Integrated Substance Abuse Treatment: Medication Assisted Therapy in a Federally Qualified Health Center

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Overview of Stanley Street Treatment **and** Resources, Inc. (SSTAR)

- Founded in 1977 as a private, not-for-profit organization
- Original programs included: 20-bed alcohol detox, out patient alcohol treatment program and education program for persons convicted of DUI's
- Currently, Fall River site provides:
  - Inpatient detox, Dual Diagnosis detox and stabilization
  - Open access IOP
  - Community support program
  - Outpatient MH and SA counseling
  - ARISE family interventions
  - Methadone maintenance in TWO clinics
  - Buprenorphine
  - Primary health care services in TWO clinics
  - Population-specific services such as domestic violence counseling and HIV/HVC/STD counseling & testing
- Two additional sites in Rhode Island: one providing inpatient detox and another providing long-term substance abuse treatment for mothers and their children

Overview of Family Healthcare Centers

- Established as leadership realized our patients were not receiving adequate primary medical care for diseases related to substance use, mental health issues, HIV and AIDS
- Opened its doors in 1996; second site opened March 2012
- Currently classified as a 330 Federally
  Qualified Health Center (FQHC)

Overview of Family HealthCare Centers

- Staffing: 3 family medicine physicians
  3 family nurse practitioners
  2 psychiatric nurse practitioners
  .2 FTE ID MDs, .6 FTE pediatrician and .2 FTE psychiatrist
- Provides chronic illness case management for diabetes, hypertension, asthma, chronic pain and HIV/HCV

Primary Diagnosis: Patients' Presenting Problem

	2011	2012
Alcohol disorder	1%	2%
Substance abuse disorder	10%	29%
Depressive disorder	5%	15%
Anxiety disorder and PTSD	4%	2%
Other mental disorders	4%	2%
Total for mental health and substance abuse	**24%**	**60%**

HealthCare Center Statistics

	2011	2012
Number of unduplicated clients	4773	5152
Medical visits	21,511	21,353
Mental health visits	4281	3769
Unduplicated mental health clients	620	802
Substance abuse visits	4861	17,107 (MMP opened in 3/12)
Case management visits	3631	5462
Relapse prevention groups	1842	2276
Methadone group visits		2061
Total clinic visits	**35,611**	**49,004**

Screening In HealthCare Center

- All patients are screened with Cage-aid at initial visit and annual exams
- Nicotine use is monitored as a fifth vital sign and is one of our FQHC quality indicators
- Clinic is initiating carbon monoxide monitoring, BAL's available on all clients and urine toxicology screens ordered when indicated to monitor prescription compliance as well illicit use

Medication Assisted Therapies

- MAT for **Nicotine Dependency** is provided by individual practitioners
- All current, evidence-based smoking cessation aids are paid for by Massachusetts health plans
- Practitioners utilize Chantix, Wellbutrin, as well Nicotine Replacement Therapy (NRT)
- Individuals wishing to stop nicotine use are referred to QUIT WORKS
- Individual smoking cessation counseling is also available

Medication Assisted Therapies

- **QuitWorks is a free, evidence-based stop-smoking service developed by the Massachusetts Department of Public Health in collaboration with all major health plans in Massachusetts.**
- Using a simple form, providers refer patients to the Massachusetts Smokers' Helpline. The form is faxed or electronically transmitted to the Helpline.
- Helpline counselors make up to five attempts to contact patients and offer quit smoking services. Counselors also screen patients for **eligibility for 2 weeks of free nicotine patches.**
- Six months later, the Helpline evaluation team attempts to contact patients who completed an initial screener call. During this call, they assess smoking status and success with quitting.
- Providers receive faxed reports from the Helpline after the initial and 6-month follow-up contacts with referred patients.

How it Works: QuitWorks at a Glance provides more details.

http://quitworks.makesmokinghistory.org

Medication Assisted Therapies

- MAT for **Alcohol Dependency** is provided by individual practitioners
- Oral naltrexone, Acamprosate, and Antabuse are paid for by Massachusetts health plans
- Injectable naltrexone, or Vivitrol, is increasingly available, but often requires prior authorization and may not be covered
- Health center nursing staff have been trained on the administration of Vivitrol and it occurs within the routine flow of our clinic

Medication Assisted Therapies

- MAT for **Opiate Dependency** is provided in specific clinics
- SSTAR currently owns and operates a methadone clinic which is now located in our newest Family HealthCare Center site. We provide evening dosing.
- Methadone is paid for by Massachusetts health plans
- Methadone is prescribed by an ASAM-certified physician and NPs who are supervised directly by this physician
- Presently we are serving **525 clients**
- Injectable naltrexone, or Vivitrol, is also an option but patient acceptance and insurance coverage issues are complex

Why Buprenorphine ? How the decision was made

- Community need
- High incidence of opiate addiction
- Inpatient and/or methadone maintenance programs were the only options available
- Limited availability of treatment programs
- Working people unable to commit to an inpatient program
- Our desire to expand treatment capacity
- Buprenorphine is paid for by Massachusetts health plans
- Agency philosophy
- First induction **September, 2004**

SSTAR's HealthCare Center Model

As an organization, SSTAR is committed to providing Buprenorphine treatment to our healthcare center patients

SSTAR's HealthCare Center Model

SSTAR requires that **EVERY** physician hired in the health center have or obtain a DEA waiver for buprenorphine treatment

In addition, SSTAR has hired:

- 3 full-time RNs
- PT program assistant
- PT medical assistant

SSTAR's HealthCare Center Model

- Promotes Medical Home Model
- Allows substance abuse treatment with increased privacy and confidentiality
- Allows better medical care for substance abuse-related diseases
- Safe and convenient in-home use allows more normal routines and higher quality of life
- Integrated treatment will decrease stigma (hopefully!!)

SSTAR's HealthCare Center Model

- Patients in our program MUST receive their primary health care at SSTAR
- 91% are self referrals
- All requests are screened via phone prescreen
- Medical clearance is required before acceptance into the program
- Nursing intake required before induction
- Induction date and time arranged with patient
- UDS must be clear of non-prescription substances day of induction (exception: MJ)

SSTAR's HealthCare Center Model

- Induction day 1: 2-4 hours at facility
- Maximum dose 12 mg, may be given 4 mgs PRN for later
- Induction day 2: Patient instructed to medicate with Day 1 dose upon awakening, call RN within 2 hrs for phone assessment
- Client seen weekly by primary care provider or Suboxone nurse for 12 weeks, UDS and pill count **each** visit

SSTAR’s HealthCare Center Model

- Client attends weekly relapse prevention group for 12 weeks and then IF abstinent and adherent may begin monthly group and med visits
- Once long-term sobriety established, may be given refills and seen by MD every four months
- Individual counseling is offered and available to all patients.

SSTAR's HealthCare Center Model

- If Diversion: Immediate discharge
- If illicit use:

  Random UDS and pill counts

  Weekly visits

  Increased SA treatment(1:1, IOP or detox)

  Eventual taper or referral to methadone or daily buprenorphine

Former clients can reapply **at any time**

Notable Features of SSTAR Model

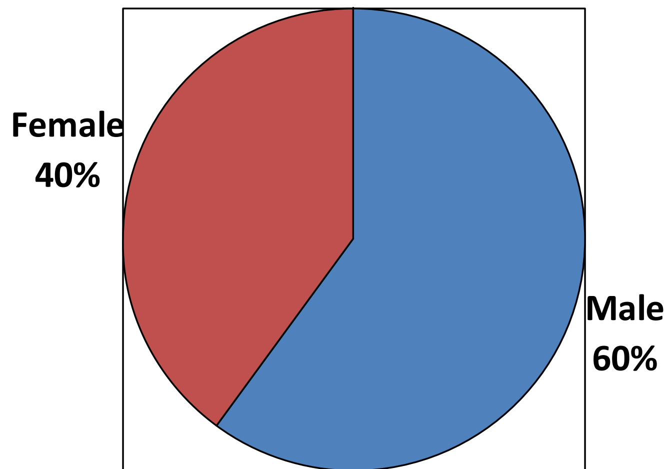
- Collaborative care model

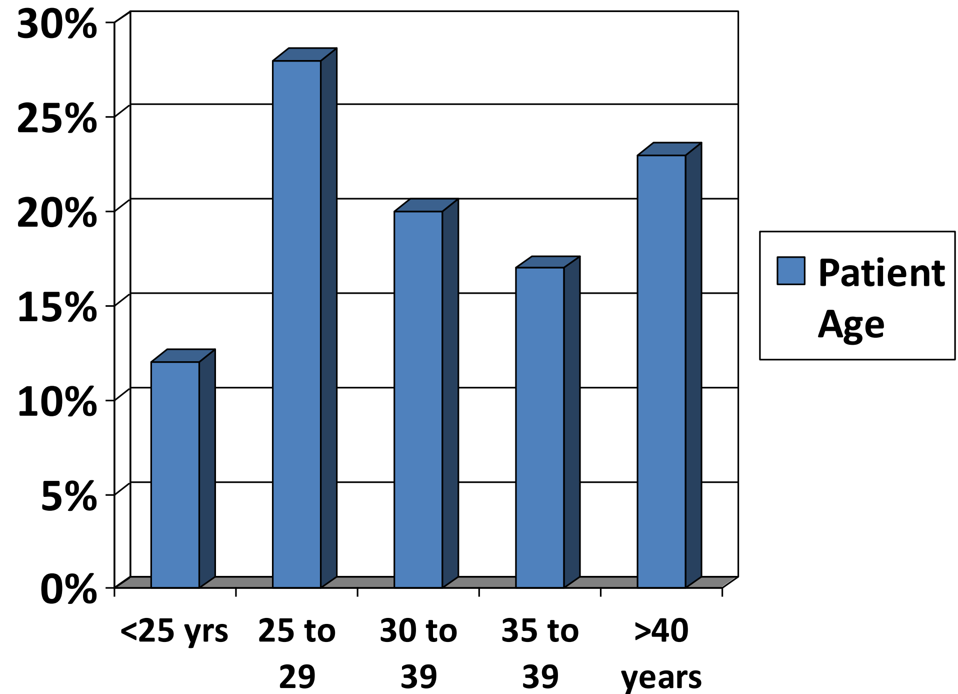
  Alford DP, LaBelle CT, Kretsch N, etal. Collaborative Care of Opioid-Addicted Patients in Primary Care using Buprenorphine. Arch Intern Med, Mar 2011; 171(3):425-437.

- On-site induction, not in-home induction
- Significant physician involvement
- Regular multi-disciplinary team meetings
- Psychosocial treatment done within SSTAR system
- Harm reduction attitude—efforts made to keep patients in treatment

Whom Do We Treat?

Massachusetts Department of Public Health: Bureau of Substance Abuse Services and HIV/AIDS Bureau. OBOT Admission/Enrollment Profile. July 1, 2010 - June 30, 2012:





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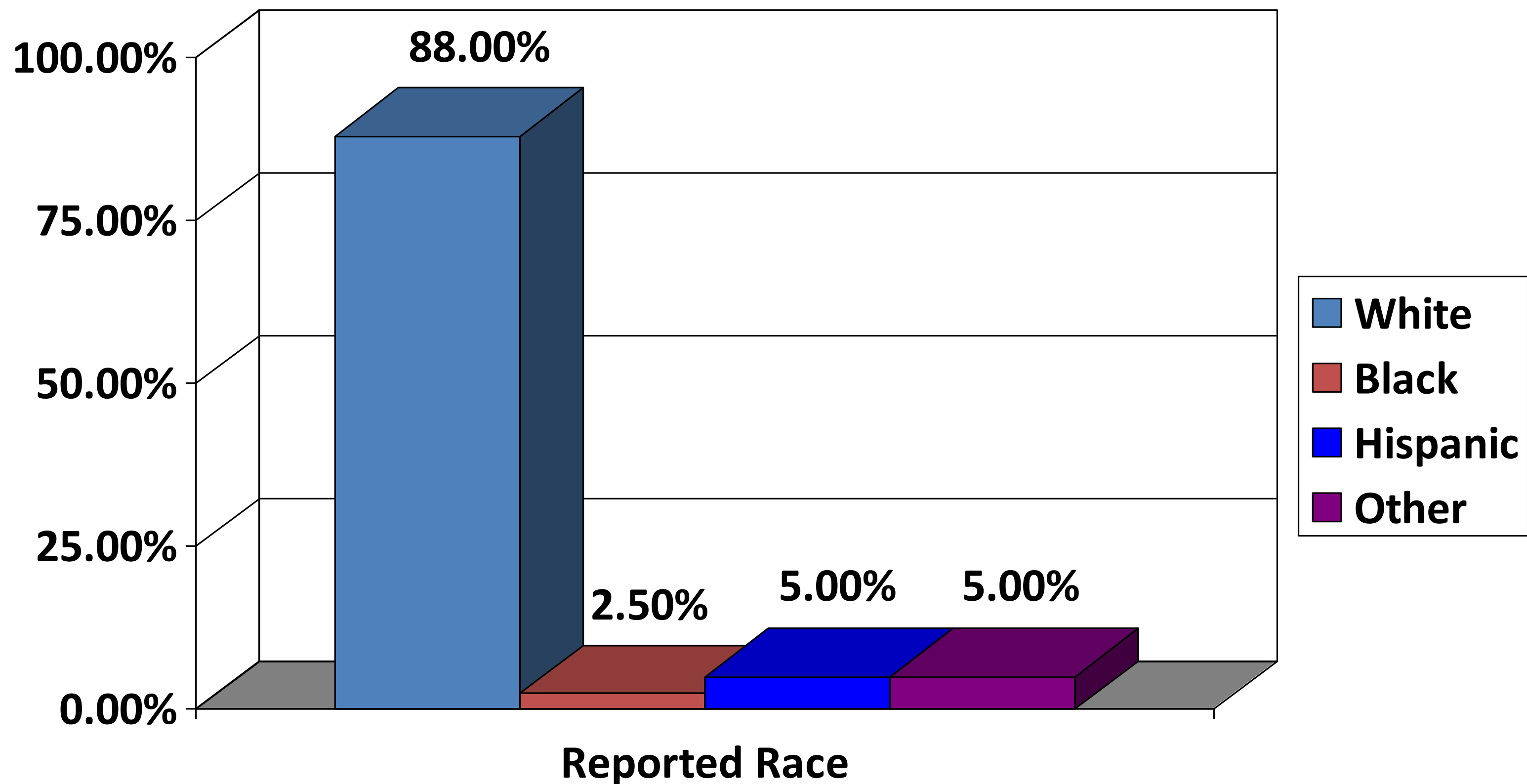


Whom Do We Treat?

75% Medicaid, 5.8% private insurance

26% Employed full- or part-time

55% Unemployed

49% Heroin users

37% Other opiates

47% IV use in last 12 months

Massachusetts Department of Public Health: Bureau of Substance Abuse Services and HIV/AIDS Bureau.
OBOT Admission/Enrollment Profile. July 1, 2011 through June 30, 2012:

How Are We Doing?

Access

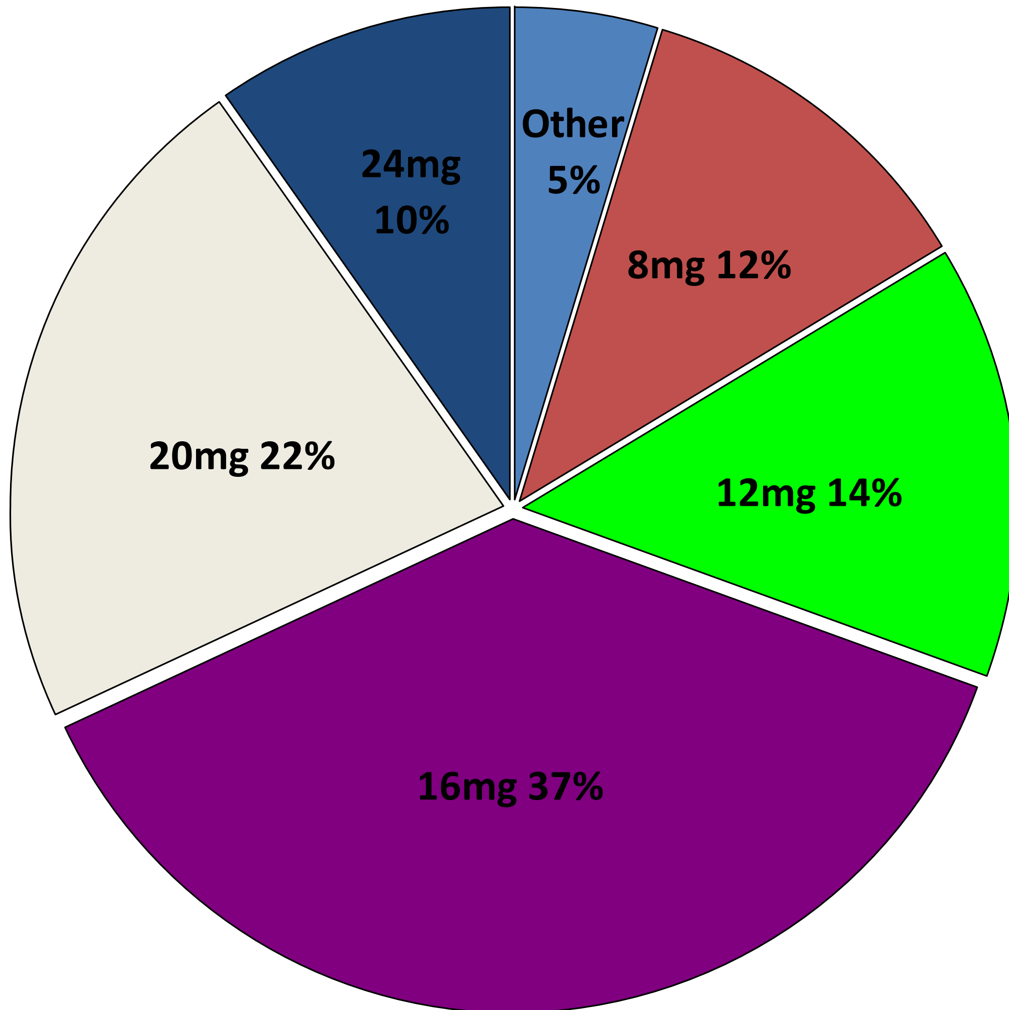
Average wait time between initial contact and enrollment:

State wide - 13.81 days

SSTAR - 3.88 days

Massachusetts Department of Public Health: Bureau of Substance Abuse Services and HIV/AIDS Bureau. OBOT Admission/Enrollment Profile, 7/1/2011-6/30/12, p40.

How Are We Doing?



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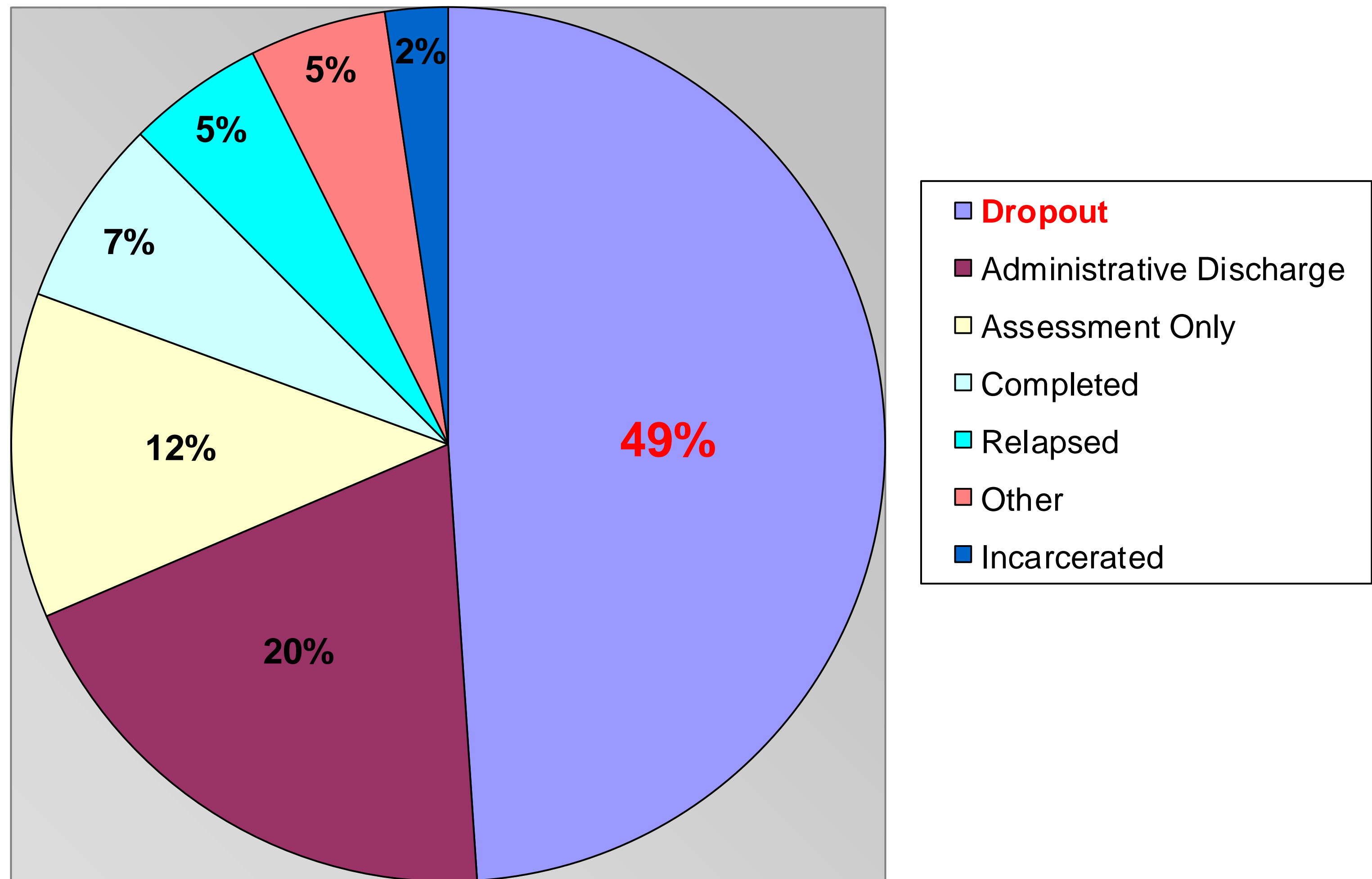

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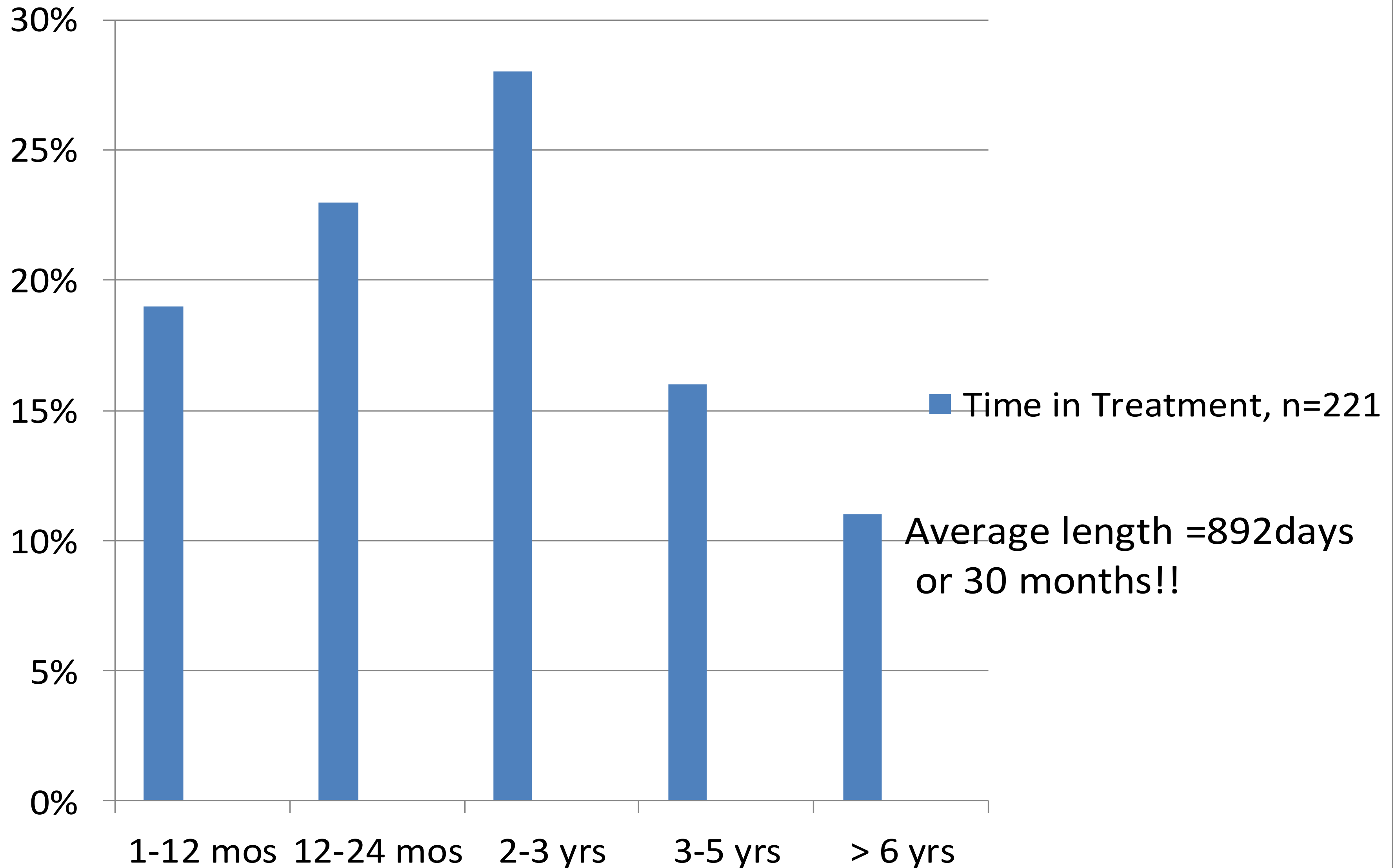

How Are We Doing?

MEDICAL REVENUE 2012

• Billed to third party insurance	$1,020,165
• Net amount – adjustments (expected revenue)	$ 759,741
• Actual Payments collected	**$ 721,536**
• Uncollectable (bad debt)	$ (38,205)
• State OBOT grant	$ 82,815
Total Revenue	**$ 804,351**

How Are We Doing?

MEDICAL EXPENSES 2012

• Nursing (3 FTE), MA and PA Salaries	$ 255,342
• MD Salaries	$ 155,051
• Patient supplies (75% of cost is UDS kits)	$ 24,000
• Occupancy	$ 22,000
• Indirect (18%)	$ 82,151
Total expense:	**$ 538,544**

How Are We Doing?

Medical Surplus

$ 265,807.

How Are We Doing?

BEHAVIORAL HEALTH REVENUE 2012

- 1414 intake & individual sessions: $90,343.

- 2076 group sessions: $48,996.

Total $ 139,339

How Are We Doing?

BEHAVIORAL HEALTH EXPENSES 2012

• Counselors Salaries: (1 FTE LMHC, 0.8 FTE LICSW & 2 FTE CADAC)	$ 194,086
• Program support	$ 1,500
• Occupancy	$ 7,500
• Indirect (18%)	$36,555
Total:	**$ 239,641**

How Are We Doing?

Deficit from Behavioral Health

($100,302)

How Are We Doing?

SURPLUS for HEALTH CENTER

MEDICAL	$265,807
BEHAVIORAL HEALTH	($100,302)
TOTAL SURPLUS	**$165,505**

Visit us at SSTAR.org

If questions: Genie_Bailey@brown.edu

MANY THANKS!

Dee Wright, RN, Health Clinic Director for her help with SSTAR's Health Care Center's data

Colleen LaBelle RN, CARN for OBOT data retrieval

Nancy Paull, MA

CEO of SSTAR, for her tireless support of integrated treatment and research in a community treatment program such as ours