery, after 90-120 days in the program, you can request that the treatment team consider an individualized program to accommodate a work or school schedule. Under no circumstances will this be considered before 90 days. It is important to plan ahead and request a meeting with the treatment team well in advance of a change in schedule.

After six months of documented abstinence from all substances, including opiates, alcohol, marijuana, and tobacco, you may be eligible to enter the maintenance phase of the OBOT program. You will be required to attend monthly group sessions, although you may attend group or individual sessions more frequently if this meets your needs. The Maintenance phase can last from weeks to years—the length of treatment will be determined by you and your treatment team. The length of treatment will vary

depending on your individual needs. If you decide you are ready to stop using Suboxone®, but would like to maintain the support of your group, you may certainly do so as long as you remain in compliance with the other terms of your contract.

Medically Supervised Withdrawal

As your treatment progresses, you and the treatment team may eventually decide that medically supervised withdrawal is an appropriate option for you. In this phase, the doctor will gradually taper your Suboxone® dose over time, taking care to see that you do not experience more than minimal withdrawal symptoms or cravings. People's reactions to tapering off of the Suboxone® are quite varied—some experience few, if any, physical symptoms and some report feeling severe withdrawal symptoms. It is important to stay actively involved in the OBOT program during this time, if at all possible, since support from your peers can be critical.



P.O. Box 787 (Mile 4.4 Talkeetna Spur Road) Talkeetna, AK 99676 (Ph) (907) 733-2273 (Fax) (907) 733-1735 schc@sunshineclinic.org

OUTPATIENT BASED OPIOD TREATMENT (OBOT) PROGRAM CONTRACT

The Outpatient Based Opioid Treatment (OBOT) program is a program that combines the use of the medication, Suboxone®, with outpatient Behavioral Health treatment to help transition an opiate addict from a life of drug dependence to a life of recovery. Suboxone® is an FDA approved medication for treatment of people with opiate dependence. It contains two types of medication, buprenorphine and Naloxone®, which complement each other in detoxification and maintenance therapy. Maintenance therapy can continue as long as deemed medically necessary by your physician. The Behavioral Health treatment consists of an assessment followed by group and/or individual counseling as agreed upon by the treatment team. The OBOT program at SCHC requires a commitment to abstinence from all substances including nicotine. Abstinence is not required prior to admission and support will be given for stopping any substance.

Suboxone® is an opiate, but it is not as strong an opiate as heroin, morphine, or methadone. Suboxone® treatment can, however, result in physical dependence of the opiate type. If you suddenly discontinue taking Suboxone®, withdrawal is generally less intense than with heroin, morphine or methadone. Some patients experience no withdrawal symptoms at all, while others experience muscle aches, stomach cramps, and/or diarrhea lasting several days to several months. To minimize the possibility of opiate withdrawal, Suboxone® should be discontinued gradually in consultation with your medical provider, usually over several weeks or more.

If you are dependent on opiates, you should be in as much withdrawal as possible before you take your first dose of Suboxone®. ***If you are NOT in withdrawal, Suboxone® can cause severe opiate withdrawal.*** It is very important that you follow your doctor's instructions for initiating treatment with Suboxone®. A prescription that will provide enough medication for your initial induction, as determined by your prescribing physician, will be faxed to the pharmacy of your choice. You will take this medication as prescribed at the first meeting with the doctor. You may need to be seen several days in a row to monitor your adjustment to this medication. After you stabilize on medication, you will be given a prescription for enough medication to last until your first group/medical appointment. Depending on the length of time between the initial appointment and your individual needs, you may need to be seen by the BH provider for one or more individual sessions prior to starting group.

It is important that you understand it may take several days to get used to the transition from the opiate you have been previously using to Suboxone®. During that time use of any other opiates may cause an increase in symptoms. After you become stabilized on Suboxone®, it is expected that other opiates will have less effect. ***Attempts to override the Suboxone® by taking more opiates could result in an opiate overdose. DO NOT TAKE ANY OTHER MEDICATIONS WITHOUT DISCUSSING IT WITH YOUR PHYSICIAN.***

Combining Suboxone® with alcohol or other medications may be hazardous. The combination of Suboxone® and drugs such as; Valium®, Librium®, Xanax®, and Ativan® has resulted in death. You must also understand that the Suboxone® that you are taking

Name: _____

includes both buprenorphine and Naloxone®, a short acting opiate blocking medication. If your medication were to be dissolved and injected by someone taking heroin or another strong opiate, it could cause immediate and severe opiate withdrawal.

Suboxone is currently most frequently dispensed as a dissolvable film, however it is sometimes available in the generic pill form. Suboxone® must be held under your tongue for 5 to 10 minutes until it dissolves completely. The medication is absorbed over the next 30-120 minutes by the tissue under the tongue. Suboxone® will not be absorbed in the stomach if it is swallowed.

Suboxone® will cost approximately \$10 per day just for the medication. If you have medical insurance, you should find out if your insurance company covers Suboxone®. In any case, the fees incurred during office visits for treatment at SCHC must be kept current.

Alternatives: Some agencies have specialized drug abuse treatment units and can provide detoxification and intensive counseling for drug abuse. Some services also provide group and individual therapy, which may emphasize treatment, but does not include the use of Suboxone® or other medications. Another form of opiate maintenance is methadone maintenance, or the use of a medication called naltrexone, a medication that blocks the effects of opiates, but has no opiate effect of its own.

Confidentiality: We applaud your decision to seek treatment. We will respect you and ensure confidentiality, within the limits of the standard confidentiality agreement. If you are involved either with the court or with OCS, please inform your Behavioral Health Provider (BHP) of this since there may be some limitations to confidentiality in these instances.

Treatment Agreement: We do require that all OBOT patients enter into a treatment agreement as outlined below. The terms of the agreement are intended to help support you in your decision to stop using opiates. They are not merely rules for the sake of having rules. If you are unable to meet your obligations as a patient, we may discharge you from treatment.

Discontinuing your treatment with Suboxone® is not a punishment – it only means that we do not feel that our OBOT program is an appropriate level of treatment for you. We will work with you to help locate a more appropriate level of treatment to help you manage your addiction. If this should happen you may be able to continue in both levels of treatment simultaneously, however this may not be possible or recommended. Each person's treatment needs are determined by his/her unique situation. If you are dismissed from OBOT treatment to enter a higher level of treatment, you may possibly be considered for re-admission after the completion of that program. There are certain instances when readmission will not be considered, however.

Please read the treatment agreement carefully. If you do not feel you can make these commitments right now, please talk to your physician or Behavioral Health Provider about your concerns.

Name: _____

Please read and initial the following:

_____ I agree to store medication properly. Medication may be harmful to children, household members, and pets. The films/pills will be stored in a safe place out of the reach of children. If anyone besides me ingests this medication I will call 911 immediately for medical assistance.

_____ I will take Suboxone® only as prescribed by my physician. I will not take Suboxone prescribed for someone else if I do not have enough Suboxone® at the end of my prescription or if I have not been given a refill of my medication. I will take my prescribed dose daily and I will not adjust the dose on my own. If I wish a dosage change, I will discuss this with the doctor during the individual time prior to the group session. I understand that if any member of the OBOT team receives information that I have been involved with any kind of diversion of my Suboxone®, I will immediately be terminated from the program with no chance of readmission at any point in the future.

_____ I understand that in order to participate in the OBOT program, I must be willing to work towards abstinence from all mind-altering substances, including alcohol, marijuana, and tobacco. I agree to work on abstinence from all substances with the understanding that, while it may take some time to reach the goal of complete abstinence, I could be suspended or terminated from treatment if I do not show an active effort to achieve abstinence.

_____ I agree to contact the OBOT program immediately if I experience a medical emergency that necessitates the use of opiate pain medication. I agree to allow my Suboxone® prescriber to provide consultation, where necessary, to any other physician who is recommending the use of opiate pain medication or a benzodiazepine.

_____ I understand that dental treatment, including tooth extraction, is not a reason to use opiate pain medication since better pain relief can be accomplished in other ways. Use of pain medication for dental treatment will be considered a relapse on opiate medication.

_____ I agree to inform any treatment provider, whether in outpatient treatment, inpatient treatment, in the ER, or in a dental office that I am taking prescribed Suboxone® and participating in an OBOT program as part of the intake information.

_____ I understand that I am giving consent for random pharmacy checks. The discovery of opiate medication being dispensed to me without the explicit knowledge of the OBOT program is cause for immediate termination from the program with no consideration of readmission at any time in the future. I understand that all outstanding Suboxone® prescriptions will be cancelled immediately.

_____ I will comply with all the required pill counts and urine tests. Urine testing is a mandatory part of office maintenance visits; I agree to be prepared to give a urine sample for testing for opiates and other drugs, including the presence of Suboxone®, at each clinic visit, as well as to show my current medication bottles for a pill count—including reserve medications, if asked. Urine testing will be requested on a random basis or if there is reason to believe that either a relapse has occurred or the Suboxone® may not be being taken as prescribed. I understand that there is an additional fee for the drug screen, both for those completed in-house and those sent out to the lab for confirmation of a positive result.

Name: _____

_____ I will attend all scheduled appointments and will call to cancel if I am unable to attend. ***Prescriptions will not be refilled unless I attend the group/medical appointment,*** unless prior approval is given by my treatment team. If approval is given, documentation of the reason for the absence is required. Possible accepted excuses include a medical emergency of me or my child, a vehicle breakdown on the way to group, or a court date that cannot be changed.

_____ I understand that missing two consecutive group/medical appointments without prior notification may cause suspension from the OBOT program. If I am suspended from the program, I understand that my name will go to the end of the current waiting list if I wish to be reinstated in the OBOT program.

_____ I understand that if I miss a group appointment for any reason, I must see my Behavior Health provider prior to the next group session, unless instructed to do otherwise. Seeing the BH provider will not necessarily result in a prescription for Suboxone®.

_____ I agree to notify my physician immediately if my medication is lost or stolen. If a police report is filed in the case of stolen medication, I must furnish a copy to SCHC to add to my medical record. Lost or stolen prescriptions will not be replaced.

_____ I will notify my physician immediately if I relapse into drug abuse. Relapse to opiate drug abuse can be life threatening and an appropriate treatment plan must be developed as soon as possible. I will tell my physician about a relapse **BEFORE** any urine test shows use. If I do not inform my treatment team about use of a substance, and there is a positive result on a urine screen, this may be a cause for immediate suspension from the OBOT program.

_____ I understand that my treatment team requires that I be involved in a chemical dependency treatment program, including the treatment group at SCHC. Participation in community based programs (such as AA, NA, or RITE) while I am taking Suboxone® is also highly recommended, but not required. I understand that the type of counseling I seek may be mandated by my current insurance provider under the Suboxone® benefit detail for that insurance provider. I understand that, if applicable, outside entities such as court or OCS, may also need to approve of the level of treatment that is recommended for me.

_____ I agree to pay my clinic bill promptly. If I do not, my treatment may be terminated.

_____ The Behavioral Health Assistant will be my contact to my treatment team. She will be available during normal office hours. The SCHC medical staff is available for after hours calls at the main clinic number (733-2273) for medical emergencies, however, Suboxone®-related questions need to be directed to my treatment team and no OBOT questions can be answered after hours.

_____ I understand that this is a treatment contract that describes participation in OBOT for Phase I. After the first six months in treatment, six months of abstinence from all substances other than nicotine, 30 days of abstinence from nicotine, and evidence of strong recovery thinking, admission to Phase II may be considered by my treatment team. There is no guarantee that movement to the Phase II will be approved. This program is individualized to meet the current needs of each patient and the treatment plans can vary.

_____ I have reviewed this consent form and SCHC's patient rights and responsibilities form. I have had the opportunity to ask questions regarding the OBOT program and have had

Name: _____

them answered by my treatment team. I agree to abide by all the rules and expectations reviewed and signed by me.

Patient Signature _____ date _____

Patient's name (print) _____

Physician's Signature _____ date _____

Behavioral Health Provider Signature _____ date _____

Name: _____