

Integrating Opiate Agonist Treatment in Primary Care and Mental Health Settings: a clinical model

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Disclosures

- Contemporary Forums: speaker, Annual Psychiatric Nursing Conferences

Objectives

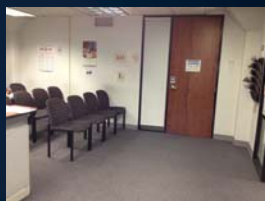
1. Detail structural and procedural elements that help promote the integration of opiate agonist therapy in primary care and mental health settings.
2. Describe barriers to the integration of buprenorphine treatment with primary care and mental health.
3. Describe existing and potential contributions of nursing roles at all levels (LVN, RN, APRN) in promoting the integration of opiate agonist treatment with primary care and mental health care.

Background

- Historic need for greater treatment availability.
- DATA 2000 expanded treatment options.
- Providers in primary care and mental health clinics still feel unprepared to provide buprenorphine treatment.
- Under the 2010 Affordable Care Act, providers will need to integrate addiction medicine and primary care.

OBIC

- First US clinic dedicated to buprenorphine induction alone
- *MD trainees: "...no way we can do this...we don't have the time, space, etc..."*
- Funded by San Francisco Department of Public Health staffed by UCSF
- Focus on Integration

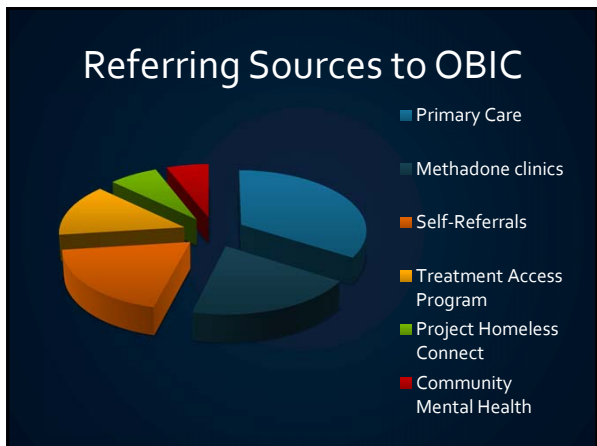


OBIC Roles in Integration

"any door is the right door"

- Medication induction and stabilization
- Bridge to primary care or mental health





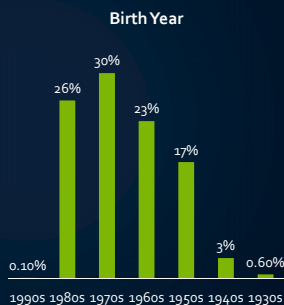




OBIC Client Data

Gender

- Female = 28.7%
- Male = 70.5%
- Transgender = 0.8%



OBIC Treatment Data

- Total OBIC inductions = 869
 - Avg inductions = 10/month
 - Avg # clinical encounters = 147/month
- Average buprenorphine dose = 14.96 mg
- Total transfers to community = 373 (43%)

Who Does All This?

OBIC Staff:

- 1.0 Administrative Assistant
- 1.0 State Certified Counselor
- 1.9 Nurse Practitioners
- 0.5 Waivered Physician



Structural Integration

Co-Location with other behavioral health services

- Behavioral Health Access Center (BHAC)
- Treatment Access Program (TAP)
- CBHS Pharmacy



Functions and Value of OBIC

FUNCTION

Buprenorphine initiation & stabilization

Patient-centered counseling & education

VALUE

- Treatment familiar to patients and providers
- Psychiatrists and primary care MDs receptive to integrating care for already stabilized patients

Functions and Value of OBIC

FUNCTION

Comprehensive health and mental health assessments and referrals

VALUE

A point of entry to mental health care & primary care

Any door is the right door

Functions and Value of OBIC

FUNCTION

Re-stabilization services for patients who relapse or conditions change

VALUE

A "safety net" for both patients and prescribers – increased patient care and provider support

Meet patients where they are

Functions and Value of OBIC

FUNCTION

Co-location with:

- Behavioral Health Access Center (BHAC)
- Treatment Access Program (TAP)
- CBHS pharmacy

VALUE

Access to:

- Psychiatrists and psychotherapy
- Substance use counseling, medical detox, residential treatment
- Observed med administration
- Tailored dispensing
- Assessment of impaired patients
- Prior authorization approvals

Functions and Value of OBIC

FUNCTION

Electronic Medical Record

Up-to-date clinical information is viewable by health network providers — adherent to 42 CFR

VALUE

- Improved communication between multidisciplinary providers
- Enhanced continuity of patient-centered care

Functions and Value of OBIC

FUNCTION

A training site and consultation service for community mental health and primary care providers

VALUE

Increased provider skillfulness and confidence providing integrated office-based buprenorphine care

"Most people spend more time and energy going around problems than trying to solve them." —Henry Ford

PROVIDER CONCERNS

Provider Concerns

CONCERN

"Our clinic doesn't have on-site addiction counselors."

SOLUTION

Not a requirement!

Provider Concerns

CONCERN	SOLUTION
"I can't take on the paperwork required by the DEA for a potential inspection."	<ul style="list-style-type: none">• Produce copy of DEA registration• Copy of state narcotics license (if applicable)• Log of active buprenorphine patients• Prescription log

Provider Concerns

CONCERN	SOLUTION
"Our clinic's NPs and PAs can't prescribe buprenorphine."	They can provide all other aspects of care consistent with their scope of practice

Provider Concerns

CONCERN	SOLUTION
42 CFR	42 CFR (!)

Provider Concerns

CONCERN	SOLUTION
"Our clinic doesn't provide opiate replacement... methadone clinics do that."	Provider education about level of care, patient-centered care, and potential safety benefits of integrated care

Provider Concerns

CONCERN	SOLUTION
"How often do these patients need to be seen?"	Individualized treatment planning Individual provider approach OBIC consultation Team-based care

OBIC Take-Home Message

With integration, no provider is alone!

1. Consider ways to increase access to treatment and to integrated care
2. Integration functions can be patient- and provider-centered
3. Solve to providers' concerns
4. Nursing and other health professions should function with their full scope of practice to assist integration of MAT.

