Best Practices in Opioid Dependence Treatment

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Case Studies

Nicole

- White female
- 27 years of age
- Drugs of choice: narcotic pills

Joshua

- White male
- 24 years of age
- Drugs of choice: heroin and narcotic pills

*Siblings

DATA 2000

- The Drug Addiction Treatment Act of 2000 (DATA 2000) allows qualified physicians to dispense or prescribe specifically approved narcotic medications for the treatment of opioid addiction in treatment settings other than the traditional Opioid Treatment Program (i.e., methadone clinic).

- In addition, DATA 2000 reduces the regulatory burden on physicians who choose to practice opioid addiction therapy by permitting qualified physicians to apply for and receive waivers of the special registration requirements defined in the Controlled Substances Act.

Physician Qualifications

- According to DATA 2000, licensed physicians are considered qualified to prescribe SUBOXONE if at least 1 of the following criteria has been met:
  - Holds an addiction psychiatry subspecialty board certification from the American Board of Medical Specialties
  - Holds an addiction medicine certification from the American Society of Addiction Medicine (ASAM)
  - Holds an addiction medicine subspecialty board certification from the American Osteopathic Association (AOA)
  - Completion of not less than 8 hours of authorized training on the treatment or management of opioid-dependent patients

Physician Qualifications

- **In addition, physicians must satisfy BOTH of the following criteria:**
  - Have the capacity to provide or to refer patients for necessary ancillary services, such as **psychosocial therapy**
  - Agree to treat no more than 30 patients at any one time in an individual or group practice during the first year following certification or 100 patients upon re-notification of the need and intent to treat up to 100 patients after one year

Buprenorphine/Naloxone

- SUBOXONE is a tablet for the treatment of opioid dependence.
- SUBOXONE combines a partial opioid agonist (buprenorphine) and an opioid antagonist (naloxone) in a 4:1 (buprenorphine: naloxone) ratio.

Opioid Intoxication

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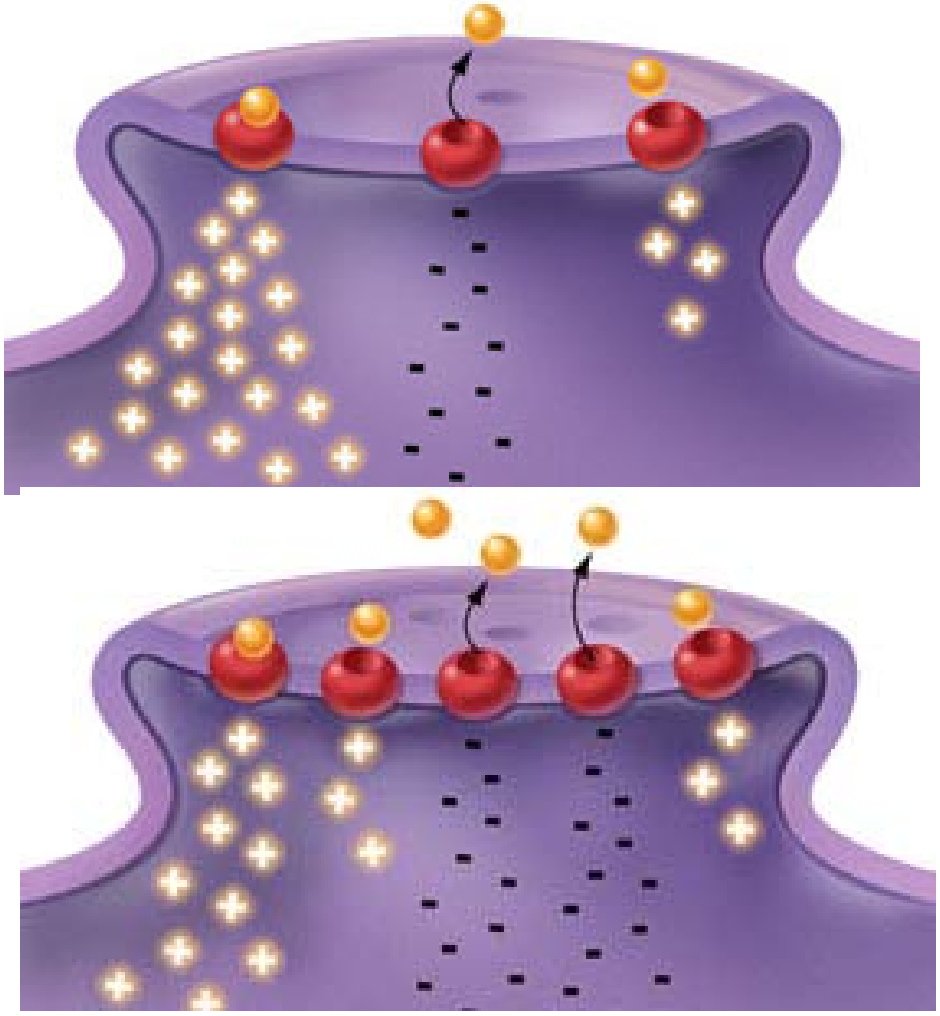
Opioid Withdrawal



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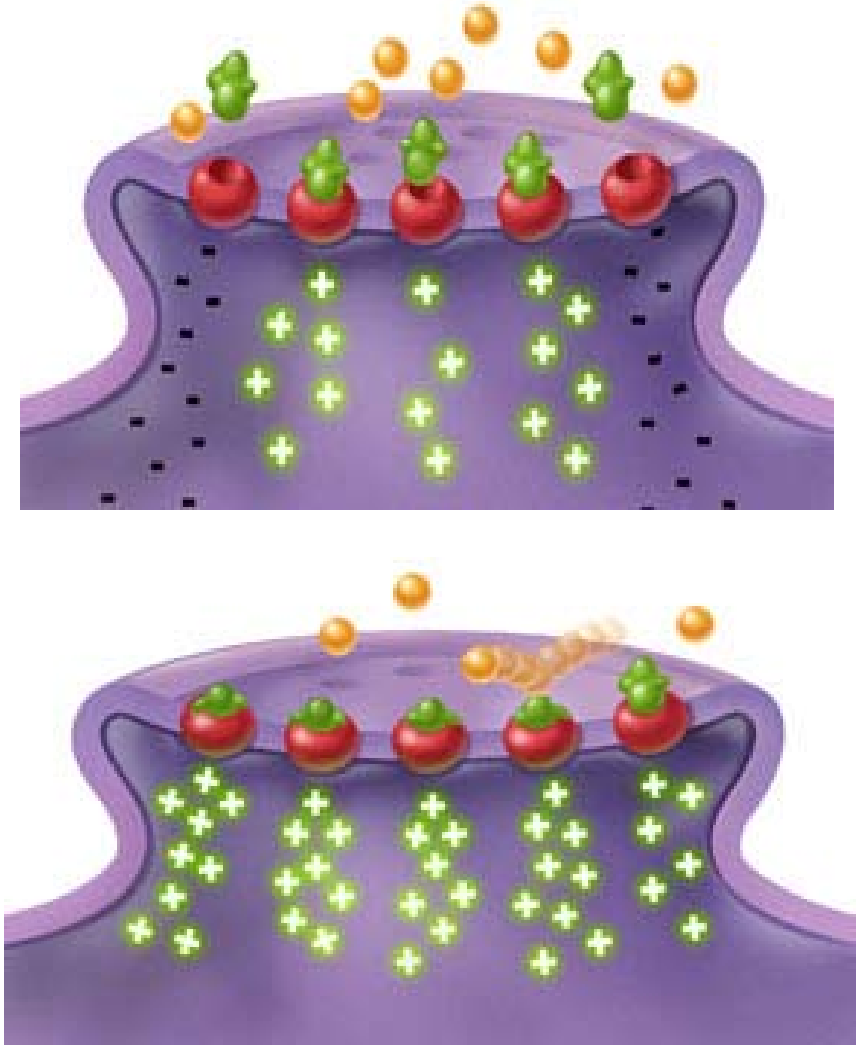
The Mechanism of Buprenorphine

- Buprenorphine (the primary active compound) reduces patients' opioid cravings and withdrawal symptoms. In addition, buprenorphine may discourage patients' use of non-prescribed opioids by binding to the mu receptor, thereby blocking other opioids' effects.

- The naloxone component in SUBOXONE is included to help discourage diversion and misuse. Naloxone has very limited bioavailability when administered sublingually, as intended. However, if SUBOXONE is crushed and injected, the naloxone will precipitate opioid withdrawal. In the absence of an opioid, the antagonist has no effect.

The Mechanism of Buprenorphine



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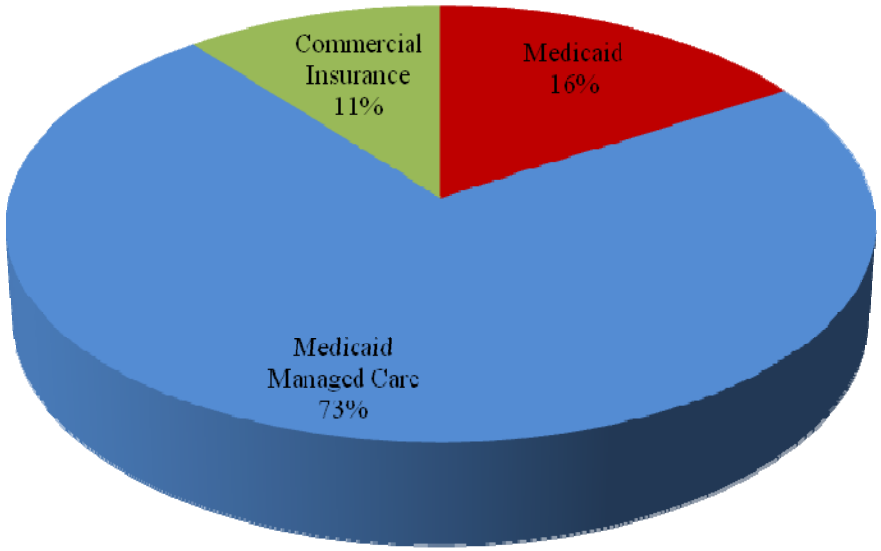
The Past…

Now…

Clinic at ALJHC

- 3-4 providers treating approximately 200 patients
- Trained Suboxone providers for per diem positions
- Clinic days on Saturdays and Wednesdays, sequestered from primary care.
- Average number of visits for Suboxone patients per year = 30.2 vs. average number of visits for general population patients = 2.5

Insurance Breakdown Center Population



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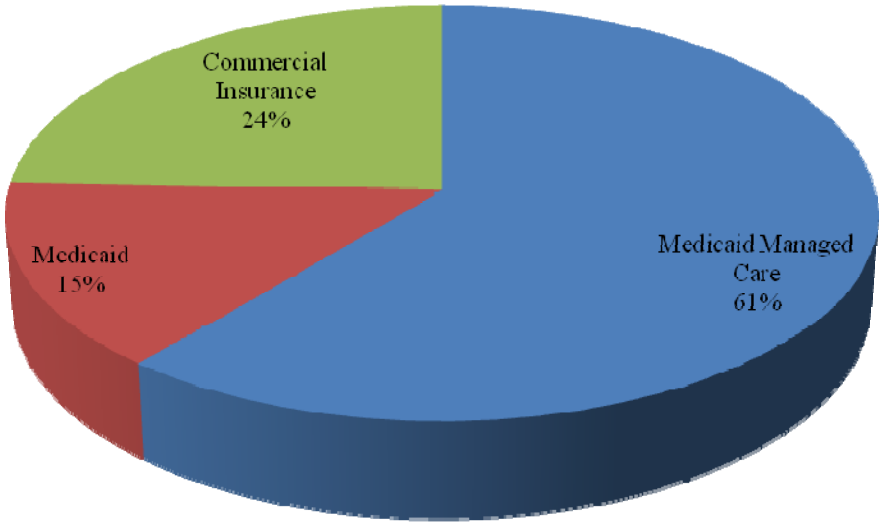
Insurance Breakdown Suboxone Patients



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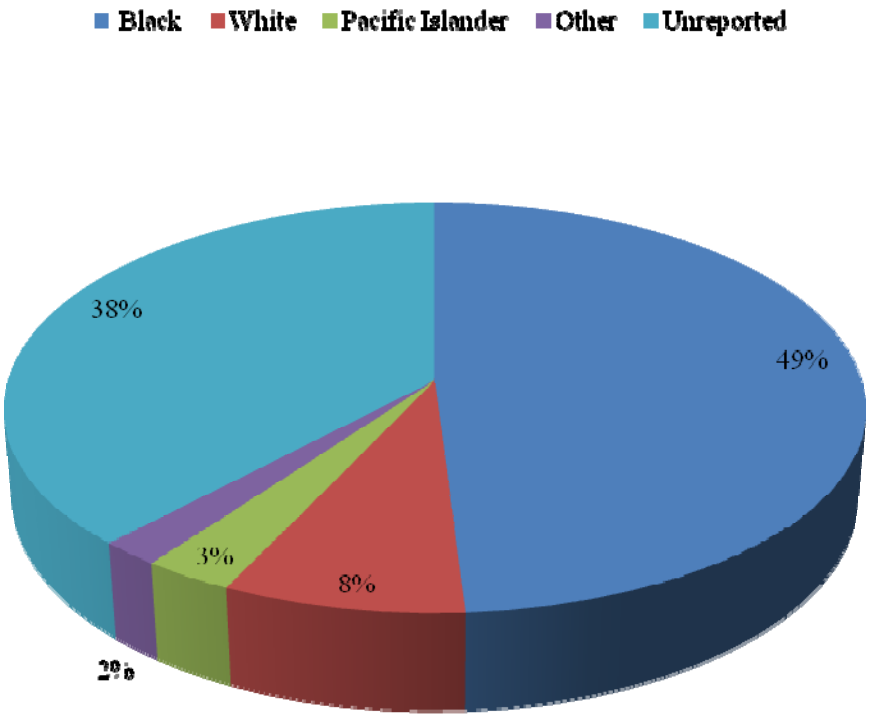
Race
General Clinic Population



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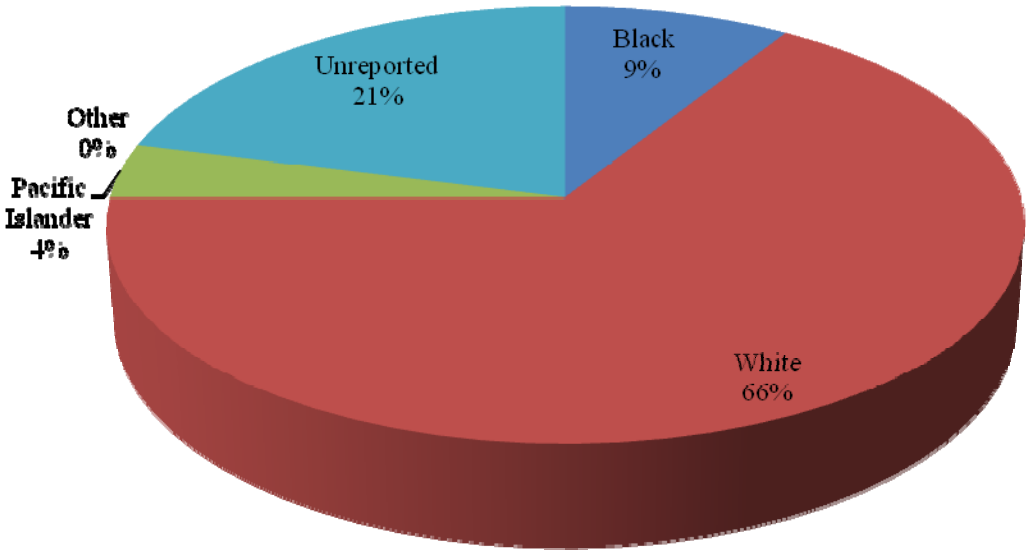
Race
Suboxone Population



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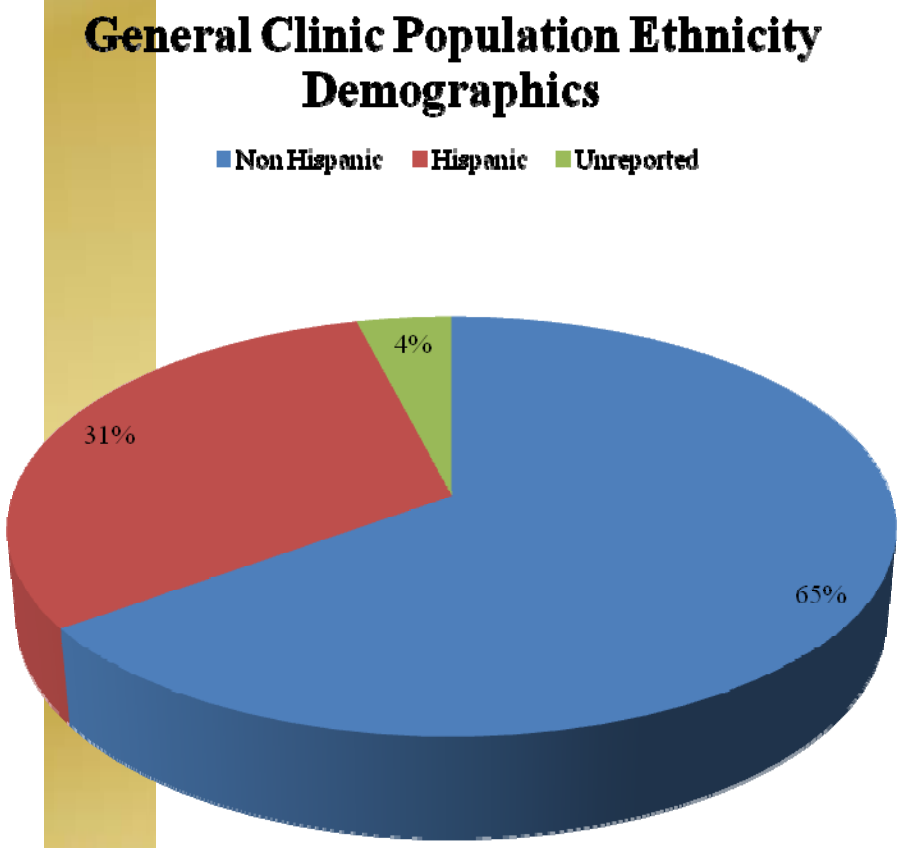
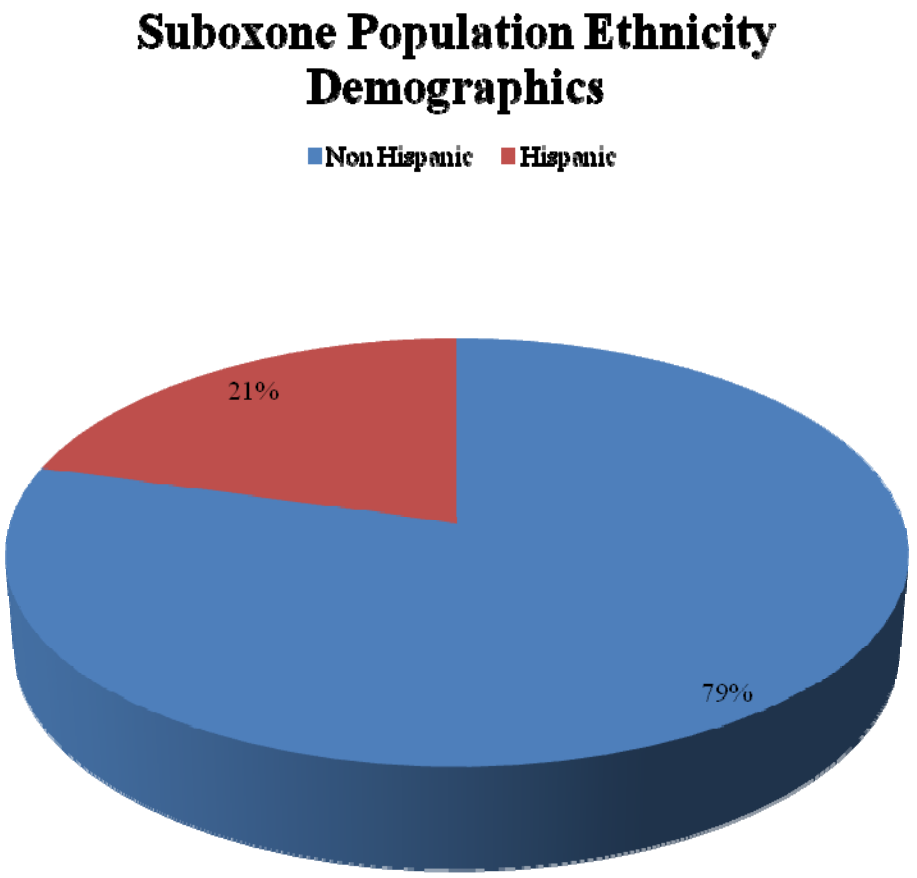
Ethnicity





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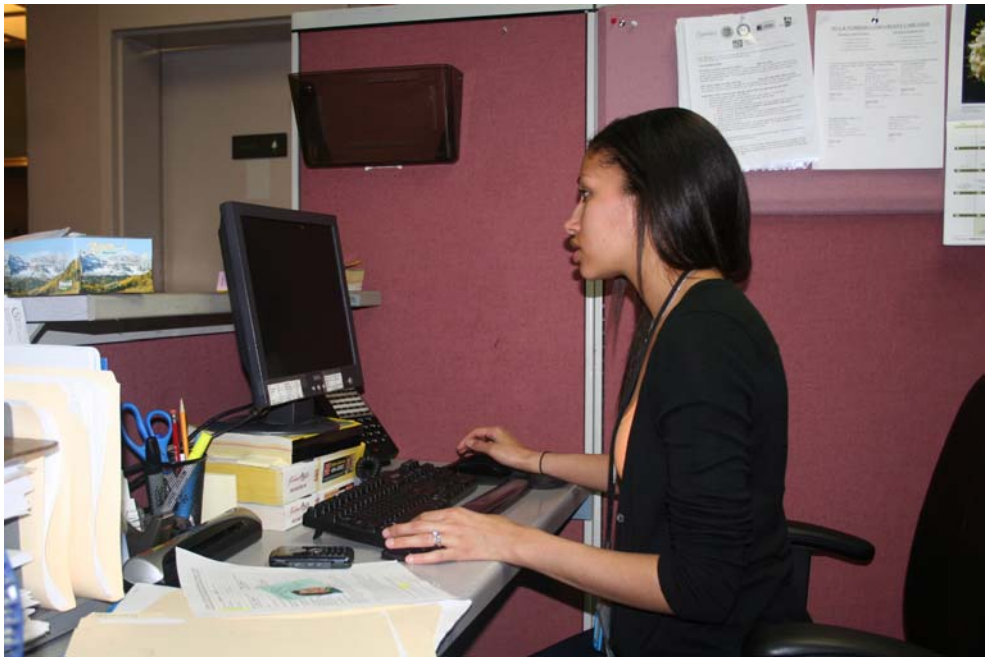
Screening potential patients

- Pre-Treatment screen
- If referred by outside agency, a referral packet must be sent
  - Internal referrals and use of eCW for tracking patients
- If patient meets criteria, patient is scheduled for an intake and CD evaluation



Intake and CD Evaluation

- CAGE, DAST, MAST, DSM criteria
- Discussion of current and previous substance use, length and start of addiction, history of treatment, etc.
- Appropriate consents obtained
- Patient is scheduled for initial visit
- Patient is sent to the lab for blood test (CMP, CBC, urinalysis, RPR) and urine tox screen

Appointments with the provider

- Induction: 3 day process (unless already stable on prescribed buprenorphine)
  - Discussion of expectations
  - Letter sent to PCP to inform him/her of pt's start in program
  - PPD and rapid HIV
- Follow-up visits are scheduled according to compliance in program (1 week vs. 2 weeks vs. 1 month vs. 2 months)
- At each visit:
  - Urine screen
  - Discussion of progress in treatment
  - Therapy Progress Report

Treatment Compliance

- Unannounced medication count and urine screens
  - Spreadsheet to calculate discrepancies
- Contact with outpatient programs/counselors
- Communication with pharmacy
- Communication with PCP and other providers
- Frequency of visits
- Treatment contracts

Monthly Suboxone Meetings

- Suboxone Providers
- Addiction Specialist
- Therapist
- Nursing
- Suboxone Clinic Managers

- Decision-making
- Developing standardized practices
- Information sharing

Dismissal From the Program

- Reasons:
  - Continued substance use
  - Non-compliance with treatment recommendations
  - 3 missed medication count/urine screen appointments
- Referral to higher level of care
  - MOU with treatment facilities
- Re-apply to program at AJHC

Urine Collection Protocol

- Unobserved
- Cups with temp strips
- Patient given 2 hours to provide sample
- Limited access to water in the bathroom
  - Unable to wash hands in bathroom
- Screen for: buprenorphine confirmation, benzodiazepine confirmation, clonazepam confirmation, expanded opiates, cocaine, methadone, amphetamines, ecstasy confirmation, THC semi-quant with THC:Cr, alcohol (optional)

Treatment of Special Populations

- Pregnant patients
  - Subutex vs. Methadone
  - Consent form
- HIV+: 6
  - HIV specialist and clinic at AJHC
- Hep C +: ~40 %
  - Hep C treatment program at AJHC
  - 11 Suboxone patients in Hep C program

Hep C HRSA Initiative

- Baseline: 4.9%
- One-year goal: 20%
- Four-year goal: 40%

- 74% of patients in program have been tested

MH Support

- 2 MH therapists (LCSW-R)
- Psychiatrist specializing in addiction
- Psych NP
- Psych Nurse

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The Future…

- MAT?
- Creating universal templates in eCW for providers?
- Expanding the program to additional sites, additional hours

Where are they now?

Nicole

- Currently receiving treatment at ALJHC
- Adjusted well to program guidelines
- Continued compliance
- Delivered baby

Joshua

- Dismissed from ALJHC program
- Did not adjust well to changes in program
- N/S for med counts/urine screens
- N/S for MH referrals
- N/S for Hep C treatment
- Continued substance use

More information…

- www.naabt.com
- http://buprenorphine.samhsa.gov/
- www.suboxone.com
- ACOG 58th Annual Clinical Meeting 2010
- ASAM 42nd Annual Medical-Scientific Conference 2011

Questions?